

Form Approved \_\_\_\_\_  
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## **MRSA Infection Control Practices Survey Questionnaire**

Public reporting burden of this collection of information is estimated to average 30 hours/minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-xxxx.

## **MRSA Infection Control Practices Survey Questionnaire**

Your facility is one of roughly 200 nationwide that takes part in the Emerging Infections Program/Active Bacterial Core Surveillance (ABCs) Invasive Methicillin Resistant *Staphylococcus aureus* (MRSA) project. This is a joint effort between the Centers for Disease Control and Prevention (CDC), your state health department and several academic medical centers. As part of this project, we are administering this web-based survey to assess MRSA infection control practices at participating facilities. The survey should be filled out by a member of your facility's infection control program. It should not take longer than 30 minutes.

Data from this survey will be used to gauge the current state of MRSA control efforts at health-care facilities participating in this MRSA surveillance program. It will also help us understand how well the existing national guidelines for MRSA control are working. Your answers will provide important feedback for updating these guidelines.

You are free to choose to take part in this survey or not. Your choice will not affect your current or future participation in the Invasive MRSA project. All answers will be kept secure at your local state ABCs site.

The survey has received ethical review at the CDC. Thank you for your time and help with this important public health activity.

**If you have questions or concerns please feel free to contact the survey coordinator, Alex Kallen at 404-639-4275 ([Akallen@cdc.gov](mailto:Akallen@cdc.gov)) or your local ABCs Invasive MRSA project coordinator.**

**Please answer the following:**

I agree to complete this survey

Another person would be more appropriate to complete this survey

Name and Contact Information:

I DO NOT agree to complete this survey

## MRSA Infection Control Practices Survey Questionnaire

### **Section 1: Background:**

**Please complete the following background information about your facility.**

1. Date of survey completion:
2. Facility identification number (available in introductory email):
3. State facility located in:
4. Which of the following entities are found within your facility (check all that apply)?  
  
Acute (short term) inpatient care facility (for example, acute care hospital)  
Long term inpatient care facility (for example, nursing home or rehabilitation facility)  
Ambulatory care facility (for example, urgent care center or doctor's office)  
Other, describe \_\_\_\_\_
6. In the past year, what is the total number of staff working in infection control at your facility? Please describe using full-time equivalents of people working directly in infection control, do not include support staff (for example, if a facility had one full-time person and 1 half-time person, this would equal 1.5 staff members).
7. In 2007, how many active hospital beds does your facility have?
8. In 2007, how many active adult Intensive Care Unit beds (ICU) does your facility have?
9. In 2007, how many active non-ICU pediatric beds does your facility have?
10. Is your facility a teaching facility (for this survey that means your facility has physicians-in-training and/or nurses-in-training providing care to patients)?  
Yes  
No

## Section 2: Institutional Culture

The following questions ask about general MRSA related activities at your facility.

11. Is your facility taking part in an external (one originating outside your facility) methicillin-resistant *Staphylococcus aureus* (MRSA) control initiative? (check one)

Yes

No, please **SKIP** to question # 12

11a. If Yes, which ones? (check all that apply)

Institute for Healthcare Improvement's Protecting 5 Million Lives from Harm Initiative

Plexus Institute/Positive Deviance Initiative

Maryland Patient Safety Center Initiative

VHA Inc. (Voluntary Hospital Association Initiative)

Department of Veterans Affairs Initiative

Other, please list

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11b. When was the program first instituted at your facility? (month/year)

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12. Please indicate how much you agree or disagree with the following statement: The control and prevention of MRSA infection is a priority at your facility?

Strongly agree

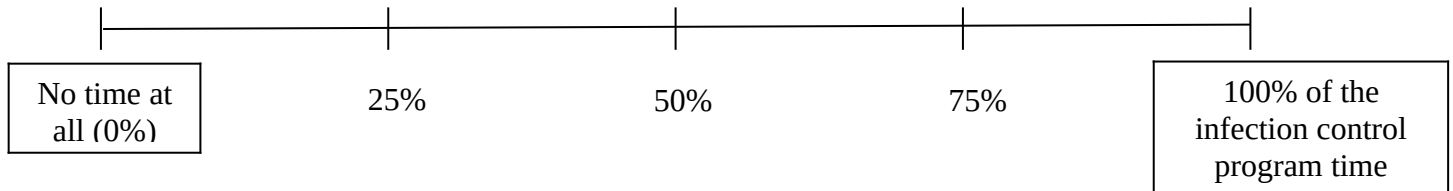
Agree

Neutral

Disagree

Strongly disagree

13. Considering the total amount of time your facility's infection control program has had to spend on all infection control activities in the last year, please indicate on the line below the percentage of time spent on MRSA control efforts.



