

Oregon 2016 HAI SNF Survey

Oregon 2016 HAI Skilled Nursing Facility Survey

The Oregon Health Authority and the Drug-Resistant Organism Prevention and Coordinated Regional Epidemiology (DROP-CRE) Network request your timely response to complete the HAI Program mandatory survey ([OAR 333-018-0120](#)).

This year, we've combined surveys from DROP-CRE and Emerging Infections Program (EIP) to minimize the number of survey requests to our partners.

This questionnaire should be answered by the person with the best knowledge of infection tracking and infection prevention at your skilled nursing facility; this is often the Director of Nursing.

Survey completion will take about 1 hour.

Please complete one survey per facility.

Complete survey within 30 days of the date received.

Please contact Kate Ellingson at 971-673-1111 or katherine.ellingson@state.or.us with any questions.

Thank you for your assistance.

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Basic Information

*** 1. Respondent Information**

Facility name

Your name

Job title

Email address

Phone number

Permanent or
generic email
address for your
facility or position,
if available

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Facility Characteristics

Answer the questions in this section based on the status of your facility today.
Check all that apply.

*** 2. Which of the following resident services are delivered in your facility?**

	Yes
Long-term general nursing	<input type="radio"/>
Long-term dementia	<input type="radio"/>
Skilled nursing/short-term (subacute) rehabilitation	<input type="radio"/>
Long-term psychiatric (non-dementia)	<input type="radio"/>
Management of residents on a ventilator	<input type="radio"/>
Management of bariatric residents	<input type="radio"/>
Management of hospice/palliative care residents	<input type="radio"/>
Management of residents with a tracheostomy	<input type="radio"/>
IV infusions using central lines	<input type="radio"/>
Dedicated staff to provide wound care	<input type="radio"/>
24-hour a day on-site supervision by RN	<input type="radio"/>
Other (please explain below)	<input type="radio"/>

Other comments (please specify)

*** 3. Which laboratory(ies) provides your facility's microbiology laboratory services?**

Primary microbiology laboratory

Secondary microbiology laboratory

(if none, leave blank)

*** 4. Which laboratory(ies) perform(s) C. difficile testing for your facility?**

If more than one laboratory, list from most frequently used (1) to least frequently (2).

Primary CDI Laboratory

Secondary CDI Laboratory *(if applicable)*

*** 5. Does your microbiology laboratory provide a report summarizing the percent of antibiotic resistance seen in common organisms identified in cultures sent from your facility (often called an antibiogram)?**

- Yes
- No
- Unsure

If you do have an cumulative susceptibility report (antibiogram), please send the most recent report (antibiogram) to katherine.ellingson@state.or.us. Thanks!

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Facility Infection Control (IC) Program

*** 6. IC Practices**

Total staff hours per week dedicated to infection prevention and control activity in facility:

Total hours per week performing surveillance:

Total hours per week for infection prevention and control activities other than surveillance:

*** 7. Our facility has a written policy about...**

	Yes	No	Unsure
Antibiotic stewardship practices by providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prioritization of urinary catheter removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injection safety which includes protocols for performing finger sticks and point of care testing (e.g., assisted monitoring of blood glucose, or AMBG).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking personnel access to controlled substances to prevent narcotics theft/drug diversion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 8. Does your facility have a drug diversion prevention program that includes consultation with the person responsible for infection prevention when drug tampering is suspected or identified?**

- Yes
- No
- Unsure

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Antibiotic Stewardship Practices

The next series of questions pertain to antibiotic stewardship practices.

Please refer to the person(s) in your facility familiar with antibiotic stewardship responsibilities to answer the following questions.

*** 9. Who at your facility is responsible for activities related to appropriate antibiotics use (e.g., antibiotic stewardship)?**

Check all that apply.

