

HEALTHCARE ASSOCIATED INFECTIONS (HAI) PROJECT: PRE-TRAINING INFECTION PREVENTION AND PATIENT SAFETY ASSESSMENT

Thank you for agreeing to answer some questions about infection prevention at your facility and in your work as part of a project to identify factors associated with the implementation of training that can assist facilities in successfully preventing infections associated with the process of care and sustaining these reductions. It will take approximately 30 minutes to answer these questions. All the answers you give will be handled CONFIDENTIALLY. Individual responses will not be shared. We are requesting identification information for data-coding use only. Thank you very much for agreeing to participate in this project.

Today's date: / /

HAI Master Site Name: _____
NOTE: Contractors may prepopulate this line

This site's name and location:
(facility and unit, if applicable)
(ADD CODING FOR SUB-SITES HERE IF DESIRED)

What is your position at this facility? (Please mark one.)

- | | |
|--|---|
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Physician (attending/staff) | <input type="checkbox"/> Healthcare aide |
| <input type="checkbox"/> Resident/intern | <input type="checkbox"/> Hospital administration |
| <input type="checkbox"/> Physician assistant | <input type="checkbox"/> Risk manager |
| <input type="checkbox"/> Respiratory therapist | <input type="checkbox"/> Patient safety/quality officer |
| <input type="checkbox"/> Other, specify: _____ | |

1. What is your present position (title) at this institution?

2. How long have you been in your present position? # YEARS AND/OR # MONTHS

3. How long have you been working at this institution? # YEARS AND/OR # MONTHS

4. How long have you worked in the healthcare field? # YEARS AND/OR # MONTHS

**SECTION 2:
Attitudes about Patient Safety and Reducing Healthcare Associated Infections**

Please think about the last 12 months (or whatever shorter period is applicable for you) and respond to these statements, selecting one (1) response for each statement below.

NOTE: Please check 'Not applicable' if you do not have experience in the area or do not have an opinion.

		Strongly agree (5)	Agree (4)	Somewhat agree (3)	Disagree (2)	Strongly disagree (1)	Not applicable
2.1	I always clean my hands before and after contact with every patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	I keep abreast of advances in patient safety through print and electronic media.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Our team has a well-functioning interdisciplinary team approach to patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	There are practical things I can do during my daily work routine – no matter what my job - that help prevent healthcare associated infections in my facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.5 I am aware of Joint Commission mandated training on patient safety topics.

- Yes
- No

2.6 I am familiar with CDC guidelines and recommendations on healthcare associated infections.

- Yes
- No

2.7 I know about and/or work with organizations or associations concerned with infection prevention.

- Yes
- No

2.8 I am up to date with my own preventive health care including immunizations (flu, pneumonia, etc.) and TB testing.

- Yes
- No

SECTION 3: Work Practices which Prevent Healthcare Associated Infections

Please think about the last 12 months (or whatever shorter period is applicable for you) and respond to these statements, selecting one (1) response for each statement below. If you are not in a clinical position, please skip to SECTION 4.

NOTE: Please check 'Not applicable' if you do not have experience in the area or do not have an opinion.

3.1 I estimate that I clean my hands before and after contact with every patient approximately of the time during my usual workday. |_|_|_| %

	Strongly agree (5)	Agree (4)	Somewhat agree (3)	Disagree (2)	Strongly disagree (1)	Not applicable
3.2 My facility mandates the use of standardized checklists to reduce healthcare associated infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 I am comfortable asking a physician or resident to stop a central line insertion if I recognize a break in sterile technique or other situation which will harm the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 My unit continually improves its use of information to monitor quality of patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Healthcare associated infections most often occur due to human factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 In procedures for chest tube insertions on our unit, wide draping (head to waist for an adult patient) is always practiced to reduce risk of infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7 The operator only needs to wear sterile mask and gloves during a chest tube insertion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 It is important to restrain patient upper limbs during chest tube insertions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Staff assisting at a central venous catheter (CVC) insertion are the ones responsible for ensuring that the draped field stays sterile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Minimizing CVC manipulation is one of the most important daily management practices to prevent infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11 Nurse-to-patient ratio and specialized line teams are key strategies to reduce blood stream infection (BSI) from indwelling catheters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12 Late-onset pneumonia (> 96 hours after intubation or ICU admission) is evidence of a healthcare associated infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.13 Elevating the head of the bed will decrease a patient's risk of acquiring ventilator-associated pneumonia (VAP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.14 No matter how busy it is or how urgent the situation, I estimate that I am able to follow standard operating procedures (SOP) |_|_|_| % of the time during my usual work day.

SECTION 4:
Patient-Safety-Related Training and Conferences Attended

Please provide a list of the various trainings (in person, online, self-study) and conferences you have participated in during the last 12 months (or whatever shorter period is applicable for you) which have promoted and enhanced your knowledge of patient safety and practices to prevent healthcare associated infections. Please provide the information you remember; a best-guess estimate is fine.

Training, conference or seminar title	Duration (in hours)	Training Method
e.g., Continuing Education Seminar on Patient Safety	2 hours	Web-based Seminar

SECTION 5:
Additional Comments and Perspectives on Infection Prevention and Patient Safety

Please provide your opinion on how well your facility addresses infection prevention and patient safety. We welcome your thoughts about successes achieved, barriers, and investments made in infection prevention and patient safety.

Thank you very much for completing this assessment.

Please return this form to:

(NOTE: Leave blank for each individual facility to insert name.)