14. Please complete the following questions about the role played by the staff at your facility in the control of MRSA infections.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Front line patient-care staff are optimistic that they can prevent MRSA					
Staff have been asked to identify ways to control MRSA infections					
Staff ideas have been implemented in MRSA control efforts					
Physicians generally support MRSA control efforts at my facility					
Nurses generally support MRSA control efforts at my facility					
There are physicians who strongly advocate for MRSA control efforts					
There are nurses who strongly					

advocate for MRSA control efforts					
Leadership provides an environment that allows for creative approaches to MRSA control					
Leadership provides the resources (financial and human resources) necessary for MRSA control					

**Section 3: Active Surveillance**

**The next set of questions will ask about MRSA active surveillance cultures.**

15. Currently, does your facility collect MRSA surveillance cultures on any group of patients for the purpose of detecting MRSA colonization (active surveillance)? (check one)

Yes

No, please **SKIP** to question # 22

16. Currently at your facility, MRSA active surveillance cultures are obtained from patients admitted: (check one)

Anywhere in my facility, please **SKIP** to question # 17

To selected parts of my facility

16 a. Please select the settings in which active MRSA surveillance cultures are obtained. (check all that apply)

Patients admitted to ICU settings

Patients admitted to acute care non-ICU settings

Patients admitted to long-term care settings

Patients admitted to other settings(s), please describe:

\_\_\_\_\_

17. On what types of patients are MRSA active surveillance cultures obtained? (check one)

On all patients admitted to our facility

On selected patients admitted to our facility

17 a. Please select any group for which you routinely collect active surveillance cultures. (check all that apply)

Burn patients

Bone marrow or stem cell transplant patients

Oncology patients

Patients transferred from outside facilities

Roommates of patients with known MRSA colonization or infection

Other patients, please describe \_\_\_\_\_

18. Are patients placed in some form of isolation precautions in addition to standard precautions until surveillance cultures for MRSA are negative? (check one)

Yes

No

19. Which precautions are included in these isolation precautions? (check all that apply)



Place patient in private room or cohort patients with MRSA when private rooms are not available

Gown worn by all prior to entering the room

Gowns worn prior to entering the room in some situations, describe \_\_\_\_\_

Gloves worn by all prior to entering room

Gloves worn prior to entering the room in some situations, describe \_\_\_\_\_

Masks worn by all prior to entering the room

Masks worn prior to entering the room in some situations, describe \_\_\_\_\_

Removal of personal protective equipment (gowns, gloves, etc) prior to exiting the room

Sign outside the room describing the isolation precautions that are in use

Hand hygiene upon exiting the room (either before or after leaving room)

20. When are active surveillance cultures currently obtained? (check all that apply)

At admission

At discharge

Periodically during hospital stay, please describe when \_\_\_\_\_

21. Do you currently measure rates of adherence to MRSA active surveillance cultures (meaning, do you measure the percentage of those who actually have active surveillance cultures obtained out of all those who should have active surveillance cultures obtained)?

(check one)

Yes

No

#### Section 4: Isolation

**The next set of questions will ask about the use of infection control precautions for MRSA colonized and infected patients.**

22. Currently in your facility, are patients who are found to be infected or colonized with MRSA put in any isolation precautions in addition to standard precautions? (check one)

Yes

No, if no please SKIP to question # 26

22a. Which MRSA infected or colonized patients are put in isolation precautions in addition to standard precautions? (check one)

All MRSA infected or colonized patients are put in isolation precautions

Only MRSA infected patients are put in isolation precautions

Only MRSA colonized patients are put in isolation precautions

Selected MRSA colonized or infected patients are put in isolation

precautions, please describe \_\_\_\_\_

23. Which precautions are included in these isolation precautions? (check all that apply)

Place patient in private room or cohort patients with MRSA when private rooms are not available

Gown worn by all prior to entering the room

Gowns worn prior to entering the room in some situations, describe \_\_\_\_\_

Gloves worn by all prior to entering room

Gloves worn prior to entering the room in some situations, describe \_\_\_\_\_

Masks worn by all prior to entering the room

Masks worn prior to entering the room in some situations, describe \_\_\_\_\_

Removal of personal protective equipment (gowns, gloves, etc) prior to exiting the room

Sign outside the room describing the isolation precautions that are in use

Hand hygiene upon exiting the room (either before or after exiting the room)

24. Do you measure adherence to these isolation precautions among staff caring for these patients (meaning do you measure the percentage of those who actually comply with these isolation precautions)? (check one)

Yes

No

25. Does your facility have a policy for the discontinuation of isolation precautions that are used in addition to standard precautions for patients infected or colonized with MRSA? (select all that apply)

Yes

No, please **SKIP** to Question # 26

25a. Which best describes your facility's policy for the discontinuation of isolation precautions that are used in addition to contact precautions for patients colonized or infected with MRSA? (check all that apply)

My facility never discontinues isolation precautions for patients found to be infected or colonized with MRSA

My facility discontinues isolation precautions after patients have a single negative screening culture for MRSA

My facility discontinues isolation precautions after patients have multiple negative screening cultures for MRSA

My facility discontinues isolation precautions after patients complete antibiotics for MRSA

My facility discontinues isolation precautions after patients undergo some form of decolonization procedure

My facility discontinues isolation precautions after some other criteria is fulfilled, please describe

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**The next several questions ask about patients who have a previous history of MRSA colonization and infection only.**

26. Does your facility have a mechanism to detect, at admission, patients previously infected or colonized with MRSA? (check one)

Yes

No, please **SKIP** to question # 28

26a. Are these patients (known to be previously colonized or infected with MRSA) put into isolation precautions in addition to standard precautions at admission? (check one)

Yes, all identified patients are put in isolation precautions

Yes, selected identified patients are put in isolation precautions

No, identified patients are not put in isolation precautions

27. Which precautions are included in these isolation precautions? (check all that apply)

Place patient in private room or cohort patients with MRSA when private rooms are not available

Gown worn by all prior to entering the room

Gowns worn prior to entering the room in some situations, describe \_\_\_\_\_

Gloves worn by all prior to entering room

Gloves worn prior to entering the room in some situations, describe \_\_\_\_\_

Masks worn by all prior to entering the room

Masks worn prior to entering the room in some situations, describe \_\_\_\_\_

Removal of personal protective equipment (gowns, gloves, etc) prior to exiting the room

Sign outside the room describing the isolation precautions that are in use

Hand hygiene upon exiting the room (either before or after leaving the room)

**Section 5: MRSA Measures**

**The next few questions will ask about measuring MRSA at your facility.**

28. For the following measures of MRSA, please indicate if your facility monitors this over time. (check all that apply)

Measure	Yes	No
Overall proportion of <i>S. aureus</i> that is MRSA		

Newly identified MRSA positive patients (infection and/or colonization)		
MRSA hospital transmission rates		
MRSA bloodstream infection rate		
Any process measure for MRSA control programs (for example, percent of eligible patients put in isolation)		
Any other measure (describe below)		

Describe:

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If all no, please **SKIP** to question # 32

29. For the following measures of MRSA, please indicate to which stakeholders (i.e., groups with a direct interest) you report it. (check all that apply)

Measure	Report to Infection Control Committee	Report to other hospital committees	Report to hospital leadership	Report to unit directors	Report to direct patient care providers (physicians and nurses)	Report to other groups
Overall proportion of <i>S. aureus</i> that is MRSA						
Newly identified MRSA positive patients (infection and/or						

colonization)						
MRSA hospital transmission rates						
MRSA bloodstream infection rate						
Any process measure for MRSA control programs (for example, percent of eligible patients put in isolation)						
Any other measure (describe below)						

Describe:

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30. What mechanisms do you use to disseminate the information? (check all that apply)

Periodic "report cards"

Conferences/educational sessions

Meetings with hospital/unit leadership

Newsletter or other publication

Other, please describe \_\_\_\_\_

31. Do you report any ward or service (for example, ICU or surgery service) specific

MRSA measures? (check one)

Yes

No

## **Section 6: Environmental Measures**

**The next section deals with environmental measures that may be taken to help control MRSA.**

32. Does your facility use dedicated noncritical medical items (such as blood pressure cuffs or stethoscopes) for patients with MRSA colonization of infection? (check one)

Yes

No

33. Does your facility currently have cleaning procedures for rooms of patients infected or colonized with MRSA that includes focusing on cleaning high touch areas and equipment in the vicinity of patients? (check one)

Yes

No

34. Currently, are the cleaning practices at your facility monitored regularly by infection control staff to ensure consistent cleaning and disinfection practices are followed? (check one)

Yes

If yes, briefly describe how: \_\_\_\_\_

No

## **Section 7: Antibiotic Utilization**

**This section asks about activities aimed at controlling the use of antibiotics.**



35. Does your facility currently have a specific person (or people) responsible for reviewing antibiotic utilization with the goal of promoting the judicious use of antimicrobial agents? (check one)

Yes

No, please SKIP to Question # 36

35a. If so when did this program begin? (month/year)

\_\_\_\_\_

36. Does your facility currently have a specific system in place to prompt clinicians to use the appropriate antibiotic for the appropriate duration for a specific clinical situation?

(check one)

Yes

No

37. Does your facility currently restrict the use of any antibiotic? (check one)

Yes

No

### **Section 8: Other Activities**

**This section asks about use of other infection control activities that may influence MRSA infections.**

38. Does your facility currently have a specific training program for staff on reducing the transmission of MRSA? (the program may deal with other issues, but must specifically review your facilities program to control MRSA and include topics such as the transmission of MRSA and measures to prevent transmission)

Yes

No

39. Does your facility have expertise available in infection control should specific problems with MRSA arise? (check one)

Yes, from facility staff members

Yes, from experts outside of the facility

No

40. Do you periodically measure adherence of your facility's staff to your hand hygiene policies in at least one patient care area? (check one)

Yes

No

**Thank you for your time!**