Form Approved.

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Public reporting burden of this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1071

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 |