

Survey # _____

Survey of Infection Control Activities and Resources in Canadian Acute Care Hospitals

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Introduction and Instructions

Hospital services are organized in different ways across Canada. In some jurisdictions individual hospitals are independent corporations, whereas in others hospitals are collectively owned as part of a larger regional health authority, board or network of hospitals. For the purposes of this survey all hospitals that exist as unique standalone physical facilities have received this survey. Please fill in this survey for the facility indicated on the attached cover letter even if that facility is owned and/or operated as part of a larger regional health authority, board or network of hospitals.

Please answer all questions reflecting your infection control program for the 2005 calendar year or the 2005 fiscal year. Please be consistent throughout the questionnaire.

Part A: Contact Information:

1. Please indicate the name and position of the person completing this survey:

Name: _____

Title/Position: _____

Name of Acute Health Care Facility/Facilities described in this survey:

Address: _____

City: _____ Province: _____

Telephone: _____

Fax: _____

Email: _____

Part B: Hospital Characteristics:

1. Please indicate number of acute care beds and basinettes in your hospital facility.

Total Acute Care Beds _____

2. Please indicate the number of admissions to your hospital for 2005.

Number of admissions _____

3. Please provide the number of any and all (colonized and infected) new nosocomial cases of the following for 2005 in your hospital.

a) MRSA _____

b) VRE _____

c) C. difficile _____

Part C: Human Resources for Infection Control

1. Please indicate the number and type of professional staff (infection control practitioners [ICPs]) who have direct responsibility for the infection control program in your facility. Support staff such as secretaries and physicians will be listed elsewhere

ICP	Hours per week worked for Infection Control Program at your facility	Professional category (nurse, technologist, etc...)	Cumulative years of experience in Infection Control	Certified by Certification Board of Infection Control (CBIC)
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please indicate the number of physician and or doctoral level persons (eg epidemiologist or microbiologist) formally involved in your Infection Control Program who provides service to your Infection Control Program that is in addition to serving on the Infection Control Committee.

of MDs _____ # of PhDs _____

3. Total Physician and PhD time provided to the Infection Control Program that is in addition to serving on the Infection Control Committee:

_____ hours/week

4. Please indicate the qualifications and training of each MD/PhD who provides service to your infection control program that is in addition to serving on the Infection Control Committee.

MDs/PhDs providing service	Infectious Disease Specialist / Medical Microbiologist or related medical subspecialties	Doctoral level Epidemiologist or Microbiologist	Has formal training in Infection Control
<input type="checkbox"/> MD <input type="checkbox"/> PhD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> MD <input type="checkbox"/> PhD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> MD <input type="checkbox"/> PhD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> MD <input type="checkbox"/> PhD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> MD <input type="checkbox"/> PhD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Indicate the number of hours per week of secretarial support provided to your infection control program at your facility. _____ hours per week (please ask the secretary).

Part D: Surveillance/Case Finding of Infections

1. During 2005 did your hospital systematically gather information on or seek cases of infection, tabulate and analyze this data on the occurrence of infections for patients at your facility (also known as “surveillance”)? Yes No

2. When reports of infections are written in your hospital, are the numbers of infections converted to rates of infection (ie numerator divided by a denominator)? Yes No

3. Did your facility use a written set of definitions for determining the presence of a nosocomial infection in 2005? Yes No

4. Did your facility's reports on infections provide specific statistics on any of the following:

a) Infections occurring on individual wards, nursing units, or services (eg. medicine, pediatrics, surgery etc) Yes No

b) Infections following specific operations or surgical procedures. Yes No

c) Infections involving particular anatomical sites or medical devices (eg urinary tract, pneumonia, central line) Yes No

d) Infections involving particular pathogens/ or resistant organisms? Yes No

e) MRSA Yes No

f) VRE Yes No

g) C. difficile Yes No

5. Do you calculate surgical wound infection rates? Yes No

6. If YES to question 6, were the surgical wound infection rates routinely communicated to:

a. each surgeon Yes No

b. to the Chief of Surgery Service Yes No

7. Did you calculate and analyze separately surgical wound infections following "clean" surgical procedures Yes No

8. How often were the tabulations and reports of infection surveillance data reviewed and analyzed by the infection control practitioners, infection control physician/PhD or committee (place an "x" in only one box indicating your facility's usual practice):

daily or weekly every 2 weeks monthly
every 2 to 6 months yearly rarely or never

9. Did you have access to a microbiology laboratory service that provided daily reports on cultures? Yes No

10. Was the Infection Control program able to get surveillance cultures performed for the purposes of "screening" or evaluating a possible outbreak? Yes No

