



**LONG TERM CARE BASELINE PREVENTION PRACTICES ASSESSMENT TOOL  
FOR STATES ESTABLISHING HAI PREVENTION COLLABORATIVES  
USING ARRA FUNDS**

The attached example tool and questions are being sent to state health departments for use in your Prevention Collaborative facilities to assist you in facilitating your shared learning, communication, and feedback efforts. We hope that you will consider administering these 25 questions in each of your participating collaborative long term care facilities as a way to evaluate the status of infection prevention and control efforts in your state. It also will help you understand what is being done in your state as you develop implementation strategies and determine next steps. The results from these baseline assessment questions can be used to measure practice change(s) as well as to determine the extent to which targets are being met and the effectiveness of outcomes being achieved. The results can and should be shared with members of your multidisciplinary advisory group and participating prevention collaborative stakeholders, partners, and facilities as an important piece of feedback.

**IMPORTANT POINTS TO NOTE:**

- Questions/assessment tool should be completed by a member of each participating collaborative facility's infection control program
- The questions should take no longer than fifteen minutes to complete
- States are encouraged to administer these questions at more than one time point in their Collaborative as part of their evaluation efforts (i.e., baseline [at start of Collaborative] and then six months later)
- States and Collaboratives are encouraged to add additional questions to supplement the 25 example questions as appropriate
- The responses/results to questions can be used both as a "conversation starter" in Collaborative meetings and as a way to sustain momentum among participants (i.e., to learn what works and what does not work)
- The responses/results also can be used to track progress and changes among Collaborative facilities as well as between states

If you have any questions, please feel free to contact your CDC Prevention Liaison – we are glad to consult on the results and provide technical assistance when needed.



**Basic Facility Information**

**Please complete the following questions regarding your facility’s current status.**

1. Facility Ownership:

- For profit
- Not for profit, including church
- Government
- Veteran’s Affairs

2. Facility Affiliation:

- Independent, free-standing
- Independent, within a continuing care retirement community
- Multi-facility organization (chain/corporation)
- Hospital system, attached
- Hospital system, free-standing

3. Total number of beds: \_\_\_\_\_

4. Average annual percent occupancy: \_\_\_\_\_

5. Which of the following resident services are delivered in your facility (please check all that apply):

	YES	NO
5a. Long-term custodial care		
5b. Skilled nursing/short-term (subacute) rehabilitation		
5c. Care for residents with dementia in a specialized unit or designated cluster of beds		
5d. IV infusions using central lines		
5e. Management of residents on a ventilator		
5f. Management of residents with a tracheostomy		
5g. Dedicated staff to provide wound care		
5h. Dedicated staff to perform blood draws		
5i. 24-hour a day on-site supervision by an RN		
5j. Other, please specify: _____		



## **Facility Infection Control (IC) Program**

### **Personnel Involved in IC Implementation**

6. How many full-time employees (FTEs) are currently dedicated to your facility's infection control program? \_\_\_\_\_

7. What is the highest level of professional training of the individual primarily responsible for the infection control program in your facility?

- CNA
- LPN
- RN
- MD
- Other, please specify: \_\_\_\_\_
- No FTEs are dedicated to infection control

7a. How long has this individual been in that position at your facility? \_\_\_\_\_ years

7b. How many years of experience does he/she have doing infection control-related work? \_\_\_\_\_ years

7c. Has this person received any specific infection control training?

- Certified in Infection Control (CIC)
- State or local training course with certificate
- Other, please specify: \_\_\_\_\_
- No specific infection control training

7d. Is coordination of infection control this individual's full time or part time role?

- Full time
- Part time

7e. If PART TIME, please indicate which of the activities listed below also are performed by that individual (please check all that apply):

- Facility administration (i.e., Director of Nursing [DON])
- Quality manager
- Staff education/staff development
- Employee health
- Direct resident care
- Other, please specify: \_\_\_\_\_



**General Program Activity**

8. On average, during a normal (40 hour) work week, what percent of time is spent performing **all** infection control related activities? \_\_\_\_\_

9. Given the total time spent on infection control-related activities, please indicate the approximate percentage of time (in an average work week) spent on these specific activities on average (sum to 100%):

- a. Infection surveillance: \_\_\_\_\_
- b. Infection control policy development: \_\_\_\_\_
- c. Staff education: \_\_\_\_\_
- d. Monitoring adherence to policy (e.g., hand hygiene monitoring): \_\_\_\_\_
- e. Employee health activities: \_\_\_\_\_
- f. Other, please specify: \_\_\_\_\_

10. Is there a committee in your facility that reviews infection control-related activities (such as reports, policies and procedures, etc.)?

