Surveillance Data Analysis
Reporting Long-Term Care

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OBJECTIVES:

• The participant will be able to:
  ▪ Discuss development, implementation and evaluation of a basic surveillance system
  ▪ Describe how to conduct surveillance according to established NHSN LTC protocols
Surveillance Key Elements

- Risk assessment
- Infection control plan
- Standardized definitions:
  - McGeer Definitions*
- Measurement required
  - Presence or prevalence (numbers) of infections
- Share with staff and celebrate your successes!!!

*Nimalie D. Stone, MD, et.al, Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria, Infection Control and Hospital Epidemiology, October 2012, vol. 33, no. 10
Prioritize Your Surveillance

- Infections that **should** be included in routine surveillance
  - Evidence of transmissibility in a healthcare setting
    - Viral respiratory tract infections, viral gastroenteritis, and viral conjunctivitis
  - Clinically significant cause of morbidity or mortality
  - Pneumonia, urinary tract infection, gastrointestinal tract infections including *Clostridium difficile*, and skin and soft tissue infections
  - Specific pathogens causing serious outbreaks
    - Any invasive group A *Streptococcus* infection, acute viral hepatitis, norovirus, scabies, influenza *(one case investigate)*

Nimalie D. Stone, MD, et.al, Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria, Infection Control and Hospital Epidemiology, October 2012, vol. 33, no. 10
Prioritize Your Surveillance

- Infections that *could* be considered in surveillance
  - Infections with limited transmissibility and preventability in a healthcare setting
    - Ear and sinus infections, fungal oral and skin infections, and herpetic skin infections

- Infections for which other accepted definitions should be applied in LTCF surveillance (may apply to only specific at-risk residents)
CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.
Surveillance Reporting for Enrolled Facilities

- Acute Care Hospitals/Facilities
- Ambulatory Surgery Centers
- Long-term Acute Care Facilities
- Long-term Care Facilities
- Outpatient Dialysis Facilities
- Inpatient Rehabilitation Facilities

Long-term Care Facilities:
Nursing homes, assisted living and residential care, chronic care facilities, and skilled nursing facilities.
Standardized system advantages:

- Defines process
- Defines relevant data to collect
- Defines measurement
- Gives benchmarks

http://www.cdc.gov/nhsn/LTC/index.html
Surveillance for Urinary Tract Infections

Resources for NHSN Users Already Enrolled

- Training
- Protocols
- Frequently Asked Questions
- Data Collection Forms
- CMS Supporting Materials
- Supporting Material
- Analysis Resources
Symptoms + Diagnostic Test

- Fever can be used to meet SUTI criteria even if another possible cause for the fever (e.g., pneumonia)

- Either of the following:
  - Specimen collected from clean catch voided urine and positive culture with no more than 2 species of microorganisms, at least one of which is bacteria of $\geq 10^5$ CFU/ml
  - Specimen collected from in/out straight catheter and positive culture with any microorganism, at least one of which is bacteria of $\geq 10^2$ CFU/ml
UTI Surveillance

- Indwelling catheters in LTC facilities 7-10%*
- Count catheter associated only if present >2 days after admission
- If transferred from an acute care facility – let them know

**Definition**

- Date of event is defined as the date when the *first clinical evidence (signs/symptoms) of the UTI appeared* or the *date the specimen was collected* that was used to make or confirm the diagnosis, whichever comes first

Figure 1: Criteria for Defining UTI Events in NHSN LTCF Component.

**Resident without an indwelling catheter** (Meets criteria 1a OR 2a OR 3a):

**SUTI - Criteria 1a**
- Either of the following:
  1. Acute dysuria
  2. Acute pain, swelling or tenderness of the testes, epididymis or prostate

**SUTI - Criteria 2a**
- Either of the following:
  1. Fever\(^a\)
  2. Leukocytosis\(^b\)
- AND
- ONE or more of the following:
  - Costovertebral angle pain or tenderness
  - New or marked increase in suprapubic tenderness
  - Gross hematuria
  - New or marked increase in incontinence
  - New or marked increase in urgency
  - New or marked increase in frequency

**SUTI - Criteria 3a**
- TWO or more of the following:
  - Costovertebral angle pain or tenderness
  - New or marked increase in suprapublic tenderness
  - Gross hematuria
  - New or marked increase in incontinence
  - New or marked increase in urgency
  - New or marked increase in frequency

