

Health Protection Surveillance Centre
Lárionad Fáilte um Chosaint Sláinte

Healthcare-associated infections & antimicrobial use in long-term care facilities (HALT) 2016

**PRESENTATION 2:
OVERVIEW OF AND COMPLETING
QUESTIONNAIRES - PART 1**

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Presentation Outline

- To describe the questionnaires used in the HALT survey
- To instruct how to complete 4 sections of the INSTITUTIONAL QUESTIONNAIRE which can be competed prior to the survey day

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Description of the questionnaires

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HALT QUESTIONNAIRES

- HPSC questionnaire** – One per facility: Helps us to categorise your LTCF correctly for the national report, to accurately estimate IPCN resources, hand hygiene audit and education. **If you haven't handed in a completed HPSC questionnaire, please ensure you return one to HPSC within the next week**
- Institutional questionnaire** – One per facility
- Ward list** – One per ward in the facility
- Resident questionnaire** – One per resident on systemic antimicrobials and/or with active HCAI

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HALT 2016: HPSC Questionnaire

Dear service representative for residential care facilities: The information provided will be used to compare your facility's performance to other facilities in the country. It is very important that you complete this questionnaire as soon as possible. If you have any questions, please contact your local HPSC office.

How to complete this questionnaire:

1. Refer to the instructions on the back of the questionnaire to ensure you complete it correctly. It is important that you complete this questionnaire as soon as possible. If you have any questions, please contact your local HPSC office.

FACILITY TYPE	HALT 2016 FACILITY CATEGORY	HPSC OFFICE
1. Residential care facility (including care homes, nursing homes, etc.)	1. Residential care facility	HPSC Dublin
2. Residential care facility (including care homes, nursing homes, etc.)	2. Residential care facility	HPSC Dublin
3. Residential care facility (including care homes, nursing homes, etc.)	3. Residential care facility	HPSC Dublin
4. Residential care facility (including care homes, nursing homes, etc.)	4. Residential care facility	HPSC Dublin
5. Residential care facility (including care homes, nursing homes, etc.)	5. Residential care facility	HPSC Dublin
6. Residential care facility (including care homes, nursing homes, etc.)	6. Residential care facility	HPSC Dublin
7. Residential care facility (including care homes, nursing homes, etc.)	7. Residential care facility	HPSC Dublin
8. Residential care facility (including care homes, nursing homes, etc.)	8. Residential care facility	HPSC Dublin
9. Residential care facility (including care homes, nursing homes, etc.)	9. Residential care facility	HPSC Dublin
10. Residential care facility (including care homes, nursing homes, etc.)	10. Residential care facility	HPSC Dublin

HALT 2016: HPSC Questionnaire - the completed questionnaire is sent to HPSC

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Institutional Questionnaire

Dear service representative for residential care facilities: The information provided will be used to compare your facility's performance to other facilities in the country. It is very important that you complete this questionnaire as soon as possible. If you have any questions, please contact your local HPSC office.

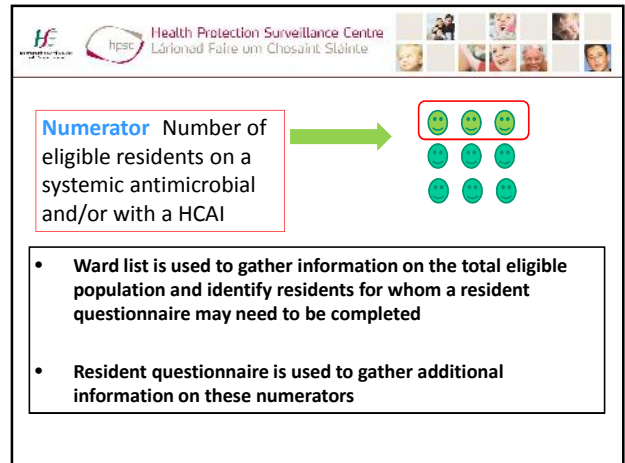
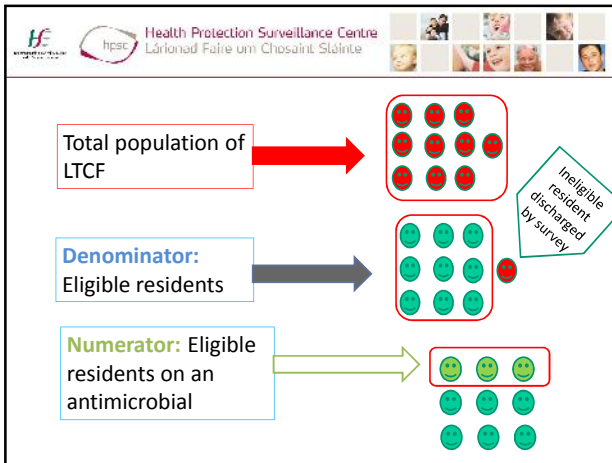
How to complete this questionnaire:

