

PFL PM1 Number And Types Of Staff

Jurisdiction

Today's Date

Does your program have a PFL Lead?

- Yes
 No

Have you updated the Staffing Directory with the required information?

- Yes
 No

Please make sure to update the Staffing Directory with the Project Firstline Lead.

Please be sure to update the Staffing Directory when a Project Firstline Lead is identified.

Please provide a status update or challenges encountered in identifying or hiring a lead.

Q1. Have you used a Third-party vendor to support Project Firstline? Third-party vendors are considered any organizations contracted to complete a specific deliverable.

- Yes
 No

Q1a. Please specify the third-party vendor(s) you used to support Project Firstline?

- Academic institution
 Nonprofit organization (non-academic)
 Communications vendor
 IT vendor
 Professional association
 Other third-party vendor

Academic Institution(s)

Q1a(i). Name of the academic institution (specify all if more than one academic institution used):

Q1a(ii). Briefly describe the role of the academic institution(s) in supporting Project Firstline's training activities:

Nonprofit organization(s) - (non-academic)

Q1a(iii). Name of the Nonprofit organization(s) (non-academic) (specify all if more than one Nonprofit organization used):

Q1a(iv). Briefly describe the role of the Nonprofit organization(s) in supporting Project Firstline's training activities:

Communications Vendor(s)

Q1a(v). Name of the communications vendor(s) (specify all if more than one communications vendor used):

Q1a(vi). Briefly describe the role of the communications vendor(s) in supporting Project Firstline's training activities:

IT Vendor(s)

Q1a(vii). Name of the IT vendor (specify all if more than one IT vendor used):

Q1a(viii). Briefly describe the role of the IT vendor(s) in supporting Project Firstline's training activities:

Professional Association(s)

Q1a(ix). Name of the professional association(s) (specify all if more than one communications vendor used):

Q1a(x). Briefly describe the role of the professional association(s) in supporting Project Firstline's training activities:

Other third-party vendor(s)

Q1a(xi). Please specify other third party vendor(s) used to support Project Firstline:

Q1a(xii). Briefly describe the role of the other third party vendors(s) in supporting Project Firstline's training activities:

Please identify any entity(ies) you have partnered with to accomplish PFL activities during this budget period. This would include any organizations you worked with outside of a formal contract or funding agreement. (Select all that apply)

- Local or District/Regional Health Department(s)
- Academic partner (e.g., university, community college, etc.)
- Local hospital association
- Health system
- Local Healthcare Organization/Chapters of professional associations/state professional societies
- Other

Please specify the 'Other' entity PFL partnered with to accomplish activities.

Please specify what type of organization '[pfl_partner_other]' is.

Total number of the following entity supporting your Project Firstline efforts during this budget period How many of the total number were newly engaged during this budget period? How did this/these entity/ies support Project Firstline efforts? (Select all that apply)

Local or District/Regional Health Department(s) _____

Total number of the following entity supporting your Project Firstline efforts during this budget period How many of the total number were newly engaged during this budget period? How did this/these entity/ies support Project Firstline efforts? (Select all that apply)

Academic partner (e.g., university, community college, etc.) _____

Total number of the following entity supporting your Project Firstline efforts during this budget period How many of the total number were newly engaged during this budget period? How did this/these entity/ies support Project Firstline efforts? (Select all that apply)

Local hospital association _____

Total number of the following entity supporting your Project Firstline efforts during this budget period How many of the total number were newly engaged during this budget period? How did this/these entity/ies support Project Firstline efforts? (Select all that apply)

Health System _____

Total number of the following entity supporting your Project Firstline efforts during this budget period How many of the total number were newly engaged during this budget period? How did this/these entity/ies support Project Firstline efforts? (Select all that apply)

Local Healthcare Organization/Chapters of professional associations/state professional societies _____

Total number of the following entity supporting your Project Firstline efforts during this budget period How many of the total number were newly engaged during this budget period? How did this/these entity/ies support Project Firstline efforts? (Select all that apply)

[pfl_partner_other] _____

Were your PFL efforts supported by any other entities not included above?

- Yes
- No

Please specify the type of organization and support provided by this organization.