- Not applicable, review of antibiotic utilization is not performed.
- Consultant Pharmacist
- Infection Preventionist
- Medical director
- Other Infectious Diseases clinician
- Other Non-Infectious Diseases clinician
- Director of Nursing
- Other (please specify)

*** 10. Does your facility restrict the use of specific antibiotics?**

- Yes
- No
- Unsure

*** 11. Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry?**

- Yes, but adherence to the policy to document an indication has not been monitored.
- Yes, and adherence to the policy to document an indication is monitored.
- No
- Unsure

*** 12. Does your facility provide facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic decision making for common clinical conditions (e.g., UTIs, bronchitis)?**

- Yes, but adherence to treatment recommendations has not been monitored.
- Yes, and adherence to treatment recommendations has been monitored.
- No
- Unsure

*** 13. Is there a formal procedure for performing a follow-up assessment 2-3 days after a new antibiotic start to determine whether the antibiotic is still indicated and appropriate (e.g., antibiotic time out)?**

- Yes
- No
- Unsure

*** 14. Does a physician, nurse, or pharmacist review courses of therapy for specified antibiotic agents and communicate results with prescribers (i.e., audit with feedback) at your facility?**

- Yes
- No
- Unsure

*** 15. Does the pharmacy service provide a monthly report of antibiotic use (e.g., new orders, number of days of antibiotic treatment, indication documented) for the facility?**

- Yes
- No
- Unsure

*** 16. Does your facility have policies to promote the prescription of probiotics (e.g., yogurt or pills) for eligible residents receiving antibiotics?**

- Yes
- No
- Unsure
- Other (please specify)

*** 17. Has your facility provided education in the past 12 months to clinicians and other relevant staff on improving antibiotic use?**

- Yes
- No
- Unsure

*** 18. Has your facility completed the 2016 National Health Safety Network (NHSN) Annual Long-Term Care Facility Survey?**

- Yes, done!
- No, but planning to start within the year.
- No, no plans to report.

*** 19. Does your facility report into the NHSN Antibiotic Utilization or Antibiotic Resistance (AU/AR) Module?**

- Yes
- No, but planning to start within the year
- No, no plans to report
- Unsure

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Electronic Health Record Utilization

This section asks about the different vendors of electronic health systems (EHR) your hospital uses for admissions, medications, and laboratory to assess readiness for electronic reporting.

You may find it helpful to refer to someone knowledgeable about your facility's EHR to answer this portion.

ADT = admissions/discharge/transfer

eMAR = electronic medication administration record

BCMA = barcode medication administration

LIS = laboratory information system

*** 20. Does your facility use one or more electronic health records (EHR) systems, such as for resident records, lab results, admission/discharge/transfer (ADT), or medication administration (eMAR, BCMA)?**

- Yes *go to Q. 21*
- No *go to Q. 30*
- Unsure *go to Q. 21*

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EHR Multiple Vendors: ADT

*** 21. Does your facility use an electronic Admission/Discharge/Transfer (ADT) system or registry?**

- Yes *go to Q. 22*
- No *go to Q. 24*
- Unsure *go to Q.24*

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ADT Vendors

*** 22. If yes, which ADT vendor system does your facility use?**

- 6N Systems
- ADS Data Systems
- American Data
- American HealthTech
- Americana Corp's AmeraCare System
- AOD - Answers Certified EHR

- BlueStep Systems, LLC
- BridgeGate International
- CareVoyant
- Catalyst Healthcare, Ltd
- Cerner - Millennium
- ElderSuite
- Extended Care Professional
- Galaxy Hosted Software
- Health Care Software, Inc. (HCS) INTERACTANT
- HealthMEDX
- Hi-Tech Software Solutions
- LINTECH
- MDI Achieve - MatrixCare
- MelyxPro
- Momentum Healthware, inc.
- New Tech Computer Systems - PioneerACMS
- NextGen Ambulatory EHR
- NextGen Inpatient Clinicals
- NTT DATA
- Optimus EMR
- PointClickCare
- Procura Health Management Systems
- Progresa Health Systems
- Reliable Health Systems
- ResCare, LLC
- Saunders Associates SAEnCompass
- SigmaCare
- SOS Corporation
- Suncoast Solutions
- Yardi/ALMSA
- System developed in-house

Other (please specify)

*** 23. Are there plans to change the ADT system vendor?**

- No
- Yes: next 6 months. *Please indicate new vendor in the comment field below.*
- Yes: next 7-12 months. *Please indicate new vendor in the comment field below.*
- Yes: next >13 months. *Please indicate new vendor in the comment field below.*

New vendor:

