Appendix 3. Invasive GAS in Long Term Care Facility 2016 <u>Wound Care Survey</u>

Form Approved; OMB No. 0920-1011 Exp. Date 03/31/2017

A. Employee Background	1. Name:	2. Age:	
3. Sex: Male Female	4. Employed at Facility since:		
5. What is your level of professional training on the wound care team? ☐ RN ☐ MD ☐ LPN ☐ LVN ☐ Other			
6. a. Have you received training in infection control practices?		🛮 Yes 🖺 No 🖺 Unknown	
b. If yes, when was your most recent training?		$\square \le 1$ month \square 2-6 months \square 6-12months $\square > 1$ year	
B. Wound care	7. How many new wound con 0-4 5-9 10 or mo		
8. On average, how many patients with wounds do you see per day? 10-10 10-20 20-30 30 or more			
9. a. When evaluating a new consult or reassessing an old patient, do you perform a full skin examination?			
b. If so, how do you report new wounds found on your exam?			
10. Is there a standardized risk assessment tool used to document skin breakdown/ pressure ulcer formation (e.g. Braden Scale) [] Yes [] No [] Unknown			
11. How often do you reassess wounds and document wound healing? □ Daily □ 3-7 days □ 8-14 days □ Monthly □ Quarterly □ Other:			
12. What types of care do you perform on the wound care team? ☐ Incision and Drainage ☐ Undressing/Redressing ☐ Cleaning wound ☐ Wound vac care ☐ Other: ————————————————————————————————————			
13. Have you ever discovered pieces of foam/cotton gauze present in the wound from previous dressing changes? ¶ Yes No Unknown			
C. Negative-pressure wound therapy	14. Have you been specificall therapy? ☐ Yes ☐ No	y trained in the use of negative-pressure wound	

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15. If so, when was your most recent training? $\square \le 1$ month $\square 2$ -6 months $\square 6$ -12months $\square > 1$ year			
16. How many residents require negative-pressure wound therapy/wound vac?			
17. What type of wound vac is used at your facility?			
18. Who is responsible for the original placement and replacement of the wound vac?			
Patient RN CNA MD Only wound care team Other			
19. Who is allowed to change the wound vac cartridges and settings? (select more than 1 if applicable)?			
Patient RN CNA MD Only wound care team Other			
20. How often is a patient with a wound vac reassessed?			
Daily 2-3xweek Weekly Monthly Other			
21. Are their patients per week are found to have full drainage cartridges or fluid backing up into the drainage tubing?			
22. If yes, how would this issue be reported?			
Medical Chart Report to Nurse Report to Doctor Other			
23. When replacing the wound vac on the same patient, are any of the following re-used?			
(select more than 1 if applies)			
foam/gauze adhesive dressing drainage tubing other			
24. If worsening wound is observed, is the wound vac replaced before a physician consult?			
Symptoms specific Symptoms specific			
25. If symptoms specific please specify what symptoms would prompt you to replace the wound vac <i>before</i> a physician consult?			
26. What symptoms for a "worsening wound" prompts a physician consult?			
I change in character of drained fluid I increase in fluid drainage I increasing erythema I pain I increase in size			