

Infections: Facility Assessment Checklists

This is a series of self-assessment checklists for nursing home staff to use to assess processes related to managing eight common infections in the facility, in order to identify areas that need improvement.

Directions

- A staff person or team of persons knowledgeable about the facility policies, protocols, and current practices should complete these checklists.
- The person completing the checklist should consult with appropriate staff and resident's medical records to ensure the most accurate information.
- In order for this checklist to be most useful in identifying areas that need improvement, it should be completed thoughtfully and with critical judgement applied to each step. Answer according to what is currently happening in your facility, not what should be happening.
- When answering questions on the checklists, if you are not sure or answer "no" to one of the questions, see the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.

Included

Checklists on the following infection-related topics are included:

- Screening
- Staff
- Assessment
- Notification
- Care Plan
- Monitoring
- Reassessment

Provided By:



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Checklist: Infection Screening

Does your facility have a process to screen residents for specific signs/symptoms of infection upon admission/readmission?

A screening is a brief evaluation of the transfer documents, with questions that determine if the resident has any signs such as fever, rash, cough, wounds, or symptoms such as urinary urgency, frequency, sputum production, etc. It does not include a thorough history or physical examination, which should be performed if the inquiry reveals suspicion that the resident presently has an infection.

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for infection screening.

_____ **This is an area we are working on.** Our target date for implementing a process for screening is:_____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility have a process for infection screening that addresses all the areas listed below?

	Yes	No	Person Responsible:	Comments:
1. Does your facility have a policy and procedure for when and how the staff will screen residents for infections?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the care plan address the infection risk of positively screened residents?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Are current residents who do not have obvious evidence of infection screened regularly to see if they have developed any signs or symptoms?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are residents with cognitive impairment screened at regular intervals for signs or symptoms (vital signs, including temperature and respiration count, presence of cough, evidence of swallowing difficulty, inspected for rash, skin or joint redness or swelling, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Are residents screened for infections with each change in condition, especially new or worsened dementia, lethargy, etc.?	<input type="checkbox"/>	<input type="checkbox"/>		
6. If signs or symptoms of an undiagnosed infection are identified/suspected by the Nurse during screening, does your facility have a regular process that will lead to a timely comprehensive assessment, especially across shift changes?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Infection Screening (Cont.)

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

Checklist: Infection Staff

Does your facility have a process to train and raise awareness about infections with staff?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for infection awareness.

_____ **This is an area we are working on.** Our target date for implementing a process for infection awareness is:_____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility's process for staff awareness about infection address all the areas listed below?

	Yes	No	Person Responsible:	Comments:
1. Does your facility provide training to staff and assign accountability for components of infection prevention, surveillance, and antibiotic use?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Is there a system of clear accountability and no fear?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is staff who are vigilant about infections rewarded?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is there a clear, standardized charting process so that all staff can understand residents' risk of infection and current prevention status?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Is staff trained to use infection tracking systems (decision support, line listings, electronic medical record)?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is there a reminder system (i.e., stickers, signs) to increase reporting and appropriate treatment of patients either with infection or at risk?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Is staff empowered to assess for inadequate hydration, skin care, etc.?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Is there a system of feedback of surveillance data to staff?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Infection Staff (Cont.)

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

Checklist: Infection Assessment

Does your facility complete a comprehensive assessment for residents who are found to have signs/symptoms of the following common infections upon screening?

Yes No

- Pneumonia
 Other respiratory infections, including tuberculosis
 Infected wounds, including decubitus ulcers (pressure/bed sores)

Yes No

- Recurrent lung aspiration
 Urinary tract, bladder infections
 Septicemia
 Viral Hepatitis
 Fever (undefined)

Does your facility's process for comprehensive infection assessment include all of the elements below?

	Yes	No	Person Responsible:	Comments:
1. On admission, readmission, or reassessment of infection, are the following elements included?				
a. Temperature, including the mode used (oral, rectal, axillary, ear probe)?	<input type="checkbox"/>	<input type="checkbox"/>		
b. Presence of rash, including location and description?	<input type="checkbox"/>	<input type="checkbox"/>		
c. Presence and description of the pertinent signs of infection? (E.g., for a new onset cough, the frequency and intensity of the cough, and amount and color of sputum, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
d. Date and time of onset or, after treatment is begun, the recurrence of symptoms, signs? (E.g., "sudden chill at 2pm," or "spiked a fever of 101 degrees at 0800," or, for hepatitis, "onset of jaundice last August," etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
e. Pertinent history of recent infection? (e.g., "Hospitalized for pneumonia last year")	<input type="checkbox"/>	<input type="checkbox"/>		
f. Information concerning possible contagion? (e.g., regularly plays cards with Mrs. A, Mr. B, and Miss C in the activities room)	<input type="checkbox"/>	<input type="checkbox"/>		
g. Which licensed staff performs admission assessments?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Infection Assessment (Cont.)

