

Appendix 1. Home Healthcare Survey

A Oncology Homecare Policy Survey Form (2/25/11 ver 1.8)	
1. Form completed on (MM/DD/YYYY): ___/___/___	5. Name of interviewee: _____
2. Name of data collector: _____	6. Title of Interviewee: _____
3. Home Care Agency: _____	7. Phone #: _____
4. Address: _____	8. Email Address _____
	9. Best times to contact: _____
	10. NACHRI Hospital: _____
B Home Care Agency Demographics	
1. How many <b>total patients</b> do you care for each year? _____	
2. How many <b>pediatric</b> patients do you care for each year? _____	
3. What <b>percent</b> of your pediatric patients have a <b>primary hematologic/ oncologic</b> diagnosis? (circle) 0-20% 21-40% 41-60% 61-80% 81-100%	
4. Do you have <b>pediatric specific</b> policies related to central line care? (circle) Yes No	
5. Is your agency a 'hospital affiliated' home care agency? (e.g. Hopkins home care, CHOP home care) (circle) Yes No	
C Patient Line Goals	
1. Is <b>removal</b> of catheter considered/discussed with medical team? (circle) Yes No	
1a. If Yes, how often (e.g. every 30 days, every 120 days, etc)?(answer in days) _____	Not Assessed in Days
1b. If Yes, which events (Admission, end of abx, etc)? _____	Not Assessed by Events
2. Is <b>consolidation and/or elimination</b> of catheter entries (blood draws, flushes, meds, etc.) considered/discussed with medical team? (circle) Yes No	
2a. If Yes, how often (e.g. every 30 days, every 120 days, etc)?(answer in days) _____	Not Assessed in Days
2b. If Yes, which events (Admission, end of abx, etc)? _____	Not Assessed by Events
D Site Assessment	
1. Is site assessed for <b>Clean, dry, and intact</b> at every visit? (circle) Yes No	
E All entries into catheter (via caps/tubing/extensions)	
1. Is proper <b>hand hygiene</b> performed prior to all catheter entries? (circle) Yes No	
2. Are <b>Non-sterile gloves</b> worn for all catheter entries? (circle) Yes No	
3. Is <b>Cap scrubbed</b> with alcohol (15 sec, and 15 sec dry) or CHG (30 sec, and 30-60 sec dry) for each entry? (circle) Yes No (go to Q4)	
4. If above scrub not used, <b>is cap scrubbed?</b> (circle) Yes No N/A 4b. If Yes, with what? _____	
5. How often does insurance reimbursement influence your policies on catheter entry? (circle) 0-20% of the time 21-40% 41-60% 61-80% 81-100%	
F Cap (attached to hub of catheter) changes	
1. Why do you change caps? <input type="checkbox"/> <b>24 hours</b> since last changed (For <b>blood/ blood products/ lipids/ propofol infusion</b> ) <input type="checkbox"/> Do not change caps for any patient <input type="checkbox"/> <b>72-96 hours</b> since last changed <input type="checkbox"/> Cap changed for another reason & <b>explain why:</b> _____ <input type="checkbox"/> <b>24 hours</b> since blood drawn through the cap	
2. Is it your home care practice to routinely assess <b>cap date/time</b> ? (circle) Yes (go to Q3) No	
3a. If yes, is it <b>documented</b> ? (circle) Yes No N/A	3b. If yes, <b>Where</b> ? _____
4. Are <b>Sterile gloves</b> worn during change by provider/assistant? (circle) Yes No	
5. Is a <b>mask</b> worn during change by provider/assistant? (circle) Yes No	
6. Is <b>Cap connection site scrubbed</b> with alcohol (15 sec, and 15 sec dry) or CHG (30 sec, and 30-60 sec dry) prior to removal of old cap? (circle) Yes No (go to Q7)	
7a. If above scrub not used, <b>is connection site scrubbed?</b> (circle) Yes No N/A 7b. If Yes, with what? _____	
8. How often does insurance reimbursement influence your policies on cap changes? (circle) 0-20% of the time 21-40% 41-60% 61-80% 81-100%	
G Tubing changes	
1. Why do you change tubing? <input type="checkbox"/> <b>72 hours</b> since last changed ( <b>crystalloid</b> infusing) <input type="checkbox"/> Do not change tubing for any patient <input type="checkbox"/> <b>24-72 hours</b> since last changed (For <b>TPN fluid</b> ) <input type="checkbox"/> Tubing changed for another reason & <b>explain why:</b> _____ <input type="checkbox"/> <b>24 hours</b> since last changed (For <b>blood/ blood products/ lipids/ propofol infusion</b> )	
2. Is it your home care practice to routinely assess <b>tubing date/time</b> ? (circle) Yes (go to Q3) No	
3a. If yes, is it <b>documented</b> ? (circle) Yes No N/A	3b. If yes, <b>Where</b> ? _____
4. Does Tubing change <b>include all connectors, extensions, and caps connected to tubing</b> ? (circle) Yes No	
5. Are <b>Sterile gloves</b> worn for reconnection of new tubing to hub of the catheter? (circle) Yes No N/A (if reconnected to injection cap)	
6. Is a <b>Mask</b> worn for reconnection of new tubing to hub of catheter? (circle) Yes No N/A (if reconnected to injection cap)	
7. Is <b>Cap connection site scrubbed</b> with alcohol (15 sec, and 15 sec dry) or CHG (30 sec, and 30-60 sec dry) prior to removal of old cap? (circle) Yes No (go to Q8)	
8a. If above scrub not used, <b>is site scrubbed?</b> (circle) Yes No N/A 8b. If Yes, with what? _____	

