



Improving Skin Care and MDRO Prevention in Long-Term Care

Long-Term Care Facilities Gap Analysis for Improving Skin Care and MDRO Prevention

AHRQ Safety Program for MRSA Prevention

Using a Gap Analysis can help you assess and document your facility's existing state before you start your journey to improve skin care and prevent multidrug-resistant organisms (MDROs).

Fill out the form. Review your answers as a team, find the areas that need improvement, and determine which ones you would like to improve. It's usually easier and more impactful to pick something that will take a smaller amount of effort and resources—low-hanging fruit. After you've had a success with a small gap, pick one that may take more effort or resources. The tools and resources in this toolkit can help you in your journey to improve resident skin care and prevent MDROs.

After a year or two, revisit the Gap Analysis. Fill it out anew. Compare the two versions and review what your team has accomplished and see how things have changed. Look over the newly completed form and determine what you want to work on next.

Complete all questions unless indicated by skip logic.

Facility characteristics and staffing

1. Indicate what type of service(s) the facility provides for residents. Check all that apply.

- ☐ Long-term general nursing care
- ☐ Long-term dementia care
- ☐ Skilled nursing care
- ☐ Short-term (subacute) rehabilitation
- ☐ Long-term psychiatric care
- ☐ Ventilator care
- ☐ Bariatric care
- ☐ Hospice or palliative care
- ☐ On-site hemodialysis center
- ☐ Comprehensive wound care
- ☐ Other:

2. Describe the capacity of the facility. Check all that apply and fill in your answers where applicable.

☐ Total beds:

☐ Average census:

☐ Percentage of short-stay residents:

☐ Number of single rooms:

☐ Number of triple or quad rooms:

☐ Number of ventilator care beds:

3. Which of the following best describes the ownership of the facility?

- ☐ Hospital owned
- ☐ Non-hospital owned by part of a larger health system
- ☐ Independent

4. Which of the following best describes the payment structure of the facility?

- ☐ For profit
- ☐ Not-for-profit

5. Describe the staffing ratios of the facility. Check all that apply and fill in your answers where applicable.

For skilled/short-stay/ventilation unit(s):

☐ Registered nurse (RN)-to-resident:

☐ Certified nursing assistant (CNA)-to-resident:

☐ Respiratory therapist (RT)-to-resident:

For long-term unit(s):

- ☐ Registered nurse (RN)-to-resident:

- ☐ Certified nursing assistant (CNA)-to-resident:

6. Does the facility have specific individual(s) with dedicated time who is responsible for coordinating the infection control program? [IF NO, SKIP TO QUESTION 12.]

- ☐ Yes
☐ No

7. How many full-time equivalents (FTEs) per individual are allocated to infection control activities?

8. Have the individual(s) received specific training in infection control? [IF NO, SKIP TO QUESTION 11.]

- ☐ Yes
☐ No

9. Where were the training(s) in infection control?

10. When were the training(s) in infection control?

- ☐ Within a year
☐ 1 to 5 years ago
☐ 6 to 10 years ago
☐ Greater than 10 years ago

11. Do the individual(s) have access to a physician who can provide technical support regarding healthcare epidemiology and infection prevention issues?

- ☐ No
☐ Yes, full-time
☐ Yes, part-time

Senior leadership

12. To whom in senior leadership does the infection prevention program (or infection preventionist if there is no program) report? Provide the leader's position title/role or department, not a specific individual's name.

13. How often does infection prevention meet with senior leadership?

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Never
- ☐ Other:

14. Is there a team or committee that reviews infection-control related activities? [IF NO, SKIP TO QUESTION 17.]

- ☐ Yes
- ☐ No

15. List the members who review infection control–related activities (e.g., charge nurse, administrator, assistant director of nursing, etc.).

