



Infection Prevention Assessment Tool
MDRO Module
Hospitals, LTACH, and LTCF

Facility Name:	Respondent Name:
Assessment Date:	Respondent Title:
IP Conducting Assessment:	Assessment Type: <input type="checkbox"/> Case/cluster/outbreak response <input type="checkbox"/> Infection prevention breach (<i>specify: injection safety, reprocessing, other</i>) <input type="checkbox"/> Special project, specify:

	INTRA- AND INTERFACILITY COMMUNICATION	Response	Notes
1a.	Does your facility maintain a list of patients with known MDRO colonization or infection? Patient list should include Carbapenem-resistant Enterobacteriaceae (CRE) and <i>C. difficile</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 2</i>	
1b.	Which organisms are included?	<input type="checkbox"/> <i>C. auris</i> <input type="checkbox"/> CRPA <input type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> MRSA <input type="checkbox"/> CRE <input type="checkbox"/> VRE <input type="checkbox"/> CP-CRE <input type="checkbox"/> Other, <i>specify:</i>	
2a.	When a patient/resident is sent to another part of the facility, like the gym or other shared space such as physical therapy, radiology, or dialysis, is there a way to let other staff know that the person is on precautions? <i>This is also known as Intra-facility communication.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 3</i>	

	INTRA- AND INTERFACILITY COMMUNICATION	Response	Notes
2b.	What are those systems? <i>Select all that apply.</i>	<input type="checkbox"/> Electronic communication <input type="checkbox"/> Handoff system <input type="checkbox"/> Verbal communication <input type="checkbox"/> Other, <i>specify:</i> <input type="checkbox"/> Unsure	
3a.	How often does your facility communicate patient/resident MDRO status to the accepting facility?	<input type="checkbox"/> Always <input type="checkbox"/> Often (>50%) <input type="checkbox"/> Sometimes (≤50%) <input type="checkbox"/> Never	
3b.	Does the communication system include a mechanism for results pending at the time of transfer to be obtained by the accepting facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3c.	Who is responsible for following up on pending information?	<input type="checkbox"/> Infection prevention <input type="checkbox"/> Nursing <input type="checkbox"/> Case manager <input type="checkbox"/> Other, <i>specify:</i>	
3d.	How often is follow-up completed?	<input type="checkbox"/> Always, <i>skip to 3f</i> <input type="checkbox"/> Often (>50%) <input type="checkbox"/> Sometimes (≤50%) <input type="checkbox"/> Never	
3e.	What is your plan to improve this communication?		

	INTRA- AND INTERFACILITY COMMUNICATION	Response	Notes
3f.	How often does your facility receive information from the transferring facility about the MDRO status?	<input type="checkbox"/> Always <input type="checkbox"/> Often (>50%) <input type="checkbox"/> Sometimes (≤50%) <input type="checkbox"/> Never	
4a.	Is there a system in place for timely notification when a novel targeted MDRO is detected by the laboratory?	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 5</i>	
4b.	How is this carried out?	<input type="checkbox"/> Electronic communication <input type="checkbox"/> Handoff system <input type="checkbox"/> Verbal communication <input type="checkbox"/> Other, <i>specify:</i> <input type="checkbox"/> Unsure	
4c.	Who is notified?	<input type="checkbox"/> Infection prevention <input type="checkbox"/> Nursing <input type="checkbox"/> Case manager <input type="checkbox"/> Unsure <input type="checkbox"/> Other, <i>specify:</i>	
5a.	Is there a system in place for identifying patients with targeted MDRO at admission/readmission so that recommended precautions can be applied (for example, flags in the electronic health record)?	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 6</i>	
5b.	What system is in place?	<input type="checkbox"/> Medical record flag <input type="checkbox"/> Other, <i>specify:</i> <input type="checkbox"/> Unsure	
6a.	Is signage used to identify individuals with MDRO?	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 7</i>	

