HEALTHCARE ASSOCIATED INFECTIONS (HAI) PROJECT: PATIENT SAFETY AND INFECTION PREVENTION CATALOGUE

Thank you for agreeing to complete this catalogue on patient safety and infection prevention training, education and other activities at your facility for the past 12 months. This is part of a project to identify factors associated with the process of care. It will take approximately 60 minutes to complete this form. You may need to consult someone else for specific information you need. All the answers you give are <u>CONFIDENTIAL</u>. 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.

То	day's date: (month) / (day) / (year) HAI Master Site Name:
	me and location of this site: DD CODING FOR SUB-SITES HERE)
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

Public reporting burden for the collection of information is estimated to average 60 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (0935-0143), AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.

SECTION 1:

Training and Education

Please list the training and education that has been conducted in your hospital in the <u>last 12 months</u> that addresses patient safety and reduction of HAIs.

Frequency

Target population (worker types trained)

Approximate number

trained

1.1

Course title

e.g., New-employee orientation	Every other Monday	Nurses Therapists	143
e.g., Brown bag presentation on MRSA	Annually	All clinical staff	110

SECTION 2:

Hospital Improvements

Please list organizational changes that have been made in the last 12 months in your hospital to improve patient safety and infection prevention. Some examples of improvements include: implementation of standard operating procedures (SOP), protocols or checklists for certain procedures; increased and/or specific monitoring systems; additional budget allotment for equipment, supplies, or staffing; designation of specific teams or champions; and policy changes.

Facility change made	Date instituted	Location of change (overall or list specific unit)
e.g., Checklist for chest tube insertions	04/28/2007	ICU, ED
e.g., Alcohol hand sanitizer introduced	01/2007	Facility-wide

SECTION 3:

Surveillance and Monitoring Tools for Reducing HAIs

Please list the surveillance and monitoring tools you have used in the last 12 months including national surveys, national surveillance systems, and research projects focused on patient safety, particularly preventing HAIs. Please list any regular meetings and activities focused on patient safety and HAIs. We have provided some sample common tools which you may have implemented in your hospital.

3.1

Survey, monitoring tool, or other change	Date instituted
Hospital Survey on Patient Safety Culture (HSOPSC)	
National Healthcare Safety Network (NHSN) for reporting rates	
3.2 Please provide your opinion on how useful these surveillance and monitoring tools are and reducing HAIs at your hospital. We welcome your thoughts on how the tools do o ability to improve patient safety and reduce HAIs.	e for improving patient saf r do not improve the facili

SECTION 4:

Printed or Electronic Materials to Improve Patient Safety and Reduce HAIs

Please list printed or electronic materials focused on improving patient safety and preventing HAIs you have used in the last 12 months. Some examples include: reminders, wall charts, online alerts, etc.

Date instituted

Location of change

4.1

Printed or electronic materials to improve patient safety and

upport reductions in HAIs		(overall or list specific unit)
e.g., Posting infection rate charts in units involved	05/29/2007	ICU, ED
e.g., Hand washing screen-savers on all PCs	01/02/2007	Facility-wide

SECTION 5:

Other Activities

Please list anything else your hospital has done in the last 12 months that you believe is relevant for improving patient safety and addressing aspects of infection prevention.

Other activities	Date instituted	Location of change (overall or list specific unit)
e.g., Bi-weekly interdisciplinary team meetings to discuss and reduce barriers to effective aseptic techniques in procedures	02/10/2007	All ICUs

SECTION 6:

Additional Comments and Perspectives on Patient Safety and Infection Prevention

12 mg	or hospital has implemented changes to improve patient safety and infection prevention on the control of the co	your hospital		
		12 months,		
В.		-		
6.2 If you do yo	your hospital has not implemented the 2 most important patient safety and infection preven by you think are the reasons?			
A.		-		
		-		
В.				
infec	lease provide your opinion on how well your facility addresses patient saction prevention. We welcome your thoughts about successes achieved, investments made in patient safety and infection prevention at your hos	barriers,		
	Thank you very much for completing this assessment.			
	Please return this form to:			

