m1 DEPARTMENT OF HEALTH

ICAR Infection Control Assessment and Response Program

ICAR Assessment Tool for General Infection Prevention and Control (IPC) Across Settings

This comprehensive tool is intended to help assess IPC practices among Minnesota acute care/critical access hospitals, long-term care, and outpatient/ambulatory settings.

Instructions

This assessment should be completed by someone who is responsible for infection prevention and control (e.g., Designated Infection Control Officer or DICO). In addition to facility demographics, there are ten modules within the assessment.

To enroll, submit the secure online assessment tool found on Enroll in ICAR (www.health.state.mn.us/facilities/patientsafety/infectioncontrol/icar/enroll.html). For more flexibility, you may want to print this PDF assessment tool, fill it out by hand at your convenience, and then enter your data into the online tool.

Please note that once you start an online assessment, the system assigns you a unique access code. If you need to exit and return to the assessment, you will need to log in with your unique access code.

Please contact the MDH-ICAR team at health.icar@state.mn.us with any questions or concerns.

Contents

This assessment tool was adapted with permission from the Centers for Disease Control and Prevention.

General Facility Demographics and Infection Prevention and Control (IPC) Infrastructure

Facility Information
Date of Assessment:
*Facility Name:
Facility Address:
City:
Zip Code:
County:
State-assigned Unique ID (if applicable):
*Facility type: ☐ Acute Care Hospital/ Critical Access Hospital ☐ Long-term Care ☐ Outpatient/ Ambulatory Care ☐ Other (specify)
Specify other facility type:
NHSN Facility Organization ID (if applicable):
CMS Facility ID (if applicable):
*Facility Respondent's Name:
*Facility Respondent's Job Title:
*Facility Respondent's Phone number:
*Facility Respondent's Email Address:
Rationale for assessment: ☐ Requested by facility ☐ Requested by accrediting agency/ licensing organization ☐ Requested by state or local health department ☐ HAI prevention focused (specify) ☐ Prevention collaborative (specify partners) ☐ Outbreak (specify) ☐ Other (specify)

Facility Information

IF HAI prevention focused:

- ☐ CAUTI
- ☐ CLABSI
- ☐ SSI
- ☐ CDI
- ☐ Other (specify)

Specify other HAI prevention focused rationale:

IF Prevention collaborative, specify collaborative partner(s):

IF Outbreak, specify outbreak:

IF Other, specify other rationale for assessment:

Does the facility have access to **onsite** IPC expertise?

- ☐ Yes
- ☐ No
- ☐ Unknown

IF YES:

This is intended to identify individuals who work onsite at the facility or provide IP oversight at satellite locations (e.g., hospital IP provides IP oversight to affiliated outpatient clinics) and what proportion of their time is dedicated to IPC activities. Example: The facility has two IPs. IP #1 spends 25% of their time on IPC activities and the rest of their time on direct patient care and IP #2 spends 75% of their time on IPC activities and the rest of the time on direct patient care. This would be recorded as IP: 1 FTE dedicated to IPC activities.

Health care epidemiologist (number of full-time equivalents **dedicated** to IPC activities):

Infection preventionist (number of full-time equivalents **dedicated** to IPC activities):

Other (specify, including number of full-time equivalents **dedicated** to IPC activities):

Does the facility have access to **offsite** IPC expertise?

- ☐ Yes
- ☐ No
- ☐ Unknown

IF YES:

This is intended to identify individuals who do not work primarily onsite at the facility but might provide IPC support on a contractual or part-time basis. If a full-time equivalent cannot be determined, the level of support should be described.

Health care epidemiologist (number of full-time equivalents dedicated to IPC activities **at the facility**):

Infection preventionist (number of full-time equivalents dedicated to IPC activities **at the facility**):

Other (specify, including number of full-time equivalents dedicated to IPC activities **at the facility**):

Does the person(s) charged with directing the IPC program at the facility hold a nationally recognized credential in infection control (e.g., a-IPC, CIC, LTC-CIP, BCIDP)?

- ☐ Yes
- ☐ No
- ☐ Unknown

Lack of certification does not mean that an individual is not qualified to direct the IPC program.

Facility Information

Describe their qualification(s) (e.g., other certifications, specialized training):

What additional duties are performed by personnel within the IPC program? (select all that apply):

- ☐ Occupational Health
- ☐ Education of personnel
- ☐ Safety officer
- ☐ Administrative (e.g., Director of Nursing)
- ☐ Other (specify)
- ☐ None

Specify other duties:

What does the director of the IPC program believe are the current strengths and weaknesses in the IPC program?

Does the IPC program have access to electronic medical records of patients/residents?

- ☐ Yes
- ☐ No
- ☐ Unknown

Does the IPC program utilize data mining/reporting software?

- ☐ Yes
- ☐ No
- ☐ Unknown

Does the IPC program perform an annual facility infection risk assessment that evaluates and prioritizes potential risks for infections, contamination, and exposures and the program's preparedness to eliminate or mitigate such risks?

- ☐ Yes
- ☐ No
- ☐ Unknown

Are written infection control policies and procedures available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards?

- ☐ Yes
- ☐ No
- ☐ Unknown

How frequently are policies and procedures reviewed and updated? (select all that apply)

- ☐ Annually
- ☐ Every three years
- ☐ As needed when new guidelines or evidence is published (e.g., via subscription with a publisher)
- ☐ Other (specify)
- ☐ Unknown

Other frequency:

Does the IPC program provide infection prevention education to patients, family members, and other caregivers?

- ☐ Yes
- ☐ No
- ☐ Unknown

Facility Information

IF YES:

What topics are covered? (specify)

How is this education provided (e.g., information included in the admission or discharge packet, videos, signage, in-person training)? (specify)

Does the facility have an interdisciplinary infection control committee to address issues identified by the IPC program?

☐ Yes
☐ No
☐ Unknown

IF YES:

Who is part of the infection control committee? (select all that apply)

☐ Chief Medical Officer
☐ Director of Nursing
☐ Environmental Services
☐ Other (specify)
☐ Unknown

Specify other committee member:

How often does the infection control committee meet?

☐ Monthly
☐ Quarterly
☐ Other (specify)
☐ Unknown

Specify other time frame when infection control committee meets:

Additional notes:

Facility Demographics: Acute Care Hospital/Critical Access Hospital

Facility Demographics: Acute Care Hospital/Critical Access Hospital

Facility Type:

☐ Hospital
☐ Critical Access Hospital
☐ Long-term Acute Care Hospital

Is the facility part of an integrated health care system?

☐ Yes
☐ No

IF YES, please specify the name of the system:

Facility Demographics: Acute Care Hospital/Critical Access Hospital

Is the facility accredited?

☐ Yes
☐ No

IF YES, specify the accreditation organization:

☐ The Joint Commission (TJC)
☐ Det Norske Veritas Healthcare, Inc (DNV)
☐ Healthcare Facilities Accreditation Program (HFAP)
☐ Other (specify)

Other accreditation organization:

Specify the date of last survey (month/year):

Patient Populations Served:

☐ Adult
☐ Pediatric
☐ Neonatal
☐ Obstetric
☐ Other (specify)

Other patient population served:

Total Number of Licensed Beds:

Current Census:

Average daily census in previous month:

What types of units are in the facility or part of the campus? (select all that apply)

☐ Emergency Department
☐ Hemodialysis unit
☐ Trauma Center, Specify level:
☐ ICU (specify)
☐ Wards (e.g., obstetrics, behavioral health, pediatric)
☐ Long-term care (specify)
☐ Ambulatory (specify)

IF ICU:

☐ Medical
☐ Surgical
☐ Neuro
☐ Cardiac
☐ Burn
☐ Pediatric
☐ Neonatal (specify levels):
☐ Other (specify):

Other ICU:

Facility Demographics: Acute Care Hospital/Critical Access Hospital

IF Wards:

☐ Medical
☐ Surgical
☐ Pediatric
☐ Obstetrics
☐ Gynecologic
☐ Behavioral Health
☐ Oncology
☐ Solid Organ Transplant
☐ Bone Marrow Transplant
☐ Inpatient Rehabilitation
☐ Other (specify)

Specify other ward:

IF Long-term care:

☐ Long-term acute care
☐ Long-term care
☐ Inpatient rehabilitation
☐ Other (specify)

Specify other long-term care:

Is the IPC Program responsible for IPC oversight of the long-term care locations?

☐ Yes
☐ No
☐ Unknown

IF NO, specify who provides IPC oversight in the long-term care locations:

IF Ambulatory:

☐ Ambulatory surgery
☐ Dental
☐ Infusion
☐ Chemotherapy
☐ Outpatient medical care
☐ Physical/occupational therapies
☐ Podiatry
☐ Outpatient wound care
☐ Other (specify)

Ambulatory other:

Is the IPC Program responsible for IPC oversight of the ambulatory locations?

☐ Yes
☐ No
☐ Unknown

IF NO, specify who provides IPC oversight in the ambulatory locations:

Facility Demographics: Acute Care Hospital/Critical Access Hospital

If your facility has long-term care and/or outpatient ambulatory care part of your facility, would you like those locations assessed as part of the ICAR?

☐   Yes, long-term care
☐   Yes, outpatient/ambulatory
☐   No
☐   Not applicable

If yes, complete the following demographic sections for long-term care and/or outpatient/ambulatory care.

Additional notes:

Facility Demographics: Outpatient/Ambulatory Care

Facility Demographic: Outpatient/Ambulatory Care

Is the facility licensed by the state?

☐   Yes
☐   No

Is the facility certified by the Centers for Medicare & Medicaid Services (CMS)?

☐   Yes, as an Ambulatory Surgical Center
☐   Yes, as a Federally Qualified Health Center
☐   Yes, as another provider type (specify)
☐   No

Other provider type:

Is the facility accredited?

☐   Yes
☐   No

IF YES, specify the accreditation organization:

☐   Accreditation Association for Ambulatory Health Care (AAAHC)
☐   American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
☐   American Osteopathic Association (AOA)
☐   The Joint Commission (TJC)
☐   Other (specify):

Other accreditation organization:

Date of last survey (month/year):

Is the facility part of a hospital system?

☐   Yes
☐   No

IF YES, name of hospital system:

Facility Demographic: Outpatient/Ambulatory Care

Which procedures are performed by the facility? (select all that apply)

- ☐ Chemotherapy
- ☐ Dermatology
- ☐ Endoscopy
- ☐ Imaging
- ☐ Immunizations
- ☐ OB/Gyn
- ☐ Ophthalmologic
- ☐ Orthopedic
- ☐ Pain remediation
- ☐ Plastic/reconstructive
- ☐ Podiatry
- ☐ Surgery (general)
- ☐ Urology
- ☐ Other (specify)

Other:

How many physicians work at the facility?

What is the average number of patients seen per day?

Additional notes:

Facility Demographics: Long-Term Care

Facility Information: Long-Term Care

Facility type (select all that apply):
- ☐ Nursing home
- ☐ Intermediate care facility
- ☐ Assisted living facility
- ☐ Inpatient Rehabilitation Facility
- ☐ Other (specify)

Other long-term care facility type:

Certification:
- ☐ Dual Medicare/Medicaid
- ☐ Medicare only
- ☐ Medicaid only
- ☐ State only

Ownership:
- ☐ For profit
- ☐ Not for profit, including church
- ☐ Government (not VA)
- ☐ Veterans Affairs

Facility Information: Long-Term Care

Affiliation:

☐ Independent, free-standing
☐ Independent, continuing care retirement community
☐ Multi-facility organization (chain)
☐ Hospital system, attached
☐ Hospital system, free-standing

If not independent, name of hospital system or organization:

Number of floors:

Number of Units or Wings:

Unit types

☐ Subacute/Skilled
☐ Long-term general nursing
☐ Memory Care
☐ Other (specify)

Other unit types (specify):

Total number of licensed beds:

Number of pediatric beds (age <21):

Current census:

Room types (select all that apply):

☐ Single/private rooms
☐ Double/semi-privates
☐ Triples
☐ Quads

Does the facility have communal bathing areas?

