Form Approved.

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Evaluation of the Nursing Home Infection Preventionist Training Course (<https://www.train.org/main/training_plan/3814>)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Do you currently work in a skilled nursing facility (nursing home)? | | | | | 🔿Yes | | | 🔿No | | | |
| 2. | Are you currently serving as the Infection Preventionist (IP) at the facility where you work? | | | | | 🔿Yes | | | 🔿No | | | |
| 3. As a result of information provided in the course, please indicate if your facility has implemented changes in any of the following areas. Select all that apply. | | | | | | | | | | | | |
|  | | Created new or revised existing policies and procedures | Created new or revised existing training for healthcare personnel | Created new or revised existing practices for performance monitoring (auditing IPC practices) | | Created new or revised existing process for providing feedback on performance monitoring to leadership and frontline staff | | | Other, please describe. | | No change in practice as a result of information provided in the course | |
| Infection Prevention and Control Risk Assessment | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Quality Assurance and Performance Improvement | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Infection Surveillance | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Outbreak Management | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Personal Protective Equipment | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Transmission-Based Precautions | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Hand Hygiene | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Injection Safety | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Respiratory Hygiene and Cough Etiquette | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Indwelling Urinary Catheters | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Central Venous Catheters | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Wound Care | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Point-of-Care Blood Testing | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Reprocessing Reusable Resident Care Equipment | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Environmental Cleaning | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Water Management | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Linen Management | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Preventing Respiratory Infection | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Tuberculosis Prevention | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Occupational Health Program | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Antibiotic Stewardship | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Transitions of Care | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| Other, please describe | | 🔿 | 🔿 | 🔿 | | 🔿 | | | 🔿 | | 🔿 | |
| 4. | I have experienced the following barriers in my efforts to implement infection prevention and control (IPC) practice changes at my facility. Select all that apply  🔿 Lack of dedicated time to perform IPC program activities  🔿 Lack of resources to perform IPC program activities  🔿 Facility administration would not support IPC practice changes  🔿 Lack of engagement from facility medical director  🔿 Staff turnover  🔿 Insufficient staffing  🔿 Other, please describe  🔿 I have not experienced any barriers | | | | | | | | | | | |
|  |  | | | | Strongly Agree | | Agree | Neither/Undecided | | Disagree | | Strongly Disagree |
| 5. | As a result of information provided in the course, my facility has increased support and/or resources for infection prevention. | | | | 🔿 | | 🔿 | 🔿 | | 🔿 | | 🔿 |
| 6. | As a result of information provided in the course, my facility has increased awareness of IPC practices among frontline staff. | | | | 🔿 | | 🔿 | 🔿 | | 🔿 | | 🔿 |
| 7. | As a result of information provided in the course, my facility has improved infection surveillance. | | | | 🔿 | | 🔿 | 🔿 | | 🔿 | | 🔿 |
| 8. | As a result of information provided in the course, my facility has improved the handling of indwelling medical devices (e.g., urinary catheters). | | | | 🔿 | | 🔿 | 🔿 | | 🔿 | | 🔿 |
| 9. | As a result of information provided in the course, my facility has improved care of wounds. | | | | 🔿 | | 🔿 | 🔿 | | 🔿 | | 🔿 |
| 10. | As a result of information provided in the course my facility has reduced inappropriate antibiotic use. | | | | 🔿 | | 🔿 | 🔿 | | 🔿 | | 🔿 |
| 11. | As a result of information provided in the course, my facility has improved information exchange when residents are transferred to/from our facility. | | | | 🔿 | | 🔿 | 🔿 | | 🔿 | | 🔿 |
| 12. | As a result of information provided in the course, my facility has established a relationship with our state healthcare-associated infection (HAI) program. | | | | 🔿Yes | | 🔿No, my facility does not have a relationship with our state HAI program | | | 🔿No, my facility already had a relationship with our state HAI program | | |