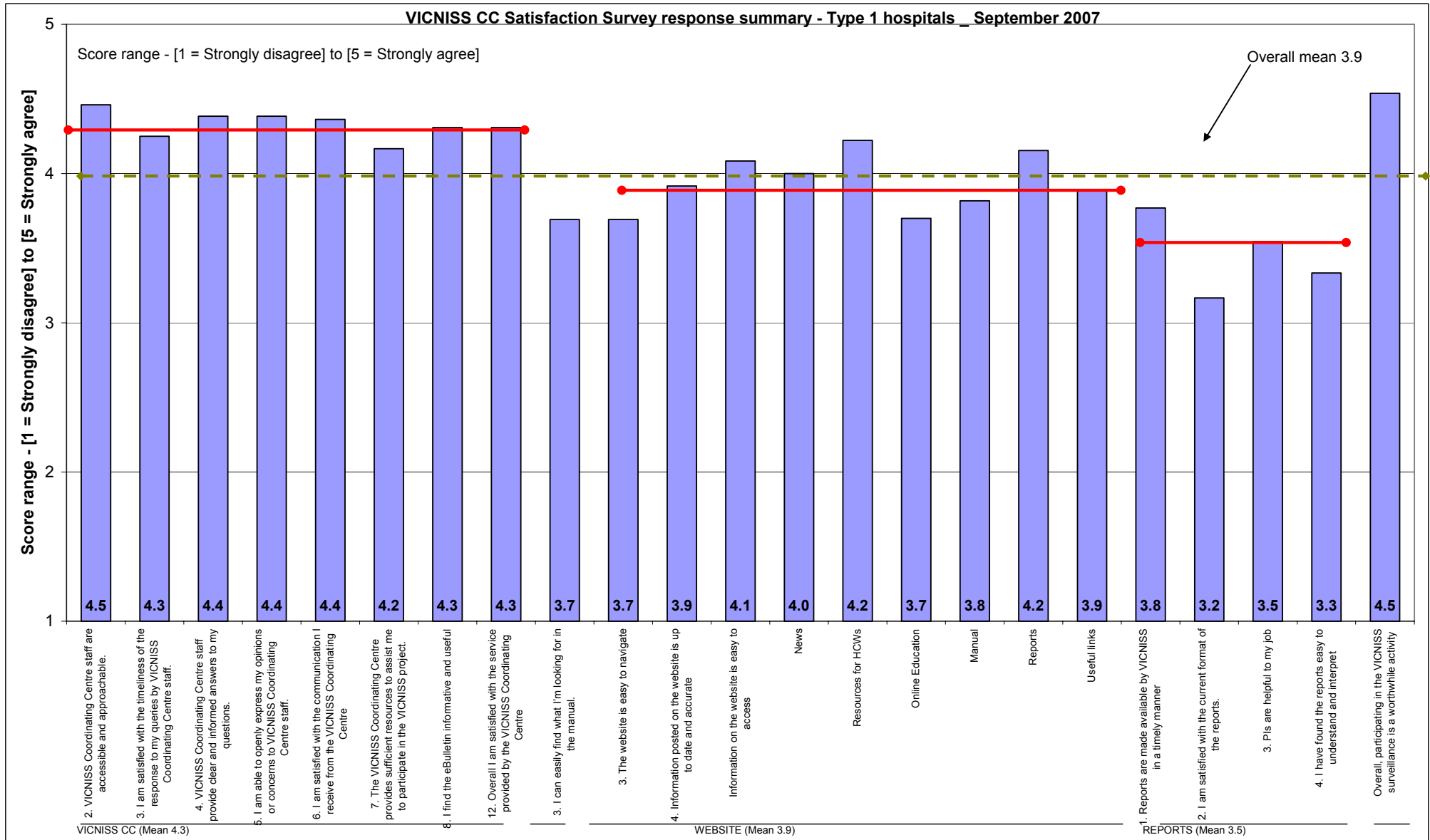


TYPE 1 SATISFACTION SURVEY (OCT 2007) SUMMARY OF RESULTS – Response Rate 58%

Section	Mean response	Range (0-5)	Positive comments	Negative comments	Suggestions
VICNISS Coordinating Centre	4.3	4.2-4.5	<ul style="list-style-type: none"> - Friendly (2) - Professional. - Accessible. - Quick response time. - Website resources. - Learning modules. - Looking forward to VIBES data. - Knowledgeable staff. - Appreciate the reports. - More accessible and approachable recently. - Teleconference was great. - Approachable staff. - Timeliness of responses to queries (2) - Telephonic availability is prompt and helpful. 	<ul style="list-style-type: none"> - VICNISS staff don't always provide clear and informed answers to questions. - (Tend to discuss only within the team, rarely contacting VICNISS). - (Not utilising VICNISS resources enough). 	<ul style="list-style-type: none"> - Would enjoy on-going education sessions and workshops, to continue learning the best methods for data collection, interpretation and reporting. - Need progress report on SHINE. - Should firm up on onsite visits.
Manual	3.7	3.7	<ul style="list-style-type: none"> - Great contents page and tabs. - Definitions were very clear and helpful. - Relevance to our daily work was helpful. - SSI helpful - Adult ICU helpful. - Hospital Acquired Infection Surveillance. - All chapters and/or features were good. - All chapters that relate to SSI/CRBSi were helpful. - Self explanatory. - Find the data fields section helpful to update when haven't done that particular surveillance for some time. 	<ul style="list-style-type: none"> - Only using it (online) for ICD codes and definitions. - The definitions of Blood Stream Infections are not clear and do not always include enough interpretation for some of the more difficult BSI's. 	<ul style="list-style-type: none"> -

Section	Mean response	Range (0-5)	Positive comments	Negative comments	Suggestions
Website	3.9	3.7-4.2	<ul style="list-style-type: none"> - Navigation around the website has improved. - Information is easy to access every time it is used. 		<ul style="list-style-type: none"> - Graphs, as well as tables would be very useful. - Double password protection.
Reports	3.5	3.2-3.8	<ul style="list-style-type: none"> - Good format. - Infection rate data is feed back to multiple resources. - Workshop useful in understanding and interpreting reports. - Easier to understand and interpret with experience and attending VICNISS workshops. 	<ul style="list-style-type: none"> - Difficult to interpret and navigate in the beginning (2) - Too 'busy'. - Too difficult for 'others' to understand and interpret. - Size difficult to read without enlarging (2) - Committee members complain that the data is too difficult to understand. - Little interest shown in the data by other units / staff. - Not available until 2 months after the quarter finishes. 	<ul style="list-style-type: none"> - It is necessary to create our own format for reporting this information to executers and the like. - Larger spreadsheet as it is becoming increasingly difficult to follow. - Graphs (2) - Increase size of information. - Simpler- Include current data but also provide user friendly graphs etc to make it easier for us to report to others. - Workshops on reading and understanding reports, i.e. confidence intervals, p values. - Easy to read reports. - Would be good if they were presented in a format that could be presented to interested parties as is.