16. At what intervals does this team meet?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually

Data analysis and management

17. Is a data analyst available to assist with obtaining, managing, analyzing, and reporting infection prevention data?

- ☐ No
- ☐ Yes, full-time
- ☐ Yes, part-time

18. Is access to data analyst support adequate to meet program goals?

- ☐ Yes
- ☐ No

19. Select existing methods of storing infection data. Check all that apply.

- ☐ Paper
- ☐ Microsoft Excel or other spreadsheet
- ☐ Microsoft Access or other relational database
- ☐ Software that is part of the electronic health record (EHR) system
- ☐ Standalone infection prevention software
- ☐ Other:

20. Which of the following Infection Prevention data is submitted to the Centers for Disease Control and Prevention (CDC)/National Healthcare Safety network (NHSN)? Check all that apply.

- ☐ Multidrug-resistant organism LabID
- ☐ *Clostridioides difficile* (*C. difficile*)
- ☐ Prevention process measures for hand hygiene
- ☐ Prevention process measures for enhanced barrier precautions
- ☐ Catheter-associated urinary tract infections
- ☐ Annual facility survey
- ☐ Other:

- ☐ None

Microbiology

21. Is there access to a microbiology laboratory that performs microbiology tests?
- ☐ Yes
 - ☐ No
22. Is there a system for the lab to alert units in the facility about epidemiologically important microbiology results?
- ☐ Yes, cultures or tests positive for methicillin-resistant *Staphylococcus aureus* (MRSA).
 - ☐ Yes, cultures or tests positive for other epidemiologically important results (e.g., carbapenem-resistant Enterobacteriaceae [CRE], extended-spectrum beta-lactamase (ESBL)–producing organisms, *C. difficile*, etc.).
 - ☐ No, there is no system in place to alert about these organisms.
23. Does your lab have the capacity, either in the facility or by sending the samples out to a reference lab, to process surveillance cultures?
- ☐ Yes
 - ☐ No

Surveillance and prevention activities—epidemiologically significant bacteria

24. When a resident is transferred from your facility to a different facility (e.g., acute care hospital), is there a system or policy in place for your facility to provide information to the receiving facility about whether the resident is colonized or infected with MRSA, other multidrug-resistant organisms, and/or *C. difficile*? Check all that apply.
- ☐ Yes, MRSA
 - ☐ Yes, antimicrobial-resistant gram-negative organisms
 - ☐ Yes, *C. difficile*
 - ☐ Yes, other:
 - ☐ No

25. When a resident is admitted or transferred to your facility, how often are you provided information about whether the resident is colonized or infected with MRSA, other multidrug-resistant organisms, and/or *C. difficile*?
- ☐ Always
 - ☐ Often
 - ☐ Sometimes
 - ☐ Almost never
 - ☐ Never
26. If your facility is notified that a resident admitted or transferred to your facility is colonized or infected with MRSA or other multidrug-resistant organisms, indicate how that notification is generally made. Check all that apply.
- ☐ A transfer form is completed and sent to the facility.
 - ☐ A verbal report is made conveying the information.
 - ☐ The information is noted in the medical record and flagged to draw attention to it.
 - ☐ Other:

Surveillance and prevention activities—epidemiologically significant bacteria: MRSA

27. Are residents colonized or infected with MRSA placed on either contact isolation precautions or enhanced barrier precautions which require gowns and gloves for interactions with residents in their room? [IF NO, SKIP TO QUESTION 30.]
- ☐ Yes, all residents
 - ☐ Yes, only residents with active MRSA infection
 - ☐ Yes, only residents with higher risk of transmission (e.g., draining wounds, presence of an indwelling device)
 - ☐ No
28. Is there a system in place to monitor compliance with contact isolation precautions or enhanced barrier precautions? [IF NO, SKIP TO QUESTION 30.]
- ☐ Yes, the unit(s) measure compliance.
 - ☐ Yes, infection prevention measures compliance.
 - ☐ Yes, both the unit(s) and infection prevention measure compliance.
 - ☐ No

29. How often is feedback about compliance provided to the unit(s)? Check all that apply.

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other:

- ☐ Feedback not provided

30. Is active surveillance for MRSA performed (e.g., obtaining nasal swabs for culture at set timepoints and/or repeating intervals following facility admission based on an established schedule)? [IF NO, SKIP TO QUESTION 35.]

