

# INFECTION CONTROL AUDIT QUALITY IMPROVEMENT PROGRAM

## MEMORANDUM OF AGREEMENT

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Email: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Administrator's Name: \_\_\_\_\_

Administrator's Email: \_\_\_\_\_ Administrator's Phone Extension: \_\_\_\_\_

Project Lead's Name: \_\_\_\_\_ Project Lead's Phone Extension: \_\_\_\_\_

Facility Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

**PLEASE FILL THE APPLICATION & SEND IT » [jvanwormer@nyshfa-nyscal.org](mailto:jvanwormer@nyshfa-nyscal.org)**

**By signing below, the facility agrees** to the following responsibilities for the successful implementation of the Infection Control Audit & QI Program for the time frame from July 10 – September 30, 2022.

### **The facility will:**

- Identify a project lead to participate in the project
- Participate in kick-off program instruction on June 30, 2022
- The facility Administrator will assign a Project Lead that will be responsible for coordinating the implementation of the project
- The facility Project Lead will work closely with the facility administrator to complete the project expectations.
- Participants will be in attendance on assigned webinars-and conference calls
- Set up team of at least four members of the facility's frontline staff (to prepare for auditing)
- Utilize the Infection Control Audit Tool during team audits to collect and analyze audit findings

### **The Foundation for Quality Care Project Team will:**

- Provide a consultant to work with the facility on the Infection Control Audit/Quality Improvement Project
- Provide project training via Zoom and conference calls
- Monitor progress of the project with the project lead
- Assist in problem solving any project issues/barriers to setting up the audit team
- Facilitate Quality Improvement in reducing infections in nursing homes
- Facilitate team building with the frontline staff

### **Facility Administrator Signature:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE PRINT)

### **FQC Executive Director Signature:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE PRINT)

[NYSHFA-NYSCAL.ORG](http://NYSHFA-NYSCAL.ORG)

STAY CONNECTED!

