DRAFT PRO PPT SURVEY QUESTIONS

11.06.2015

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Introduction & Notes

This document contains survey questions revised for the contract #200-2015-63553: Monitoring and Coordinating Personal Protective Equipment (PPE) in Healthcare to Enhance Domestic Preparedness for Ebola Response.

Several of the matrices in this document are currently undergoing development by the REDCap team. They are therefore displayed as draft mockups to convey, in general, the user experience.

These questions were drafted prior to the completion of survey development and the MVP requirements phase. If survey questions change due to new information, an amendment will be submitted as an update to this list of questions.

Questions for the following surveys are summarized in this document:

- **Annual:** This survey will be completed annually, alongside the hospital. It will be part of hospital training in the first year and will serve as a checkpoint in years two and three. It is important to note that someone from VUMC will be completing this survey together, with the participating hospital.
- **Quarterly:** This survey is separated by hospital area and will most likely be sent to multiple people. Hospitals can designate who will receive each group of questions.
    - Hospital Administration
    - Purchasing
    - Safety
    - Emergency Preparedness
    - Infection Control
    - Occupational Health
- **Emergency:** The Emergency Survey enables weekly data collection during an emergent scenario, like a pandemic event that will typically last multiple weeks. There are three questions on this survey, which will be administered via text message. During the project, hospitals will participate in a four-week training/testing period to prepare for Emergency data collection.
- **Crisis:** The Crisis Survey is designed for localized, rapid data collection, which will span a short duration to enable timely decision-making. The Crisis Survey will leverage a text message interface and will be 1-3 questions maximum.

REDCap branching logic is heavily integrated into these surveys. Asterisks denote questions that will only display due to branching logic. This document represents the total number of possible questions. In reality, it will be impossible for a hospital to view them all, due to branching logic.

Annual Survey

Field Type	Survey Respondent Information Questions
Dropdown	**Hospital CMS Certification Number**
Text	**First Name**
Text	**Last Name**
Dropdown	**Hospital Area**
Email	**Email Address**
Phone	**Phone Number**
Dropdown	**Reporting Period**

Please enter your quarterly survey respondent information below:

Respondent	*First Name	*Last Name	*Email Address	Phone Number (Optional)
Emergency Preparedness				
Hospital Administration				
Infection Control				
Occupational Health				
Purchasing				
Safety				

Describe the systems used at your hosptial for the following activities:

Activity	System Type	System Name
Electronic Medical Records	Electronic	
Patient Isolation Orders	Paper	
Laboratory System	Not Documented	
Provider Order Entry	Electronic	
State Notifiable Infectious Diseases	Paper	
Hospital Bed Availability	Not Documented	
Healthcare Associated Infections in Healthcare Workers	Electronic	
Supply Manufacturer Recalls	Electronic	RASMAS
Fit Test Data Required in the OSHA 1910.134 Recordkeeping Section (m)	Electronic	

Field Type	Emergency Stockpile Questions
YesNo	**As of the last day in the reporting period, does your hospital maintain an emergency stockpile of PPT?**
*Dropdown	**In the event of an emergency, where will your hospital obtain extra PPT for healthcare personnel?**
*Dropdown	**As of the last day in the reporting period, what is your routine for rotating PPT out of the hospital emergency stockpile?**
*Dropdown	**As of the last day in the reporting period, does your hospital have access to another source of PPT besides your own hospital emergency stockpile?**

*Denotes questions that display according to branching logic.

Field Type	Purchasing Questions
*Text	**Other Purchasing Method:**

*Denotes questions that display according to branching logic.

As of the last day in the reporting period, which PPT makes, models, and sizes are stocked in your routine hospital inventory?

PPT	Make(s)	Model(s)	Size(s)
Single-use (disposable) fluid-resistant or impermeable gown that extends to at least mid-calf			
Coverall with and without integrated hood			
Gloves with and without extended cuff			
Single-use (disposable) fluid-resistant or impermeable boot covers			
Single-use (disposable) fluid-resistant or impermeable apron			
Single-use (disposable) fluid-resistant face mask(e.g. surgical mask)			
Single-use (disposable) surgical hood extending to shoulders			
Single-use (disposable) full face shield			
N95 filtering facepiece respirators	3M	1870	Universal
Powered air purifying respirators	3M	Air-Mate	Universal

Field Type	Routine Inventory Counts
*Numeric	**How many gowns On Hand in House?**
*Numeric	**How many coveralls On Hand in House?**
*Numeric	**How many gloves On Hand in House?**
*Numeric	**How many boot covers On Hand in House?**
*Numeric	**How many aprons On Hand in House?**
*Numeric	**How many surgical masks On Hand in House?**
*Numeric	**How many surgical hoods On Hand in House?**
*Numeric	**How many face shields On Hand in House?**
*Numeric	**How many N95s On Hand in House?**
*Numeric	**How many PAPRs On Hand in House?**

*Denotes questions that display according to branching logic.