- ☐ Yes, all residents
- ☐ Yes, select residents:

- ☐ Yes, other:

- ☐ No

31. At what timepoints or with what frequency does active surveillance for MRSA occur? Check all that apply.

- ☐ On admission
- ☐ Weekly
- ☐ Upon discharge
- ☐ Other:

32. Are rates of facility transmissions calculated (e.g., residents who have negative surveillance cultures on admission and develop MRSA colonization infection subsequently during the admission)? [IF NO, SKIP TO QUESTION 35.]

- ☐ Yes
- ☐ No

33. Are rates fed back to the unit(s)? [IF NO, SKIP TO QUESTION 35.]

- ☐ Yes
- ☐ No

34. How often are rates fed back to the unit(s)? Check all that apply.

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other:

Surveillance and prevention activities—epidemiologically significant bacteria: CRE and ESBL-producing organisms

35. Are residents colonized or infected with CREs and/or ESBL-producing organisms placed on contact isolation precautions or enhanced barrier precautions which require gowns and gloves for interactions with residents in their room?

- ☐ Yes, all residents
- ☐ Yes, only residents with active infection
- ☐ Yes, only residents with higher risk of transmission (e.g., draining wounds, diarrhea, presence of an indwelling device)
- ☐ No

Surveillance and prevention activities—device-related healthcare-associated infections: central line-associated bloodstream infection (CLABSI)

36. Is surveillance for CLABSI performed? [IF NO, SKIP TO QUESTION 40.]

- ☐ Yes
- ☐ No

37. How is surveillance for CLABSI performed? Check all that apply.

- ☐ Chart review
- ☐ Electronically by extracting data from the EHR or billing codes without chart review
- ☐ Combination of both chart review and electronically by extracting data from the EHR or billing codes
- ☐ Other:

38. Are CLABSI data fed back to the unit(s)? [IF NO, SKIP TO QUESTION 40.]

- ☐ Yes
- ☐ No

39. How often is CLABSI data fed back to the unit(s)? Check all that apply.

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other:

40. Does the facility focus on implementation of evidence-based practices for CLABSI prevention during central line maintenance? [IF NO, SKIP TO QUESTION 44.]

- ☐ Yes
- ☐ No

41. Indicate which of the following evidence-based practices for CLABSI prevention are included during central line maintenance. Check all that apply.

- ☐ Scrub the hub with friction before each use with an appropriate antiseptic.
- ☐ Use sterile devices to access catheter.
- ☐ Replace dressing that are wet, soiled, or loose.
- ☐ Routine sterile dressing changes.
- ☐ Change administration sets with recommended frequency based on circumstances.
- ☐ Other:

42. Is there a system in place to monitor compliance? [IF NO, SKIP TO QUESTION 44.]

- ☐ Yes, the unit(s) measure compliance.
- ☐ Yes, infection prevention measures compliance.
- ☐ Yes, both the unit(s) and infection prevention measure compliance.
- ☐ No

43. How often is feedback about compliance provided to the unit(s)? Check all that apply.

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other:

- ☐ Feedback not provided

Surveillance and prevention activities—hand hygiene

44. Does the infection prevention program have a surveillance program in place to assess compliance with hand hygiene? [IF NO, SKIP TO QUESTION 46.]

- ☐ Yes
- ☐ No

45. What hand hygiene elements are included? Check all that apply.

- ☐ Secret observations by unit staff
- ☐ Secret observations by individual not from the unit(s)
- ☐ Observations followed by immediate feedback
- ☐ An electronic monitoring system
- ☐ Other:

46. Are reports on compliance with hand hygiene developed and disseminated?

- ☐ Yes
- ☐ No

47. Is feedback regarding hand hygiene compliance provided to the unit(s)? [IF NO, SKIP TO QUESTION 49.]

- ☐ Yes
- ☐ No

48. How often is feedback about compliance provided to the unit(s)? Check all that apply.

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other:

49. Do staff at your facility receive training on performance of hand hygiene? Check all that apply.

- ☐ Yes, upon hire
- ☐ Yes, annually
- ☐ Yes, other:

☐ No

50. Do staff at your facility receive competency validation on performance of hand hygiene? Check all that apply.

- ☐ Yes, upon hire
- ☐ Yes, annually
- ☐ Yes, other:

☐ No

Surveillance and prevention activities—personal protective equipment (PPE)

51. Does the infection prevention program assess compliance with the use of contact isolation precautions or enhanced barrier precautions and the proper use of PPE? [IF NO, SKIP TO QUESTION 53.]