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Multiple EHR Vendors: eMAR

*** 24. Does your facility use an electronic Medication Administration Record (eMAR)?**

- Yes *go to Q. 25*
- No *go to Q. 27*
- Unsure *go to Q. 27*

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eMAR Vendors

*** 25. If yes, which eMAR vendor system does your facility use?**

- 6N Systems
- ADS Data Systems
- American Data
- American HealthTech
- Americana Corp's AmeraCare System
- AOD - Answers Certified EHR

- BlueStep Systems, LLC
- BridgeGate International
- CareVoyant
- Catalyst Healthcare, Ltd
- Cerner - Millennium
- ElderSuite
- Extended Care Professional
- Galaxy Hosted Software
- Health Care Software, Inc. (HCS) INTERACTANT
- HealthMEDX
- Hi-Tech Software Solutions
- LINTECH
- MDI Achieve - MatrixCare
- MelyxPro
- Momentum Healthware, inc.
- New Tech Computer Systems - PioneerACMS
- NextGen Ambulatory EHR
- NextGen Inpatient Clinicals
- NTT DATA
- Optimus EMR
- PointClickCare
- Procura Health Management Systems
- Progresa Health Systems
- Reliable Health Systems
- ResCare, LLC
- Saunders Associates SAEnCompass
- SigmaCare
- SOS Corporation
- Suncoast Solutions
- Yardi/ALMSA
- System developed in-house

Other (please specify)

*** 26. Are there plans to change the eMAR system vendor?**

- No
- Yes: next 6 months. *Please indicate new vendor in the comment field below.*
- Yes: next 7-12 months. *Please indicate new vendor in the comment field below.*
- Yes: next >13 months. *Please indicate new vendor in the comment field below.*

New vendor:

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Multiple EHR Vendors: BCMA

*** 27. Does your facility use an electronic Barcode Medication Administration (BCMA) system?**

- Yes *go to Q. 28*
- No *go to Q. 30*
- Unsure *go to Q. 30*

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BCMA Vendors

*** 28. If yes, which BCMA vendor system does your facility use?**

- 6N Systems
- ADS Data Systems
- American Data
- American HealthTech
- Americana Corp's AmeraCare System
- AOD - Answers Certified EHR

- Atlas Development Corporation Carefusion/Medmined
- BlueStep Systems, LLC
- BridgeGate International
- CareVoyant
- Catalyst Healthcare, Ltd
- Cerner - Millennium
- Cerner Corporation
- Clinical IT (Hospira, Inc.)
- ElderSuite
- Epic Systems Corporation
- Extended Care Professional
- Galaxy Hosted Software
- Health Care Software, Inc. (HCS) INTERACTANT
- HealthMEDX
- Hi-Tech Software Solutions
- ICNet
- Intelligent Medical Systems
- LINTECH
- MDI Achieve - MatrixCare
- MelyxPro
- Momentum Healthware, inc.
- New Tech Computer Systems - PioneerACMS
- NextGen Ambulatory EHR
- NextGen Inpatient Clinicals
- NTT DATA
- Optimus EMR
- PointClickCare
- Procura Health Management Systems
- Progresa Health Systems
- Reliable Health Systems
- ResCare, LLC

- RL Solutions
- SafetySurveillor(R) by Premier
- Saunders Associates SAEnCompass
- SigmaCare
- SOS Corporation
- Suncoast Solutions
- TheraDoc
- Truven Health Analytics
- Vecna Technologies
- Yardi/ALMSA
- System developed in-house
- Other (please specify)

*** 29. Are there plans to change the BCMA system vendor?**

- No
- Yes: next 6 months. *Please indicate new vendor in the comment field below.*
- Yes: next 7-12 months. *Please indicate new vendor in the comment field below.*
- Yes: next >13 months. *Please indicate new vendor in the comment field below.*

New vendor:

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Multidrug-resistant Organisms (MDROs)

This section asks about your facility's current practices regarding multidrug-resistant organisms (MDROs) and *C. difficile*.

MDROs include methicillin-resistant *Staphylococcus aureus* (MRSA), carbapenem-resistant *Enterobacteriaceae* (CRE like *E. coli*, *Klebsiella spp.*), vancomycin-resistant *Enterococcus spp.* (VRE), and multidrug-resistant *Acinetobacter baumannii* (MDR-Ab).