PFL PM2 August 2022 to December 2022

PFL Measure 2: Number and characteristics of individuals trained, by training opportunity (funded by Project Firstline)

One form should be completed for EACH training (i.e., this form will only ask about the details of a single training. Please fill out another form to report on an additional training).

Information about training format and content, audience, and evaluation will be collected.

To add a new training event in REDCap click "Save and Add New Instance."

Note: Since Project Firstline allows for tailored approaches to training, we acknowledge the types of training implemented in each jurisdiction will vary. Please include BOTH longer training events and shorter training events (e.g., webinars or teleconference calls; intentionally adding Project Firstline training infusions to existing meetings or site visits). For events that span more than one day or more than one session, if the participant group largely comprises a consistent group of people in each day or session, report this grouping of trainings as a single, cumulative training event.

Did your health department hold one or more PFL training events in the reporting period (August 1-December 31, 2022)?

- Yes
 No

Training Event Characteristics

Date of training event (If it's a multi-day training, input the start date):

Who conducted the training?

- ELC-funded Health Department
 Grantee or Designee

Please specify the Grantee or Designee

Type of training event:

- Train the trainer (i.e. training individuals who will then turn around and train batches of people within an organization. The primary purpose of the training should be to formally prepare individuals to be trainers for future training sessions.)
 Direct training of healthcare personnel or public health staff

Please give a brief description of the event (e.g. train-the-trainer series that spanned across multiple dates; interactive webinar with facilitated discussion; live Q&A session reposted for asynchronous viewing afterwards)

How did you use data to inform this training event?
(Select all that apply)
(Examples of data sources may include: your learning needs assessment, outbreak data, NHSN, a state agency survey, etc.)

- To identify topic for training
- To define the intended audience/setting for the training
- To understand/address specific learning needs of the intended audience
- To adapt training content
- To understand how best to disseminate/publicize the training event
- Data was not used
- Other

Please specify how data was used to inform this training.

Please feel free to elaborate on your response about how data was used to inform this training event.

Please select the data source(s) used to inform this training event: (Select all that apply)

- NHSN data
- Our jurisdiction's learning needs assessment
- Outbreak data
- State agency survey
- Other

Please describe any other data source used to inform this training event.

Infection control topics covered in the training event (select all that apply):

- Crisis Standards of Care
- Engineering Controls
- Environmental Infection Control
- Goal of Infection Control
- Hand Hygiene
- Microbiology Basics
- PPE
- SARS CoV-2 variants and mutations
- Triage and Screening
- Source Control
- Spread of Infections
- Vaccination and Injection Safety
- Other topics covered

Please specify other topics covered

Total length of training in hours.
For short trainings, you may use decimals/fractions (e.g. 30 min = 0.5 hours; 15 min = 0.25 hours; 5 min = 0.08 hours):

(Please estimate if you do not know the exact number of hours administered)

Training delivery methods used:

- Live event only
- Live event, recorded, and then posted for later viewing
- Asynchronous only event (e.g., self-paced video viewing on LMS, social media, or website)
- Other delivery method

Please specify other delivery methods utilized

Was this a one-time event or a series?
(Consider your event a series if the event spans more than one day or session, and the same group of people, more or less, were intentionally invited to attend the various sessions in the series. If the trainings were separately planned and the same people happened to show up, this would not be considered a series.)

- One-time event
- Series

Which language was used in the training event? (Select all that apply)

- English
- Spanish
- Other

Please specify other language used:

Did you use Project Firstline materials developed by the CDC in this training or to guide training session development? (e.g., PFL training videos, PFL facilitator's toolkit).

- Yes
- No

Please indicate the material(s) used:

- PFL Facilitator Toolkit Guide
- PFL Participant Booklet
- Session Feedback Form
- Facilitator Self-Assessment Form
- Other

Please describe the other training materials used.

Did you use non-Project Firstline materials in this training or to guide training session development?

- Yes
- No

Please list material(s) used:

Please describe what training materials your jurisdiction used:

Participants

What was the total attendance at the event?

(Please estimate if you do not know the exact number in attendance)

Indicate professional roles in attendance, specifying number in attendance for each role.

