Acute Care Facility Multidrug-resistant Organisms Control Activity Assessment Tool

This form can be used to assess the program in place in acute care hospitals to control transmission of multidrug-resistant organisms (MDROs).

Element to be assessed	Assessment	Notes
General Policies, Surveillance, and Reporting		
Hospital has a list of target MDROs. Consider verifying the following: -The list includes at least carbapenem-resistant Enterobacteriaceae (CRE) and *Clostridium difficile* infection. -Respondent can describe how the hospital determines which organisms to include on the list.	Yes No	
Hospital has a surveillance program to monitor incidence of target multidrug-resistant organisms (e.g., CRE). Consider verifying the following: -Respondent can describe how these organisms are tracked.	Yes No	
Hospital uses surveillance data to implement corrective actions rapidly when transmission of targeted MDROs (e.g., CRE) or increased rates or persistently elevated rates of healthcare-associated infections are detected. Consider verifying the following: -Data collection method allows for timely response to identified problems.	Yes No	
Hospital participates in regional antimicrobial resistance prevention programs.	Yes No	
Hospital reports required MDROs to public health. Consider verifying the following: -Reports from the hospital prior to the visit are the same as lists generated by the hospital at the time of the visit to ensure complete reporting.	Yes No NA	
Hand Hygiene		
Hospital has competency-based training program for hand hygiene. Consider verifying the following: -Training is provided to all healthcare personnel, including all ancillary personnel not directly involved in patient care but potentially exposed to infectious agents (e.g., food tray handlers, housekeeping, volunteer personnel). -Training is provided upon hire, prior to provision of care at this hospital. -Training is provided at least annually.	Yes No	

-Personnel are required to demonstrate competency with hand hygiene following each training. -Hospital maintains current documentation of hand hygiene competency for all personnel.		
Hospital regularly audits (monitors and documents) adherence to hand hygiene. Consider verifying the following: -Respondent can describe process used for audits. -Respondent can describe frequency of audits. -Respondent can describe process for improvement when non-adherence is observed.	Yes No	
Hospital provides feedback from audits to personnel regarding their hand hygiene performance. Consider verifying the following: -Respondents can describe how feedback is provided. -Respondents can describe frequency of feedback.	Yes No	
Supplies necessary for adherence to hand hygiene (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible in patient care areas.	Yes No	
Contact Precautions		
Hospital has a list of MDROs or situations for which Contact Precautions should be instituted.	Yes No	
Single rooms are used preferentially for patients with target MDROs.	Yes No	
Hospital has a competency-based training program for use of personal protective equipment (PPE). Consider verifying the following: -Training is provided to all personnel who use PPE. -Training is provided upon hire, prior to provision of care at this hospital. -Training is provided at least annually. -Training is provided when new equipment or protocols are introduced. -Training includes 1) appropriate indications for specific PPE components 2) proper donning and doffing, adjustment, and wear of PPE and 3) proper care and maintenance, useful life, and disposal of PPE. -Personnel are required to demonstrate competency with selection and use of PPE (i.e., correct technique is observed by trainer) following each training. -Hospital maintains current documentation of PPE competency for all personnel who use PPE.	Yes No	

Hospital regularly audits (monitors and documents) adherence to proper PPE selection and use, including donning and doffing. Consider verifying the following: -Respondent can describe process for audits. -Respondent can describe frequency of audits. -Respondent can describe process used for improvement when non-adherence is observed.	Yes No	
Hospital provides feedback to personnel regarding their performance with selection and use of PPE. Consider verifying the following: -Respondent can describe how feedback is provided. -Respondent can describe frequency of feedback.	Yes No	
Supplies necessary for Contact Precaution adherence (e.g., gowns, gloves) are available and located near point of use.	Yes No	
Hospital has policy to dedicate reusable medical equipment to patients with epidemiologically important MDROs when possible. Consider verifying the following: -Respondent can describe how this is achieved	Yes No	
Minimize Use of Invasive Devices		
Patients with invasive devices (e.g., central lines, urinary catheters) are assessed, at least daily, for continued need for the device. Consider verifying the following: -Respondent can describe methods used to trigger a daily assessment (e.g., patient safety checklist, daily rounds, nurse directed protocol, reminders, or stop orders). -Hospital routinely audits adherence to daily assessments of device need.	Yes No	
Intra-facility Communication		
Hospital has a system in place for **intra-facility** communication to identify infectious status and isolation needs of patients prior to transfer to other units or shared spaces (e.g., radiology, physical therapy, emergency department) within the hospital. Consider verifying the following: -Respondent can describe methods employed to ensure infectious status and isolation needs are communicated with receiving units.	Yes No	
Inter-facility Communication		
Hospital has systems in place for **inter-facility** communication to identify infectious status and isolation needs of patients **prior to accepting patients from** other facilities. Consider verifying the following:	Yes No	

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-Respondent can describe methods employed to ensure infectious status and isolation needs are obtained from transferring facilities. -Hospital has a system to follow-up on microbiological results (e.g., cultures) that are pending at the time of transfer. -If the hospital identifies an infection that may be related to care provided at another facility (e.g., hospital, nursing home, clinic) the facility is notified.		
Hospital has systems in place for **inter-facility** communication to identify infectious status and isolation needs of patients **prior to transfer to** other facilities. Consider verifying the following: - Respondent can describe methods employed to ensure infectious status and isolation needs are communicated with receiving facilities. - Hospital has a system to notify receiving facilities of microbiological tests (e.g., cultures) that are pending at the time of transfer.	Yes No	
Antimicrobial Stewardship		

Hospital has an antibiotic stewardship program that meets the 7 CDC core elements listed below (a – g).
 	
