TRANSFORMING NURSING HOME CARE TOGETHER (TNT)

Program Toolkit

Abstract

The TNT Program was a 9-month educational program that ran between July 2022 and March 2023 in infection prevention and control designed for Skilled Nursing Facilities. This toolkit provides comprehensive information on the Program design, planning, implementation, and evaluation considerations. This toolkit may be used as a resource in developing similar programs.

CONTENTS

ACRONYMS AND ABBREVIATIONS

ABX	Anti-microbial stewardship
ACDC	Acute Communicable Disease Control
CDPH	California Department of Public Health
CEU	Continuing Education Unit
CM	Communications manager
COC	Certificate of Completion
COVID-19	Coronavirus disease 2019
EVS	Environmental Services
FAQ	Frequently Asked Questions
HAI	Healthcare-associated infections
HOU	Healthcare Outreach Unit
HSAG	Health Services Advisory Group
IP	Infection preventionist
IPC	Infection prevention and control
LAC	Los Angeles County
LAC DPH	Los Angeles County Department of Public Health
LTCF	Long-term care facilities
MDRO	Multi-drug resistant organism
NHSN	National Healthcare Safety Network
PDCA	Plan, Do, Check, Act
PIP	Performance improvement project
PM	Project manager
Q&A	Questions and Answers
QI	Quality improvement
QAPI	Quality Assurance and Performance Improvement
SNF	Skilled nursing facility
TNT	Transforming Nursing Home Care Together

INTRODUCTION

ABOUT LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH (LAC DPH)

The LAC DPH works to protect health, prevent disease and promote health and well-being for everyone in Los Angeles County (LAC), the largest County in the United States. The department strives to support policies, practices and programs that lead to healthier environments.

ABOUT HEALTHCARE OUTREACH UNIT (HOU)

HOU's mission within the LAC DPH's Acute Communicable Disease Control (ACDC) is to improve patient safety within the LAC healthcare settings. Over the years, the scope of HOU's activities has broadened, encompassing healthcare associated infections (HAI) surveillance, infection prevention and antimicrobial stewardship (ABX) consultation, and outbreak investigation and multi-drug resistant organism (MDRO) containment in acute care, outpatient, long-term care and emergency medical settings.

BACKGROUND

PROBLEM STATEMENT AND CONTEXT

Infection prevention and control (IPC) requirements in long-term care facilities (LTCFs) prior to the coronavirus disease 2019 (COVID-19) pandemic were sparse and did not include a requirement for dedicated IPC staff. On January 1, 2021, the California Assembly Bill 2644 began requiring at least one full-time dedicated infection preventionist (IP) for every licensed skilled nursing facility (SNF) in the State, regardless of size. However, the LAC DPH's LTCF team observed that this important requirement initially had modest benefits, likely related to a low level of baseline knowledge and high level of turnover among SNF IPs. Additional challenges were identified, such as a feeling of isolation in the new IP role without a community of support, little awareness of the IP's importance in overall IPC and resident safety beyond COVID-19, and little to no support from facility leadership.

TRANSFORMING NURSING HOME CARE TOGETHER (TNT) PROGRAM

LAC DPH's commitment to working with and supporting SNF staff, administrators and operators to standardize and improve infection prevention across the County in a practical and sustainable way led to the development of the TNT Program. The Program focused on training SNF IPs to increase their baseline IPC knowledge, improve their standing and visibility within SNFs, standardize IPC practices across all SNFs in LAC and to foster a community of support for IPs to facilitate mutual learning.

TOOLKIT PURPOSE

This toolkit was developed to provide decision makers and program developers with comprehensive guidance on creating an effective and impactful education program tailored to the unique needs of their target audience. This resource includes insights on the TNT Program development, detailed program content, and considerations during the planning, implementation and evaluation processes.

TOOLKIT TARGET AUDIENCE

The primary target audience for this toolkit are SNF decision-makers, leadership, representatives and government entities interested in developing educational programs for SNFs and building strong working relationships with these facilities. Other stakeholders, such as quality improvement (QI) organizations, involved in healthcare personnel training initiatives may also find this toolkit beneficial.

TNT PROGRAM OVERVIEW

PROGRAM DESCRIPTION AND OVERVIEW

The TNT Program was a comprehensive educational program designed by LAC DPH for the SNF community in LAC. The Program was delivered over nine months in increments of two-month long units with one month break between each unit. The Program included four elements: weekly didactic presentations, monthly small group sessions, weekly office hours and a final project. All sessions were held virtually on the same web-based platform.

For the comprehensive schedule and training content, including specific topics, please *see exhibit A.*

PROGRAM GOALS

TNT had five main goals:

1. Provide comprehensive IPC education to SNF IPs.
2. Standardize IPC practices across SNFs in LAC.
3. Provide a QI structure and framework for SNFs.
4. Foster a culture of safety and accountability within SNFs.
5. Promote transparency in public reporting for SNFs using the National Healthcare Safety Network (NHSN).

TNT PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION

PLANNING

Meticulous development of a comprehensive program and a detailed plan accounting for various aspects of the program delivery played a pivotal role to ensure overall program success.

Prior to planning the TNT Program, the first important step was to establish the Program target audience. This laid the foundation for comprehensive planning of all Program components.

TNT Program Enrollment Requirements

All SNFs in LAC were eligible to participate in the Program. To successfully enroll, each SNF was required to sign a facility commitment form (*see exhibit B*) and designate up to three staff to participate in the Program. The staff selection was at the discretion of the facility; however, at least one of the participants must have been a facility IP. The reason staff other than IPs were also invited to participate in this Program was to highlight that infection prevention is everyone's role and requires collaboration between IPs and others in the facilities. Other staff that actively participated in the TNT Program included directors of nursing, directors of staff development and administrators. Because many facility administrators wanted active involvement in the Program, TNT adjusted after the launch of the Program to allow up to four participants to enroll if one of them was the administrator. The designated participants listed on the facility commitment form were also required to submit individual participant commitment forms *(see exhibit C)* prior to the start of the Program.

TNT Program Participation and Completion Requirements

To fully participate in the Program, designated participants were required to have access to equipment with audio and internet connection to view and actively engage in the virtual sessions.

To successfully complete the Program, the enrolled facilities must have met minimum attendance and final project submission requirements. For attendance, at least one designated participant per facility must have attended the minimum number of live didactic and small group sessions, although the same person was not required to attend all of them. The participants from each facility were expected to communicate within their team and ensure that at least one

of them attended the sessions. For the final project, only one submission per facility was required, although all designated participants from each facility were expected to collaborate on their final project together.

The establishment of this criteria prior to the launch of the Program was essential to ensure that facilities received clear communication on expectations prior to making a commitment to participate.

TNT Program Benefits

Before launching the Program, it was crucial to identify factors beyond knowledge and education that could enhance both facility and staff interest to participate in the Program. The TNT team determined that the Program should offer benefits to both the facility and individual participants to strengthen their commitment to the Program.

- Individual-level benefits: Each designated participant who attended at least 50 minutes of the one-hour live didactic sessions, or watched the recording, and passed a post-session evaluation quiz with a score of 80% or higher received Continuing Education Units (CEUs) or a Certificate of Completion (COC). The distinction between the two types of certificates was based on the type of license the participant held. CEUs were provided to RNs, LVNs, and physicians. Anyone who held a different license for which they received only a COC, they were encouraged to contact their licensing board to inquire if these certificates could be converted to CEUs for their license. By the end of the Program, the TNT Program leadership learned that the CEUs obtained through the TNT Program could be used to meet California Department of Public Health's (CDPH) annual 10-hour continuing education requirement for IPs, which served as an additional benefit for our participants.
- Facility-level benefits: At the conclusion of the Program, if the facility met the minimum requirements of live session attendance (participants watching recorded presentations did not count toward facility attendance requirements) and submission of a final project, they were offered a financial reward. These facilities also received a facility COC and were recognized on the TNT Program website. Midway through the Program, each participating SNF also received a goodie bag with various useful items, including Glo Germ kits, sanitizers, binders, clip boards and more.

Staffing

Given that every program requires a diverse set of skills and expertise, the determination of staffing needs is critical in the program planning stage. Staffing considerations involve the allocation of human resources to specific tasks and roles within the program. Staffing needs assessment should also continue throughout the program implementation phase, as unforeseen changes may require prompt identification and resolution to mitigate potential program delays and inefficiencies. A comprehensive list of TNT Program staff, along with the details of their roles and responsibilities can be found below.

- **Program Manager (PM)** has a pivotal role in driving the success of the program and ensuring its alignment with both the program goals and the goals of the funding agency. The PM is responsible for supervising the entire program lifecycle. PM's responsibilities encompass effective planning, implementation, conclusion and evaluation of the program. PM's key responsibilities also include engaging with stakeholders to develop a comprehensive plan of program activities, strategically allocating human resources across tasks and maintaining transparent communication throughout the program. A detailed breakdown of TNT PM's responsibilities is provided below.
    - TNT program elements planning: The PM meticulously considered every aspect of the Program, which involved identifying key Program task needs, engaging stakeholders in meaningful discussions, collaborating with decision makers, determining necessary tools, resources, and staffing needs, conducting research and exploring potential solutions to challenges. The PM's strategic planning involved collaboration with other team leads who oversaw distinct elements of the Program, such as the Communications Manager (CM).
    - Leading staff meetings: The PM routinely planned and led various team meetings and facilitated effective communication and decision-making to ensure success of the Program.

- Staff assignment, coordination, and training: The PM identified the requisite skills for various Program tasks and assigned personnel accordingly. This process required clear and continuous communication throughout the Program. At the start of the Program, PM conducted a comprehensive meeting with staff and reviewed program goals, program activities, staff task assignments and deliverables. Then, the PM conducted a training to equip staff with the resources and tools they needed to effectively complete their assigned tasks. The training sessions covered staff expectations, review and practice of skills necessary to successfully facilitate small group sessions, and review of tools such as Facilitator Discussion Questions (*see exhibit D*). Throughout the Program, the PM was mindful of staff turnover and re-initiated this process for new hires. PM also monitored staff performance and conducted additional training sessions as needed to improve performance and meet Program goals.
- Staff Scheduling: The PM prepared staff schedule several weeks in advance and communicated the needs and requirements in a timely fashion. The PM worked with staff and managed schedule changes as needed.
- Process evaluation: It is imperative for the PM to conduct continuous process evaluation throughout the implementation of the program activities. Monitoring feedback from program participants, staff and collaborators is crucial to identify areas for improvement. This facilitates prompt response to newly emerging issues or concerns.
- Web-based platform use: If the program offers a virtual option or is conducted entirely in a virtual environment, the PM must identify the most suitable web-based platform to optimize the efficacy of the program. The PM should review available options for web-based webinar delivery, assess the pros and cons of each platform, and select the platform that best aligns with the program's requirements. Subsequently, the PM should schedule sessions to rigorously test the functionalities of the chosen platform involving several staff members in various capacities, with some serving as contributors and some as typical attendees. Following the conclusion of the testing sessions, the PM should compile feedback based on the staff experiences and identify potential issues and concerns. It is important to categorize concerns that must be completely avoided, those that can be mitigated, and those that can be proactively planned for, and addressing each promptly once the program has been launched. Depending on the structure of the team, this responsibility may be split between the PM and other leads. In the TNT program, the PM and the CM collaborated on the aforementioned tasks.
- Website development and maintenance: The PM must initiate the program website development process. First, identify the team(s) or individual(s) who will be responsible for its development. Then, conduct meetings with them to explore available functionalities and determine feasible options. The PM should develop the layout and actively collaborate and engage with the website development team(s) or individual(s). When the website is ready, the PM should conduct thorough testing to ensure it aligns with program needs and incorporate necessary edits and changes. When the website is deemed ready for launch, the PM should disseminate the link to other stakeholders for additional review, aiming to identify other concerns or areas for improvement. Following the website launch, the PM should establish an internal plan with timeframes for periodic website assessments and potential edits. During the live program, weekly reviews of the website are essential. The PM should submit new documents for posting while adhering to company policies for obtaining approvals for public-facing documents before making them accessible to the public. After the conclusion of the program, the PM should conduct monthly reviews to ascertain the website's continued functionality and identify concerns and swiftly make edits as needed. This strategic approach proved essential for the TNT Program, which emphasized the accessibility of the Program content even after its conclusion.

- Grant reporting: If the program is grant funded, it is imperative to monitor deliverables of performance measures or milestones, track reporting requirements and deadlines, and submit documentation at the designated intervals. This role may or may not rest solely on the PM. Depending on the structure of the company or the team, this role may be split between several individuals, or be assigned to a specific department or a specific individual. During TNT, both PM and CM worked collaboratively to ensure accurate and timely grant submissions.
- Email address inbox creation and monitoring: The PM should establish an email address specifically for the needs of the program. Incorporating the program title in the email address may assist with clear identification purposes. The PM should determine and grant access to personnel who will be authorized to access this email address. Subsequently, the PM should establish an email monitoring schedule and assign staff accordingly. Additionally, the PM should develop a comprehensive plan outlining the email inbox management plan, including how to categorize emails, how staff will be assigned to emails, and how email status will be marked. Continuous communication between all individuals who have access to the email address is essential. During the TNT Program, both the PM and CM shared the inbox monitoring responsibility with a weekly shift schedule. This email address was used to send all Program communication, including all session invitations, meeting links, reminder emails, monthly progress reports, certificates and more.
- Content development: Throughout the program, the PM is responsible for producing various materials and collaborating with others to create content. During the TNT program, the PM content development included program task protocols and instructions, program content documents, email templates, participant surveys and more.

- **Communications Manager (CM)** has an important role in leading and executing program communication efforts with program participants. CM also works closely with the PM to plan and implement program activities. A detailed breakdown of the TNT Program CM responsibilities is provided below.
  - Email address inbox monitoring: The CM and PM shared this responsibility by adhering to a pre-determined shift schedule and email management protocol.
  - Email communication lead: CM used the Program email address to send out relevant communication to participants. Before the start of the Program, CM emailed Program information to eligible facilities to encourage enrollment, communicated directly with facilities who enrolled in the Program, and provided necessary documents to be completed. Throughout the Program, CM routinely sent various types of communication to all enrolled facilities and their designated participants, such as virtual session information, session reminders, program materials, evaluation surveys, reminders and more.
  - Program launch and enrollment: CM monitored enrollment, tracked enrolled facility required document submissions and conducted follow-up outreach to ensure completion of required documentation.
  - Participation Tracking: CM developed and managed a participation tracking master list (*see exhibit E*), which was essential to track participant progress toward meeting Program requirements. This list included essential participant information, as well as their attendance of sessions, post-session evaluation quiz scores and submission of the final project. CM monitored this list and updated each week as needed to reflect facility staff turnover and participant replacements.
  - Virtual session scheduling: Upon establishment of session needs and specific requirements, the CM was responsible for scheduling all the sessions on the web-based platform and ensuring that all necessary settings were marked to meet the needs of the session.

- Program point of contact for epidemiologists: CM worked closely with the epidemiologists to discuss, plan and execute necessary processes such as updating the tracking master list (*see exhibit E*), distribution of monthly report cards (*see exhibit F*), CEUs and COCs, and the establishment of data monitoring and planning needs.
- Lead for financial reward distribution: The CM utilized the tracking master list to identify which of the enrolled facilities met Program completion requirements, and thus, were eligible for a financial reward. CM communicated with facilities to inform them of their eligibility for rewards, sent them forms required to be completed by the facility and conducted follow up email or phone outreach to facilities to ensure all necessary documents were completed. The CM served as the liaison between the Program, the Program grants funding office and the agency responsible for disseminating the financial awards. When needed, CM brought on nurse consultants to assist with conducting outreach to facilities.
- Grant reporting: Both the PM and CM worked collaboratively to ensure accurate and timely submission of reports.

- **Subject Matter Expert(s)**: The Program's lead geriatric physician served as a subject matter expert and was responsible for leading the development of the didactic presentation content; leading the main discussions in, and sometimes facilitating, small groups; making decisions on the numerous items the PM and CM were managing, as well as participating in meetings with them on a regular basis to discuss the status of the Program and improvements to be made; being on hand to answer questions in office hours and contributing to answering the Questions and Answers (Q&A) documents (*see exhibit G*) posted after each week's sessions; and liaising with other internal and external subject matter experts to develop didactic presentation content, which involved working sessions to develop presentations and dry runs to refine them.
- **Facilitators** led small group sessions, each comprising of up to 20 participants. These facilitators, consisting of Public Health nurse consultants, IPs and physicians with extensive experience working with SNFs in various capacities, were meant to cultivate rapport with SNF staff and establish a direct line of communication between SNFs and LAC DPH. During the sessions, facilitators were responsible for offering support and guiding a discussion among SNF participants. The aim of the sessions was to encourage the exchange of skills and experiences to facilitate mutual learning.
- **Infection Preventionists (IPs)**: They served in various capacities throughout the Program. They served as content developers and presenters for the didactic sessions in Units 2 and 3, hosted the office hours during the entire Program, and facilitated small group sessions.
- **Nurse Consultants**: They served in various capacities throughout the Program. They facilitated the small group sessions, conducted outreach to facilities for promotion and submission of incomplete documents, leveraged the things they learned in the didactic sessions to advise facilities on IPC practices when they asked for help outside of the program, and more.
- **Lead for Budget, Funding and/or Grant reporting**: The intricacies of budget and funding oversight, as well as grant reporting, when applicable, are significantly influenced by the organizational structure and team dynamics. The responsibility of budget oversight may be assigned to a specific department or a specific individual within a team, or it may rest with the PM. It is essential to establish this at the program's outset. Collaboration with the team, department or the individual responsible for funds management is imperative to ensure the correct allocation of funds for program activities and procurement of necessary supplies. During the TNT Program, this role was split between the PM and the CM. They worked collaboratively to monitor grant reporting requirements, and submit performance measures and milestones, while the CM served as the liaison to the department managing the funds.

- **Epidemiologist(s)**: Program planning, implementation and evaluation phases involved extensive collaboration with the team epidemiologists. They played a pivotal role in planning the Program participation tracking, Program evaluation activities, and programming the workflows of the distribution of CEUs, COCs and report cards (*see exhibit F*). Additionally, they led the development of online surveys based on the questions provided by the content development team, conducted data analyses and developed data visualizations.
- **Additional Staffing Needs**:
    - Multiple Staff: Over the course of the TNT Program, various temporary activities required additional staffing. For instance, during the holiday season, the TNT team created goodie bags for enrolled SNFs to show appreciation for their participation and to recognize their valuable work. The bags contained various items including essential infection control items such as hand sanitizers and Glo Germ kits. The distribution of the bags was accomplished within six weeks, thanks to the collaborative efforts of team members, such as the PM, CM, physicians, IPs, epidemiologists, nurse consultants, and supervisors who volunteered for delivery duties. This provided an opportunity for the facilities to meet and connect with the TNT Program staff and LAC DPH personnel.
    - Website developer/website designer: Staffing needs for website development depends on the program needs and the company's capabilities. Depending on the complexity of the desired website features, a website designer or a developer may be necessary. A well-designed website functions as an important hub for disseminating program information and storing program content accessible to the public.

Web-based Platform Use

The entire TNT Program was delivered exclusively in a virtual format through a web-based platform. During the initial program planning stages, it was essential to identify and select a platform capable of successfully delivering all program elements. The selection process encompassed the following considerations:

- **Program platform considerations:** The TNT program was developed during the COVID-19 pandemic in response to the identified need to provide IPC training to SNFs. During this time, in-person events were either limited or not permitted. Additionally, SNFs were disproportionally impacted by the pandemic. Their staff were often overwhelmed and managed various priorities, which limited the amount of time they had to dedicate to non-clinical tasks such as professional development or continuing education opportunities. These factors informed the development of the TNT Program specifically for virtual delivery, eliminating the need for participants to travel to physical training sites, and reducing participant efforts before and after each session. The decision to deliver the Program via a web-based platform aimed to make it easier for participants to dedicate a specific and manageable amount of time each week to meet program requirements.
- **Virtual platform option overview and selection considerations:** Many organizations maintain contracts with specific platforms for hosting virtual meetings or delivering programming. The first step is identifying any organizational contractual constraints that limit the available options. In cases where multiple options are available, a thorough analysis of each platform's features is important to assess their alignment with the program needs and requirements. It is equally important to assess the lack of features or limitations of each platform that could hinder successful program delivery. After the list of advantages, strengths and limitations of each platform is identified, you may prioritize them and compare how those factors align with your program needs. Ultimately, the decision on platform selection may depend on identifying a platform that presents minimal challenges while maximizing the positive features, particularly those essential for successful delivery of the program.
- **Testing platform functionality**: Following the careful consideration of platform selection, the program team should allocate sufficient time to thoroughly test platform features. This step is necessary to ensure all features identified

during the platform research process operate as expected and to identify any features that may require trouble shooting. Depending on the quantity and the severity of issues identified, multiple testing sessions may be required to implement workarounds or fix issues. Testing and troubleshooting may be necessary even after the launch of the program, particularly after hosting the initial live sessions. These may reveal unforeseen issues and concerns that may not have been previously identified during planning, which may require a prompt response and finding effective solutions to mitigate potential challenges with further program delivery.

