

2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE

Ward List A1

Ward name for internal use [not recorded on WebForm] _____

**Please record details below for each Ward.
Completed Ward Lists should be returned to PPS Team for entry to Web System**

Hospital & Ward code	Hospital code	Ward code
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Ward specialty	<input type="text" value="MIA PickList"/>	
Survey date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/>	
On this ward, is a review performed on the appropriateness of antimicrobials within 72 hours from the initial order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="text"/> <input type="text"/>	Total number of beds	
<input type="text"/> <input type="text"/>	Number of beds occupied on the day of PPS	
<input type="text"/> <input type="text"/>	Number of beds with functioning AHR dispensers at point of care	
<input type="text"/> <input type="text"/>	Number of patient rooms in ward	
<input type="text"/> <input type="text"/>	Number of single patient rooms	
<input type="text"/> <input type="text"/>	Number of single patient rooms with <i>en suite</i> bathroom, i.e. toilet & shower/bath	
<input type="text"/> <input type="text"/>	Total number of patients included in PPS	