As of the last day in the reporting period, which PPT makes, models, and sizes are stocked in your emergency stockpile?

PPT	Make(s)	Model(s)	Size(s)
Single-use (disposable) fluid-resistant or impermeable gown that extends to at least mid-calf			
Coverall with and without integrated hood			
Gloves with and without extended cuff			
Single-use (disposable) fluid-resistant or impermeable boot covers			
Single-use (disposable) fluid-resistant or impermeable apron			
Single-use (disposable) fluid-resistant face mask(e.g. surgical mask)			
Single-use (disposable) surgical hood extending to shoulders			
Single-use (disposable) full face shield			
N95 filtering facepiece respirators	3M	1870	Universal
Powered air purifying respirators	3M	Air-Mate	Universal

Field Type	Emergency Stockpile Inventory Counts
*Numeric	**How many gowns in the Emergency Stockpile Inventory?**
*Numeric	**How many coveralls Emergency Stockpile Inventory?**
*Numeric	**How many gloves Emergency Stockpile Inventory?**
*Numeric	**How many boot covers Emergency Stockpile Inventory?**
*Numeric	**How many aprons Emergency Stockpile Inventory?**
*Numeric	**How many surgical masks Emergency Stockpile Inventory?**
*Numeric	**How many surgical hoods Emergency Stockpile Inventory?**
*Numeric	**How many face shields Emergency Stockpile Inventory?**
*Numeric	**How many Emergency Stockpile Inventory?**
*Numeric	**How many PAPRs Emergency Stockpile Inventory?**

*Denotes questions that display according to branching logic.

As of the last day in the reporting period, which PPT makes, models, and sizes are stocked in your training inventory?

PPT	Make(s)	Model(s)	Size(s)
Single-use (disposable) fluid-resistant or impermeable gown that extends to at least mid-calf			
Coverall with and without integrated hood			
Gloves with and without extended cuff			
Single-use (disposable) fluid-resistant or impermeable boot covers			
Single-use (disposable) fluid-resistant or impermeable apron			
Single-use (disposable) fluid-resistant face mask(e.g. surgical mask)			
Single-use (disposable) surgical hood extending to shoulders			
Single-use (disposable) full face shield			
N95 filtering facepiece respirators	3M	1870	Universal
Powered air purifying respirators	3M	Air-Mate	Universal

Field Type	Training Inventory Counts
*Numeric	**How many gowns in the Training Inventory?**
*Numeric	**How many coveralls Training Inventory?**
*Numeric	**How many gloves Training Inventory?**
*Numeric	**How many boot covers Training Inventory?**
*Numeric	**How many aprons Training Inventory?**
*Numeric	**How many surgical masks Training Inventory?**
*Numeric	**How many surgical hoods Training Inventory?**
*Numeric	**How many face shields Training Inventory?**
*Numeric	**How many Training Inventory?**
*Numeric	**How many PAPRs Training Inventory?**

*Denotes questions that display according to branching logic.

Field Type	Training Questions
Dropdown	**Please select your primary fit test respirator**
Dropdown	**Please select your secondary fit test respirator**

Field Type	Infectious Disease Questions
Numeric	**Total number of patient AIIRs (Airborne Infection Isolation Rooms) in your hospital, as of the last day in the reporting period:**
Numeric	**What is your added capacity with portable HEPA units, as of the last day in the reporting period?**
Dropdown	**Describe your hospitals Ebola tier:**

*Note that checkboxes will be disabled for non-applicable options (i.e. diseases without vaccinations, PUIs for infections other than Ebola, and designated isolation rooms for infections other than Ebola.)

Field Type	HAI Related Activities Questions
*Numeric	**How many people are in your Ebola screening group?**
*Numeric	**How many people are in your MERS screening group?**
*Numeric	**How many people are in your Measles screening group?**
*Numeric	**How many people are in your Tuberculosis screening group?**
*Numeric	**Since the beginning of the fiscal year, how many hospital healthcare personnel have converted their annual TB skin test and/or QuantiFERON?**
*Numeric	**How many people are in your Varicella/Disseminated Zoster screening group?**
*Numeric	**How many people are in your SARS screening group?**
*Numeric	**How many people are in your Smallpox screening group?**
*Numeric	**How many people are in your Other screening group?**
*Numeric	**How many isolation room have you designated?**
*Numeric	**How many Ebola PUIs did your hospital evaluate?**

*Denotes questions that display according to branching logic.

Field Type	Program Questions
*Dropdown	**Please select the immunization(s) you require for your healthcare workers:**
Numeric	**Would you be interested in utilizing our data collection tool to help you routinely survey healthcare personnel regarding their Knowledge, Attitudes, and Beliefs about wearing a respirator?**
*Email	**Email Address to be contacted with additional information:**
*Phone Number	**Phone Number to be contacted with additional information:**
*Email	**Contact Email in charge of tracking Knowledge Attitudes and Beliefs:**
*Phone Number	**Phone Number in charge of tracking Knowledge Attitudes and Beliefs:**

*Denotes questions that display according to branching logic.

Field Type	Hospital Statistics Questions
Numeric	**Hospital Admissions for the reporting period:**
Numeric	**Staffed Beds for the reporting period:**
Numeric	**Number of Patient Days during the reporting period:**
Numeric	**As of the last day in the reporting period, how many employees (including providers) does your hospital have?**
Numeric	**As of the last day in the reporting period, how many non-employed providers (LIPS) work in your hospital?**

Hospital Administration Quarterly Survey

Field Type	Hospital Administration Questions
Numeric	**Patient Days for the reporting period**
Numeric	**Hospital Admissions for the reporting period**
Numeric	**Hospital Occupancy Rate for the reporting period**

Public reporting burden of this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Purchasing Quarterly Survey

Did you purchase any of the following PPT this quarter for your hospital? Please update the inventory counts below for your PPT on hand, excluding emergency stockpile inventory.

PPT	Inventory Count	# Purchased for the Hospital
Single-use (disposable) fluid-resistant or impermeable gown that extends to at least mid-calf	100	
Coverall with and without integrated hood	250	
Gloves with and without extended cuff	300	
Single-use (disposable) fluid-resistant or impermeable boot covers	50	
Single-use (disposable) fluid-resistant or impermeable apron	250	
Single-use (disposable) fluid-resistant face mask(e.g. surgical mask)	300	
Single-use (disposable) surgical hood extending to shoulders	60	
Single-use (disposable) full face shield	100	
N95 filtering facepiece respirators	1,000	
Powered air purifying respirators	80	

*Note that the list of PPT in the first column will be populated based on the hospitals' selection on the annual survey.

Safety Quarterly Survey

Field Type	Program Questions
Numeric	**As of the last day in the reporting period, how many healthcare personnel are eligible for the respirator program?**
Numeric	**As of the last day in the reporting period, how many healthcare personnel in the respirator program have completed their annual N95 fit test or PAPR training in the last year?**

As of the last day in the reporting period, how many fit tests were completed for each respirator make, model, and size?

PPT	# of Fit Tests/Trainings
3M 1870	67
Kimberly Clark 46827/46727	40
3M 1860S	0
3M Air-Mate PAPR	2

Did you purchase any of the following PPT this quarter from a third-party, not including your hospital's internal purchasing unit?

PPT	Inventory Count	# Purchased for the Hospital
Single-use (disposable) fluid-resistant or impermeable gown that extends to at least mid-calf	10,000	
Coverall with and without integrated hood	250	
Gloves with and without extended cuff	3,000	
Single-use (disposable) fluid-resistant or impermeable boot covers	200	
Single-use (disposable) fluid-resistant or impermeable apron	500	
Single-use (disposable) fluid-resistant face mask(e.g. surgical mask)	300	
Single-use (disposable) surgical hood extending to shoulders	300	
Single-use (disposable) full face shield	500	
N95 filtering facepiece respirators	100,000	
Powered air purifying respirators	200	

*Note that the list of PPT in the first column will be populated based on the hospitals' selection on the annual survey.

*This matrix will only be displayed in the event that a hospital indicates via the Annual Survey that their Safety group purchases from a third party other than their internal purchasing group.

Emergency Preparedness Quarterly Survey

Did you purchase any of the following PPT this quarter from a third-party, not including your hospital's internal purchasing unit?

