

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 | 500% | 18 | 24 | 33% |

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