*** 30. How does your facility typically identify MDROs on or prior to resident admission?**

Select all that apply.

- Not applicable, a history of MDRO or *C. difficile* is not routinely looked for on admission.
- Chart review by a case manager, social worker or discharge planner before the resident arrives at your facility.
- Admission department asks referring facility if Transmission-Based Precautions are needed.
- MDRO interfacility transfer form from transferring facility.
- Specific MDRO field on transfer documents.
- Transferring facility calls to say that the resident has a history of an MDRO.
- Chart review after resident has arrived.
- "Flag" or alert in resident's medical chart from a previous admission.
- Nursing admission form
- Other (please specify)

*** 31. What types of residents does your facility routinely screen on admission for the following bacteria:**

"Screening" means to try to find the organism in a patient without symptoms.

	All admitted residents	Resident at high-risk of transmission (e.g., wound, indwelling devices, from endemic area)	Residents with a history of infection	Other resident criteria	No, we don't screen residents on admission.
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin-resistant <i>Enterococcus</i> (VRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbapenemase-resistant <i>Enterobacteriaceae</i> (CRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other multidrug-resistant Gram-negative rods (e.g., ESBL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clostridium difficile</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other MDRO not listed above:

*** 32. Does your facility screen residents on admission for the following multidrug-resistant organisms?**

"Screening" means to test residents without symptoms.

	All admitted residents	Resident at high-risk of transmission (e.g., wound, indwelling devices, from endemic area)	Residents with a history of infection	Other resident criteria	No, we don't screen residents on admission.
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin-resistant <i>Enterococcus</i> (VRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbapenemase-resistant <i>Enterobacteriaceae</i> (CRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other multidrug-resistant Gram-negative rods (e.g., ESBL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clostridium difficile</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other MDRO not listed above:

* 33. Indicate how your facility routinely screens new residents on admission for colonization with any of the following:

"Screening" means to try to find the organism in a patient without symptoms.

	We do not screen for this.	Nasal swabs	Wound swabs	Rectal swabs	Sputum	Urine	Other skin site
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin-resistant <i>Enterococcus</i> (VRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbapenemase- resistant <i>Enterobacteriaceae</i> (CRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other multidrug- resistant Gram- negative rods (e.g., ESBL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clostridium difficile</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other MDRO not listed above:

*** 34. For which residents does your facility routinely require use of gowns/gloves for care..**

	All <u>colonized</u> residents	<u>Colonized</u> residents at high-risk for transmission (e.g., wounds, diarrhea, indwelling device)	Residents with active <u>infection</u>	Other resident criteria	None
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin-resistant <i>Enterococcus</i> (VRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other multidrug-resistant Gram-negative rods (e.g., ESBL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clostridium difficile</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Interfacility Transfer Communication

Please read this section before answering the next question:

Effective January 1, 2014, when a referring facility transfers or discharges a patient who is infected or colonized with a multidrug-resistant organism (MDRO) or pathogen which warrants Transmission Based Precautions, it must include written notification of the infection or colonization to the receiving facility in transfer documents.

The referring facility must ensure that the documentation is readily accessible to all parties involved in patient transfer (for example, referring facility, medical transport, emergency department, receiving facility) [*Communication during Patient Transfer of Multidrug-Resistant Organisms*, Oregon Administrative Rule [333-019-0052](#)].

*** 35. Which of the following statements best describes your facility's current implementation of the above rule ([OAR 333-019-0052](#))?**

- I was not previously aware of such a rule.
- I have heard of the rule, but I don't understand how to put it into practice.
- I understand the rule, but my facility has not yet put it into practice.
- My facility has put into practice written interfacility communication of MDROs since January 2014.
- My facility met the requirements of the rule before the rule went into effect January 2014.
- Other (please specify)

*** 36. Describe your facility's protocol for receiving and sending communication of multidrug-resistant organisms and other transmissible infectious diseases from and to other healthcare facilities.**

37. Who or what department is responsible for completion of the interfacility transfer document?

38. Who or what department is responsible for sending the interfacility transfer document with the resident?

*** 39. What percentage of the time does...**

...your facility notify in writing the receiving facility of a resident's MDRO or CDI status upon transfer?

