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Monitoring the Use of Evidence-Based Best Practices for Prevention of Healthcare-Associated Infections (HAIs) in Long-Term Care Facilities

Monitoring compliance with best practices for preventing HAIs is fundamental to improvement. This tool is designed to assess facility best practices and compliance in seven categories: hand hygiene, environmental infection control, prevention of urinary tract infections, prevention of respiratory infections, prevention of gastrointestinal and multidrug-resistant organism (MDRO) infections, prevention of skin and soft-tissue infections, and outbreak control. This tool provides a selection of assessment elements based on practices consistent with current infection control guidelines. **They may be adapted or revised as per facility policy. This tool can also be used to identify barriers to implementation of best practices at the bedside.**

This tool is intended to help the organization assess and monitor the implementation of current evidence-based best practices. Responses to elements in each category should be based on the level of consistency with the guidelines and on the following elements:

- Category element is included in the plan, and goals are consistent with the infection control plan and updated at least annually.
- Category element is included in policies and procedures, which are up-to-date and reviewed annually.
- Education on the infection control goals and policies for each element is in place and documented.
- Standard documentation methods are in place for each element (e.g., medical records, rounds checklists, monitoring programs, housekeeping check-off lists).
- Process* and outcome† measures are evaluated and documented for each element listed.
- Accountability is assigned for administrative support, resources, and implementation of best practices.‡

Application considerations

- Facility self-assessment: this tool can be used by the facility to evaluate its current level of best-practice implementation.
- Clinical observation: items that can be evaluated by clinical observation will be noted with a box (□).
- Staff interview: questions can be answered verbally, before clinical observation of actual practice.
- Record review: documentation of each category in the medical record, policy manual, and education records.
- Dates of updated practices will be indicated.

Guidelines

A complete list of current guidelines for each category is provided on the last page of the assessment tool.

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* **Definition of process measures:** A process measure assesses a healthcare service provided to or on behalf of a patient. Process measures are often used to assess adherence to recommendations for clinical practice based on evidence or consensus. Process measures can identify specific areas of care that may require improvement. Examples of process measures include compliance with hand hygiene procedures and environmental cleaning.

† **Definition of outcome measures:** An outcome measure can be used to assess quality of care to the extent that healthcare services influence the likelihood of desired health outcomes. Outcome measures suggest specific areas of care that may require quality improvement. Examples of outcome measures include rate of occurrence of methicillin-resistant *Staphylococcus aureus* per 1,000 patient-days and percentage of patients with *Clostridium difficile* infection.

‡ **Definition of best practice:** A best practice is a method, process, or activity that is believed to be more effective at achieving a particular outcome than any other technique, method, process, or activity when applied to a particular condition or circumstance.

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Long-Term Care Best-Practice Assessment Tool

4 = 100% implemented 3 = partially implemented 2 = Implementation considered 1 = Unknown 0 = Not implemented N/A = Not applicable
☐ indicates items that can be evaluated by clinical observation

