## Care CEUs

# Prevention of Health Care-Associated Infection in Long-Term Care Facilities

#### Introduction

1. Infections ar	e among the most freque	ent causes of transfe	r from long-term care	e facilities to acute
care hospitals a	and 30-day hospital read	missions.		
A. True				
B. False				

- 2. Fundamental infection prevention practices, such as \_\_\_\_\_, will aid in reducing HAIs in any setting.
- A. Hand washing
- B. Sterilizing with bleach
- C. Wearing gloves
- D. Wearing a mask

## **Descriptions of Long-Term Care Settings**

- 3. Long-term care services support individuals in their activities of daily living and provide assistance for which of the following tasks?
- A. Bathing
- B. Dressing
- C. Eating
- D. All of the above

## Status of HAIs and Infection Control in Long-Term Care

- 4. Which of the following is not one of the most commonly reported HAIs in nursing homes?
- A. Urinary tract infections
- B. Sepsis
- C. Lower respiratory tract infections
- D. Gastroenteritis

5. Antimicrobials account for approximately $40\%$ of all systemic drugs prescribed in LTCFs and the likelihood is $30\text{-}50\%$ that a resident will receive at least one course of a systemic antimicrobial agent during a one-year period.				
A. True B. False				
6. Which of the following is the most commonly reported and treated infection in NH/SNF residents?				
A. LRTIs B. SSTIs C. UTIs D. GE				
7. The majority of UTIs manifesting in long-term care are catheter-associated.				
A. True B. False				
8. Increased vaccination coverage of HCP, combined with high vaccination coverage in residents, has been shown to reduce both the incidence of health care-associated influenza and influenza-related mortality among older patients in LTCFs.				
A. True B. False				
9. Barriers to implementing an effective infection control and prevention (ICP) program include which of the following?				
<ul><li>A. Limited staff resources.</li><li>B. High staff turnover.</li><li>C. Funding difficulties.</li><li>D. All of the above.</li></ul>				
HHS Data Sources and Projects on Reducing and Preventing HAIs in LTCFs				
10. The Patient Safety Act encourages clinicians and health care organizations to voluntarily report and share quality and patient safety information without fear of legal discovery.				
A. True B. False				

#### **Metrics and Evaluation**

- 11. In 2013, all NHs will be required to have a Quality Assessment and Performance Improvement program in place. The quality assessment aspect of the QAPI program is often a challenge for health care providers because of limits of their ability to collect or analyze their own care processes and outcomes data.
- A. True
- B. False

#### 12. Why is the reduction of HAIs an excellent goal for facilities initial QAPI projects?

- A. Improving resident outcomes and reducing costs by addressing preventable HAIs would have high impact.
- B. The LTCF Component of NHSN can provide facilities with standardized data collection tools that will reduce variation in the application of the criteria used by facilities to define HAI events.
- C. It will provide an external surveillance system to monitor and analyze data on the incidence of HAIs in their facility.
- D. All of the above.

#### 13. Which of the following is not a proposed metrics goal?

- A. 25% of certified nursing homes enroll in NHSN over the five years following launch of the component.
- B. 85% vaccination coverage of LTCF residents for seasonal influenza and pneumococcus in five years.
- C. 75% of HCP in long-term care receive the seasonal influenza vaccination by 2015.
- D. Pilot reporting to NHSN, evaluate variability, and obtain consensus on measurable five-year goal.

## **Next Steps and Future Directions**

- 14. Which of the following is not one of the recommendations related to the implementation of antibiotic stewardship programs in LTCFs?
- A. An assessment of current resources dedicated to antibiotic stewardship programs within LTCFs.
- B. Pilot or demonstration projects that evaluate the implementation of the antibiotic stewardship programs and their impact on antibiotic use practices in LTCFs.
- C. Educate those within the LTCFs about antibiotic use and the stewardship programs.
- D. Identification of the best methods to implement and sustain antibiotic stewardship programs within LTCFs.

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