- **Staff training to utilize platform features**: The PM should assess staff skills and knowledge in utilizing the selected web-based platform. Despite the transition to virtual work environments during the COVID-19 pandemic, it is essential not to presume the team's proficiency in utilizing the platform features necessary for the program delivery. In fact, assuming the opposite and conducting a comprehensive training that provides the same baseline information to all staff involved can be effective. This process should begin with identifying all staff members who need to be familiar with the platform and determine the features they will need to use to successfully complete their tasks. Then, develop and deliver a staff training to review all necessary features and answer any questions staff may have. Ensure that all staff receive this training. If any staff is absent, consider conducting multiple training sessions to ensure consistent dissemination of information within the team. Alternatively, recording the training session is an option for absent staff, although exercise caution with this approach as it may be challenging to ensure their active engagement with the recording and subsequent follow-up on any questions they may have. After the initial training, it is important to maintain ongoing communication with staff to address emerging issues, concerns or needs. Establishing an open-door policy encourages staff to approach PM with questions ensuring they have the necessary support to meet expectations.

- **Recording sessions**: Programs may consider archiving the live session content for future use. Recording sessions, particularly the didactic presentations, can serve as a valuable resource for program participants and individuals who were unable to participate in the live program but could benefit from the covered content. The TNT Program's goal was not only to deliver comprehensive training to its enrolled SNF participants but also to provide access to the Program educational resources for anyone serving the SNF community and individuals who were not enrolled in the Program. Each didactic session was recorded, stored, and subsequently uploaded to the Program website. Prior to the Program's launch, the TNT team conducted testing of the platform's recording feature, established a clear plan and designated a staff member to manage the recording process. This included initiating the recording during the session, ensuring its consistent operation throughout the sessions, stopping the recording at the established time, and handling the subsequent steps of downloading, saving and storing the recording. If multiple teams within an organization use the same web-based platform for delivery of various programming, it is a best practice to assess the platform's storage capacity routinely and before each session to ensure adequate space is available for the entire session recording.

- **Session settings on the web-based platform**: Careful planning of the session settings within the web-based platform is an essential preparatory step to deliver live sessions successfully. The key settings integral to the TNT Program sessions included establishing a meeting lobby, controlling attendee microphone and video functionality, and managing permissions for chat, annotation, file downloads and presentation slide control. These settings were configured prior to the sessions. The meeting lobby allowed the Program staff to log in early and prepare before admitting participants into the session. Given the large audience, with over four hundred attendees at the didactic presentations, the TNT team opted to disable participant microphones and videos to optimize Internet connection, improve platform performance and minimize distractions. Participants had permission to communicate via the chat with both the TNT team and fellow participants but were not permitted to annotate, download files or control the slides.

- **Session workflow**: A careful consideration and planning of staff assignments and the session workflow during and after the sessions is important. The details on the TNT Program workflow are provided below.
    - All didactic, small group and office hour sessions included a lobby, where participants were placed directly upon joining the sessions. This approach enabled the Program staff to gather fifteen minutes before the session start time to prepare without the presence of any participants. During this preparation time, the team conducted audio and video tests, confirmed the presence of all presenters and logistical staff, reviewed staff assignments, prepared the presentation slides and addressed last-minute issues and concerns. At the scheduled start time, Program staff admitted all attendees from the lobby into the session.
        - The small groups featured an additional component. Following the introductions and Program reminders, the designated meeting host divided the participants into small breakout rooms. Participants from the breakout rooms had an option to request assistance as needed, and a designated Program staff member was available to provide support when requested. At the end of the breakout room designated time, the meeting host closed the rooms, automatically returning all participants to the main room for a discussion, which was led by the TNT Program physician lead.
    - Division of roles: During the TNT Program, the logistical coordination of the virtual sessions was split between the PM and CM.
        - During the sessions: The CM was responsible for admitting staff and participants, managing assignment of staff and participants into breakout rooms, opening and closing breakout rooms, managing the didactic session recordings, as well as managing the slideshow. The PM reviewed the session plan with the team prior to the start time, monitored the chat, responded to inquiries and concerns, provided technical support during the breakout rooms and elevated questions to the lead physician.
        - After the sessions: The CM downloaded and saved the session files such as the recording, chat, and the attendance list. The PM reviewed the chat and extracted all IPC content-related questions, coordinated with the session presenters to create a Q&A document (*see exhibit G*), and uploaded all necessary content to the Program website on a weekly basis.

Teamwork and Collaboration

Program planning, implementation and evaluation stages should include collaboration among various team members, each of whom can offer unique perspectives and valuable feedback. During the TNT Program, numerous meetings with various Program staff and leadership were held to plan and implement each element of the Program. Below is a detailed list of key meetings, though not exhaustive, along with their respective descriptions.

- **TNT leadership planning meetings**: TNT Program decision-makers, including the PM, CM, program lead physicians, and lead subject matter expert, convened on a weekly basis to engage in high-level program planning discussions. These meetings commenced a minimum of three months before the official launch of the Program. During these meetings, discussions on the agenda spanned a spectrum of critical topics, including but not limited to the strategic planning of the Program launch and promotional activities, formulation of the SNF communication plan, development of the Program schedule and task list, assignment of tasks, allocation of human resources, establishment of staff training timelines, staff communication plan and content development, and program evaluation plan among other pertinent considerations.
- **Presentation content development meetings**: Physician lead(s) and subject matter expert(s) convened on a regular basis, depending on availability and need, to develop didactic presentation content. This also involved review of external content to include in the presentations outside of these meetings.

- **Dry runs**: Prior to the start of the Program, staff responsible for the didactic presentation content development delivered their presentation to the TNT leadership and the rest of the team. All IPs and nurse consultants from the team were invited to attend these meetings, but attendance was not mandatory. Typically, a minimum of eight staff members attended the dry run sessions and observed the presentations. The goal for these sessions were twofold: first, to solicit feedback from peers regarding the content, and second, to provide content developers an opportunity to practice and refine their presentations. To ensure quality and efficacy of the didactic sessions, each session presentation underwent at least one dry run before presenting it to the Program participants. In cases where the team provided substantial suggestions for edits, additional dry runs were scheduled. This process aimed to enhance the overall quality of the didactic content.
- **Staff trainings:** PM identified staffing needs for all Program tasks, encompassing didactic presentations, small group and office hour facilitation. The PM developed training to ensure staff were equipped with the skills and tools necessary to successfully complete their task assignments. During these trainings, the PM reviewed detailed program information, program goals, task descriptions, task assignments, staff expectations and staff communication plans. Prior to the start of Unit 1, the PM also hosted training sessions and reviewed principles such as motivational interviewing and health coaching utilizing interpersonal skills and other related competencies to provide staff with tools to effectively facilitate small group sessions. During these meetings, the PM also reviewed and discussed the use of various documents, such as the Facilitator Frequently Asked Questions (FAQs) (*see exhibit H*) to easily respond to participant questions, and small group Facilitator Discussion Questions (*see exhibit D*) used to guide small group sessions. While TNT staff turnover was minimal throughout the Program, the PM conducted trainings of all onboarded staff who had TNT task assignments, with certain sessions conducted on a one-on-one basis. This approach ensured a consistent and high standard of performance among all Program staff.
- **Platform testing meetings**: The PM and CM scheduled various meetings to test the web-based platform and its features. Some of the meetings included only the PM and the CM, while others included five or more staff. The number of staff invited to these testing sessions depended on the goal of the meeting. These meetings allowed staff to test platform functions and features, as well as identify potential issues, barriers and needs for staff education.
- **Meetings with the epidemiologists**: The TNT leadership team met with the epidemiologists regularly to discuss processes and workflows related to the distribution of monthly report cards (*see exhibit F*), CEUs and COCs, refining timelines for deliverables, developing evaluation forms and addressing issues related to participant inquiries.

Website

The process and the time necessary to develop and launch a program website may vary significantly across organizations. It is important to assess your organization's technical and human capacities and include them in your program plan. The TNT Program website development commenced several months prior to the launch of the Program to allow enough time for needs assessment, task assignments, website development, thorough website testing and the launch of the website for easy public access. The TNT website development process details are included below.

- The TNT PM initiated the website development process by identifying the lead website developer within the organization responsible for designing and maintaining the website. The PM created a comprehensive document outlining the desired features and collaborated with the website developer to assess feasibility. For the features that exceeded organizational capabilities, joint efforts were made to strategize and devise alternative solutions.
- The PM and the website developer established internal deadlines for deliverables and maintained continuous communication throughout the process. While the website developer created the website with the requested features, the PM created the website information and content along with various Program documents. Upon completion of the initial website draft, the PM conducted a thorough review and provided detailed feedback to the

website developer for suggested modifications. The final version of the website was ready before the Program enrollment period began.

- Following the launch of the website and the Program, the PM maintained and updated the website content. On a weekly basis, the PM added didactic session slides, recordings, relevant resources discussed that week, and a Q&A document (*see exhibit G*). The resources repository expanded weekly to incorporate new materials and information introduced during the didactic sessions. The Q&A document encompassed all questions raised during sessions, regardless of whether they were addressed by the presenters. The goal of this approach was to afford all SNF participants the opportunity to access information regardless of their presence during the live sessions.

The Program website served as a centralized hub for participants to access essential information and materials during and after the Program. Even though the TNT Program live sessions have now ended, the Program website remains active with all of its content still readily available for the public to access. The goal is to ensure the Program participants continue to have access to the resources and training documents. Moreover, the expert-vetted resources are available for SNFs to use to educate new staff members who did not participate in the Program and for other facilities that did not participate in the Program. Lastly, these resources are valuable for any SNF corporation or other health jurisdictions who seek to develop and implement a similar program.

IMPLEMENTATION

Program Launch, Promotion and Marketing

Strategic planning for the Program launch is essential, which include considerations of several factors: program start date, enrollment period, timeframe for completing required enrollment documentation, flexible and non-flexible internal deadlines. Additionally, provisions should be made for potential extensions of enrollment deadlines, should the need arise.

The TNT Program enrollment was launched seven weeks prior to the scheduled Program start date. The TNT leadership identified key individuals serving the SNF community and informed them of this Program. An email with details regarding the Program was also sent to all prospective SNFs. During the enrollment period, weekly reminders were sent to all SNFs to enroll in the Program. By the enrollment deadline, the TNT leadership observed lower than anticipated enrollment and opted to extend the enrollment period by one week. During this extension, the CM and the nurse consultants actively engaged in phone outreach efforts to non-enrolled facilities to promote program enrollment. The extension provided additional time for more facilities to enroll resulting in a 76% enrollment rate among eligible facilities.

Program Enrollment

Prior to the launch of the program enrollment, it is essential to determine key factors such as enrollment eligibility criteria and participation requirements as well as develop all necessary forms.

To enroll in TNT, SNF administrators were required to complete a facility commitment form (*see exhibit B*) available online through a survey link. In the form, they were required to provide facility information and designate staff to participate. The designated staff were at the discretion of the facility, but one was required to be a facility IP. After the facility commitment form was submitted, each designated participant received a participant commitment form (*see exhibit C*) which they were required to complete prior to the start of the Program. In addition to Program goals and participant expectations, this form also included baseline knowledge assessment questions. The CM kept track of facility enrollment and conducted follow up outreach to participants when necessary to ensure all documents were completed. By the start of the Program, designated participants who did not submit their completed participant commitment forms were dropped. An enrolled facility was dropped if their IP did not submit a signed participant commitment form.

TNT Program Elements

Program Element 1: Didactic Presentations

Throughout each unit, one-hour weekly didactic presentations were held on the same weekday and time. The presentations were developed and delivered by subject matter experts within LAC DPH, such as geriatric physicians, quality improvement experts, and IPs, and by collaborators from CDPH and Health Services Advisory Group (HSAG).

The Program content topics were selected to encompass priority areas relevant to the work in SNFs. The Program's extensive one-year timeframe for content delivery afforded the flexibility to compile a comprehensive list of sessions and to strategically allocate specific topics to their own dedicated weeks. This approach optimized participant education opportunity without significant disruption to their work commitments.

The didactic content consistently utilized the entire one-hour of the sessions with no specific time allocation for a Q&A segment. However, participants had the option to include their questions in the chat, which content developers and presenters subsequently addressed in a weekly Q&A document (*see exhibit G*). This document was posted on the Program website and was emailed to all participants with the following week's materials. In addition, the TNT team also hosted a weekly office hour (program element 3) specifically designed to address participant questions and concerns.

Presentation slides were emailed to participants before each session to give them an opportunity to seamlessly follow the presentation and take notes. All educational content from the didactic sessions including the session recordings were readily available on the Program website after each session. While the presentation content was comprehensive, each slide deck contained all the references used in the development of the presentation, enhancing the participants' ability to delve deeper into the covered topics.

Program element 2: Small groups

In addition to delivering didactic content, the TNT Program also focused on empowering IPs and engaging SNF leadership from the corporate to the facility level. The Program hosted monthly small group sessions that served as an open forum for participants to engage, and share experiences and skills with their peers to foster mutual learning. Facilitated by LAC DPH IPs, nurse consultants, and geriatric physicians, these small groups were designed to follow the natural flow of group discussions and adapt to group dynamics; however, the facilitators were equipped with pre-determined discussion questions to help guide the group as needed (*see exhibit D*). This approach aimed to ensure flexibility and responsiveness to the specific needs of the SNF participants. These sessions were designed to create a community of support for staff across various SNFs, foster a direct line of communication and build rapport with public health personnel.

The TNT Program staff hosted multiple sessions each week, limiting the invitation to a select number of facilities for each session. This deliberate approach aimed to create an intimate setting, allowing a small number of participants to engage and receive support and guidance from LAC DPH personnel. Although all designated participants from each SNF were invited and encouraged to attend, attendance of one designated participant from each SNF fulfilled the SNF's monthly small group attendance requirement.

Program element 3: Office hour

Throughout the Program, the LAC DPH IPs hosted a weekly office hour for SNF participants to directly communicate with Public Health subject matter experts. These sessions provided a space to ask questions on the educational content and to seek guidance on IPC and QI topics, compensating for the lack of Q&A segment during the didactic sessions. The office hours also supported discussions on QI projects, offering constructive feedback for professional growth and fostering positive working relationships between Public Health personnel and SNFs.

The office hours enhanced participant learning. In addition to responding to questions, the LAC DPH IPs provided additional infection prevention information and resources. For instance, during the Infection Prevention Awareness month in October, the LAC DPH IPs developed and delivered an infection prevention trivia game offering an engagement opportunity for office hour attendees.

Program element 4: Final project

Throughout Units 2 and 3, the didactic content guided the participants through the process of effective development and implementation of a quality improvement project, focusing the documentation on a quality improvement template called an A3 (*see exhibit I*).

The A3 represents a structured approach to problem solving encapsulated in a one-page report structured around the PDCA (Plan, Do, Check, Act) cycle philosophy. The A3 is comprised of various sections including identification of problems, development of solutions, monitoring of improvement activity and results. This serves as an effective tool that may incorporate text, charts, diagrams, and pictures to facilitate clear communication within a team.

In Unit 2, the participants were led through an A3 project on hand hygiene, with step-by-step review of a theoretical project at the end of every didactic session as preparation for the final project during Unit 3. They were encouraged to submit these hand hygiene projects but were not required. During Unit 3, each SNF was required to submit an A3 project on environmental cleaning and disinfection as part of the program completion requirements. While only one A3 submission per SNF was sufficient to meet this requirement, participants from each SNF were encouraged to collaborate on the development of their SNF project, with only one individual submitting the final document. The TNT subject matter experts did not review all submissions but committed to providing feedback upon request.

In retrospect, encouraging A3 submissions on hand hygiene during Unit 2 could have identified gaps in participants' understanding of QI concepts, better preparing them for the final project in Unit 3. However, implementing this workflow would have required more subject matter expert staffing to review and provide feedback to all submissions. TNT did not have the resources at the time.

Considerations and Adaptations During the Program

Throughout the Program, SNF attendance tracking was consistently executed to identify facilities not meeting minimum attendance requirements, to understand potential reasons for missed participation, and to implement necessary adjustments. The TNT team discerned that insufficient internal communication among designated participants within facilities led to many facilities experiencing missed attendance. Additionally, at the Program's outset, facility administrators were excluded from pertinent email correspondence, resulting in their disconnection from staff participation. To rectify these issues, the TNT team designated administrators as participants, included them in all email communications, and encouraged them to foster coordination within their teams to ensure attendance and maintain facility progress towards successful Program completion. Another issue surfaced concerning the distribution of facility report cards (*see exhibit F*) to administrators at the end of each unit, demonstrating facility attendance. Initially, individual participants were not included in this communication, hindering their ability to identify discrepancies as administrators did not consistently share these report cards with them. To address this, the TNT team ensured that all designated participants, in addition to the administrators, received the facility report cards after each unit. This adjustment not only facilitated transparency but also aided in identifying turnover within facilities, particularly if TNT team was not informed of new staff who had replaced a previously enrolled staff.

While monthly small group attendance was a requirement for enrolled SNFs, not all invited SNFs were able to attend the sessions they were invited to. In response, the TNT Program staff scheduled and extended invitations to those who missed their sessions for an additional makeup session within the same month over the course of the Program. This measure aimed to afford participants another opportunity to fulfill attendance requirements and remain on track for

successful completion of the Program. The makeup sessions were offered to accommodate individuals and SNFs facing competing priorities, such as responding to urgent needs at their facilities and providing care to their residents.

Throughout the Program, the TNT subject matter experts identified additional topics beneficial to participants and developed didactic presentations. As these sessions were not initially part of the Program completion criteria, they were offered as optional opportunities. Attendees could utilize these sessions to make up for any missed didactic sessions and could also earn additional CEUs and COCs individually. However, integrating these sessions into the Program schedule resulted in the extension of the Program by two weeks beyond the planned timeline. Nevertheless, given the knowledge and continuing education benefits offered, along with the minimal commitment required, the extension did not present any significant issues.

In Unit 1, the weekly office hour was one hour in length and was held on the same day each week. While attendance of these sessions was optional, attendance was generally low, with most participants joining the sessions not to ask questions but rather to listen to the questions posed by others and the corresponding responses from Public Health experts. In Units 2 and 3, the office hour was shortened to 30 minutes per week maintaining the same weekly schedule.

Content and Materials

Throughout the Program, a wide range of materials were developed to ensure a smooth implementation and evaluation of the TNT Program activities. The following list includes some of those materials, although it is not an exhaustive list.

- Staff training content: PowerPoint presentations that covered Program information, including goals and objectives, Program structure, staff requirements, task assignments, tools, resources and more. Additional sessions reviewed skills necessary to successfully complete task assignments and meet expectations.
- Session content presentations: The IPs, subject matter experts and lead physicians developed PowerPoint presentations for the didactic sessions. The PM developed PowerPoint slides for Small Group and Office Hour sessions, which included reminders on program expectations, requirements, session instructions, and more. Some of the office hour slides were developed in collaboration with the IPs, featuring activities such as an infection prevention trivia during the Infection Prevention Week.
- Facilitator Discussion Questions (*see exhibit D*): These optional questions, including icebreakers, were developed for the small group facilitators to use during the sessions as needed.
- Frequently Asked Questions (FAQ): Various FAQ documents were developed to ensure clarity, efficiency and consistency in communication processes. Such documents included but were not limited to the Program FAQ document addressing commonly occurring questions about the Program and a chat FAQ, which the chat monitor and the small group facilitators utilized internally to quickly respond to commonly occurring issues, questions and concerns during the live sessions.
- Q&A Documents (*see exhibit G*): Throughout the live sessions, the PM monitored the questions in the chat and took note of inquiries raised by small group and office hour attendees. These inquiries were compiled into a comprehensive document. The LAC DPH IPs leading that week's session, along with the TNT lead physicians, provided thorough responses to each question. Following this process, the compiled document was disseminated to all participants via email along with the materials for the upcoming week's session. Additionally, it was uploaded to the TNT website for easy accessibility.
- Evaluation Surveys: Program evaluation surveys are essential for gathering feedback from participants to assess the effectiveness of a program. They help identify strengths, weaknesses, and areas for improvement, and help ensuring the program meets its objectives and participant needs. Additionally, they provide valuable insights for future planning and decision-making, ultimately enhancing the program's overall impact and success. Over the course of

the TNT Program, the evaluation surveys that were developed included post-session evaluation quizzes, unit pre- and post-tests, and a six-month follow up survey.