☐ Residents have dedicated, private bathing areas
☐ Communal areas are used for showering

Which services are provided at your facility? (select all that apply)

☐ Indwelling urinary catheters
☐ Wound care
☐ Central line (e.g., PICC)
☐ IV therapy

Which services are provided by contracted vendors? (select all that apply)

☐ No services are contracted
☐ Environmental Services/Housekeeping supervisors
☐ Environmental services/Housekeeping frontline personnel
☐ Linen/Laundry
☐ Wound Care
☐ Podiatry
☐ Dental
☐ Other (specify)

Facility Information: Long-Term Care

Other contracted vendors:

Does the facility provide onsite hemodialysis for residents:
- ☐ Yes
- ☐ No

IF YES, where is hemodialysis performed?
- ☐ Resident's room
- ☐ Shared location in the facility (e.g., den)
- ☐ Other (specify)

Other location of hemodialysis:

What laboratory support is available? (select all that apply)
- ☐ Onsite
- ☐ Affiliated medical center, within same health system
- ☐ Medical center, contracted locally
- ☐ Commercial referral laboratory
- ☐ Other (specify)

Other laboratory support:

Does the facility have ventilator-dependent residents or residents with tracheostomies NOT on a ventilator?
- ☐ Yes
- ☐ No

IF YES

Current census of residents with tracheostomies NOT on ventilators:

Current census of ventilator-dependent residents:

Do ventilator-dependent residents or those with tracheostomies participate in communal services/group activities with residents who are not ventilator-dependent and do not have tracheostomies?
- ☐ Yes
- ☐ No

Is there a dedicated ventilator unit?
- ☐ Yes
- ☐ No

IF NO, on which units are ventilator dependent residents roomed? (specify units):

IF YES

Are residents not on ventilators (e.g., patients with a trach or other device) ever roomed on the vent unit?
- ☐ Yes
- ☐ No

Specify the types of rooms in the vent unit:

Number of single rooms per unit:

Number of double rooms per unit:

Number of triple rooms per unit:

Number of quad rooms per unit:

Facility Information: Long-Term Care
Additional notes:

Module 1: Training, Auditing and Feedback

Training

Does the facility provide job-specific education and training in the following areas? (select and answer the following questions that apply)

☐ Hand hygiene

Hand hygiene education and training
How often is hand hygiene training conducted? ☐ Upon hire ☐ Annually ☐ Whenever new processes or products are implemented ☐ In response to outbreaks ☐ Other (specify) ☐ Unknown
Other hand hygiene training frequency:
Following hand hygiene training, is HCW knowledge assessed? (i.e., using a quiz or test) ☐ Yes ☐ No ☐ Unknown
Following hand hygiene training, is HCW technique assessed (i.e., skill is demonstrated)? ☐ Yes ☐ No ☐ Unknown
Does the facility maintain records of hand hygiene training? ☐ Yes ☐ No ☐ Unknown
Additional notes:

☐ **Personal protective equipment**

Personal protective equipment education and training
How often is personal protective equipment training conducted? ☐ Upon hire ☐ Annually ☐ Whenever new processes or products are implemented ☐ In response to outbreaks ☐ Other (specify) ☐ Unknown
Other personal protective equipment training frequency:
Following personal protective equipment training, is HCW knowledge assessed? (i.e., using a quiz or test) ☐ Yes ☐ No ☐ Unknown
Following personal protective equipment training, is HCW technique assessed (i.e., skill is demonstrated)? ☐ Yes ☐ No ☐ Unknown
Does the facility maintain records of personal protective equipment training? ☐ Yes ☐ No ☐ Unknown
Additional notes:

☐ **Cleaning and disinfection of environmental surfaces**

Cleaning and disinfection education and training
How often is cleaning and disinfection of environmental surfaces training conducted? ☐ Upon hire ☐ Annually ☐ Whenever new processes or products are implemented ☐ In response to outbreaks ☐ Other (specify) ☐ Unknown
Other cleaning and disinfection of environmental surfaces training frequency:
Following cleaning and disinfection of environmental surfaces training, is HCW knowledge assessed? (i.e., using a quiz or test) ☐ Yes ☐ No ☐ Unknown

Cleaning and disinfection education and training

Following cleaning and disinfection of environmental surfaces training, is HCW technique assessed (i.e., skill is demonstrated)?

☐ Yes
☐ No
☐ Unknown

Does the facility maintain records of cleaning and disinfection of environmental surfaces?

☐ Yes
☐ No
☐ Unknown

Additional notes:

☐ Reprocessing reusable medical equipment

Reprocessing reusable medical equipment education and training

How often is reprocessing reusable medical equipment training conducted?

☐ Upon hire
☐ Annually
☐ Whenever new processes or products are implemented
☐ In response to outbreaks
☐ Other (specify)
☐ Unknown

Other reprocessing reusable medical equipment training frequency:

Following reprocessing reusable medical equipment training, is HCW knowledge assessed? (i.e., using a quiz or test)

☐ Yes
☐ No
☐ Unknown

Following reprocessing reusable medical equipment training, is HCW technique assessed (i.e., skill is demonstrated)?

☐ Yes
☐ No
☐ Unknown

Does the facility maintain records of reprocessing reusable medical equipment training?

☐ Yes
☐ No
☐ Unknown

Additional notes:

☐ Safe injection practices

Safe injection education and training
How often is safe injection training conducted? ☐ Upon hire ☐ Annually ☐ Whenever new processes or products are implemented ☐ In response to outbreaks ☐ Other (specify) ☐ Unknown
Other safe injection training frequency:
Following safe injection training, is HCW knowledge assessed? (i.e., using a quiz or test) ☐ Yes ☐ No ☐ Unknown
Following safe injection training, is HCW technique assessed (i.e., skill is demonstrated)? ☐ Yes ☐ No ☐ Unknown
Does the facility maintain records of safe injection training? ☐ Yes ☐ No ☐ Unknown
Additional notes:

☐ Point of care blood testing

Point of care blood testing education and training
How often is point of care blood testing training conducted? ☐ Upon hire ☐ Annually ☐ Whenever new processes or products are implemented ☐ In response to outbreaks ☐ Other (specify) ☐ Unknown
Other point of care blood testing training frequency:
Following point of care blood testing training, is HCW knowledge assessed? (i.e., using a quiz or test) ☐ Yes ☐ No ☐ Unknown

Point of care blood testing education and training

Following point of care blood testing training, is HCW technique assessed (i.e., skill is demonstrated)?

☐ Yes
☐ No
☐ Unknown

Does the facility maintain records of point of care blood testing training?

☐ Yes
☐ No
☐ Unknown

Additional notes:

☐ Other (specify)

Other job specific training(s) and information

Training name:

Frequency of training:

Content included:

Are knowledge and technique assessed?

Are records of training maintained?

Additional notes:

Audits

Audits

Does the facility audit adherence to recommended practices in the following areas? (Select all that apply)

☐ Hand hygiene
☐ Use of personal protective equipment
☐ Cleaning and disinfection of environmental surfaces
☐ Reprocessing reusable medical equipment
☐ Safe injection practices
☐ Point of care blood testing
☐ Other (specify)
☐ Unknown

Other areas:

Audits
How does the facility audit adherence to recommended practices? (Select all that apply)   ☐ Direct observation of practices   ☐ Other (specify)   ☐ Unknown
Other audit adherence practices:
What practices are assessed during audits?
Who conducts these audits? (select all that apply)   ☐ Director of nursing   ☐ Infection preventionist   ☐ Environmental services director   ☐ Other (specify)   ☐ Unknown
Other (specify):
How many observations are collected each month?
Additional notes:

Feedback

Feedback
Does the facility have a process for addressing non-adherence to recommended practices?   ☐ Yes   ☐ No   ☐ Unknown
How is feedback about adherence or non-adherence to recommended practices provided to HCW? (select all that apply)   ☐ One to one when lapses are observed/just in time   ☐ Aggregated data by unit   ☐ Other (please describe)   ☐ Unknown
Describe other HCW feedback:
To whom is audit data reported? (Select all that apply)   ☐ Frontline personnel   ☐ Unit managers   ☐ The Infection Prevention Committee   ☐ The Quality Improvement Committee   ☐ Other (please specify)   ☐ Unknown
Other (specify)

Feedback

How frequently is this data shared?

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Other (specify)
☐ Unknown

Other frequency:

Additional notes:

Module 2: Hand Hygiene

Hand Hygiene

In most clinical situations, how do health care workers (HCW) clean their hands?

☐ Alcohol-based hand sanitizer (ABHS)
☐ Handwashing with soap and water
☐ Other (specify)
☐ Unknown

Other method for hand hygiene:

When are HCW expected to clean their hands? (select all that apply)

☐ At room entry and exit
☐ Immediately before touching a patient
☐ Before performing an aseptic task
☐ Before moving from work on soiled body site to a clean site on the same patient
☐ After touching patient or the patient's immediate surroundings
☐ After contact with blood, bodily fluids, or contaminated surfaces
☐ Immediately after glove removal
☐ Other (specify)
☐ Unknown

Other (specify):

Are there certain times when HCW must wash their hands with soap and water? (Select all that apply)

☐ When hands are visibly soiled
☐ Before eating
☐ After using the restroom
☐ Other (specify)
☐ Unknown

Other (specify):

Are sinks used only for hand washing (i.e., not used to dispose of waste)?

☐ Yes
☐ No
☐ Unknown

Hand Hygiene

Is there a process to ensure hand hygiene supplies are readily available/restocked and that dispensers are properly functioning?
- ☐ Yes
- ☐ No
- ☐ Unknown

Is facility approved hand lotion supplied for use on units?
- ☐ Yes
- ☐ No
- ☐ Unknown

Does the facility hand hygiene policy include elements related to fingernails? (Select all that apply)
- ☐ Fingernail length
- ☐ Use of nail polish
- ☐ Use of artificial nails/gel nails
- ☐ None are included
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

How do patients, residents and visitors clean their hands? (Select all that apply)
- ☐ ABHS
- ☐ Antimicrobial-impregnated wipes (specify antiseptic e.g., alcohol)
- ☐ Handwashing with soap and water
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

When are patients, residents and visitors encouraged to clean their hands?? (select all that apply)
- ☐ Upon arrival at the facility
- ☐ Before entering the patient/resident care area
- ☐ During their visit, before and after assisting the patient/resident with care
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

Additional notes:

Module 3: Transmission-Based Precautions (TBP)

Transmission-Based Precautions (TBP)
Please select the different types of TBP the facility uses and some common pathogens for which each is used (select all that apply): ☐ Contact Precautions ☐ Droplet Precautions ☐ Airborne Precautions ☐ Enhanced Barrier Precautions ☐ Other (specify) ☐ Unknown
Common pathogens for which **Contact Precautions** are utilized:
Common pathogens for which **Droplet Precautions** are utilized:
Common pathogens for which **Airborne Precautions** are utilized:
Common pathogens for which **Enhanced Barrier Precautions** are utilized:
Other (specify type and common pathogens used):
Describe how the facility identifies patients/residents who require TBP at initial points of entry to the facility (e.g., emergency department, admission):
Describe how the facility identifies currently admitted patients/residents who require TBP due to changes in status:
Who can initiate TBP for patients/residents in the facility? (select all that apply) ☐ Infection preventionists ☐ Physicians ☐ Mid-level providers (i.e., physician assistants, nurse practitioners) ☐ Nursing supervisors ☐ Patient/resident care nurses ☐ Patient care technicians (i.e., CNAs) ☐ Other (specify) ☐ Unknown
Other (specify):
Describe how these individuals know which TBP are needed (i.e., easy to access facility policies, specific trainings):
Are there situations where patients/residents might be placed on TBP pending a diagnosis (i.e., empiric TBP)? ☐ Yes ☐ No ☐ Unknown

Transmission-Based Precautions (TBP)

List some of the common reasons empiric TBP are used in the facility (select all that apply):

☐ Unexplained acute diarrhea
☐ Unexplained respiratory infections
☐ Rash/exanthems of unknown etiology
☐ Meningitis
☐ Skin or wound infections
☐ Following the exposure to others with a contagious disease/pathogen
☐ Fever or other changes in health status until contagious diseases are ruled out
☐ Other (specify)
☐ Unknown

Other (specify):

Which actions are taken when a patient/resident is placed on TBP? (Select all that apply)

☐ Signage placed at room entry
☐ PPE supplies placed at room entry
☐ Medical equipment dedicated to patients/residents who are on TBP
☐ Transfer to single patient/resident room, if indicated and available
☐ Patient and family members are educated about TBP to include hand hygiene and PPE use expectations
☐ Other (specify)
☐ Unknown

Other (specify):

Can the facility provide examples of their TBP signage?

☐ Yes
☐ No
☐ Unknown

IF YES, what information is captured on the signage? (Select all that apply)

☐ Type of TBP (e.g., Contact Precautions)
☐ Required PPE
☐ PPE use instructions (e.g., when to don or doff the PPE)
☐ Reminder to perform hand hygiene
☐ Disinfectant/cleaning instructions
☐ Instructions to inquire at nurse's station
☐ Stop sign
☐ Other (specify)
☐ Unknown

Other information captured on the signage:

Does TBP signage remain in place until after terminal cleaning has been completed following patient/resident discharge or the discontinuation of TBP?

