

Long-Term Care Facility Infection Prevention and Control Survey

The California Department of Public Health (CDPH) Healthcare Associated Infections Program (HAI) developed the following survey tool to assist long-term care facilities to gather and evaluate current infection control practices. The HAI program will collect and summarize these data, aggregated from all LTCFs that participate in the survey, to better understand and advocate for the challenges facing LTCFs when implementing infection control measures. The results will also help public health provide more meaningful support and education to LTCF infection control programs.

We suggest that this survey be completed by the staff member responsible for infection prevention and control in your LTCF. If you choose to have more than one staff member contribute to the answers, please ensure that your designated Infection Preventionist is part of the team completing the survey. No long-term care facility-specific information will be shared or released if provided; only aggregate data will be reported. The survey should take approximately 30 - 45 minutes to complete. If you need to exit the survey, click the (Next) button at the bottom of the page and the responses will be saved up to that point so that you can access it later at the last left completed question. If you have any questions or problems completing the survey, please contact Rebecca Siiteri, RN, MPH at the HAI Program. (510) 412-6060 or rebecca.siiteri@cdph.ca.gov

With this information, we hope to better serve you in a consultative capacity and to support educational programs to meet your facility's infection control needs. Thank you for your participation!

1. Facility Ownership

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

Other, please specify:

2. Facility Affiliation (please check all that apply):

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

3. Please enter:

Total number of beds:

Total number of private rooms:

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

	Yes	No
4a. Long-term custodial care	<input type="radio"/>	<input type="radio"/>
4b. Skilled nursing short term rehabilitation	<input type="radio"/>	<input type="radio"/>
4c. Subacute care	<input type="radio"/>	<input type="radio"/>
4d. IV infusions using central lines	<input type="radio"/>	<input type="radio"/>
4e. Management of residents on a ventilator	<input type="radio"/>	<input type="radio"/>
4f. Management of residents with a tracheostomy	<input type="radio"/>	<input type="radio"/>
4g. Dedicated staff to provide wound care	<input type="radio"/>	<input type="radio"/>
4h. Dedicated staff to perform blood draws	<input type="radio"/>	<input type="radio"/>
4i. 24-hour a day on-site supervision by an RN	<input type="radio"/>	<input type="radio"/>

Other, please specify:

5. What is the title of the individual to whom the Infection Preventionist (lead infection control person) reports?

6. What is the highest level of professional training of the Infection Preventionist (person primarily responsible for the infection control program) in your facility?

- CNA
- LPN
- RN
- No staff member dedicated to infection control

Other, please specify:

7. How long has the Infection Preventionist been in the position at your facility?

years

months

8. How many years or months of experience does the Infection Preventionist have doing infection control-related work?

years

months

9. Has the Infection Preventionist received any specific infection control training?

- State or local training course with certificate
- Certified in Infection Control (CIC)
- No specific infection control training

Other, please specify:

10. Is coordination of infection control the Infection Preventionist's full time or part time role?

- Full time
- Part time

10a. If PART TIME, please indicate which of the activities listed below are also performed by the Infection Preventionist (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:

11. Given the total time spent on infection control-related activities, what is the approximate percent of time spent on surveillance?

12. On average, during a normal (40 hour) work week, what percent of time is spent by the Infection Preventionist in performing all infection control related activities?

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

- Yes
- No

13a. If YES, how frequently does this committee meet?

- Annually
- Quarterly
- Monthly
- Weekly

Other, please specify:

14. Infection Surveillance

For each statement below, please select a YES, NO or Don't Know response:

	YES	NO	Don't Know
14a. Our facility uses standard definitions (such as McGeer criteria definitions) to determine if a resident has an infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14b. Our facility uses new antibiotic prescriptions (starts) to determine if a resident has an infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14c. Our facility reviews provider notes to determine if a resident has an infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14d. Our facility maintains a list of residents with healthcare-associated infections in a log book.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14e. Our facility keeps a record of healthcare-associated infections in a spreadsheet or electronic database.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14f. Our facility performs facility-wide surveillance of infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14g. Our facility performs targeted surveillance for specific infections among our residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14h. Our facility tracks rates of infection over time to identify trends (e.g., monthly rate, quarterly rate, annual rate).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14i. Our facility creates summary reports (e.g., trends) of healthcare-associated infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14j. Our facility reports rates of specific infections (e.g., #UTIs/1000 resident days/month).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14k. Our facility reports rates of infections by device days (e.g., # UTIs/1000 urinary catheter days/month).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Training/Education Resources

For each statement below, please select a YES, NO or Don't Know response:

	YES	NO	Don't Know
15a. The Infection Preventionist has computer access at work (home computers do not count).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15b. Our facility provides infection control training to staff who do not provide direct resident care (e.g., environmental services, dietary).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15c. Our facility provides patient education tools to residents and families on infection prevention practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15d. Our facility provides patient education materials in a language other than English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. 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:

17. How frequently does your facility typically conduct formal staff training on infection control topics? (please check all that apply):

- Annually
- Quarterly
- Monthly
- Weekly
- At time of new employee orientation
- When an infection control issue arises (PRN)

Other, please specify:

18. Are financial resources available for the Infection Preventionist to access external infection control training such as computer-based education, conferences, workshops, and other continuing education opportunities?

