

### Appendix 3. Invasive GAS in Long Term Care Facility 2016 Wound Care Survey

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

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

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15. If so, when was your most recent training?     ≤ 1month     2-6 months     6-12months     >1year
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?
- Yes     No     Symptoms specific
25. If symptoms specific please specify what symptoms would prompt you to replace the wound vac *before* a physician consult?
26. What symptoms for a “worsening wound” prompts a physician consult?
- change in character of drained fluid     increase in fluid drainage     increasing erythema     pain     increase in size