



# AHRQ Safety Program for MRSA Prevention

## Gap Analysis for MRSA Prevention (Unit-Level)

ICU & Non-ICU

Please indicate which of the following methicillin-resistant *Staphylococcus aureus* (MRSA) prevention strategies are in place for patients in the participating unit.

**Question 1.** Are routine MRSA nasal surveillance cultures performed in the unit? [IF NO, SKIP TO QUESTION 5.]

- Yes
- No

**Question 2.** At what frequency are routine MRSA nasal surveillance cultures performed in the unit? Check all that apply.

- On admission
- Weekly
- Monthly
- Upon discharge
- Other

**Question 3.** Is there a system in place to monitor adherence to collecting samples for MRSA nasal surveillance cultures? Check all that apply. [IF NO, SKIP TO QUESTION 5.]

- Yes, unit personnel measure adherence.
- Yes, Infection Prevention personnel measure adherence.
- Yes, both the unit and Infection Prevention personnel measure adherence.
- Yes, adherence data are collected electronically.
- No.



**Question 4.** How often is feedback about adherence with collecting samples for MRSA nasal surveillance cultures provided to the unit?

- Weekly
- Monthly
- Quarterly
- Other
- Feedback about adherence not available to the unit

**Question 5.** Are patients who are infected or colonized with MRSA placed on contact isolation precautions? [IF NO, SKIP TO QUESTION 8.]

- Yes
- No

**Question 6.** Is there a system in place to monitor adherence to the use of contact isolation precautions for patients infected or colonized with MRSA? Check all that apply. [IF NO, SKIP TO QUESTION 8.]

- Yes, unit personnel measure adherence.
- Yes, Infection Prevention personnel measure adherence.
- Yes, both the unit and Infection Prevention personnel measure adherence.
- Yes, adherence data are collected electronically.
- No.

**Question 7.** How often is feedback about adherence to the use of contact isolation precautions for patients infected or colonized with MRSA provided to the unit?

- Weekly
- Monthly
- Quarterly
- Other
- Feedback about adherence not available to the unit

**Question 8.** Is chlorhexidine gluconate (CHG) treatment (bathing) utilized for all patients? [IF NO, SKIP TO QUESTION 13.]

- Yes
- No

**Question 9.** At what frequency is CHG treatment (bathing) utilized for all patients?

- Daily
- Every other day
- Weekly
- Other

**Question 10.** Estimate the percentage of patients who receive CHG treatment (bathing) as intended.

- 100 percent
- 75 to 99 percent
- 50 to 74 percent
- 25 to 49 percent
- Less than 25 percent

**Question 11.** Is there a system in place to monitor adherence with CHG treatment (bathing) for all patients?

Check all that apply. [IF NO, SKIP TO QUESTION 13.]

- Yes, unit personnel measure adherence.
- Yes, Infection Prevention personnel measure adherence.
- Yes, both the unit and Infection Prevention personnel measure adherence.
- Yes, adherence data are collected electronically.
- No.

**Question 12.** How often is feedback about adherence to CHG treatment (bathing) for all patients provided to the unit?

- Weekly
- Monthly
- Quarterly
- Other
- Feedback about adherence not available to the unit

[QUESTIONS 13 TO 17 ARE SKIPPED IF RESPONSE TO QUESTION 8 IS YES.]

**Question 13.** Is CHG treatment (bathing) used for patients with central lines or epidural catheters? [IF NO, SKIP TO QUESTION 18.]

- Yes
- No

**Question 14.** At what frequency is CHG treatment (bathing) used for patients with central lines or epidural catheters?

- Daily
- Every other day
- Weekly
- Other

**Question 15.** Estimate the percentage of patients with central lines or epidural catheters who receive CHG treatment (bathing) as intended.

- 100 percent
- 75 to 99 percent
- 50 to 74 percent
- 25 to 49 percent
- Less than 25 percent

**Question 16.** Is there a system in place to monitor adherence to CHG treatment (bathing) for patients with central lines or epidural catheters? Check all that apply. [IF NO, SKIP TO QUESTION 18.]

- Yes, unit personnel measure adherence.
- Yes, Infection Prevention personnel measure adherence.
- Yes, both the unit and Infection Prevention personnel measure adherence.
- Yes, adherence data are collected electronically.
- No.

**Question 17.** How often is feedback about adherence with CHG treatment (bathing) for patients with central lines or epidural catheters provided to the unit?

- Weekly
- Monthly
- Quarterly
- Other
- Feedback about adherence not available to the unit

**Question 18.** Is nasal MRSA decolonization performed for all patients in the unit? [IF NO, SKIP TO QUESTION 21.]

- Yes, with mupirocin
- Yes, with iodophor
- Yes, with ethyl alcohol compound
- No

**Question 19.** Is there a system in place to monitor adherence to nasal MRSA decolonization for all patients? Check all that apply. [IF NO, SKIP TO QUESTION 21.]

- Yes, unit personnel measure adherence.
- Yes, Infection Prevention personnel measure adherence.
- Yes, both the unit and Infection Prevention personnel measure adherence.
- Yes, adherence data are collected electronically.
- No.

**Question 20.** How often is feedback about adherence to nasal decolonization for all patients provided to the unit?

- Weekly
- Monthly
- Quarterly
- Other
- Feedback about adherence not available to the unit

**Question 21.** Is nasal decolonization performed for patients with MRSA infection or colonization? [IF NO, SKIP TO QUESTION 24.]

- Yes, with mupirocin
- Yes, with iodophor
- Yes, with ethyl alcohol compound
- No

**Question 22.** Is there a system in place to monitor adherence to nasal decolonization for patients with MRSA infection or colonization? Check all that apply. [IF NO, SKIP TO QUESTION 24.]

- Yes, unit personnel measure adherence.
- Yes, Infection Prevention personnel measure adherence.
- Yes, both the unit and Infection Prevention personnel measure adherence.
- Yes, adherence data are collected electronically.
- No.

**Question 23.** Are patients who are colonized or infected with MRSA placed on contact isolation precautions?

- Yes
- No

**Question 24.** Does this unit participate in a hand hygiene monitoring and feedback program? [IF NO, SKIP TO QUESTION 27.]

- Yes
- No

**Question 25.** Who does the monitoring for the hand hygiene monitoring and feedback program? Check all that apply.

- Unit personnel
- Personnel from another unit
- Infection Prevention personnel
- "Secret shoppers" unknown to the unit
- An electronic hand hygiene monitoring system
- Other

**Question 26.** How often is feedback about hand hygiene adherence provided to the unit?

- Weekly
- Monthly
- Quarterly
- Other
- Feedback about adherence not available to the unit

**Question 27.** Does the unit have a bundle of evidence-based practices for prevention of central line-associated bloodstream infection (CLABSI) that are utilized at the time of central line insertion? [IF NO, SKIP TO QUESTION 31.]

- Yes
- No

**Question 28.** Which of the following practices are included in the bundle of evidence-based practices for CLABSI prevention at the time of central line insertion? Check all that apply.

- Hand hygiene
- Aseptic technique
- Maximal sterile barrier precautions (e.g., full body drape for the patient and sterile attire for all personnel participating in the central line placement)
- CHG for skin preparation
- Avoidance of the femoral site
- Application of a sterile dressing

**Question 29.** Is there a system in place to monitor adherence to some or all of these elements at the time of central line insertion? Check all that apply. [IF NO, SKIP TO QUESTION 31.]

- Yes, unit personnel measure adherence.
- Yes, Infection Prevention personnel measure adherence.
- Yes, both the unit and Infection Prevention personnel measure adherence.
- Yes, adherence data are collected electronically.
- No.

**Question 30.** How often is feedback about adherence to CLABSI prevention bundle elements provided to the unit?

- Weekly
- Monthly
- Quarterly
- Other
- Feedback about adherence not available to the unit

**Question 31.** Does the unit have a bundle of evidence-based practices for prevention of CLABSI that are utilized during central line maintenance? [IF NO, SKIP TO QUESTION 35.]

- Yes
- No

**Question 32.** Which of the following practices are included in the bundle of evidence-based practices for CLABSI prevention 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 the catheter.
- Replace dressings that are wet, soiled, or loose.
- Routine sterile dressing changes.
- Change administration sets with recommended frequency based on circumstances.
- CHG bathing for patients with central lines.
- Daily assessment for line necessity and prompt removal of central lines as soon as possible.
- Other.

**Question 33.** Is there a system in place to monitor adherence to CLABSI prevention bundle elements during central line maintenance? [IF NO, SKIP TO QUESTION 35.]

- Yes, unit personnel measure adherence.
- Yes, Infection Prevention personnel measure adherence.
- Yes, both the unit and Infection Prevention personnel measure adherence.
- Yes, adherence data are collected electronically.
- No.

**Question 34.** How often is feedback about adherence to CLABSI prevention bundle elements during central line maintenance provided to the unit?

- Weekly
- Monthly
- Quarterly
- Other
- Feedback about adherence not available to the unit

**Question 35.** Does the unit have a process for monitoring the effectiveness of environmental cleaning of high-touch surfaces for daily and discharge cleaning? [IF NO, SKIP TO QUESTION 38.]

- Yes
- No



**Question 36.** Which of the following methods are used to monitor the effectiveness of cleaning of high-touch surfaces? Check all that apply.

- Direct observation of cleaning practices
- Application of fluorescent gel markers with followup to see if markers are removed with cleaning
- Assessment of surface contamination using the adenosine triphosphate (ATP) system
- Other

**Question 37.** How often is feedback about adherence to effective cleaning of high-touch surfaces provided to the unit?

- Weekly
- Monthly
- Quarterly
- Other
- Feedback about adherence not available to the unit

**Question 38.** Is there a process for training unit staff about appropriate methods for blood culture collection?

- Yes
- No
- Blood cultures not collected by unit staff

**Question 39.** Is there a protocol to promote peripheral blood samples and limit the use of central lines to obtain samples for blood cultures?

- Yes
- No

**Question 40.** Is there a protocol and training to promote best practices for the appropriate utilization of blood cultures (e.g., obtaining blood cultures only when indicated and sending two sets rather than a single blood culture)?

- Yes
- No

**Question 41.** Is feedback provided to the unit regarding blood culture contamination rates?

- Yes
- No

[THIS CONCLUDES THE SURVEY FOR NON-ICU UNITS. FOR ICU UNITS, PLEASE CONTINUE TO QUESTION 42.]

**Question 42.** Does the unit have a bundle of evidence-based practices for prevention of ventilator-associated pneumonia (VAP)?

- Yes
- No

**Question 43.** Which of the following practices are included in the bundle of evidence-based practices for VAP prevention? Check all that apply.

- Elevation of the head of the bed to 30 to 45 degrees
- Daily sedation vacation
- Daily assessment of readiness to wean
- Use of subglottic secretion suction
- Other

**Question 44.** Is there a system to monitor adherence to VAP prevention bundle elements? Check all that apply. [IF NO, SKIP TO THE END.]

- Yes, unit personnel measure adherence.
- Yes, Infection Prevention personnel measure adherence.
- Yes, both the unit and Infection Prevention personnel measure adherence.
- Yes, adherence data are collected electronically.
- No.

**Question 45.** How often is feedback about adherence with the VAP prevention bundle elements provided to the unit?

- Weekly
- Monthly
- Quarterly
- Other
- Feedback about adherence not available to the unit