1. Refer to the instructions on the back of the questionnaire to ensure you complete it correctly. It is important that you complete this questionnaire as soon as possible. If you have any questions, please contact your local HPSC office.

2. Complete the questionnaire for each ward in the facility.

3. Submit the completed questionnaire to your local HPSC office.

4. The completed questionnaire will be used to compare your facility's performance to other facilities in the country.



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REMEMBER

- You need to check the medication record, healthcare and nursing notes of **every eligible resident** and discuss with staff caring for the residents in order to identify the residents prescribed systemic antimicrobials and/or who have symptoms/signs of an active HCAI



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RESIDENT QUESTIONNAIRE

- NOT** completed for every resident
- Is completed only for residents:
 - On systemic antimicrobial(s) at the time of the survey**AND/OR**
 - Signs/symptoms of an active HCAI
- Pages 1 & 2 data will be entered into the HALT software
- Pages 3 – 8 are used if you think the resident has a HCAI, to help you decide if a HCAI case definition criteria are met
- Based on prior HALT surveys, approx 10% of residents will need a resident questionnaire completed

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COMPLETING 4 SECTIONS OF THE INSTITUTIONAL QUESTIONNAIRE

(BEFORE THE SURVEY DAY)

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- **When completing each question, it is very important that the protocol is used for precise definitions**
- *The answer is not what you and I think it is—it's what the protocol says it is!*
 - Why? To ensure everyone is interpreting the questions the same way
- **Example**
 - Has the resident a urinary catheter?
 - Protocol defines urinary catheter as:
 - Any tube system placed in the body to drain and collect urine from the bladder, e.g. an indwelling urinary catheter, suprapubic or abdominal wall catheter, a cystostomy
 - A condom catheter is **NOT** counted a urinary catheter
 - Intermittent catheterisation is **NOT** counted as a urinary catheter

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4 SECTIONS BEFORE THE SURVEY DAY

Section A - General information about your facility

Section C - Medical care and coordination

Section D - Infection control practice

Section E - Antimicrobial policy

NB: It is recommended that the results from these 4 sections should be inputted into the software at the same time as the input of data collected from the PPS

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Section A

A - GENERAL INFORMATION

DATE OF THE SURVEY IN YOUR FACILITY: 2016

FACILITY STUDY NUMBER (selected by your national HAIT-3 coordinator):

OWNERSHIP OF THE FACILITY: Public For profit Not for profit

QUALIFIED NURSING CARE AVAILABLE 24/24H IN THE FACILITY: Yes No

IN THE FACILITY: HSE Private Voluntary

Total number of FTE REGISTERED NURSES: _____ FTE registered nurses

Total number of FTE NURSING ASSISTANTS: _____ FTE nursing assistants

Total number of RESIDENT ROOMS: _____ Rooms

Total number of SINGLE OCCUPANCY RESIDENT ROOMS: _____ Single occupancy rooms

Total number of SINGLE OCCUPANCY RESIDENT ROOMS WITH INDIVIDUAL TOILET AND WASHING FACILITIES: _____ Rooms with individual toilet and washing facilities

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A - GENERAL INFORMATION

DATE OF THE SURVEY IN YOUR FACILITY: 2016

FACILITY STUDY NUMBER (selected by your national HAIT-3 coordinator):

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Total number of FTE NURSING ASSISTANTS: _____ FTE nursing assistants

