

Public Reporting and Hospital-Acquired Infections (HAIs)

We are researchers at the University of Pennsylvania conducting a research study examining infection control resources and activities in the current era of legislated public reporting of hospital acquired infections (HAIs). Our study is interested in your acute care hospital regardless of whether or not it is located in a state with mandatory public reporting.

We ask that the person directing (or most familiar with) the hospital infection program complete our three-minute, one-time survey with input from others if needed. Please forward this to the most appropriate individual if it is not you. Responses will be completely anonymous and study participation is voluntary. We will not know or record hospital or respondent identities. Only aggregate, anonymous results will be reported. The survey has been granted "exempt" status by the University of Pennsylvania Institutional Review Board, and approved by the SHEA Research Network.

If you have any questions, please do not hesitate to contact us using the contact information below.

Thank you.

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1. Where is your acute care hospital located?

If you direct the Infection Control/Infection Prevention program at more than one acute care hospital, please complete one survey for each one.

2. What is the organizational structure of your hospital?

- Government, non-federal (e.g., state, county)
- Government, federal (e.g., Veterans' Affairs, military)
- Non-governmental, not-for-profit (e.g., university, church)
- Investor-owned, for profit (e.g., individual, corporation)

3. Do the following types of trainees perform clinical rotations in your acute care hospital?

	Yes	No	Don't Know
Medical/dental interns/residents (e.g., dentistry, surgery, medicine, pediatrics, or subspecialties)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/dental students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How many total inpatient beds are available for use (set up and staffed) in your acute care hospital (including ward and intensive care unit beds)?

- <100
- 100-199
- 200-299
- 300+
- Don't Know

5. In the past 12 months, which one of the following data sources has your acute care hospital used most frequently as an initial screen for ventilator-associated pneumonia, before checking additional data for confirmation?

- Discharge data (e.g., ICD-9 coding)
- Microbiology data for positive cultures of respiratory secretions
- Chest radiographs for infiltrates
- Not applicable (no patients on ventilators)
- Don't know
- Other (please specify below):

6. In the past 12 months, do you feel that the amount of time Infection Control has been able to work on the following issues has been too little, about right, or too much?

	Too Little	About Right	Too Much
Hand hygiene and isolation precaution programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenza/pandemic related programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surveillance for hospital-acquired infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventions to prevent or control hospital-acquired infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In the past 12 months, how often has a patient's risk of subsequent HAI (e.g., due to severe/complex illness or current HAI) affected your acute care hospital's decision on whether to accept them in transfer from another facility?

- Never
- Rarely
- Sometimes
- Often
- Don't know

8. In the past three years (since approximately January 2008), has your Infection Control program increased resources in any of the following areas?

	Yes	No	Don't know
Additional physician Hospital Epidemiologist "effort", either full-time or part-time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional nurse Infection Preventionist "effort", either full-time or part-time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (e.g., administrative assistant, data analyst, etc.) additional "effort", either full-time or part-time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional funding (other than for personnel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. In the past three years (since approximately January 2008), how do you feel the overall risk of the following HAIs have changed at your acute care hospital?

If the device and/or HAI listed is not used and/or not tracked at your acute care hospital, select "Not applicable".

	Greatly increased	Slightly increased	Stayed the same	Slightly decreased	Greatly decreased	Don't know	Not applicable
Catheter-associated urinary tract infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catheter-associated bloodstream infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ventilator-associated pneumonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. difficile-associated disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please click "Continue" below to submit your responses.