INTRA- AND INTERFACILITY COMMUNICATION		Response	Notes
6b.	Does the signage indicate the appropriate precautions?	<input type="checkbox"/> Yes <input type="checkbox"/> No, skip to 7	
6c.	Indicate the type of precautions for which your facility has specific signage. <i>Select all that apply.</i>	<input type="checkbox"/> Airborne <input type="checkbox"/> <i>C. difficile</i> / need for hand washing <input type="checkbox"/> Contact precautions <input type="checkbox"/> Droplet <input type="checkbox"/> Enhanced Standard precautions <input type="checkbox"/> Mask, gown, and glove <input type="checkbox"/> Other, <i>specify:</i>	

MDRO MANAGEMENT, POLICY, AND PROTOCOL		Response	Notes
7a.	Does the facility ever perform colonization screening for MDRO? This could occur at the time of admission, in response to cases or infection, or at other times.	<input type="checkbox"/> Yes <input type="checkbox"/> No, skip to 8	
7b.	Specify which MDRO. <i>Select all that apply.</i>	<input type="checkbox"/> <i>C. auris</i> <input type="checkbox"/> CRPA <input type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> MRSA <input type="checkbox"/> CRE <input type="checkbox"/> VRE	
7c.	When is screening performed?	<input type="checkbox"/> On admission <input type="checkbox"/> Periodically <input type="checkbox"/> In response to a case <input type="checkbox"/> Other, <i>specify:</i>	

	MDRO MANAGEMENT, POLICY, AND PROTOCOL	Response	Notes
8a.	Is there medical equipment that is dedicated to people with MDRO or individuals in Contact precautions at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 9</i>	
8b.	Which pieces of equipment are dedicated? <i>Select all that apply.</i>	<input type="checkbox"/> Blood pressure cuff <input type="checkbox"/> Glucometer <input type="checkbox"/> Thermometer <input type="checkbox"/> Ventilator <input type="checkbox"/> Other, <i>specify:</i>	
9.	How frequently do you review a patient who still needs the following:		
9a.	Urinary catheter?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Not assessed <input type="checkbox"/> Other, <i>specify:</i>	
9b.	Central line?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Not assessed <input type="checkbox"/> Other, <i>specify:</i>	
9c.	Endotracheal tube (intubation) ?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Not assessed <input type="checkbox"/> Other, <i>specify:</i>	
10a.	Does your facility have a written policy that addresses when Transmission based or Enhanced Standard precautions should be implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 11</i>	

MDRO MANAGEMENT, POLICY, AND PROTOCOL		Response	Notes
10b.	Which organisms are included? <i>Select all that apply.</i>	<input type="checkbox"/> <i>C.auris</i> <input type="checkbox"/> ESBL <input type="checkbox"/> <i>C.difficile</i> <input type="checkbox"/> MRSA <input type="checkbox"/> CRE <input type="checkbox"/> VRE <input type="checkbox"/> CRPA <input type="checkbox"/> Other, <i>specify:</i>	

EQUIPMENT HANDLING, CLEANING, AND DISINFECTION		Response	Notes
11a.	Do you have specific policy for isolation room cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>skip to 11c</i>	
11b.	Does the policy specify what specific disinfectant is required for <i>C. difficile</i> and <i>C.auris</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11c.	Do staff know where to find appropriate disinfectant(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11d.	Is the disinfectant used for <i>C.difficile</i> and <i>C.auris</i> available near rooms of patients/residents with these pathogens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11e.	Is there a system in place for keeping cleaning supplies in stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12a.	What disinfectant does your facility use for rooms of patients/residents with <i>C. difficile</i> infections?	<input type="checkbox"/> Bleach <input type="checkbox"/> Other, <i>specify:</i>	
12b.	What disinfectant does your facility use for rooms of patients/residents with <i>C.auris</i> ?	<input type="checkbox"/> Bleach <input type="checkbox"/> Other, <i>specify:</i>	