



**VICNISS Hospital Acquired Infection Surveillance Coordinating Centre**  
10 Wreckyn Street North Melbourne VIC 3051  
Tel: 03 9342 2605 Fax: 03 9342 2633  
email: vicniss@mh.org.au web: www.vicniss.org.au

## **Type 1 Satisfaction Survey Results (July 2004)**

### **Background**

- Satisfaction surveys were sent to the Infection Control Coordinator (ICC) of all 26 Type 1 hospitals. Each ICC was requested to consult with their Infection Control team and other key stakeholders and complete one survey per hospital.
- ICCs were given three weeks to complete and return the survey in the stamped envelopes provided. Surveys were anonymous however participants were able to identify themselves if the preferred.
- The survey covered five key areas: the VICNISS Coordinating Centre, the Manual, website, reports, and general questions including software issues
- Three reminder emails were sent to the ICCS during the three weeks regarding timely completion of the survey.

### **Issues**

- 19 of 26 (76%) were returned to the VICNISS Coordinating Centre by the requested date.
- Results from the Satisfaction Survey indicate that the section on Reports produced the most negative comments and scored lowest. Many of these issues are directly related to the lack of specific surveillance software at the hospitals.
- Issue with reports include slow turn around time, and poor understanding.
- The other area where improvement is indicated is to the manual.

### **Recommendations**

- The above be noted and the VICNISS Coordinating Centre to consider further comments from the committee
- Develop strategy to improve areas of least satisfaction

### Summary of Text Responses from Type 1 Satisfaction Survey (July 2004)

Section	Mean response	Range (0-5)	Positive comments	Negative comments	Suggestions	Action
VICNISS Coordinating Centre	4.51	4.32 – 4.63	<ul style="list-style-type: none"> <li>- Always available/answer all questions</li> <li>- Rapid response (3)</li> <li>- Easy to contact (3)</li> <li>- Approachable (3)</li> <li>- Listening skills</li> <li>- Knowledgeable</li> <li>- Friendly (2)</li> <li>- Doing a great job in difficult circumstances</li> <li>- Very useful</li> <li>- Onsite visits reassuring</li> </ul>	Changes to definitions not communicated	<ul style="list-style-type: none"> <li>- Alert re form changes Upcoming research</li> <li>- Profile small hospitals in eBulletin</li> <li>- Forum for country</li> <li>- Auditing how staff collect data and interpret</li> <li>- A database</li> <li>- More visits when starting new phase for new staff</li> <li>- Workshop on unusual or difficult scenarios</li> <li>- Data queries made by email not phone</li> </ul>	<ul style="list-style-type: none"> <li>- Increase onsite visits</li> <li>- Continue to alert in eBulletin any changes</li> <li>- Continue regular workshops</li> </ul>
Manual	3.74	3.74	<ul style="list-style-type: none"> <li>- Has improved</li> <li>- Good (3)</li> <li>- Surveillance chapter helpful</li> <li>- Forms user friendly</li> </ul>	Data management and interpretation of report difficult to understand	<ul style="list-style-type: none"> <li>- Not all sections relevant</li> <li>- Too big</li> <li>- Clearer table of contents</li> </ul>	<ul style="list-style-type: none"> <li>- Continue ongoing review and update of manual.</li> </ul>
Website	4.23	3.72 – 4.94	<ul style="list-style-type: none"> <li>- Case studies and FAQs useful</li> <li>- Lit reviews help me save time</li> </ul>	N/A	N/A	<ul style="list-style-type: none"> <li>- Continue to maintain and update regularly</li> <li>- Explore options of hosting website</li> </ul>
Reports	3.53	3.35 – 3.87	<ul style="list-style-type: none"> <li>- Have fed back data to</li> <li>- Executive sponsor/management(71%)</li> <li>- Surgical unit (76%)</li> <li>- Infection Control Committee (88%)</li> <li>- ICU staff (53%)</li> <li>- Other (24%) (theatre staff, ward staff, midwives, Hospital quality committees).</li> </ul>	<ul style="list-style-type: none"> <li>- Timeframes need improving (3)</li> <li>- Reports late (2)</li> <li>- Too many pages</li> <li>- Difficult</li> <li>- Cardiac reports not combined</li> </ul>	<ul style="list-style-type: none"> <li>- More regular reports</li> <li>- More visual/need more graphs</li> </ul>	<ul style="list-style-type: none"> <li>- Explore ways of improving turnaround time</li> <li>- Consider workshop for feedback on report format</li> <li>- Review cardiac reports with stakeholders</li> </ul>
General	4.58	4.58	<ul style="list-style-type: none"> <li>- Good to have comparison</li> <li>- Benchmarking great (2)</li> <li>- Thank you- prompt and helpful</li> <li>- Team very professional</li> <li>- Good that we can compare to state average</li> </ul>	<ul style="list-style-type: none"> <li>- Elcat out of line with paper based requirements</li> <li>- Have to access multiple in house programs to obtain data</li> <li>- Have to report two ways</li> <li>- Numerous spreadsheets</li> <li>- Slows down rate of feedback to stakeholders</li> <li>- No place to indicate HITH in elcat</li> <li>- Double entry (5)</li> <li>- Collecting manually time consuming</li> <li>- Collecting for different projects time consuming</li> <li>- Have had to limit surveillance due to workload</li> </ul>	<ul style="list-style-type: none"> <li>- ICU should be compulsory for all type 1 hospitals</li> <li>- Hope funding continues</li> <li>- Doing great job</li> <li>- Keep up good work</li> <li>- Would be useful if VICNISS satisfied ACHS requirements too</li> </ul>	<ul style="list-style-type: none"> <li>- Continue to support hospitals with contingency plan in absence of software.</li> <li>- Develop software to assist in the collection, managements and reporting of data for participating hospitals</li> </ul>

### VICNISS CC Satisfaction Survey Response Summary - Type 1 Hospitals July 2004