Total number of RESIDENT ROOMS: _____ Rooms

Total number of SINGLE OCCUPANCY RESIDENT ROOMS: _____ Single occupancy rooms

Total number of SINGLE OCCUPANCY RESIDENT ROOMS WITH INDIVIDUAL TOILET AND WASHING FACILITIES: _____ Rooms with individual toilet and washing facilities

Total number of bedrooms which are open for admission

1 single room = 1 bedroom
2 bedded room = 1 bedroom
6 bedded room = 1 bedroom
Total = 3 bedrooms

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Total number of RESIDENT ROOMS: _____ Rooms

Total number of SINGLE OCCUPANCY RESIDENT ROOMS: _____ Single occupancy rooms

Total number of SINGLE OCCUPANCY RESIDENT ROOMS WITH INDIVIDUAL TOILET AND WASHING FACILITIES: _____ Rooms with individual toilet and washing facilities

Number of single rooms (1 bed) open for admission

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A - GENERAL INFORMATION

DATE OF THE SURVEY IN YOUR FACILITY: 2016

FACILITY STUDY NUMBER (selected by your national HAIT-3 coordinator):

OWNERSHIP OF THE FACILITY: Public For profit Not for profit

QUALIFIED NURSING CARE AVAILABLE 24/24H IN THE FACILITY: Yes No

IN THE FACILITY:

Total number of FTE REGISTERED NURSES: _____ FTE registered nurses

Total number of FTE NURSING ASSISTANTS: _____ FTE nursing assistants

Total number of RESIDENT ROOMS: _____ Rooms

Total number of SINGLE OCCUPANCY RESIDENT ROOMS: _____ Single occupancy rooms

Total number of SINGLE OCCUPANCY RESIDENT ROOMS WITH INDIVIDUAL TOILET AND WASHING FACILITIES: _____ Rooms with individual toilet and washing facilities

Number of single rooms (1 bed) with an en suite bathroom open for admission

Single room with a commode is not included here

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Section C

C – MEDICAL CARE AND COORDINATION

- Is medical resident care, including antimicrobial prescribing, in the facility provided by the:
 - Personal general practitioners (GPs) or group practices only
 - Medical staff employed by the facility only
 - Both personal GPs/group practices and medical doctors employed by the facility
- Are medical activities in the facility coordinated by a coordinating medical physician (CP)?
 - No, there is no internal or external coordination of medical activities
 - Yes, there is a physician from inside the facility (internal) who coordinates the medical activities
 - Yes, there is a physician from outside the facility (external) who coordinates the medical activities
 - Yes, there is both a physician from inside and outside the facility (internal and external) who coordinates the medical activities
- Can any of the following persons control the individual/clinical records of all residents in the facility?

the physician(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
the nursing staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A coordinating physician (CP) is a medical doctor who is in charge of coordinating medical activities and the standardisation of practices/policies for residents in the LTCF. Medical activities are defined as medical treatment, diagnosis and follow-up of residents' health problems

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Section D: Question 1

D – INFECTION CONTROL PRACTICE

- Are there persons **with training in infection control/prevention** available to the staff of the facility?
 - Yes
 - No

A person with specific IPC training may be a registered nurse or doctor, who may or may not work full-time on IPC activities in the LTCF. IPC activities may involve provision of advice on prevention of HCAI spread, by appropriate isolation of infectious patients, provision of training for staff on IPC practices, collection, analysis of infection surveillance data

When answering this question, an infection prevention and control link nurse is not counted as being an infection prevention and control nurse

The information you have also provided on your HPSC questionnaire will help us to calculate the exact IPCN resources for Irish LTCF

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Section D: Question 2

This question is only answered if 'Yes' to Question 1

- If a person with training in infection control/prevention is available, is this person:
 - A nurse
 - A doctor
 - There is both a nurse and a doctor

Is this/are these person(s):

- Working in the facility (internal)
- Not working in the facility (external)
- There is both an internal and an external person

Internal; works in your LTCF only

Works across a number of facilities/services

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Section D: Question 3

- In the facility, is/are there:

(Please complete this question even if there is no person with training in infection control/prevention available in the facility)

