



MRSA BASELINE PREVENTION PRACTICES ASSESSMENT TOOL FOR STATES ESTABLISHING HAI PREVENTION COLLABORATIVES USING RECOVERY ACT FUNDS

The attached questions are being sent to state health departments to assist in shared learning, communication, and feedback efforts between the health department and healthcare facilities within a state's prevention collaborative project. In addition to helping evaluate MRSA control efforts in each state, this tool will help health departments gain a better understanding of overall HAI prevention efforts within the state so that future implementation strategies and can capitalize on current programs. Results from this baseline assessment can also be used to measure practice change(s), 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 a state's multidisciplinary advisory group and participating prevention collaborative stakeholders, partners, and hospitals as an important piece of feedback.

IMPORTANT POINTS TO NOTE:

- Questions/assessment tool should be completed by a member of each participating collaborative hospital's infection control program
- The questions should take no longer than five to ten 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 35 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 hospitals as well as between states

If you have any questions, please feel free to contact your CDC prevention liaison, who will be glad to consult on the results and provide technical assistance when needed.





**MRSA BASELINE PREVENTION PRACTICES ASSESSMENT TOOL FOR STATES
ESTABLISHING HAI PREVENTION COLLABORATIVES USING RECOVERY ACT FUNDS**

Please complete the following background questions regarding your facility's current status.

1. What is the total number of staff currently working in infection control at your facility? Please describe using full-time equivalents of people working directly in infection control, do not include support staff (for example, if a facility had one full-time person and one half-time person, this would equal 1.5 staff members). _____
2. Currently, how many active acute care hospital beds does your facility have? _____
3. Currently, how many active **adult** Intensive Care Unit beds (ICU) does your facility have? _____
4. Currently, how many active **pediatric** beds (including nursery, NICU beds, etc.) does your facility have? _____
5. Currently, how many post-acute care (such as rehabilitation or assisted living) beds does your facility have? _____
6. Is your facility a teaching facility (i.e., your facility has physicians-in-training and/or nurses-in-training providing care to patients)?
☐ Yes
☐ No
7. What external sources of guidance are used in the development of infection control policies at your facility (please check all that apply)?
☐ Association for Professionals in Infection Control and Epidemiology (APIC)
☐ Centers for Disease Control and Prevention (CDC)
☐ Healthcare Infection Control Practices Advisory Committee (HICPAC)
☐ Infectious Diseases Society of America
☐ Institute for Healthcare Improvement (IHI)
☐ Society for Healthcare Epidemiology of America (SHEA)
☐ Individual expert opinion
☐ Other, please specify: _____





The following questions ask about specific methicillin-resistant *Staphylococcus aureus* (MRSA) prevention practices currently used or in place at your facility. Please complete each question as appropriate at this point in time.

8. Is your facility involved (in total or in part) in an external (one originating outside your facility) MRSA control initiative?

☐ Yes

☐ No

a. If YES, which one(s)? (Please check all that apply).

☐ Institute for Healthcare Improvement's Protecting 5 Million Lives from Harm Initiative for reducing MRSA infection

☐ VHA Inc. (Voluntary Hospital Association Initiative)

☐ Hospital Corporation of America MRSA Initiative

☐ Department of Veterans Affairs Initiative (Directive 2007-002)

☐ Centers for Medicaid and Medicare Services QIO MRSA Project

☐ Other, please list: _____

9. How great a priority is the control and prevention of MRSA at your facility? Please indicate how much you agree or disagree with the following statement: **The control and prevention of MRSA infection is a priority at my facility.**

☐ Strongly agree

☐ Agree

☐ Neither agree or disagree

☐ Disagree

☐ Strongly disagree

10. Does your facility have a mechanism to detect, at admission, patients previously infected or colonized with MRSA?

☐ Yes

☐ No

11. Does your facility currently have a system that rapidly (within 24 hours following laboratory identification) notifies staff of new patients infected or colonized with MRSA?

☐ Yes

☐ No

a. If YES, who is notified (please check all that apply)?

☐ Infection control

☐ Patient care unit

☐ Other, please specify: _____





12. In your facility, are patients who are found to be infected or colonized with MRSA put in Contact Precautions?
- ☐ Yes
- ☐ No
13. In your facility, are patients who are found to be infected or colonized with MRSA placed in private rooms?
- ☐ Never/no private rooms available
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
14. Does your facility use dedicated noncritical medical items (such as blood pressure cuffs or stethoscopes) for patients infected or colonized with MRSA?
- ☐ Yes
- ☐ No
15. Does your facility have a policy that specifically addresses the discontinuation of isolation precautions that are used in addition to Standard Precautions for patients infected or colonized with MRSA?
- ☐ Yes
- ☐ No
16. Does your facility have an education or training program for staff on reducing the transmission of MRSA (the program may deal with other issues but must specifically review your facility's program to control MRSA and include topics such as the transmission of MRSA and measures to prevent transmission)?
- ☐ Yes
- ☐ No
17. Does your facility perform MRSA surveillance testing (culture or PCR) on any group of patients for the purpose of detecting MRSA colonization (active surveillance)?
- ☐ Yes
- ☐ No
- a. If YES, please specify the test used for MRSA surveillance testing:
- ☐ Culture
- ☐ Polymerase chain reaction (PCR)
- ☐ Both – culture and PCR
- ☐ Other, please describe: _____
18. Is some form of active MRSA surveillance testing (culture or PCR) performed routinely on patients admitted to all units facility-wide?
- ☐ Yes
- ☐ No





19. Does your facility perform active MRSA surveillance testing (culture or PCR) in a specific patient setting (please check all that apply).
- ☐ Yes, for patients admitted to one or more ICU settings
 - ☐ Yes, for patients admitted to one or more acute care non-ICU settings
 - ☐ Yes, for patients admitted to post-acute care settings
 - ☐ Yes, for other settings, please describe: _____
 - ☐ No
20. Does your facility perform active MRSA surveillance testing (culture or PCR) for a specific patient group (please check all that apply).
- ☐ Yes, dialysis patients
 - ☐ Yes, patients transferred from outside facilities
 - ☐ Yes, patients with a history of MRSA
 - ☐ Yes, pre-surgical patients
 - ☐ Yes, for other patients, please describe: _____
 - ☐ No
21. Are patients placed in some form of isolation precautions in addition to Standard Precautions while the results of their active surveillance testing (culture or PCR) are pending?
- ☐ Yes
 - ☐ No
22. When is MRSA active surveillance testing (culture or PCR) performed? (Please check all that apply).
- ☐ At admission
 - ☐ At discharge/transfer
 - ☐ Periodically during hospital stay
 - ☐ Other, please specify: _____
23. Does your facility have a policy for MRSA decolonization for any specific group of people colonized or infected with MRSA?
- ☐ Yes
 - ☐ No
- a. If YES, what method is used for decolonization? (Please check all that apply).
- ☐ Nasal mupirocin
 - ☐ Chlorhexidine bathing
 - ☐ Oral decontamination (e.g., use of chlorhexidine mouthwash)
 - ☐ Systemic antibiotics (oral or intravenous)
 - ☐ Other, please specify: _____





24. Does your facility routinely use chlorhexidine baths for any patient group to prevent healthcare-associated infections?

☐ Yes

☐ No

a. 24a. If YES, which group(s) (please check all that apply)?

☐ Dialysis patients

☐ ICU patients

☐ Pre-surgical patients

☐ Patients with a history of MRSA

☐ Other, please specify: _____

25. How frequently are environmental cleaning practices at your facility monitored/observed by infection control staff to ensure consistent cleaning and disinfection practices were followed?

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always

26. Does your facility have a specific person (or people) responsible for reviewing antibiotic utilization with the goal of promoting the judicious use of antimicrobial agents?

☐ Yes

☐ No

27. Does your facility restrict the use of any antibiotic?

☐ Yes

☐ No

28. Does your facility have access to expertise in MRSA specific infection control? (Please check all that apply).

☐ Yes, from facility staff members

☐ Yes, from experts outside of the facility

☐ No

29. How frequently does your facility measure adherence to hand hygiene policies in at least one patient care area?

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always





30. Does your facility measure the percentage of eligible patients who actually have active surveillance testing (culture or PCR) performed?
- ☐ Yes
- ☐ No
31. How frequently does your facility measure adherence to MRSA isolation precautions among staff caring for these patients (i.e., the percentage of those who actually comply with wearing of gloves or donning of gowns)?
- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
32. Does your facility monitor over time (facility-wide or in targeted areas) the overall proportion of all *S. aureus* obtained from clinical cultures that is methicillin-resistant (MRSA)?
- ☐ Yes
- ☐ No
33. Does your facility monitor over time (facility-wide or in targeted areas) the healthcare-onset MRSA bloodstream infection rate?
- ☐ Yes
- ☐ No
34. What mechanisms are used to disseminate information about the rates of MRSA at your facility? (Please check all that apply).
- ☐ None
- ☐ Antibigram
- ☐ Periodic "report cards"
- ☐ Conferences/educational sessions
- ☐ Meetings with hospital/unit leadership Meetings with unit staff
- ☐ Newsletter or other publication
- ☐ Other, please describe: _____
35. Does your facility use the National Healthcare Safety Network (NHSN) multi-drug resistant organism (MDRO) module to monitor rates of MRSA?
- ☐ Yes
- ☐ No
- a. If NO, are standardized definitions used?
- ☐ Yes, please specify: _____
- ☐ No

