

What will happen to the data collected during the PPS?

Your PPS team will send your hospital data to the Public Health Agency for analysis.

When all participating hospitals have submitted data, a hospital PPS report will be produced by the PHA. The PPS team leader should forward details of the report to healthcare workers and managers in your hospital. Your hospital's results can be compared with the overall Northern Ireland results.

All data collected from participating hospitals will be submitted by the PHA to European Centre for Disease Prevention and Control (ECDC) for inclusion in a European report. Results from Northern Ireland can be compared with those of other countries.

What will happen after the PPS?

Taking part in the PPS will provide information about hospital-acquired infections and antibiotic use in your hospital in Northern Ireland and in Europe.

The PPS results for your hospital should be used to inform interventions to reduce unnecessary antimicrobial use, reduce hospital-acquired infections and improve patient care.

The PPS results will be used to direct national and regional strategies for prudent antimicrobial use and work towards reduction of hospital-acquired infections.



POINT PREVALENCE SURVEY (PPS) OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE IN NORTHERN IRELAND

Healthcare staff
information leaflet



THANK YOU FOR SUPPORTING THE PPS IN YOUR HOSPITAL

Further information and patient information leaflet are available from your local team.

What is the point prevalence survey (PPS) about?

The European Centre for Disease Prevention and Control is overseeing a Europe-wide hospital point prevalence survey (PPS). A PPS provides a 'snapshot' of a particular issue at a fixed point in time. This PPS is designed to answer two questions:

1. What percentage of patients admitted to European hospitals develop a hospital-acquired infection (HAI)?
2. What percentage of patients admitted to European hospitals receive antimicrobials?

This is the second European PPS conducted using the same protocol. Up to 100,000 European patients will be surveyed. Our hospitals have been invited to participate in the PPS, which takes place in May 2017. The PPS in NI is coordinated by the Public Health Agency (PHA), the Agency is responsible for the monitoring of infectious diseases and antimicrobial use.

What data will be collected?

- Anonymous demographic data (age, gender, ward specialty) and risk factor data (recent surgery, presence of vascular catheters, urethral catheters, intubation and severity of underlying illness) will be collected on all eligible patients admitted to the hospital.
- Antimicrobial use data (systemic antibacterials and/or antifungals) for treatment of infection or prophylaxis will be collected on patients who receive antimicrobials (estimated at about one third).
- Hospital-acquired infection data will be collected on eligible patients meeting case definitions of a hospital-acquired infection (estimated at about one in twenty).

When and how will the PPS data be collected?

- This hospital will participate in the 2017 PPS and some of your colleagues have volunteered to act as the local data collection team. Members of the team will attend a one-day training course to learn about the protocol and the HAI definitions.
- The PPS team leader will plan the schedule for the hospital. All data for the hospital must be collected on weekdays during May 2017.
- The PPS team will visit every ward in the hospital, collecting data on all eligible patients in each ward within the same day. Performing the PPS for an entire hospital is a big undertaking for your local PPS team. Your support and cooperation is very important to ensure the survey is a success and provides accurate information on hospital-acquired infection and antimicrobial use in your hospital.
- Night-shift nursing or midwifery staff will be asked to help the PPS team by collecting demographic and risk factor data on each patient on the ward.
- Nursing/midwifery staff and medical staff who know the patients will be asked to help the PPS team by discussing clinical information, helping to decide the patient's underlying severity of illness and whether a patient meets case definitions for a HAI.
- **NO personally-identifying information will be collected.** Data collected is anonymous and will include: general demographic information, risk factors, antimicrobial use and HAI data.