

Oregon 2016 HAI ASC Survey

Oregon 2016 HAI Ambulatory Surgical Center Survey

The Oregon Health Authority and the Drug-Resistant Organism Prevention and Coordinated Regional Epidemiology (DROP-CRE) Network request your response to the following survey in order to understand current infection prevention practices and reporting capabilities among various healthcare facilities.

The following survey should be completed by the Infection Preventionist, Infection Prevention Program Manager, or Director with knowledge about infection control and reporting practices.

Your participation will enable us to evaluate current CRE and MDRO reporting under Oregon laws (ORS 409.050, 433.004 and OAR 333-018-0000 to 333-018-0015), current infection control practices, and program priorities.

Please complete only one survey per ASC.

Survey completion takes about 1 hour.

Complete survey within 30 days of the date received.

Contact Katherine Ellingson at katherine.ellingson@state.or.us or 971-673-1111 with any questions.

Thank you for your assistance.

Oregon 2016 HAI ASC Survey

Basic Information

*** 1. Respondent Information**

ASC name

Your name

Email address

Job title

Phone number

Permanent or
generic email
address for your
department, if
available

Oregon 2016 HAI ASC Survey

Facility Characteristics

*** 2. Ownership**

- For profit
- Not for profit, including church
- Military
- Veterans Affairs
- Government
- Physician owned

*** 3. Setting**

- Within a hospital
- Free-standing

*** 4. Procedure characteristics**

Total number of procedures:

Percent of procedures that were surgical

*** 5. Which of the following surgical practices are delivered in your facility?**

Choose all that apply.

- Cardiothoracic surgery
- Dermatology
- Gastroenterology
- General surgery
- Gynecologic surgery
- Neurosurgery
- Obstetrics surgery
- Oncology surgery
- Ophthalmology surgery
- Orthopedic surgery
- Otolaryngology
- Plastic/Reconstructive surgery
- Urology
- We do not perform surgical procedures at our facility.
- Other (please specify)

*** 6. What non-surgical procedures are delivered at your facility?**

- Bronchoscopy
- Colonoscopy
- Cystoscopy
- Duodenoscopy (e.g., ERCP)
- Endoscopy
- Laryngoscopy
- We do not perform any non-surgical procedures.
- Other (please specify)

*** 7. What percentage of your ambulatory surgery patients were discharged or transferred to the following places:**

Home/Customary residence:

Recovery care center (facility other than this one)

Acute care hospital (Emergency or inpatient):

*** 8. What laboratory(ies) provides your facility's microbiology laboratory services?**

Primary microbiology laboratory

Secondary microbiology laboratory (if none, leave blank)

*** 9. Does your microbiology laboratory provide your facility with a report summarizing the percent of antibiotic resistance seen in common organisms identified in cultures sent from your facility (often called an antibiogram)?**

- Yes go to Q. 10
- No go to Q. 12
- Unsure go to Q. 12

Antibiogram Details

*** 10. How does your facility routinely share the antibiogram data on isolate susceptibility?**

- We don't have a mechanism to routinely or widely share the antibiogram
- Available on intranet
- Email to relevant medical or pharmacy staff
- Share with medical staff during Grand Rounds, medical staff meetings, other formal presentations
- Share with infection control committee
- Share with facility executive leadership
- Other (please specify)

*** 11. How is antibiogram data routinely used at your facility?**

- We don't have a mechanism in place to routine use the antibiogram data to change hospital or provider practice.
- Compare our antibiogram with other sources (e.g., NHSN national data, other healthcare systems, etc)
- Guides empiric antibiotic treatment in ASC order sets.
- Guides clinical decision support by pharmacy to inform treating clinicians of local susceptibility patterns.
- Guides infection control activities (e.g., surveillance, quality improvement focus)
- Guides antibiotic stewardship program decisions (e.g., restricted antibiotics, education focus, etc)
- Guides pharmacy decisions (e.g., pre-approval of certain antibiotic classes)
- Guides laboratory practice (e.g., additional reference lab testing to determine cause of resistance)
- I'm unsure how antibiogram data is used at our facility.
- Other (please specify)

Oregon 2016 HAI ASC Survey

General Infection Control Activities

*** 12. IC Practice:**

Total staff hours per week dedicated to infection prevention and control in facility:

Total hours per week performing surveillance:

Total hours per week for infection prevention and control activities other than surveillance:

*** 13. Among those performing infection prevention duties at your facility, what is the highest level of infection control training?**

Do not include medical directors or consultants.

- Training course with Certificate in Infection Control (CIC)
- State or local infection control training course with other certificate
- Infection control training course without certificate
- Infection control course as part of healthcare degree curriculum
- No specific infection infection control training
- Unsure
- Other (please specify)

*** 14. Is a physician involved in the day-to-day operations of the infection control program at your facility?**

For example, Medical Director.

- No, there is no day-to-day physician involvement, nor physician consultation available.
- Somewhat, there is no day-to-day physician involvement, but there is a physician available for periodic infection control consultation.
- Yes.

Other, please specify:

*** 15. Is there a committee in your facility that reviews infection control-related activities, such as infection surveillance, infection prevention practice adherence, and infection control policy development?**

- Yes
- No
- Unsure
- Other (please specify)

*** 16. Our facility has a written policy about...**

Check all that apply.

- Requiring infection control training as a condition of employment of clinical staff.
- Injection safety which includes protocols for performing finger sticks and point of care testing (e.g., assisted monitoring of blood glucose, AMBG).
- Use of new needle and new syringe each time a medical bottle is entered.
- Requiring staff draw up individual doses from multi-dose vials only outside of patient care areas.
- Tracking personnel access to controlled substance to prevent narcotics theft or drug diversion.
- Identification, reporting, and investigation of suspected drug diversion.
- Communicating healthcare worker vaccination recommendations to clinical staff.
- Requiring the infection control coordinator to participate in an infection control training program periodically.

*** 17. Does your facility have a drug diversion prevention program that includes consultation with the infection prevention when drug tampering is suspected or identified?**

- Yes
- No
- Unsure
- Other (please specify)

Oregon 2016 HAI ASC Survey

Antibiotic Stewardship Practices

Please refer to the person(s) in your facility familiar with antibiotic stewardship responsibilities to answer the

following questions.

*** 18. Does your facility have a specific person (or people) responsible for reviewing antibiotic utilization?**

Select all that apply.

- Not applicable, review of antibiotic utilization is not performed.
- Pharmacist
- Infectious Preventionist
- Infectious Diseases clinician
- Non-Infectious Diseases clinician
- Director of Nursing
- Other (please specify)

*** 19. Does your facility restrict the use of specific antibiotics?**

- Yes
- No
- Unsure

*** 20. Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical chart or during order entry?**

- Yes, but adherence to the policy to document an indication is not monitored.
- Yes, and adherence to the policy to document an indication is monitored.
- No
- Unsure

*** 21. Does your facility provide facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic decision making for common clinic conditions (e.g., UTIs, bronchitis, wound infections)?**

- Yes, but adherence to the policy to treatment recommendations is not monitored.
- Yes, and adherence to the policy to treatment recommendations is monitored.
- No
- Unsure

*** 22. Is there a formal procedure for performing a follow-up assessment 2-3 days after a new antibiotic start to determine whether the antibiotic is still indicated and appropriate (e.g., antibiotic time out)?**

- Yes
- No
- Unsure

*** 23. Does a physician, nurse, or pharmacist review courses of therapy for specified antibiotic agents and communicate results to prescribers at your facility (i.e., audit with feedback)?**

- Yes
- No
- Unsure

*** 24. Does the pharmacy service provide a monthly report of antibiotic use (e.g., new orders, number of days of antibiotic treatment, indication documented) for the facility?**

- Yes
- No
- Unsure

*** 25. Has your facility provided education in the past 12 months to clinicians and other relevant staff on improving antibiotic use?**

- Yes
- No
- Unsure

*** 26. Is there a person responsible for auditing appropriate perioperative antibiotic administration?**

- Yes
- No
- Unsure

*** 27. Does your facility have policies to promote the prescription of probiotics (e.g., yogurt or pills) for eligible patients receiving antibiotics?**

- Yes
- No
- Unsure
- Other (please specify)

*** 28. Is your facility enrolled and reporting to the National Health Safety Network (NHSN)?**

- Yes
- No, but planning to start reporting within the year.
- No, no plans to report.

