Action Plan Worksheet

## Reducing Rehospitalizations for Residents with a Diagnosis of COVID-19

# How to Use

Use this worksheet to identify and implement actions to reduce 30-day hospitalizations for residents with a diagnosis of COVID-19. Note that the items in each column are suggestions. Choose actions and measures that are specific to the root cause(s) of rehospitalizations in your home. Resources to assist in planning and implementation are included in this worksheet.

# Resources

The following resources were created or curated by Superior Health Quality Alliance (Superior Health).

1. **Infection Prevention and Control (IPC) Education Resources:**
   * [Infection Prevention and Control Resources](https://www.superiorhealthqa.org/initiatives/qin-qio/nursing-home-quality-improvement-collaborative/ipc-resources/)
   * [Front Line Forces](https://www.superiorhealthqa.org/initiatives/qin-qio/frontlineforces/), short on-demand learning modules and resources for direct care staff.
2. **IPC Audit/Observation Resources:** 
   * [Infection Prevention and Control Resources: Environmental Services](https://www.superiorhealthqa.org/initiatives/qin-qio/nursing-home-quality-improvement-collaborative/ipc-resources-environmental-services/)
   * [Infection Prevention and Control Resources: Hand Hygiene](https://www.superiorhealthqa.org/initiatives/qin-qio/nursing-home-quality-improvement-collaborative/ipc-resources-hand-hygiene/)
   * [Infection Prevention and Control Resources: Personal Protective Equipment](https://www.superiorhealthqa.org/initiatives/qin-qio/nursing-home-quality-improvement-collaborative/ipc-resources-ppe/)
3. **Vaccination Resources:**
   * [Infection Prevention and Control Resources: Vaccinations](https://www.superiorhealthqa.org/initiatives/qin-qio/nursing-home-quality-improvement-collaborative/ipc-resources-vaccinations/)
   * [COVID-19 Resources](https://www.superiorhealthqa.org/initiatives/covid-19/)
   * [Front Line Forces: Vaccinations](https://www.superiorhealthqa.org/initiatives/qin-qio/frontlineforces/vaccinations/)
4. **Change of Condition Resource:** 
   * [Front Line Forces: Change in Condition](https://www.superiorhealthqa.org/initiatives/qin-qio/frontlineforces/change-in-condition/)

# Action Plan

| **Goal:  What are we trying to accomplish?** | **What specific actions can we make to reach our goal?** | **Who is responsible?** | **When will the work be completed?** | **Measure: What can we measure to show the actions lead to an improvement?** |
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| **Decrease the rate of 30-day rehospitalizations for residents with a diagnosis of COVID-19.**  **Current rate: \_\_\_\_\_\_**  **Goal rate: \_\_\_\_\_\_\_\_** | Provide infection prevention and control education to all direct care staff (licensed staff, nursing assistants, environmental services, dietary) at hire, annually, and as needed. |  | Ongoing | **Rate of direct care staff up to date with IPC training each month.**  **Numerator** = Number of direct care staff who have completed IPC training at hire and at least annually each month.  **Denominator** = Total number of direct care staff each month. |
|  | Ensure all direct care staff are adhering to correct infection prevention and control processes via observation, audits, and/or staff competencies. |  | Ongoing | **Rate of direct care staff adhering to correct IPC processes each month.**  **Numerator** = Number of direct care staff adhering to correct IPC processes (per observations, audits, and/or competencies) each month.  **Denominator** = Total number of direct care staff each month. |
|  | Provide education to all direct care staff on strategies to prevent COVID-19, identify high risk populations, and symptoms of COVID-19/early recognition. |  | Ongoing | **Rate of direct care staff up to date with COVID-19 education each month.**  **Numerator** = Number of direct care staff who have completed COVID-19 education at hire and at least annually each month.  **Denominator** = Total number of direct care staff each month. |
|  | Provide opportunity for 100% of eligible staff and residents to be up to date with COVID-19 vaccination |  | Ongoing | **Rate of eligible residents or staff up to date with COVID-19 vaccination each month.**  **Numerator** = Number of eligible staff or residents up to date with COVID-19 vaccination each month.  **Denominator** = Total number of residents or direct care staff eligible for the COVID-19 vaccine each month. |
|  | Ensure nursing assistants inform licensed staff timely of resident changes of condition |  | Ongoing | **Rate of hospitalizations where nursing assistant timely change of condition communication was not a contributing factor each month**  **Numerator** = Number of hospitalizations each month where nursing assistant timely change of condition communication was not a contributing factor.  **Denominator** = Total number of COVID-19 hospitalizations each month. |
|  | Ensure licensed staff are informing clinicians timely of resident changes of condition |  | Ongoing | **Rate of hospitalizations where licensed staff timely change of condition communication was not a contributing factor each month.**  **Numerator** = Number of hospitalizations each month where licensed staff timely change of condition communication was not a contributing factor.  **Denominator** =Total number of COVID-19 hospitalizations each month. |
|  | Test staff and residents for COVID-19 per Centers for Disease Control and Prevention (CDC)/State guidance. |  | Ongoing | **Clinical capabilities of your home are documented and made available to licensed staff and clinicians.** |

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| **Goal:  What are we trying to accomplish?** | **What specific actions can we make to reach our goal?** | **Who is responsible?** | **When will the work be completed?** | **Measure: What can we measure to show the actions lead to an improvement?** |
|  | Using current guidelines, ensure a plan is in place to provide eligible residents with a diagnosis of COVID-19 treatments and/or medications. |  | Ongoing | **Rate of 30-day rehospitalizations for residents with a diagnosis of pneumonia each month.**  **Numerator** =Number of residents each month with a diagnosis of pneumonia who were re-hospitalized within 30-days of being hospitalized with pneumonia.  **Denominator** = Total number of residents each month who are hospitalized with a diagnosis of pneumonia. |
|  | Assess and communicate to staff and clinicians the clinical capabilities your home is able to safely provide. |  | Quarterly | **Clinical capabilities of your home are documented and made available to licensed staff and clinicians.** |
|  | Track COVID-19 30-day rehospitalization rates and share at Quality Assessment and Assurance (QAA) Quality Assurance and Performance Improvement (QAPI) meetings. |  | Monthly | **Rate of 30-day rehospitalizations for residents with a diagnosis of COVID-19 each month.**  **Numerator** = Number of residents each month with a diagnosis of COVID-19 who were rehospitalized within 30-days of being hospitalized with COVID-19.  **Denominator** = Total number of residents each month who are hospitalized with a diagnosis of COVID-19. |