- Physician
- Physician assistant
- Advanced practice nurse (e.g., nurse practitioner)
- Registered nurse (RN)
- Licensed practical nurse (LPN)
- Nursing/medical assistant
- Dentist/Dental Hygienist
- Technician (e.g., radiology, surgical, pharmacy, etc.)
- Therapist (e.g., physical, occupational, respiratory, etc.)
- Pharmacist
- Environmental/facility services (e.g., EVS staff, facility managers, facility engineers)
- Social services and community services (e.g., social workers, community health workers, residential/outpatient mental health treatment staff)
- Healthcare administrator (e.g., clinic or hospital directors, CEOs)
- Non-clinical support staff (e.g., HR personnel, marketing/communications staff, quality/patient safety staff, clerical staff)
- Emergency medical technician/paramedic
- Laboratory staff
- Public health professional
- Other professional role
(If you do not know the exact attendance by role, please estimate.)

Total number of physicians in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of physician assistants in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of advanced practice nurses in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of registered nurses (RN) in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of licensed practical nurses (LPN) in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of nursing/medical assistants in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of dentists/dental hygienists in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of technicians (e.g., radiology, surgical, pharmacy, etc.) in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of therapists (e.g., physical, occupational, respiratory, etc.) in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of pharmacists in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of environmental/facility service professionals in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of social and community service professionals in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of healthcare administrators in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of non-clinical support staff in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of emergency medical technician/paramedic in attendance

(Please estimate if you do not know the exact number in attendance)

Total number of laboratory staff in attendance

(Please estimate if you do not know the exact number in attendance)

Type of public health professionals in attendance

- Communications Specialist
- Epidemiologist
- HAI/AR Program Coordinator
- Health Educator
- Infection Preventionist
- Public Health Nurse
- Other public health professional

Total number of public health professionals in attendance

(Please estimate if you do not know the exact number in attendance)

Please specify the other professional roles in attendance

Please specify the other type of public health professionals in attendance

Total number of other professional roles in attendance

(Please estimate if you do not know the exact number in attendance)

Indicate workplace settings represented by training attendees, specifying number of individuals in attendance representing each workplace setting.

For example, if 4 physicians from an acute care hospital setting are in attendance, enter "4" for this category. If you do not know the exact attendance by setting, please estimate.

- Acute care hospital
- Critical access hospital
- Long-term acute care hospital or inpatient rehabilitation facility
- Skilled nursing facility (nursing home)
- Assisted living facility
- Pharmacy
- Dental facility
- Home health
- Health department
- Outpatient dialysis facility
- Outpatient/ambulatory care (e.g., medical, surgical, behavioral health clinic)
- Other setting type

Total number of individuals in attendance from acute care hospitals:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from critical access hospitals:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from long-term acute care hospital or inpatient rehabilitation facilities:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from skilled nursing facilities (nursing homes):

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from assisted living facilities:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from pharmacies:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from dental facilities:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from home health facilities:

(Please estimate if you do not know the exact number in attendance)

Please specify the type of individuals in attendance from health department(s):

- State health department
- Territorial health department
- Local health department
- Tribal health department

Total number of individuals in attendance from state health departments:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from territorial health departments:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from local health departments:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from tribal health departments:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from outpatient dialysis facilities:

(Please estimate if you do not know the exact number in attendance)

Total number of individuals in attendance from outpatient/ambulatory care facilities:

(Please estimate if you do not know the exact number in attendance)

Please specify the type of outpatient/ambulatory facilities represented by training attendees

Total number of individuals in attendance from other setting types:

(Please estimate if you do not know the exact number in attendance)

Please specify the other setting types represented by training attendees _____

Outcomes

Please fill out the following information about participants' change in knowledge, recommendation of the training, and intent to implement information following the training.

Note: We recognize that your post-training evaluation questions may have asked about the following information using different language and/or response options. Please enter information about change in knowledge, intent to implement training information, and training recommendation to the best of your ability. Use the following examples on how to recode your data, if necessary.

EX1: Likert scale of 'strongly disagree' to 'strongly agree' --> 'strongly disagree' and 'disagree' should be recoded to 'No', if there is a neutral option recode as 'Unsure', 'agree' and 'strongly agree' should be recoded to 'Yes'.

EX2: Likert scale of 'poor' to 'excellent' --> 'poor' should be recoded as 'No', and 'excellent' should be recoded as 'Yes'.

EX3: Likert scale of 'very unlikely' to 'very likely' --> 'very unlikely' and 'unlikely' should be recoded as 'No', 'likely' and 'very likely' should be recoded as 'Yes'.

Remember that these are just examples of what your jurisdiction may have used and should be tailored as needed.

Change in Knowledge

Was information about participant change in knowledge collected?
If no, skip to the next section.

- Yes
 No

Total number of participants who provided a response about understanding of the training topic(s): _____

Total number of participants who expressed improved understanding of training topic(s) ('Yes'): _____

Total number of participants who did not express improved understanding of training topic(s) ('No'): _____

Total number of participants who are 'Unsure' about if their understanding of the training topic(s) changed: _____

Recommend Training to a Colleague

Was information about recommending this training to a colleague collected?
If no, skip to the next section.

- Yes
 No

Total number of participants who provided a response about recommending the training to a colleague: _____

Total number of participants who would recommend the training to a colleague ('Yes'): _____

Total number of participants who are 'Unsure' about recommending the training to a colleague: _____

Total number of participants who would not recommend the training to a colleague ('No'): _____

Intent to Implement Training Information

Was information about intent to implement training information collected?
If no, skip to the next section.

- Yes
 No
-

Total number of participants who provided a response about their intent to implement training information: _____

Total number of participants who intend to implement training information ('Yes'): _____

Total number of participants who do not intend to implement training information ('No'): _____

Total number of participants who are 'Unsure' about their intent to implement training information: _____

Other

Please provide any other comments about the training: _____

Does your jurisdiction provide continuing education credits relevant to the healthcare workforce?

- Yes
 No

PFL PM2 Jan 2023 to July 2023

PFL Measure 2: Number and characteristics of individuals trained, by training opportunity (funded by Project Firstline)

One form should be completed for EACH training (e.g., this form will only ask about the details of a single training. Please fill out another form to report on an additional training). Information about training format and content, audience, and evaluation will be collected.

To add a new training event in REDCap click "Save and Add New Instance."

Note: Since Project Firstline allows for tailored approaches to training, we acknowledge the types of training implemented in each jurisdiction will vary. Please include BOTH longer training events and shorter training events (e.g., webinars or teleconference calls; intentionally adding Project Firstline training infusions to existing meetings or site visits). For events that span more than one day or more than one session, if the participant group largely comprises a consistent group of people in each day or session, report each day/session as one training event.

Q1. Did your health department hold a training event in the reporting period (January 1- July 31, 2023)?

- Yes
- No

Training Event Characteristics

Q1a. Date of training event (If it's a multi-day training, input the start date):

Q1b. Who conducted the training?

- ELC-funded Health Department
- Grantee or Designee

Q1c. Please specify the Grantee or Designee

Q2. Infection control topics covered in the training event (select all that apply):

- Crisis Standards of Care
- Engineering Controls
- Environmental Infection Control
- Goal of Infection Control
- Hand Hygiene
- Microbiology Basics
- PPE
- SARS CoV-2 variants and mutations
- Triage and Screening
- Source Control
- Spread of Infections
- Vaccination and Injection Safety
- Other topics covered

Q2(i). Please specify other topics covered

Q3. Total length of training in hours.
For short trainings, you may use decimals/fractions
(e.g. 30 min = 0.5 hours; 15 min = 0.25 hours; 5 min =
0.08 hours):

(Please estimate if you do not know the exact
number of hours administered)

Q4. Type of training event:

- Train the trainer (i.e. training individuals who will then turn around and train batches of people within an organization. The primary purpose of the training should be to formally prepare individuals to be trainers for future training sessions.)
- Direct training of healthcare personnel or public health staff

Q4(i). Please give a brief description of the event
(e.g. train-the-trainer series that spanned across
multiple dates; interactive webinar with facilitated
discussion; live Q&A session reposted for asynchronous
viewing afterwards)

Q5. Training delivery methods used:

- Live event only
- Live event, recorded, and then posted for later viewing
- Asynchronous only event (e.g., self-paced video viewing on LMS, social media, or website)
- Other delivery method

Q5(i). Please specify other delivery methods utilized

Q5(ii) Was this a one-time event or a series?
(Consider your event a series if the event spans more
than one day or session, and the same group of people,
more or less, were intentionally invited to attend the
various sessions in the series. If the trainings were
separately planned and the same people happened to
show up, this would not be considered a series.)

- One-time event
- Series

Q5(iii) Which language was used in the training event?
(Select all that apply)

- English
- Spanish
- Other

Please specify other language used:

Q6. Did you use Project Firstline materials developed
by the CDC in this training or to guide training
session development? (e.g., PFL training videos, PFL
facilitator's toolkit).

- Yes
- No

Q6(i) Please indicate the material(s) used:

- PFL training videos
- PFL toolkit
- Other

Q6(ii) Please describe the other training materials
used.

Q6(iii) Did you use non-Project Firstline materials in this training or to guide training session development?

- Yes
 No

Q6(iv) Please list material(s) used:

Q6(v) Please describe what training materials your jurisdiction used:

Participants

Q7. What was the total attendance at the event?

(Please estimate if you do not know the exact number in attendance)

Q8. Indicate professional roles in attendance, specifying number in attendance for each provider type.

- Physician
 Physician assistant
 Advanced practice nurse (e.g., nurse practitioner)
 Registered nurse (RN)
 Licensed practical nurse (LPN)
 Nursing/medical assistant
 Dentist/Dental Hygienist
 Technician (e.g., radiology, surgical, pharmacy, etc.)
 Therapist (e.g., physical, occupational, respiratory, etc.)
 Pharmacist
 Environmental/facility services (e.g., EVS staff, facility managers, facility engineers)
 Social services and community services (e.g., social workers, community health workers, residential/outpatient mental health treatment staff)
 Healthcare administrator (e.g., clinic or hospital directors, CEOs)
 Non-clinical support staff (e.g., HR personnel, marketing/communications staff, quality/patient safety staff, clerical staff)
 Emergency medical technician/paramedic
 Laboratory staff
 Public health professional
 Other professional role
(If you do not know the exact attendance by profession, please estimate.)

Q8a. Total number of physicians in attendance

(Please estimate if you do not know the exact number in attendance)

Q8b. Total number of physician assistants in attendance

(Please estimate if you do not know the exact number in attendance)

Q8c. Total number of advanced practice nurses in attendance

(Please estimate if you do not know the exact number in attendance)

Q8d. Total number of registered nurses (RN) in attendance

(Please estimate if you do not know the exact number in attendance)

Q8e. Total number of licensed practical nurses (LPN) in attendance

(Please estimate if you do not know the exact number in attendance)

Q8f. Total number of nursing/medical assistants in attendance

(Please estimate if you do not know the exact number in attendance)

Q8g. Total number of dentists/dental hygienists in attendance

(Please estimate if you do not know the exact number in attendance)

Q8h. Total number of technicians (e.g., radiology, surgical, pharmacy, etc.) in attendance

(Please estimate if you do not know the exact number in attendance)

Q8i. Total number of therapist (e.g., physical, occupational, respiratory, etc.) in attendance

(Please estimate if you do not know the exact number in attendance)

Q8j. Total number of pharmacists in attendance

(Please estimate if you do not know the exact number in attendance)

Q8k. Total number of environmental/facility service professionals in attendance

(Please estimate if you do not know the exact number in attendance)

Q8l. Total number of social and community service professionals in attendance

(Please estimate if you do not know the exact number in attendance)

Q8m. Total number of healthcare administrators in attendance

(Please estimate if you do not know the exact number in attendance)

Q8n. Total number of non-clinical support staff in attendance

(Please estimate if you do not know the exact number in attendance)

Q8o. Total number of emergency medical technician/paramedic in attendance

(Please estimate if you do not know the exact number in attendance)

Q8p. Total number of laboratory staff in attendance

(Please estimate if you do not know the exact number in attendance)

Q8q. Type of public health professionals in attendance

- Communications Specialist
- Epidemiologist
- HAI/AR Program Coordinator
- Health Educator
- Infection Preventionist
- Public Health Nurse
- Other public health professional

Q8q(i). Total number of public health professionals in attendance

(Please estimate if you do not know the exact number in attendance)

Q8q(ii). Please specify the other type of public health professionals in attendance

Q8r. Total number of other professional roles in attendance

(Please estimate if you do not know the exact number in attendance)

Q8r(i). Please specify the other professional roles in attendance

Q9. Indicate workplace settings represented by training attendees, specifying number of individuals in attendance representing each workplace setting.

For example, if 4 physicians from an acute care hospital setting are in attendance, enter "4" for this category. If you do not know the exact attendance by setting, please estimate.

- Acute care hospital
- Critical access hospital
- Long-term acute care hospital or inpatient rehabilitation facility
- Skilled nursing facility (nursing home)
- Assisted living facility
- Pharmacy
- Dental facility
- Home health
- Health department
- Outpatient dialysis facility
- Outpatient/ambulatory care (e.g., medical, surgical, behavioral health clinic)
- Other setting type

Q9a. Total number of individuals in attendance from acute care hospitals:

(Please estimate if you do not know the exact number in attendance)

Q9b. Total number of individuals in attendance from critical access hospitals:

(Please estimate if you do not know the exact number in attendance)

Q9c. Total number of individuals in attendance from long-term acute care hospital or inpatient rehabilitation facilities:

(Please estimate if you do not know the exact number in attendance)

Q9d. Total number of individuals in attendance from skilled nursing facilities (nursing homes):

(Please estimate if you do not know the exact number in attendance)

Q9e. Total number of individuals in attendance from assisted living facilities:

(Please estimate if you do not know the exact number in attendance)

Q9f. Total number of individuals in attendance from pharmacies:

(Please estimate if you do not know the exact number in attendance)

Q9g. Total number of individuals in attendance from dental facilities:

(Please estimate if you do not know the exact number in attendance)

Q9h. Total number of individuals in attendance from home health facilities:

(Please estimate if you do not know the exact number in attendance)

Q9i. Please specify the type of individuals in attendance from health department(s):

- State health department
- Territorial health department
- Local health department
- Tribal health department

Q9i(i). Total number of individuals in attendance from state health departments:

(Please estimate if you do not know the exact number in attendance)

Q9i(ii). Total number of individuals in attendance from territorial health departments:

(Please estimate if you do not know the exact number in attendance)

Q9i(iii). Total number of individuals in attendance from local health departments:

(Please estimate if you do not know the exact number in attendance)

Q9i(iv). Total number of individuals in attendance from tribal health departments:

(Please estimate if you do not know the exact number in attendance)

Q9j. Total number of individuals in attendance from outpatient dialysis facilities:

(Please estimate if you do not know the exact number in attendance)

Q9k. Total number of individuals in attendance from outpatient/ambulatory care facilities:

(Please estimate if you do not know the exact number in attendance)

Q9k(i). Please specify the outpatient/ambulatory facilities represented by training attendees

Q9l. Total number of individuals in attendance from other setting types:

(Please estimate if you do not know the exact number in attendance)

Q9l(i). Please specify the other setting types represented by training attendees

Outcomes

Please fill out the following information about participants' change in knowledge, recommendation of the training, and intent to implement information following the training.

Note: We recognize that your post-training evaluation questions may have asked about the following information using different language and/or response options. Please enter information about change in knowledge, intent to implement training information, and training recommendation to the best of your ability. Use the following examples on how to recode your data, if necessary.

EX1: Likert scale of 'strongly disagree' to 'strongly agree' --> 'strongly disagree' and 'disagree' should be recoded to 'No', if there is a neutral option recode as 'Unsure', 'agree' and 'strongly agree' should be recoded to 'Yes'.

EX2: Likert scale of 'poor' to 'excellent' --> 'poor' should be recoded as 'No', and 'excellent' should be recoded as 'Yes'.

EX3: Likert scale of 'very unlikely' to 'very likely' --> 'very unlikely' and 'unlikely' should be recoded as 'No', 'likely' and 'very likely' should be recoded as 'Yes'.

Remember that these are just examples of what your jurisdiction may have used and should be tailored as needed.

Change in Knowledge

Q10. Was information about participant change in knowledge collected?
If no, skip to Q11.

Yes
 No

Q10a. Total number of participants who provided a response about understanding of the training topic(s):

Q10b. Total number of participants who expressed improved understanding of training topic(s) ('Yes'):

Q10c. Total number of participants who did not express improved understanding of training topic(s) ('No'): _____

Q10d. Total number of participants who are 'Unsure' about if their understanding of the training topic(s) changed: _____

Recommend Training to a Colleague

Q11. Was information about recommending this training to a colleague collected? Yes
 No
If no, skip to Q12.

Q11a. Total number of participants who provided a response about recommending the training to a colleague: _____

Q11b. Total number of participants who would recommend the training to a colleague ('Yes'): _____

Q11c. Total number of participants who would not recommend the training to a colleague ('No'): _____

Q11d. Total number of participants who are 'Unsure' about recommending the training to a colleague: _____

Intent to Implement Training Information

Q12. Was information about intent to implement training information collected? Yes
 No
If no, skip to Q13.

Q12a. Total number of participants who provided a response about their intent to implement training information: _____

Q12b. Total number of participants who intend to implement training information ('Yes'): _____

Q12c. Total number of participants who do not intend to implement training information ('No'): _____

Q12d. Total number of participants who are 'Unsure' about their intent to implement training information: _____

Other

Q13. Please provide any other comments about the training: _____

PFL PM3 Types And Extent Of Promotional Activities

PFL Measure 3: Types and extent of promotional activities for Project Firstline

In order to better understand the marketing methods used for Project Firstline and quantify the reach of these activities, jurisdictions are asked to provide information about the type and extent of promotional activities for Project Firstline that occurred in the reporting period (August 1 - December 31, 2022). Promotional activities could include social media posts, webpages, email blasts to membership, podcast, or new stories in print or on TV or radio.

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- Q1. Promotional activities
- Social media post
 - Website
 - Email to membership/subscribers related to Project Firstline
 - Podcasts
 - News stories related to your involvement in Project Firstline
 - Other marketing/promotion methods

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- Q1a. Type of social media post
- Facebook
 - Twitter
 - YouTube
 - Instagram
 - LinkedIn

Promotional Activity: Facebook

Q2a. Number of Facebook posts related to Project Firstline _____

Q2a(i). Number of likes for the posts related to Project Firstline _____

Q2a(ii). Number of shares for the posts related to Project Firstline _____

Q2a(iii). Number of comments for the posts related to Project Firstline _____

Q2b. Reach of Facebook posts related to Project Firstline _____

Q2c. Impressions of Facebook posts related to Project Firstline: _____

Promotional Activity: Twitter

Q3. Number of tweets related to Project Firstline _____

Q3(i). Number of likes for the tweets related to Project Firstline _____

Q3(ii). Number of retweets for the tweets related to Project Firstline _____

Q3(iii). Number of replies for the tweets related to Project Firstline _____

Q3(iv). Number of impressions for the tweets related to Project Firstline _____

Promotional Activity: YouTube

Q4a. Number of Project Firstline related YouTube videos developed by your jurisdiction: _____

Q4b. Total number of views for all Project Firstline related videos developed by your jurisdiction: _____

Q4c. Total number of likes for all Project Firstline related videos developed by your jurisdiction: _____

Q4d. Total number of shares for all Project Firstline related videos developed by your jurisdiction: _____

Promotional Activity: Instagram

Q5a. Number of Instagram posts related to Project Firstline: _____

Q5a(i). Number of likes for the Instagram posts related to Project Firstline: _____

Q5a(ii). Number of comments for the Instagram posts related to Project Firstline: _____

Q5b. Reach of Instagram posts related to Project Firstline: _____

Q5c. Impressions of Instagram posts related to Project Firstline: _____

Promotional Activity: LinkedIn

Q6a. Number of LinkedIn posts related to Project Firstline: _____

Q6a(i). Number of reactions for the LinkedIn post related to Project Firstline: _____

Q6a(ii). Number of shares for the LinkedIn post related to Project Firstline: _____

Q6a(iii). Number of comments for the LinkedIn post related to Project Firstline: _____

Q6b. Reach of LinkedIn posts related to Project Firstline _____

Q6c. Impressions of LinkedIn posts related to Project Firstline: _____

Promotional Activity: Website

Q7a. Number of new webpages (developed in the reporting period) featuring Project Firstline-related information: _____

