**Automated Cluster Detection in Hospitals**

**Survey on Current Outbreak Detection Practices**

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| **Section I. Background Information** |

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| --- | --- | --- | --- |
| **Name (first, last)** | **Position/Title** | **Phone** | **Email** |
|  |  |  |  |

1. **Can you specify your role? (Please check all that apply).**

|  |  |
| --- | --- |
| Medical Director of Infection Prevention and Control/Hospital Epidemiologist  Infection preventionist  Quality improvement specialist | Patient safety specialist  Other (please specify) |

1. **How long have you been working in the field of infection prevention?**

|  |  |
| --- | --- |
| <6 months | 2-5 years |
| 6-12 months | 5-10 years |
| 1-2 years | >10 years |

1. **How long have you been in your current role?**

|  |  |
| --- | --- |
| <6 months | 2-5 years |
| 6-12 months | 5-10 years |
| 1-2 years | >10 years |

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| **Section II. Facility Characteristics** |

1. **What is the current number of full-time Infection Prevention Practitioners working at your facility? (e.g., 1 full-time + 1 half-time = 1.5)**

      Full time equivalents

1. **Does your facility have an Infectious Disease physician or hospital epidemiologist who oversees Infection Prevention?**

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| --- |
| Yes |
| No |
| **If yes, at what percent effort is this person compensated specifically for infection control? (e.g., 100%, 50%, etc.)**       % |

1. **How many licensed beds does your facility have?**

      Beds

1. **What is the average daily census?**

      Patients

1. **What is the total number of annual admissions?**

      Admissions

1. **Which characteristics describe this facility? (Please check all that apply).**

|  |  |
| --- | --- |
| Community Hospital | Teaching Hospital |
| Level I/II Trauma Unit | Nursing Home Beds |
| Tertiary Referral Unit | Acute Rehabilitation Beds |

1. **Does your facility have inpatient beds that are dedicated to (check all that apply):**

|  |  |
| --- | --- |
| Bone Marrow Transplant Unit | Burn Unit |
| Solid Organ Transplant Unit | Intensive Care Unit |
| Dedicated Oncology Unit | Other Specialty Care Unit (please specify) |

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| **Section III. Current Practices** |

1. **Does your Infection Prevention program keep a line list of patients with resistant organisms to help identify outbreaks?**

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| --- |
| Yes |
| No |
| **If yes, please Identify the organisms:**   |  |  | | --- | --- | | Methicillin-resistant Staphylococcus aureus (MRSA) | Resistant Acinetobacter | | Vancomycin-resistant enterococci (VRE) | Resistant Pseudomonas aeruginosa | | Carbapenem-resistant Enterobacteriaceae (CRE) | Aspergillus | | Extended-spectrum β-lactamase (ESBL) producing Gram-negative bacteria | Other organisms (please specify) | |

1. **In which of the following ways does your Infection Prevention program detect clusters or outbreaks? (Please check all that apply).**

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| --- |
| We receive an alert or call from the lab raising concern about a perceived clustering |
| We receive a call from a clinician about concerning organisms |
| We evaluate a line list of resistant organisms |
| We use a purchased program to detect clusters  If so, please list the name of the program and briefly describe it below: |

1. **Does your Infection Prevention program have a fixed definition of a cluster or outbreak?**

|  |
| --- |
| Yes, we have a fixed definition |
| No, we do not have a fixed definition   |  | | --- | | **If yes, the fixed definition applies to:** | | 1. All pathogens (please specify) | | nosocomial cases in       weeks in the same unit | | 1. Specific pathogens (please specify each pathogen and its fixed definition) | | 1. Pathogen:       Fixed definition:       nosocomial cases in       weeks in the same unit | | 1. Pathogen:       Fixed definition:       nosocomial cases in       weeks in the same unit | | 1. Pathogen:       Fixed definition:       nosocomial cases in       weeks in the same unit | | 1. Other (please specify) | | nosocomial cases in       weeks in the same unit | |

1. **Does your Infection Prevention program keep a log of the clusters or potential outbreaks?**

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| --- |
| Yes, major clusters |
| Yes, possible and probable clusters |
| No |

1. **When you have an outbreak, do you ever request strain typing to find out if the strains/molecular typing are the same?**

|  |  |  |
| --- | --- | --- |
| Yes | | |
| No | | |
| **If yes, then (please check all that apply):** | | |
| For large outbreaks | | |
| If we report the outbreak to the state | | |
| For specific pathogens (please specify) | | |
| Infection Prevention team decision, under what circumstances | | |
| **Comments:** | | |

1. **How satisfied are you with your current process for cluster and outbreak detection?**

|  |
| --- |
| Very satisfied |
| Satisfied |
| Neither satisfied nor dissatisfied |
| Dissatisfied |
| Very dissatisfied |

1. **If fixed rules are used, how confident are you that these fixed rules are identifying real clusters? If no fixed rules, please skip to question # 19.**

|  |
| --- |
| Very confident |
| Confident |
| Neutral |
| Not so confident |
| Not at all confident |

1. **How confident are you that all clusters in your hospital are identified?**

|  |
| --- |
| Very confident |
| Confident |
| Neutral |
| Not so confident |
| Not at all confident |

1. **To what extent would an automated outbreak detection system for hospital acquired infections improve the comprehensiveness of your Infection Prevention program?**

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| --- |
| To a large extent |
| To a moderate extent |
| To some extent |
| To little extent |
| Not at all |