 - Infection prevention and control training of the nursing and paramedical staff
 - Appropriate training of general practitioners and medical staff in infection prevention and control
 - Development of care protocols
 - Registration of residents colonized/infected with multi-resistant microorganisms
 - Designation of a person responsible for reporting and management of outbreaks
 - Feedback on surveillance results to the nursing/medical staff of the facility
 - Supervision of disinfection and sterilization of medical and care material
 - Decisions on isolation & additional precautions for residents colonized with resistant microorganisms
 - Offer of annual immunisation for flu to all residents
 - Organization, control, feedback on hand hygiene in the facility on a regular basis
 - Organization, control, feedback of a process surveillance/audit of infection policies and procedures (on regular basis)
 - None of the above

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Section D: Questions 4 & 5

- In the facility, is there an infection control committee (internal or external)? Yes No
- How many infection control committee meetings were organized in the previous year?

Total number of meetings last year? meetings previous year

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Section D: Questions 4 & 5

- In the facility, is there **an infection control committee** (internal or external)? Yes No
- How many infection control committee meetings were organized in the previous year?

Total number of meetings last year? meetings previous year

An infection control committee (ICC) is a multi-disciplinary committee that meets regularly and keeps written meeting records/minutes to review infection control data, IPC policies and monitor IPC goals and activities. The ICC may be internal or external to the facility (e.g., a joint ICC shared between a group of LTCF)

The ICC membership should include the IPC person for the LTCF, the coordinating physician, the LTCF director of nursing or manager and other healthcare professionals as appropriate

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Section D: Questions 6 & 7

6. Can the facility ask for help and expertise from an external infection control (IC) team on a formal basis (e.g. IC team from a local hospital)?

Yes No

7. In the facility, is a written protocol available for:

- the management of MRSA and/or other multidrug resistant microorganisms Yes No
- hand hygiene Yes No
- the management of urinary catheters Yes No
- the management of venous catheters/lines Yes No
- the management of enteral feeding Yes No

Not as a favour – there is a formal arrangement in place so that LTCF staff can request help from IPC team in acute hospital

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Section D: Questions 8 & 9

8. Is a surveillance programme of healthcare-associated infections in place in the facility? (annual summary report of number of urinary tract infections, respiratory tract infections, etc...)

Yes No

9. In the facility, which of the following products are available for hand hygiene?

- Alcohol rub solution Yes No
- Wipes (alcoholic) Yes No
- Liquid soap (antiseptic/other) Yes No
- Bar soap in clinical areas Yes No

A surveillance programme for a particular HCAI involves systematic counting and recording of the number of infections and the consistent use of definitions to define each infection type

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Section D: Questions 10 – 13

10. Which hand hygiene method is most frequently used in your facility when hands are not soiled (only one answer is possible)?

- Hand disinfection with an alcohol solution
- Hand washing with water and a non antiseptic soap
- Hand washing with water and an antiseptic soap

11. How many litres of hand alcohol were used last year? Total annual consumption in litres. Litres last year

12. Last year, was a hand hygiene training session organized for care professionals of the facility?

Yes No

13. How many hand hygiene opportunities were there observed in your facility last year? Number of observed opportunities. Opportunities last year

Information for 2015: Request info from pharmacy/stores/supplier

Hand hygiene audit of opportunities NOT compliance with opportunities. HPSC questionnaire will give us a more accurate picture of HH education and audit in Irish LTCF

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Section E: Question 1

E – ANTIMICROBIAL POLICY

1. Does the facility use a 'restrictive list' of antimicrobials to be prescribed? (prescription requiring permission of a designated person or not to be used)

Yes No

A restricted list usually describes antimicrobials which should not be empirically prescribed for residents, unless the microbiology lab result that indicates that there is no alternative effective antimicrobial available. Antimicrobials may be classified by either:

- Class: fluoroquinolones, cephalosporins, macrolides, carbapenems, glycopeptides
- Name: ciprofloxacin, levofloxacin, azithromycin, fosfomycin, meropenem, ertapenem

