Survey # ________

Survey of Infection Control in Long-Term Care Facilities Across Canada

Dick Zoutman, MD, FRCPC
Medical Director of Infection Control Services
Kingston General Hospital
76 Stuart Street
Kingston, Ontario K7L 2V7

Introduction and Instructions

Please fill in this survey for the long-term care facility (LTCF) indicated on the attached cover letter even if the facility is owned and/or operated as part of a larger regional health authority, board or network of LTCFs, or municipality.

Please answer all questions reflecting your infection control program for calendar year 2004 or for a fiscal year that ended in 2004 which ever is easier for you. Be sure to be consistent throughout the questionnaire.

Please indicate if your answers provided are for: (please check appropriate box)

Calendar year 2004: ☐
or
Fiscal year 2004: ☐ Indicate month of the year end ____________

The majority of questions should be answered with check marks in the appropriate spaces. We will also be asking you in certain questions to provide answers as numbers or percentages. There will be room for your comments at the end of the survey.

Part A: Demographics:

1. Name and position of the person completing this survey:

Name: ________________________________ Title/Position: ______________________

Name of Long Term Care Facility described in this survey:

____

Address: ____

City: ___________________________ Province: ___________________________

Telephone: ____________________

Fax: _________________________

Email: _______________________

2. In 2004 was your LTCF facility owned and/or operated by a larger regional health authority, board or LTCF network? ☐ Yes ☐ No

3. If you answered “yes” to the previous question, please indicate the name of your regional health authority, board or network:

____

4. If you are part of a larger regional health authority, board or network, please list the names of the other long term care facilities owned or operated by your regional health authority, board or network in your immediate region.

a.______________________________ c.___________________________

b.______________________________ d___________________________

Continue on separate sheet if required.

5. Is the Infection Control department of an acute care hospital responsible for providing infection control services to your LTCF? ☐ Yes ☐ No

If the answer to the above question is Yes, please answer the questions in this survey only as they pertain to your LTCF.

6. Does your LTCF have on-site infection control staff providing service? ☐ Yes ☐ No

7. Does your LTCF receive infection control service from the following sources? Please check all that apply.

☐ Community health units
☐ Acute care hospital
☐ Private agency
☐ Staff of LTC

8. Please indicate the total number of LTC beds in your facility.

Total LTC Beds ______

9. Please indicate the number for each of the following for your LTC facility in 2004.

Total LTC Admissions ______
Total LTC Deaths ______
Total LTC Patient Days ______

10. Please indicate the number of beds in your LTC facility of the following types:

a) Private ______
b) Semi-Private (2 residents) ______
c) Ward (3 or more residents) ______

11. Please indicate the number of dedicated specialty beds in your LTC facility in the following areas:

a) Palliative care ______
b) Respite care ______
c) Psychiatric care ______
d) Ventilator-dependent care ______
e) Spinal cord injured ______
f) Rehabilitation ______
g) Developmentally challenged ______
h) Pediatrics ______
i) Dementia care ______
J) Complex continuing care ______

12. Does your facility have round the clock licensed RN care (24 hours, 7 days a week)?

☐ Yes ☐ No

13. Is your LTCF? For-Profit ☐ Not-For-Profit ☐

14. Please indicate the ownership of your LTCF.

Private ☐ Registered Charity ☐ Municipal Government ☐

Provincial Government ☐ Federal Government ☐

15. Please indicate the number of residents in the following age ranges in your LTCF on the date the survey is completed.

Age	Number of residents
Less than 18	
18-39	
40-59	
60-79	
80-99	
100 and up	

Part B: Resident Health

1. Does each resident have a baseline health assessment when entering the facility that includes:
a.) immunization status ☐ Yes ☐ No
b.) history of infectious diseases ☐ Yes ☐ No
c.) screening for tuberculosis ☐ Yes ☐ No

2. Please indicate the number of residents with the following:

Intravenous lines	_____	Tracheostomies	_____
Ventilators	_____	Urinary catheters	_____
Spinal cord injury	_____	Feeding tubes	_____
PICC line	_____	Hypodermaclysis	_____

Hickman or other access port _____

3. Please indicate the number of residents with the following infections:

Infection	Data is collected for this infection	Number of residents with the infection date survey completed	Number of residents with the infection in your LTCF in 2004
AIDS/HIV infection	☐Yes ☐ No		
Clostridium difficile associated diarrhea	☐Yes ☐ No		
Influenza	☐Yes ☐ No		
Tuberculosis	☐Yes ☐ No		

4. Please indicate the number of residents with the following infections/organisms. Please breakdown by colonized versus infection if this data is available:

Infection	Data is collected for this infection/organism	Number of residents with the infection/organism date survey completed	Number of residents with the infection/organism in your LTCF in 2004
Extended Spectrum Beta lactamase (ESBL) producing E. coli	☐Yes ☐ No	*Total______ Colonized ______ Infected ______	Total______ Colonized ______ Infected ______
Extended Spectrum Beta lactamase (ESBL) producing Klebsiella pneumonia	☐Yes ☐ No	Total______ Colonized ______ Infected ______	Total______ Colonized ______ Infected ______
Methicillin-resistant Staphylococcus aureus (MRSA)	☐Yes ☐ No	Total______ Colonized ______ Infected ______	Total______ Colonized ______ Infected ______
Vancomycin-resistant Enterococcus (VRE)	☐Yes ☐ No	Total______ Colonized ______ Infected ______	Total______ Colonized ______ Infected ______

* Total of colonized and infected residents.

5. Please indicate the number of residents receiving the following vaccinations in 2004.

Influenza vaccination _____ Pneumococcal vaccination _____

Part C: Infection Control Staff

1. Please indicate the number and type of professional staff (who we will call "infection control professionals" [ICP] from here on in) who have direct responsibility for the infection control program in your facility. Support staff such as secretaries, medical consultant, microbiologist, etc… will be listed elsewhere.

ICP	Hours per week worked for Infection Control Program at your facility	Professional category (nurse, technologist, other [please specify])	Cumulative years of experience in Infection Control	Certification in Infection Control by Certification Board of Infection Control (CBIC)	Member of professional infection control organization such as CHICA or AIPI
1				☐Yes ☐ No	☐Yes ☐ No
2				☐Yes ☐ No	☐Yes ☐ No
3				☐Yes ☐ No	☐Yes ☐ No
4				☐Yes ☐ No	☐Yes ☐ No
5				☐Yes ☐ No	☐Yes ☐ No

2. What percent of the hours indicated above for Infection Control Professional(s) at your facility are spent on the following activities?

Teaching Infection Control to other staff ______
Collecting, analyzing, and interpreting data on the occurrence of infections in your center (ie surveillance and/or investigating special infection problems) ______
Writing or reviewing policies for Infection Control ______
Evaluation of products (eg gloves, intravenous catheters, disinfectants) ______
Consultation & communication with other organizations/institutions ______
Regional infection control activities ______
Attending meetings and other activities related to infection control ______
Managing epidemics/outbreaks ______
Other (please specify) ______________________ ______
These should add to 100% 100%

3. How many total hours did the ICPs from your LTCF spend attending educational and scientific meetings and seminars related to infection control in 2004? _______ hours

4. Is there an Infection Control Committee that is responsible for your facility?

☐ Yes ☐ No

5. If your LTCF has an Infection Control Committee, please indicate how frequently the Infection Control Committee meets. (Please circle only one response option)

Monthly or more frequently Quarterly Yearly Less than yearly

6. Are written reports and or minutes from the Infection Control Committee meetings circulated to:

a) Your facility's administrators? ☐ Yes ☐ No

b) All departments within the facility? ☐ Yes ☐ No

7. If your LTCF has an Infection Control Committee, please indicate its composition.

Member Type	Number of Members of This Type
ICP	
Nurses (other than ICPs)	
Medical Director	
Physician (other than Medical Director)	
Pharmacist	
Administrator	
Public Health Representative	
Other, Please Specify	

8. Please indicate whether your Infection Control Program has a physician or PhD/doctoral level epidemiologist or microbiologist formally involved who provides service to your facility's infection control program; that is in <u>addition</u> to serving on the Infection Control Committee.

☐ Yes ☐ None

9. If you answered yes to Question 8, please indicate the number of individuals in each category who are providing service to your facility's infection control program; that is in <u>addition</u> to serving on the Infection Control Committee.

Physician _______ PhD/doctoral level epidemiologist or microbiologist _______

10. Total Physician and PhD/doctoral level person time provided to the Infection Control Program, that is in addition to serving on the Infection Control Committee:

___________hours/week

11. For each physician and PhD/doctoral level person providing service to your infection control program, that is in addition to serving on the Infection Control Committee; please indicate their qualifications and formal training in Infection Control (with "Xs" in the appropriate boxes).

Individual	Physician Qualifications					PhD/doctoral level person Qualifications		Formal training in Infection Control*	
	General practitioner/ Family	Geriatric Medicine	Infectious Diseases	Medical Microbiology	Pathology	Microbiology	Epidemiology	Yes	No
1									
2									
3									
4									

* Courses, graduate training, CDC courses etc…

12. Indicate the number of hours per week of secretarial support, including data entry, provided to your infection control program at your facility. _____ hours per week (please ask the secretary).

Part D: Surveillance/Case Finding of Infections

1. During 2004 did your LTCF systematically gather information on or seek cases of infection, tabulate and analyze this data on the occurrence of infections for residents at your facility (also known as "surveillance")? ☐ Yes ☐ No

2. Does your LTCF conduct admission surveillance for MRSA? ☐ Yes ☐ No

3. Did your facility use a written set of definitions for determining the presence of a nosocomial infection in 2004? ☐ Yes ☐ No

4. Did your facility's reports on infections provide specific statistics on infections occurring on individual wards or nursing units? ☐ Yes ☐ No

5. Did your facility's reports on infections provide specific statistics on infections involving particular anatomical sites or medical devises (eg urinary tract, central line)?

☐ Yes ☐ No

6. Did your facility experience an outbreak or cluster of any of the following in 2004?

Infection	Number of outbreaks or clusters of this infection in 2004
Clostridium difficile associated diarrhea	
Conjunctivitis	
ESBL producing E. coli	
ESBL producing Klebsiella pneumonia	
Influenza	
MRSA	
Norovirus – like diarrhea	
Pneumonia	
Scabies	
Tuberculosis	
VRE	
Rotavirus	
Respiratory Syncytial Virus (RSV)	
Respiratory infections other than listed. Please specify for each "other":	

7. Did you compare the results of your infection surveillance with published data and/or bench marks in 2004?

☐ Yes ☐ No

8. Did you have access to a microbiology laboratory service that provided daily reports on cultures?

☐ Yes ☐ No

9. Was the Infection Control program able to get surveillance cultures of residents and or staff performed for the purposes of "screening" or evaluating a possible outbreak?

☐ Yes ☐ No

10. Did you have access to a microbiology laboratory that provided diagnostic testing for influenza virus with results available within 24 hours or less?

☐ Yes ☐ No

11. Did the infection control practitioner(s) use a computer for the purposes of tabulating infection data and preparing reports of infections?

☐ Yes ☐ No

12. Did your infection control program use spreadsheets or Excel or Access or specialized infection control software to calculate infection rates and conduct other analyses of the data collected?

☐ Yes ☐ No

13. In 2004 how often were the methods listed below used specifically to find/detect new cases of nosocomial infection for the purpose of generating reports of rates of infection? Please mark an X in the appropriate box for each of the case findings methods listed.

Case Finding Method	Daily	Weekly	Monthly	Quarterly	Less than Quarterly	Not Used
The number of infections discovered through chart abstraction by medical records department or other administrative process						
Charts/kardex/or resident profiles of LTCF residents reviewed by infection control staff for clues to possible infection						
LTCF residents examined and their charts/kardex/or resident profiles reviewed by infection control staff for clues to possible infection						
Microbiology reports reviewed by infection control staff as a cue to further investigation						
Infection control report forms are filled out by ward staff and sent to infection control staff						
Infection control staff contact physicians or nurses for reports of new infections						

Part E: Infection Control Activities

1. Does your LTCF have an Infection Control manual? ☐ Yes ☐ No

2. In 2004 did you have a program for teaching and updating nurses, practical nurses, and health care aides on current infection control practices? ☐ Yes ☐ No

3. In 2004 did you have a program for teaching and updating physicians on current infection control practices? ☐ Yes ☐ No

4. In 2004 did you have a program for teaching volunteers infection control practices? ☐ Yes ☐ No

5. In 2004 did you have a program for teaching family members infection control practices? ☐ Yes ☐ No

6. Did you keep attendance records of infection control teaching activities? ☐ Yes ☐ No

7. Did you regularly monitor the effectiveness of your infection control teaching activities with nursing, medical, and other resident care staff (eg with attendees filling out evaluation forms of the teaching, quizzes or tests of learners)? ☐ Yes ☐ No

8. Were any of the following communicated routinely to the nursing, medical, and other resident care staff regarding infection control?

   a. Summaries of the LTCFs infection surveillance data and rates? ☐ Yes ☐ No

   b. Articles, newsletters or other information on infection control? ☐ Yes ☐ No

9. Does the infection control committee or staff, have either of the following authorities:

   a. Direct authority to close a ward or unit to further admissions due to an infection control outbreak (eg. due to influenza, MRSA etc) ☐ Yes ☐ No

   b. Direct authority to have a resident placed in isolation to prevent spread of an infection ☐ Yes ☐ No

10. Are any of the following publications available in your LTCF for reference by the infection control staff or others?

a) Canadian Journal of Infection Control (CJIC Journal) ☐ Yes ☐ No

b) Infection Control & Hospital Epidemiology (ICHE Journal) ☐ Yes ☐ No

c) American Journal of Infection Control (AJIC Journal) ☐ Yes ☐ No

d) Morbidity Mortality Weekly reports (MMWR Journal) ☐ Yes ☐ No

e) Canadian Communicable Diseases Reports (CCDR Journal) ☐ Yes ☐ No

f) Journal of Hospital Infection ☐ Yes ☐ No

g) World Wide Web access at the LTCF (WWW) ☐ Yes ☐ No

h) At least 1 major textbook on Infection Control (Mayhall, Bennett & Brachman, or Wenzel) ☐ Yes ☐ No

i) Access to MedLine or other medical literature abstraction service either through a computer or a librarian ☐ Yes ☐ No

j) APIC text of Infection Control and Epidemiology ☐ Yes ☐ No

k) APIC Infection Control Manual for Long-Term Care Facilities ☐ Yes ☐ No

l) Routine Practices & Additional Precautions for Preventing Transmission of Infection in Health Care, Health Canada, July 1999 ☐ Yes ☐ No

m) Hand Washing, Cleaning, Disinfection, and Sterilization in Health Care, Health Canada, December 1998 ☐ Yes ☐ No

n) Guidelines for Preventing the Spread of Vancomycin Resistant Enterococci, Health Canada, December 1997 ☐ Yes ☐ No

o) Guidelines For Preventing the Transmission of Blood-borne Pathogens in Health Care and Public Service Settings, Health Canada, May 1997 ☐ Yes ☐ No

p) An Integrated Protocol to Manage Health Care Workers Exposed to Blood-borne Pathogens, Health Canada, March 1997 ☐ Yes ☐ No

q) Guidelines for Preventing the Transmission of Tuberculosis in Canadian Health Care facilities and Other Institutions, Health Canada, April 1996 ☐ Yes ☐ No

11. For each of the infection control policies listed below, please answer the questions listed to the right. These policies may exist in areas other than infection control manual (eg nursing practices manual etc).

Infection Control Policy	Is this a policy in your LTCF?	Is there a system to teach this policy to resident care staff?	Is there a system to monitor adherence to this policy?
Precautions for residents with MRSA	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Precautions for residents with Clostridium difficile associated diarrhea	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Precautions for residents with VRE	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Insertion, maintenance and changing of infusion sets & solutions	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Routine system for changing breathing circuits on ventilated residents	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Aseptic insertion and maintenance of chronic urinary catheters	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Prevention and management of influenza in residents	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Procedures for outbreak investigation and outbreak control measures	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Respiratory precautions for tuberculosis and other airborne infections	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Notification of local health authorities of residents who have been diagnosed with a disease deemed "reportable" such as TB.	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Part F: Employee Health:

1. Please indicate the total number of employees working at your LTCF, including all health care staff and all other employees such as janitorial, kitchen, and administration.

____

2. Please indicate the number and types of health care personnel working in your LTCF.

Personnel type	Numbers of personnel
Staff physicians	
General practitioners	
Registered Nurses	
Registered Practical Nurses	
Health Care Aides	
Other: Please specify	

3. Does the Infection Control Program review and approve all policies and procedures developed in the employee health program that relate to the transmission of infections in the LTCF?

☐ Yes ☐ No

4. Are Infection Control personnel available to the employee health program for consultation regarding occupational infectious disease concerns?

☐ Yes ☐ No

5. Is there a mechanism for staff to report any infections they might have (e.g. respiratory infections)?

☐ Yes ☐ No

6. Does your LTCF have a policy for the prevention and management of influenza in staff?

☐ Yes ☐ No

7. In 2004 did policies and procedures exist for the evaluation of ill employees, including assessment of disease communicability and indications for work restrictions?

☐ Yes ☐ No

8. Does your LTCF have a policy for management of staff who had occupational exposure to:

a) AIDS/HIV infection ☐ Yes ☐ No
b) Hepatitis B ☐ Yes ☐ No
c) Hepatitis C ☐ Yes ☐ No

9. Is each person carrying on activities within the facility (e.g. employees, contract workers, students, volunteers) screened for tuberculosis?

☐ Yes ☐ No

10. Does each person carrying on activities within the facility (e.g. employees, contract workers, students, volunteers) have a baseline health assessment including immunization status and history of infectious diseases before starting work in the facility?

☐ Yes ☐ No

11. Please indicate the number of influenza vaccinations provided to health care staff and all other employees in the last year by your LTCF?

____

12. Does your LTCF have a Hepatitis Immunization program for staff?

☐ Yes ☐ No

13. Please indicate the number of health care staff and other employees in your LTCF who have completed the Hepatitis Immunization series?

____

Part G: Antibiotic Review and Control

1. Does your facility have a mechanism in place for periodic review of antimicrobial prescribing?

☐ Yes ☐ No

2. Does your facility have minimum criteria for the initiation of antibiotic therapy for respiratory infections?

☐ Yes ☐ No

3. Are residents of your LTCF with asymptomatic bacteriuria treated with antibiotics more than half of the time?

☐ Yes ☐ No

4. Does your facility develop antibiotic resistance pattern summaries specific to your LTCF?

☐ Yes ☐ No

Please turn the page. Just 3 more questions to go!

Part H: Comments:

1. What is the most important issue in infection control in your LTCF that needs to be addressed?

2. What is the most important issue in infection control in LTCFs in general that needs to be addressed?

3. Are there any other issues related to infection control in LTCFs that you would like to comment on?

Thank you very much for taking the time to complete this important survey. Please place it in the addressed and postage paid envelope and mail it back to us right away.