- ☐ Yes
- ☐ No

52. What PPE elements are included? Check all that apply.

- ☐ Observations by unit staff
- ☐ Observations by individual not from the unit(s)
- ☐ Observations followed by immediate feedback
- ☐ Other:

53. Are reports on compliance with use of PPE developed and disseminated?

- ☐ Yes
- ☐ No

54. Is feedback regarding use of PPE compliance provided to the unit(s)? [IF NO, SKIP TO QUESTION 56.]

- ☐ Yes
- ☐ No

55. How often is feedback about compliance provided to the unit(s)? Check all that apply.

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other:

56. Do staff at your facility receive training on use of PPE? Check all that apply.

- ☐ Yes, upon hire
- ☐ Yes, annually
- ☐ Yes, other:

- ☐ No

57. Do staff at your facility receive competency validation on use of PPE? Check all that apply.

- ☐ Yes, upon hire
- ☐ Yes, annually
- ☐ Yes, other:

☐ No

58. Does your facility have a system to ensure that personal protective equipment supplies (e.g., gloves, gowns, masks) readily available and restocked?

- ☐ Yes
- ☐ No

Surveillance and prevention activities—environmental cleaning

59. Does the infection prevention program have a surveillance program in place to assess compliance with cleaning of high-touch surfaces for both daily and discharge cleaning? [IF NO, SKIP TO QUESTION 63.]

- ☐ Yes
- ☐ No

60. Indicate which of the following elements are implemented. Check all that apply.

- ☐ Observations of cleaning
- ☐ Application of fluorescent gel markers with followup to see if markers are removed with cleaning
- ☐ Assessment of surface contamination with adenosine triphosphatase
- ☐ Other:

61. Are reports on compliance with environmental cleaning developed and disseminated? [IF NO, SKIP TO QUESTION 63.]

- ☐ Yes
- ☐ No

62. How often is feedback about compliance provided to the unit(s)? Check all that apply.

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other:

63. Do staff at your facility receive training on environmental cleaning? Check all that apply. [IF NO, SKIP TO QUESTION 65.]

- ☐ Yes, upon hire
- ☐ Yes, annually
- ☐ Yes, other:

☐ No

64. Indicate which of the following elements are included in the training on environmental cleaning. Check all that apply.

- ☐ Review of appropriate disinfectants for various situations
- ☐ Review of contact times of disinfectants
- ☐ Review of what order to clean in

65. Do staff at your facility receive competency validation on use of PPE? Check all that apply.

- ☐ Yes, upon hire
- ☐ Yes, annually
- ☐ Yes, other:

☐ No

66. Does your facility have a system to ensure that cleaning supplies are readily available and restocked?

- ☐ Yes
- ☐ No

Surveillance and prevention activities—unit/facility quality improvement activities

67. How often does the infection preventionist visit the unit(s) routinely?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Never
- ☐ Other:

68. Does the infection preventionist participate in the facility's patient safety/quality improvement meetings?

- ☐ Yes
- ☐ No

Supplemental interventions relevant to MRSA prevention—antibiotic stewardship

69. Are there antibiotic stewardship processes in place to reduce use of unnecessary antibiotics? [IF NO, SKIP TO THE END.]

- ☐ Yes
- ☐ No

70. Indicate which of the following elements are implemented. Check all that apply.

- ☐ Checklists/algorithms/guidelines regarding indications for sending cultures
- ☐ Checklists/algorithms/guidelines regarding indications for starting antibiotics
- ☐ Checklists/algorithms/guidelines regarding appropriate duration of antibiotics
- ☐ Daily time out by team to assess antibiotic use
- ☐ Post-prescription review and feedback
- ☐ Order sets for common infectious disease syndromes
- ☐ Activities to reduce the use of vancomycin
- ☐ Activities to reduce the use of fluoroquinolones

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