**Either** of the following:
1. Specimen collected from clean catch voided urine and positive culture with no more than 2 species of microorganisms, at least one of which is bacteria of \( \geq 10^5 \) CFU/ml
2. Specimen collected from in/out straight catheter and positive culture with any microorganism, at least one of which is bacteria of \( \geq 10^5 \) CFU/ml

**NOTE:** Yeast and other microorganisms, which are not bacteria, are not acceptable UTI pathogens

\( ^a \) Fever can be used to meet SUTI criteria even if the resident has another possible cause for the fever (e.g., pneumonia)

\( ^b \) Leukocytosis: >14,000 cells/mm\(^3\), or Left shift (> 6% or 1,500 bands/mm\(^3\))
Resident with an indwelling catheter:

CA-SUTI – Criteria

ONE or more of the following:

- Fever\(^a\)
- Rigors
- New onset hypotension, with no alternate noninfectious cause
- New onset confusion/functional decline AND Leukocytosis\(^b\)
- New costovertebral angle pain or tenderness
- New or marked increase in suprapubic tenderness
- Acute pain, swelling or tenderness of the testes, epididymis or prostate
- Purulent discharge from around the catheter

AND

Any of the following:

If urinary catheter removed within last 2 calendar days:
1. Specimen collected from clean catch voided urine and positive culture with no more than 2 species of microorganisms, at least one of which is bacteria of \(\geq 10^5\) CFU/ml
2. Specimen collected from in/out straight catheter and positive culture with any microorganism, at least one of which is bacteria of \(\geq 10^2\) CFU/ml

If urinary catheter in place:
3. Specimen collected from indwelling catheter\(^c\) and positive culture with any microorganism, at least one of which is bacteria of \(\geq 10^5\) CFU/ml

NOTE: Yeast and other microorganisms, which are not bacteria, are not acceptable UTI pathogens

\(^a\) Fever can be used to meet SUTI criteria even if the resident has another possible cause for the fever (e.g., pneumonia)
\(^b\) Fever: Single temperature \(\geq 37.8^\circ C (\geq 100^\circ F)\), or \(\geq 37.2^\circ C (\geq 99^\circ F)\) on repeated occasions, or an increase of \(\geq 1.1^\circ C (\geq 2^\circ F)\) over baseline
\(^c\) Leukocytosis: \(\geq 14,000\) cells/mm\(^3\), or Left shift (\(> 6%\) or \(1,500\) bands/mm\(^3\))
\(^c\) Indwelling urinary catheters which have been in place for \(> 14\) days should be changed prior to specimen collection, but failure to change catheter does not exclude a UTI for surveillance purposes
**Resident with or without an indwelling catheter:**

**ABUTI Criteria**

Resident has **no localizing urinary signs or symptoms** (i.e., no urgency, frequency, acute dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness). *If no catheter is in place, fever as only sign would not exclude ABUTI if other positive culture criteria are met.*

AND

**Any** of the following:

1. Specimen collected from clean catch voided urine and positive culture with no more than 2 species of microorganisms, at least one of which is bacteria of $\geq 10^5 \text{ CFU/ml}$
2. Specimen collected from in/out straight catheter and positive culture with any microorganism, at least one of which is bacteria of $\geq 10^2 \text{ CFU/ml}$
3. Specimen collected from indwelling catheter and positive culture with any microorganism, at least one of which is bacteria of $\geq 10^5 \text{ CFU/ml}$

NOTE: Yeast and other microorganisms which are not bacteria, are not acceptable UTI pathogens

AND

Positive blood culture with at least 1 matching organism in urine culture

ABUTI
Don’t reinvent the wheel!

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**NHSN Forms**

http://www.cdc.gov/nhsn/PDFs/LTC/forms/57.140_UTI_LTCF_BLANK.pdf
# Daily Denominator Data

## Denominators for LTCF

<table>
<thead>
<tr>
<th>Facility ID:</th>
<th>*Location Code:</th>
<th>*Number of residents</th>
<th>*Number of residents with a urinary catheter</th>
<th>*New antibiotic starts for UTI indication</th>
<th>*Number of admissions</th>
<th>Number of admissions on C. *diff treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Facility ID:</td>
<td>*Number of residents</td>
<td>*Number of residents with a urinary catheter</td>
<td>*New antibiotic starts for UTI indication</td>
<td>*Number of admissions</td>
<td>Number of admissions on C. *diff treatment</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>10</td>
<td>5</td>
<td>2</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>15</td>
<td>8</td>
<td>3</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>20</td>
<td>10</td>
<td>4</td>
<td>20</td>
<td>4</td>
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<tr>
<td>30</td>
<td>30</td>
<td>10</td>
<td>5</td>
<td>2</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>31</td>
<td>31</td>
<td>15</td>
<td>8</td>
<td>3</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>*Total</td>
<td>*Total</td>
<td>*Total</td>
<td>*Total</td>
<td>*Total</td>
<td>*Total</td>
<td>*Total</td>
</tr>
</tbody>
</table>