- Yes
- No

10a. If YES, how frequently does this committee meet?

- Annually
- Quarterly
- Monthly
- Weekly
- Other, please specify: \_\_\_\_\_

10b. If YES, please indicate the members represented on the committee (please check all that apply):

- Facility Board members
- Nursing administrators (i.e., DON, ADON)
- Medical Director
- Quality department
- Pharmacy department
- Environmental services
- Unit managers or supervisors
- Physician staff
- Nursing staff
- Other, please specify: \_\_\_\_\_



**Specific Program Activity**

**The following questions ask about specific infection control program activities currently used or in place at your facility. Please complete each question as appropriate at this point in time.**

**11. Infection Surveillance**

For each statement below, please select a YES or NO response as appropriate:

	YES	NO
11a. Our facility uses standard definitions (such as McGeer criteria or CDC NHSN definitions) to determine if a resident has an infection.		
11b. Our facility uses new antibiotic prescriptions (starts) to determine if a resident has an infection.		
11c. Our facility reviews provider notes to determine if a resident has an infection.		
11d. Our facility maintains a list of residents with healthcare-associated infections in a log book.		
11e. Our facility keeps a record of healthcare-associated infections in an electronic spreadsheet or database.		
11f. Our facility performs house-wide surveillance of infections among our residents.		
11g. Our facility performs targeted surveillance for specific infections among our residents.		
11h. Our facility tracks rates of infection over time to identify trends – (e.g., monthly rate, quarterly rate, annual rate).		
11i. Our facility creates summary reports (e.g., trends) of healthcare-associated infections.		
11j. Our facility reports rates of specific infections (e.g., # UTIs/1000 resident days/month).		
11k. Our facility reports rates of infections by device days (e.g., # UTIs/1000 urinary catheter days/month).		
11l. Our facility shares infection surveillance data with facility Board members.		
11m. Our facility shares infection surveillance data with facility leadership (i.e., CEO, COO, DON, ADON, Medical director).		
11n. Our facility shares infection surveillance data with unit managers.		
11o. Our facility shares infection surveillance data with all facility nursing staff.		



11p. Our facility shares infection surveillance data with all physicians providing care to residents.		
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12. Policy Development

For each statement below, please select a YES or NO response as appropriate:

	YES	NO
12a. Our facility has a policy on hand hygiene.		
12b. Our facility has a policy on Isolation Precautions.		
12c. Our facility has a policy about cleaning and disinfection of shared medical equipment.		
12d. Our facility has a policy about environmental cleaning.		
12e. Our facility has a policy on Safe Injection practices (i.e. blood glucose monitor handling).		
12f. Our facility has a policy on preventing/managing blood borne pathogen exposure.		
12g. Our facility has a policy on managing influenza outbreaks.		
12h. Our facility has a policy on tuberculosis screening for residents.		

13. Training/Education Resources

	YES	NO
13a. All facility staff have computer access at work (home computers should not count).		
13b. Our facility provides IC training to staff who do not provide direct resident care (e.g., environmental services, dietary).		
13c. Our facility provides patient education tools to residents and family on infection prevention practices.		
13d. Our facility provides patient education material in a language other than English.		

13e. How does your facility typically provide infection control training/updates to staff (please check all that apply):

- Face to face training (in-services)
- Computer-based training tools
- Handouts/flyers posted on care units
- Other, please specify: \_\_\_\_\_



13f. How frequently does your facility typically conduct staff training on infection control topics?

- Annually
- Quarterly
- Monthly
- Weekly
- Only at time of new employee orientation
- Only when an infection control issue arises (PRN)
- Other, please specify: \_\_\_\_\_

13g. Are financial resources available for the primary point of contact for the IC program to access external IC training such as conferences, workshops, and other continuing education opportunities?

- Yes
- No

13h. Are financial resources available for other facility staff members to access external IC training such as conferences, workshops, and other continuing education opportunities?

- Yes
- No

14. Multidrug-resistant Organisms (MDROs) Management

For each statement below, please select a YES or NO response as appropriate:

	YES	NO
14a. Our facility has a mechanism to identify, at admission, residents previously infected or colonized with MDROs (e.g., MRSA, VRE, <i>C. difficile</i> ).		
14b. Our facility performs MRSA surveillance testing (culture or PCR) on new resident admissions for the purpose of detecting MRSA colonization (active surveillance).		
14c. Our facility has policies that specifically address the implementation of Isolation Precautions that are used in addition to Standard Precautions for residents infected or colonized with MDROs (e.g., MRSA, VRE, <i>C. difficile</i> ).		
14d. Our facility has policies that specifically address the discontinuation of Isolation Precautions that are used in addition to Standard Precautions for residents infected or colonized with MDROs (e.g., MRSA, VRE, <i>C. difficile</i> ).		
14e. Our facility has a process for communicating with other facilities		



about residents with colonization/infection with MDROs at the time of transfer.		
14f. Our facility has a strategy for identifying appropriate roommate selection for residents admitted with an MDRO who cannot be placed in a private room.		
14g. Our facility places residents with suspected <i>C. difficile</i> infection on Contact Precautions.		
14h. Our facility places residents with active <i>C. difficile</i> infection on Contact Precautions.		
14i. Our facility places all residents with active <i>C. difficile</i> infection into private rooms.		