...the transferring facility notify in writing your facility of a resident's MDRO or CDI status upon transfer?

*** 40. Please send a sample of your facility's interfacility transfer communication form or field to communicate infection or colonization with an MDRO, CDI, or other communicable infection (e.g., TB) to katherine.ellingson@state.or.us. Thanks!**

- Ok, done.
- Ok, will do later.
- We don't have one.

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Carbapenem-resistant Enterobacteriaceae (CRE)

*** 41. During the past 12 months, have you read or used the “Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE): 2013 or 2016 Oregon Toolkit?”**

- Yes
- No
- Unsure

*** 42. Between January 1, 2015, and December 31, 2015, how many residents with CRE (resistant to at least one carbapenem) have been admitted at your facility?**

*** 43. During the past 12 months, has your facility declined admission to a CRE-infected or -colonized person?**

- Yes
- No
- Unsure
- Other (please specify)

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C. difficile Infection

* 44. How often do providers in your facility prescribe treatment for *C. diff* to residents with acute diarrhea without ordering testing on the resident's stool?

Acute diarrhea = diarrhea lasting <7 days and not associated with a chronic GI disorder.

- Never (0%)
- Rarely (<20%)
- Sometimes (20-79%)
- Often (80-99%)
- Always (100%)

* 45. How has the frequency with which providers at your facility treat for *C. diff* without ordering testing changed since 2011?

- Increased
- Decreased
- Stayed the same
- Do not know

* 46. If a resident who has previously tested positive for *C. diff* has a recurrent episode of diarrhea, how often do providers in your facility treat for *C. diff* without ordering testing on the resident's stool?

- Never (0%)
- Rarely (<20%)
- Sometimes (20-79%)
- Often (80-99%)
- Always (100%)

* 47. How has the frequency with which providers at your facility treat for suspected recurrent C. diff without ordering testing on the resident's stool changed since 2011?

- Increased
- Decreased
- Stayed the same
- Do not know

* 48. How long do residents with *C. diff* diarrhea require Contact Precautions (not just isolation)?

49. If Contact Precautions for a *C. diff* patient are removed sooner than discharge, what criteria are used to remove them?

* 50. Does your facility track occurrences of *C. diff* among residents?

- Yes
- No
- Don't know

* 51. During the past 12 months, how many residents had *C. diff* present on admission to your facility from the hospital or community?

* 52. During the past 12 months, how many residents developed *C. diff* while in your facility (not present on admission)?

* 53. Does your facility currently report any surveillance data into the National Health Safety Network (NHSN) database?

- Yes *go to Q. 54*
- No *go to Q.56*
- Don't know *go to Q. 56*

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National Health Safety Network (NHSN)

*** 54. How many staff total are trained to report to the National Health Safety Network (NHSN)? (Include yourself)**

*** 55. What modules are you reporting to NHSN?**

C. diff infection LabID events

MDRO LabID events

Hand hygiene events

PPE events

Don't know

Other (please specify)

*** 56. Are you interested in joining a small collaborative of 24 other nursing homes to work on an important *C. diff* quality improvement initiative?**

Yes

Maybe

No

Comment

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Employee Health Activities

*** 57. Which of the following strategies did you use to deliver and promote healthcare personnel influenza vaccination at your facility?**

Check all that apply.

- Mobile carts
- Centralized mass vaccination fairs
- Peer vaccinators
- Provided vaccination in congregate areas (e.g., conferences/meetings or cafeteria)
- Provided vaccination at occupational health clinic
- Incentives
- Reminders by mail, email, pager, or text
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Campaign including posters, flyers, buttons, fact sheets*Required vaccination or wearing of a mask during influenza season
- Required declination form
- Other (please specify)

58. What strategies have been most successful?

59. What other strategies not already in place might be useful to improve vaccination?

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Outbreak Detection & Response Capacity

An outbreak is defined generally as incidence of a disease at a higher than expected rate.

For rare events like healthcare-associated infections, this usually means 2 or more cases of the same infection in hospitalized patients or staff with similar exposures. For example:

--2 or more surgical site infections with the same organism in patients undergoing the same or similar surgery;

- CRE infections in 2 or more patients who underwent the same procedure (e.g., duodenoscopy);
- 2 or more cases of nosocomial influenza on a unit;
- 2 or more staff calling in sick from the same unit with the same symptoms.

