

# Healthcare Associated Infection Self-Assessment

Thank you for taking the time to complete this self-assessment. As you complete the survey please reflect on your current processes and answer as honestly as possible.

# Healthcare Associated Infection Self-Assessment

\* 1. Facility Name

\* 2. What is your facility type?

\* 3. Name of the person completing this survey

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When answering the following questions, please use this scale for responses:

- 5 represents that this **ALWAYS** happens (100% of the time)
- 4 represents that this **FREQUENTLY** happens (65 to 99% of the time)
- 3 represents that this **SOMETIMES** happens (35 to 64% of the time)
- 2 represents that this **SELDOM** happens (1 to 34% of the time)
- 1 represents that this **NEVER** happens (0% of the time).

Please mark the box that corresponds with your assessment of each behavior or process listed below in your facility.

NOTE: Be sure to read each item carefully. Sometimes 5 (always) and sometimes 1 (never) represents the preferred behavior.

## \* 4. Use Hand Hygiene

|                                                                                                                                | 5<br>(Always)            | 4<br>(Frequently)        | 3<br>(Sometimes)         | 2<br>(Seldom)            | 1<br>(Never)             |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Staff in this facility use hand hygiene according to the World Health Organization guidelines.                                 | <input type="checkbox"/> |
| Compliance with hand hygiene is monitored on a monthly basis.                                                                  | <input type="checkbox"/> |
| Hand washing, rather than alcohol based hand rubs, is used when there is suspected or confirmed <i>Clostridium difficile</i> . | <input type="checkbox"/> |
| When washing hands with soap and water, hands are scrubbed for at least 20 seconds.                                            | <input type="checkbox"/> |
| Hand hygiene is performed before and after direct contact with patients or residents.                                          | <input type="checkbox"/> |
| Staff members speak up if they observe that correct hand hygiene is not being followed.                                        | <input type="checkbox"/> |
| Patients or residents speak up if they observe that correct hand hygiene is not being followed.                                | <input type="checkbox"/> |
| Families and visitors speak up if they observe that correct hand hygiene is not being followed.                                | <input type="checkbox"/> |

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## \* 5. Know Your Role

|                                                                                                                                                          | 5<br>(Always)         | 4<br>(Frequently)     | 3<br>(Sometimes)      | 2<br>(Seldom)         | 1<br>(Never)          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Our facility assigns staff to the same patient or resident at least 85% of the time.                                                                     | <input type="radio"/> |
| Our facility provides comprehensive infection control training as part of the orientation process for all staff.                                         | <input type="radio"/> |
| Ongoing training for staff includes infection control at least on an annual basis.                                                                       | <input type="radio"/> |
| When a patient or resident has a suspected or confirmed infection, the patient or resident and family are informed promptly about necessary precautions. | <input type="radio"/> |
| To determine if a patient or resident has been placed on contact precautions, staff must review the patient or resident's chart.                         | <input type="radio"/> |
| Visitors are informed if there is concern about infection prior to entering the room of a patient or resident.                                           | <input type="radio"/> |
| Our facility involves the patient or resident and family in planning and providing care that will prevent infections.                                    | <input type="radio"/> |

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## \* 6. Assess and Manage Risk

|                                                                                                                                                           | 5<br>(Always)         | 4<br>(Frequently)     | 3<br>(Sometimes)      | 2<br>(Seldom)         | 1<br>(Never)          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Patients or residents with <u>suspected</u> <i>Clostridium difficile</i> infections are placed on contact precautions.                                    | <input type="radio"/> |
| Patients or residents with <u>confirmed</u> <i>Clostridium difficile</i> infections are placed on contact precautions.                                    | <input type="radio"/> |
| Gowns and gloves are available outside the rooms of patients or residents on contact precautions.                                                         | <input type="radio"/> |
| Standard precautions are followed when caring for all patients or residents.                                                                              | <input type="radio"/> |
| When results are received from the lab confirming that a patient or resident has an infection, it typically takes 4-6 hours for the staff to be informed. | <input type="radio"/> |
| Our facility performs an infection risk assessment of the facility on at least a quarterly basis.                                                         | <input type="radio"/> |
| Our facility tracks patients or residents with facility acquired infections on a monthly basis.                                                           | <input type="radio"/> |
| Our facility tracks patients or residents with community acquired infections on a monthly basis.                                                          | <input type="radio"/> |