☐ Yes
☐ No
☐ Unknown

How does the facility ensure equipment and supplies needed for TBP are always readily available at point of use? (Select all that apply)

☐ Designated personnel are assigned this task
☐ Personnel caring for the patient/resident restock their supplies as needed
☐ Supervisors or charge nurses restock supplies as needed
☐ Other (specify)
☐ Unknown

Transmission-Based Precautions (TBP)

Other (specify):

Does the facility always place patients/residents requiring TBP in a private room?
- ☐ Yes
- ☐ No
- ☐ Unknown

IF NO, which criteria are used to determine which patients/residents on TBP could room together?
- ☐ Will room patients/residents with the same pathogen together (i.e., cohorting)
- ☐ Will room a patient/resident with pathogens requiring TBP with a roommate at lower risk for acquiring the pathogen (i.e., roommate is not immunocompromised)
- ☐ Will not separate roommates even if one has a newly identified pathogen requiring TBP
- ☐ Other (specify)
- ☐ Unknown

Other criteria:

Does the facility restrict movement unless medically necessary for patients/residents on TBP?
- ☐ Yes
- ☐ No
- ☐ Unknown

When movement does occur, does the facility ensure that infected or colonized areas of the patient's body are contained and covered (e.g., wearing a mask during a respiratory illness)?
- ☐ Yes
- ☐ No
- ☐ Unknown

Who can discontinue TBP in the facility? (Select all that apply)
- ☐ Infection preventionists
- ☐ Physicians
- ☐ Mid-level providers (i.e., physician assistants, nurse practitioners)
- ☐ Nursing supervisors
- ☐ Patient/resident care nurses
- ☐ Patient care technicians (i.e., CNAs)
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

Please describe which criteria the facility uses for discontinuation of TBP practices for these common pathogens:

C. difficile criteria for discontinuation of TBP practices:

Seasonal influenza discontinuation of TBP practices:

SARS-CoV-2 discontinuation of TBP practices:

Please describe which criteria the facility uses for discontinuation of TBP practices for these common pathogens:

Group A Streptococcus skin or wound infection discontinuation of TBP practices:

Novel or Targeted Multidrug-resistant Organism (e.g., Pan-resistant organisms, Carbapenemase-producing Enterobacterales (CRE), Carbapenemase-producing Pseudomonas spp., Carbapenemase-producing Acinetobacter, Candida auris) discontinuation of TBP practices:

Discontinuation of TBP practices for other pathogens relevant to the facility:

If the patient is transferred to another facility while on TBP, how does the facility communicate to receiving facilities the need for TBP continuation? (select all that apply)

☐ Nurse to nurse report/verbal communication
☐ Interfacility transfer form used
☐ Culture results are sent in the records
☐ Through the transporting agency
☐ Not communicated
☐ Other (specify)
☐ Unknown

Other (specify):

For facilities that care for patients/residents for which respirator use for health care personnel is recommended

Does the facility have a respiratory protection program for health care personnel?

☐ Yes
☐ No
☐ Unknown

IF YES, does the respiratory protection program for health care personnel include:

Medical clearance for respirator use

☐ Yes
☐ No
☐ Unknown

Respirator use training

☐ Yes
☐ No
☐ Unknown

Annual fit test

☐ Yes
☐ No
☐ Unknown

For facilities that care for patients/residents for which respirator use for health care personnel is recommended

IF YES, who performs the fit testing?

☐ Designated person within the facility
☐ Contracted company: HCW fit tested at the health care facility
☐ Contracted company: HCW fit tested at another site (i.e., at a building run by the contracting company)
☐ Other (specify)
☐ Unknown

Other (specify):

Does the facility have airborne infection isolation rooms (AIIR)?

☐ Yes
☐ No
☐ Unknown

IF YES, does the facility have the following elements in place for the maintenance and monitoring of their airborne infection isolation rooms (AIIR):

At least 6 (for existing facilities) or ≥ 12 (for renovated or new construction) air changes per hour depending upon facility age or per state licensure rules.

☐ Yes
☐ No
☐ Unknown

Direct exhaust of air to outside. If not possible, all air returned to air handling system or adjacent spaces is directed through HEPA filter.

☐ Yes
☐ No
☐ Unknown

When in use for patient/resident care, air pressure is monitored daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices (e.g., manometers).

☐ Yes
☐ No
☐ Unknown

Additional notes:

Module 4: Environmental Services Facilitator Guide

Environmental Services Facilitator Guide

Are there policies indicating which environmental surfaces are to be routinely (e.g., daily) cleaned and disinfected in patient/resident rooms?

☐ Yes
☐ No
☐ Unknown

IF YES, please describe, including if and how these policies differ by room type or area:

Is there a process for selecting products used by the facility for cleaning and disinfection?

☐ Yes
☐ No
☐ Unknown

Environmental Services Facilitator Guide

IF YES, please describe the factors considered when selecting products (e.g., efficacy against common pathogens, compatibility with surfaces):

How often are high-touch environmental surfaces in patient/resident rooms cleaned and disinfected? (Select all that apply)

- ☐ Daily
- ☐ More than Daily
- ☐ Less than Daily
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

Are there policies addressing the order in which environmental surfaces are cleaned and disinfected in patient/resident rooms (e.g., top to bottom, clean to dirty, toilet cleaned and disinfected last)?

- ☐ Yes
- ☐ No
- ☐ Unknown

IF YES, please describe:

Is there a process to indicate when a room/bed space has been cleaned and disinfected?

- ☐ Yes
- ☐ No
- ☐ Unknown

IF YES, please describe:

Is there a process for determining the minimum cleaning time of a patient/resident room?

- ☐ Yes
- ☐ No
- ☐ Unknown

IF YES, what factors are considered in the process? (Select all that apply)

- ☐ Size of the room
- ☐ Number of surfaces
- ☐ Number of patients/residents in the room
- ☐ Type of cleaning and disinfection (e.g., routine vs terminal)
- ☐ Feedback from EVS personnel
- ☐ Feedback from other personnel (e.g., nursing)
- ☐ Other (specify)
- ☐ Unknown

Other factors considered in the process:

Does the facility have communal shower area for patient/resident bathing?

