

# Survey of Team Exposure to Elements of the Intervention &

## 1. Hospital/Respondent Information

Please complete each item for YOUR ICU or clinical area. We will only contact you if we have questions about your responses. Shared data WILL NOT include identifiers. Hospital and individual data are confidential. Thank you for taking the time to complete the survey.

\* 1. Hospital name

\* 2. City and State

City/Town:

State:

\* 3. Who may we contact with follow-up questions on the content of these responses (primary respondent)?

4. Contact Title:

\* 5. Contact Phone number:

# Survey of Team Exposure to Elements of the Intervention &

## 2. Description of Clinical Area

\* 6. Are you reporting data for an ICU or another clinical area?

ICU

Other clinical area

FOR NON-ICU: Please specify clinical area

7. For ICU's ONLY: How many ICUs are there in this hospital?

8. For ICUs ONLY: Type/ designation of the ICU for which you are reporting.

Burn ICU

Coronary ICU

Surgical cardiothoracic ICU

Medical ICU

Medical/surgical ICU – major teaching

Medical/surgical ICU – all others

Pediatric medical/surgical ICU

Neurosurgical ICU

Surgical ICU

Trauma ICU

Other (please specify)

# Survey of Team Exposure to Elements of the Intervention &

## 3. Safety Activities

For each of the following questions, please indicate the degree to which each of the following has taken place in your ICU/clinical area by selecting the item that reflects the experience in your ICU/clinical area.

\* 9. Participation in any organized multi-site effort to reduce bloodstream infections

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project

Fully implemented outside of STOP BSI project.

\* 10. Having all staff view the Josie King video

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project

Fully implemented outside of STOP BSI project.

\* 11. "Partnership" with a Senior Executive for patient safety

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project

Fully implemented outside of STOP BSI project.

\* 12. Systematic analysis and proactive learning from harmful events or events with potential for harm as raised by front-line staff (other than M&Ms and official RCA)

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project

Fully implemented outside of STOP BSI project

\* 13. Setting daily goals for each patient based on a standard tool

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project.

Fully implemented outside of STOP BSI project.

## Survey of Team Exposure to Elements of the Intervention &

\* 14. Viewing the "Science of Safety" video by Dr. Peter Pronovost

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project.

Fully implemented outside of STOP BSI project.

\* 15. Use of an independent line cart or kit, stocked with essentials for placing a central-line catheter

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project.

Fully implemented outside of STOP BSI project.

\* 16. Inclusion of chlorhexidine in central line kit

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project.

Fully implemented outside of STOP BSI project.

\* 17. Routine use of chlorhexidine for dressing changes

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project.

Fully implemented outside of STOP BSI project.

\* 18. Use of a standard protocol for dressing changes

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project.

Fully implemented outside of STOP BSI project.

\* 19. Use of a line-insertion checklist to ensure compliance with evidence-based practices

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project.

Fully implemented outside of STOP BSI project.

# Survey of Team Exposure to Elements of the Intervention &

## 4. Assessment of Safety Culture

The following questions request information on whether your hospital/unit have completed an assessment of safety culture.

20. Any unit-wide assessment of teamwork and safety culture (e.g, Safety Attitudes Questionnaire (SAQ), Hospital Survey on Patient Safety (HSOPS))?

Not implemented and no plans to do so outside of the STOP BSI project.

Currently planning for implementation outside of STOP BSI project.

Fully implemented outside of STOP BSI project.

21. If the answer to Question 20 is CURRENTLY PLANNING IMPLEMENTATION OR FULLY IMPLEMENTED, what instrument will be/was used to measure safety culture?

Hospital Survey on Patient Safety (HSOPS/AHRQ)

Safety Attitudes Questionnaire (SAQ)

Other

Please specify the survey instrument used

22. If the answer to Question 20 is CURRENTLY PLANNING IMPLEMENTATION OR FULLY IMPLEMENTED, what method will be/was used for survey administration?

Paper Forms

Web-based Data Entry

Other (please specify)

23. If the answer to Question 20 is CURRENTLY PLANNING IMPLEMENTATION OR FULLY IMPLEMENTED, please indicate those areas of the hospital that did or will participate in the survey

Hospital-wide with sample of ICU staff

Hospital-wide with entire ICU staff

ICU only

# Survey of Team Exposure to Elements of the Intervention &

## 5. Central Venous Catheters

An intravascular catheter that terminates at or close to the heart or in one of the great vessels which is used for infusion, withdrawal of blood, or hemodynamic monitoring (CDC, NHSN).

- \* 24. Does your hospital use CDC national healthcare safety network (NHSN) definitions for central line-associated blood stream infection?

Yes

No

- \* 25. Does your hospital participate in reporting to the Centers for Disease Control's (CDC) National Healthcare Safety Network (NHSN)

Not implemented and no plans to do so outside of the STOP BSI project

Currently planning for implementation outside of STOP BSI project.

Fully implemented outside of STOP BSI project.

- \* 26. Please indicate how frequently your hospital reports catheter-associated blood stream infections (monthly or quarterly) and whether reporting is internal and/or external by checking all that apply.

	Internal	External
Monthly	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
Does not report	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

- \* 27. Does your hospital include arterial catheters in calculating central line-associated blood stream infections?

Yes

No

Don't Know

- \* 28. Does your hospital include PICC lines in calculating central line-associated blood stream infections?

Yes

No

Don't Know

## Survey of Team Exposure to Elements of the Intervention &

\* 29. Does your hospital have a PICC team for PICC line placement?

Yes

No

Outside contractual services

\* 30. Are PICC line dressings routinely changed by a PICC team member?

Yes

No

N/A

\* 31. Does your hospital have a policy or procedure for central line placement?

Yes

No

\* 32. Does your hospital have a policy or procedure for central line removal?

Yes

No

\* 33. Does your hospital have a policy or procedure for central line dressing changes?

Yes

No

# Survey of Team Exposure to Elements of the Intervention &

## 6. Intensive Care Unit/ Clinical Area

Please use the following key when answering the questions that follow:

Routinely--90% of the time or greater;  
Frequently---more than 50% of the time;  
Half the time--50% of the time;  
Infrequently--less than 50% of the time;  
Rarely/Never--10% of the time or less.

\* 34. Does your ICU/Clinical Care Area currently use heparinized solution as a routine flush, a scheduled flush or in flush bags for central venous catheters?

Routinely

Frequently

Half the time

Infrequently

Rarely/Never

\* 35. Does your ICU/Clinical Care Area currently use a chlorhexidine impregnated patch for central venous line care?

Routinely

Frequently

Half the time

Infrequently

Rarely/Never

36. If any use of a patch, which patch is used?

BioPatch

Generic

Other

Other (Name of chlorhexidine patch)

## Survey of Team Exposure to Elements of the Intervention &

\* 37. Does your ICU/Clinical Care Area currently use antiseptic or antibiotic impregnated or coated central catheters?

- Routinely
- Frequently
- Half the time
- Infrequently
- Rarely/Never

\* 38. Does your ICU/Clinical Care Area currently use a positive displacement needle-less connector valve for central venous catheters?

- Routinely
- Frequently
- Half the time
- Infrequently
- Rarely/Never

39. If yes, (for use of displacement needle-less connector) which one?

- CLC2000
- InVision-Plus
- SmartSite Plus
- MaxPlus
- Ultrasite
- Other

Other (Name of positive displacement valve)

\* 40. Do you routinely use ultrasound to place central venous catheters (Check all that apply)?

- For subclavian lines
- For internal jugular lines
- Don't routinely use

## Survey of Team Exposure to Elements of the Intervention &

\* 41. Do you bathe patients in this clinical care area with chlorhexidine?

Routinely

Frequently

Half the time

Infrequently

Rarely/Never

42. For central venous catheters, what dressing method have you found to be the best and why?