- Email templates: These were developed for various types of email communication with Program participants to ensure consistency in language, especially for sharing repetitive information at different stages of the Program.
- Contact Information update form: Developed by the epidemiologists, this form was an online tool for the facilities to update contact information of their participants, notify the Program leads about staff turnover and designate new participant as needed.
- Report Cards (*see exhibit F*): The Epidemiologists used a report card template to update each facility's progress after each unit to demonstrate the facility's progress toward meeting Program requirements.
- Certificate templates: These were used to issue participants their CEUs and COCs.
- Tracking master list (*see exhibit E*): This list was a comprehensive record of facility-level and individual-level information, which was routinely monitored and updated. The individual participant level information included their attendance, their evaluation scores and eligibility for certificates. This list was used to issue CEUs and COCs, report cards (*see exhibit F*), and determine whether facilities were on track for successful completion of the Program.
- Video tutorials: For successful participation in the Program, the participants needed access to a device allowing them to join the sessions via the web-based platform. The TNT PM and CM developed brief tutorials demonstrating the essential information for the participants to navigate the platform and engage actively in the sessions.

EVALUATION

A Program evaluation is crucial for assessing the impact of the program. Careful assessments of the program processes and outcomes provide valuable insights into whether the Program achieved its goals, identify the program successes and identify areas for improvement.

The TNT Program evaluation and assessment encompassed several factors:

- The enrollment rate among the eligible facilities and program completion rate among enrolled facilities.
- The total number of individual participants across all enrolled facilities.
- Facility staff turnover among facility participants.

TNT program content evaluation utilized various surveys distributed to enrolled participants. The evaluation surveys were distributed at the start of the Program, before and after the units, after each didactic session and at six-months follow up. The TNT leadership and the experts developing the didactic content collaborated on the development of the surveys. The epidemiologists developed the surveys on an online platform and managed its administration and the data analysis of the results.

The following are the list of the TNT surveys with a brief description:

- Participant commitment form (*see exhibit C*) evaluation questions: the enrolled participants were required to complete a participant commitment form, which included questions about their baseline infection prevention knowledge and their confidence around quality assurance and process improvement. This data was used as baseline program data.
- Pre- and post-unit evaluation: These surveys included questions regarding the didactic content in addition to various questions on participant job satisfaction and experience, TNT Program satisfaction and more.
- Post-session evaluation quizzes: Included questions to evaluate understanding of the content covered in the didactic sessions.

- Six-month follow up evaluation: This survey was administered six months after the end of the Program to evaluate the long-term effects of the TNT Program.

CONCLUSION

The TNT Program was a project initiated by LAC DPH to improve the quality of care in SNFs. It aimed to fill gaps in knowledge and enhance safety for residents, families, and the community. While it may be difficult to measure immediate results, the long-term impact can be seen through ongoing collaboration between SNFs and health departments and other external entities.

EXHIBITS

Exhibit A:TNT Program Schedule and Training Content
Exhibit B: Facility Commitment Form
Exhibit C: Participant Commitment Form
Exhibit D: Facilitator Discussion Questions for Small Groups
Exhibit E: Tracking Master List
Exhibit F: Report Card
Exhibit G: Questions and Answers (Q&A) Document
Exhibit H: Facilitator Frequently Asked Questions (FAQs)
Exhibit I: A3 Template

Los Angeles County Department of Public Health
Transforming Nursing Home Care Together (TNT) Program

	Unit 1 Quality Improvement and QAPI Foundation 07/06/2022 – 08/26/2022	Break	Unit 2 IPC Foundations, Hand Hygiene QAPI Project 10/05/2022 – 11/25/2022	Break	Unit 3 IPC Foundations, EVS QAPI Project 01/11/2022 – 03/10/2023
Didactic Sessions	1. TNT Introduction 2. QI and QAPI Foundations 3. QI and QAPI in Your Facility 4. Leadership, Systematic Analysis, and Systemic Action 5. Systemic Action Continued – Using a Quality Improvement Framework 6. Data Quality and Best Practices 7. Continuing Your QAPI Journey 8. Step-by-Step Creation of a QAPI Performance Improvement Project		1. Hand Hygiene 2. Creating a Sustainable Hand Hygiene QAPI Program 3. IPC Domains and Common HAIs 4. HAI Prevention and Surveillance 5. Employee/Occupational Health 6. Environmental Cleaning and Disinfecting 7. New Hire and Annual IPC Training Staff 8. Environment of Care and Rounding		1. Review Step-by-Step of Creating EVS QAPI Project 2. Basic Components of ABX Stewardship Program 3. Standard and Enhanced Precautions 4. Transmission-based Precautions 5. Preventing Legionellosis in Healthcare Facilities Through a Water Management Program 6. IPC Organizations and Certification 7. Interfacility and Intrafacility Communication 8. IP as an Educator 9. Conclusion – What's Next Post-TNT
QI/QAPI	<u>QI & QAPI Education</u> • Small groups: reflection on current QI/QAPI activities, brainstorming for IP projects		<u>Hand Hygiene QI/QAPI Project</u> • Step-by-step instructions • Small Group: sharing wins, barriers, project challenges		<u>EVS QI/QAPI Project</u> • Step-by-Step instructions • Completion of QI Project A3 by end of Unit • Small Groups: sharing wins, barriers, project challenges

Los Angeles County Department of Public Health
Transforming Nursing Home Care Together (TNT) Program

TNT is a collaborative, comprehensive educational program in infection prevention and control designed by the Los Angeles County Department of Public Health (LAC DPH) for Skilled Nursing Facilities (SNFs). LAC DPH is committed to working with and supporting SNF staff, administrators, and operators to standardize and improve infection prevention across Los Angeles County (LAC) in a practical and sustainable way. Each SNF interested in participating in this Program must complete and sign this commitment form.

Facility Commitment Form: ***Screening Question***

1. Are you the Facility Administrator at your LAC Skilled Nursing Facility?
    a. Yes *
    b. No**

You indicated you are not the Facility Administrator at your LAC SNF. To enroll in the LAC TNT Program, the Facility Commitment Form **must be completed by the SNF's Facility Administrator. Please have your Facility Administrator complete this form to enroll your facility in the LAC TNT Program.

For additional information please visit our TNT Program website [*Insert website link here*] or contact us at [*Insert program email address*].

END OF SURVEY

**Start Survey if respondent selected 'Yes' to the Screening Question.*

TNT Program Facility Commitment Form

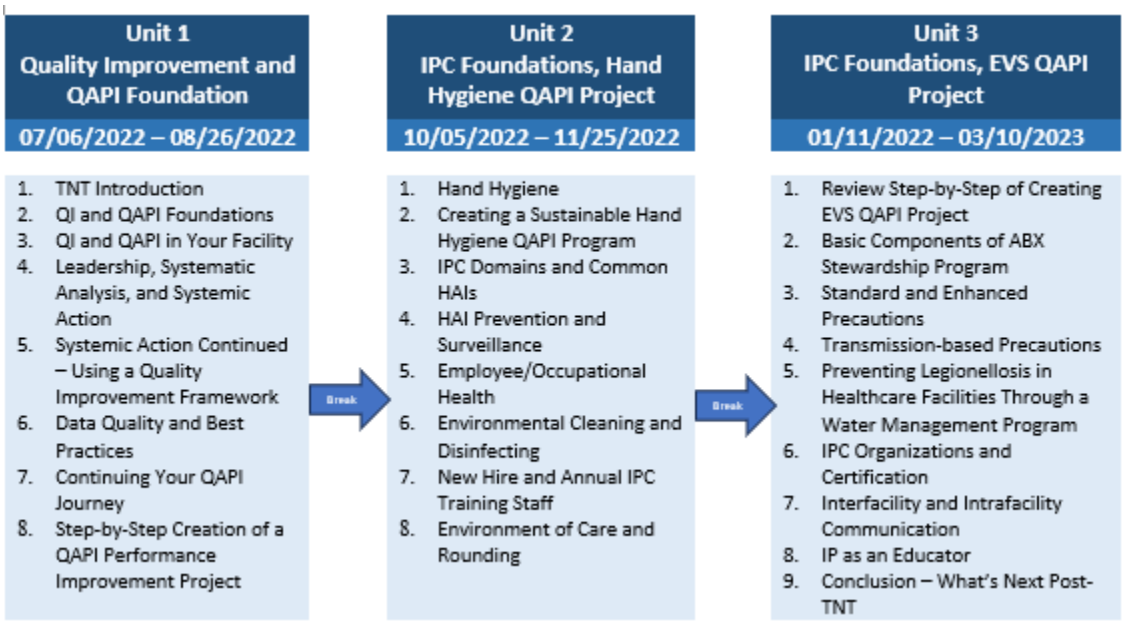
Los Angeles County Department of Public Health (LAC DPH) is committing to provide financial support of up to $16,000 to each enrolled SNF upon successful Program completion and to provide a comprehensive infection prevention and control education to each participant. To ensure the Program is successful, we are asking that each facility fully commit to the Program. The TNT Program goals were designed to align with what we believe to be meaningful to SNFs. These goals, when met, are expected to improve patient safety and efficiency in SNFs by providing an evidence-based standard for infection prevention and quality assurance and performance improvement (QAPI) practices.

Making quality improvement sustainable requires individual commitment from the participants at each facility and requires institutional commitment from each SNF. This document outlines requirements for each facility and individuals participating in the Program.

Goals of TNT

1. Provide comprehensive infection prevention and control (IPC) education to SNF infection preventionists.
2. Standardize IPC practices across SNFs in LAC.
3. Provide a quality improvement structure and framework for SNFs.
4. Foster a culture of safety and accountability within SNFs.
5. Promote transparency in public reporting for SNFs through the use of National Healthcare Safety Network (NHSN).