- ☐ Yes
- ☐ No
- ☐ Unknown

IF YES, please describe the frequency and process for cleaning and disinfection (e.g., which surfaces are cleaned and disinfected between residents, how are shower trolleys handled):

Who is responsible for cleaning & disinfecting the following reusable, non-critical patient/resident care equipment:

Portable radiology equipment (e.g., x-rays, ultrasound machine) (select all that apply)

- ☐ EVS personnel
- ☐ Nursing personnel
- ☐ Certified nursing assistant (CNA)
- ☐ User
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

Respiratory therapy equipment (e.g., ventilators) (select all that apply)

- ☐ EVS personnel
- ☐ Nursing personnel
- ☐ Certified nursing assistant (CNA)
- ☐ User
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

Lifts/scales (select all that apply)

- ☐ EVS personnel
- ☐ Nursing personnel
- ☐ Certified nursing assistant (CNA)
- ☐ User
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

Infusion equipment (e.g., IV poles, pumps) (select all that apply)

- ☐ EVS personnel
- ☐ Nursing personnel
- ☐ Certified nursing assistant (CNA)
- ☐ User
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

How often is non-critical patient/resident care equipment that is used for more than one patient/resident cleaned and disinfected? (Select all that apply)

- ☐ When visibly dirty
- ☐ Daily
- ☐ After each use
- ☐ Prior to use on another patient/resident
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

Who is responsible for cleaning & disinfecting the following reusable, non-critical patient/resident care equipment:
Is there a process to indicate when reusable, non-critical patient/resident care equipment has been cleaned and disinfected? ☐ Yes ☐ No ☐ Unknown
IF YES, please describe:
Additional notes:

Module 5: High-Level Disinfection and Sterilization

What types of reprocessing are performed onsite or offsite? (Select all that apply)
High-level disinfection ☐ Onsite ☐ Offsite ☐ Unknown ☐ Not performed
IF ONSITE, list all areas where onsite high-level disinfection is performed (e.g., endoscopy suites, bronchoscopy suite):
Sterilization (by any method) ☐ Onsite ☐ Offsite ☐ Unknown ☐ Not performed
IF ONSITE, list all areas where onsite sterilization, including immediate use steam sterilization, is performed (e.g., operating room area, central processing):

What types of reprocessing are performed onsite or offsite? (Select all that apply)

IF ONSITE OR OFFSITE
Does the facility use devices or instruments/instrument trays that are supplied by a vendor?

☐   Yes
☐   No
☐   Unknown

  IF YES
  Prior to use, do all vendor devices undergo the appropriate level reprocessing at the facility?

  ☐   Yes
  ☐   No
  ☐   Unknown

Does the facility ever use single-use devices for more than one patient?

☐   Yes
☐   No
☐   Unknown

  IF YES
  Prior to reuse, do they undergo the appropriate level reprocessing?

  ☐   Yes
  ☐   No
  ☐   Unknown

Does the facility have policies and procedures (e.g., logging the cleaning and use of individual devices and patients in whom they were used) outlining facility response (i.e., risk assessment and recall of device) in the event of a reprocessing error or failure?

☐   Yes
☐   No
☐   Unknown

  IF YES
  How are potentially contaminated devices identified/recalled?

  How are potentially exposed patients identified?

  Who is involved in the process of assessing potential risks to patients on whom the equipment was used?

Does the facility ever use single-use devices for more than one patient?

☐   Yes
☐   No
☐   Unknown

IF YES, prior to reuse do they undergo the appropriate level reprocessing?

☐   Yes
☐   No
☐   Unknown

Is there a process for reporting suspected device-associated infections to public health officials?

☐   Yes
☐   No
☐   Unknown

What types of reprocessing are performed onsite or offsite? (Select all that apply)

IF YES
Does this process include reporting to the manufacturer?

☐ Yes
☐ No
☐ Unknown

Does this process include reporting to FDA MedWatch?

☐ Yes
☐ No
☐ Unknown

Is routine maintenance for reprocessing equipment (e.g., automated washers, steam autoclaves, automated endoscope reprocessors) and endoscopes regularly performed?

☐ Yes
☐ No
☐ Unknown

IF YES
Who performs this maintenance?

☐ The facility
☐ The device manufacturer
☐ Other (specify)
☐ Unknown

Other (specify):

Does the facility maintain records of all maintenance?

☐ Yes
☐ No
☐ Unknown

Additional notes:

Module 6: Injection Safety

Injection Safety

Does the facility have policies and procedures to prevent diversion of controlled substances?

☐ Yes
☐ No
☐ N/A - Controlled substances are not used in the facility

IF YES, document the process to prevent diversion (e.g., how does the facility monitor HCP access to controlled substances; how often is data reviewed; how would the facility respond to unusual access patterns):

Does the facility perform sterile compounding as defined by the United States Pharmacopeia (USP)?

☐ Yes
☐ No
☐ Unknown

Injection Safety

IF YES, does the facility follow applicable USP general chapters (and any additional state requirements*) when performing sterile compounding?

☐   Yes
☐   No
☐   Unknown

    IF NO, specify what sterile compounding standards are used by the facility:

Additional notes:

Module 7: Point of Care (POC) Blood Testing

Point of Care (POC) Blood Testing

Which types of POC blood testing are performed at the facility? (Select all that apply)

☐   Blood glucose monitoring
☐   International Normalized Ratio (INR) monitoring
☐   Other (specify)
☐   Unknown

Other (specify):

What type of fingerstick devices are used to obtain blood specimens? (select all that apply)

☐   Single-use, auto-disabling
☐   Single-use, but NOT auto-disabling
☐   Reusable
☐   Other (specify)
☐   Unknown

Other (specify):

How are the POC blood testing meters used by the facility labeled? (select all that apply)

☐   Home use only (may also be labeled as Over the Counter)
☐   Professional use only (may also be labeled as Prescription Use)
☐   Both home use and professional use
☐   Other (specify)
☐   Unknown

Other (specify):

Additional notes:

Module 8: Wound Care

Wound Care
What type(s) of wound care activities are performed at the facility? (select all that apply) ☐ Dressing changes ☐ Irrigation ☐ Sharp debridement ☐ Wound vac management ☐ Other (specify) ☐ Unknown
Other (specify):
Which of the following categories of HCW provide wound care and what activities do they perform? (select all that apply) ☐ Dedicated (in-house) wound care team ☐ Dedicated (external/consultant) wound care team ☐ Nursing personnel ☐ Other (specify) ☐ Unknown
Describe wound care activities/services provided by other HCW:
Where is wound care performed? (select all that apply) ☐ Patient/resident room ☐ Procedure room ☐ Operating room ☐ Other (specify) ☐ Unknown
Other (specify):
Where are clean wound care supplies stored? (select all that apply) ☐ Patient/resident room ☐ Procedure room ☐ Wound care cart ☐ Clean supply closet ☐ Other (specify) ☐ Unknown
Other (specify):
What happens to unused disposable supplies that enter the patient/resident care area? (select the best response) ☐ Discarded ☐ Returned to clean supply storage (e.g., cart, closet, bin) for use on other patient/residents ☐ Dedicated to the patient/resident ☐ Other (specify) ☐ Unknown
IF DEDICATED, clarify how/where these supplies are stored and how the facility ensures they remain dedicated to the patient/resident:
Other (specify):
Is any wound care equipment used for more than one patient/resident?

