Default Question Block

We are conducting a survey to determine current infection prevention and control practices at children’s hospitals. You were identified as the hospital epidemiologist at your institution. Our goal is to evaluate what is currently being done to prevent healthcare-associated infections in children’s hospitals.

We realize that we were unable to address all possibilities in this survey. Please answer each question as best you can to represent your program. Thank you so much for your time.

What is the name of the program/institution that you are representing?

(Note: Individual program responses will not be identified in any studies. This question is for you to see who else is participating and help us track who has completed the survey.)

- Akron Children’s Hospital
- All Children’s Hospital (St. Petersburg)
- Arkansas Children’s Hospital (Little Rock)
- Boston Children’s Hospital
- Children's Healthcare of Atlanta
- Children’s Hospital and Medical Center (Omaha)
- Children’s Hospital Colorado (Denver)
- Children’s Hospital Los Angeles
- Children’s Hospital of Alabama (Birmingham)
- Children’s Hospital of Central California (Madera)
- Children’s Hospital of Michigan (Detroit)
- Children’s Hospital of Minnesota (Minneapolis)
- Children’s Hospital of New Orleans
- Children’s Hospital of Oakland
- Children’s Hospital of Orange County
- Children’s Hospital of Philadelphia
- Children’s Hospital of Pittsburgh
- Children’s Hospital of the King’s Daughter (Norfolk)
- Children’s Hospital of Wisconsin (Milwaukee)
- Children’s Medical Center (Dallas)
- Children’s Mercy Hospital (Kansas City)
- Children’s National Medical Center (Washington, DC)
- Cincinnati Children’s Hospital
- Connecticut Children’s Hospital (Hartford)
- Cook Children’s Hospital (Fort Worth)
- Dayton Children’s Medical Center
- Driscoll Children’s Hospital (Corpus Christi)
- East Tennessee Children’s Hospital (Knoxville)
- LeBonheur Children’s Medical Center (Memphis)
- Lucille Packard Children’s Hospital (Palo Alto)
- Lurie Children’s Hospital (Chicago)
- Miami Children’s Hospital
- Monroe Carell Jr. Children’s Hospital at Vanderbilt (Nashville)
- Morgan-Stanley Children's Hospital (New York)
- Nationwide Children’s Hospital (Columbus)
- Phoenix Children’s Hospital
- Primary Children's Medical Center (Salt Lake City)
- Rady Children’s Hospital (San Diego)
- Riley Hospital for Children (Indianapolis)
- Seattle Children’s Hospital
- St. Jude Children’s Research Hospital (Memphis)
- St. Louis Children’s Hospital
- Texas Children’s Hospital (Houston)
- The Hospital for Sick Children (Toronto)
- Women & Children’s Hospital of Buffalo
- Yale New Haven Children's Hospital

HOSPITAL EPIDEMIOLOGISTS

For the purposes of this study, we define an infection prevention and control (IPC) team as a
comprehensive program whose goal it is to provide guidance for prevention, detection, control, and education regarding healthcare-associated infections. At a minimum, this team should include a hospital epidemiologist (frequently a physician) and at least one infection preventionist (infection control practitioner). This definition does not include all members of your institution's infection prevention and control committee. Rather, it focuses on those with job descriptions specifically dedicated to infection prevention and control duties.

How many hospital epidemiologists are on your IPC team?

- 1
- 2
- 3
- 4
- 5 or more

What is the training of your primary hospital epidemiologist? Please select all that apply.

- MD/DO
- PhD
- General pediatrics residency
- Other residency (please describe)
- Pediatric infectious diseases fellowship
- Completed Society for Healthcare Epidemiology of America training course
- Epidemic Intelligence Service
- Masters of Public Health
- Other (please describe)

What is the training of your first associate hospital epidemiologist? Please select all that apply.

