



Carbapenem-Resistant Enterobacteriaceae (CRE) Prevention Facility Self-Assessment and Process Improvement Summary

Facility name	
Name of person conducting self-assessment	
Date of self- assessment	
Date of previous assessment (if applicable)	

The following self-assessment tool is composed of carbapenem-resistant Enterobacteriaceae (CRE) prevention strategy checklists, adherence monitoring tools, and a process improvement summary.

SECTION 1: CRE PREVENTION AND CONTROL STRATEGIES		
<p>Instructions: Indicate if each strategy is part of your facility’s practice. Conduct adherence monitoring for strategies 1, 2, and 9 using the attached monitoring tools and complete the table. Observe a minimum of ten hand hygiene opportunities, two environmental services staff, and three patients on contact precautions.</p>		
CRE Prevention Strategies		Facility practice?
Implement prevention strategies regardless of whether or not there are CRE-positive patients.		
1	Hand hygiene before, during, and after care of patient Hand Hygiene Adherence	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
2	Cleaning and disinfection of equipment and environment Environmental Cleaning and Disinfection Adherence	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
3	Education of healthcare personnel including environmental services staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Timely notification from the laboratory of pertinent clinical and infection prevention staff whenever CRE or other highly resistant multidrug-resistant organism (MDRO) is identified	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Regular review of devices for indication and discontinuation when no longer needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Antimicrobial stewardship program implementation	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	CRE screening upon admission for patients determined to be at high risk of colonization with CRE or highly resistant MDROs (Examples, rectal or fecal swab testing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Chlorhexidine bathing of patients at high risk for colonization or transmission of CRE or other highly resistant MDROs	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRE Control Strategies		Facility practice?
Implement control strategies in addition to prevention strategies when there are CRE-positive patients.		
9	Contact precautions for patients with CRE Contact Precaution Adherence	<input type="checkbox"/> Yes <input type="checkbox"/> No % Adherence:
10	<i>For skilled nursing facilities</i> Transmission risk assessment and Enhanced Standard precautions as appropriate for patients with CRE	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Screening of roommates or other patients contacts for CRE colonization when a patient is newly identified with CRE	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Use of dedicated primary care-giving staff for patient(s) infected/colonized with CRE	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Notification of a patient’s CRE status when patients colonized or infected with CRE are transferred between facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: ADDITIONAL CRE PREVENTION AND CONTROL PRACTICES

Instructions: Select the most appropriate response based on what is currently in place at your facility. When the question refers to CRE or similar MDROs, this includes other highly drug-resistant pathogens such as multidrug-resistant *Acinetobacter* spp. or *Pseudomonas* spp.

QUESTION	RESPONSE
1. Is leadership engaged and supportive of efforts to address CRE or similar MDROs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is preventing/reducing CRE or similar MDROs an organizational goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If a patient with CRE were identified, has your facility identified ways to access:	
a. Carbapenemase testing to determine if the CRE is carbapenemase-producing (examples, KPC, NDM) or non-carbapenemase producing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. CRE screening/colonization testing (usually via rectal swabs) of roommates or other patient contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are staff regularly updated or educated about CRE processes, policies, and protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If your facility is transferring a patient with CRE or similar MDRO, do you have a protocol for the discharge planner (or infection preventionist or director of nursing) to contact the receiving facility directly (example, by telephone) to ensure the facility is aware of the patient's CRE or MDRO status, and to ensure appropriate infection control precautions are instituted or continued?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you work directly with healthcare facilities in your referral network to address issues like CRE or similar MDRO? <i>For example, do you routinely meet with hospitals you commonly refer patients to discuss issues like interfacility communication and caring for patients with CRE or similar MDRO?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:
7. Do you work closely with your local health department (LHD) to address issues like MDRO? <i>For example, do you consult with your LHD when a patient with CRE or similar MDRO is identified at your facility?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:
8. Does your facility have written policy/procedures for responding to newly identified CRE cases in your facility? <i>For example, do you receive timely alerts from your lab when a CRE or similar MDRO is identified? Do you have clear policies on when to place patients in contact precautions, screen contacts, dedicate equipment, dedicate staff, etc.?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:
9. Is your facility prepared to care for patients with CRE? Are there significant ongoing barriers you can identify? <i>For example, does your staff have the education and resources they need to adequately respond and care for patients with CRE? If a CRE case were identified in a new admission tomorrow, would your facility have the appropriate policies and procedures in place to care for this patient? What if CRE were identified in a patient who had been at your facility for more than a week?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:
Additional Skilled Nursing Facility Question	
10. Does your facility have written policy/procedures for evaluating new admissions of patients with CRE to determine appropriate infection control measures? <i>For example, if a patient with CRE is transferred to your facility, how would the information be communicated to you and your staff? Which staff member is responsible for reviewing this information and determining the appropriate precautions?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:

