**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?**

|  |
| --- |
| [ ]  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)       |

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

|  |
| --- |
| [ ]  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 clustersIf 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 |

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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?**

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