- **Document daily counts**
- **Document totals for the entire month**
## Denominators for Long Term Care Locations

<table>
<thead>
<tr>
<th>Location Code</th>
<th>Total Resident Days</th>
<th>Urinary Catheter Days</th>
<th>Report No UTI</th>
<th>New Antibiotic Starts for UTI Indication</th>
<th>Custom Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide Inpatient (FacWIDEIn)</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>

### MDR & CDI LabID Event Reporting

<table>
<thead>
<tr>
<th>Location Code</th>
<th>MRSA</th>
<th>VRE</th>
<th>Cephr.-Klebsiella</th>
<th>CRE-Ecoli</th>
<th>CRE-Enterobacter</th>
<th>CRE-Klebsiella</th>
<th>C. difficile</th>
<th>MDR-Acinetobacter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide Inpatient (FacWIDEIn)</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

### Prevention Process Measures

<table>
<thead>
<tr>
<th>Location Code</th>
<th>Hand Hygiene</th>
<th>Gown and Gloves</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Performed</td>
<td>Indicated</td>
</tr>
<tr>
<td>Facility-wide Inpatient (FacWIDEIn)</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>
Measurement UTI

- **Overall Infection Rate:**
  
  - Total UTI incidence rate/1,000 resident days = Number of UTI Events (i.e., SUTI+CA-SUTI+ABUTI) / Total resident days x 1,000.

- **Appropriate Use of Catheters:**
  
  - Urinary Catheter Utilization Ratio = Total urinary catheters days / Total resident days.
Measurement UTI

- New antibiotic starts for UTI indication: New prescription for an antibiotic ordered for suspected or diagnosed UTI (both catheter associated and not catheter associated) regardless of whether that UTI meets the NHSN event definition. There is no minimum number of doses or days of therapy which define a new antibiotic start—count all new orders.

- UTI treatment ratio = New antibiotic starts for UTI / Total UTI Count (SUTI + ABUTI + CA-SUTI) NOTE: When the UTI treatment ratio is 1, there are more reported antibiotic starts for UTI than symptomatic UTI events submitted.
Measurement UTI

- SUTI incidence rate/1,000 resident days = Number of SUTI Events / (Total resident days – catheter days) x 1,000.
  - NOTE: Include only SUTIs which are NOT catheter-associated

- CA-SUTI incidence rate/1,000 catheter-days = Number of CA-SUTI events/ Catheter days x 1,000
  - NOTE: Include only symptomatic events which develop at the time an indwelling catheter is in place or recently removed (within last 2 calendar days)
Practice

- March Statistics
  - 2 SUTI (no catheter)
  - 3 CA-SUTI (catheter in place)
  - 0 ABUTI
  - 300 Catheter Days
  - 750 Resident Days
Practice: CA-SUTI Rate

- March Statistics
  - 2 SUTI (no catheter)
  - 3 CA-SUTI (catheter in place)
  - 300 Catheter Days
  - 750 Resident Days
UTI Prevention Resources

## Benchmarks

<table>
<thead>
<tr>
<th>Type of location</th>
<th>No. of locations †</th>
<th>No. of CAUTI</th>
<th>Urinary cath days</th>
<th>Pooled mean</th>
<th>10%</th>
<th>25%</th>
<th>50% median</th>
<th>75%</th>
<th>90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Rehabilitation Facilities**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult rehabilitation units - Freestanding</td>
<td>286 (260)</td>
<td>348</td>
<td>119,422</td>
<td>2.9</td>
<td>0.0</td>
<td>0.0</td>
<td>1.1</td>
<td>4.8</td>
<td>9.3</td>
</tr>
<tr>
<td>Adult rehabilitation units - Within hospital</td>
<td>888 (662)</td>
<td>569</td>
<td>180,177</td>
<td>3.2</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>4.5</td>
<td>9.9</td>
</tr>
</tbody>
</table>

Clostridium *difficile*

**Definitions:**

- *C. difficile*-positive laboratory assay: A positive result for a laboratory test for *C. difficile* toxin A and/or B (e.g., enzyme immunoassay, or EIA test),

  OR

- A toxin-producing *C. difficile* organism detected in the stool specimen by culture or other laboratory means (e.g., nucleic acid amplification testing by polymerase-chain reaction, or PCR).