*** 29. Does your facility report into the NHSN Antibiotic Utilization or Antibiotic Resistance (AU/AR) Module?**

- Yes
- No, but planning to start within the year
- No, no plans to report

Oregon 2016 HAI ASC Survey

Electronic Health Records System

You may find it helpful to refer to someone knowledgeable about your facility's electronic health record (EHR) to answer this portion.

*** 30. Does your facility use one or more electronic health records systems, such as for admission/discharge/transfer (ADT), patient records, laboratory results, or medication administration (e.g., eMAR, BCMA)?**

- Yes *go to Q. 31*
- No *go to Q. 40*
- Unsure *go to Q. 31*

Oregon 2016 HAI ASC Survey

*** 31. Does your facility use an electronic ADT (Admissions-Discharge-Transfer) system or registry?**

- Yes *go to Q. 32*
- No *go to Q. 34*
- Unsure *go to Q. 32*

Oregon 2016 HAI ASC Survey

ADT Vendors

*** 32. If yes, which ADT vendor system does your facility use?**

- Allscripts (Eclipsys) (Sunrise)
- Asolva
- Atlas Development Corporation
- Carefusion/Medmined
- Cerner Corporation
- CPSI
- Epic Systems Corporation
- GE Healthcare (Centricity)
- GE Healthcare (LastWord Clinicals)
- Healthland
- HMS Clinicals
- ICNet
- Intelligent Medical Systems
- Keane Insight
- McKesson (Horizon)
- McKesson (Paragon)
- Meditech (MAGIC)
- QuadraMed (Affinity)

- QuadraMed (CPR)
- RL Solutions
- SafetySurveillor(R) by Premier
- Senti7 by PharmacyOneSource (Wolters Kluwer)
- Siemens (Invision)
- Siemens (MedSeries 4)
- Siemens (Soarian)
- TheraDoc- Clinical IT (Hospira, Inc.)
- Truven Health Analytics
- Vecna Technologies
- VigiLanz Corporation
- System developed in-house
- Other (please specify)

*** 33. Are there plans to change the ADT system vendor?**

- No
- Yes: next 6 months. *Please indicate new vendor in the comment box below.*
- Yes: next 7-12 months. *Please indicate new vendor in the comment box below.*
- Yes: >13 months. *Please indicate new vendor in the comment box below.*

New vendor:

Oregon 2016 HAI ASC Survey

EHR Vendors: eMAR

*** 34. Does your facility use an electronic Medication Administration Record (eMAR)?**

- Yes *go to Q. 35*
- No *go to Q. 37*
- Unsure *go to Q. 37*

*** 35. If yes, which eMAR vendor system does your facility use?**

- Atlas Development Corporation Carefusion/Medmined
- Cerner Corporation
- Epic Systems Corporation
- ICNet
- Intelligent Medical Systems
- RL Solutions
- SafetySurveillor(R) by Premier TheraDoc- Clinical IT (Hospira, Inc.)
- Truven Health Analytics
- Vecna Technologies
- System developed in-house
- Other (please specify)

*** 36. Are there plans to change the eMAR system vendor?**

- No
- Yes: next 6 months. *Please indicate new vendor in the comment box below.*
- Yes: next 7-12 months. *Please indicate new vendor in the comment box below.*
- Yes: >13 months. *Please indicate new vendor in the comment box below.*

New vendor:

*** 37. Does your facility use an electronic Barcode Medication Administration (BCMA) system?**

- Yes go to Q. 38
- No go to Q. 40
- Unsure go to Q. 40

Oregon 2016 HAI ASC Survey

BCMA Vendors

*** 38. If yes, which BCMA vendor system does your facility use?**

- Atlas Development Corporation Carefusion/Medmined
- Cerner Corporation
- Epic Systems Corporation
- ICNet
- Intelligent Medical Systems
- RL Solutions
- SafetySurveillor(R) by Premier TheraDoc- Clinical IT (Hospira, Inc.)
- Truven Health Analytics
- Vecna Technologies
- System developed in-house
- Other (please specify)

*** 39. Are there plans to change the eMAR system vendor?**

- No
- Yes: next 6 months. *Please indicate new vendor in the comment box below.*
- Yes: next 7-12 months. *Please indicate new vendor in the comment box below.*
- Yes: >13 months. *Please indicate new vendor in the comment box below.*

New vendor:

Technical Reporting Capabilities

It may help to refer to the person(s) in your facility familiar with electronic reporting.

