HCA Infection Control Surveillance Survey

HCA is very interested in reducing nosocomial infections in its hospitals. A key to reducing infections is for each hospital to have a robust infection control program with the daily involvement of knowledgeable professionals. There appears to be significant variability in infection control practices among HCA hospitals.

HCA has recently launched new initiatives to substantially decrease the incidence of central venous catheter related blood-stream infections (CR-BSI) and ventilator-associated pneumonia (VAP). To assure that these initiatives are successful, we need to engage our hospitals’ infection control experts.

The purpose of this survey is to collect information about the infection control practices at your hospital. Only one survey needs to be completed by each hospital. The survey asks for specific information about how you staff and run your infection control program, the tools and resources at your disposal, how you measure the incidence of nosocomial infections, and how you educate and provide feedback to your clinicians.

We really appreciate your participation in this survey. The overall results will be provided back to you. Moreover, we hope through these new initiatives to be able to provide you, at the local level, with better knowledge and tools to attain our ultimate goal of eliminating nosocomial infections. This information will help us design ICP education modules and tool kits for data management that can assist infection control surveillance.

Thank you for your assistance.

Click 'Reply' at the top of this message to take the survey
Please complete each question or the form will not SEND properly!

HCA Infection Control Surveillance Survey

A. Demographics

HCA Hospital: SELECT ONE, PLEASE.

Infection Control Personnel Contact Person:

Number of staffed adult beds: 0  
Number of adult ICU beds: 0  

Are you an NNIS participating hospital?

SELECT ONE

B. Infection Control Personnel

1. How many full-time infection control personnel (>75% of time in IC duties) are at your hospital?

0

2. How many part-time infection control personnel (<75% of time in IC duties) are at your hospital?

0

3. How many are certified in infection control and epidemiology (CIC)?

0

C. Hospital Program

Does your infection control program perform surveillance in your ICU's?

SELECT ONE

If yes, please indicate all areas where surveillance occurs.

Mark 1 if the ICU in your medical center has surveillance.  
Mark 0 if the ICU in your medical center does NOT have surveillance.  
Mark N/A if Not Applicable

Burn  SELECT ONE  
Medical  SELECT ONE  
Neurosurgical  SELECT ONE  
Surgical  SELECT ONE  
Coronary Care  SELECT ONE  
Combined Medical & Surgical  SELECT ONE  
Pediatric  SELECT ONE  
Trauma  SELECT ONE  
Cardiothoracic  SELECT ONE  
Neonatal  SELECT ONE  
Respiratory  SELECT ONE  
Other  SELECT ONE

Please continue to Part Two!
D. Census Denominator Measurement for BSI - Central Lines

1. Does your medical center collect denominator information on ICU patient days for central lines?

SELECT ONE

2. How do you ascertain ICU central line days?

<table>
<thead>
<tr>
<th>Option</th>
<th>SELECT ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Manual tabulation/Chart review</td>
<td></td>
</tr>
<tr>
<td>b. Bedside rounding</td>
<td></td>
</tr>
<tr>
<td>c. Meditech reports</td>
<td></td>
</tr>
<tr>
<td>d. Electronic medical record</td>
<td></td>
</tr>
<tr>
<td>e. Other computerized entry</td>
<td></td>
</tr>
</tbody>
</table>

3. Who collects the data?

SELECT ONE

4. Data is routinely collected on a (select one):

SELECT ONE

5. When is data collected?

<table>
<thead>
<tr>
<th>Option</th>
<th>SELECT ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Same time/shift every day</td>
<td></td>
</tr>
<tr>
<td>b. Collected 7 days a week</td>
<td></td>
</tr>
<tr>
<td>c. Collected Monday-Friday (less than 7 days) and extrapolated.</td>
<td></td>
</tr>
</tbody>
</table>

6. Coverage

a. Number of months per year that you have denominator data on average. (answer from 0-12 months)

SELECT ONE

b. Do you have difficulty obtaining denominator data from the ICU surveillance units?

SELECT ONE

c. Are there months when you cannot report infection rates due to incomplete reporting of denominator data?

SELECT ONE

Please continue to Part Three!
E. Census Denominator Measurement for BSI - Ventilators
1. Does your medical center collect denominator information on ICU patient days for ventilators?