- **Duplicate** *C. difficile*-positive laboratory assay: Any *C. difficile* positive laboratory test from the same resident following a previous *C. difficile* positive test **within the past two weeks**.
Clostridium *difficile*

- Lab ID surveillance method allows laboratory data to be used without clinical evaluation of the resident for signs or symptoms, allowing for a less labor intensive method to track *C. difficile*. This method provides proxy measures of *C. difficile* infections and healthcare exposure based solely on laboratory data and limited resident admission/transfer data.
Categorizations of CDI LabID Events:
(All CDI LabID Events will be categorized by NHSN if use database)

- **Incident CDI LabID Event:**
  - Either the first CDI LabID Event ever entered for an individual resident in the facility, or a subsequent LabID Event entered > 8 weeks after the most recent CDI LabID Event reported for an individual resident.

- **Recurrent CDI LabID Event:**
  - Any CDI LabID Event entered > 2 weeks and ≤ 8 weeks after the most recent CDI LabID Event reported for an individual resident.
<table>
<thead>
<tr>
<th>Resident</th>
<th>Admit Date</th>
<th>Test Date</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe</td>
<td>01/01/2015</td>
<td>01/05/2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01/01/2015</td>
<td>01/07/2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01/01/2015</td>
<td>01/25/2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01/01/2015</td>
<td>02/05/2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>01/01/2015</td>
<td>03/11/2015</td>
<td></td>
</tr>
</tbody>
</table>
Figure 1. *C. difficile* Test Result Algorithm for Laboratory-identified (LabID) Events.

- **Positive *C. difficile* test result**
  - **NO**
    - Prior Positive ≤ 2 weeks
      - **NO**
        - Report as CDI LabID Event
          - *Incident* if no previous positive, or prior positive >8 weeks
          - *Recurrent* if prior positive >2 and ≤ 8 weeks
      - **YES**
        - Duplicate – Not a CDI LabID Event

- **YES**
Measure

- Categorizations of MDRO LabID Events:
  - Community-onset (CO) LabID Event:
    - Date specimen collected ≤ 3 calendar days after resident admission to the facility (i.e., days 1, 2, or 3 of admission).
  - Long-term Care Facility-onset (LO) LabID Event:
    - Date specimen collected > 3 calendar days after admission to the facility (i.e., on or after day 4).

*LO can be further sub-classified as: Acute Care Transfer-Long-term Care Facility-onset (ACT-LO): LTCF-onset (LO) LabID Event with date specimen collected ≤ 4 weeks following date of last transfer from an Acute Care Facility (Hospital, Long-term acute care hospital, or acute inpatient rehabilitation facility only).
## Example: NHSN Classification of Lab ID Events as Community-onset or LTCF-onset

<table>
<thead>
<tr>
<th>Admission date</th>
<th>June 4th</th>
<th>June 5th</th>
<th>June 6th</th>
<th>June 7th</th>
<th>June 8th</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>day 1</td>
<td>day 2</td>
<td>day 3</td>
<td>day 4</td>
<td>day 5</td>
</tr>
<tr>
<td>Community-onset (CO)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term Care Facility-onset (LO)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Report

- Total MDRO Rate/1,000 resident-days = Number of MDRO LabID Events per month (regardless of time spent in the facility i.e., CO + LO) / Number of resident-days per month x 1,000.
- MDRO LTCF-onset Incidence Rate/ 1,000 resident-days = Number of all LO MDRO LabID Events per month / Number of resident-days x 1,000.
- **Percent** of MDRO LabID Events that is Community-onset = Number of MDRO LabID Events that are CO / Total number of MDRO LabID Events x 100.
- **Percent** of MDRO LabID Events that is Long-term Care Facility-onset = Number of MDRO LabID Events that are LO / Total number of MDRO LabID Events x 100.

