



SCHOOL OF MEDICINE & DENTISTRY
UNIVERSITY of ROCHESTER MEDICAL CENTER

PART 2: INFECTION CONTROL & PREVENTION PRACTICES IN NURSING HOMES

Directions: This section of the questionnaire should be filled out by the person most knowledgeable about infection control practices in your facility. Please do not leave any questions unanswered.

Your responses to this survey will be totally confidential. Please mail the completed survey directly to the University of Rochester in the enclosed, addressed and pre-paid envelope.

If you have any questions or need assistance in completing this questionnaire, please call:

1-585-275-0623

Monday through Friday

9:00 am – 5:00 pm (EST)

*Your participation in this survey is crucial to the success of the project!
Please help us make it a success!*

THANK YOU VERY MUCH FOR YOUR ASSISTANCE

1. Title of person answering this section of the survey _____
2. At your facility, how many **total hours per week** are routinely dedicated to infection control/prevention duties? (e.g. surveillance, policies, campaigns, education, enforcement)

3. On average, how many resident rooms are assigned to a single environmental cleaning staff member for daily cleaning? (e.g. one staff member is assigned 15 rooms daily)
_____ rooms per staff member

| | | | | |
|---|--|--------------------------|---------------------------------------|--------------------------|
| 4. | Please answer the following questions about whether resident rooms on contact precautions are cleaned differently compared to rooms that are not on contact precautions? | | | |
| (Please check ALL that apply for each pathogen where contact precautions are used) | | | | |
| | | MRSA¹ | <i>C difficile</i>² | ESBL³ |
| a. | Not applicable. We do not use contact precautions for this pathogen. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Rooms are cleaned identically to rooms without contact precautions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Rooms are cleaned with different product | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | _____ | _____ | _____ |
| | | Specify Product | Specify Product | Specify Product |
| d. | Rooms are cleaned last each day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Rooms are cleaned more frequently than daily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | More room items are cleaned on daily cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | More room items are cleaned on discharge cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | Disinfectant is left on surfaces longer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ Methicillin Resistant *Staphylococcus aureus*

² *Clostridium difficile*

³ Extended Spectrum Beta-Lactamase producer (usually ESBL *E. coli* or ESBL Klebsiella)

| | | | | |
|-----------|---|--|---|--|
| 5. | Please indicate the contact isolation strategies routinely used for residents who are known to have MRSA (please check all that apply): | | | |
| | | MRSA infected resident, on antibiotics, WITH draining wounds or WITH respiratory symptoms | MRSA infected resident, on antibiotics, NO draining wounds and NO respiratory symptoms | Resident who is a MRSA carrier, but is NOT infected |
| a. | Private room whenever possible or cohort with another MRSA resident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Gloves to enter room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Gloves only if resident contact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Gown to enter room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Gown only if resident contact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Mask when near resident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Use of disposable/dedicated patient care equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | Resident asked to wear gown when leaving room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. | Resident asked to refrain from group social activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. | Resident restricted from group physical therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | Resident asked to eat in room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|-----------|--|---|
| 6. | Today in your facility , please indicate the number of residents (excluding dedicated psychiatric wards) that fall into the following categories. | |
| | | # of Residents in Nursing Home TODAY |
| a. | Total census of all nursing home residents today (excluding dedicated psychiatric wards) | _____ |
| b. | Residents with active MRSA infection on antibiotic therapy to treat MRSA | _____ |
| c. | Residents known to have MRSA, both infection and colonization | _____ |
| d. | Residents on contact precautions for MRSA | _____ |
| e. | Residents with active <i>C difficile</i> infection, on antibiotic therapy to treat <i>C difficile</i> | _____ |
| f. | Residents known to have <i>C difficile</i> , both infection and colonization | _____ |
| g. | Residents on contact precautions for <i>C difficile</i> | _____ |
| h. | Residents with active ESBL infection on antibiotic therapy to treat ESBL | _____ |
| i. | Residents known to have ESBL, both infection and colonization | _____ |
| j. | Residents on contact precautions for ESBL | _____ |

7. Do you perform routine screening for MRSA on admission? ₁ Yes ₀ No

a. **If yes**, for which body sites do you routinely perform screening?
(please check ALL that apply)

- Nares
- Wounds
- Axilla
- Groin
- Throat

b. **If no**, please indicate the reason(s) why?
(please check ALL that apply)

- Cost
- Impact on staff time
- Not required by regulatory agencies
- Very little MRSA at our facility
- A positive result would not change care
- Never considered
- Other Please specify _____

| | | | | | |
|---|--|----------------------------|-----------------------------|----------------------------|----------------------------|
| Some physicians or nursing home policies may use mupirocin nasal ointment or chlorhexidine baths to try to get rid of MRSA in the nose or on the skin (decolonize carriers). | | | | | |
| 8. | What percent of your MRSA+ residents are decolonized with either mupirocin, chlorhexidine or both? _____ | | | | |
| 9. | All else being equal, compared to residents who have neither antibiotic resistant organisms nor <i>C difficile</i> , how likely is your facility to accept the following patients? (Check single best answer for each pathogen) | | | | |
| | | Equally likely | Somewhat less likely | Much less likely | Will not accept |
| a. | MRSA ¹ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. | <i>C difficile</i> ² | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. | ESBL ³ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

| | | | | |
|-----|---|--------------------------|---------------------------------------|--------------------------|
| 10. | If your facility is less likely to, or will not at all, accept residents with specific pathogens, please check all reasons why (please check ALL that apply) | | | |
| | | MRSA¹ | <i>C difficile</i>² | ESBL³ |
| a. | Formal policy to not accept patients with this pathogen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Unwritten/informal policy to not accept patients with this pathogen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Single room not always available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Cohort room not always available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Patients often require a higher level of care that is not available at our facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | If marked other please specify reasons | _____ | _____ | _____ |
| | | _____ | _____ | _____ |
| | | _____ | _____ | _____ |
| | | _____ | _____ | _____ |
| | | MRSA | <i>C difficile</i> | ESBL |

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² *Clostridium difficile*

³ Extended Spectrum Beta-Lactamase producer (usually ESBL *E. coli* or ESBL *Klebsiella*)

THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY