

AHRQ Safety Program for MRSA Prevention
Gap Analysis - ICU/Non-ICU
Instructions

Organization Name:

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Date Completed:

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Unit Name:

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Purpose:

To evaluate existing resources and processes and identify areas of improvement to facilitate interventions to reduce the incidence and prevalence of infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA), the primary goal of participation in the AHRQ Safety Program for MRSA Prevention.

Outcome:

This gap analysis will be completed twice, once at the beginning and once at the end of participation in the AHRQ Safety Program. When completed at the start of the Safety Program, it will be used by the project team to understand needs of participating hospitals and by participating hospitals to prioritize areas for improvement and advocate for institution-level and unit-level resources. When completed at the end of the Safety Program, both the project team and the participating hospitals will use the gap analysis to assess progress in building infrastructure and capacity to sustainably reduce MRSA infections.

Instructions:

This gap analysis has two parts. The first part addresses infection prevention program structure, activities, and resources and is to be completed by the Infection Prevention Team. The second part addresses infection control activities, specifically those related to MRSA prevention, on the participating unit and should be completed by the Project Lead for the participating unit in collaboration with the infection preventionist working with the unit. For each item, enter answers directly into the data portal in the indicated space. For some items, there will be a dropdown menu to allow you to select your answers.

Public reporting burden for the collection of information is estimated to average 1 hour per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (0935-0143), AHRQ, 5600 Fishers Lane, MS 0741A, Rockville, MD 20857.

The confidentiality of your responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.

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PART 1: Infection Prevention Program Structure & Resources

<i>Item Description</i>	<i>Response</i>
INFECTION PREVENTION PROGRAM STRUCTURE AND RESOURCES	
Staffing	
Number of infection preventionists (ICP) fulltime equivalents (FTEs) for the hospital	
Is there a hospital epidemiologist?	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time <input type="checkbox"/> Yes, part-time
How much time does the hospital epidemiologist dedicate to the infection prevention program (% effort of hours/week or FTEs)	
Is the hospital epidemiologist available to the infection prevention program on a daily basis?	<input type="checkbox"/> No <input type="checkbox"/> Rarely <input type="checkbox"/> Usually <input type="checkbox"/> Always
Senior Leadership	
To whom does the infection prevention program report (provide position title and department, not a specific name)?	
How often does infection prevention leadership meet with senior leadership? (check all that apply)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Never <input type="checkbox"/> Other:
Does senior leadership actively promote/support infection prevention activities? (check all that apply)	<input type="checkbox"/> No <input type="checkbox"/> Yes: Infection Control Committee member <input type="checkbox"/> Yes: Provides adequate funding for infection prevention <input type="checkbox"/> Yes: Provides funding for infection prevention member training <input type="checkbox"/> Yes: Promotes infection prevention messages via newsletters, screen savers, etc. <input type="checkbox"/> Yes: Provides back up to the infection prevention program if employees do not follow policies and procedures <input type="checkbox"/> Yes: Other:

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Data Analysis and Management	
Is a data analyst available to assist with obtaining and analyzing infection prevention data?	<input type="checkbox"/> No <input type="checkbox"/> Yes, full-time <input type="checkbox"/> Yes, part-time
Is access to the data analyst adequate to meet program goals?	Yes / No
Select existing methods of storing infection data. (check all that apply)	<input type="checkbox"/> Paper <input type="checkbox"/> Microsoft Excel or other spreadsheet <input type="checkbox"/> Microsoft Access or other relational database <input type="checkbox"/> Software that is part of the electronic health record system <input type="checkbox"/> Standalone infection prevention software <input type="checkbox"/> Other: (describe)
Which of the following Infection Prevention data are submitted to CDC/NHSN? (check all that apply)	<input type="checkbox"/> MRSA bacteremia <input type="checkbox"/> Central line-associated bloodstream infection (CLABSI)
Microbiology	
Is there a microbiology laboratory on site?	Yes / No
Does the infection prevention team have access to microbiology results as soon as those results are confirmed?	Yes / No
Is there a system to alert <u>the infection control team</u> about epidemiologically important microbiology results? (check all that apply)	<input type="checkbox"/> Yes, cultures or tests positive for methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) <input type="checkbox"/> Yes, cultures or tests positive for other epidemiologically important results (e.g. carbapenem resistant Enterobacterales (CRE), <i>C. difficile</i> , etc.) <input type="checkbox"/> No, there is no system in place to alert about these organisms
Is there a system to alert <u>units</u> about epidemiologically important microbiology results? (check all that apply)	<input type="checkbox"/> Yes, cultures or tests positive for MRSA <input type="checkbox"/> Yes, cultures or tests positive for other epidemiologically important results (e.g. carbapenem resistant Enterobacterales (CRE), <i>C. difficile</i> , etc.) <input type="checkbox"/> No, there is no system in place to alert about these organisms

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Does your lab have the capacity to process surveillance cultures either on-site or by sending samples to a reference laboratory?	Yes / No
Interactions with Units	
Is an infection preventionist assigned to each intensive care unit in the hospital?	Yes / No
Is an infection preventionist assigned to each non-intensive care unit in the hospital?	Yes / No
If so, how often does the infection preventionist visit their unit(s) routinely?	<input type="checkbox"/> Daily <input type="checkbox"/> At least weekly <input type="checkbox"/> At least monthly <input type="checkbox"/> At least quarterly <input type="checkbox"/> As needed <input type="checkbox"/> Never
Does the infection preventionist participate in their unit's patient safety/quality improvement meetings?	Yes / No
Does the infection preventionist participate in rounds to assess compliance with the following at least quarterly:	Y/N CLASBI prevention bundles Y/N Hand hygiene Y/N Isolation precaution compliance Y/N Environment of Care Y/N Other:

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Surveillance	
Epidemiologically Significant Bacteria	
<u>Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)</u>	
Are patients who are colonized or infected with MRSA identified by the infection control team as soon as those microbiology results are confirmed?	Yes / No
If yes, are these patients placed on contact isolation precautions?	<input type="checkbox"/> Yes, all patients <input type="checkbox"/> Yes, patients in select units <input type="checkbox"/> No <input type="checkbox"/> N/A
Is active surveillance for MRSA performed (e.g., obtaining nasal swabs for culture at regular intervals for culture or MRSA testing by other means)? (check all that apply)	<input type="checkbox"/> Yes, all patients <input type="checkbox"/> Yes, patients in all ICUs <input type="checkbox"/> Yes, patients in select ICUs <input type="checkbox"/> Yes, patients on all floor units <input type="checkbox"/> Yes, patients on select floor units <input type="checkbox"/> No
If yes, with what frequency does active surveillance occur? (check all that apply)	<input type="checkbox"/> On admission <input type="checkbox"/> Weekly <input type="checkbox"/> Upon discharge <input type="checkbox"/> Other:
If yes, are rates of hospital-acquired transmissions calculated (e.g., patients who have negative surveillance cultures on admission and develop MRSA colonization infection subsequently during the admission)?	Yes / No
If yes, are rates fed back to units?	Yes / No
If yes, indicate frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
Is surveillance for MRSA bacteremia LabID events performed?	Yes / No

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If yes, are data on MRSA bacteremia LabID events fed back to units?	Yes / No
If yes, indicate frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
Carbapenem-resistant Enterobacterales (CRE)	
Are patients who are colonized or infected with CREs identified as soon as microbiology results are confirmed by the infection control team?	Yes / No
If yes, are these patients placed in contact precautions?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, all patients <input type="checkbox"/> Yes, patients in select units <input type="checkbox"/> No
Device Related HAIs	
Central line-associated bloodstream infection (CLABSI)	
Is surveillance performed?	Yes / No
If yes, is it done via manual chart review only, electronically by extracting data from the electronic health record or billing codes without chart review, or a combination of chart review and electronic data extraction?	<input type="checkbox"/> Via manual chart review only <input type="checkbox"/> Electronically by extracting data from the electronic health record or billing codes without chart review <input type="checkbox"/> A combination of both chart review and electronic data extraction from the electronic health record or billing codes
Are the data fed back to units?	Yes / No
If yes, indicate frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
Hand Hygiene and Personal Protective Equipment	
Does the infection prevention program have a surveillance program in place to assess compliance with hand hygiene?	Yes / No

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If yes, what are the elements of the program? (check all that apply)	<input type="checkbox"/> Secret observations by unit staff <input type="checkbox"/> Secret observations by individual not from the unit <input type="checkbox"/> Direct observations followed by immediate feedback <input type="checkbox"/> An electronic monitoring system <input type="checkbox"/> Other (specify):
Is feedback regarding hand hygiene compliance provided to units?	Yes / No
If yes, indicate frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
Does the infection prevention program assess compliance with isolation precautions and use of personal protective equipment?	Yes / No
If yes, indicate how compliance with isolation precautions and use of personal protective equipment is monitored (check all that apply)	<input type="checkbox"/> Ongoing observation on the units <input type="checkbox"/> Unit self-assessments <input type="checkbox"/> Periodic observation assessment (e.g. quarterly, semi-annually) <input type="checkbox"/> Other:
Is feedback regarding compliance with isolation precautions and use of personal protective equipment provided to units?	Yes / No
If yes, indicate frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
Environmental Cleaning	
Does the infection prevention program, quality improvement, or environmental services have a surveillance program in place to assess compliance with cleaning of high-touch surfaces?	Yes / No

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<p>If yes, indicate how compliance with cleaning of high touch surfaces is monitored (check all that apply).</p>	<ul style="list-style-type: none"><input type="checkbox"/> Ongoing observation on the units<input type="checkbox"/> Checklists for cleaning surfaces and items:<input type="checkbox"/> Marking surfaces with fluorescent dye or other marker to assess removal<input type="checkbox"/> ATP or other rapid detection of surface contamination<input type="checkbox"/> Other:
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Supplemental Interventions Relevant to MRSA Prevention:

Ventilator-associated events (VAE) (including ventilator-associated pneumonia)	
Do units admit or care for patients receiving mechanical ventilation?	Yes / No <i>(If No, then skip this section)</i>
Is VAE surveillance performed?	Yes / No
If yes, with what frequency?	<input type="checkbox"/> Quarterly <input type="checkbox"/> One quarter per year <input type="checkbox"/> Two quarters per year <input type="checkbox"/> Other:
If yes, is it done via chart review, electronically, or a combination of chart review and electronic?	<input type="checkbox"/> Via chart review <input type="checkbox"/> Electronically <input type="checkbox"/> A combination of both
Are the data fed back to units?	Yes / No
If yes, indicate frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
Antimicrobial stewardship activities	
Does the hospital have an antibiotic stewardship (AS) program or processes to reduce use of unnecessary antibiotics?	Yes / No
If yes, indicate which of the following antimicrobial stewardship interventions are implemented: (select all that apply)	<input type="checkbox"/> Pre-prescription approval <input type="checkbox"/> Daily time out by team to assess antibiotic use <input type="checkbox"/> Post-prescription review and feedback by the AS program <input type="checkbox"/> Rounds with the AS program <input type="checkbox"/> Order sets for common infectious disease syndromes <input type="checkbox"/> Activities to reduce the use of vancomycin <input type="checkbox"/> Activities to reduce the use of fluoroquinolones <input type="checkbox"/> Other:

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PART 2: Unit Level Infection Prevention Activities

Please indicate which of the following strategies are implemented for patients **in the participating unit**.

Item	Response
Is the participating unit an intensive care unit (ICU)?	<input type="checkbox"/> Yes, the participating unit is an ICU <input type="checkbox"/> No, the participating unit is not an ICU but it is a step-down or intermediate care unit. <input type="checkbox"/> No, the participating unit is not an ICU. <input type="checkbox"/> The participating unit is a mixed unit that cares for both ICU and non-ICU patients.
Are routine MRSA nasal surveillance cultures performed in the unit?	Yes / No
If yes, indicate frequency (check all that apply)	<input type="checkbox"/> On admission <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Upon discharge <input type="checkbox"/> Other:
If yes, is there a system in place to monitor compliance? (Please choose all that apply.)	<input type="checkbox"/> Yes, the unit measures compliance <input type="checkbox"/> Yes, infection prevention measures compliance <input type="checkbox"/> Yes, both the unit and infection prevention measure compliance <input type="checkbox"/> No
If yes, how often is feedback about compliance provided to the unit?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
Are patients infected or colonized with MRSA placed on contact isolation precautions?	Yes / No
If yes, is there a system in place to monitor compliance?	<input type="checkbox"/> Yes, the unit measures compliance <input type="checkbox"/> Yes, infection prevention measures compliance <input type="checkbox"/> Yes, both the unit and infection prevention measure compliance <input type="checkbox"/> No

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If yes, how often is feedback about compliance provided to the unit? (check all that apply)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
Is chlorhexidine (CHG) treatment (bathing) utilized for all patients	Yes / No
If yes to chlorhexidine (CHG) bathing for all patients, indicate frequency.	<input type="checkbox"/> Daily <input type="checkbox"/> Every other day <input type="checkbox"/> Weekly <input type="checkbox"/> Other:
If yes to CHG bathing for all patients, estimate the percentage of patients who receive the treatment.	<input type="checkbox"/> 100% <input type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> <25%Select: 100% / 75-99% / 50-74% / 25-49% / <25%
If yes to CHG bathing all patients, is there a system in place to monitor compliance?	<input type="checkbox"/> Yes, the unit measures compliance <input type="checkbox"/> Yes, infection prevention measures compliance <input type="checkbox"/> Yes, both the unit and infection prevention measure compliance <input type="checkbox"/> No
If yes to monitoring compliance with CHG bathing, how often is feedback about compliance provided to the unit?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
If no to CHG bathing of all patients, is CHG treatment (bathing) used for patients with central lines or epidural catheters?	Yes / No

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<p>If yes to CHG bathing for patients with central lines or epidural catheters, indicate frequency.</p>	<input type="checkbox"/> Daily <input type="checkbox"/> Every other day <input type="checkbox"/> Weekly <input type="checkbox"/> Other:
<p>If yes to CHG bathing for patients with central lines or epidural catheters, estimate the percentage of patients with central lines or epidural catheters who receive the treatment.</p>	<input type="checkbox"/> 100% <input type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> <25%
<p>If yes to CHG bathing for patients with central lines or epidural catheters, is there a system in place to monitor compliance?</p>	<input type="checkbox"/> Yes, the unit measures compliance <input type="checkbox"/> Yes, infection prevention measures compliance <input type="checkbox"/> Yes, both the unit and infection prevention measure compliance <input type="checkbox"/> No
<p>If yes to CHG bathing for patients with central lines or epidural catheters, how often is feedback about compliance provided to the unit?</p>	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
<p>Is nasal MRSA decolonization performed for all patients in the unit?</p>	<input type="checkbox"/> Yes, with Mupirocin <input type="checkbox"/> Yes, with iodophor <input type="checkbox"/> No
<p>If yes, is there a system in place to monitor compliance?</p>	<input type="checkbox"/> Yes, the unit measures compliance <input type="checkbox"/> Yes, infection prevention measures compliance <input type="checkbox"/> Yes, both the unit and infection prevention measure compliance <input type="checkbox"/> No

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<p>If yes, how often is feedback about compliance provided to the unit?</p>	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
<p>If nasal decolonization is not performed for all patients on the unit, is nasal decolonization performed for patients with MRSA infection or colonization?</p>	<input type="checkbox"/> Yes, with Mupirocin <input type="checkbox"/> Yes, with iodophor <input type="checkbox"/> No
<p>If yes, is there a system in place to monitor compliance? (Please choose all that apply.)</p>	<input type="checkbox"/> Yes, the unit measures compliance <input type="checkbox"/> Yes, infection prevention measures compliance <input type="checkbox"/> Yes, both the unit and infection prevention measure compliance <input type="checkbox"/> No
<p>If yes, how often is feedback about compliance provided to the unit?</p>	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
<p>Does this unit participate in a hand hygiene monitoring and feedback program?</p>	<p>Yes / No</p>
<p>If yes, who does the monitoring? (check all that apply)</p>	<input type="checkbox"/> Staff from the unit <input type="checkbox"/> Staff from another unit <input type="checkbox"/> Staff from infection prevention <input type="checkbox"/> "Secret shoppers" unknown to the unit <input type="checkbox"/> An electronic system <input type="checkbox"/> Other (please specify):
<p>If yes, how often is feedback about compliance provided to the unit?</p>	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided

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Does the unit focus on implementation of evidence-based practices for prevention of central line associated bloodstream infection (CLABSI) prevention bundle at the time of central line insertion?	Yes / No
If yes, indicate which of the following elements are included: (check all that apply)	<input type="checkbox"/> Aseptic technique <input type="checkbox"/> Maximal sterile barrier precautions <input type="checkbox"/> CHG for skin preparation <input type="checkbox"/> Avoidance of the femoral site <input type="checkbox"/> Application of a sterile dressing
If yes, is there a system in place to monitor compliance for some or all of these elements?	<input type="checkbox"/> Yes, the unit measures compliance <input type="checkbox"/> Yes, infection prevention measures compliance <input type="checkbox"/> Yes, both the unit and infection prevention measure compliance <input type="checkbox"/> No
If yes, how often is feedback about compliance provided to the unit?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided
Does the unit focus on implementation of evidence-based practices for prevention of central line associated bloodstream infection (CLABSI) during central line maintenance?	Yes / No
If yes, indicate which of the following elements are included: (check all that apply)	<input type="checkbox"/> Scrub the hub with friction before each use with an appropriate antiseptic <input type="checkbox"/> Use sterile devices to access catheter <input type="checkbox"/> Replace dressing that are wet, soiled or loose <input type="checkbox"/> Routine sterile dressing changes <input type="checkbox"/> Change administration sets with recommended frequency based on circumstances <input type="checkbox"/> CHG bathing treatment for patients with central lines <input type="checkbox"/> Daily assessment for line necessity to remove central line as soon as possible <input type="checkbox"/> Other:

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<p>If yes, is there a system in place to monitor compliance for some or all of these elements?</p>	<p><input type="checkbox"/> Yes, the unit measures compliance</p> <p><input type="checkbox"/> Yes, infection prevention measures compliance</p> <p><input type="checkbox"/> Yes, both the unit and infection prevention measure compliance</p> <p><input type="checkbox"/> No</p>
<p>If yes, how often is feedback about compliance provided to the unit?</p>	<p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Feedback not provided</p>
<p>Does the unit have a process for monitoring the environmental cleaning of high touch surfaces for daily and discharge cleaning?</p>	<p>Yes / No</p>
<p>If yes, indicate which of the following are used to monitor the cleaning of high touch surfaces: (select all that apply)</p>	<p><input type="checkbox"/> Observations of cleaning</p> <p><input type="checkbox"/> Application of fluorescent gel markers with follow up to see if markers are removed with cleaning</p> <p><input type="checkbox"/> Assessment of surface contamination using ATPase</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>If yes, how often is feedback about compliance provided to the unit?</p>	<p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Feedback not provided</p>

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Supplemental Items Relevant to MRSA Prevention:	
Is there a processes for training unit staff in appropriate blood culture collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Blood cultures not collected by unit staff
Is there a protocol for limiting use of central lines to obtain blood cultures?	Yes / No
Is there a process to promote best practices for obtaining blood cultures only when indicated?	Yes / No
Is feedback provided to the unit regarding blood culture contamination rates?	Yes / No
For ICUs: Does the unit focus on implementation of a ventilator associated pneumonia (VAP) prevention bundle?	Yes / No
If yes, indicate which of the following elements are included. (select all that apply)	<input type="checkbox"/> Elevation of the head of the bed to 30-45 degrees <input type="checkbox"/> Daily sedation vacation <input type="checkbox"/> Daily assessment of readiness to wean <input type="checkbox"/> Oral care with CHG <input type="checkbox"/> Use of subglottic secretion drainage <input type="checkbox"/> Other: _____
If yes, is there a system in place to monitor compliance?	<input type="checkbox"/> Yes, the unit measures compliance <input type="checkbox"/> Yes, infection prevention measures compliance <input type="checkbox"/> Yes, both the unit and infection prevention measure compliance <input type="checkbox"/> No
If yes, how often is feedback about compliance provided to the unit?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <input type="checkbox"/> Feedback not provided