- MD/DO
- PhD
- General pediatrics residency
- Other residency (please describe)
- Pediatric infectious diseases fellowship
- Completed Society for Healthcare Epidemiology of America training course
- Epidemic Intelligence Service
- Masters of Public Health
- Other (please describe)

What is the training of your second associate hospital epidemiologist? Please select all that apply.

- MD/DO
- PhD
- General pediatrics residency
- Other residency (please describe)
- Pediatric infectious diseases fellowship
- Completed Society for Healthcare Epidemiology of America training course
- Epidemic Intelligence Service
- Masters of Public Health
- Other (please describe)
What is the training of your third associate hospital epidemiologist? Please select all that apply.

- □ MD/DO
- □ PhD
- □ Other fellowship (please describe)
- □ Completed Society for Healthcare Epidemiology of America training course
- □ General pediatrics residency
- □ Epidemic Intelligence Service
- □ Other residency (please describe)
- □ Masters of Public Health
- □ Pediatric infectious diseases fellowship
- □ Other (please describe)

How much total hospital epidemiologist funded time is dedicated to infection prevention (in full time equivalents - FTEs)?

Please add together the total funded FTE of all epidemiologists dedicated to infection prevention.

<table>
<thead>
<tr>
<th>0</th>
<th>0.5</th>
<th>1</th>
<th>1.5</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
<th>3.5</th>
<th>4</th>
<th>4.5</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Epidemiologist FTEs</td>
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</tbody>
</table>

INFECTION PREVENTIONISTS

How many infection preventionists (infection control practitioners) are on your IPC team?

- □ 1
- □ 2
- □ 3
- □ 4
- □ 5 or more

How much total infection preventionists funded time is dedicated to infection prevention (in full time equivalents - FTEs)?

Please add together the total funded FTE of all infection preventionists dedicated to infection prevention.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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</thead>
<tbody>
<tr>
<td>Infection Preventionists FTEs</td>
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</tbody>
</table>
DATA ANALYSIS

Many quality improvement departments have specifically trained data analysts to help create reports and synthesize quality data. Is there someone at your institution dedicated to data analysis for infection prevention and control?

- Yes
- No

About how often are your surveillance data presented to various groups at your institution?

If different data elements are presented at different frequencies, choose the shortest frequency (e.g. daily) at which that particular group sees any infection prevention surveillance data.

If your hospital does not have one of the following groups, please select not applicable (N/A).

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Quarterly</th>
<th>Semiannually</th>
<th>Annually</th>
<th>Never</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Leadership</td>
<td></td>
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<tr>
<td>Quality Improvement</td>
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<tr>
<td>Infection Prevention</td>
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<tr>
<td>Physician Leadership</td>
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<tr>
<td>Nursing Leadership</td>
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<td></td>
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<tr>
<td>Other (please describe)</td>
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</tr>
</tbody>
</table>

Does your institution have dedicated software for infection prevention duties? If yes, please enter name of software you are using.

- Yes (please describe)
- No

Does your institution have a real-time infection prevention surveillance report (dashboard) that is updated regularly and can be accessed at any time?

- Yes
- No

ANTIMICROBIAL STEWARDSHIP

For the purposes of this survey, an antimicrobial stewardship program (ASP) is defined as a program that functions continuously to monitor antimicrobial use, and includes full-time equivalents dedicated for a clinical pharmacist and/or infectious diseases specialist.

Does your institution have an ASP based on the definition above?

- Yes
- No
What year was your ASP started (yyyy)?

Do you have a physician (or physicians) dedicated to ASP?
- Yes
- No

Is the ASP physician also one of the hospital epidemiologists?
- Yes
- No

Do you have a pharmacist (or pharmacists) dedicated to ASP?
- Yes
- No

How many pharmacists are dedicated to ASP?
Please count all pharmacists that spend a large proportion of their time with the ASP.
- 1
- 2
- 3
- 4
- 5 or more

How much total pharmacist funded time is dedicated to ASP (in full time equivalents - FTEs)?
Please add together the total funded FTE of all pharmacists dedicated to ASP.