*** 40. Does your ASC use or have experience with Clinical Document Architecture (CDA)?**

- Yes
- No
- Unsure
- Other (please specify)

*** 41. Does your ASC produce any Consolidated Clinical Document Architecture (C-CDA) documents?**

- Yes
- No
- Unsure
- Other (please specify)

*** 42. Does your ASC produce Quality Reporting Document Architecture (QRDA) reports through a certified electronic health record (EHR)?**

- Yes
- No
- Unsure
- Other (please specify)

*** 43. Does your ASC produce any C32 documents?**

- Yes
- No
- Unsure
- Other (please specify)

*** 44. Does your ASC submit any automated electronic documents (CSV, CDA, QRDA) to CDC or CMS?**

- Yes
- No
- Unsure
- Other (please specify)

*** 45. Does your ASC already produce RxNorm codes for antimicrobials?**

- Yes
- No
- Unsure
- Other (please specify)

Oregon 2016 HAI ASC Survey

Laboratory Information System (LIS) & Infection Control Surveillance System

*** 46. Does your facility use an electronic Laboratory Information System (LIS)?**

- Yes
- No
- Unsure

47. If yes, what Laboratory Information System does your facility use?

*** 48. Are there plans to change the LIS system vendor?**

- No
- Yes: next 6 months. *Please indicate new vendor in the comment box below.*
- Yes: next 7-12 months. *Please indicate new vendor in the comment box below.*
- Yes: >13 months. *Please indicate new vendor in the comment box below.*

New vendor:

*** 49. Does your facility use an electronic infection control surveillance system?**

- Yes *go to Q. 50*
- No *go to Q. 52*
- Unsure *go to Q. 52*

Oregon 2016 HAI ASC Survey

Infection Control Surveillance Software, *con't*

*** 50. If yes, which infection control surveillance software does your facility use?**

- EPIC Infection Control Module
- MedMined
- Meditech
- Quality Compass
- Safety Surveyor
- Senti7
- Theradoc
- Custom EHR and Lab data pull
- Other (please specify)

*** 51. Are there plans to change the infection control surveillance system vendor?**

- No
- Yes: next 6 months. *Please indicate new vendor in the comment box below.*
- Yes: next 7-12 months. *Please indicate new vendor in the comment box below.*
- Yes: >13 months. *Please indicate new vendor in the comment box below.*

New vendor:

Oregon 2016 HAI ASC Survey

Multidrug-resistant Organisms (MDROs)

This section asks about your facility's current practices regarding multidrug-resistant organisms (MDROs) and *C. difficile*.

MDROs include methicillin-resistant *Staphylococcus aureus* (MRSA), carbapenem-resistant *Enterobacteriaceae* (CRE like *E. coli*, *Klebsiella spp.*), vancomycin-resistant *Enterococcus spp.* (VRE), and multidrug-resistant *Acinetobacter baumannii* (MDR-Ab).

*** 52. How does your facility typically identify MDROs on or prior to patient admission?**

Select all that apply.

- Not applicable, a history of MDRO or *C. difficile* is not routinely looked for on admission.
- Chart review by an admission planner or case manager before the patient arrives at your facility.
- Admission department asks referring facility or referring provider if Transmission-Based Precautions are needed.
- MDRO interfacility transfer form from transferring facility or referring provider.
- Specific MDRO field on transfer or procedure referral documents.
- Transferring facility or referring provider calls to say the patient has a history of an MDRO.
- Physician chart review after patient has arrived.
- "Flag" or alert in the patient's medical record from previous admission.
- Nursing admission form
- Other (please specify)

Oregon 2016 HAI ASC Survey

Pre-Operative Protocols to Prevent Surgical Site Infections

*** 53. Does your facility routinely perform any of the following activities for high-risk surgeries (e.g., orthopedic, cardiac)?**

Select all that apply.

Note: these are done without knowing the colonization status of the patient.

- Chlorhexidine (CHG) bath on night or morning of surgery
- Day of surgery intranasal mupirocin
- Day of surgery intranasal povidone iodine
- None, we don't routinely decolonize patients prior to high-risk surgeries.
- Other (please specify)

*** 54. Does your facility obtain screening testing for bacterial colonization on any patients pre-operatively?**

- No, and we have no plans to begin. *go to Q. 62*
- No, but we are planning to start a protocol *go to Q. 55*
- Yes *go to Q. 55*
- Unsure *go to Q. 55*
- Other (please specify)

Oregon 2016 HAI ASC Survey

Pre-operative Screening Protocols

*** 55. For each type of surgery, select the type(s) of bacteria (if any) your facility has protocols to screen patients for pre-operatively:
Check all that apply.**

	No, we don't perform these surgeries	MRSA	MSSA	VRE	CRE	Other MDR-Gram-neg	Other	None: we these surgeries, but no pre-op screening
Total hip or knee arthroplasty (THA/TKA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other metal implants (e.g, orthopedic, spinal rods, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular implants (e.g., arterial bypass grafts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implantable cardiac devices (e.g., defibrillators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sternotomy procedure (e.g., pericardial window)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgical implants (e.g., deep brain stimulators, shunts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ob/Gyn surgeries (e.g., Cesarean section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast implants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

*** 56. IF you have a protocol for MSSA and MRSA specifically, which sites are screened?**

- N/A
- Intranasal
- Groin
- Axilla
- Other (please specify)

*** 57. IF you have a protocol for MSSA or MRSA specifically, what is the primary laboratory method used for screening?**

- N/A
- Intranasal
- Groin
- Axilla
- Other (please specify)

*** 58. Are MSSA or MRSA colonized patients decolonized before surgery?**

- No *go to Q. 62*
- Only MSSA positive *go to Q. 59*
- Only MRSA positive *go to Q. 59*
- Yes, both MSSA and MRSA positive *go to Q. 59*
- Other (please specify) *go to Q. 59*

Oregon 2016 HAI ASC Survey

Pre-operative De-colonization

*** 59. Which method(s) is used for MSSA decolonization pre-operatively?**

Do not include peri-operative prophylactic IV antibiotics given prior to incision.

- We don't decolonize for MSSA carriage.
- Decolonization with mupirocin (intranasal BID x 5 days)
- Decolonization with chlorhexidine (CHG) baths (daily x 5 days)
- Decolonization with other non-CHG antibiotic bath (e.g., Phisohex daily x 5 days)
- Decolonization with an oral antibiotic
- Other (please specify)

60. MSSA: IF your facility uses a non-CHG bath or oral antibiotic, please specify below:

*** 61. Which method(s) is used for MRSA decolonization pre-operatively?**

Do not include peri-operative prophylactic IV antibiotics given prior to incision.

- We don't decolonize for MRSA carriage.
- Decolonization with mupirocin (intranasal BID x 5 days)
- Decolonization with chlorhexidine (CHG) baths (daily x 5 days)
- Decolonization with other non-CHG antibiotic bath (e.g., Phisohex daily x 5 days)
- Decolonization with an oral antibiotic
- Other (please specify)

62. MRSA: IF your facility uses a non-CHG bath or oral antibiotic, please specify below:

*** 63. When peri-operative prophylactic IV antibiotics are indicated by the type of procedure, how is the antibiotic regimen altered for MRSA colonization?**

- No change in routine peri-operative prophylactic antibiotics.
- Vancomycin (or equivalent) is ADDED to the standard peri-operative prophylaxis (e.g., vancomycin + cephazolin).
- Vancomycin (or equivalent) REPLACES the standard peri-operative prophylaxis (e.g. vancomycin alone)
- Depends, every surgeon does it differently.
- Other (please specify)

Oregon 2016 HAI ASC Survey

Interfacility Transfer Communication

Please read this section before answering the next question:

Effective January 1, 2014, when a referring healthcare facility transfers or discharges a patient who is infected or colonized with a multidrug-resistant organism (MDRO) or pathogen which warrants Transmission Based Precautions, it must include written notification of the infection or colonization to the receiving healthcare facility in transfer documents.

The referring healthcare facility must ensure that the documentation is readily accessible to all parties involved in patient transfer (for example, referring facility, medical transport, emergency department, receiving facility) [*Communication during Patient Transfer of Multidrug-Resistant Organisms*, Oregon Administrative Rule [333-019-0052](#)].