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Appendix 1. Home Healthcare Survey (continued)

9. How often does insurance reimbursement influence your policies on tubing changes? (circle) 0-20% of the time 21-40% 41-60% 61-80% 81-100%						
<b>H External CVC Dressing changes</b>						
1. Why do you change Dressings? (and complete section H):			<input type="checkbox"/> Do not change dressings for any patient <input type="checkbox"/> Dressing changed for another reason & explain why: _____			
<input type="checkbox"/> 7 days since last changed (transparent dressing) <input type="checkbox"/> 2 days since last changed (gauze dressing) <input type="checkbox"/> Dressing was soiled, loose, damp						
2. Is it your home care practice to routinely assess dressing date? (circle) Yes (go to Q3) No						
3a. If yes, is it documented? (circle) Yes No N/A 3b. If yes, Where? _____						
4. Is Hand hygiene performed before all dressing changes? (circle) Yes No						
5. Are Sterile gloves worn for all dressing changes? (circle) Yes No						
6. Is Mask worn by provider/assistant for all dressing changes? (circle) Yes No						
7. Do you Shield a patient's face, or trach from dressing change site (i.e., mask, drape)? (circle) Yes No						
8. Is Site scrubbed with 2% CHG for 30 sec (2 min groin) followed by 30-60 sec dry time? (circle) Yes No						
9. When is 2% chlorhexidine not used? <input type="checkbox"/> Patient < 2 months of age <input type="checkbox"/> Patient allergic <input type="checkbox"/> Never use 2% chlorhexidine (go to Q10)						
10a. If 2% chlorhexidine not used, is site scrubbed? (circle) Yes No N/A 10b. If Yes, with what? _____						
11. How often does insurance reimbursement influence your policies on dressing changes? (circle) 0-20% of the time 21-40% 41-60% 61-80% 81-100%						
<b>I Indwelling CVC/Port Needle change</b>						
1. Why do you change CVC/Port Needles?			<input type="checkbox"/> Do not change needles for any patient <input type="checkbox"/> Needle changed for another reason & explain why: _____			
<input type="checkbox"/> 7 days since last changed <input type="checkbox"/> Needle dislodged or infiltrated <input type="checkbox"/> Needle changed when dressing soiled/loosened						
2. Is it your home care practice to routinely assess needle date? (circle) Yes (go to Q3) No						
3a. If yes, is it documented? (circle) Yes No N/A 3b. If yes, Where? _____						
4. Is Hand hygiene performed before all needle changes? (circle) Yes No						
5. Are Sterile gloves worn before all needle changes? (circle) Yes No						
6. Is a Mask worn by provider/assistant during needle change? (circle) Yes No						
7. Do you Shield a patient's face, or trach from needle change site (i.e., mask, drape)? (circle) Yes No						
8. Is site scrubbed with 2% CHG for 30 sec (2 min groin) followed by 30-60 sec dry time? (circle) Yes No						
9. When is 2% chlorhexidine not used? <input type="checkbox"/> Patient < 2 months of age <input type="checkbox"/> Patient allergic <input type="checkbox"/> Never use 2% chlorhexidine (go to Q10)						
10a. If 2% chlorhexidine not used, is site scrubbed? (circle) Yes No N/A 10b. If Yes, with what? _____						
11. How often does insurance reimbursement influence your policies on needle changes? (circle) 0-20% of the time 21-40% 41-60% 61-80% 81-100%						
<b>J Practice Assessment</b>						
1. How do you assess compliance with the above procedures?						
<input type="checkbox"/> Self report <input type="checkbox"/> In office skills labs <input type="checkbox"/> Direct observation <input type="checkbox"/> Not assessed <input type="checkbox"/> Other: _____						
2. How often do you assess compliance with the above procedures? _____ (months)						
<b>K Insurance Company Impact</b>						
1. How often does insurance reimbursement influence your ability to use the following supplies?						
• Sterile Gloves	(circle)	0-20% of the time	21-40%	41-60%	61-80%	81-100%
• Masks	(circle)	0-20% of the time	21-40%	41-60%	61-80%	81-100%
• Non-sterile gloves	(circle)	0-20% of the time	21-40%	41-60%	61-80%	81-100%
• Hand hygiene	(circle)	0-20% of the time	21-40%	41-60%	61-80%	81-100%
• Alcohol scrubs	(circle)	0-20% of the time	21-40%	41-60%	61-80%	81-100%
• Patient Shields	(circle)	0-20% of the time	21-40%	41-60%	61-80%	81-100%
• CHG Scrubs	(circle)	0-20% of the time	21-40%	41-60%	61-80%	81-100%
• 2% Chlorhexidine	(circle)	0-20% of the time	21-40%	41-60%	61-80%	81-100%
• Other: (explain)	_____					
<b>L CLABSI Information</b>						
1. Does your agency track its CLABSI rates? (circle) Yes No						
2. What definition does your agency use to define a CLABSI?						
<input type="checkbox"/> CDC Definition <input type="checkbox"/> APIC-HICPAC Surveillance Definition <input type="checkbox"/> Joint Commission definition <input type="checkbox"/> Other: (explain) _____						
3. How do you define the numerator (event) for your agency's CLABSIs? (e.g., any positive blood culture, a positive blood culture >48hours after discharge, a positive blood culture without another source of infection, etc.) _____						

