



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 residents on contact precautions, 10 hand hygiene opportunities, and 2 environmental services staff.

	CRE Prevention Strategies (Recommend implementation regardless of whether CRE+ residents are present)	Facility practice?
1	Hand hygiene before, during, and after care of resident <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 residents 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 residents 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 + residents are present)		
9	Transmission risk assessment for residents with CRE	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Contact precautions for residents with CRE at high risk of transmission <p style="text-align: right;">Contact Precaution Adherence</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
11	Screening of roommates or other resident contacts for CRE colonization when a resident is newly identified with CRE	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Use of dedicated primary care-giving staff for resident(s) infected/colonized with CRE	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Notification of a resident's CRE status when residents 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 resident 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 resident contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are staff regularly updated or educated about CRE processes, policies, and protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If your facility is transferring a resident with CRE or similar MDRO, do you have a protocol for the discharge planner or DON to contact the receiving facility directly (e.g., by telephone) to ensure the facility is aware of the resident's CRE or MDRO status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you work directly with hospitals in your referral network to address issues like CRE or similar MDRO? <i>For example, do you routinely meet with hospitals you commonly refer residents to discuss issues like interfacility communication and caring for residents with CRE or similar MDRO?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:
7. Do you work closely with your local health department (LHD) to address issues like MDRO? <i>For example, do you consult with your LHD when a resident with CRE or similar MDRO is identified at your facility?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:
8. Does your facility have written policy/procedures for evaluating new admissions of residents with CRE to determine appropriate infection control measures? <i>For example, if a resident with CRE is transferred to your facility, how would the information be communicated to you and your staff? Which staff member is responsible for reviewing this information and determining the appropriate precautions?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:

<p>9. Does your facility have written policy/procedures for responding to newly identified CRE cases in your nursing home?</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 residents 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>10. What is your level of comfort with CRE compared to one year ago? Are there significant ongoing barriers you can identify?</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>		
ONSITE ASSESSMENT: Prevention Strategy Recommendation(s)		POST/SELF-ASSESSMENT: Actions taken, Outcomes/Improvements
<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>