TNT Program Structure



Total Time Commitment of TNT

Activity	Required or Recommended	Weekly Time Commitment	Total Time Commitment over 9 months
Weekly Didactic Sessions	Required	1 hour	23 hours
Monthly Small Group Sessions	Required	1 hour (*per month*)	6 hours
QAPI Project	Required	Variable	Variable
Weekly Office Hours	Recommended	1 hour	23 hours

SNF Participation Requirements:

1. The SNF has to be located within LAC DPH jurisdiction.
2. Each facility will need to designate up to 3 staff members to participate in TNT.
    - **1 participant must be the facility Infection Preventionist (IP).**
    - We recommend the Director of Nursing, Director Staff Development, or Facility Administrator be assigned as the additional participants, but the ultimate choice is up to each facility [Note: more than 3 facility staff may attend but only the three designated participants may receive Continuing Education Units (CEUs) or Certificate of Completion (COC)].

3. Administrators must ensure that participants have dedicated protected time to attend required trainings (as listed in the table above).
4. Access to a computer is required for TNT participants during sessions, as each activity will be held over a web-based platform and a call-in attendance option may not be available.
5. Administration support to initiate 2 QAPI projects at your facility.
    - Hand hygiene project.
    - Environmental cleaning and disinfection project.

TNT Program Successful Completion Measures:

1. Each facility will ensure attendance of participants on at least 80% of the live didactic sessions (at least 18 of the 23 sessions).
2. Each facility will ensure their designated participants attend monthly Small Group sessions (6 total).
3. Each facility will provide evidence of implementation of 1 QAPI project (environmental cleaning and disinfection).

SNF Participant and Facility Incentives for successful completion of the TNT Program:

1. $16,000 to each SNF that successfully completes the Program (the final amount may be higher depending upon the number of SNFs participating).
2. Facility certificate of completion.
3. Names of all facilities that successfully complete the Program will be listed on the TNT Program website.
4. Individual designated participant (licensed and non-licensed) may receive CEUs or COCs, which may be used toward infection prevention training hours as required by state law.

To participate in the Program, please complete this form. The participants you list in this form will each receive a participant commitment form, which they will be expected to complete and submit prior to the start of the Program. Each participant of the Program should fill out the survey, regardless of how many individuals are participating from each facility.

Facility Information

1. Please select your facility name from the drop-down list below. (Drop down is in alphabetical order). **Select only ONE facility**.
    - Facility Name and Facility ID (***Drop Down Menu***)
2. Facility License Type
    - Freestanding
    - Distinct Part (D/P) SNF
3. Does your facility have a subacute care unit?
    - Yes
    - No
4. Facility bed capacity
    - 1-49
    - 50-99
    - 100-174

- 175-299
- 300+

Facility Administrator Information

5. Facility Administrator Name [First, Last]
6. If you have a credential, please provide below:
    - MD
    - RN
    - LVN
    - MS and/or MPH
    - Certificate in Infection Prevention and Control (CIC)
    - Certified Professional in Healthcare Quality (CPHQ)
    - Lean Six Sigma
    - Respiratory Therapist (RT)
    - Occupational Therapist (OT), Physical Therapist (PT), Speech Language Therapist (SLT)
    - Not Applicable
    - Other
7. Please enter NHA license number. If not applicable, please enter N/A.
8. Facility Administrator Email Address:
9. Facility Administrator Phone Number:
10. How long have you been working in this position at this facility?
    - 0-6 months
    - 6 months to 1 year
    - 1 to 3 years
    - 3 to 5 years
    - 5 to 10 years
    - More than 10 years

Infection Preventionist Participant Information (REQUIRED):

For participation in the TNT Program, it is required to designate at least one Infection Preventionist. The Infection Preventionist = Participant 1. Please provide their information below.

11. Infection Preventionist Name [First, Last]
12. Infection Preventionist credentials: [please select below if any]
    - MD
    - RN
    - LVN
    - MS and/or MPH
    - Certificate in Infection Prevention and Control (CIC)
    - Certified Professional in Healthcare Quality (CPHQ)

- Lean Six Sigma
- Respiratory Therapist (RT)
- Occupational Therapist (OT), Physical Therapist (PT), Speech Language Therapist (SLT)
- Not Applicable
- Other

13. Please enter NHA license number. If not applicable, please enter N/A.
14. Infection Preventionist Email Address:
15. Infection Preventionist Phone Number:

Facility Commitment Statement

Please acknowledge you have read and understand the above program goals, structure, time commitment, requirements for participation, measures of successful completion, incentives for successful completion, and all other information listed above, by entering your electronic signature.

- Facility Administrator Electronic Signature:
- Date of Signature:

16. Will **you** or **another individual** at your facility participate in the Program?
    - Yes
    - No

Participant # 2 Information (if applicable)

17. Participant #2 Name [First, Last]
18. Participant #2 Role/Position: [please select from the list below]
    - Director of Nursing (recommended)
    - Director of Staff Development (recommended)
    - Facility Administrator
    - Nursing Supervisor
    - Staff Nurse
    - Certified Nursing Assistant (CNA)
    - Social Worker
    - Respiratory Therapist
    - Occupational Therapist
    - Speech Language Therapist
    - Dietary Staff
    - EVS & Housekeeping Staff
    - Activities Staff
    - Laundry Staff
    - Other Administrative Support
    - Other

19. Please select Participant #3 credential.
    - MD
    - RN
    - LVN
    - MS and/or MPH
    - Certificate in Infection Prevention and Control (CIC)
    - Certified Professional in Healthcare Quality (CPHQ)
    - Lean Six Sigma
    - Respiratory Therapist (RT)
    - Occupational Therapist (OT), Physical Therapist (PT), Speech Language Therapist (SLT)
    - Not Applicable
    - Other
20. Please enter Participant #2 license number. If not applicable, please enter N/A.
21. Participant # 2 Email Address:
22. Participant #2 Phone Number:
23. Will **you** or **another individual** at your facility participate in the Program?
    - Yes*
    - No**

**If selected Yes, collect participant information.*

**If selected No, end the survey.*

Los Angeles County Department of Public Health
Transforming Nursing Home Care Together (TNT) Program

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Your facility has listed you as a designated participant for the TNT Program. Prior to participating in the Program, please complete this form, including the participant assessment questions in the end.

Participant Commitment Form: Los Angeles County TNT Program

To ensure the Transforming Nursing Home Care Together (TNT) Program is successful, we are asking you to fully commit to the Program by representing your facility at these weekly trainings. We designed the TNT Program goals to align with what we believe to also be meaningful to SNFs and their staff. These goals, when met, are expected to improve patient safety and efficiency in SNFs by providing an evidence-based standard for infection prevention, and quality assurance and performance improvement (QAPI) practices.

Goals of TNT

1. Provide comprehensive infection prevention and control (IPC) education to SNF infection preventionists.
2. Standardize IPC practices across SNFs in LAC.
3. Provide a quality improvement structure and framework for SNFs.
4. Foster a culture of safety and accountability within SNFs.
5. Promote transparency in public reporting for SNFs through the use of National Healthcare Safety Network (NHSN).

Incentives for designated participants

- Up to 23 CEUs will be awarded to licensed staff or COCs to non-licensed staff for attending the live didactic sessions and successfully completing an evaluation survey.

Program Schedule

Unit 1	Unit 2	Unit 3
Quality Improvement and QAPI Foundation	IPC Foundations, Hand Hygiene QAPI Project	IPC Foundations, EVS QAPI Project
07/06/2022 – 08/26/2022	10/05/2022 – 11/25/2022	01/11/2022 – 03/10/2023

Participant Engagement and Commitment Expectation

Making quality improvement sustainable requires the individual commitment from each facility participant and requires the institutional commitment from each facility. We are urging you to participate and engage in this project over a 9-month time period starting July 2022 and completing by March 2023.

Start Survey

Facility Information

1. Please select your facility name from the drop-down list below. (Drop down is in an alphabetical order). **Select only ONE facility**.
   - Facility Name and Facility ID (Drop Down Menu)

Participant Information

2. Participant Name [First, Last]
3. Participant Role/Position: [please select from the list below]
   - Infection Preventionist
   - Director of Nursing
   - Director of Staff Development
   - Facility Administrator
   - Nursing Supervisor
   - Staff Nurse
   - Certified Nursing Assistant (CNA)
   - Social Worker
   - Respiratory Therapist (RT)
   - Occupational Therapist (OT)
   - Speech Language Therapist
   - Dietary Staff
   - EVS & Housekeeping Staff
   - Activities Staff
   - Laundry Staff
   - Other Administrator Support
   - Other
4. Please select your credential from the list below. If it does not apply, please select not applicable.
   - MD
   - RN
   - LVN
   - MS and/or MPH
   - Certificate in Infection Prevention and Control (CIC)
   - Certified Professional in Healthcare Quality (CPHQ)
   - Lean Six Sigma

- Respiratory Therapist (RT)
- Occupational Therapist (OT)
- Physical Therapist (PT)
- Speech Language Therapist (SLT)
- Not Applicable
- Other

5. Please enter your NHA license number. If not applicable, please enter N/A.
6. Please enter your credential license number. If not applicable, please enter N/A.
7. Participant Email Address:
8. Participant Phone Number:
9. How long have you been working in this position at this facility?
    - 0-6 months
    - 6 months to 1 year
    - 1 to 3 years
    - 3 to 5 years
    - 5 to 10 years
    - More than 10 years

Participant Commitment Statement

Please acknowledge that you have read and understand the Program participation expectations listed below by entering your electronic signature.

1. Attend live TNT didactic sessions.
2. Complete post-didactic session evaluation quizzes.
3. Attend monthly TNT small group sessions.
4. Provide evidence of implementation of 1 QAPI program (environmental cleaning and disinfection).

- **Electronic Signature:**
- **Date of Signature:**

Please complete the Participant Assessment form below and submit the form.

Participant Assessment

1. Please select Yes/No for the following questions:

	Yes	No
Have you had training in Quality Assurance and Performance Improvement (QAPI) before?		
Are you involved with your facility's QAPI program?		
Do you feel comfortable involving others in QAPI?		

2. Please select a self-rating between 1 to 5 for the following questions:

	1 Much below average	**2** Below average	**3** Average	**4** Above average	**5** Much above average
How would you rate your confidence with quality improvement?					
How would you rate your confidence regarding performance improvement projects?					
How would you rate your confidence regarding designing a QAPI project?					
How would you rate your confidence regarding gathering data?					
How would you rate your confidence regarding choosing a process to improve?					
How would you rate your infection prevention knowledge outside of COVID-19?					

Los Angeles County Department of Public Health

Transforming Nursing Home Care Together (TNT) Program

Unit # **[Enter Month]** Small Group

Small Group sessions are an open forum for SNF Designated participants. Facilitator's role during these sessions is to provide them support and help guide a conversation and a discussion.