Wound Care
☐ Yes ☐ No ☐ Unknown

IF YES
List all the equipment that is used for more than one patient/resident:

Who is responsible for cleaning and disinfecting the equipment before use on another patient/resident? (select all that apply):

☐ Dedicated (in-house) wound care team
☐ Dedicated (external/consultant) wound care team
☐ Nursing personnel
☐ Other (specify)
☐ Unknown

Other (specify):

Describe where and how cleaning and disinfection is performed:

Are any wound care medications (e.g., lotions or ointments) used for more than one patient/resident?

☐ Yes
☐ No
☐ Unknown

IF YES
List all the medications that are used for more than one patient/resident:

Where are the medication containers stored:

Describe the process for dispensing the medication and what happens to any unused portions:

What PPE is worn by HCW during a typical dressing change? (select the best response)

☐ Gloves
☐ Gown
☐ Facemask
☐ Goggles
☐ Full face shield
☐ Other (specify)
☐ No PPE worn
☐ Unknown

Other PPE (specify):

Are there circumstances or specific wound care activities where different PPE would be worn?

☐ Yes
☐ No
☐ Unknown

IF YES, describe:

Additional notes:

Module 9: Health Care Laundry

Health Care Laundry

Where is health care laundry performed? (select all that apply)

- ☐ Onsite
- ☐ Offsite
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

IF OFFSITE
What is the name of the laundry provider?

Where (i.e., city and state) is the laundry provider located?

Is soiled health care laundry bagged or contained, without sorting, at the point of use?

- ☐ Yes
- ☐ No
- ☐ Unknown

On patient/resident units, how is soiled laundry collected and stored? (select all that apply)

- ☐ Bagged, soiled laundry is place in a soiled cart in a soiled utility until transported for laundering
- ☐ Bagged, soiled laundry is placed in a laundry chute
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

Is soiled laundry maintained at negative pressure to adjacent clean areas?

- ☐ Yes
- ☐ No
- ☐ Unknown

At what interval are soiled laundry holding areas cleaned and disinfected?

- ☐ Daily
- ☐ Weekly
- ☐ No scheduled cleaning
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

In the laundry processing area, is a hand cleaning (alcohol-based hand sanitizer or handwashing) station available in the soiled and clean laundry area?

- ☐ Yes
- ☐ No
- ☐ Unknown

Health Care Laundry

Which elements of PPE are available for personnel that handle soiled health care laundry to wear? (select all that apply)

☐ Eye protection
☐ Masks
☐ Gloves
☐ Gowns
☐ No PPE available
☐ Other (specify)
☐ Unknown

Other PPE available:

IF OFFSITE, are laundry carts that are used to transport soiled laundry to **offsite laundry facilities** cleaned and disinfected with EPA-registered hospital disinfectants each time they are received at the laundry facility?

☐ Yes
☐ No
☐ Unknown

At what interval are clean laundry work areas (e.g., ironing, folding stations) cleaned and disinfected with an EPA-registered disinfectant? (select the best response)

☐ Daily
☐ Weekly
☐ No scheduled cleaning
☐ Other (specify)
☐ Unknown

Other (specify):

Is the laundered textile staging area maintained at positive pressure in relationship to adjacent areas?

☐ Yes
☐ No
☐ Unknown

At what interval does the laundered health care textile staging area undergo cleaning and disinfection? (select the best response)

☐ Daily
☐ Weekly
☐ No scheduled cleaning
☐ Other (specify)
☐ Unknown

Other (specify):

Are carts used **within the facility** to transport laundered textiles cleaned and disinfected every time they are restocked, even if they are never used to transport soiled textiles?

☐ Yes
☐ No
☐ Unknown

Health Care Laundry

How are health care textiles protected from environmental contamination during transport until distribution to the point of use? (select all that apply)

☐ Maintained covered during transport within the facility.
☐ Stored covered in a clean area of the inpatient unit.
☐ Stored uncovered in dedicated areas (i.e., a linen room, clean utility)
☐ Health care textiles not protected from contamination during transport
☐ Unknown

If stored using a linen cover, at what interval are covers cleaned and disinfected? (select the best response)

☐ Daily
☐ Weekly
☐ No scheduled cleaning
☐ Not applicable, linen covers not used
☐ Other (specify)
☐ Unknown

Other (specify):

At what interval are laundered textile storage areas on inpatient/resident units cleaned and disinfected? (select the best response)

☐ Daily
☐ Weekly
☐ No scheduled cleaning
☐ Other (specify):
☐ Unknown

Other (specify):

Do all personnel that handle health care textiles have infection prevention training including:

Handling of soiled textiles:

☐ Yes
☐ No
☐ Unknown

Selection, donning, and doffing of PPE:

☐ Yes
☐ No
☐ Unknown

Maintaining cleanliness of laundered textiles:

☐ Yes
☐ No
☐ Unknown

Do all personnel that handle health care textiles have infection prevention training including:

At what interval is training provided? (select all that apply)

- ☐ Upon hire
- ☐ Annually
- ☐ Whenever new processes or products are implemented
- ☐ Whenever lapses are observed
- ☐ In response to outbreaks
- ☐ No training provided
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

Does the facility have health care textile quality assurance measures that are routinely monitored?

- ☐ Yes
- ☐ No
- ☐ Unknown

IF YES
What quality assurance measures are monitored? (i.e., arrives in visibly soiled carts, or that has not been maintained covered during transport)

Does the health care facility have a process to reject laundered textiles that do not meet quality assurance measures? (i.e., arrives in visibly soiled carts, or that has not been maintained covered during transport)

- ☐ Yes
- ☐ No
- ☐ Unknown

   IF YES
   Does the health care facility monitor the amount of laundered textiles that are rejected?