14j. If your facility does **not** have a sufficient number of private rooms available, what does your facility do with residents who are identified with active *C. difficile* infection (please check all that apply):

- Place with other *C. difficile* infection residents (cohort)
- Place with other residents but use separate commodes/bathrooms
- Place with other residents sharing bathrooms
- Other, please specify: \_\_\_\_\_
- Not Applicable

14k. For residents with active *C. difficile* infection, what is the preferred method of hand hygiene used in your facility?

- Soap and water
- Alcohol hand gel
- Not specified (i.e., both available but neither preferred)
- Other, please specify: \_\_\_\_\_



15. Monitoring Adherence to Policy

For each statement below, please select a YES or NO response as appropriate:

	YES	NO
15a. Our facility measures adherence to hand hygiene policies in at least one patient care area by staff observation.		
15b. Our facility measures adherence to Isolation Precautions among staff (i.e., the percentage of those who comply with wearing of gloves or donning of gowns).		
15c. Our facility infection control personnel monitor/observe environmental cleaning practices to ensure consistent cleaning and disinfection practices are followed.		
15d. Our facility has a specific person (or people) responsible for reviewing antibiotic utilization.		
15e. Our facility restricts the use of specific antibiotics.		
15f. Our facility shares adherence rates to specific policies (e.g., hand hygiene) with all staff.		

16. Employee Health Activity

For each statement below, please select a YES or NO response as appropriate:

	YES	NO
16a. The infection control program coordinator is responsible for employee health policies.		
16b. Employee immunizations are tracked by the infection control program.		
16c. Our facility requires staff to have immunization or proof of immunity for hepatitis B.		
16d. Our facility requires staff to have immunization or proof of immunity for varicella (chickenpox).		
16e. Our facility requires staff to have immunization or proof of immunity for measles/mumps/rubella (MMR).		
16f. Our facility requires staff to receive vaccination for seasonal influenza.		
16g. Our facility provides staff with seasonal influenza vaccine at no cost to them.		
16h. Our facility requires staff to be screened for tuberculosis (e.g., PPD skin test) at time of employment.		
16i. Our facility requires staff to be screened for tuberculosis (e.g., PPD skin test) annually.		



**Sufficiency of Program Resources and Priorities**

Please rate the following statements on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
17. Facility staff receive training and education on infection control issues.	1	2	3	4	5
18. Facility staff have knowledge about infection control issues.	1	2	3	4	5
19. Infection control is a priority in our facility.	1	2	3	4	5
20. Our facility has resources to support its infection control program.	1	2	3	4	5
21. Preventing healthcare associated infections among residents in our facility is a challenge.	1	2	3	4	5
22. Staff turnover has an impact on the prevention of healthcare-associated infections in our facility.	1	2	3	4	5

23. Which of the following healthcare-associated infections is the **greatest challenge** for your facility at this time (please select only one)?

- Clostridium difficile* associated diarrhea
- Catheter-associated urinary tract infections
- Central-line-associated blood stream infections
- Methicillin-resistant *S. aureus* infections
- Multidrug-resistant gram negative bacteria
- Vancomycin-resistant *Enterococcus*
- Norovirus
- Influenza
- Other, please specify: \_\_\_\_\_



24. Which aspect of infection control is **most challenging** for your facility at this time (please select only one)?

- Environmental cleaning
- Hand hygiene
- Infection surveillance (tracking or trending resident infections)
- Isolation Precautions/Managing residents with MDROs
- Laundry/ linen handling
- Outbreak management
- Other, please specify: \_\_\_\_\_

25. What external sources of information are used by your facility to address infection-control related questions (please check all that apply)?

- American Medical Directors Association (AMDA) resources
- Association for Professionals in Infection Control and Epidemiology (APIC) resources
- Centers for Disease Control and Prevention (CDC) guidelines/website
- Corporate organization resources (if applicable)
- Health Department
- Hospital infection control personnel (local but not affiliated with your facility)
- Infection control consultant (external contract)
- National Association of Directors of Nursing Administration (NADONA) resources
- Other, please specify: \_\_\_\_\_