Your Name: Your Facility:

Total #beds: Your E-mail:

Phone Number:

Starting a Written Surveillance Plan in Your Longterm Care Facility: I. Gathering Information

1. Do you presently do surveillance on all residents in your facility? That is, whole house surveillance? Or targeted? If targeted, please say what types of residents and what unit(s) you routinely do surveillance on.
2. Does your surveillance type change during the year at all-an example would be surveillance done for probable norovirus during December-February or flu vaccine surveillance for staff members and residents? Does anyone else help with your surveillance? Please be specific.
3. Please list the types of residents/units you have and the number of beds of that type:
	1. Skilled nursing unit bed number
	2. Longterm care residents bed number
	3. Dementia unit residents bed number
	4. Short-term disability residents bed number
	5. Other-please be specific with bed number
	6. Are each of these units separate from each other or are patients mixed on each floor
4. Do you review all microbiology cultures:
	1. As they are ordered to check if appropriate to order (e.g.urine cultures-in the context of antibiotic stewardship)
	2. Final results only
	3. Preliminary and final results
	4. Do you routinely contact the provider about antibiotics if ordered-that the organism(s) sensitivity matches with the antibiotic prescribed? Does someone else make contact with the provider?
	5. Do you routinely contact the provider if an antibiotic is not indicated based on procedures in place for your facility’s antibiotic stewardship program? Does someone else make contact with the provider?

1. Do you do periodic unit rounds looking at charts and/or inquiring about residents who are on antibiotics or have signs and symptoms of possible infections?
2. Do you receive paperwork or calls relative to any resident in any unit/type of care, that demonstrates symptoms of illness? What if that occurs over the weekend or on the night shift-what happens?
3. How many hours do you spend each week doing surveillance activities?
4. Do you feel your surveillance is good and you would pick up an outbreak early if one would start in your facility?
5. Is surveillance a high priority for you or you must get to it when you find the time?

Have you ever had an outbreak at your facility? Was it caught early?

Have you ever called your local health dept to report something?

1. How often do you present your surveillance data to a committee in your facility? Please list how often you present the data and to what committee(s):
2. Do you meet with anyone before that to review surveillance? Do you list only those patients on antibiotic therapy or anyone with a culture ordered or any resident with constitutional signs and symptoms? Be specific on how residents get reported to your quality or other committee and how often.

 12.Do you participate in NHSN?

 13.Do you report any residents on your surveillance list to your corporate leaders? If yes, please describe what exactly you report, eg. Only those residents who start antibiotics-whether or not they meet a surveillance definition of infection from McGeer and/or NHSN LTC?

Thanks for your input on this survey. We will discuss the information gathered at a future webinar.