

BLOOD CULTURE CONTAMINATION SURVEY

There are six sections to this survey, introduction, demographics, current practice, awareness, adoption/implementation and barriers.

Please read through each survey question with the following elements in mind—

1. Consistency: Question made sense, logical possible responses.
 2. Navigation: Easy to move through survey, any technical difficulties.
 3. Text: Easy to read.
 4. Other: Comments and/or suggestions for how to improve the question (e.g., there was not an answer that fit my laboratory, too few or too many responses).
- If you have no comments on the question, please write “no comment” in the “Other” box.
 - If there are more questions fields on the form than you answered, disregard them.
 - Keep track of how many minutes it takes you to complete the survey (not the collection form).

SECTION I: INTRODUCTION

Question	Elements	Specific Observations
1.	Position/title of person completing form:	
2.	Email Address:	
3.	Laboratory Name:	
4.	CLIA #:	
5.	Date:	

How many minutes did it take you to complete the Introduction section (not the collection form)? _5 mins, 2 mins, 2 mins, 5 mins, skipped__

SECTION II: DEMOGRAPHICS

Question	Elements	Specific Observations
<p>6. Which of the following best describes your laboratory setting? (Select the best choice.)</p> <ul style="list-style-type: none"> a. University hospital/academic medical center b. City/County/State hospital c. Military/VA hospital d. Independent laboratory e. Public Health Department, non-hospital f. Physician office/ambulatory care laboratory g. Other, please specify: _____ 		
	Consistency	
	Navigation	
	Text	
	Other	<p>-Not really a teaching institution but not state or county owned – confusing no option appropriate.</p> <p>-Maybe wrong question.</p>
<p>7. How would you characterize your institution? For-profit, Non-profit</p>		
<p>8. How many physicians are there in your laboratory?</p>		
Other		<p>-Assume you mean Pathologists</p> <p>-Information not readily available, Duckworth Pathology Group & Residents</p>
<p>9. Is your laboratory located in institution that provides direct patient care? Yes/No</p>		
<p>10. My institution is ...hospital based/non-hospital based</p>		
<p>11. Are your clients educated on how to collect blood specimens for cultures? Yes/No/Not Sure</p>		
<p>12. Are there inpatients at your institution? Yes/No</p>		
<p>13. How many beds does your institution have? >500 beds/101-500 beds/50-100 beds/<50 beds</p>		

Other	-This hospital has ~400 beds, but for the system it is >500 beds & we do all the micro excluding pediatrics
14. In what zip code is your laboratory located?	
15. Are any of your laboratory staff currently members of the American Society for Microbiology (ASM)? Yes/No/Not Sure	
16. Do any of those members subscribe to (check all that apply)-- ASM's ClinMicroNet listserv/ASM's DivCNet listserv/Not Sure	
17. Do you have a doctoral level or certified clinical microbiologist laboratory director? Yes/No	
Other	-Dr. Baselski is our clinical consultant with Duckworth Pathology Group, she acts as our "clinical microbiologist" extraordinaire, but does not have the laboratory director title.
18. What is their board certification? (Select all that apply.) ABP (American Board of Pathology) Sub-boarded in Medical Microbiology D(ABMM) Diplomate, American Board of Medical Microbiology Ph.D., other board certified Ph.D., non-board certified D(ABB) Diplomate, American Board of Bioanalysis, HCLD (High Complexity Laboratory Director) D(ABB) Diplomate, American Board of Bioanalysis, BCLD (Bioanalyst Clinical Laboratory Director) M.D./D.O. Not Sure	

How many minutes did it take you to complete the Demographics section (not the collection form)? _5 mins, 6 mins, 2 mins, 15 mins, skipped_

SECTION III: CURRENT PRACTICE

Question	Elements	Specific Observations
19. Does your laboratory perform blood cultures for bacteria?		
Other		-May need more choices to describe when collection w.IV catheter allowed (ex: patient hard to stick, patient refuses to be stuck again)
20. How many blood cultures does your laboratory collect on a yearly basis? < 1,000/1,000 - 5,000/5,000 - 10,000/>10,000		
Other		-This number is an educated guess, did not have this data for 2013.

21. Do you allow blood collection from IV catheters?	
22. If yes, how often? Always/nearly always/Sometimes/Rarely	
Other	-May need more choices to describe when collection with IV catheter allowed- (E4- patient hard to stick, patient refuses to be stuck again) -Dept works them up but doesn't make policy
23. Do you have a guideline in place for diagnosing central line IV associated infections? Yes/No	
24. If yes, which guideline do you follow? Infectious Disease Society of America American Society for Microbiology Clinical and Laboratory Standards Institute Centers for Disease Control and Prevention Laboratory Medicine Best Practices Other (please insert name here) _____	
Other	Our hospital uses NHSN guideline, it might be helpful to include that as part of CDC choice
25. Does your laboratory track the percentage of blood culture contamination? Yes/No	
26. What is the percentage of blood culture contamination in your laboratory?	
27. Does your laboratory track the percentage of blood culture contamination in the emergency department of your institution? Yes/No	
28. What is the percentage of blood culture contamination in the emergency department of your institution?	
29. In general, does your laboratory follow published guidelines for reducing blood culture contamination?	
Other	'In general' makes question seem a little vague
30. Which organizations that publish guidelines does your laboratory consider useful to follow? Check all that apply. Infectious Disease Society of America American Society for Microbiology Clinical and Laboratory Standards Institute Centers for Disease Control and Prevention Laboratory Medicine Best Practices	
Other	-Guess because IDSA is what we follow for line infections

<p>31. If yes, which guidelines does your laboratory consider useful to follow? Please insert name of guideline (e.g., ASM Cumitechs, CDC MMWR, etc).</p> <p>Infectious Disease Society of America American Society for Microbiology Clinical and Laboratory Standards Institute Centers for Disease Control and Prevention Other, please insert guideline title</p>	
Other	I do not know the specific guidelines followed (which group).
<p>32. How often is blood collected using pre-packaged kits? Always/nearly always; Sometimes/ Rarely/Never</p>	
Consistency	Didn't know there were pre-packaged kits - what is included?
Other	Phlebotomy uses, line draws by nurses unknown
<p>33. How often is blood collected by phlebotomists? Always/nearly always; Sometimes/ Rarely/Never</p>	
Consistency	Might be helpful to designate 'laboratory' phlebotomists
Other	Many line draws in units - nursing (RNs, LPNs, EMTs, Paramedics) draw all lab in the ED
<p>34. What antiseptic is primarily used to decontaminate skin prior to collecting blood? (Select all that apply.)</p> <p>a. Iodine b. Iodophor c. Chlorhexidine d. Isopropyl Alcohol e. Not sure</p>	
<p>35. Is specific training provided for staff who collect blood for culture? Yes/No</p>	
<p>36. If yes, by whom? How often? (space to answer both questions)</p>	
Other	-I think yearly for nursing, phlebotomy would follow CAP requirements -Choices for "how often" I think would be helpful
<p>37. Is staff required to demonstrate competency prior to collecting blood from patients? Yes/No</p>	

How many minutes did it take you to complete the Current Practice section (not the collection form)? _30 mins, 20 mins, 5 mins, 10 mins, skipped_

SECTION IV: AWARENESS

<p>38. Have you seen or did you know about the publication, "Effectiveness of Practices to Reduce Blood Culture Contamination: A Laboratory Medicine Best Practices Systematic Review and Meta-Analysis," (Clinical Biochemistry 45[2012] 999-1011), citing recommendations for decreasing blood culture contamination rates? Yes/No</p>	
Other	<p>Dept works them up but doesn't make policy I copied the reference & will read it. I'm sure Dr. Baselski already has.</p>
<p>39. How did you find out about this publication? (Check all that apply.)</p> <ul style="list-style-type: none"> -Direct communication from colleague -Professional organization publications (e.g. Practical Guidance for Clinical Microbiology [formerly Cumitechs], Clinical Microbiology Procedures Handbook) -Electronic communication via listserv, social media, newsletters -Lab Medicine Best Practices website or other internet website -PubMed or journal -Professional Meeting or Conference -Attendance at regional meetings -Webinars/webcasts or other training -Other, please specify: 	
<p>40 Check all statements that are accurate:</p> <ul style="list-style-type: none"> -I read the entire document. -I skimmed parts of the abstract or manuscript. -I did not read it yet, but I plan to. -I do not plan to review the publication. -I found it useful. -I shared it with colleagues. 	

41. For your selections above, provide specifics about how you learned about this publication (e.g., which internet site, journal name, name of meeting or meeting sponsor, training activity)?
42. If you read the publication, did you find it informative? Yes/No
43. If you have read the publication, did you find it easy to read? Yes/No
44. If you have read the publication, did you find it easy to understand? Yes/No
45. How do you prefer to receive information on new laboratory guidelines and recommendations? (Select your top three preferences.) <ul style="list-style-type: none"> i. Direct communication from colleague ii. Professional organization publications (Practical Guidance for Clinical Microbiology formerly Cumitech/ Clinical Microbiology Procedures Handbook, etc) iii. Electronic communication via listserv, social media, newsletters iv. Lab Medicine Best Practices website or other internet website v. PubMed or journal vi. Professional Meeting or Conference vii. Attendance at regional meetings viii. Webinars/webcasts or other training ix. Face to face training/mentoring program x. On-line training
46. Are there other ways you prefer to receive information on new laboratory guidelines and recommendations?

How many minutes did it take you to complete the Awareness section (not the collection form)? 15 mins, 8 mins, 5 mins, 5 mins, skipped_

SECTION V: ADOPTION/IMPLEMENTATION

47. Did your laboratory adopt new methods to use a phlebotomy team for drawing blood cultures based on recommendations cited in the publication, "Effectiveness of Practices to Reduce Blood Culture Contamination: A Laboratory Medicine Best Practices Systematic Review and Meta-Analysis"? Yes/No/Already doing this	
Other	<ul style="list-style-type: none"> -No response really applicable if you have not seen publication -Dept works them up but doesn't make policy -Plenty of choices in #45

48. What motivated you to adopt these recommendations? (Select all that apply.)	
Decrease laboratory cost from reducing multiple blood draws.	
Decrease overall hospital costs.	
Decrease cost to patient.	
Decrease patient discomfort from drawing multiple blood cultures.	
49. Did your laboratory stop collecting blood from IV catheters based on recommendations cited in the publication? Yes/No	
50 Except for diagnosing IV catheter infection, has your laboratory stopped collecting blood? Yes/No	
51. If no, why aren't you using a phlebotomy team?	
Other	If you have not read publication, not sure exactly what is meant by 'phlebotomy team'
52. If no, why are you still collecting from IV catheters? Immunocompromised patient/Newborn/Other, pls specify:	
Other	-I feel this question is hard to answer if you haven't read the publication. -Question asks why, but lists classes of patients.

How many minutes did it take you to complete the Adoption/Implementation section (not the collection form)? 6 mins, 5 mins, 5 mins_

SECTION VI: BARRIERS

53. Are there barriers to implementation of the recommendations in your laboratory? Yes/No	
Consistency	Cannot answer if you don't know what specific recommendations are.
Other	-Dept works them up but doesn't make policy -I am assuming there are barriers

<p>54. What are they? Too expensive to implement (benefits not worth the cost). Too expensive to implement (benefits not worth the cost) Cost to lab (or lack of reimbursement). Time spent not worth the benefit. Lack of time for staff training. Lack of educational materials or time to develop. Physicians/pharmacists do not think it is necessary. Do not agree with interpretation of evidence or insufficient evidence. Conclusions are biased. Not certain implementation will achieve improved results (reduction of morbidity/mortality, decrease in cost) Infectious Disease physicians are afraid it will limit autonomy. Recommendations are not practical. Not applicable to my laboratory/patient population Did not know about it.</p>	
Other	<p>-Maybe don't need to answer last 5 questions if you have not read the publications. -I am not sure exactly which ones apply. I am assuming it is primarily because on satisfaction survey patient complain about being stuck.</p>
<p>55. Are there any other blood culture contamination methods purported to reduce blood culture contamination that we need to evaluate in future updates of this publication?</p>	
<p>56. What can ASM and/or CDC do to help remove barriers and make it easier to implement the recommendations/guideline?</p>	

How many minutes did it take you to complete the Barriers section (not the collection form)? 4 mins, 5 mins, 5 mins, 2 skipped_

OVERALL SURVEY EVALUATION

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
(Place an "X" to indicate your level of agreement for each statement below).	1	2	3	4	5
57. The survey questions are easy to understand.				3	2
58. I was always able to find an appropriate answer to choose.		1	1	4	
59. The answer choices are clearly written.				3	1
60. There were not enough choices of answers.		1	4		
61. I always found the answer that fit the circumstances in my laboratory.		1	2	2	
62. Overall, the length of the survey was... (circle your answer)	too short		appropriate (4)		too long (1)
63. What did you like best about the survey (strengths, weaknesses)?					
-I think it is very important to reduce blood culture contamination. I'm sure the publication "Effectiveness of Practices to Reduce Blood Culture Contamination: A Laboratory Medicine Best Practices Systematic Review and Meta-Analysis" would be very helpful, but last part of survey was difficult to answer if you have not read it.					
-Needs to be more clear -> when you are a laboratory for a large healthcare system - how to answer the questions. Do you answer for the facility where the lab resides or for all the hospitals that it serves?					
-It made me want to do more research.					

64. Additional thoughts/comments:

-At some point after question 38 of the IV Awareness section, since I had not read the publication, I lost track of switching to section V: Adoption/ Implementation and Section VI: Barriers. I just answered in numerical order under IV: Awareness section.

-Easily navigated; easy to read

-I felt ill-equipped to answer most

Return your completed form to Peggy McNult by email, pmcnult@asmusa.org or fax (202) 942-9353 by December 22.

Thank you for your time and input!