Q7a(i). Number of page views on new webpages featuring Project Firstline-related information: _____

Q7b. Number of existing webpages featuring Project Firstline-related information: _____

Q7b(i). Number of page views on all existing webpages featuring Project Firstline-related information: _____

Promotional Activity: Email to membership/subscribers related to Project Firstline

Q8a. Number of emails sent: _____

Q8b. Number of people subscribed to the email list at the end of the reporting period: _____

Q8c. Number of email opens: _____

Promotional Activity: Podcasts

Q9. Enter the number of downloads of episodes featuring Project Firstline in the reporting period: _____

Promotional Activity: News stories related to your involvement in Project Firstline

Q10a. Enter the number of news stories related to Project Firstline involvement in the reporting period for the following medium: Print/Online _____

Q10b. Enter the number of news stories related to Project Firstline involvement in the reporting period for the following medium: TV _____

Q10c. Enter the number of news stories related to Project Firstline involvement in the reporting period for the following medium: Radio _____

Promotional Activity: Other marketing/promotion methods

Q11a. Please specify other marketing/promotion methods utilized:

Q11b. Estimated number of people reached with this promotion method?

Promotional Activity: Other

Q12. Did your jurisdiction coordinate with any local public health departments on Project Firstline promotional activities?

- Yes
 No

(If you are a local health department, your response should reflect coordination with other local health departments).

Q13. What language(s) were used in the promotional activities mentioned above? (Select all that apply)

- English
 Spanish
 Other

Q13(i) Please specify what other language was used:

SHARP PM V.1 Types and extent of targeted communication activities on local HAI/AR threats

Did your jurisdiction communicate about an HAI threat to frontline healthcare workers during this reporting period? (Note: remember that any communications reported here should have used SHARP funding)

- Yes
 No

Please select the HAI threat(s) the jurisdiction communicated about. (Select all that apply)

- Bloodborne pathogens (e.g., hepatitis B, hepatitis C, HIV)
 Candida auris
 CAUTI
 CLABSI
 Clostridoides difficile (i.e., C. diff)
 COVID-19
 General HAI Prevention
 Healthcare-Associated Pneumonias (excluding respiratory viruses)
 Legionella
 MRSA
 Respiratory viral infections, excluding COVID-19 (e.g., influenza, Respiratory Syncytial Virus)
 Other

Thinking about the threat(s) selected above, how was the threat communicated to healthcare workers? (Select all that apply)

- Partners
 Social Media
 Town Hall
 Promotional campaign
 Training
 Other

To which settings was the threat(s) communicated? (Select all that apply)

- Acute care hospital
 Critical access hospital
 Long-term acute care hospital or inpatient rehabilitation facility
 Skilled nursing facility (nursing home)
 Assisted living facility
 Dialysis facility
 Dental facility
 Other outpatient facility, please specify
 Home health
 Other

Please specify the 'Other' setting.

Key message(s) of communication about HAI threat(s): (Select all that apply)

- Reservoir or where the threat tends to live
- How the threat spreads
- Who is most susceptible to the threat
- Actions healthcare workers can take to assess risk of threat
- Actions healthcare workers can take to eliminate or stop the spread of threat
- Other

Please describe the key message(s) of your communication.

As a result of information communicated, were any actions taken by the health department, facility(ies), and/or healthcare workers?

Project Firstline Data Quality Check

Project Firstline

Errors identified during submission:

- Yes
 No

Performance Measure Flagged for Follow-up Summary of Issues Please confirm that the issue has been addressed:

- PM PFL 1: Number and types of staff supporting Project Firstline _____
- PM PFL 2 (Jan 1, 2022 - July 31 2022): Number and characteristics of individuals trained, by training opportunity (funded by Project Firstline) _____
- PM PFL 3: Types and extent of promotional activities for Project Firstline _____
- SHARP V.1: Types and extent of targeted communication activities on local HAI/AR threats (funded by Project Firstline) _____

Notes/comments to CDC:

Thank you for submitting your Project Firstline Performance Measures. No items have been flagged for follow-up.

If you have any questions, concerns, or issues with the items indicated above please contact ProjectFirstline@cdc.gov with "Project Firstline Performance Measures - Data Closeout" in the subject line.