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## \* 7. Assess and Manage Risk

|                                                                                                                                                                                 | 5<br>(Always)         | 4<br>(Frequently)     | 3<br>(Sometimes)      | 2<br>(Seldom)         | 1<br>(Never)          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Patients or residents with <u>suspected</u> <i>Clostridium difficile</i> infections are placed in private rooms.                                                                | <input type="radio"/> |
| Patients or residents with <u>confirmed</u> <i>Clostridium difficile</i> infections are placed in private rooms.                                                                | <input type="radio"/> |
| Our facility educates family and visitors about the specific things they can do to prevent infections.                                                                          | <input type="radio"/> |
| Specimens for suspected <i>Clostridium difficile</i> infections are collected promptly after test order and transported cold to the laboratory within 15 minutes of collection. | <input type="radio"/> |
| Nursing staff are provided guidance on the limitations of non-molecular tests for <i>Clostridium difficile</i> .                                                                | <input type="radio"/> |
| <i>Clostridium difficile</i> test results are available to facility personnel within 24 hours of test order.                                                                    | <input type="radio"/> |
| Patients or residents with <u>confirmed</u> <i>Clostridium difficile</i> are taken off contact precautions as soon as the diarrhea is gone.                                     | <input type="radio"/> |
| Facility personnel act upon positive <i>Clostridium difficile</i> test results within 2 hours of notification of the positive result.                                           | <input type="radio"/> |

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## \* 8. Maintain a Clean Environment

|                                                                                                                                              | 5<br>(Always)         | 4<br>(Frequently)     | 3<br>(Sometimes)      | 2<br>(Seldom)         | 1<br>(Never)          |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Environmental services staff are monitored for compliance with cleaning practices on a monthly basis.                                        | <input type="radio"/> |
| A 10% bleach and water solution is used to clean equipment and the environment when there is <u>suspected</u> <i>Clostridium difficile</i> . | <input type="radio"/> |
| A 10% bleach and water solution is used to clean equipment and the environment when there is <u>confirmed</u> <i>Clostridium difficile</i> . | <input type="radio"/> |
| During cleaning, the bleach and water solution is allowed to remain wet on the hard surface for at least 1 minute.                           | <input type="radio"/> |
| After cleaning, wet surfaces are wiped with a dry cloth.                                                                                     | <input type="radio"/> |

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## \* 9. Examine Catheter and Antibiotic Use

|                                                                                                    | 5<br>(Always)            | 4<br>(Frequently)        | 3<br>(Sometimes)         | 2<br>(Seldom)            | 1<br>(Never)             |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Indwelling urinary catheter use is re-examined on a daily basis.                                   | <input type="checkbox"/> |
| Indwelling urinary catheters are used for the management of incontinence.                          | <input type="checkbox"/> |
| Antibiotic use is re-examined on a daily basis.                                                    | <input type="checkbox"/> |
| Our facility educates patients or residents and families about the appropriate use of antibiotics. | <input type="checkbox"/> |

# Healthcare Associated Infection Self-Assessment

## \* 10. Please answer the following questions regarding your facility

|                                                                                                                        | Yes                      | No                       |
|------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Does your facility have a designated individual responsible for monitoring infection prevention and control practices? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your facility have a patient safety rapid response team?                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your facility have someone who is certified in infection control (CIC certification)?                             | <input type="checkbox"/> | <input type="checkbox"/> |

# Healthcare Associated Infection Self-Assessment

\* 11. Are there any barriers or issues that impede infection control and prevention in your facility?

No

Yes (please list or describe here)

|  |   |
|--|---|
|  | 5 |
|  | 6 |

# Healthcare Associated Infection Self-Assessment

\* 12. Is there anything that would assist you in improving infection control and prevention in your facility?

No

Yes (please identify here)

|  |   |
|--|---|
|  | 5 |
|  | 6 |

# Healthcare Associated Infection Self-Assessment

\* 13. Do you feel your facility makes the prevention of *Clostridium difficile* or catheter associated urinary tract infections a priority?

No, it is not a priority

Yes, it is made a priority by...

|  |   |
|--|---|
|  | 5 |
|  | 6 |

## Healthcare Associated Infection Self-Assessment

Thank you for your participation. You will now be redirected to the HAIKU (discussion board) sign in page so you can catch up on the latest Initiative news.