   - ☐ Yes
   - ☐ No
   - ☐ Unknown

Does the Infection Prevention Department conduct visual observations of laundry processing areas for:

Handling of soiled textiles according to facility policy:

- ☐ Yes
- ☐ No
- ☐ Unknown

Use of PPE by personnel handling soiled health care textiles:

- ☐ Yes
- ☐ No
- ☐ Unknown

Cleanliness of loading docks when laundered textiles are received:

- ☐ Yes
- ☐ No
- ☐ Unknown

Cleanliness of health care textile staging areas:

- ☐ Yes
- ☐ No
- ☐ Unknown

Does the Infection Prevention Department conduct visual observations of laundry processing areas for:

Measures taken to prevent cleaned textiles from environmental contamination (i.e., cleaned textiles are maintained covered until used):

- ☐ Yes
- ☐ No
- ☐ Unknown

At what interval are visual observations conducted? (select the best response)

- ☐ Weekly
- ☐ Monthly
- ☐ No scheduled inspection
- ☐ Other (specify)
- ☐ Unknown

Other (specify):

Are health care laundry quality measures reviewed in facility infection prevention or other quality assurance committees?

- ☐ Yes
- ☐ No
- ☐ Unknown

Additional notes:

Module 10: Antibiotic Stewardship

Antibiotic Stewardship

The following individuals are responsible for the management and outcomes of antibiotic stewardship activities at your health care facility (select all that apply)

- ☐ Physician
- ☐ Pharmacist
- ☐ Other (e.g., RN, PA, NP, IP, other)
- ☐ Unknown
- ☐ None, the health care facility does not have individuals responsible for antibiotic stewardship activities management and outcomes

IF Physician, physician's role:

- ☐ Lead
- ☐ Co-lead
- ☐ Designated physician support

IF Pharmacist, pharmacist's role:

- ☐ Lead
- ☐ Co-lead
- ☐ Designated pharmacy support

Antibiotic Stewardship

Which of the following describes the **individual** responsible for the management and outcomes of antibiotic stewardship activities?

☐ Has dedicated time to manage the program and conduct daily stewardship interventions
☐ Has antibiotic stewardship responsibilities specified in the employment contract, job description or performance review
☐ Is on-site at the health care facility (full-time)
☐ Is on-site at the health care facility (part-time)
☐ Provides remote stewardship expertise (tele-stewardship)
☐ Completed infectious diseases training (residency or fellowship)
☐ Completed antibiotic stewardship training (certificate program, conference, online training)
☐ Unknown
☐ None, the health care facility does not have individuals responsible for antibiotic stewardship activities management and outcomes

IF Dedicated, specify percent time in the job description or in an average week dedicated to stewardship activities at the facility:

☐ 0-25%
☐ 26-50%
☐ 51-75%
☐ 76-99%
☐ 100%

Health care facility leadership has demonstrated **commitment** to antibiotic stewardship efforts by: (select all that apply)

☐ Having an antibiotic stewardship policy that requires an antibiotic stewardship program or requires the implementation of antibiotic stewardship activities
☐ Allocating resources to support education and training for stewardship team and health care professionals
☐ Ensuring support for stewardship activities from key departments and groups such as information technology or microbiology
☐ Having a senior executive who serves as a point of contact or "champion" and ensures availability of resources and key support to implement stewardship activities
☐ Having regularly scheduled meetings with facility leadership and/or the hospital board to report and discuss stewardship activities, resources, and outcomes
☐ Communicating to health care facility staff about antibiotic use, resistance, and stewardship activities via email, newsletters, events, or other avenues
☐ Other (specify)
☐ Unknown
☐ None, the health care facility does not demonstrate commitment to antibiotic stewardship efforts

Other (specify):

Health care facility has the following antibiotic stewardship activities: (select all that apply)

☐ Policy that requires prescribers to document indication and duration for all antibiotic orders during order entry or in the medical record
☐ Facility-specific treatment recommendations for common or high-priority conditions (specify)
☐ Prospective audit and feedback for specific antibiotic agents
☐ Formal procedure that reviews antibiotics 48-72 hours after initial order (i.e., antibiotic time-out)
☐ Preauthorization for specific antibiotic agents
☐ Stopping unnecessary antibiotic(s) in new cases of Clostridioides difficile infection (CDI)
☐ Assess and clarify documented penicillin allergy
☐ Antibiotic stewardship activities are integrated into quality improvement initiatives such as optimizing the treatment of sepsis
☐ Review of planned outpatient parenteral antibiotic therapy (OPAT)
☐ Discharge stewardship
☐ Collaboration with microbiology laboratory staff
☐ Other (specify)
☐ Unknown
☐ None, the health care facility does not have any activities to improve antibiotic use

Antibiotic Stewardship

Other (specify):

IF Facility-specific treatment recommendations for common or high-priority conditions: (select all that apply)

- ☐ Respiratory infections
- ☐ Urinary infections
- ☐ Skin and soft tissue infections
- ☐ Other (specify)

Other (specify):

Health care facility **tracks** antibiotic use by: (select all that apply)

- ☐ Submitting to the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) Option
- ☐ Using electronic health record data
- ☐ Using pharmacy data
- ☐ Submitting to multi-facility antibiotic stewardship collaborative or public health organization
- ☐ Manual tracking
- ☐ Other (specify)
- ☐ Unknown
- ☐ None, the health care facility does not track antibiotic use

Other (specify):

Health care facility monitors **adherence** to the following antibiotic stewardship activities: (select all that apply)

- ☐ Documentation of indication and duration of antibiotic orders
- ☐ Facility-specific treatment recommendations
- ☐ Prospective audit and feedback
- ☐ Antibiotics review 48-72 hours after initial order
- ☐ Preauthorization
- ☐ Other (specify)
- ☐ Unknown
- ☐ None, the health care facility does not monitor adherence to stewardship activities

Other (specify):

Health care facility provided prescribers with **antibiotic use reports** within the last 12 months: (select all that apply)

- ☐ Facility, unit, clinic, or service-specific reports
- ☐ Individual prescriber-level reports
- ☐ Other (specify)
- ☐ Unknown
- ☐ None, the health care facility does not provide antibiotic use reports to prescribers

Other (specify):

Health care facility **provided education and training** on optimal antibiotic prescribing, antibiotic adverse events, and antibiotic resistance within the last 12 months to: (select all that apply)

- ☐ Prescribers
- ☐ Pharmacists
- ☐ Nursing staff
- ☐ Patients and families
- ☐ Other (specify)
- ☐ Unknown
- ☐ None, the health care facility does not provide education and training on antibiotic stewardship

Other (specify):

Antibiotic Stewardship
Additional notes:

Minnesota Department of Health
Infection Control Assessment and Response (ICAR) Program
651-201-5414
health.icar@state.mn.us
www.health.state.mn.us/icar

04/05/2023

To obtain this information in a different format, call: 651-201-5414.