**NHSN**

- Do NOT count Duplicates in your rates!
- Do NOT count tests prior to admission in your rates!
Other Issues with MDRO Surveillance

- Consider recording with CDI
  - Date of Last Transfer Acute Care Facility within 4 weeks
  - On AB Treatment for organism at transfer

- NHSN MDRO module
  - MRSA
  - CRE
  - VRE

- Training, manual, forms at:
Specimen quality

- Clostridium *difficile* only watery, loose stools
- Urine:
  - In and out cath
  - Indwelling no more than 14 days
  - Clean catch
# Healthcare Personnel Influenza

## Vaccination Summary

Record the number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

<table>
<thead>
<tr>
<th>Facility ID#</th>
<th>Location</th>
<th>Date Last Modified</th>
</tr>
</thead>
</table>

**Vaccination type:**
- Influenza
- Seasonal

<table>
<thead>
<tr>
<th><em>Influenza subtype:</em></th>
<th><em>Influenza Season:</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>Influenza Season</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee HCP</th>
<th>Non-Employee HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Employees (staff on facility payroll)</em></td>
<td><em>Licensed independent practitioners: Physicians, advanced practice nurses, &amp; physician assistants</em></td>
</tr>
</tbody>
</table>

1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season
4. Number of HCP who have a medical contraindication to the influenza vaccine
5. Number of HCP who declined to receive the influenza vaccine
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)

**Custom Fields**
Healthcare Personnel Influenza

Denominator

- Health care personnel who are physically present in the healthcare facility for at least 1 working day between October 1 and March 31
  - Employees: This includes all persons who receive a direct paycheck from the reporting facility (i.e., on the facility’s payroll), regardless of clinical responsibility or patient contact.

  - Licensed independent practitioners (LIPs): This includes physicians (MD, DO), advanced practice nurses, and physician assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on the facility’s payroll.

  - Adult students/trainees and volunteers: This includes medical, nursing, or other health professional students, interns, medical residents, or volunteers aged 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact.
Healthcare Personnel Influenza

**Numerator**

- Count from time vaccine available and divide in groups same as in the denominator
  - Received an influenza vaccination administered at the healthcare facility
  - Reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere
  - Were determined to have a medical contraindication/condition of severe allergic reaction to eggs or other component(s) of the vaccine, or history of Guillain-Barré Syndrome (GBS) within 6 weeks after a previous influenza vaccination
  - Were offered but declined influenza vaccination
  - Unknown vaccination status or did not otherwise meet any of the definitions of the above-mentioned numerator categories.
Calculate rate

- **Employee Vaccination Percentage**
  
  \[
  \text{Number of Employees vaccinated onsite} \times \frac{100}{\text{Number of Employees working}} = \text{Percentage of Employees Vaccinated Onsite}
  \]

- **Employee Declination Percentage**
  
  \[
  \text{Number of Employees declined vaccine} \times \frac{100}{\text{Number of Employees working}} = \text{Percentage of Employees Reporting Declination}
  \]
Patient Immunization

- Influenza
  - Administer yearly

- Pneumococcal
  - New Residents vaccinated in last 5 years

- New recommendations
  - Both PCV13 and PPSV23 should be routinely administered in series to all adults aged ≥65 years.\(^1\)
  - If received PPSV23 only should have PCV13
  - Should be given one year apart (See table next slide)\(^2\)

\(^1\)MMWR / September 19, 2014 / Vol. 63 / No. 37
\(^2\)MMWR/September 4, 2015 / 64(34);944-947
Patient Immunization

**Pneumococcal vaccine-naive persons aged ≥65 years**

- PCV13 at age ≥65 years → PPSV23

  ≥1 year

**Persons who previously received PPSV23 at age ≥65 years**

- PPSV23 already received at age ≥65 years → PCV13

  ≥1 year

**Persons who previously received PPSV23 before age 65 years who are now aged ≥65 years**

- PPSV23 already received at age <65 years → PCV13 at age ≥65 years → PPSV23

  ≥1 year

  ≥1 year

  ≥5 years
Rounds

- Impact of the facility environment and safety issues:
  - Infection control practices, e.g., handwashing, glove use, and isolation procedures
  - Functional and clean equipment, including kitchen equipment
  - Presentation and maintenance of a homelike and clean environment
  - Availability, use, and maintenance of assistive devices.

Resources

http://www.cdc.gov/longtermcare/index.html
Share Results
Celebrate Success!

- Infection Prevention Results board
- Gotcha – Reward a staff person
- Days since last infection
- Hit the Mark!
Questions
Contact Information

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www.greatplainsqin.org