 Note: The antibiotic stewardship program should be assessed in consultation with personnel knowledgeable about antibiotic stewardship activities (e.g., physician or pharmacist stewardship lead). Responses can be obtained from or cross-checked with the NHSN Annual Hospital Survey Antibiotic Stewardship Practice questions (Q 23 – 34) if available.
 	
 Consider verifying the following:
   a. Hospital leadership commitment
     - Hospital has a written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship) AND/OR
     - Hospital provides salary support for dedicated time for antibiotic stewardship activities.
   b. Program leadership (accountability)
     - There is a leader responsible for outcomes of stewardship activities at the hospital.
   c. Drug expertise
     - There is at least one pharmacist responsible for improving antibiotic use at the hospital.
   d. Act (at least one prescribing improvement action below)
     - Hospital has a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry.
	Yes No	

-   Hospital has hospital-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions.
    -   There is a formal procedure for all clinicians to review the appropriateness of all antibiotics at or after 48 hours from the initial orders (e.g., antibiotic time out).
    -   Hospital has specified antibiotic agents that need to be approved by a physician or pharmacist prior to dispensing at the hospital.
    -   Physician or pharmacist reviews courses of therapy for specified antibiotic agents and communicates results with prescribers.
  e. Track
    -   Hospital monitors antibiotic use (consumption)
  f. Report
    -   Prescribers receive feedback by the stewardship program about how they can improve their antibiotic prescribing.
  g. Educate
    - Stewardship program provides education to clinicians and other relevant staff on improving antibiotic use.		

Laboratory Notification		
Hospital has mechanisms for timely notification of responsible staff (e.g., infection prevention, clinicians) by the clinical microbiology laboratory when novel or targeted MDROs are detected. Consider verifying the following: -Respondent can describe notification mechanism.	Yes No	
Identifying Patients at Risk for Novel Resistance		
Hospital has system in place for early detection and management of patients at risk for MDROs, including rapid isolation as appropriate. At a minimum this should include identifying patients with a history of overnight hospital stays outside the United States within the past six to twelve months. Consider verifying the following: -Travel history is included as part of admission protocols.	Yes No	
Identifying Patients with Prior MDROs		
Hospital has system to identify (and flag) patients with targeted MDROs at readmission so appropriate precautions can be applied. Consider verifying the following: -Respondent can describe this process.	Yes No	
Access to Screening Cultures		

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Hospital has access either in their own laboratory or from an outside laboratory to screening cultures to support response activities. At a minimum this should include the ability to screen patients for methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant *S. aureus*, and CRE. Consider verifying the following: -Respondent can describe access to these tests.	Yes No	
Avoiding Exposure to Water		
Hospitals should have a mechanism to minimize the exposure of medications and medical equipment to tap water. Consider verifying the following: -Policies and practices forbidding medication preparation around sinks and other water sources. -Daily cleaning of surfaces around sinks and other water sources within patient rooms to decrease the burden of organisms in these areas. -Policies and practices that discourage the storage of equipment and supplies on surfaces around sinks and other water sources.	Yes No	
Environmental Cleaning		
Hospital has a competency-based training program for environmental cleaning. Consider verifying the following: -Training is provided to all personnel who clean and disinfect patient care areas. Personnel may include, but are not limited to, environmental services staff, nurses, nursing assistants, and technicians. -Training is provided upon hire, prior to being allowed to perform environmental cleaning. -Training is provided at least annually. -Training is provided when new equipment or protocols are introduced. -Personnel are required to demonstrate competency with environmental cleaning (i.e., correct technique is observed by trainer) following each training -Hospital maintains current documentation of competency with environmental cleaning procedures for all personnel who clean and disinfect patient care areas. -If the hospital contracts environmental services, the contractor has a comparable training program.	Yes No	
Hospital has policies that clearly define responsibilities for cleaning and disinfection of non-critical equipment, mobile devices, and other electronics (e.g., ICU monitors, ventilator surfaces, bar code	Yes No	

scanners, point-of-care devices, mobile work stations, code carts, airway boxes).		
Hospital has protocols to ensure that healthcare personnel can readily identify equipment that has been properly cleaned and disinfected and is ready for patient use (e.g., tagging system, placement in dedicated clean area).	Yes No	
Hospital regularly audits (monitors and documents) adherence to cleaning and disinfection procedures, including use of products in accordance with manufacturers' instructions (e.g., dilution, storage, shelf-life, contact time). Consider verifying the following: -Respondent can describe process used for audits (e.g., monitoring technology, direct observation). -Respondent can describe frequency of audits. -Respondent can describe process for improvement when non-adherence is observed.	Yes No	
Hospital provides feedback from audits to personnel regarding their adherence to cleaning and disinfection procedures. Consider verifying the following: -Respondent can describe how feedback is provided. -Respondent can describe frequency of feedback.	Yes No	