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

Checklist: Infection Notification

Does your facility have a process for notifying Nurse and attending MD in a timely manner after identifying signs or symptoms of infection?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for infection notification.

_____ **This is an area we are working on.** Our target date for implementing a process for infection notification is:_____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility's process for infection notification address all the areas below?

	Yes	No	Person Responsible:	Comments:
1. Does the process include notification of the attending MD in a timely fashion following the assessment, to allow for care decisions to be made independently of the time of day?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the process include provisions for follow-up of the attempts to contact the MD across shift changes?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does the process include recording the time and date the MD is contacted and the response?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is there a provision for providing medication on a stat basis if needed, and is it possible to actually obtain the medications from the pharmacy in a timely fashion independently of the "emergency supply box"?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Is there a written policy, procedure or guideline defining those treatment modalities that cannot be provided in the facility, such as respiratory isolation in a controlled air flow environment, etc?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Is there a written policy, procedure or guideline for timely transfer of the resident to another level of care if treatment cannot be provided in the facility?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Does transfer protocol include provision for transfer of pertinent clinical records with the resident at time of transfer?	<input type="checkbox"/>	<input type="checkbox"/>		

Checklist: Infection Notification (Cont.)

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

Checklist: Infection Care Plan

Does your facility have a process for creating a care plan for residents with infection?

- _____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for infection care plans.
- _____ **This is an area we are working on.** Our target date for implementing a process for infection care plans is:_____. If needed, use the Quality Improvement Worksheets to guide your improvement process.
- _____ **Yes.** Please continue to the questions below.

Does your facility's process for creating an infection care plan include these components?

	Yes	No	Person Responsible:	Comments:
1. Designation of person(s) responsible for developing and overseeing plan of care?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Definition of infection management goals and start/stop dates for treatment?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does the care plan include pharmacological management issues including awareness of possible antibiotic resistance?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Inclusion of physical management of infection such as wound care, catheter care?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Reassessment of treatment effectiveness and adjustment of care plan as needed?				
6. Education of resident and family regarding plan of care and start/stop dates for treatment?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

Checklist: Infection Monitoring

For residents who are being treated for infection, does your facility have a process for monitoring their condition on at least a daily basis?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for infection monitoring.

_____ **This is an area we are working on.** Our target date for implementing a process for infection monitoring is:_____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility’s process for monitoring infection include these components?

	Yes	No	Person Responsible:	Comments:
1. Are vital signs, including temperature and respirations (actual count, not estimate) done at least every shift for residents under treatment for active infection?	<input type="checkbox"/>	<input type="checkbox"/>		
2. If a rash is present as part of the infection, is it described in the progress notes daily?	<input type="checkbox"/>	<input type="checkbox"/>		
3. If erythema or edema are involved, is the margin marked and recorded daily?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are the results of monitoring tracked in the medical records?	<input type="checkbox"/>	<input type="checkbox"/>		
5. For respiratory infections, is sputum character and amount recorded daily until cleared?	<input type="checkbox"/>	<input type="checkbox"/>		
6. For wound care, is the wound inspected and its condition recorded at dressing change, at least daily?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility’s processes, please continue to another checklist.

Checklist: Infection Reassessment

Does your facility have a process for reassessing a resident's infection status and process of treatment to determine if the care plan is effective or needs revision?

_____ **No.** If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for infection reassessment.

_____ **This is an area we are working on.** Our target date for implementing a process for infection reassessment is: _____. If needed, use the Quality Improvement Worksheets to guide your improvement process.

_____ **Yes.** Please continue to the questions below.

Does your facility's process for reassessing infection status address all the areas below?

	Yes	No	Person Responsible:	Comments:
1. Does your facility have a guideline or policy and procedure defining when a comprehensive reassessment of infections will be completed? <i>A complete reassessment should be performed for any persistent or worsening of the infection after a reasonable time for the initial treatment to take effect, which will vary depending on the nature of the infection.</i>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the reassessment include the pertinent components in the comprehensive assessment? <i>See Infection Assessment Checklist.</i>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Does your staff follow the guideline or policy and procedure for reassessing infection/clinical condition when the resident is complaining of persistent or worsening symptoms even if the <i>signs</i> of the infection seem to be improving?	<input type="checkbox"/>	<input type="checkbox"/>		

If any of the above elements in your process are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's processes, please continue to another checklist.

