

Indiana Healthcare Associated Infection Initiative Self-Assessment Summary Data

Pre Self-Assessment Participation: 57 LTC & 21 Hospitals
 Post Self-Assessment Participation: 35 LTC & 14 Hospitals
 Both Pre & Post Self-Assessment Participation: 23 LTC & 11 Hospitals

Self-Assessment Summary Data - Percent of respondents who indicated ALWAYS or FREQUENTLY. (Remaining percent includes responses of SOMETIMES, SELDOM, and NEVER.)									
	HOSP			LTC			ALL		
	% Pre	% Post	% Chg	% Pre	% Post	% Chg	% Pre	% Post	% Chg
Respondents <u>views regarding Hand Hygiene (HH)</u>:									
Staff HH is according to WHO guidelines	82	82	0%	83	96	16%	82	91	11%
Compliance with HH is monitored monthly	82	100	22%	61	87	43%	68	91	34%
Hand washing (not alcohol) used with suspected/confirmed CDI	82	91	11%	96	96	0%	91	94	3%
When washing hands, scrubbed for at least 20 seconds	82	82	0%	83	96	16%	82	91	11%
HH performed before and after direct contact with patients	82	91	11%	83	96	16%	82	94	15%
Staff speak up if they observe incorrect HH behavior	36	55	53%	39	65	67%	38	62	63%
Patients speak up if they observe incorrect HH behavior	9	27	200%	22	17	-23%	18	21	17%
Families/visitors speak up if they observe incorrect HH behavior	9	27	200%	22	13	-41%	18	18	0%
Respondents <u>views regarding Staff Roles</u>:									
Facility assigns staff to the same patient at least 85 of time	64	91	42%	96	91	-5%	85	91	7%
Facility provides comprehensive IC training in staff orientation	100	100	0%	100	96	-4%	100	97	-3%
Ongoing training for IC on at least an annual basis	100	100	0%	100	100	0%	100	100	0%

Self-Assessment Summary Data - Percent of respondents who indicated ALWAYS or FREQUENTLY.

(Remaining percent includes responses of SOMETIMES, SELDOM, and NEVER.)

	HOSP			LTC			ALL		
	% Pre	% Post	% Chg	% Pre	% Post	% Chg	% Pre	% Post	% Chg
Patient with suspected/confirmed infection is informed promptly of the necessary contact precautions	100	100	0%	100	100	0%	100	100	0%
Staff must review patient's chart to determine if they are on contact precautions	18	36	100%	30	39	30%	26	38	46%
Visitors are informed of infection concerns prior to entering the patient's room	82	91	11%	100	100	0%	94	97	3%
Facility involves patient and family in planning and providing care that will prevent infections	91	91	0%	70	83	19%	76	85	12%
Respondents views regarding Maintaining a Clean Environment:									
Environmental Services (ES) Staff are monitored for compliance with cleaning practices on a monthly basis	73	91	25%	91	100	10%	85	97	14%
A 10% bleach & water solution is used to clean equipment and the environment when there is <u>suspected</u> CDI	64	73	14%	86	91	6%	79	85	8%
A 10% bleach & water solution is used to clean equipment and the environment when there is <u>confirmed</u> CDI	82	82	0%	100	96	-4%	94	91	-3%
During cleaning, the bleach & water solution is allowed to remain wet on the hard surface for at least 1 minute	82	82	0%	95	96	1%	91	91	0%
After cleaning, wet surfaces are wiped with a dry cloth	27	36	33%	36	35	-3%	33	35	6%
Respondents views regarding Catheter & Antibiotic Use:									
Indwelling urinary catheter use is re-examined on a daily basis	82	91	11%	73	73	0%	76	79	4%
Indwelling urinary catheters are used for the management of incontinence	0	0	0%	0	0	0%	0	0	0%
Antibiotic use is re-examined on a daily basis	55	36	-35%	82	73	-11%	73	61	-16%
Facility educates patients & families about the appropriate use of antibiotics	27	64	137%	73	77	5%	58	73	26%
Respondents views regarding Assessing and Managing Risk:									
Patients with <u>suspected</u> CDI are placed on contact precautions	91	100	10%	83	96	16%	85	97	14%
Patients with <u>confirmed</u> CDI are placed on contact precautions	100	100	0%	100	100	0%	100	100	0%

Data is only from facilities that completed both Pre AND Post Self Assessments.

Self-Assessment Summary Data - Percent of respondents who indicated ALWAYS or FREQUENTLY.

(Remaining percent includes responses of SOMETIMES, SELDOM, and NEVER.)

	HOSP			LTC			ALL		
	% Pre	% Post	% Chg	% Pre	% Post	% Chg	% Pre	% Post	% Chg
Gowns & gloves are available outside rooms of patients on contact precautions	100	100	0%	91	100	10%	94	100	6%
Standard precautions are followed when caring for all patients	100	100	0%	100	100	0%	100	100	0%
When lab results are received confirming an infection, it typically takes 4-6 hours for the staff to be informed	27	0	100%	17	26	53%	21	18	-14%
Facility performs infection risk assessment at least quarterly	45	45	0%	65	74	14%	59	65	10%
Facility tracks patients with facility acquired infections on a monthly basis	100	100	0%	100	100	0%	100	100	0%
Facility tracks patients with community acquired infections on a monthly basis	100	100	0%	100	100	0%	100	100	0%
Patients with <u>suspected</u> CDI are placed in private rooms	91	82	-10%	36	48	33%	55	59	7%
Patients with <u>confirmed</u> CDI are placed in private rooms	100	100	0%	50	65	30%	67	76	13%
Facility educates family & visitors about specific ways to prevent infections	91	100	10%	82	78	-5%	85	85	0%
Specimens for suspected CDI are collected promptly after test order and transported cold to the laboratory within 15 minutes of collection	100	91	-9%	45	57	27%	64	68	6%
Nursing staff are given guidance on the limitations of non-molecular CDI tests	36	45	25%	50	48	-4%	45	47	4%
CDI test results are available to facility personnel within 24 hours of test order	100	91	-9%	59	91	54%	73	91	25%
Patients with <u>confirmed</u> CDI are taken off contact precautions as soon as the diarrhea is gone	18	36	100%	36	30	-17%	30	32	7%
Facility personnel act upon positive CDI test results within 2 hours of notification	100	100	0%	91	100	10%	94	100	6%
Other Patient Safety Items									
Facility has a designated individual responsible for monitoring infection prevention and control practices	100	100	0%	100	100	0%	100	100	0%
Facility has a patient safety rapid response team.	100	100	0%	18	32	78%	45	55	22%
Facility has someone certified in infection control (CIC Certification)	55	64	16%	0	5	0%	18	24	33%

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