

Foundational Infection Prevention Practices *Self-Assessment*

Background

This self-assessment tool is designed to measure your organization’s progress with implementing the following six (6) Foundational Infection Prevention Practices:

- 1) Leadership support
- 2) Healthcare personnel education and training
- 3) Patient, family, and caregiver engagement
- 4) Surveillance
- 5) Hand hygiene
- 6) Environmental cleaning & disinfection

Instructions

Review each statement and select the response that best describes the practices that are in place in your organization. To help you select the response that most closely aligns with the processes in your organization, please refer to the table below:

Not in Place	No current plans for this practice have been discussed.
Initiated	This practice has been discussed with key leadership, and a policy outlining the requirements of this process is in development.
Documented	This practice has been outlined in an organizational policy, but no additional action has been taken.
Monitored	This practice has been outlined in an organizational policy but has not been standardized. Measurement of this process is being developed.
Measured	This practice has been implemented across targeted locations in the organizations and is outlined in an organizational policy that is measured, tracked, and documented.
Integrated & Aligned	This practice has been integrated and implemented across the organization. It is outlined in an organization policy, measured, tracked, and documented.

Practice 1: Leadership support

Infection prevention programs need visible leadership support to ensure success. Leadership support builds staff engagement, fosters a strong safety culture, and ensures successful implementation of protocols that will lead to fewer HAIs.

	Not in place	Initiated	Documented	Monitored	Measured	Integrated & Aligned
The governing board reviews IPC data at scheduled intervals.						
A senior leader is designated as the champion for HAI prevention activities.						
Senior leadership participates in interdisciplinary rounds.						

Practice 2: Healthcare personnel education and training

IPC is complex, and providing ongoing training and education ensures healthcare professionals can respond to and manage identified health concerns that can, in turn, prevent HAIs.

	Not in place	Initiated	Documented	Monitored	Measured	Integrated & Aligned
Staff receive IPC training during onboarding.						
Staff complete annual competency-based IPC training.						
Staff demonstrate device-specific competency prior to performing insertion and maintenance practices.						

Practice 3: Patient, Family & Caregiver Engagement

Actively engaging patients, families, and caregivers is a well-established strategy for improving the quality of care and enhancing patient safety. Integrating patients, family members, and caregivers into IPC activities can help prevent HAIs, decrease length of stay, and improve health outcomes.

	Not in place	Initiated	Documented	Monitored	Measured	Integrated & Aligned
Organization offers structured opportunities for patients, family members, and caregivers to provide feedback.						
Patient-facing materials are reviewed and address language, literacy, and cultural needs.						
Patients, family members and caregivers are provided with instruction on HAI prevention strategies.						

Practice 4: Surveillance

The primary goal of the surveillance program is to assess the risk factors related to HAIs and implement interventions that will interrupt disease transmission. Successful surveillance programs implement a systematic process for collecting, analyzing, and sharing data.

	Not in place	Initiated	Documented	Monitored	Measured	Integrated & Aligned
A facility-based HAI risk assessment is conducted annually.						
Standardized definitions for surveillance are utilized.						
Department-specific HAI data is shared with appropriate clinical care staff.						
Feedback on adherence and outcome measures is shared with staff and leadership.						

Practice 5: Hand Hygiene

Effective hand hygiene is a cornerstone of a comprehensive and effective infection prevention program.

	Not in place	Initiated	Documented	Monitored	Measured	Integrated & Aligned
Alcohol-based hand rub is readily accessible in care areas.						
A structured hand hygiene program is in place that includes awareness/education and compliance monitoring.						
Hand hygiene compliance is shared with staff and leadership.						
Patients, family members and caregivers are provided with hand hygiene education.						

Practice 6: Environmental Cleaning & Disinfection

Environmental cleaning and disinfection are crucial in the prevention of HAIs. Surfaces such as bed rails, tables, IV poles, etc., act as reservoirs that can transfer infectious disease to patients via hands or direct contact. Proper cleaning techniques remove organic matter and allow disinfectants to inactivate pathogens.

	Not in place	Initiated	Documented	Monitored	Measured	Integrated & Aligned
Written protocols for daily and terminal cleaning exist for all patient care areas.						
Staff receive role-specific training around cleaning/disinfection processes.						
A structured program is in place to monitor environmental cleaning.						
Feedback on adherence to environmental cleaning practices is shared with staff and leadership.						

Abbreviations:

ABHR: Alcohol-based hand rub

HAI: Healthcare associated infections

IPC: Infection prevention and control