

Final Topline - 26.9.2003
The Management and Control of Hospital
Acquired Infection
Part 4 – Vascular Surgery

- 90 postal questionnaires returned from 176 Acute NHS Trusts
- Fieldwork carried out between 7 July and 9 September
- Where figures do not add up to 100%, this is due to computer rounding or multiple responses
- Base: All, unless otherwise stated
- Where bases are less than 30, numbers (N) are shown, rather than percentages (%)
- Blank questions are not to be coded

This part of the questionnaire should be completed by the Clinical Director for Vascular surgery in collaboration with the vascular surgical team

Part **4**

THE MANAGEMENT AND CONTROL OF HOSPITAL
ACQUIRED INFECTION

At times, this questionnaire includes filters to ensure that you only answer questions of relevance to you. Please take care to read all instructions carefully.

Q1a. How many beds do you have for vascular patients?

Please write in numbers for each using leading zeros – eg '8' should be written:

Mean No. of Beds: 21

Q1b. Are these beds contiguous?

Please tick one box only

	%
Yes	36
No	61
Blank	3

Q1c. If 'no', how are they organised and what problems does this cause for your patient care?

Please describe briefly

Q2. What has been the average % bed occupancy in your Directorate for the past year?
Please write percentage using leading zeros

Bed occupancy mean: 92%

Q3a. Has the average post operative length of stay increased, decreased or stayed the same since March 2000 (n.b. length of stay is defined as the finished consultant episode in vascular surgery)?

Please tick one box only

	%
Increased	13
Decreased	27
Stayed the same	36
Don't know	23
Blank	1

Q3b. If there has been a change in the average post operative length of stay, please give brief details of the change:

Q4. On average, how many consultant sessions per month does your directorate undertake?

Please write number using leading zeros:

	%
Up to 50	37
51-100	26
101-200	11
201-300	7
301-400	1
Blank	19

Q5a. Have you seen any changes in bed management practices since March 2000 that have affected patients admitted to your Directorate?

Please tick one box only

	%
Yes	76
No	23

Q5b. If 'yes', please give details and brief reasons for the change:

Q6a. In your opinion, has the frequency of moving patients increased, decreased or stayed the same within the hospital during 2002/03?

Please tick one box only

	%
Increased	53
Decreased	7
Stayed the same	38
Blank	2

IF 'STAYED THE SAME' AT Q6a, PLEASE GO TO Q7

Q6b. Has this change affected patient care?

Please tick one box only

Base: All where frequency of moving patients has changed during 2002/2003 (54)

	%
Yes	83
No	13
Blank	4

Q6c. If 'yes' to Q6b, please give brief details:

Surveillance activities

ALL TO ANSWER Q7

Q7. Do you have data on vascular surgery infection rates for your surgical team, or not?

Please tick one box only

	%
Yes	39
No	61

IF 'YES' TO Q7, PLEASE GO TO Q9

Q8a. If you do not have details on rates, is this because:

Please tick one box only

Base: All without data on infection rates (55)

	%
You have only recently started doing surveillance?	4
You are planning to start soon?	24
You are not planning to start in the foreseeable future?	44
You require surveillance to be mandatory before it will be done?	9
Blank	20

Q8b. Please give brief reason(s) for your answer to Q8:

IF 'NO' TO Q7, PLEASE GO TO Q18a

Q9. What is the source of your data on infection rates?

Please tick all boxes that apply

Base: All with data on infection rates (35)

	%
Participation in Trust's own surveillance/audit scheme	69
Participation in Nosocomial Infection National Surveillance Service	26
Other, e.g. QIP (Quality Indicator Project)	17

Q10. What are the main reasons for doing surveillance?

Please tick all boxes that apply

Base: All with data on infection rates (35)

	%
Provides a measure of quality	91
Able to compare results between surgeons	29
You were instructed/asked to participate by management	3
It is an insurance requirement	3
Other	11
Not stated	3

Q11. For each of the following teams or departments in your Trust, please indicate whether they have any responsibility responsible for carrying out surveillance.

Please tick all boxes that apply

Base: All with data on infection rates (35)

	%
The Infection Control Team	91
Staff within Clinical Directorate/Team	63
The Clinical Audit Department	26
Surveillance nurses	11
Other (please specify)	3

Q12. Is the Infection Control Team involved in each of the following?

Please tick one box for each

Base: All with data on infection rates (35)

	Yes (%)
a. The analysis of the results	66
b. Discussion of the results	77

Q13. Are/were the following reports generated from the surveillance data?

Please tick one box for each

Base: All with data on infection rates (35)

	a. Reports with operation specific rates (%)	b. Coded surgeon-specific data (%)
Yes	51	46
No	20	17
Don't know	26	29
Blank	3	9

Q14. How often are/were results fed back to the individual surgeons?

Please tick one box only

Base: All with data on infection rates (35)

	%
Weekly	6
Monthly	14
Quarterly	26
Annually	23
They are not fed back	20
Not stated	11

Q15. Have surveillance results been disseminated to the following in your Trust?

Please tick one box for each

Base: All with data on infection rates (35)

	Yes (%)
a. Medical Director	20
b. Director of Surgery	54
c. Surgical teams	80
d. Individual surgeons	74
e. Infection Control Team	74
f. Infection Control Committee	31
g. Theatre staff	40
h. Consultant in Communicable Disease Control	20
i. Ward staff	60
j. Chief Executive	14
k. Audit committee	23
l. Trust Board	14
m. Other - <i>please specify</i>	3
None of these	14

The NINSS reports indicate that the largest group of procedures were those performed on femoral arteries followed by aortic procedures and that these two groups of procedures have widely differing rates of infection.

Q16. If you have collected information on infection rates using agreed definitions during any part or all of any of the three previous years, please provide the number of operations and infection rates in the table below:

SEE TABLES – TOO COMPLEX FOR INCLUSION IN TOPLINES

Date (all/part)	a. Aortic procedures No. of ops (eg. OPCS codes L16-L25)	b. Infection rate (%)	c. Femoral procedures No. of ops (eg. OPCS codes L56-L60)	d. Infection rate (%)	e. All vascular procedures No. of ops	f. SSI rate for all vascular surgery (%)
2000-1						
2001-2						
2002-3						

Q17. Do you know how many of these infections are caused by MRSA?

Please tick one box

Base: All with data on infection rates (35)

	%
Yes	46
No	6
Don't know	40
Blank	9

ALL TO ANSWER Q18a

Q18a. Is your Directorate taking any specific actions to manage and control MRSA infections?

Please tick one box only

	%
Yes	89
No	7
Don't know	4

Q18b. If 'yes', please describe briefly:

Q19a. In your opinion, should surgeon-specific infection rates be part of the professional appraisal system?

Please tick one box only

	%
Yes	36
No	64
Don't know	0

Q19b. Please give brief reasons for your answer

Post discharge surveillance

Q20. Do you do routine clinical follow-up or any other post discharge surveillance?

Please tick one box only

	%
Yes	77
No	22
Don't know	0
Blank	1

IF 'NO' TO Q20 PLEASE GO TO Q23

Q21. Please provide brief details of type of post-discharge surveillance, type of surgery, and time frame (eg. Telephone follow-up for all aorta procedures 2 weeks after the discharge):

Q22. Which reporting method(s) do you use?

Please tick all boxes that apply

Base: All undertaking routine clinical follow-up or other post-discharge surveillance (62)

	%
Telephone follow-up	3
Patient completed questionnaire	0
Out-patient follow-up	99
General practice reporting	14
District or other nurse reporting	14
Re-admission monitoring	25
Other	7
Blank	1

IF 'YES' TO Q20, PLEASE GO TO Q24a

Q23. If your Directorate has not undertaken post discharge surveillance, what are the barriers to/reasons for not doing so?

Please describe briefly

ALL TO ANSWER Q24a

Q24a. Is it possible to identify patients routinely who are re-admitted to your hospital for infection problems? e.g. via your patient administration system
Please tick one box only

	%
Yes	49
No	48
Blank	3

Q24b. If 'yes', have the number of re-admissions for infection increased, decreased or stayed the same since March 2000?
Please tick one box only

Base: All where possible to identify patients routinely who are re-admitted to your hospital for infection problems (44)

	%
Increased	9
Decreased	9
Stayed the same	36
Don't know	39

Changes to protocols, procedures

Q25a. Does your Directorate undertake a regular peer review or audit of clinical practice?
Please tick one box only

	%
Yes	93
No	4
Blank	2

Q25b. If 'yes', please give brief details:

Q26. If possible, please complete the table below to show the clinical practices or environmental factors that were reviewed and/or changed as a result of the surveillance/audit information:
e.g. higher than expected rates of Surgical Site Infection/audit of procedures/protocols

Area	Type of operation	Brief description of changes
a. Pre-operative microbiological screening		
b. Antibiotic prophylaxis		
c. Other pre-operative care		
d. Intra-operative theatre discipline		
e. Intra-operative asepsis		
f. Theatre environment (e.g. ventilation, building fabric etc).		
g. Post-operative care		

Q27a. If changes have been made, has your Directorate made any economic evaluation of the changes?

Please tick one box only

	%
Yes	1
No	52
Don't know	22
No changes made	16
Blank	9

Q27b. If 'yes', please provide details:

Q28a. What is the availability of alcohol hand rub (gel/liquid) in your Directorate?

Please tick one box only

	%
All beds	40
Some beds	23
Available elsewhere in the wards	34
Not available	1
Blank	1

Q28b. Please provide brief details of your response to Q30a:

Q29a. In your opinion, has the standard of cleanliness in clinical areas in your Directorate improved, worsened or stayed the same over the past three years?

Please tick one box only

	%
Improved	44
Worsened	19
Stayed the same	34
Don't know	1
Blank	1

Q29b. Please provide a brief explanation for your answer to Q31a:

Q30. In the past three years, have there been changes within the Trust to any of the following actions ...?

Please tick one box for each below under Q30

Base: All respondents

Q31. ... and do you think it/they have/may have helped reduce your Directorate's infection rates?

Please tick one box for each under Q31

Base: All where change has taken place: (a) 12 (b) 42 (c) 23; (d) 11; (e) 50

Activity	Q30 – changes?				Q31– reduction in infection rates? Helped reduce rates (% or N)
	Yes (%)	No (%)	Activity has not taken place (%)	Blank (%)	
a. Segregation of elective surgical patients from trauma patients	13	48	34	4	9 out of 12
b. Reduction in post-operative stay in acute unit	47	37	13	3	50%
c. Change in bed management practices i.e. a decrease in bed occupancy	26	53	17	4	6 out of 23
d. Reduced movement of in-patients within the hospital	12	66	18	4	8 out of 11
e. Improved standards of cleanliness	56	29	12	3	62%

Q32. Please give brief comments on any of the above activities if they have helped to reduce your infection rates during the past three years:

Q33. What recommendations, if any, do you have that you feel would help improve the management and control of hospital acquired infections in your specialty?

Please outline briefly

Thank you for completing this questionnaire.

If you are the Clinical lead for vascular surgery, please complete contact details on front page.

Name of the person completing this questionnaire if you are not the Clinical lead for vascular surgery.

Please print _____

Title _____

Contact telephone number _____

Email address _____