- Yes
- No

19. Are financial resources available for other facility staff members to access external infection control training such as computer-based education, conferences, workshops, and other continuing education opportunities?

- Yes
- No

20. Multi-drug resistant Organisms (MDROs) Management

For each statement below, please select a YES, NO or Don't Know response as appropriate.

	YES	NO	Don't Know
20a. Our facility has a mechanism to identify, on admissions, residents previously infected or colonized with MDROs (e.g., MRSA, VRE, <i>C. difficile</i>).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20b. Our facility performs MRSA surveillance testing (culture or PCR) on new resident admissions for the purpose of detecting MRSA colonization (active surveillance).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20c. 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>).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20d. 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>).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20e. Our facility has a process for communicating with other facilities about residents with colonization/infection with MDROs at the time of transfer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20f. Our facility uses a transfer form that captures current infection control information and status on a resident.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20g. Our facility has a strategy for identifying appropriate roommate selection for residents admitted with an MDRO who cannot be placed in a private room.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20h. Our facility places residents with <u>suspected</u> <i>C. difficile</i> infection on Contact Precautions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20i. Our facility places residents with <u>active</u> (symptomatic) <i>C. difficile</i> infection on Contact Precautions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20j. Our facility places all residents with <u>active</u> (symptomatic) <i>C. difficile</i> infection into private rooms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. 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 (symptomatic) *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
- Not applicable

Other, please specify:

22. For residents with active (symptomatic) *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:

23. What cleaning product does your facility use in rooms with residents who have active (symptomatic) *C. difficile* infection? (please check all that are used)

- Alcohol-based disinfectant
- EPA-registered disinfectant with a sporicidal claim
- Bleach 1:10 dilution
- Bleach wipes

Other, please specify:

24. Monitoring Adherence to Policy

For each statement below, please select a YES, NO or Don't Know response:

	YES	NO	Don't Know
14a. Our facility measures adherence to hand hygiene policies in at least one patient care area by staff observation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14b. Our facility measures adherence to Isolation Precautions among staff (i.e., the percentage of those who comply with wearing of gloves or gowns).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14c. Our facility infection control personnel monitor/observe environmental cleaning practices to ensure consistent cleaning and disinfection practices are followed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14d. Our facility has a specific person (or people) responsible for reviewing antibiotic utilization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14e. Our facility restricts the use of specific antibiotics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14f. Our facility shares adherence rates to specific policies (e.g., hand hygiene) with all staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Employee Health Activity

For each statement below, please select a YES, NO or Don't Know response:

	YES	NO	Don't Know
25a. The Infection Preventionist is responsible for employee health policies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25b. Employee immunizations are tracked by the infection control program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25c. Our facility requires staff to have immunization or proof of immunity for hepatitis B.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25d. Our facility requires staff to have immunization or proof of immunity for varicella (chickenpox).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25e. Our facility requires staff to have immunization or proof of immunity for measles/mumps/rubella (MMR).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25f. Our facility requires staff to receive vaccination for seasonal influenza.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25g. Our facility provides staff with seasonal influenza vaccine at no cost to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25h. Our facility requires staff to be screened for tuberculosis (e.g., PPD skin test) at time of employment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25i. Our facility requires staff to be screened for tuberculosis (e.g., PPD skin test) annually.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- C. 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:

27. 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:

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

- Local Health Department
- Local Hospital Infection Control personnel
- Corporate organization resources
- Association for Professionals in Infection Control and Epidemiology (APIC) resources
- Centers for Disease Control and Prevention (CDC) guidelines/website
- Infection Control consultant (external contract)
- National Association of Directors of Nursing Administration (NADONA) resources
- American Medical Directors Association (AMDA) resources

Other, please specify:

The information provided below is optional and will only be used by the Healthcare-Associated Infections Program (HAI) in developing future education and training infection prevention and control programs for California long-term care facilities.

Name & Title of person completing survey:

Email of person completing survey:

Facility Name:

Address:

City/Town:

State:

ZIP:

Country:

Phone Number of person completing survey:

Facility Phone Number: