Project Firstline Data Quality Check

Jurisdiction

_____

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.

PFL PM1 - PARTNERSHIPS AND VENDOR RELATIONSHIPS

PFL PM1 - PARTNERSHIPS AND VENDOR RELATIONSHIPS

In order to enhance capacity to educate, train, and communicate with frontline healthcare workers, jurisdictions are encouraged to establish partnerships in support of project goals.

Today's Date

_____

Did you engage with external partners to accomplish PFL activities during this reporting period? (e.g., local HDs, health systems, nonprofit or academic institutions, etc.)

○ Yes
○ No

Please specify the types of partners you have you engaged to accomplish PFL activities during this reporting period and for what purpose: (select all that apply)

	PFL training or education efforts	PFL marketing/promotion activity (including educational material or messaging development/ dissemination)	Communication of a specific HAI threat to HCWs (e.g. an outbreak)	Continuing education credit provision (e.g. CME, CNE, and CHES credits)
Local or district health departments	☐	☐	☐	☐
Academic institutions/partners	☐	☐	☐	☐
Non-profit organizations (non-academic)	☐	☐	☐	☐
Local hospital associations	☐	☐	☐	☐
Health systems	☐	☐	☐	☐
Professional association/society	☐	☐	☐	☐
Other	☐	☐	☐	☐

Please specify 'other' type of partner(s) used for PFL training or education efforts:

_____

Please specify 'other' type of partner(s) used for PFL marketing/promotion activity (including educational material or messaging development/disseminated:

_____

Please specify 'other' type of partner(s) used for communication of HAI threats:

_____

Please specify 'other' type of partner(s) used for continuing education credit provision:

_____

Did your jurisdiction use a third-party vendor to accomplish PFL activities during the reporting period? Third-party vendors are considered any organizations contracted to complete specific deliverables.

◯ Yes
◯ No

PFL PM2 - TRAININGS CONDUCTED

PFL PM2 - TRAININGS CONDUCTED

One form should be completed for EACH training. Information about training format and content, audience, and evaluation will be requested. If you have more than one training to report, select "Save and Add New Instance" at the end of the form and a blank form will appear to enter information on the next training.

Note: Since Project Firstline allows for tailored approaches to training, we acknowledge the types of training 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 into existing meetings or site visits). If events that span more than one day or more than one session and the participant group largely comprises a consistent group of people in each day or session, report this grouping of trainings as one single, cumulative training event (a "series"). There is a question that will ask you to specify whether the event was "a series" in the form.

NOTE: If you have more than 10 trainings to report, you have the option to bulk upload the trainings. If you would like to use the bulk upload form, please download the form through the SAMS SDX system (https://transfer1.cdc.gov) or the SharePoint site (ELC Reporting). Once the form is completed, it will need to be uploaded to the SAMS SDX system in the appropriate location within the upload folder for your jurisdiction. Please find specific instructions on how to download/uploads the bulk upload form from the SAMS SDX system on the SharePoint site (ELC Reporting).

Today's Date

_____

Did your health department hold a training event in the reporting period (August 1, 2024 - December 31, 2024) ?	◯ Yes ◯ No

If you have more than 10 trainings to report, do you wish to report the trainings using the bulk upload form for the reporting period (August 1, 2024 - December 31, 2024)?	◯ Yes ◯ No

Training Event Characteristics

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:

_____

Where was the recording posted?

- ☐ Our organization's website
- ☐ YouTube
- ☐ Learning Management System
- ☐ YouTube
- ☐ Other

Please specify other delivery methods utilized:

_____

Was this a one-time event or a series?

(Consider your event a series if the same group of people, more or less, attended the various sessions in the series.)

- ○ One-time event
- ○ Series

Date of training event (If it's a multi-day training, input the start date, but do not report the training until the series is complete)

_____

What date was the asynchronous training originally made available online? (please estimate if you do not know the exact date)

_____

How many completions of the asynchronous training occurred within the 12-month reporting period? (August 1, 2024 - December 31, 2024)

_____

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 the development or implementation of this training event? (select all that apply)	☐ To identify topic for training ☐ To identify audiences/settings for the training that are priority ☐ 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 event:	_____
How did you use data to inform the development or implementation of this asynchronous training? (select all that apply)	☐ To identify topic for training ☐ To identify audiences/settings for the training that are priority ☐ 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 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 ☐ ICAR data ☐ Outbreak/surveillance data ☐ Training evaluation data (e.g. prior participant feedback) ☐ Other
Please describe any other data source used to inform this training event:	_____
Infection control topics covered in the training? (select all that apply):	☐ Overview of infection control ☐ Basic scient topics (e.g. microbiology basics, variants, etc.) ☐ Risk recognition ☐ Reservoirs ☐ Source Control ☐ pread of infections (i.e. transmission) ☐ Personal Protective Equipment (PPE) ☐ Hand Hygiene ☐ Engineering controls (e.g. ventilation, barriers) ☐ Environmental infection control (e.g. cleaning and disinfection, waste disposal, UV lights) ☐ Injection safety ☐ Other topic(s) not listed above
Please describe any 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). For a series, please report the total
time spent in all sessions of the series:

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

What length of time in hours does it take to complete
this asynchronous training? (on average)

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). For a series, please report the total
time spent in all sessions of the series.

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

What was the total attendance at the event?

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

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

In what language was information delivered for this
training? (Select all that apply)

☐ English
☐ Spanish
☐ Other

Please specify other language used:

_____

Participant Characteristics

Indicate professional roles in attendance, specifying
number in attendance for each provider type in the
subsequent fields.

If you do not know the exact attendance by
practitioner type, please estimate.

☐ 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

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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

Professional Roles in Attendance

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 (e.g., nurse practitioner) 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 therapist (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)
Total number of public health professionals in attendance	_____ (Please estimate if you do not know the exact number in attendance)
'Other' Professional Roles	
Please specify the other Professional Role 1 in attendance	_____
Total number of other professional role 1 in attendance	_____ (Please estimate if you do not know the exact number in attendance)
Please specify the other Professional Role 2 in attendance	_____
Total number of other Professional Role 2 in attendance	_____ (Please estimate if you do not know the exact number in attendance)

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Please specify the other Professional Role 3 in attendance	_____
Total number of other Professional Role 3 in attendance	_____ (Please estimate if you do not know the exact number in attendance)
Please specify the other Professional Role 4 in attendance	_____
Total number of other professional role 4 in attendance	_____ (Please estimate if you do not know the exact number in attendance)
Please specify the other Professional Role 5 in attendance	_____
Total number of other Professional Role 5 in attendance	_____ (Please estimate if you do not know the exact number in attendance)
Please specify the other Professional Role 6 in attendance	_____
Total number of other Professional Role 6 in attendance	_____ (Please estimate if you do not know the exact number in attendance)
Please specify the other Professional Role 7 in attendance	_____
Total number of other Professional Role 7 in attendance	_____ (Please estimate if you do not know the exact number in attendance)
Please specify the other Professional Role 8 in attendance	_____
Total number of other Professional Role 8 in attendance	_____ (Please estimate if you do not know the exact number in attendance)
Please specify the other Professional Role 9 in attendance	_____
Total number of other Professional Role 9 in attendance	_____ (Please estimate if you do not know the exact number in attendance)

Please specify the other Professional Role 10 in attendance	_____
Total number of other Professional Role 10 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.	☐ Academic institution (university, community college, etc.) ☐ 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) ☐ Outpatient/ambulatory care (e.g., medical, surgical, behavioral health clinic) ☐ Other
Workplace Settings in Attendance	
Total number of individuals in attendance from an academic institution (university, community college, etc.)	_____ (Please estimate if you do not know the exact number in attendance)
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 heath 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 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 territorial health departments:

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

Total number of individuals in attendance from outpatient dialysis facilities (outpatient):

_____
(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)

'Other' Setting Types

Please indicate other Workplace Setting 1

_____

Total number of individuals in attendance from other Workplace Setting 1	_____ (Please estimate if you do not know the exact number in attendance)
Please indicate other Workplace Setting 2	_____
Total number of individuals in attendance from other Workplace Setting 2	_____ (Please estimate if you do not know the exact number in attendance)
Please indicate other Workplace Setting 3	_____
Total number of individuals in attendance from other Workplace Setting 3	_____ (Please estimate if you do not know the exact number in attendance)
Please indicate other Workplace Setting 4	_____
Total number of individuals in attendance from other Workplace Setting 4	_____ (Please estimate if you do not know the exact number in attendance)
Please indicate other Workplace Setting 5	_____
Total number of individuals in attendance from other Workplace Setting 5	_____ (Please estimate if you do not know the exact number in attendance)
Please indicate other Workplace Setting 6	_____
Total number of individuals in attendance from other Workplace Setting 6	_____ (Please estimate if you do not know the exact number in attendance)
Please indicate other Workplace setting 7	_____
Total number of individuals in attendance from other Workplace Setting 7	_____ (Please estimate if you do not know the exact number in attendance)
Please indicate other Workplace Setting 8	_____

Total number of individuals in attendance from other Workplace Setting 8	_____
	(Please estimate if you do not know the exact number in attendance)

Please indicate other Workplace Setting 9	_____

Total number of individuals in attendance from other Workplace Setting 9	_____
	(Please estimate if you do not know the exact number in attendance)

Please indicate other Workplace Setting 10	_____

Total number of individuals in attendance from 'other' setting type 10:	_____
	(Please estimate if you do not know the exact number in attendance)

Use of CDC-Developed PFL Resource(s)

Did you use Project Firstline materials developed by the CDC in this training or to guide training session development or implementation? (e.g., PFL training videos, PFL facilitator's toolkit)	◯ Yes ◯ No

Please indicate the CDC developed PFL resource(s) used below (select all that apply):

	In English	In Spanish
Facilitator Toolkit Guide	☐	☐
Session Feedback Form	☐	☐
Facilitator Self-Assessment Form	☐	☐
Micro-Learn discussion guides	☐	☐
Interactive resources (e.g., Diarrhea Dilemma, Fidgeting Felix Gets an IV)	☐	☐
CDC created PFL Videos (e.g., Recognizing Risks in Healthcare, Inside Infection Control series, etc.)	☐	☐
Posters, infographics, or fact sheets	☐	☐

Participant Feedback

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?
- ◯ 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?
- ◯ 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 would not recommend the training to a colleague ('No'):

_____

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

_____

Intent to Implement Training Information

Was information about intent to implement training information collected?
- ◯ 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:	_____

Continuing Education Credits

Were continuing education credits relevant to the healthcare workforce (e.g. CME, CNE, and CHES credits) offered for this training?	◯ Yes ◯ No

PFL PM3 - PROMOTIONAL ACTIVITIES

PFL PM3 - PROMOTIONAL ACTIVITIES

In order to better understand the marketing methods used for Project Firstline and quantify the reach of these activities, you will be asked to provide information about the type and extent of promotional activities for Project Firstline that occurred in the full year reporting period (August 1, 2024 - December 31, 2024). Promotional activities asked about in this reporting include social media posts, webpages, and marketing or promotional emails.

Today's Date

_____

Social Media

Did your organization conduct social media activity?
- ○ Yes
- ○ No

What language(s) were used for social media activity? (Select all that apply)
- ☐ English
- ☐ Spanish
- ☐ Other

Please specify what other language was used:

_____

What social media platforms were used?
- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ LinkedIn
- ☐ Youtube

How many impressions did Project Firstline related Facebook posts generate during the reporting period (collectively)?

_____

How many impressions did Project Firstline related Twitter tweets generate during the reporting period (collectively)?