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Section E: Question 2

This question is only answered, if 'Yes' was the answer to Q1

2. If a restrictive list exists, what kinds of antibiotics are restricted?

- Carbapenems: meropenem, ertapenem, imipenem/cilastatin, doripenem
- 3rd generation cephalosporins: cefotaxime, ceftriaxone, ceftazidime
- Fluoroquinolones: ciprofloxacin, levofloxacin, ofloxacin, moxifloxacin
- Vancomycin: Bactroban for MRSA decolonisation of nasal carriers
- Glycopeptides: teicoplanin
- Broad-spectrum antibiotics: co-amoxiclav, piperacillin-tazobactam
- Intravenously administered antibiotics: e.g., gentamicin

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Section E: Question 3

3. Which of the following elements are present in the facility?

- An antimicrobial committee
- Annual regular training on appropriate antimicrobial prescribing
- Written guidelines for appropriate antimicrobial use (good practice) in the facility
- Data available on annual antimicrobial consumption by antimicrobial class
- A system to assist healthcare workers of the importance of microbiological samples to inform the best antimicrobial choice
- Local (i.e. for that region/facility or national if small country) antimicrobial resistance profile summaries available at the LTCF or in the GP surgeries who prescribe
- A system that requires permission from a designated person(s) for prescribing of restricted antimicrobials, not included in local formulary
- Advice from a pharmacist for antimicrobials not included in the formulary
- A therapeutic formulary, comprising a list of antibiotics
- Feedback to the GPs on antimicrobial consumption in the facility
- None of the above

An antimicrobial committee is a multi-disciplinary committee that meets regularly and keeps written meeting records/minutes to review antimicrobial prescribing data and consumption, policies and monitor antimicrobial stewardship goals and activities. The antimicrobial committee may be internal or external to the facility (e.g., a joint committee shared between a group of LTCF). The membership should include the antimicrobial prescribers for the LTCF, the coordinating physician, the LTCF DON or manager, a pharmacist, the IPC person and other healthcare professionals, as appropriate

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Section E: Question 4 & 5


4. If written therapeutic guidelines are present in the facility, are they on:

- Respiratory tract infections? Yes No
- Urinary tract infections? Yes No
- Wound and soft tissue infections? Yes No

5. Do you perform a urine dipstick test for detection of urinary tract infections in the facility?

Routinely Sometimes Never

- Urine dipstick looks for leucocyte esterase and/or nitrites in urine
- If negative, it is useful to outrule UTI
- If positive, it needs to be carefully interpreted. It's common for older people to have bacteria or white cells in their urine and this does not mean the resident has a UTI, especially if they don't have symptoms or signs suggestive of UTI



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Section E: Questions 6 - 9

6. Is a programme for surveillance of antimicrobial consumption not feedback in place in the facility?

Yes No

7. Is a programme for surveillance of antibiotic use in place in the facility? (Annual summary report for AMR, stewardship update, etc.)

Yes No

8. If antibiotic microbiology is applicable to your facility? (only if answer possible)

Provided by in-house service only
 Provided by an external service only
 This facility does not acquire antimicrobials directly from pharmacies; all antibiotics are acquired by residents directly (e.g. supplied by the family)

9. How many microbiological laboratories do you use, at? (only if answer possible)

More than one in-house microbiological laboratory
 One in-house microbiological laboratory
 This facility does not send microbiological samples to any laboratories; each visiting general practitioner can work with his microbiological laboratory of choice.

A surveillance programme for a particular drug-resistant organism involves the systematic counting and recording of the number of cases of infection and colonisation due to that resistant organism, with the consistent use of definitions

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Strongly recommended

- After today's HALT training, arrange to meet your DON or LTCF manager **as soon as possible** and get sections A, C, D & E completed before your planned HALT survey day
- Keep the completed questionnaire safe and after your HALT survey day, finish sections B & F of this questionnaire
- Enter all of your HALT survey data into the HALT software at the same time, after HALT data collection is completed

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QUESTIONNAIRES TO BE COMPLETED ON THE DAY OF THE HALT SURVEY

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1. WARD LIST
2. RESIDENT QUESTIONNAIRE
3. Sections B and F of the *INSTITUTIONAL QUESTIONNAIRE*

Will be covered in the next presentation

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Thank you for your attention

Questions?