*** 64. Which of the following statements best describes your facility's current implementation of the above rule ([OAR 333-019-0052](#))?**

- I was not previously aware of such a rule.
- I have heard of the rule, but I don't understand how to put it into practice.
- I understand the rule, but my facility has not yet put it into practice.
- My facility has put into practice written interfacility communication of MDROs since January 2014.
- My facility met the requirements of the rule before the rule went into effect January 2014.
- Other (please specify)

*** 65. Describe your facility's protocol for receiving and sending communication of multidrug-resistant organisms and other transmissible infectious diseases from and to other healthcare facilities:**

66. Who or what department is responsible for completing the interfacility transfer document?

67. Who or what department is responsible for sending the interfacility transfer document with the patient?

*** 68. How does your facility communicate with other facilities about patients with colonization or infection with MDROs and *C. difficile* at the time of transfer?**

Select all that apply.

- Our facility does not have a reliable way to communicate MDROs on transfer.
- Our staff verbally informs the staff at the receiving facility during patient sign-over.
- Our staff documents into a specific MDRO field on the general transfer documents.
- The physician mentions the MDRO in the discharge summary.
- Our staff uses a specific MDRO interfacility transfer communication form (electronic or hard copy).
- Our case manager or discharge planner informs the receiving facility when arranging transfer.
- Other (please specify)

*** 69. What percentage of the time does...**

...your facility notify the receiving facility of a patient's MDRO or CDI status upon transfer?

...the transferring facility notify your facility of a patient's MDRO or CDI status upon transfer?

* 70. Please send a sample of your facility's interfacility transfer communication form or field to communicate infection or colonization with an MDRO, CDI, or other transmissible infection (e.g., TB) to katherine.ellingson@state.or.us.

- Ok, done.
- Ok, will do later.
- We don't have one.

Oregon 2016 HAI ASC Survey

Carbapenem-resistant *Enterobacteriaceae*

* 71. During the past 12 months, have you read or used the “Guidance for Control of Carbapenem-resistant *Enterobacteriaceae* (CRE): 2013 or 2016 Oregon Toolkit?”

- Yes
- No
- Unsure

* 72. During the past 12 months, how many CRE-positive patients were you unable to provide a procedure for in your facility (infected or colonized)?

Oregon 2016 HAI ASC Survey

Clostridium difficile: Infection Control Practices

This section asks how your facility manages *Clostridium difficile* cases.

Confirmed *C. difficile* infection = positive *C. difficile* test and symptoms, a.k.a, "CDI".

Suspected *C. difficile* infection = ≥ 3 loose stools in 24 hours, bloody stools, or abdominal pain +/- fever, without known cause.

History of *C. difficile* infection = documented CDI within the past year.

*** 73. Select the response that best describes your facility's current practice for *C. difficile* infection (CDI) management from "Never" to "Always."**

	Never	Rarely	Sometimes	Often	Always	Unsure
Our clinical staff use gown and gloves for care of patients with <u>confirmed</u> <i>C. difficile</i> infection.	<input type="radio"/>					
Our facility places patients with <u>confirmed</u> <i>C. difficile</i> infection into private rooms.	<input type="radio"/>					
Our clinical staff use gown and gloves for care of patients with a <u>history of</u> <i>C. difficile</i> infection.	<input type="radio"/>					
Our facility places patients with a <u>history of</u> <i>C. difficile</i> infection into private rooms.	<input type="radio"/>					
Our facility asks about past <i>C. difficile</i> infection when admitting an ASC patient.	<input type="radio"/>					

Oregon 2016 HAI ASC Survey

C. difficile IC Practices, *con't*

I'd like to delete Q. "Our facility..." and Q. on education, but keep Q. about soap/water, ABHR (GB)

*** 74. Select the response that best describes how often the following actions are taken for patients with *C. difficile* infection (CDI):**

Our facility...

