

# 2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE

## Hospital Form B

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Hospital

Survey dates from

D	D	/	M	M	/	Y	Y	to	D	D	/	M	M	/	Y	Y
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Hospital size (total number of beds)

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Number of acute care beds

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Number of ICU beds

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Any exclusion of wards for PPS?

Yes ☐ No ☐

If Yes, specify ward specialty of excluded wards



Year figures compiled Record calendar year e.g. for 2016/17 enter 16

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Number of admissions in year

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Number of patient days in year

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Number of WTE infection control nurses, e.g. 05.25

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Number of WTE infection control doctors, e.g. 01.50

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Number of WTE antimicrobial pharmacists, e.g. 01.50

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Number of WTE registered nurses

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Number of WTE nursing assistants

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Number of WTE registered nurses in ICU

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Number of WTE nursing assistants in ICU

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Number of designated airborne isolation rooms

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Alcohol hand rub consumption (litres)

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Number of observed hand hygiene opportunities

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Number of blood culture sets processed from inpatients

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Number faeces specimens from inpatients tested for *C. difficile*

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## Hospital Form B

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**Infection prevention and control (IPC) programme:**

Is there an **annual IPC plan**, approved by the hospital CEO or a senior executive officer? Yes ☐ No ☐

Is there an **annual IPC report**, approved by the hospital CEO or a senior executive officer? Yes ☐ No ☐

**Microbiology/diagnostic performance:**

At weekends, can clinicians request routine microbiological tests and receive back results?

	Saturday	Sunday
Clinical tests	<input type="checkbox"/>	<input type="checkbox"/>
Screening tests	<input type="checkbox"/>	<input type="checkbox"/>

Does your **ICU** have the following in place for HAI prevention or antimicrobial stewardship?

	Guideline	Care bundle	Training	Checklist	Audit	Surveillance	Feedback
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood stream infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antimicrobial use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your **hospital (outside of ICU)** have the following for HAI prevention or antimicrobial stewardship?

	Guideline	Care bundle	Training	Checklist	Audit	Surveillance	Feedback
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood stream infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical site infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antimicrobial use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>