Use the following questions as a guide. Facilitators are not required to ask all of these questions or ask in the order they are listed. These questions can be used to help the conversation get started, but facilitators are welcome to follow the group's discussion and use these questions as they see fit.

Question	Possible Follow-up Questions
Ice Breaker: 1. Tell us a fun fact about you that your coworkers may not already know. 2. What's something new you've learned about yourself in the last three months? (doesn't have to be work-related)	
3. What are some challenges you anticipate or are already encountering during your Environmental Cleaning and Disinfection project?	a) What are the root causes that you are finding in your project? b) How far along are your in designing your Environmental Cleaning and Disinfection QAPI Project?
4. When planning an event at your facility, what type of infection prevention (approaches/strategies/plans) do you want to have in place? (Ex: staff potlucks, bingo nights etc.) ***(Notes for Facilitators)*** For example: resident hand hygiene station, including infection prevention education within the event, a strategy to prevent over-crowding.	a) What type of events are you planning for your facility this year? For example: holiday party, resident celebration, staff appreciation day, etc. b) What infection prevention strategies do others have to share?
5. What are some team-building tips or advice you would like to share with the group?	a) Is supportive work culture a priority at your facility? b) What does supportive work environment mean to you? c) Do you feel like your staff and leadership have a consistent and positive line of communication? d) How do you communicate with a disengaged coworker/staff?

EXHIBIT E: TRACKING MASTER LIST

PARTICIPANT ATTENDANCE

Participant Name	Participant Title	Participant Email	SNF Name	Facility ID	Participant Credentials	Participant License Number	Didactic Session 1	Didactic Session 2	Didactic Session 3	Didactic Session 4	Didactic Session 5	Didactic Session 6	Didactic Session 7	Didactic Session 8	Unit 1 Didactic Total	[Month #1] Small Group	[Month #2] Small Group	Small Group Total	Filled out A3 Submitted

SNF Attendance

SNF Name	Facility ID	Didactic Session 1	Didactic Session 2	Didactic Session 3	Didactic Session 4	Didactic Session 5	Didactic Session 6	Didactic Session 7	Didactic Session 8	Unit 1 Didactic Total	[Month #1] Small Group	[Month #2] Small Group	Small Group Total	Filled out A3 Submitted

Participants Enrolled

Designated Participant Name	SNF Name	Facility ID	Participant Position/Title	Participant Credentials	Participant License Number	Participant Email Address	Participant Phone Number	Participant Alternate Email (optional)

SNFs (Enrolled)

SNF Name	Facility ID	Facility Administrator	Administrator License	Administrator Email	Administrator Phone Number	Number of Designated Participants	Designated Participant #1 Name (IP - required)	IP Credentials	IP Email	IP Phone Number	Designated Participant # 2 Name	Designated Participant #2 Title	Designated Participant #2 Credentials	Designated Particpant #2 Email	Designated Particpant #2 Phone Number	Designated Participant #3 Name	Designated Particpant #3 Title	Designated Participant #3 Credentials	Designated Participant #3 Email	Designated Participant #3 Phone Number

Los Angeles County Department of Public Health
Transforming Nursing Home Care Together (TNT) Program

Month Facility Report

Dear Facility Name:

Thank you for participating in the TNT Program. Each month, your facility will receive a report card, which will highlight your facility's progress in the TNT program. This report will also indicate whether your facility is on track toward successful completion of the Program. Session attendance requirements are listed below.

1. Each facility must ensure attendance of at least 1 TNT designated participant on at least 80% of the live didactic sessions (at least 18 of 23 sessions).
2. Each facility must ensure the participation of at least 1 TNT designated participant during monthly small group sessions (6 sessions total).

Didactic Session Attendance: ** x marked in the table indicates confirmed attendance from at least one designated participant at the corresponding session.*

Unit 1 [Date Range]			Unit 2 [Date Range]			Unit 3 [Date Range]		
Session #	Date	Attendance	Session	Date	Attendance	Session	Date	Attendance
Session #1			Session #1			Session #1		
Session # 2			Session #2			Session #2		
Session # 3			Session #3			Session #3		
Session # 4			Session #4			Session #4		
Session # 5			Session #5			Session #5		
Session # 6			Session #6			Session #6		
Session # 7			Session #7			Session #7		
Session # 8			Session #8					
Total		x/8	Total		x/16	Total		x/23
Total Attendance to Meet *Minimum* Requirement for TNT Program Completion								x/18

Small Group Session Attendance. ** x marked in the table indicates confirmed attendance from at least one designated participant at the corresponding session.*

Unit 1 (Date Range)		Unit 2 (Date Range)		Unit 3 (Date Range)	
July	August	October	November	January	February
Total Attendance to Meet Minimum Requirement for TNT Program Completion					x/6

If you feel there are any discrepancies, please email us at [enter program email address] immediately.

Los Angeles County Department of Public Health
Transforming Nursing Home Care Together (TNT) Program
[Enter Unit # and Week #]

Question:	**How do you correct a water pH that is out of range? Isn't this the responsibility of the municipal water agency?**
Answer:	Please see the CDC's Legionella guidance for monitoring building water: https://www.cdc.gov/legionella/wmp/monitor-water-guidance.html "Measure the pH of your water to determine whether the disinfectant used in your building will be effective. Disinfectants work best within a narrow pH range. Environmental Protection Agency. Technologies for Legionella Control in Premise Plumbing. 2016. 2.3.1.4 Operational Conditions *Parameter Conditions Indicating Operational Effectiveness* The efficacy of chlorination is affected by many factors, including chlorine concentration, contact time, pH, temperature, turbidity, buffering capacity of the water, concentration of organic matter, iron and the number and types of microorganisms in the water system (in biofilms and free-living) The bactericidal action of the chlorine is enhanced at higher temperatures and at lower pH levels. The anti-microbial efficacy of chlorine declines as pH increases >7, with significant loss of efficacy at pH >8. However, free chlorine is degraded rapidly at elevated water temperatures, which is a concern for hot water chlorination (Health Protection Surveillance Centre, 2009). 2.3.2.4 Operational Conditions *Parameter Conditions Indicating Operational Effectiveness* …The rate of reaction for the conversion of chlorine to monochloramine is sensitive to pH and can also be affected by contact time and temperature. The optimum pH range for formation of monochloramine is 7.5 to 9 (WHO, 2004)…"

Question:	**Does the water management plan (WMP) require filters on entry point? What is the recommendation on filters?** **What is the procedure for *Legionella* filters?**
Answer:	Recognize that point-of-use (POU) microbial filters with an effective pore size of 0.2-microns or less that comply with the requirements of ASTM F838 can provide immediate control at individual fixtures in a water system if integrated into a WMP. POU filters protect only the connected fixture. Correct location selection is critical to Legionella exposure prevention across the water system. Follow the manufacturer recommendations regarding frequency of replacement and appropriate operating conditions.

	POU filters may need to be removed before performing an acute remediation procedure. Consider testing for Legionella in accordance with the routine testing module of this toolkit. https://www.cdc.gov/legionella/wmp/control-toolkit/potable-water-systems.html

Question:	**Does the water quality report posted by the city help at all for WMP?**
Answer:	Even though there is a water quality report posted by the city, you should test your own water system to know what is going on in your specific system. To test your own water system for legionella please contact your facility's management or consult with a third-party service if appropriate. https://www.cdc.gov/legionella/wmp/consultant-considerations.html

Question:	**If we have unused fixtures, how often do we need to flush the system and should we have a log for that as part of our WMP?** **How often should we flush unused tubs, toilets and sinks, drinking fountains?**
Answer:	Flush low-flow piping runs and dead legs at least weekly and flush infrequently used fixtures (e.g., eye wash stations, emergency showers) regularly as-needed to maintain water quality parameters within control limits. Always document your activities and findings. https://www.cdc.gov/legionella/wmp/control-toolkit/potable-water-systems.html

Question:	**It there a blank copy of the water system diagram to easily edit and use?**
Answer:	CSTE has great resources for water management programs: https://www.cste.org/page/Legionnaires When you go to this webpage, scroll down and download the "Water Management Program Template." This document will take you step by step through the process of determining how to draw out your water system diagram and what to put in it. There is no blank copy because each facility's water system is different.

Legionella testing

Question:	**Can we test the water for *Legionella?***
Answer:	Please refer to CDC's routine testing for legionella: https://www.cdc.gov/legionella/wmp/control-toolkit/routine-testing.html

Question:	**Is it mandated to test the water for *Legionella*? Is routine sampling for *Legionella* recommended to validate a water management program at a healthcare facility?**
Answer:	Sometimes. The water management program team should regularly monitor water quality parameters, such as disinfectant and temperature levels. By monitoring these parameters, the team can ensure that building water systems are operating in a way to minimize hazardous conditions that could encourage *Legionella* and other waterborne pathogens to grow. However, it is up to the team to determine how to validate the efficacy of the program, based on the environmental assessment* and data supporting the overall performance of the water management program. According to the CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Environmental Infection Control in Health-Care Facilities

	[241 pages, 2.31 MB] and Guidelines for Preventing Health-care-associated Pneumonia [179 pages], as well as to ANSI/ASHRAE Standard 188–2018, one option for validating the efficacy of the program is to perform environmental sampling for the hazard, in this case Legionella. Sampling for *Legionella* may be an appropriate way to confirm that a water management program, when implemented as designed, effectively controls the hazardous conditions throughout the building water systems that lead to Legionella growth. Additional guidance for Legionella prevention for facilities with protective environments (i.e., transplant units) is included in the HICPAC guidelines. If the team decides to perform validation using environmental sampling for *Legionella* or other waterborne pathogens, it should not be performed in isolation but rather as part of a comprehensive water management program. Specific decisions about sampling frequency, location, and methodology are made by the team. Sampling plans are unique to each facility and are based on factors such as 1. Findings from the environmental assessment and any baseline *Legionella* test results. 2. Overall performance of the water management program, trend analysis of *Legionella* test results, and water quality parameters (e.g., disinfectant, temperature). 3. In healthcare facilities, correlation of environmental test results with clinical surveillance data. 4. Building characteristics (e.g., size, age, complexity, populations served). 5. Sites of possible exposure to aerosolized water. 6. Available resources and supplies to support testing. *The environmental assessment enables the water management program team to gain a thorough understanding of a facility's water systems and assists facility management with minimizing the risk of legionellosis. Guidance is available via CDC's *Legionella* Environmental Assessment Form [15 pages]. https://www.cdc.gov/legionella/wmp/healthcare-facilities/healthcare-wmp-faq.html

