



Facility Infection Prevention and Control (IPC) Champion Roles

Education Champion Role: Advances IPC by using evidence-based tools aimed at preventing the spread of infections, including healthcare-associated infections (HAIs) and emerging infectious diseases (e.g., COVID-19). Essential components:

Ensure education/training/competency and policy and procedure (P&P) review related to hand hygiene, personal protective equipment, cohorting, cleaning and disinfecting, and screening and surveillance.

- 2. Provide guidance on isolating patients with contagious diseases and recommend appropriate precautionary measures.
- 3. Ensure that P&P and training materials/posters are available at nursing stations.

Name	Title	Area/Station	AM	PM	

Daily Huddle Champion Role: Engages team members to discuss prevention bundle checklist use, communication behaviors, and related IP interventions. Essential components:

- 1. Provide team members with information about IP best practices (hsag.com nursing home infection-prevention)
- 2. Recognize issues in checklist utilization, communication behaviors, and related interventions to be addressed by just-in-time training, coaching, in-services, and new employee orientation.
- 3. Offer brief, targeted training on topics such as HAIs and emerging infectious diseases.
- 4. Discuss number of residents at risk for HAIs and individualize care plans for the day.
- 5. Discuss number of residents with an indwelling device, or urinary or fecal incontinence.
- 6. Identify issues that need escalation and resolution beyond the team and supervisor.
- 7. Provide a designated staff member an IPC audit tool and discuss non-compliance issues observed.

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Daily Rounding Champion Role: Improves patient safety outcomes by using interventions that serve to improve patient communication and staff responsiveness. Essential components:

- 1. Provide team with up-to-date information on any emerging infections, trends, or areas of concern.
- 2. In collaboration with the pharmacist, review antibiotic prescriptions and offer insights into whether the chosen antibiotics are appropriate based on the patient's condition, microbiological results, and antimicrobial susceptibility patterns.
- 3. Evaluate the need for an indwelling urinary catheter and propose an alternative, if indicated.
- 4. Post daily rounding list (white board, checklist, etc.).
- 5. Encourage team member opinions/suggestions.
- 6. Identify issues/changes in resident's care plan.
- 7. Resolve issues/changes in resident's care plan and identify next action steps.

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Source: https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html

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