<table>
<thead>
<tr>
<th>Pharmacist FTEs</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

IMMUNIZATIONS
Do you have the following (when not medically contraindicated) immunization policies for healthcare providers at your hospital?

<table>
<thead>
<tr>
<th></th>
<th>Mandatory</th>
<th>Strongly encouraged with option to opt out</th>
<th>Voluntary</th>
<th>Do not evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual influenza</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Measles (MMR)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Pertussis</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Varicella</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other (please explain)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

RESPIRATORY VIRUSES

Which **best** describes your isolation policy for immunocompetent patients with respiratory virus infections?

- Standard precautions
- Contact and/or droplet precautions when test is ordered
- Contact and/or droplet precautions only after test is positive for a respiratory virus
- Contact and/or droplet precautions based on symptoms only

Which **best** describes your policy for taking immunocompetent patients with respiratory virus infection **OUT** of isolation?

- Contact and/or droplet precautions for duration of illness
- Contact and/or droplet precautions until negative test (or multiple tests) obtained
- Contact and/or droplet precautions until negative test (or multiple tests) obtained AND defined time period elapsed
- Contact and/or droplet precautions throughout current admission
- Case by case basis

Do you continue contact and/or droplet precautions throughout the current admission for all immunocompromised patients with documented respiratory virus infection? For the purpose of this survey immunocompromised patients are defined as those with an immune response attenuated by administration of immunosuppressive drugs, by prematurity, or by certain disease processes (ie malignancy, primary immunodeficiency, AIDS, etc).

- Yes
- No

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Which **best** describes your isolation policy for immunocompetent patients with MRSA?
Colonization

Infection

Standard precautions

Contact precautions when test is ordered

Contact precautions only after test is positive for MRSA

Case by case basis

Do you do any active surveillance testing for MRSA regardless of symptoms or presentation?

- Yes
- No

When do you do active surveillance testing for MRSA? Please select all that apply.

- At admission for all patients
- At admission to specific units (ie critical care units)
- Prior to cardiac surgery
- Prior to orthopedic spine surgery
- For specific high risk patients (please explain)
- Prior to transfer to another hospital
- Routine (ie weekly) surveillance hospital wide
- Routine (ie weekly) on specific units (please explain)

Which best describes your policy for taking immunocompetent patients with MRSA infections OUT of isolation?

- Contact precautions until wounds healed and/or infection resolved
- Contact precautions until a negative test (or multiple tests) obtained
- Contact precautions until a negative test (or multiple tests) obtained AND defined time period elapsed
- Contact precautions throughout current admission
- Contact precautions throughout current and all future admissions
- Case by case basis

Do you continue contact precautions throughout the current admission for all immunocompromised patients with documented MRSA colonization/infection?

For the purpose of this survey immunocompromised patients are defined as those with an immune response attenuated by administration of immunosuppressive drugs, by prematurity, or by certain disease processes (ie malignancy, primary immunodeficiency, AIDS, etc).

- Colonization
- Infection

Yes

No

MULTIDRUG RESISTANT GRAM NEGATIVE RODS (MDR-GNR)

For the purpose of this study we will focus on the following 3 MDR-GNRs as defined by the April, 2013, NHSN/CDC multi-drug resistant organism protocol.
CRE-\textit{Ecoli}: Any \textit{E. coli} testing non-susceptible (i.e., resistant or intermediate) to imipenem, meropenem, or doripenem, by standard susceptibility testing methods or by a positive result for any method FDA-approved for carbapenemase detection from specific specimen sources.

CRE-\textit{Klebsiella}: Any \textit{Klebsiella spp.} testing non-susceptible (i.e., resistant or intermediate) to imipenem, meropenem, or doripenem, by standard susceptibility testing methods or by a positive result for any method FDA-approved for carbapenemase detection from specific specimen sources.

MDR-\textit{Acinetobacter}: Any \textit{Acinetobacter} spp. testing non-susceptible (i.e., resistant or intermediate) to at least one agent in at least 3 antimicrobial classes.

Which best describes your isolation policy for immunocompetent patients with MDR-GNR?

<table>
<thead>
<tr>
<th>Standard precautions</th>
<th>Contact precautions initiated when cultures are drawn</th>
<th>Contact precautions initiated when cultures are positive</th>
<th>Case by case basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonization</td>
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<tr>
<td>Infection</td>
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</tbody>
</table>

Do you do any active surveillance testing for MDR-GNR regardless of symptoms or presentation?

- Yes
- No

When do you do active surveillance testing for MDR-GNR? Please select all that apply.

- At admission for all patients
- For specific high risk patients (please explain)
- At admission to specific units (ie critical care units)
- Prior to transfer to another hospital
- Prior to cardiac surgery
- Routine (ie weekly) surveillance hospital wide
- Prior to orthopedic spine surgery
- Routine (ie weekly) on specific units (please explain)

Which best describes your policy for taking patients with MDR-GNR infections \textbf{OUT} of contact isolation?

- Contact precautions until wounds healed and/or infection resolved
- Contact precautions until a negative test (or multiple tests) obtained
- Contact precautions until a negative test (or multiple tests) obtained AND defined time period elapsed
- Contact precautions throughout current admission
- Contact precautions throughout current and all future admissions
- Case by case basis

Do you continue contact precautions throughout the current admission for all immunocompromised patients with documented MDR-GNR colonization/infection?

For the purpose of this survey immunocompromised patients are defined as those with an immune response attenuated by administration of immunosuppressive drugs, by prematurity, or by certain disease processes.
(ie malignancy, primary immunodeficiency, AIDS, etc).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonization</td>
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<tr>
<td>Infection</td>
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**FAMILY**

Are family members allowed to bring food into individual patient rooms in the following clinical care areas?

This does not include hospital prepared food/meals for the patients. If your hospital does not have one of the following units, please select not applicable (N/A).

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Pediatric unit</td>
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<tr>
<td>Surgical unit</td>
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<td></td>
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<tr>
<td>Neonatal intensive care unit</td>
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<tr>
<td>Pediatric intensive care unit</td>
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<tr>
<td>Bone marrow transplant unit</td>
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<tr>
<td>Burn unit</td>
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<td></td>
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<tr>
<td>Other (please describe)</td>
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</table>

Are family members allowed to sleep in individual patient rooms in the following clinical care areas?

This does not include hospital sleep rooms on the unit for family members. If your hospital does not have one of the following units, please select not applicable (N/A).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Pediatric unit</td>
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<td>Surgical unit</td>
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<td>Neonatal intensive care unit</td>
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<td>Other (please describe)</td>
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</table>

**OPINION**

What do you feel is the biggest barrier to infection prevention efforts in a pediatric setting?

Please click on the statements below and drag them into the order you feel represents you greatest challenges in pediatric infection prevention with the biggest barrier at the top and labeled 1 and the smallest barrier at the bottom and labeled 6.
If you were granted more funding for pediatric infection prevention efforts at your hospital, what would be your first priority to improve your program?

Please click on the statements below and drag them into the order you feel would most benefit from increased infection prevention funding with the most benefit at the top and labeled 1 and the least benefit at the bottom and labeled 8.

- Physician funding
- Infection preventionist funding
- Information technology
- Data analysis
- Antibiotic stewardship
- Research
- Specific infection prevention program (please explain)
- Other (please explain)

Do you feel that mandatory reporting programs have improved infection prevention efforts at your institution?

- Yes
- No
- Not applicable

Do you feel that programs holding hospitals financially accountable for healthcare associated infections have improved infection prevention efforts at your institution?

- Yes
- No

Thank you so much for taking the time to complete our survey. Please feel free to contact Jeffrey M. Bender (jbender@chla.usc.edu) with any questions.
or concerns.

Block 1