SELECT ONE

2. How do you ascertain ICU ventilator days?

a. Manual tabulation/Chart review
b. Bedside rounding
c. Meditech reports
d. Electronic medical record
e. Other computerized entry

SELECT ONE

3. Who collects the data?

SELECT ONE

4. Data is routinely collected on a (select one):

SELECT ONE

5. When is data collected?

a. Same time/shift every day
b. Collected 7 days a week
c. Collected Monday-Friday (less than 7 days) and extrapolated.

SELECT ONE

6. Coverage

a. Number of months per year that you have denominator data on average, (answer from 0-12 months)

SELECT ONE

b. Do you have difficulty obtaining denominator data from the ICU surveillance units?

SELECT ONE

c. Are there months when you cannot report infection rates due to incomplete reporting of denominator data?

SELECT ONE

F. Measurement of catheter-related BSI Cases

Do you use the CDC NNIS definition to diagnose primary catheter-related bloodstream infections (BSI)?

SELECT ONE

Check the CDC NNIS definitions check y/n for the components you apply.

1. Laboratory confirmation
2. No infection at another site
3. Use of pathogen rules
   a. Recognized pathogens: > 1 blood culture positive.
   b. Other organisms: > 2 blood cultures from separate sites positive with same organism and clinical symptoms.
   c. Other organisms: > 1 blood culture positive in patient with central venous catheter and clinical symptoms and institution of appropriate antimicrobial therapy.

4. To the best of your knowledge, do you usually attribute cases that develop BSI within 48 hours after transfer from the ICU to the ICU?

SELECT ONE

G. Measurement of VAP Cases

1. Do you use the CDC NNIS definition to diagnose primary ventilator associated pneumonia (VAP)?

SELECT ONE

2. Check the CDC NNIS definitions. Which components of the definition do you apply to identify VAP cases?

a. X-Ray findings
b. Sign and symptoms
c. Microbiologic and other laboratory data

SELECT ONE

3. What is your comfort or confidence level in using the CDC definition for VAP?

No confidence          Complete Confidence
0  1  2  3  4  5  6

Please continue to Part Four!
H. Tools and Technology

Do you use infection control data management software for surveillance?

SELECT ONE

If Yes,
1. What type? Describe:

2. Is this software linked to or part of Meditech?

SELECT ONE

3. Can data be exported from this software and sent to HCA Corp?

SELECT ONE

If No,
4. Would you be interested in having data management software tools for surveillance?

SELECT ONE

5. Would you be interested in an HCA web based tool for surveillance?

SELECT ONE

I. Feedback Reporting

1. Do you provide individual ICUs with infection control information?

SELECT ONE

2. How often are infection control reports given to the ICU?

SELECT ONE

3. Who receives the infection control reports?

<table>
<thead>
<tr>
<th>Option</th>
<th>SELECT ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Medical center senior leadership</td>
<td></td>
</tr>
<tr>
<td>b. ICU nurse manager</td>
<td></td>
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<tr>
<td>c. ICU medical director</td>
<td></td>
</tr>
<tr>
<td>d. ICU Nurses</td>
<td></td>
</tr>
<tr>
<td>e. ICU Physicians</td>
<td></td>
</tr>
<tr>
<td>f. ICU Respiratory staff</td>
<td></td>
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<tr>
<td>g. ICU Support staff</td>
<td></td>
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<tr>
<td>h. Other Committees (e.g., Critical Care, Patient Safety, Quality Council, etc.)</td>
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</tr>
</tbody>
</table>

Please continue to Part Five!
J. Improvement Initiatives

1. Do infection control personnel participate in the development of infection prevention and quality improvement initiatives?

SELECT ONE

2. How do you get information to staff?

a. Staff orientation
b. Unit in-service
c. Unit lectures for BSI management
d. Unit lectures for VAP management
e. One-on-one education

SELECT ONE

3. Do you have tools/materials that can be shared with other HCA hospitals?

a. For BSI surveillance
b. For BSI education
c. For VAP surveillance
d. For VAP education

SELECT ONE

K. Accessible Data

1. Has your medical center been conducting BSI and VAP surveillance since January 2005?

SELECT ONE

2. Are baseline BSI data since January 2005 available?

SELECT ONE

3. Are baseline VAP data since January 2005 available?

SELECT ONE

4. Has your facility implemented a comprehensive BSI program?

SELECT ONE

5. Has your facility implemented a comprehensive VAP program?

SELECT ONE

L. Comments

Please make any additional comments:

Thank You. Please click the Send button to return to HCA Corp.