Question:	**Not specifically pertaining to LTCF, but how safe is public water fountains? Do you often get outbreaks from public water fountains?**
Answer:	The most common route of transmission is by inhalation of aerosolized water containing the bacteria, although transmission can sometimes occur through aspiration of water containing the bacteria. A single episode of possible person-to-person transmission of Legionnaires' disease has been reported. Legionella is ubiquitous in freshwater sources worldwide, but quantities of Legionella in these environments are insufficient to cause disease. In the built environment, Legionella can amplify in water systems, depending on the conditions. Factors associated with amplification include warm water temperatures (77°F–113°F [25°C–42°C]); water stagnation; presence of scale, sediment, and biofilm in the pipes and fixtures; and absence of disinfectant. To cause disease, Legionella spp. must then be aerosolized and inhaled by a susceptible host. The most common sources of transmission include potable water (via showerheads and faucets), cooling towers, hot tubs, and decorative fountains. https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/legionellosis-legionnaires-disease-and-pontiac-fever

Question:	Are facilities responsible for testing the water at their facility?
Answer:	Per CMS each facility must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of *legionella* and other opportunistic pathogens in water. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-30.pdf

Question:	How many sources do we need to test?
Answer:	Please refer to CDC's Sampling procedure and potential sampling sites below: https://www.cdc.gov/legionella/downloads/cdc-sampling-procedure.pdf

Question:	Where can we get a test kit?
Answer:	Some test methods may be performed onsite by the user or a qualified technician, while other methods may require contracting with a commercial laboratory. Regardless of the test method, be sure that you understand the performance characteristics of the test such as sensitivity, specificity, and limitations. For best results, follow instructions from the manufacturer or testing laboratory closely. **Consider testing for all *Legionella* species** as all are supported by similar environmental conditions. Considerations when working with laboratories testing for *Legionella*: 1. Accreditation by a regional, national, or international accrediting body to a recognized standard for routine *Legionella* test methods, such as ISO/IEC 17025. 2. Capability of retaining *Legionella* isolates from samples for additional characterization. 3. Capacity to perform additional *Legionella* characterization as needed by the submitter. https://www.cdc.gov/legionella/wmp/control-toolkit/routine-testing.html#test-methods

Presentation Slides:

Question:	Can we use the Legionella webinar slides to educate our staff about Legionella?
Answer:	Yes, you may use the presentation slides to educate staff about Legionella.

MDRO and ESP:

Question:	Are there state and federal requirements for one or more negative tests for MDRO prior to accepting new or returning residents?
Answer:	No. There are no county nor state or federal requirements for one or more negative tests for any MDRO, including *C. difficile*, prior to accepting new or returning residents. There is no reason to deny admission based on a positive MDRO test if the facility can provide appropriate supportive and restorative care. MDROs, such as *C. auris* and carbapenem-resistant organisms, typically colonize individuals for many months to years and may test intermittently positive/negative- even after their infection has resolved. Facilities should work to accept MDRO-positive residents as much as possible, and cohort them using the "like with like" principle as much as possible. See page 6 "*Considerations for accepting new or returning residents*" of the CDPH ESP

	Guidance document for more details as needed: https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/Enhanced-Standard-Precautions.pdf

Question:	**When should we put residents on enhanced standard precautions (ESP)? For example, a resident with a UTI caused by MDRO-*E. Coli*.**
Answer:	The CDPH ESP guidance takes an individual resident-based approach towards determining the type of precautions each resident should be placed on. Thus, the implementation of ESP versus other types of transmission-based precautions (TBP) depends on A) the individual resident's characteristics, and B) whether any transmission is suspected or confirmed in the facility. This is generally regardless of whether the resident is known to be positive for an MDRO or not. Resident characteristics that are associated with a high risk of MDRO colonization or transmission and thus should be placed on ESP include the following: 1. Presence of indwelling devices (e.g., urinary catheter, feeding tube, endotracheal or tracheostomy tube, vascular catheters). 2. Wounds or presence of pressure ulcer (unhealed). 3. Optional: Functional disability and total dependence on others for assistance with activities of daily living (ADL) is also recognized as a risk factor for MDRO transmission. Facilities may choose to utilize this criteria as well, for example during transition from Contact Precautions to ESP for residents identified with MDRO colonization during an outbreak. Contact Precautions (CP) should be implemented in the following instances, regardless of the presence of high-risk characteristics from above: • MDRO transmission is confirmed or suspected. • Resident has acute *C. difficile* infection (e.g., diarrhea). • Resident is colonized or infected with a novel MDRO in LA County. If none of the above criteria for ESP nor CP are met, then residents can generally be managed using Standard Precautions. So, in this example, if the resident has one or more high-risk factors, the resident should be placed on ESP. If not, then the resident can be managed using Standard Precautions. We strongly recommend all SNFs in LA County to read the CDPH ESP Guidance documents to better understand how to implement this guidance in your facilities: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx

COVID-19 Testing Guidance for SNFs:

Question:	**Do we still need to do rapid or PCR tests to allow visitors?**
Answer:	Testing of visitors is no longer required. Please see the SNF COVID guidance: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/.

Question:	Although it is not required, can we still encourage testing visitors?
Answer:	Facilities have the discretion to offer viral testing, but a negative test should not be a requirement in order for visitation to take place. The implementation of visitor testing should ensure equitable access to visitation and should not infringe on resident rights. Please see the SNF COVID guidance: http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/.

TNT Program Logistics:

Question:	Do the Didactic sessions get recorded?
Answer:	Yes, all Didactic sessions are recorded and will be uploaded to the **TNT Website** within one week following each session.

Question:	How can we access the recording if we missed half of the webinar session?
Answer:	All session recordings can be found on the **TNT Website** within one week following each session.

Question:	Why did I not receive my Certificates of Completion for Unit 2?
Answer:	Certificates of Completion are emailed to everyone several weeks after the end of each Unit. If you have not received your Certificates six weeks after the end of the Unit, please email [enter program email address]

Question:	How do I take the quiz again?
Answer:	To take the post-session evaluation quiz, please click the link, answer the questions and submit your quiz. If you did not pass the quiz and would like to re-take the quiz, you may click the link again and follow the same steps. Note that quizzes have a closing date listed, which means no submissions will be allowed after the quizzes close.

Question:	Where can we find the A3 form?
Answer:	A blank template of the A3 form can be found on the **TNT Website** under Resources section.

Question:	Can we submit what we have so far for our final project to get feedback?
Answer:	Yes, you can submit your A3 when you feel ready or if you need to get feedback on it before the due date. You do not need to wait until the due date to submit your A3.

Question:	How many small group sessions do SNFs need to attend over the duration of the TNT Program?
Answer:	SNFs are required to attend one Small Group per month during the Units. Given that the TNT Program consists of three 2-month Units, the total number of Small Groups that SNFs must attend is six.

Other Questions:

Question:	Does anybody use the product volume monitoring, and is it helpful?
Answer:	The product volume monitoring is the total usage of the hand sanitizer for a week or a month divided into 1000 patient days.

	During the session, no one was able to say they did this and whether they found it helpful or not. We suggest you try it out and see if it is helpful. This method should be used in conjunction with observations of hand hygiene and other data to validate what rate staff are performing hand hygiene, not used on its own as there are other factors that could confound your findings.

Los Angeles County Department of Public Health
Transforming Nursing Home Care Together (TNT) Program

Topic	Message
Materials and Didactic session recording	Didactic session slides and recording, post-session evaluation quiz link and relevant Q&A of each week will be uploaded onto the TNT Website every week.
Small Group (Audio)	To receive credit for Small Group session attendance, participants must be connected with audio to actively listen and participate in the session.
Audio Issues (Hearing an echo)	If you are hearing an echo, it means you have two sources of sound coming in. Please disconnect from one of them.
Audio Issues (Options)	If you are unable to hear the presenter or connect with your audio, you may try the following options: 1. [Enter instructions for the platform being used] 2. [Enter instructions for the platform being used] ***If you are calling into the meeting and have not signed in with your full name on another device, please enter your full name in the chat.***
Speaker/ Microphone	If you cannot hear or are unable to connect your audio, you may [enter instructions for the platform being used]
Small Group (Requirement)	Monthly **Small Group** session **REMINDER**: Only ONE Designated Participant from each facility is ***REQUIRED*** to attend ***ONE*** **Small Group** session per month (1 hour/month). If this requirement is not met, the facility may not be on track to successful completion of the program. Small Group session invitations will be sent two weeks in advance; however, any makeup sessions may be scheduled only with a few days-notice. *Please connect with your team to plan for at least one Designated Participant to attend the Small Group session your facility is scheduled for.* **If there are any extenuating circumstances for missing the session, please email** [Enter program email here] **immediately.**
Office Hours	Optional Office Hours will be held on [Enter day and time]. An invitation with this link has been sent to all Designated Participants, but for your convenience, click and save the link below to access the meeting. [Insert meeting link] If you have not received the invitation, please email [Enter program email].
TNT Website	Information, session materials and other resources can be found on the **TNT Website.** Please bookmark the link and refer back to it often for up-to-date information. TNT Website direct link: http://publichealth.lacounty.gov/acd/TNTProgram/index.htm

Los Angeles County Department of Public Health

Transforming Nursing Home Care Together (TNT) Program

A3 Project Title

Project Lead:

Project Team:

Date Updated:

Facilitator:

Project Champion(s):

1) Problem Statement: (description of the problem and its effect)

2) Current State: (depiction of the current state, its processes, and problems)

Best Practices/Literature Search:

3) Goal: (how will we know the project is successful; standard/basis for comparison)

4) Root Cause Analysis: (investigation depicting the problems' root causes)

5) Solutions: (action plans and findings of tested solutions)

Root Cause	Tested Solution	Responsible	Due	Finding

6) Check: (summary of the solutions' results, overall goal success, and any supporting metrics)

Goals and Metrics	Baseline	Target	Current
Goal			
Supporting Metric			
Supporting Metric			

7) Act: (actions taken as a result of the Check, and a plan to sustain results)

1.

2.

3.

RESOURCES

1. **TNT Website**: http://ph.lacounty.gov/acd/TNTProgram/index.htm
2. **SNF Website**: http://publichealth.lacounty.gov/acd/SNF/index.htm
3. **HOU Website**: http://publichealth.lacounty.gov/acd/HOU/index.htm
4. **ACDC Website:** http://publichealth.lacounty.gov/acd/index.htm