11. Did the infection control practitioner(s) use a computer for the purposes of tabulating infection data and preparing reports of infections? Yes No

12. Did your infection control program use statistical or specialized infection control software to calculate infection rates and other analyses of the data collected? Yes No

13. In 2005 how often were the methods listed below used specifically to find/detect new cases of nosocomial infection for the purpose of generating reports of rates of infection (please mark X in the appropriate box for each case finding method):

Case Finding Method	Daily or Weekly	Monthly	Quarterly	Less than Quarterly
Medical records provided number of infections discovered through their chart abstraction				
Charts of discharged patients reviewed by infection control staff				
Hospitalized patients and their charts/kardex/or patient profiles reviewed by infection control staff for clues to possible infection				
Charts/kardex/or patient profiles of hospitalized patients reviewed by infection control staff for clues to possible infection				
Microbiology reports reviewed by infection control staff as a cue to further investigation				
Infection control report forms are filled out by ward staff and sent to infection control staff				
Infection control staff contact physicians or nurses for reports of new infections				
Discharged patients or their physicians contacted regularly to identify cases of infection after discharge				

Part E: Control Activities

1. In 2005 did you have a program for teaching and updating nursing and ancillary staff on current infection control practices? Yes No

2. In 2005 did you have a program for teaching and updating medical staff on current infection control practices? Yes No

3. Did you keep attendance records of teaching activities? Yes No

4. Did you regularly monitor the effectiveness of your teaching activities (eg with learners filling out evaluation forms of the teaching, quizzes or tests of learners)?
Yes No

5. Were any of the following communicated routinely to the nursing, medical, and other patient care staff regarding infection control?

a. Summaries of the hospital's infection surveillance data and rates for 2005? Yes No

b. Articles, newsletters or other information on infection control? Yes No

6. Does the infection control committee or staff, have either of the following authorities:

a. direct authority to close a ward or unit to further admissions due to an infection control outbreak (eg. due to influenza, MRSA etc) Yes No

b. direct authority to have a patient placed in isolation to prevent spread of an infection
Yes No

7. Are any of the following publications available in your hospital for reference by the infection control staff or others?

- a) Infection Control & Hospital Epidemiology (ICHE Journal) Yes No
- b) American Journal of Infection Control (AJIC Journal) Yes No
- c) Benenson: Communicable Diseases in Man (APHA) Yes No
- d) The Red Book: American Academy of Pediatrics Yes No
- e) Morbidity Mortality Weekly reports (MMWR Journal) Yes No
- f) Canadian Communicable Diseases Reports (CCDR Journal) Yes No
- g) Journal of Hospital Infection Yes No
- h) World Wide Web Access at the hospital (WWW) Yes No
- i) At least 1 major textbook on Infection Control (Mayhall, Bennett & Brachman, or Wenzel) Yes No
- j) Access to MedLine or other medical literature abstraction service either through a computer or a librarian Yes No
- k) A complete set of the current Health Canada Guidelines on preventing nosocomial infections in acute hospitals. Yes No

8. For each of the infection control policies listed please answer each of the questions listed to the right. These policies may exist in areas other than infection control manual (eg nursing practices manual etc).

Infection Control Policy	Is this a policy in your hospital?	Is this a written policy?	Did IC staff participate in formulating or approving it?	Is there a system to teach this policy to patient care staff?	Is there a system to monitor adherence to this policy?
Isolation precautions for patients with MRSA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolation precautions for patients with Clostridium difficile associated diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolation precautions for patients with VRE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insertion, maintenance and changing of IV's, tubing & solutions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Routine system for changing breathing circuits on ventilated patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The indications, drug choices, timing and duration of perioperative antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aseptic insertion and maintenance of closed drainage of foley catheters	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory precautions for tuberculosis and other airborne infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part F Comments:

1. In order of importance, please list up to 3 major obstacles to providing optimal infection control services in your hospital and please offer recommendations for dealing with these issues?

Obstacle 1. _____

What solution(s) would you recommend for Obstacle 1?

Obstacle 2. _____

What solution(s) would you recommend for Obstacle 2?

Obstacle 3. _____

What solution(s) would you recommend for Obstacle 3?

2. In order of importance, please list up to 3 major obstacles to providing optimal infection control services in Canadian acute care hospitals in general and please offer recommendations for dealing with these issues?

Obstacle 1. _____

What solution(s) would you recommend for Obstacle 1?

Obstacle 2. _____

What solution(s) would you recommend for Obstacle 2?

Obstacle 3. _____

What solution(s) would you recommend for Obstacle 3?

Thank you for taking the time to complete this survey. Please place it in the enclosed postage paid envelope and mail it back to us right away.