



Site Information Survey: FOCUS Initiative

SITE CONTACT INFORMATION

Institution Name _____
 Institution Address _____
 Institution City, State and Zip, Country _____
 Institution Phone Number _____
 Institution Web Site Address _____

Is your hospital for profit not for profit

Is your hospital primarily (choose only one):

- Community Non-Teaching practice (no anesthesiology or surgical residency)
- Community Teaching practice (residency program but no cardiac anesthesia or cardiac surgery fellowship)
- Community Teaching Hospital (residency program with a cardiac anesthesiology or cardiac surgery fellowship)
- Academic (affiliated with a medical school, residency program and fellowship)
- Veterans Administration

Rank your hospital's IRB process in terms of difficulty (1 is easy and 5 is extremely difficult) _____

SITE PERSONNEL – MAIN PROJECT CONTACTS

Please provide the names of the main contacts that would be involved in the FOCUS project from each discipline.

	Cardiovascular Anesthesiologist	Surgeon	Operating Room Nurse	Perfusionist
First Name				
Middle Initial				
Last Name				
Suffix/Profess. Suffix				
Phone Number				
Email				
Cell Number				
Pager Number				
Primary Team Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Team Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address (if different than above)				



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	ICU Physician	ICU Nurse	CEO/Hospital Exec	Press Contact
First Name				
Middle Initial				
Last Name				
Suffix/Profess. Suffix				
Phone Number				
Email				
Cell Number				
Pager Number				
Primary Team Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Team Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address (if different than above)				

PERSONNEL STATISTICS

Personnel Type	Number	Dedicated Team	
		Yes	No
Attendings			
Cardiovascular Anesthesiologists	_____	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Surgeons	_____		
Surgeon Groups in Cardiac Area	_____		
Surgeon Groups in Hospital	_____		
Fellows			
Cardiovascular Anesthesiology Fellows	_____		
Cardiac Surgical Fellows	_____		
Critical Care Fellows	_____		
Perfusionists			
Perfusion groups on hospital staff	_____	<input type="checkbox"/>	<input type="checkbox"/>
Perfusion groups outside of hospital staff	_____		
Perfusion training program	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OR Personnel			
Cardiac OR Nurses	_____	<input type="checkbox"/>	<input type="checkbox"/>
OR Scrub Technologists	_____	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesia Technologists	_____	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners			
Nurse Practitioners in OR patient care	_____	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners in ICU patient care	_____	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Practitioners in patient care on floor	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please complete this form and return to: SCA Foundation - FOCUS, 2209 Dickens Road, Richmond, VA 23230,
 email: foundation@scahq.org or Fax: (804) 282-0090
 DOF: (02/03/2010) UPD:08/12/2010



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Physician Assistants

- _____
 Physician Assistants in OR patient care
 Physician Assistants in ICU patient care
 Physician Assistants in patient care on floor

Research Coordinators

SUBJECT POPULATION & TREATMENT

Data	Number
Number of staffed Cardiac ICU beds (average)	_____
On bypass CABG	_____
Off Pump CABG	_____
Valve Surgery	_____
Cardiac Transplants	_____
Aortic Surgery	_____
Other _____	_____

What percentages of cardiac anesthetics are primarily administered by:

- | | |
|------------------|-----------------------------------|
| CRNA _____ % | Cardiac anesthesia fellow _____ % |
| Resident _____ % | Faculty attending _____ % |

Does your hospital and surgical program participate in the STS database? Yes No

What percentage of surgeons participate in the STS? _____ %

- How is infection surveillance handled at your institution?
- External
- Internal Hospital Epidemiology Infection Control Dept (HEIC)
- Unit Level

Do you track postoperative infections that are managed in the outpatient setting? Yes No

What percentage of patients are seen at 30 days? _____ %



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ICU INFORMATION

Number of staffed Cardiac ICU beds (Average) _____

Who covers/manages the ICU (check all that apply):

- Cardiac surgeon manages his/her own patient
- A dedicated team of physicians with critical care experience
- Cardiac anesthesiologists are member of ICU team
- Cardiologists are members of the ICU team
- Other ICU Provider (state) _____

What types of patients are typically cared for in the ICU (not overflow)? Check all that apply:

- Cardiac
- Thoracic
- Surgery other than cardiac or thoracic
- Medicine

Is the ICU open or closed

Do patients get admitted to a recovery room area for a set period of time prior to going to the main cardiac ICU? Yes No

With regards to the patients who are discharged from ICU level care:

- The step down unit located within the same physical area
- Patients get transferred to another physical area

INFORMATION SYSTEMS

What type of records are kept for:

	Paper	Electronic	Electronic System	Number of Years
Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ICU	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



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SAFETY INITIATIVES

What percentage of your surgical, nursing, and perfusion colleagues know about the FOCUS project? _____ %

Among personal other than yourself what is the level of enthusiasm for FOCUS at your site?

High Moderate Low

What safety initiatives are currently employed during CV surgery at your institution?

PARTICIPATION IN FOCUS

Based upon the data generated from Phase I of the FOCUS project, subsequent phases will concentrate on three (3) critical areas in need of scientific discovery. Please rank the following based upon your desire to participate:

- _____ Learning collaborative on infection prevention
- _____ Peer to peer evaluation tool
- _____ OR equipment and design
- _____ Other _____

Additional Comments: