



Improving Skin Care and MDRO Prevention in Long-Term Care

Long-Term Care Facilities Monthly Team Checkup Tool for Improving Skin Care and MDRO Prevention

AHRQ Safety Program for MRSA Prevention

Please answer the following questions related to the prevention of multidrug-resistant organisms (MDROs) including methicillin-resistant *Staphylococcus aureus* (MRSA) with respect to your long-term care (LTC) facility for the month. If not applicable at this time, select N/A as your response.

1. In the past month, what percentage of all residents in the facility utilized chlorhexidine gluconate for any bed bath or shower?
 - ☐ Less than 25 percent
 - ☐ 25 to 50 percent
 - ☐ 51 to 75 percent
 - ☐ Greater than 75 percent
 - ☐ N/A
2. In the past month, what percentage of all residents in the facility received nasal decolonization treatment with mupirocin or iodophor?
 - ☐ Less than 25 percent
 - ☐ 25 to 50 percent
 - ☐ 51 to 75 percent
 - ☐ Greater than 75 percent
 - ☐ N/A
3. In the past month, what percentage of all residents in the facility known to have MDRO colonization or infection were placed on transmission-based precautions?
 - ☐ Less than 25 percent
 - ☐ 25 to 50 percent
 - ☐ 51 to 75 percent
 - ☐ Greater than 75 percent
 - ☐ N/A



4. In the past month, what percentage of residents in the facility with a central line (CL) inserted received the elements of the central line-associated bloodstream infection (CLABSI) prevention CL maintenance bundle (scrubbing the hub before CL access; using sterile devices for CL access; replacing CL dressings that are wet, soiled, or loose; following sterile process for dressing changes; regularly changing administration sets; performing daily assessment for line necessity, and promptly removing CL when feasible)?
- ☐ Less than 25 percent
 - ☐ 25 to 50 percent
 - ☐ 51 to 75 percent
 - ☐ Greater than 75 percent
 - ☐ N/A
5. In the past month, what percentage of high-touch surfaces in the resident rooms were adequately cleaned and disinfected? (Estimate based on your standard assessment of cleaning procedures.)
- ☐ Less than 25 percent
 - ☐ 25 to 50 percent
 - ☐ 51 to 75 percent
 - ☐ Greater than 75 percent
 - ☐ N/A
6. In the past month, what was the percentage of hand hygiene compliance among healthcare personnel in the facility? (Estimate based on your standard assessment of hand hygiene.)
- ☐ Less than 25 percent
 - ☐ 25 to 50 percent
 - ☐ 51 to 75 percent
 - ☐ Greater than 75 percent
 - ☐ N/A
7. In the past month, what was the percentage of compliance with proper use of personal protective equipment (PPE) among healthcare personnel for patients on either contact isolation precautions or enhanced barrier precautions in the facility? (Estimate based on your standard assessment of PPE compliance.)
- ☐ Less than 25 percent
 - ☐ 25 to 50 percent
 - ☐ 51 to 75 percent
 - ☐ Greater than 75 percent
 - ☐ N/A

8. In the past month, please indicate the Comprehensive Unit-based Safety Program (CUSP) activities in which your team participated in. Check all that apply.

☐ CUSP Meeting:

☐ Once

☐ Twice

☐ Other:

☐ Identify how patients may be harmed in your facility (e.g., Staff Safety Assessment)

☐ Senior executive walk rounds

☐ A morning briefing or huddle to discuss the patients.

☐ Multidisciplinary rounding stating specific goals for the patient that day (e.g., Daily Goals)

☐ Learning from defects or adverse events

☐ N/A

9. In the past month, which of the following methods did your team implement to educate the staff on your facility on MDRO prevention evidence-based practices? Check all that apply.

Members of the staff attended:

☐ Internal seminar

☐ Infection preventionist visit/talk/report

☐ Project webinar

☐ In-services/demonstrations

☐ Other:

CUSP team members:

☐ Developed a new written policy

☐ Posted evidence-based guidelines

☐ Other:

10. In the past month, how many times did the AHRQ Safety Program for MDRO Prevention team meet with your senior executive, or review your data with the senior executive or senior leadership (C-suite)?
- ☐ None
 - ☐ Once
 - ☐ Twice
 - ☐ More than twice
 - ☐ The team did not meet or review data with leadership this month
 - ☐ The facility does not currently have a senior executive for the AHRQ Safety Program
11. In the past month, how many times did your team share your MDRO prevention performance results broadly with your facility's staff? [IF THE REPORT WAS NOT SHARED, SKIP TO QUESTION 13.]
- ☐ None
 - ☐ Once
 - ☐ Twice
 - ☐ More than twice
 - ☐ Continuous sharing of data (e.g., bulletin boards, online portals)
 - ☐ The MDRO prevention data report was not shared with the facility's staff
12. In the past month, how were the data provided to your facility's staff? Check all that apply.
- ☐ Verbal report
 - ☐ Poster
 - ☐ Written report
 - ☐ Continuous sharing of data (e.g., bulletin boards, online portals)
 - ☐ Other:
13. In the past month, how many members of your team or leadership (e.g., director of nursing, administrator, etc.) permanently left your facility?
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14. In the past month, has there been any disruptive event in your facility that has distracted staff from the MDRO prevention work (e.g., emergency response; reorganization; sentinel event; accreditation activities, loss of key personnel, etc.)? [IF NO, SKIP TO QUESTION 16].
- ☐ Yes
 - ☐ No

15. What event distracted staff from the MDRO prevention work (e.g., emergency response; reorganization; sentinel event; accreditation activities, loss of key personnel, etc.).

16. In the past month, did any of the following significantly slow your team’s progress? Check all that apply.

- ☐ Insufficient knowledge of evidence-supporting interventions
- ☐ Lack of team member consensus regarding goals
- ☐ Not enough time to complete all the tasks for this project
- ☐ Insufficient quality improvement skills or resources
- ☐ Not enough buy-in from other physician staff in your area
- ☐ Not enough buy-in from other nursing staff in your area
- ☐ Not enough buy-in from other staff members in your area
- ☐ Burden of data collection
- ☐ Insufficient leadership support from executives
- ☐ Other: