



AHRQ Safety Program for MRSA Prevention

Gap Analysis for MRSA Prevention (Hospital-Level)

ICU & Non-ICU

Please answer the following questions related to methicillin-resistant *Staphylococcus aureus* (MRSA) prevention for the participating hospital. All questions are required unless indicated by skip logic.

The first few questions are about staffing.

Question 1. What is the number of Infection Preventionists (ICP) full-time equivalents (FTEs) for the

Question 2. Is there a hospital epidemiologist? [IF NO, SKIP TO QUESTION 5.]

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

Question 3. How much time does the hospital epidemiologist dedicate to the Infection Prevention program? Your answer can be in reference to percent effort, hours per week, or FTEs.

Question 4. Is the hospital epidemiologist available to the Infection Prevention program on a daily basis?

- No
- Rarely
- Usually
- Always



The next few questions are about senior leadership.

Question 5. What is the position title and department of the staff member to whom the Infection Prevention program reports? Please only provide position title and department, not a specific name.

Question 6. How often does Infection Prevention leadership meet with senior leadership?

- Weekly
- Monthly
- Quarterly
- Annually
- Never
- Other

Question 7. Does senior leadership actively promote/support Infection Prevention activities? Check all that apply.

- No
- Yes, Infection Control Committee member
- Yes, provides adequate funding for Infection Prevention
- Yes, provides funding for Infection Prevention member training
- Yes, promotes Infection Prevention messages via newsletters, screen savers, etc.
- Yes, provides back up to the Infection Prevention program if employees do not follow policies and procedures
- Yes, other

The next few questions are about data analysis and management.

Question 8. Is a data analyst available to assist with obtaining and analyzing Infection Prevention data? [IF NO, SKIP TO QUESTION 10.]

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

Question 9. Is access to the data analyst adequate to meet program goals?

- Yes
- No

Question 10. 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

Question 11. Which of the following Infection Prevention data are submitted to Centers for Disease Control and Prevention (CDC)/National Healthcare Safety Network (NHSN)? Check all that apply.

- MRSA bacteremia
- Central line-associated bloodstream infection (CLABSI)

The next few questions are about microbiology.

Question 12. Is there a microbiology laboratory on site?

- Yes
- No

Question 13. Does the Infection Prevention team have access to microbiology results as soon as those results are confirmed?

- Yes
- No

Question 14. Is there a system to alert the infection control team about epidemiologically important microbiology results? Check all that apply.

- Yes, cultures or tests positive for MRSA.
- Yes, cultures or tests positive for other epidemiologically important results (e.g., carbapenem-resistant *Enterobacteriales* [CRE], *Clostridioides difficile*).
- No, there is no system in place to alert about these organisms.

Question 15. Is there a system to alert units about epidemiologically important microbiology results? Check all that apply.

- Yes, cultures or tests positive for MRSA.
- Yes, cultures or tests positive for other epidemiologically important results (e.g., CRE, *Clostridioides difficile*).
- No, there is no system in place to alert about these organisms.

Question 16. Does your laboratory have the capacity to process surveillance cultures either on-site or by sending samples to a reference laboratory?

- Yes
- No

The next few questions are about infection preventionist(s)' interactions with units.

Question 17. Is an infection preventionist assigned to each intensive care unit (ICU) in the hospital?

- Yes
- No

Question 18. Is an infection preventionist assigned to each non-intensive care unit (non-ICU) in the hospital?
[IF BOTH QUESTION 17 AND 18 ARE NO, SKIP TO QUESTION 20.]

- Yes
- No

Question 19. How often does the infection preventionist visit their unit(s) routinely?

- Daily
- At least weekly
- At least monthly
- At least quarterly
- As needed
- Never

Question 20. Does the infection preventionist participate in their unit's patient safety/quality improvement meetings?

- Yes
- No

Question 21. Does the infection preventionist participate in rounds to assess compliance with the following at least quarterly:

CLABSI prevention bundles:

- Yes
- No

Isolation precaution compliance:

- Yes
- No

Other:

- Yes
- No

Hand hygiene:

- Yes
- No

Environment of care:

- Yes
- No

The next few questions are about MRSA surveillance.

Question 22. Are patients who are colonized or infected with MRSA identified by the infection control team as soon as those microbiology results are confirmed? [IF NO, SKIP TO QUESTION 24.]

- Yes
- No

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

- Yes, all patients
- Yes, patients in selected units
- No
- N/A

Question 24. Is active surveillance for MRSA performed (e.g., obtaining nasal swabs for culture at regular intervals or MRSA testing by other means)? Check all that apply. [IF NO, SKIP TO QUESTION 29.]

- Yes, all patients
- Yes, patients in all ICUs
- Yes, patients in select ICUs
- Yes, patients on all floor units
- Yes, patients on select floor units
- No

Question 25. With what frequency does active surveillance for MRSA occur? Check all that apply.

- On admission
- Weekly
- Upon discharge
- Other

Question 26. 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)? [IF NO, SKIP TO QUESTION 29.]

- Yes
- No

Question 27. Are rates of hospital-acquired transmissions fed back to units? [IF NO, SKIP TO QUESTION 29.]

- Yes
- No

Question 28. At what frequency are the rates of hospital-acquired transmissions fed back to units?

- Weekly
- Monthly
- Quarterly
- Other

Question 29. Is surveillance for MRSA bacteremia laboratory identification (LabID) events performed? [IF NO, SKIP TO QUESTION 32.]

- Yes
- No

Question 30. Are data on MRSA bacteremia LabID events fed back to units? [IF NO, SKIP TO QUESTION 32.]

- Yes
- No

Question 31. At what frequency are the data on MRSA bacteremia LabID events fed back to units?

- Weekly
- Monthly
- Quarterly
- Other

The next few questions are about CRE surveillance.

Question 32. Are patients who are colonized or infected with CREs identified as soon as microbiology results are confirmed by the infection control team? [IF NO, SKIP TO QUESTION 34.]

- Yes
- No

Question 33. Are patients who are colonized or infected with CREs placed in contact precautions?

- Yes, all patients
- Yes, patients in select units
- No
- N/A

The next few questions are about CLABSI surveillance.

Question 34. Is CLABSI surveillance performed? [IF NO, SKIP TO QUESTION 38.]

- Yes
- No

Question 35. How is CLABSI surveillance done?

- Via manual chart review only
- Electronically by extracting data from the EHR or billing codes without chart review
- A combination of both chart review and electronic data extraction from the EHR or billing codes

Question 36. Are the CLABSI surveillance data fed back to units? [IF NO, SKIP TO QUESTION 38.]

- Yes
- No

Question 37. At what frequency are the CLABSI surveillance data fed back to units?

- Weekly
- Monthly
- Quarterly
- Other

The next few questions are about hand hygiene and personal protective equipment (PPE) surveillance.

Question 38. Does the Infection Prevention program have a surveillance program in place to assess compliance with hand hygiene? [IF NO, SKIP TO QUESTION 42.]

- Yes
- No

Question 39. What are the elements of the surveillance program? Check all that apply.

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

Question 40. Is feedback regarding hand hygiene compliance provided to units? [IF NO, SKIP TO QUESTION 42.]

- Yes
- No

Question 41. At what frequency is feedback regarding hand hygiene compliance provided to units?

- Weekly
- Monthly
- Quarterly
- Other

Question 42. Does the Infection Prevention program assess compliance with isolation precautions and use of PPE? [IF NO, SKIP TO QUESTION 46.]

- Yes
- No

Question 43. How is compliance with isolation precautions and use of PPE monitored? Check all that apply.

- Ongoing observations on the units
- Unit self-assessments
- Periodic observation assessments (e.g., quarterly, semi-annually)
- Other

Question 44. Is feedback regarding compliance with isolation precautions and use of PPE provided to units? [IF NO, SKIP TO QUESTION 46.]

- Yes
- No

Question 45. At what frequency is feedback regarding compliance with isolation precautions and use of PPE provided to units?

- Weekly
- Monthly
- Quarterly
- Other

The next few questions are about environmental cleaning surveillance.

Question 46. 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? [IF NO, SKIP TO QUESTION 48.]

- Yes
- No

Question 47. How is compliance with cleaning of high-touch surfaces monitored? Check all that apply.

- Ongoing observation on the units
- Checklists for cleaning surfaces and items
- Marking surfaces with fluorescent dye or other markers to assess removal
- Adenosine triphosphate (ATP) system or other rapid detection of surface contamination
- Other

The next few questions are about ventilator-associated events (VAE).

Question 48. Do units admit or care for patients receiving mechanical ventilation? [IF NO, SKIP TO QUESTION 54.]

- Yes
- No

Question 49. Is VAE surveillance performed? [IF NO, SKIP TO QUESTION 54.]

- Yes
- No

Question 50. At what frequency is VAE surveillance performed?

- Quarterly
- One quarter per year
- Two quarters per year
- Other

Question 51. Is VAE surveillance done via chart review, electronically, or a combination of chart review and electronically?

- Via chart review
- Electronically
- A combination of both

Question 52. Are the VAE surveillance data fed back to units? [IF NO, SKIP TO QUESTION 54.]

- Yes
- No

Question 53. At what frequency are the VAE surveillance data fed back to units?

- Weekly
- Monthly
- Quarterly
- Other

The last few questions are about antimicrobial stewardship activities.

Question 54. Does the hospital have an antibiotic stewardship program or processes to reduce use of unnecessary antibiotics? [IF NO, SKIP TO THE END.]

- Yes
- No

Question 55. Which of the following antimicrobial stewardship interventions are implemented? Check all that apply.

- Pre-prescription approval
- Daily time-out by team to assess antibiotic use
- Post-prescription review and feedback by the antibiotic stewardship program
- Rounds with the antibiotic stewardship program
- Order sets for common infectious disease syndromes
- Activities to reduce the use of vancomycin
- Activities to reduce the use of fluoroquinolones
- Other