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**Appendix 1. Home Healthcare Survey (continued)**

4. How do you define the denominator for your agency's CLABSI? (e.g. each patient with a central line, each day a patient has a central line in our care, etc) \_\_\_\_\_

5. How long does a patient need to be discharged from the hospital in order for you to count their CLABSI? (e.g. 48 hours, 72 hours, etc) \_\_\_\_\_

6. When do you stop counting patients in your denominator? (e.g. when we stop delivering supplies, when we stop having nursing visits, until the central line comes out, etc) \_\_\_\_\_

7. Who makes the final determination of a CLABSI? (job title) \_\_\_\_\_

8. What is your agency's **overall** CLABSI rate since January 2008?  Unknown

9. What is your agency's **pediatric** CLABSI rate since January 2008?  Unknown

10. What is your agency's **pediatric oncology** CLABSI rate since January 2008?  Unknown

11. How does your agency evaluate the effectiveness of its CLABSI prevention efforts?(explain) \_\_\_\_\_

**M Sharing Information**

1. In an effort to better coordinate and standardize the central line care of our pediatric oncology patients, would it be alright if I shared your answers with (Contact Person) and (NACHRI INSTITUTION) ? (circle) Yes No

**N Policies**

1. Please Fax/Email/Mail your Agency's policy to [rinke@jhmi.edu](mailto:rinke@jhmi.edu), f)410-614-9773 add) 200 N. Wolfe St, Rm 2091, JHH Baltimore MD, 21287

**Appendix 2. Consistency with Centers for Disease Control and Prevention Recommendations to Prevent Central Line–Associated Bloodstream Infection (CLABSI)\* and a Best-Practice Central Line Care Bundle<sup>†‡</sup>**

Question	N = 57 (%) <sup>§</sup>
<b>General Line Care and Catheter Entries</b>	
Is removal of catheter considered/discussed with medical team?	52 (91)
Is consolidation and/or elimination of catheter entries considered/discussed?	33 (58)
<b>Is site assessed for clean, dry, and intact at every visit?<sup>  </sup></b>	<b>57 (100)</b>
<b>Is proper hand hygiene performed prior to all catheter entries?</b>	<b>57 (100)</b>
Are nonsterile gloves worn for all catheter entries?	49 (86)
<b>Cap Changes</b>	
<b>Is cap scrubbed with alcohol or CHG?</b>	<b>57 (100)</b>
Why do you change caps?	
For blood/blood products/lipids/propofol infusion, has been 24 hours since last changed (N = 51)	31 (61)
Has been 72–96 hours since last changed	12 (21)
Per institutional policy, has been within 24 hours since blood drawn through the cap (N = 56)	44 (79)
Is it your home care practice to routinely assess cap date/time?	51 (89)
If yes, is it documented? (N = 51)	49 (96)
Are sterile gloves worn during change by provider/assistant?	30 (53)
Is a mask worn during change by provider/assistant?	34 (60)
Is cap connection site scrubbed with alcohol (15 seconds, and 15-second dry time) or chlorhexadine (30 seconds and 30–60-second dry time) prior to removal of old cap?	46 (84)
<b>Tubing Changes</b>	
Why do you change tubing?	
For crystalloid, has been at least 72 hours since last changed (N= 49)	30 (61)
For TPN fluid, has been 24–72 hours since last changed (N= 56)	55 (98)
<b>For blood/blood products/lipids/propofol infusion, has been within 24 hours since last changed (N = 56)</b>	<b>52 (93)</b>
Is it your homecare practice to assess tubing date/time?	41 (72)
If yes, is it documented? (N = 41)	27 (66)
Does tubing change include all connectors, extensions, and caps connected to tubing? (N = 55)	36 (65)
Are sterile gloves worn for reconnection of new tubing to hub of the catheter? (N = 44)	13 (30)
Is a mask worn for reconnection of new tubing to hub of catheter? (N = 45)	11 (24)
Is cap connection site scrubbed with alcohol (15 seconds, and 15-second dry time) or chlorhexadine (30 seconds and 30–60-second dry time) prior to removal of old cap?	41 (72)
<b>Dressing Changes</b>	
Why do you change dressings?	
<b>7 days since last changed (transparent dressing) (N = 56)</b>	<b>56 (100)</b>
<b>2 days since last changed (gauze dressing) (N = 56)</b>	<b>46 (82)</b>
<b>Dressing was soiled, loose, damp</b>	<b>54 (95)</b>
Is it your home care practice to routinely assess dressing date?	56 (98)
If yes, is it documented? (N = 56)	55 (98)
<b>Is hand hygiene performed before all dressing changes?</b>	<b>56 (98)</b>
Are sterile gloves worn for all dressing changes?	55 (96)
Is a mask worn by provider/assistant for all dressing changes?	57 (100)
Do you shield a patient's face or tracheostomy site from dressing change site?	27 (47)
Is site scrubbed with 2% chlorhexadine for 30 seconds followed by 30–60-second dry time?	55 (96)

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**Appendix 2. Consistency with Centers for Disease Control and Prevention Recommendations to Prevent Central Line–Associated Bloodstream Infection (CLABSI)\* and a Best-Practice Central Line Care Bundle<sup>†‡</sup> (continued)**

Question	N = 57 (%) <sup>§</sup>
<b>Central Venous Catheter/Infusaport Needle Changes</b>	
Why do you change Central Venous Catheter/Infusaport Needles?	
7 days since last changed (N = 56)	55 (98)
Needle dislodged or infiltrated (N = 56)	56 (100)
Needle changed when dressing is soiled/loosened (N = 55)	37 (67)
Is it your home care practice to routinely assess the needle's date? (N = 56)	55 (98)
If yes, is it documented? (N = 55)	53 (96)
Is hand hygiene performed before all needle changes? (N = 56)	56 (100)
Are sterile gloves worn before all needle changes? (N = 56)	54 (96)
Is a mask worn by the provider/assistant during needle change? (N = 55)	55 (100)
Do you shield a patient's face or tracheostomy site from needle change site? (N = 56)	28 (50)
Is the site scrubbed with 2% chlorhexadine for 30 seconds followed by 30–60-second dry time? (N = 56)	53 (95)
* O'Grady NP, et al. Guidelines for the prevention of intravascular catheter-related infections. <i>Am J Infect Control</i> . 2011;39(4 Suppl 1):S1–34.	
† Miller MR, et al. Decreasing PICU catheter-associated bloodstream infections: NACHRI's quality transformation efforts. <i>Pediatrics</i> . 2010;125(2):206–213.	
‡ CHG, chlorhexadine; TPN, total parenteral nutrition.	
§ Some home health care agencies did not do certain procedures, such as needle changes, or did not know the answers to certain policy questions despite multiple follow-up contacts. Therefore, the total N for some questions is less than 57.	
Bolded questions are directly recommended by the Centers for Disease Control and Prevention for prevention of CLABSI in home health care agencies (O'Grady NP, et al. Guidelines for the prevention of intravascular catheter-related infections. <i>Am J Infect Control</i> . 2011;39(4 Suppl 1):S1–34.	