		Best Practice	INFECTION CONTROL PLAN AND GOALS	POLICIES AND PROCEDURES	EDUCATION PROCESS	STANDARD DOCUMENTATION	MONITORING OF PROCESSES AND OUTCOMES	ACCOUNTABILITY ASSIGNED
I. HAND HYGIENE[1,2]								
☐	1	Clinical staff demonstrate understanding of hand hygiene rationale, indications, and methods.	N/A	N/A	N/A	N/A	N/A	N/A
☐	2	Alcohol-based handrub and gloves are available at the point of care.	N/A	N/A	N/A	N/A	N/A	N/A
☐	3	Gloves are changed between residents and between clean and dirty activities on the same resident.	N/A	N/A	N/A	N/A	N/A	N/A
☐	4	Handwashing with soap and water is performed when hands are visibly soiled.	N/A	N/A	N/A	N/A	N/A	N/A
☐	5	Hand hygiene is performed before and after resident care.	N/A	N/A	N/A	N/A	N/A	N/A
	6	The facility has an individualized program to monitor hand hygiene compliance.	N/A	N/A	N/A	N/A	N/A	N/A
	7	Residents and families are knowledgeable about hand hygiene.	N/A	N/A	N/A	N/A	N/A	N/A
		Category subtotal	0	0	0	0	0	0
II. ENVIRONMENTAL CONTROL[1-4]								
☐	1	Gloves are used to handle soiled equipment and linen.	N/A	N/A	N/A	N/A	N/A	N/A
☐	2	Reusable equipment is cleaned and disinfected before use on another resident.	N/A	N/A	N/A	N/A	N/A	N/A
☐	3	Used linen is contained and disposed of immediately after use.	N/A	N/A	N/A	N/A	N/A	N/A
☐	4	Environmental surfaces are cleaned and disinfected with a product approved by the U.S. Environmental Protection Agency, as per facility policy; special attention is paid to high-touch surfaces.	N/A	N/A	N/A	N/A	N/A	N/A
☐	5	Clean textiles are stored in a manner that ensures cleanliness.	N/A	N/A	N/A	N/A	N/A	N/A
		Category subtotal	0	0	0	0	0	0
III. URINARY TRACT INFECTIONS[5-7]								
☐	1	Facility has instituted a toileting and hydration program.	N/A	N/A	N/A	N/A	N/A	N/A
	2	The facility has adopted written criteria for use of Foley catheters (FCs).	N/A	N/A	N/A	N/A	N/A	N/A
	3	Necessity of continuation of FC is assessed and documented as per facility policy, and unnecessary catheters are removed.	N/A	N/A	N/A	N/A	N/A	N/A
	4	Standing orders are in place to remove FC if criteria are not met.	N/A	N/A	N/A	N/A	N/A	N/A
☐	5	Aseptic technique is followed for FC insertion and maintenance.	N/A	N/A	N/A	N/A	N/A	N/A
☐	6	A FC securement device is required.	N/A	N/A	N/A	N/A	N/A	N/A
	7	A process is in place to assure maintenance of FC closed system (e.g., specimen ports).	N/A	N/A	N/A	N/A	N/A	N/A
	8	FC drainage bags are appropriately positioned to prevent backflow of urine into the bladder.	N/A	N/A	N/A	N/A	N/A	N/A
☐	9	Perineal care is performed daily and after each fecal incontinence episode.	N/A	N/A	N/A	N/A	N/A	N/A
		Category subtotal	0	0	0	0	0	0

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Best Practice			INFECTION CONTROL PLAN AND GOALS	POLICIES AND PROCEDURES	EDUCATION PROCESS	STANDARD DOCUMENTATION	MONITORING OF PROCESSES AND OUTCOMES	ACCOUNTABILITY ASSIGNED
IV. RESPIRATORY TRACT INFECTIONS[1,8]								
	1	The facility has instituted a standing order process for pneumococcal polysaccharide vaccine and influenza vaccine.	N/A	N/A	N/A	N/A	N/A	N/A
	2	An employee vaccination program is in place, including provision of free vaccine.	N/A	N/A	N/A	N/A	N/A	N/A
☐	3	Respiratory equipment is cleaned and disinfected between treatments.	N/A	N/A	N/A	N/A	N/A	N/A
☐	4	Single-dose aerosolized medications are used whenever possible.	N/A	N/A	N/A	N/A	N/A	N/A
☐	5	Sterile single-use catheters and sterile fluid for suctioning open systems are used.	N/A	N/A	N/A	N/A	N/A	N/A
☐	6	A respiratory etiquette program is in place.	N/A	N/A	N/A	N/A	N/A	N/A
☐	7	Precautions for the prevention of aspiration are in place for residents at risk (e.g., head-of-bed elevation, gastrostomy tube verification, gastric content aspiration, feeding protocols).	N/A	N/A	N/A	N/A	N/A	N/A
☐	8	A standardized oral hygiene program is in place.	N/A	N/A	N/A	N/A	N/A	N/A
☐	9	Employees with active respiratory infections are not in contact with residents.	N/A	N/A	N/A	N/A	N/A	N/A
☐	10	Residents with communicable diseases are separated from other residents.	N/A	N/A	N/A	N/A	N/A	N/A
		Category subtotal	0	0	0	0	0	0
V. GASTROINTESTINAL[2-4,9-11] MULTIDRUG-RESISTANT ORGANISM[2-4,8,12] INFECTIONS								
☐	1	Facility ensures that standard and transmission-based precautions are followed by providing gowns and gloves for use, as per isolation, MDRO, and norovirus guidelines.	N/A	N/A	N/A	N/A	N/A	N/A
	2	Staff communicate infectious condition of resident to appropriate persons (e.g., other staff members, immediate family, visitors).	N/A	N/A	N/A	N/A	N/A	N/A
☐	3	Facility posts appropriate signage if resident is placed on transmission-based precautions.	N/A	N/A	N/A	N/A	N/A	N/A
	4	Antimicrobial monitoring is in place for all residents receiving antibiotics.	N/A	N/A	N/A	N/A	N/A	N/A
	5	Personnel with norovirus gastroenteritis symptoms are excluded from work for 48 hours after symptoms resolve (new 2/2012).	N/A	N/A	N/A	N/A	N/A	N/A
		Category subtotal	0	0	0	0	0	0
VI. SKIN AND SOFT-TISSUE INFECTIONS[13,14]								
	1	Facility has instituted a formal skin breakdown or ulcer prevention program.	N/A	N/A	N/A	N/A	N/A	N/A
	2	Facility has developed a plan to promote wound healing ((e.g., films, hydrocolloids, foams, alginates, negative-pressure wound therapy).	N/A	N/A	N/A	N/A	N/A	N/A
	3	Facility conducts pressure ulcer risk assessments on new admissions (e.g., Braden Scale).	N/A	N/A	N/A	N/A	N/A	N/A
	4	Pressure ulcer risks are reassessed on a regular basis as per facility policy.	N/A	N/A	N/A	N/A	N/A	N/A
☐	5	Daily skin inspection procedures with documentation are in place.	N/A	N/A	N/A	N/A	N/A	N/A