	Never	Rarely	Sometimes	Often	Always	Unsure
...requires gown and gloves for <u>non-clinical staff</u> for contact with CDI patients, their fluids, their environment, and room entry.	<input type="radio"/>					
...uses dedicated patient care items and equipment (e.g., blood pressure cuffs, stethoscopes).	<input type="radio"/>					
...increases the frequency of high-touch area cleaning protocols (e.g., bathrooms, bedrails, door knobs).	<input type="radio"/>					

*** 75. What hand hygiene practices are implemented by clinical staff for a patient with *C. difficile* infection (CDI)?**

	Yes	No	Unsure
We <u>add</u> soap and water hand hygiene practices to current alcohol hand sanitizer use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We <u>replace</u> current alcohol hand sanitizer use with soap and water hand hygiene.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)			
<input type="text"/>			

Oregon 2016 HAI ASC Survey

***C. difficile* IC Practices, con't**

*** 76. What cleaning product(s) does your facility use to clean the room of a patient with *C. difficile* infection (CDI)?**

Select all that apply.

- Facility-mixed bleach solution
- Commercial pre-mixed bleach product EPA-registered with sporicidal claim
- Other EPA-registered disinfectant with sporicidal claim
- I'm not sure.
- Other (please specify)

*** 77. What cleaning product(s) does your facility use to clean and disinfect medical equipment used by a patient with *C. difficile* infection (CDI)? (e.g., stethoscope, blood pressure cuff, bladder scanner)**

Select all that apply.

- Facility-mixed bleach solution.
- EPA-registered bleach wipe with sporicidal claim
- Other EPA-registered disinfectant wipe with sporicidal claim
- I'm not sure
- Other (please specify)

Oregon 2016 HAI ASC Survey

Outbreak Detection and Response Capacity

An outbreak is defined generally as incidence of a disease at a higher than expected rate.

For rare events like healthcare-associated infections, this translates into 2 or more cases of the same infection in hospitalized patients or staff with similar exposures. For example:

- 2 or more surgical site infections with the same organism in patients undergoing the same or similar surgery;
- CRE infections in 2 or more patients who underwent the same procedure (e.g., duodenoscopy);
- 2 or more cases of nosocomial influenza on a unit.

As outbreaks, these are reportable to local public health under state law (OAR 333-018-0000 thru 0145), even if the organism is not specifically listed on the Oregon's reportable disease list.

In some instances, even a single case should be reported to public health. For example:

- any hepatitis or HIV seroconversion in a person receiving healthcare;
- unusual infections (e.g., fungal infection) following administration of a commercial healthcare product.

Assistance with investigation is offered by public health, if needed.

*** 78. How prepared do you feel to detect an outbreak in your facility among...**

	Very prepared	Somewhat prepared	Not prepared	Unsure
Patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients with scope procedures (e.g., ERCP, colonoscopy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients with surgical implants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 79. What types of outbreak investigation assistance would be helpful?**

*** 80. Does your facility report into the NHSN Healthcare Worker Influenza Vaccination Module?**

- Yes, we enter data into NHSN.
- No, we send data to Oregon Health Authority.
- No, no plans to report
- Unsure

Oregon 2016 HAI ASC Survey

Infection Control Training

*** 81. Hand Hygiene**

	Yes	No	Unsure
Does your facility provide hand hygiene training upon hire to all personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide hand hygiene training at least annually to personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of hand hygiene competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform hand hygiene audits during patient care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 82. Personnel Protective Equipment (PPE)**

	Yes	No	Unsure
Does your facility provide PPE training upon hire to all personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide PPE training at least annually to personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate PPE competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of PPE competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform PPE audits during patient care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 83. Safe Injection Practices**

	Yes	No	Unsure
Does your facility provide safe injection practice training upon hire to responsible personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide safe injection practice training at least annually to personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate safe injection competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of safe injection competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform safe injection audits during patient care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 84. Point-of-care Testing (e.g., bedside blood glucose monitoring)**

	Yes	No	Unsure
Does your facility provide safe point-of-care testing training upon hire to responsible personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide safe point-of-care testing training at least annually to personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate safe point-of-care testing competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of safe point-of-care testing competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform safe point-of-care audits during patient care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 85. Facility Cleaning and Disinfection**

	Yes	No	Unsure
Does your facility provide facility cleaning and disinfection training upon hire to responsible personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide facility cleaning and disinfection training at least annually to personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate facility cleaning and disinfection competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of facility cleaning and disinfection competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform facility cleaning and disinfection audits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 86. Medical Equipment Cleaning and Disinfection**

