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**HEALTHCARE ASSOCIATED INFECTIONS (HAI) PROJECT:**

**HAI INFORMATION COLLECTION AND REPORTING SUMMARY**

*Thank you for agreeing to complete this summary on HAI information collection and reporting. This is part of a project to identify factors associated with the process of care. It will take approximately 45 minutes to complete this form. You may need to consult someone else for specific information you need. All the answers you give are CONFIDENTIAL. 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.*

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Today's date:  /  /   
*(month) (day) (year)*

HAI Master Site Name: \_\_\_\_\_

**Name and location of this site:**  
*(ADD CODING FOR SUB-SITES HERE)*

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

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

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

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

to: AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (0935-0143), AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.

**SECTION 1:**

**HAI Rate Collection and Reporting**

Please list below the HAI rates that are reported by your hospital. Examples include: ventilator associated pneumonia (VAP); catheter-associated blood stream infections (CA-BSI); central line-associated blood stream infections (CLABSI); catheter-associated urinary tract infection (CAUTI) events; symptomatic urinary tract infections (SUTI); and surgical site infections (SSI) such as total hip arthroplasty and total knee arthroplasty. Please also provide information on the method of the collection and to whom the rates were reported.

**1.1**

HAI Rate	Collection Method	Reporting Method
e.g., Ventilator Associated Pneumonia (VAP)	National Healthcare Safety Network (NHSN)	CDC, state reporting system, patient safety officer, hospital CEO

**1.2** Does your hospital collect and report overall rates for HAIs from aggregated rate-specific information? If so, please indicate how this overall rate is collected and how it is reported.

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**SECTION 3:**

**Infection Prevention and Reduction Activities**

**3.1 In your opinion, does collecting the hospital infection rates listed in Section 1 help identify areas for targeting infection reduction? If so, please provide an example of a training, tool, or intervention that was used by your hospital. Did the training, tool, or intervention result in infection rate improvements?**

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**3.2 Do you have suggestions for infection prevention and reduction training and interventions that could be implemented at your hospital?**

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**3.3 What challenges did you encounter in implementing infection reduction initiatives in your hospital?**

**Was the hospital able to resolve these challenges? If so, how?**

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**3.4 What other lessons did you learn from implementing infection reduction initiatives?**

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**SECTION 4:**

**Additional Comments and Perspectives on Patient Safety and Infection Prevention**

**4.1 If your hospital has implemented changes to improve patient safety and infection prevention in the past 12 months, what were the 2 most important changes that have been made? (Leave blank if your hospital has not implemented changes to improve patient safety and infection prevention in the last 12 months.)**

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

**4.2 If your hospital has not implemented the 2 most important patient safety and infection prevention what do you think are the reasons?**

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

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

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**Thank you very much for completing this assessment.**

Please return this form to:

\_\_\_\_\_

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