

**Appendix 1 (as supplied by the authors):** Short annual Screening and Isolation Practices Survey, sent to Infection Control Practitioners at each hospital site across the province in 2013, 2014 and 2015.

### Screening and Isolation Practices Survey

As an Infection Prevention and Control Specialist for your hospital site, we kindly ask that you take the time to answer the following questions and respond to this email request by (deadline date):

Name of Hospital Site:

Your Name and Title:

1. VRE Screening Practices

- a. Is your hospital site screening patients for VRE?

YES            NO

- b. If NO, what date did your hospital stop screening patients for VRE?

Date\_\_\_\_\_

2. VRE Isolation Practices

- a. Is your hospital site isolating VRE positive patients?

YES            NO

- b. If NO, what date did your hospital stop isolating VRE positive patients?

Date\_\_\_\_\_

Please note the Public Health Ontario VRE evaluation team will continue to contact you on an annual basis to ensure we are aware of any changes to VRE screening and isolation practices at your hospital site. In order to help keep our records up-to-date please provide us with the following:

1. A telephone number where you can be reached at, and
2. name and contact information of an alternate individual who can provide this information

Thank you for your participation, your efforts are greatly appreciated.

If you have any questions about this evaluation, please contact the PHO VRE Evaluation team at [vre.evaluation@oahpp.ca](mailto:vre.evaluation@oahpp.ca)