Additional Hospital Questions	
11. Does your hospital have a procedure for identifying patients at high risk of colonization with CRE upon admission, including:	
a. Patients with a history of receiving healthcare outside of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Patients with a recent stay (for example, within 6 months) at a Long Term Acute Care (LTAC) hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does your hospital have a procedure in place to flag the records of patients with known history of CRE infection/colonization so they can be placed in Contact precautions on readmission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: CRE PREVENTION PROCESS IMPROVEMENT SUMMARY

Instructions: Pick one or more recommendations provided during your facility’s baseline prevention assessment, and list them in the left column. If your facility did not participate in a baseline prevention assessment, address gaps identified in Sections 1 and 2 above. Use the right column to describe any process change resulting from the suggested recommendations or prevention strategy gaps. Describe your facility plan or actions taken to improve infection prevention practices, including (projected) implementation dates. An example is provided. Use additional pages as needed.

Identify gap to target.	Describe plans or actions taken.
Example: Hand hygiene adherence was 46%. Utilize peer to peer monitoring.	Example: Posted hand washing checklist at each sink in Nov 2018. Implemented “peer-to-peer” hand hygiene monitoring program to improve compliance. Hand hygiene is improving slowly among staff; struggling with visitor hand hygiene.



Healthcare-Associated Infections Program Adherence Monitoring Hand Hygiene

Assessment completed by: _____
Date: _____
Unit: _____

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least 10 hand hygiene (HH) opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)	Was HH performed for opportunity observed? ✓ or ∅
<i>Example</i>	N	<input type="checkbox"/> before care/entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> upon leaving room *Remember: Hand hygiene should be performed before <u>and</u> after glove use	✓
HH1.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH2.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH3.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH4.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH5.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH6.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH7.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH8.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH9.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH10.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	

Disciplines: CNA = Nurse Assistant D = Dietary N = Nurse	P = Physician RT = Respiratory Therapist S = Student VIS = Visitor	VOL = Volunteer W = Social Worker OTH = Other, Specify U = Unknown	Opportunities: ✓ = Opportunity Successful ∅ = Opportunity Missed
--	---	---	--

For HH1-HH10:

Total # HH Successful (“# ✓”): _____	Total # HH Opportunities Observed: _____	Adherence: _____% (Total # HH Successful ÷ Total HH Opportunities Observed x 100)
--------------------------------------	--	--

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)	Was HH performed for opportunity observed? ✓ or Ø
<i>Example</i>	N	<input type="checkbox"/> before care/entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> upon leaving room *Remember: Hand hygiene should be performed before <u>and</u> after glove use	✓
HH11.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH12.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH13.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH14.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH15.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH16.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH17.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH18.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH19.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
HH20.		<input type="checkbox"/> before care/entering room <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care <input type="checkbox"/> upon leaving room	
Disciplines: CNA = Nurse Assistant D = Dietary N = Nurse P = Physician RT = Respiratory Therapist S = Student VIS = Visitor VOL = Volunteer W = Social Worker OTH = Other, Specify U = Unknown			Opportunities: ✓ = Opportunity Successful Ø = Opportunity Missed
For HH1-HH10:			
Total # HH Successful (“# ✓”): _____		Total # HH Opportunities Observed: _____	Adherence: _____% (Total # HH Successful ÷ Total HH Opportunities Observed x 100)
Instructions: Observe a clinical unit.			
Is successful hand hygiene possible?		Yes/No; Comments	
HHQ1. There is visible and easy access to hand washing sinks or hand sanitizer where most needed.			
HHQ2. There is a sufficient supply of soap at hand washing stations.			
HHQ3. There is a sufficient supply of paper towels at hand washing stations.			
HHQ4. There is sufficient supply of alcohol-based hand sanitizer (e.g. no empty containers).			



Healthcare-Associated Infections Program Adherence Monitoring Environmental Cleaning and Disinfection

Assessment completed by:
Date:
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least two different environmental services (EVS) staff members. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Environmental Cleaning Practices		EVS Staff 1	EVS Staff 2	EVS Staff 3	Adherence by Task	
					# Yes	# Observed
ES1.	The room is clean, dust free, and uncluttered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES2.	Detergent/disinfectant solution is mixed and stored according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES3.	Solution remains in wet contact with surfaces according to manufacturer’s instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES4.	Cleaning process avoids contamination of solutions and cleaning tools; a clean cloth is used in each patient area, and the cloth is changed when visibly soiled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES5.	Environmental Services staff use appropriate personal protective equipment (e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the contact precautions room.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ES6.	High-touch surfaces* are thoroughly cleaned and disinfected after each patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

***Some examples of high touch surfaces:**

- | | | | | |
|-----------------------|-------------------|-----------------------------|---------------------|-----------------------------|
| Bed rails | Chair | Room inner door knob/handle | PPE container(s) | Toilet bedpan cleaner |
| Tray table | Room sink | Bathroom door knob/handle | Bathroom sink | In-room medical carts |
| IV pole (“grab area”) | Room light switch | Bathroom light switch | Toilet seat | In-room cabinets |
| Call button | TV remote | Bathroom handrails | Toilet flush handle | In-room computers/keyboards |
| Bedside table handle | | | | |

of Correct Practice Observed (“# Yes”): _____ Total # Environmental Services Observations (“# Observed”): _____ Adherence _____%
(Up to 15 Total) (Total “# Yes” ÷ Total “# Observed” x 100)
If practice could not be observed (i.e. cell is blank), do not count in total # Observed.



Healthcare-Associated Infections Program Adherence Monitoring

Contact Precautions

Assessment completed by:
Date:
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to contact precautions practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where patients are on contact precautions.

Instructions: Observe 3-4 patients/residents on contact precautions. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Contact Precautions Practices		Contact Precautions Patient/Resident 1		Contact Precautions Patient/Resident 2		Contact Precautions Patient/Resident 3		Contact Precautions Patient/Resident 4		Adherence by Task	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# Yes	# Observed
CP1.	Gloves and gowns are available and located near point of use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP2.	Signs indicating the patient/resident is on contact precautions are clear and visible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP3.	The patient/resident on contact precautions is housed in single-room or cohorted based on a clinical risk assessment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP4.	Hand hygiene is performed before entering the patient/resident care environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP5.	Gloves and gowns are donned before entering the patient/resident care environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP6.	Gloves and gowns are removed and discarded, and hand hygiene is performed before leaving the patient/resident care environment. <i>Soap & water is used if it is hospital policy or if the patient/resident has C.difficile infection.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP7.	Dedicated or disposable noncritical patient-care equipment (e.g. blood pressure cuffs) is used; if dedicated/disposable equipment is unavailable, then equipment is cleaned and disinfected prior to use on another patient/resident according to manufacturers’ instructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

of Correct Practices Observed (“# Yes”): _____

Total # Contact Precautions Observations (“# Observed”): _____

Adherence _____%

(Up to 28 total)

(Total “# Yes” ÷ Total “# Observed” x 100)

If practice could not be observed (i.e. cell is blank), do not count in total # Observed.