As outbreaks, these are reportable to local public health under state law ([OAR 333-018-0000 thru 0145](#)), even if the organism is not specifically listed on the Oregon's reportable disease list (www.healthoregon.org/diseasereporting).

In some instances, even a single case should be reported to public health. For example:

- any hepatitis or HIV seroconversion in a person receiving healthcare;
- unusual infections (e.g., fungal infection) following administration of a commercial healthcare product.

Assistance with investigation is offered by public health, if needed.

*** 60. How prepared do you feel to detect an outbreak in your facility among...**

	Very prepared	Somewhat prepared	Not prepared	Unsure
Skilled nursing residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intermediate care residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term care residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food service workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community and visitors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. What types of outbreak investigation assistance would be helpful?

The following is a list of areas with which public health can provide assistance to your healthcare facility:

- Environmental testing
- Contact interviewing and screening
- Pulsed-field gel electrophoresis
- Advanced molecular testing (e.g., MLVA)
- Epidemiological support
- Product recall
- Traceback
- Surveillance
- Analysis
- Advanced subject matter expertise (e.g., CDC)
- Coordination with regulatory agencies (e.g., FDA)

Infection Control Training

Please answer the following questions about training and competency checks around 6 key skills: hand hygiene, personal protective equipment, safe injection practices, point-of-care testing, room cleaning, and equipment cleaning.

Competency means that trainee is observed by trainer to successfully perform practice.

Audits means to monitor, document, and give feedback during real care episodes.

Documentation means recording competency or audits for personnel.

*** 62. Hand hygiene**

	Yes	No	Unsure
Does your facility provide hand hygiene training upon hire to all healthcare personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide hand hygiene training at least annually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate hand hygiene competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of hand hygiene competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform hand hygiene audits during resident care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 63. Personal Protective Equipment (PPE)**

	Yes	No	Unsure
Does your facility provide PPE training upon hire to all healthcare personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide PPE training at least annually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate PPE competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of PPE competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform PPE audits during resident care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 64. Safe Injection Practices**

	Yes	No	Unsure
Does your facility provide safe injection training upon hire to all responsible healthcare personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide safe injection training at least annually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate safe injection competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of safe injection competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform safe injection audits during resident care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 65. Point-of-care Testing (e.g., bedside blood glucose monitoring)**

	Yes	No	Unsure
Does your facility provide safe point-of care testing training upon hire to all responsible healthcare personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide safe point-of-care testing training at least annually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate safe point-of-care testing competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of safe point-of-care testing competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform safe point-of-care testing audits during resident care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 66. Facility Cleaning and Disinfection**

	Yes	No	Unsure
Does your facility provide facility cleaning and disinfection training upon hire to all responsible healthcare personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide facility cleaning and disinfection training at least annually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate facility cleaning and disinfection competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of facility cleaning and disinfection competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform facility cleaning and disinfection audits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 67. Medical Equipment Cleaning and Disinfection**

	Yes	No	Unsure
Does your facility provide medical equipment cleaning and disinfection training upon hire to all responsible healthcare personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide medical equipment cleaning and disinfection training at least annually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate medical equipment cleaning and disinfection competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of medical equipment cleaning and disinfection competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform medical equipment cleaning and disinfection audits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 68. Does your facility provide infection control educational materials in...?**

Check all that apply.

- Spanish
- French (including Haitian)
- Russian
- Vietnamese
- Chinese
- Other (please specify)

Oregon 2016 HAI SNF Survey

Program Priorities

*** 69. Tell us about some infection control priorities that you would like your facility to focus on during 2016:**

* 70. Tell us about some infection control priorities that you would like the state HAI program to focus on during 2016:

Oregon 2016 HAI SNF Survey

Thank you!

Thank you very much for your time and input to this survey.

Please send us a copy of your interfacility transfer communication form or equivalent to katherine.ellingson@state.or.us.

We wish you and your team a happy and healthy 2016!

Sincerely,

The Oregon HAI Program

For questions or concerns: katherine.ellingson@state.or.us or (971) 673-1111.