	Yes	No	Unsure
Does your facility provide medical equipment cleaning and disinfection training upon hire to responsible personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide medical equipment cleaning and disinfection training at least annually to personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate medical equipment cleaning and disinfection competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of medical equipment cleaning and disinfection competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform medical equipment cleaning and disinfection audits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 87. Medical Instrument Reprocessing and Sterilization**

	Yes	No	Unsure
Does your facility provide medical instrument reprocessing and sterilization training upon hire to responsible personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility provide medical instrument reprocessing and sterilization at least annually to personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate medical instrument reprocessing and sterilization competency following each training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility maintain current documentation of medical instrument reprocessing and sterilization competency for personnel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your facility perform medical instrument reprocessing and sterilization audits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 88. How does your facility monitor hand hygiene compliance?**

Select all that apply.

- Not applicable, monitoring is not performed.
- Direct observation by trained staff
- Product volume measurement (e.g., alcohol rub, soap use)
- Advanced technologies for automated observation (e.g., video- or sensor- based systems)
- Patient surveys
- Other (please specify)

*** 89. How does your facility monitor the correct use of personal protective equipment (PPE) when patients are in Contact Precautions (gown and gloves)?**

Select all that apply.

- Not applicable, monitoring is not performed.
- Direct (human) observation by trained staff
- Supply volume measurement (e.g., gown, glove use)
- Advanced technologies for automated observation (e.g., video-based systems)
- Patient surveys
- Other (please specify)

*** 90. How does your facility monitor correct environmental cleaning?**

Select all that apply.

- Not applicable, monitoring is not performed.
- Direct Observation using a quality checklist.
- UV fluorescence marker (e.g., The Inspector, Glitterbug, DAZO solution)
- ATP (bioluminescence) monitor (e.g., Clean-Trace ATP System)
- Environmental cultures (e.g., aerobic colony counts, C. difficile, MRSA, etc.)
- Patient surveys
- Advanced technologies for automated observation (e.g., video systems)
- Other (please specify)

91. If you reported using "advanced technologies" as an observation method, please elaborate:

*** 92. How often does your facility monitor and document percent (%) compliance of personnel to...**

	We don't monitor adherence of personnel.	Yearly	Quarterly	Semi-annually	Monthly	Weekly	Daily	When needed, e.g., an outbreak
Hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of PPE, including donning and doffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Precautions protocols (e.g., use of signs and dedicated or disposable equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning and disinfection of environmental surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning of shared medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

*** 93. How often does your facility provide feedback of percent compliance to personnel on...**

	We don't share percent compliance with personnel.	Yearly	Semi-annually	Quarterly	Monthly	Weekly	Daily	As needed, e.g., an outbreak
Hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of PPE, including donning and doffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Precautions protocols (e.g., use of signs and dedicated or disposable equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning and disinfection of environmental surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning of shared medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDI data (e.g., rates, standardized infection ratios, SIR, CAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antibiotic use data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Oregon 2016 HAI ASC Survey

Healthcare Personnel Influenza Vaccination Promotion Strategi

*** 94. Which of the following strategies did you use to deliver and promote healthcare personnel influenza vaccination at your facility? Check all that apply.**

- Mobile carts
- Centralized mass vaccination fairs
- Peer vaccinators
- Provided vaccination in congregate areas (e.g., conferences/meetings or cafeteria)
- Provided vaccination at occupational health clinic
- Incentives
- Reminders by mail, email, pager, or text
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Campaign including posters, flyers, buttons, fact sheets
- Required vaccination or wearing of a mask during influenza season
- Required declination form
- Other (please specify)

95. What strategies have been most successful?

96. What strategies not already in place might be useful to improve vaccination?

Oregon 2016 HAI ASC Survey

Your Program Priorities

*** 97. Tell us about some infection control priorities that you would like your facility to focus on during 2016:**

* 98. Tell us about some infection control priorities that you would like the state HAI program to focus on during 2016:

Oregon 2016 HAI ASC Survey

Thank you!

Thank you very much for your time and input to this survey.

Please forward an example of your interfacility transfer communication form to katherine.ellingson@state.or.us.

We wish you a happy and healthy 2016!

Sincerely,

The Oregon HAI Program

For questions/concerns about this survey: katherine.ellingson@state.or.us, or (971) 673-1111.