_____

How many impressions did Project Firstline related Instagram posts generate during the reporting period (collectively)?

_____

How many impressions did Project Firstline related LinkedIn posts generate during the reporting period (collectively)?

_____

How many impressions did Project Firstline related Youtube videos developed by your jurisdiction generate during the reporting period?

_____

Website

Did your organization post or share any PFL-related content on a website that you manage?

○ Yes
○ No

How many pageviews did all of your PFL-related website or webpage content generate during the reporting period (collectively)?

_____

What language(s) were used for PFL-related website content? (including resources posted on website)? Select all that apply.

☐ English
☐ Spanish
☐ Other

Please specify what other language was used:

_____

Email

Did your organization send any email blasts that included promotion (e.g., advertising trainings and/or links PFL information/resources) for anything related to PFL during the reporting period?

○ Yes
○ No

What language(s) were used for PFL-related promotional email communications? Select all that apply.

☐ English
☐ Spanish
☐ Other

Please specify what other language was used:

_____

Approximately how many people (i.e., email addresses) received PFL-related email communications during the reporting period? (You do not need to have confirmation that they opened the email to report it)

_____

Other Marketing/Promotion Methods

Do you have other marketing/promotion methods to report?

○ Yes
○ No

Please list "other" Method 1 used:

_____

Total number of individuals reached with Method 1:

_____

Please list "other" Method 2 used:

_____

Total number of individuals reached with Method 2:

_____

Please list "other" Method 3 used:

_____

Total number of individuals reached with Method 3:

_____

Please list "other" Method 4 used:

_____

Total number of individuals reached with Method 4:

_____

Please list "other" Method 5 used:

_____

Total number of individuals reached with Method 5:

_____

Use of CDC-developed materials

Did your organization use any CDC-developed promotional materials during this reporting period?

○ Yes
○ No

Promotional materials may have been used in emails, social media posts, on PFL websites, or through other communication channels.

*Note that this should only include materials that were developed by CDC and used by your organization, and should be limited to those used in PFL-promotional activities

Which types of CDC-developed promotional materials did you use?
Indicate the type and language(s) of any materials that you used below:
(Please check all that apply)

	English Version	Spanish Version
CDC- Developed Social media graphics/gifs	☐	☐
CDC- Developed Infographics	☐	☐
CDC- Developed PFL videos	☐	☐

Coordination

Did your jurisdiction coordinate with any local public health departments on PFL promotional activities? (If you are a local health department, your response should reflect coordination with other local health departments).

○ Yes
○ No

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PFL PM4 - LOCAL HAI/AR THREAT COMMUNICATION

PFL PM4 - LOCAL HAI/AR THREAT COMMUNICATION

Today's Date

_____

Did your jurisdiction communicate about a specific local HAI threat in your locality or region 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) your 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

Please specify the other HAI threat(s) your jurisdiction communicated about.

_____

Thinking about your response to the prior question, how was the local HAI threat communicated to healthcare workers? (i.e. method of dissemination). Please select all that apply.

☐ Through partners networks
☐ Social media
☐ Town Hall
☐ Promotional campaign
☐ Training
☐ Other

Please specify the other HAI threat(s) your jurisdiction communicated about to healthcare workers.

_____

In which language(s) did communication about local HAI threat(s) occur? (Select all that apply)

☐ English
☐ Spanish
☐ Other

Please specify what other language was used.

_____

To which settings was the local HAI 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 1:

_____

Please specify the other setting 2:

_____

Please specify the other setting 3:

_____

Please specify the other setting 4:

_____

Please specify the other setting 5:

_____

Key message(s) of communication about local 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 ☐ State or region-specific information on disease threat (e.g., situation update, location of cases, timeframe of outbreak, etc.) ☐ Reporting procedures or requirements (e.g., how to report to state lab, epi programs, or within a facility) ☐ Other

Please describe other key message(s) used in you communication about the local HAI/AR threat.

_____

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