



# PREPAREDNESS RESPONSIVENESS AND OUTCOMES (PRO) SYSTEM PROJECT AGREEMENT

## PROJECT OVERVIEW

There is growing national concern to ensure the health and safety of healthcare workers during times of pandemic disease or bioterrorist threat. Personal Protective Technology (PPT) is a first line of protection for healthcare workers, yet there is limited knowledge of supply, use, and best practices for effective use. Pilot surveillance projects to monitor PPT in these terms have been executed successfully at Vanderbilt University Medical Center (VUMC) and three other hospitals in conjunction with the National Personal Protective Technology Laboratory (NPPTL), a division of the National Institute for Occupational Safety and Health (NIOSH) within the Centers for Disease Control and Prevention (CDC). These pilots focused on protecting healthcare workers against healthcare associated infections (HAI) that result from airborne biological hazards through the use of PPT (respirators) in the inpatient acute care setting.

As a result of the success in collecting surveillance metrics through these pilots, the NPPTL contracted with Vanderbilt to implement a similar pilot project that would establish a national system to monitor PPT used to protect against the Ebola virus. The project will recruit up to 20 hospitals over three years to provide periodic data related to the PPT used in the care of Ebola patients. The intended outcomes are better protected healthcare workers, benchmarking and collaboration, PRO (Preparedness, Responsiveness, and Outcomes) metrics, and more informed decision making.

This document outlines the roles and responsibilities of the PRO hospital participants. VUMC will be considered the “Collecting Facility”, while other hospitals joining the PRO system will be referred to as “Partner Hospitals”. The objective of this document is to establish agreed upon project expectations for both the Collecting Facility as well as its Partner Hospitals.

## ROLE OF COLLECTING FACILITY (VUMC)

1. Select hospitals with recognized quality respirator and Ebola response programming to partner with for data collection
2. Present an overview of the project to the hospital personnel responsible for the respirator and Ebola response programs
3. Establish stakeholders that will be participating in data collection at each partner hospital
4. Determine the metrics that can be provided and the metrics the partners are willing to provide, including “why” and “why not” in each case (i.e., the data to support the metric is not available, work too intensive to provide, deemed too sensitive, etc.)
5. Provide training to partner hospitals (onsite or via WebEx)
6. Establish a methodology and process for data collection at partnering hospitals
7. Provision users at the partner hospitals to access the PRO system
8. Obtain agreement from partnering hospitals to provide data for a three year period via the following routine surveys:
  - a. Baseline annual survey



b. Quarterly survey

9. Obtain agreement from partnering hospitals to conduct a test of an Emergency Survey for Ebola for at least a four week period over the course of the contract
10. Obtain agreement from partnering hospitals to conduct a test of the Crisis Survey for at least a one week period over the course of the contract, once texting functionality is deployed (August 2016)
11. Provide a predefined set of reporting metrics to hospitals for their own facility, and a de-identified aggregation of other hospitals' metrics
12. Provide a predefined set of reporting metrics to the CDC for the participating hospitals

ROLE OF PARTNER HOSPITAL ( \_\_\_\_\_ )

1. Establish a project sponsor at partner hospital
2. Identify team participating in the introductory project review and review of questions that will be asked in the surveys
3. Using the *Question Categories* spreadsheet, classify respirator and Ebola-related activities at the hospital, and document associated stakeholders (data providers), information systems, and willingness to provide the data at the partner hospital
4. Assign data entry personnel to participate in training of the data collection tool
5. Authorize the appropriate hospital users to access the PRO system
6. Working with the collecting facility, contribute to the development of a data collection protocol by describing a process whereby the available questions will be collected at their hospital
7. Complete the annual baseline and quarterly survey questions on a routine basis
8. Complete at least a four week test of the Emergency Survey for Ebola
9. Complete at least a one week test of the Crisis Survey, once texting functionality is deployed (August 2016)
10. Participate in evaluating the collection process and the measures that are derived from the data collected at the partnering hospital in terms of availability, quality, representativeness, effort to collect, and value to both the hospital and the national surveillance initiative

PROJECT ROLES & RESPONSIBILITIES

| Project Role                         | Role Responsibilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>Project Sponsor</b>               | <ul style="list-style-type: none"> <li>• Serves as primary contact for Vanderbilt project administrators</li> <li>• Makes final decision about which metrics their institution is willing/able to provide based upon data provider feedback</li> <li>• Point of escalation if needed</li> <li>• Copied on major communications</li> </ul>                                                                                                                                                                                                                                                                                          |
| <b>Data Providers (Stakeholders)</b> | <ul style="list-style-type: none"> <li>• Recommends to onsite project sponsor which respirator and Ebola-related data elements from their area are feasible to provide for inclusion in PRO</li> <li>• Responsible for documenting the system of origin and mode of tracking (electronic or paper) for the data from their area</li> <li>• Identifies who enters the data into survey tool</li> <li>• Undergoes training on REDCap data entry</li> <li>• Answers questions related to the data elements</li> <li>• Assures the quality and validity of the data being submitted</li> <li>• Copied on all communications</li> </ul> |



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| <b>Data Entry Personnel (Selected by Stakeholders)</b> | <ul style="list-style-type: none"> <li>• Submits routine baseline and quarterly surveys <ul style="list-style-type: none"> <li>○ Up to 3 Baseline Surveys for the contract period</li> <li>○ Up to 12 Quarterly Surveys for the contract period</li> </ul> </li> <li>• Complete at least a four week test of the Emergency Survey for Ebola</li> <li>• Complete at least a one week test of the Crisis Survey, once texting functionality is deployed (August 2016)</li> <li>• Undergoes training on REDCap data entry</li> <li>• Receives directive and reminder emails regarding the REDCap data entry</li> </ul> |
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### HOSPITAL PROJECT AGREEMENT ACKNOWLEDGEMENT

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|-------------------------------|-----------|
| Mary Yarbrough, MD, MPH       |           |
| Contract Project Sponsor Name | Signature |
|                               |           |
| Partner Project Sponsor Name  | Signature |

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