Best Practice			INFECTION CONTROL PLAN AND GOALS	POLICIES AND PROCEDURES	EDUCATION PROCESS	STANDARD DOCUMENTATION	MONITORING OF PROCESSES AND OUTCOMES	ACCOUNTABILITY ASSIGNED
VI. SKIN AND SOFT TISSUE INFECTIONS[13,14] (Continued)								
	6	Facility has instituted nutrition and hydration protocols.	N/A	N/A	N/A	N/A	N/A	N/A
☐	7	Facility has developed a plan to protect the skin from excess moisture and incontinence.	N/A	N/A	N/A	N/A	N/A	N/A
☐	8	Pressure-minimizing protocols, including repositioning and special support surfaces (e.g., mattresses, beds, foam protectors, cushions), are in place.	N/A	N/A	N/A	N/A	N/A	N/A
		Category subtotal	0	0	0	0	0	0
VII. OUTBREAK CONTROL[15,16]								
	1	Facility investigates cases of infection if the number exceeds the normal baseline for that infection or organism.	N/A	N/A	N/A	N/A	N/A	N/A
	2	Facility has procedures in place to promptly identify increased numbers of cases.	N/A	N/A	N/A	N/A	N/A	N/A
	3	Facility has developed a specific case definition for outbreaks.	N/A	N/A	N/A	N/A	N/A	N/A
	4	Facility conducts case finding to identify residents with disease.	N/A	N/A	N/A	N/A	N/A	N/A
	5	Facility has a procedure to identify transmission of disease.	N/A	N/A	N/A	N/A	N/A	N/A
☐	6	Facility institutes infection control measures (including isolation) as soon as possible.	N/A	N/A	N/A	N/A	N/A	N/A
	7	Facility has instituted a plan to monitor infection control measures (including isolation).	N/A	N/A	N/A	N/A	N/A	N/A
☐	8	Soap and water hand hygiene is used after contact with residents with suspected or confirmed norovirus gastroenteritis (new 2/2012).	N/A	N/A	N/A	N/A	N/A	N/A
	9	In the absence or delay of clinical laboratory results, facility uses Kaplan's clinical criteria to identify a norovirus gastroenteritis outbreak (new 2/2012).	N/A	N/A	N/A	N/A	N/A	N/A
☐	10	Facility increases the frequency of cleaning and disinfection of resident care and frequently touched surfaces during norovirus gastroenteritis outbreaks (new 2/2012).	N/A	N/A	N/A	N/A	N/A	N/A
	11	Facility ensures staff care for one resident cohort (e.g., symptomatic, asymptomatic exposed, asymptomatic unexposed) on their unit, and staff do not move between cohorts during norovirus gastroenteritis outbreaks (new 2/2012).	N/A	N/A	N/A	N/A	N/A	N/A
		Category subtotal	0	0	0	0	0	0

Notes

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