



CRE Infection Prevention Facility Self-Assessment and Process Improvement Summary

Facility name	
Date of onsite assessment (if applicable)	
Date of self-assessment	
Name of person conducting self-assessment	

Please complete the Self-Assessment and Process Improvement Summary, including adherence monitoring tools, and send a copy to nick.lefranc@longbeach.gov by Friday, March 1, 2019.

SECTION 1: CRE PREVENTION STRATEGIES

Instructions: Indicate if each strategy is part of your facility's practice. Conduct adherence monitoring for strategies 1, 2, and 9 using the attached monitoring tools and complete the table. Observe a minimum of 3 patients/residents on contact precautions, 10 hand hygiene opportunities, and 2 environmental services staff.

	CRE Prevention Strategies (Recommend implementation regardless of whether CRE+ patients are present)	Facility practice?
1	Hand hygiene before, during, and after care of patient <p style="text-align: right;">Hand Hygiene Adherence</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
2	Cleaning and disinfection of equipment and environment <p style="text-align: right;">Environmental Cleaning and Disinfection Adherence</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
3	Education of healthcare personnel including EVS	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Timely notification from the laboratory of pertinent clinical and infection prevention staff whenever CRE or other highly resistant MDRO is identified	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Regular review of devices for indication and discontinuation when no longer needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Antimicrobial stewardship program implementation	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	CRE screening upon admission for patients determined to be at high risk of colonization with CRE or highly resistant MDROs (i.e., rectal or fecal swab testing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Chlorhexidine bathing of patients at high risk for colonization or transmission of CRE or other highly resistant MDROs	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRE Control Strategies (Recommend implementation when CRE + patients are present)		
9	Contact precautions for patients with CRE <p style="text-align: right;">Contact Precaution Adherence</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
10	Screening of roommates or other patient contacts for CRE colonization when a patient is newly identified with CRE	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Use of dedicated primary care-giving staff for patient(s) infected/colonized with CRE	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Notification of a patient's CRE status when patients colonized or infected with CRE are transferred between facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Additional CRE Prevention and Control Practices

Instructions: Select the most appropriate response based on what is currently in place at your facility. When the question refers to CRE or similar MDROs, this generally includes other highly drug-resistant pathogens such as multidrug-resistant *Acinetobacter* spp. or *Pseudomonas* spp.

QUESTION	RESPONSE
1. Is leadership engaged and supportive of efforts to address CRE or similar MDROs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is preventing/reducing CRE or similar MDROs an organizational goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If a <i>patient</i> with CRE were identified, has your facility identified ways to access:	
a. Carbapenemase testing to determine if the CRE is carbapenemase producing (i.e. KPC, NDM, etc.) or non-carbapenemase producing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CRE screening/colonization testing (usually via rectal swabs) of roommates or other patient contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your hospital have a procedure for identifying patients at high risk of colonization with CRE upon admission, including:	
a. Patients with a history of receiving healthcare outside of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Patients with a recent stay (e.g. within 6 months) at a Long Term Acute Care (LTAC) hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your hospital have a procedure in place to flag the records of patients with known history of CRE infection/colonization so they can be placed in contact precautions on readmission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are staff regularly updated or educated about CRE processes, policies, and protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If your facility is transferring a patient with CRE or similar MDRO, do you have a protocol for the discharge planner or IP to contact the receiving facility directly (e.g., by telephone) to ensure appropriate infection control precautions are instituted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Do you work directly with skilled nursing facilities (SNF) in your referral network to address issues like CRE or similar MDRO?</p> <p><i>For example, do you routinely meet with SNFs in your referral network to discuss issues like interfacility communication and caring for patients with CRE or similar MDRO?</i></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No Please describe:</p>
<p>9. Do you work closely with your local health department (LHD) to address issues like MDRO?</p> <p><i>For example, do you consult with your LHD when a patient with CRE or similar MDRO is identified at your facility?</i></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No Please describe:</p>

<p>10. Does your facility have written policy/procedures for responding to newly identified CRE cases in your hospital?</p> <p><i>For example, do you receive timely alerts from your lab when a CRE or similar MDRO is identified? Do you have clear policies on when to place patients in contact precautions, screen contacts, dedicate equipment, dedicate staff, etc.?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:</p>
<p>11. What is your level of comfort with CRE compared to one year ago?</p> <p><i>For example, does your staff have the education and resources they need to adequately respond and care for patients with CRE? If a CRE case were identified in a new admission, would your facility have the appropriate policies and procedures in place to care for this patient? What if CRE were identified in a patient who had been at your facility for more than a week?</i></p>	

SECTION 3: CRE PREVENTION PROCESS IMPROVEMENT SUMMARY (for facilities that had an onsite assessment)		
<p>Instructions: Pick one or more recommendations provided during your facility’s onsite prevention assessment, and list them in the left-hand column. Use the right-hand column to describe any process change you implemented. Describe your facility plan or actions taken, including (projected) implementation dates. An example is provided. Use additional pages as needed.</p>		
<p>ONSITE ASSESSMENT: Prevention Strategy Recommendation(s)</p>		<p>POST/SELF-ASSESSMENT: Actions taken, Outcomes/Improvements</p>
<p>Example: Hand hygiene adherence was 46%. Utilize peer to peer monitoring.</p>		<p>Example: Posted hand washing checklist at each sink in Nov 2018. Implemented “peer-to-peer” hand hygiene monitoring program to improve compliance. Hand hygiene is improving slowly among staff; struggling with visitor hand hygiene.</p>
		<u>Date implemented</u>