PPT	Inventory Count	# Purchased for the Hospital
Single-use (disposable) fluid-resistant or impermeable gown that extends to at least mid-calf	0	
Coverall with and without integrated hood	0	
Gloves with and without extended cuff	0	
Single-use (disposable) fluid-resistant or impermeable boot covers	0	
Single-use (disposable) fluid-resistant or impermeable apron	0	
Single-use (disposable) fluid-resistant face mask(e.g. surgical mask)	0	
Single-use (disposable) surgical hood extending to shoulders	0	
Single-use (disposable) full face shield	0	
N95 filtering facepiece respirators	150	
Powered air purifying respirators	5	

*Note that the list of PPT in the first column will be populated based on the hospitals' selection on the annual survey.

*This matrix will only be displayed in the event that a hospital indicates via the Annual Survey that their Emergency Preparedness group purchases from a third party other than their internal purchasing group.
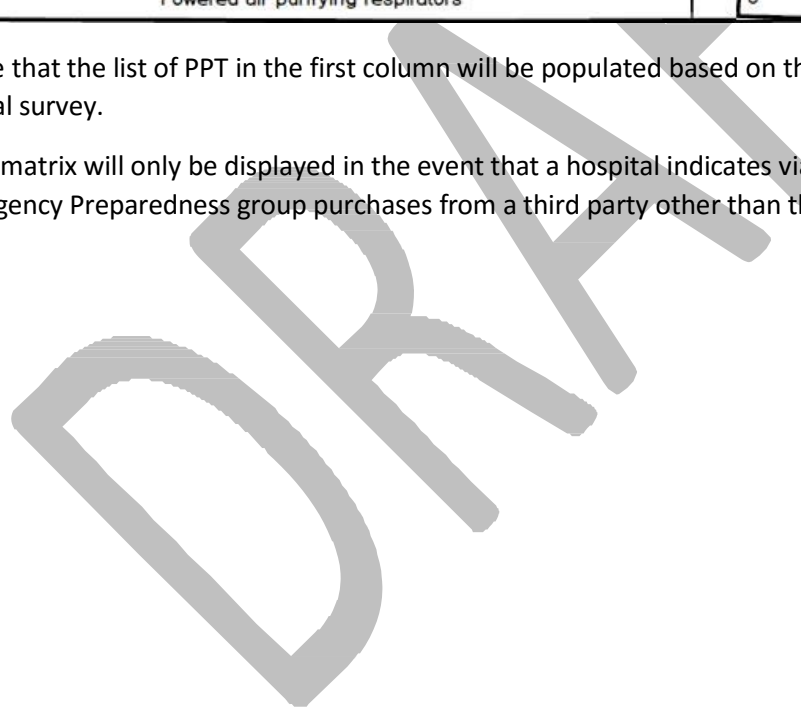
Infection Control Quarterly Survey

Field Type	Ebola-specific Questions
YesNo	**Did your hospital have any Ebola PUIs (Persons Under Investigation)**
Numeric	**How many Ebola PUIs (Persons Under Investigation) did your hospital see during the reported quarter?**

Field Type	Infection Questions
*Numeric	**Number of Ebola cases in the reported quarter:**
*Numeric	**Number of MERS cases in the reported quarter:**
*Numeric	**Number of Measles cases in the reported quarter:**
*Numeric	**Number of Tuberculosis cases in the reported quarter:**
*Numeric	**Number of Varicella/Disseminated Zoster cases in the reported quarter:**
*Numeric	**Number of SARS cases in the reported quarter:**
*Numeric	**Number of Smallpox cases in the reported quarter:**
*Text	**Name of Other Notifiable Infectious Pathogens diagnosed in the reported quarter:**
*Numeric	**Number of cases of other notifiable infectious pathogens in the reported quarter:**

*Denotes questions that display according to branching logic.

Field Type	Isolation Questions
*Numeric	**Number of Days of Isolation during the reported quarter:**
*Numeric	**Number of unique patients issued airborne isolation orders during the reported month:**

*Denotes questions that display according to branching logic.

*Note that the answer to the above question will be piped from the annual survey.

Field Type	Training Questions
Checkbox	**For which of the following illnesses do you conduct disease-specific training?**
*Numeric	**How many healthcare personnel are eligible for Ebola training, as of the last day in the reported quarter?**
*Numeric	**As of the last day in the reporting quarter, how many healthcare personnel have completed their Ebola training?**
*Numeric	**How many healthcare personnel are eligible for MERS training, as of the last day in the reported quarter?**
*Numeric	**As of the last day in the reporting quarter, how many healthcare personnel have completed their MERS training?**
*Numeric	**How many healthcare personnel are eligible for Measles training, as of the last day in the reported quarter?**
*Numeric	**As of the last day in the reporting quarter, how many healthcare personnel have completed their Measles training?**
*Numeric	**How many healthcare personnel are eligible for Tuberculosis training, as of the last day in the reported quarter?**
*Numeric	**As of the last day in the reporting quarter, how many healthcare personnel have completed their Tuberculosis training?**
*Numeric	**How many healthcare personnel are eligible for Varicella/Disseminated Zoster training, as of the last day in the reported quarter?**
*Numeric	**As of the last day in the reporting quarter, how many healthcare personnel have completed their Varicella/Disseminated Zoster training?**
*Numeric	**How many healthcare personnel are eligible for SARS training, as of the last day in the reported quarter?**

*Numeric	**As of the last day in the reporting quarter, how many healthcare personnel have completed their SARS training?**
*Numeric	**How many healthcare personnel are eligible for Smallpox training, as of the last day in the reported quarter?**
*Numeric	**As of the last day in the reporting quarter, how many healthcare personnel have completed their Smallpox training?**
*Text	**Please describe other disease-specific training:**
*Numeric	**How many healthcare personnel are eligible for other disease-specific training, as of the last day in the reported quarter?**
*Numeric	**As of the last day in the reporting quarter, how many healthcare personnel have completed their disease-specific training?**

*Denotes questions that display according to branching logic.

Occupational Health Quarterly Survey

Field Type	Infection Questions
*Numeric	**Number of Work-related Ebola cases diagnosed among healthcare personnel in the reported quarter:**
*Numeric	**Number of Work-related MERS cases diagnosed among healthcare personnel in the reported quarter:**
*Numeric	**Number of Work-related Measles cases diagnosed among healthcare personnel in the reported quarter:**
*Numeric	**Number of Work-related Tuberculosis cases diagnosed among healthcare personnel in the reported quarter:**
*Numeric	**Number of Work-related Varicella/Disseminated Zoster cases diagnosed among healthcare personnel in the reported quarter:**
*Numeric	**Number of Work-related SARS cases diagnosed among healthcare personnel in the reported quarter:**
*Numeric	**Number of Work-related Smallpox cases diagnosed among healthcare personnel in the reported quarter:**
*Text	**Name of Other Work-related illness diagnosed among healthcare personnel in the reported quarter:**
*Numeric	**Number of Other Work-related cases diagnosed among healthcare personnel in the reported quarter:**

Field Type	Infection Questions
*Numeric	**Number of unprotected Ebola exposure events in the reported quarter:** **(The number of events, not the number of exposed healthcare personnel)**
*Numeric	**Number of unprotected MERS exposure events in the reported quarter:** **(The number of events, not the number of exposed healthcare personnel)**
*Numeric	**Number of unprotected Measles exposure events in the reported quarter:** **(The number of events, not the number of exposed healthcare personnel)**
*Numeric	**Number of unprotected Tuberculosis exposure events in the reported quarter:** **(The number of events, not the number of exposed healthcare personnel)**
*Numeric	**Number of unprotected Varicella/Disseminated Zoster exposure events in the reported quarter:** **(The number of events, not the number of exposed healthcare personnel)**
*Numeric	**Number of unprotected SARS exposure events in the reported quarter:** **(The number of events, not the number of exposed healthcare personnel)**
*Numeric	**Number of unprotected Smallpox exposure events in the reported quarter:** **(The number of events, not the number of exposed healthcare personnel)**
*Text	**Name of Other Pathogens that were involved in a unprotected exposure events in the reported quarter:**
*Numeric	**Number of unprotected exposure events involving Other Pathogens in the reported quarter:** **(The number of events, not the number of exposed healthcare personnel)**

*Denotes questions that display according to branching logic.

Emergency Survey

Field Type	Isolation Questions
yesno	**Has your hospital seen any Ebola PUIs in the last week?**
*Numeric	**How many?**
Yesno	**Do you have concerns about your PPT supply?**

*Denotes questions that display according to branching logic.

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Crisis Survey

Question	Text Message Questions
1	**Have you experienced defects in the (brand/model) N95 respirator?**
2	**Do you have experienced shortages in the Impermeable Apron used for your Ebola Ensemble?**
3	**Do you have concerns about your PPT supply?**