XX/XX/XXXX

Dear Manager and Director,

A fundamental goal for (INSERT HOSPITAL NAME) is to ensure that the risk of healthcare associated infections and transmission of hospital-associated pathogens as low as possible. One means to assess our performance is via department-level tracers to ensure compliance with regulatory standards and infection control policies. We recently completed a tracer of your area. The attached report outlines infection control best practices and standards, a summary of our findings in your area, and in some cases, opportunities for improvement. Please feel free to contact your infection preventionist (INSERT NAME AND CONTACT INFO FOR IP) if you have any questions or suggestions. We welcome the opportunity to discuss your report further and to partner with you on improvement strategies.

Following your review of the report, please return your action steps along with the date (or anticipated date) of resolution. You may submit your response by e-mail or in our office mail. We request that you respond to the report within XX days. Thank you for partnering with us to provide a safe environment for healthcare workers and those receiving care.

Sincerely,

INSERT SIGNATURE INSERT SIGNATURE

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Name of medical director Name of Infection Prevention Manager

Title of Medical Director Title

Department Department