General	4	4	<ul style="list-style-type: none"> - Aggregate data is very useful. - Currently giving VICNISS results/reports to VQC and ACHS. - Key organisational Key Performance Indicators. - Thanks and well done. - VICNISS data is helpful in submitting data to other programs. - Appreciate the structure for collecting data. 	<ul style="list-style-type: none"> - Currently are presenting own data to infection control committee 3 months earlier than VICNISS aggregate data. - Surveillance is very time consuming and is done at the expense of other IC activities. i.e. education. 	<ul style="list-style-type: none"> - Data collection forms electronic, so that it can be loaded onto palm pilot. Much easier then to send to VICNISS.



Summary of open questions

Background:

Question 1

On average, how many hours per week are spent on VIICNISS surveillance activities in your hospital?

Number of hours:	0-2	2-4	4-6	6-8	>8
Number of hospitals:	1		2		11

Question 2

Is your hospital currently conducting surveillance on:

a) ICU acquired infections -

	Yes	No
Number of hospitals:	11	3

If YES:

Central line associated bloodstream infection	Yes	No
Number of hospitals:	11	0

Ventilator associated pneumonia	Yes	No
Number of hospitals:	4	7

b) SSI -

	Yes	No
Number of hospitals:	14	0

VICNISS Coordinating Centre and Staff:

Question 1

On average, how often do you have contact with the VICNISS Coordinating Centre?

	Number of hospitals:
Never	
Less than once per month	6
Between 1-4 times per month	6
More than 4 times per month	1

VICNISS Surveillance Manual (Version 5):

Question 1

I have used the VICNISS Surveillance Manual Version 5:

	Yes	No
Number of hospitals:	13	1

VICNISS Website:**Question 1**

On average, I access the VICNISS Website:

	Number of hospitals:
Never	
Less than once per month	6
Between 1-4 times per month	8
More than 4 times per month	

VICNISS Reports:**Question 5**

Do you feedback infection rate data to your:

	Number of hospitals:
Executive Sponsor / Management	13
Infection Control Committee	13
Surgical Unit	14
ICU Staff	12

Question 6

A representative from my department has attended a VICNISS reports workshop:

	Yes	No
Number of hospitals:	11	3

General:

Surveillance Activities –

Question 1

Are there any other areas of surveillance you would like to undertake with VICNISS?

	Number of hospitals:
Staff Exposures	8
Vaccination	5
Haemodialysis	3
Multi Resistant Organism	8
Hospital-Wide Bloodstream Infections	6
Other	

VICNISS Data Collection –

Question 2

Is the VICNISS data you collect and submit also required for other programs?

	Yes	No
Number of hospitals:	7	5