

C – MEDICAL CARE AND COORDINATION

1. Is medical resident care in the facility provided by the:
 - Personal general practitioners (GP) only*
 - Medical staff, employed by the facility only*
 - Both: personal general practitioners and medical doctor(s) employed by the facility*

2. If only personal general practitioners take care of the residents, how many different GPs in total currently visit your facility?
Total number of GPs visiting the facility? *Practitioners*

3. Are medical activities in the facility coordinated by a coordinating medical doctor/physician (CP)?
 - No, there is no coordination of the medical activity*
 - Yes, a CP designated amongst the GPs visiting the facility, coordinates medical activities*
 - Yes, a CP designated amongst the employed facility medical doctors, coordinates medical activities*
 - Yes, a physician from outside the setting (external) coordinates medical activities*

4. How many hours a month, are devoted by this/these coordinating physician(s) to the medical coordination in the facility?
Total number of hours of medical coordination/month *hours/month*

5. What kinds of tasks are performed practically by the coordinating physician?
 - Medical resident care*
 - Organizing the medical on-call service in the facility (continuity of medical care)*
 - Supervising the medical records of all residents (even for residents treated by other GPs)*
 - Clinical training of medical doctors in the facility*
 - Clinical training of nursing staff in the facility*
 - Development of an antibiotic policy in the facility*
 - Development of care strategies in the facility*
 - Development of infection prevention policy in the facility*
 - Coordinating resident vaccination policy in the facility*
 - Organizing meetings with the GPs in order to harmonize medical care practices/policies*
 - Peer review of medical activities in the facility*

6. Can following persons consult the medical/clinical records of all residents in the facility?
The physician in charge of medical coordination in the setting? Yes No
The nursing staff Yes No

8. In the facility, is a written protocol available for:

- the management of MRSA carriers?*
- hand hygiene?*
- the management of urinary catheters?*
- the management of venous catheters/lines?*
- the management of enteral feeding?*

9. Is a surveillance programme of healthcare associated infections in place in the facility? (*annual summary report of number of urinary tract infections, respiratory tract infections, etc...*)

- Yes
- No

10. In the facility, which of following products are routinely used for hand hygiene?

- Alcohol rub solution*
- Wipes (alcoholic)*
- Liquid soap (antiseptic/ other)*
- Bar soap*

11. How many litres of hand alcohol were used last year?

Total annual consumption in litres

L./last year

12. Last year, was a hand hygiene training session organized, including all the care professionals from the facility?

- Yes
- No

E – ANTIBIOTIC POLICY

1. Which types of physicians prescribe antibiotics in the facility?

ESTIMATED % OF TOTAL NUMBER OF AB PRESCRIPTIONS

- | | |
|---|---------|
| <input type="checkbox"/> <i>General practitioner</i> | _____ % |
| <input type="checkbox"/> <i>Medical Doctor employed by the facility</i> | _____ % |
| <input type="checkbox"/> <i>External consultants (specialists)</i> | _____ % |
| <input type="checkbox"/> <i>Specialists working in the facility</i> | _____ % |

2. Does the facility use a 'restrictive list' of ABs to be prescribed? (*prescription requiring permission of a designated person or not to be used*)

- Yes No

3. If a restrictive list exists, what kinds of ABs are restricted?

- Carbapenems*
 3th Generation Cephalosporins
 Fluoroquinolones
 Vancomycin
 Mupirocin
 Glycopeptides
 Broad-spectrum AB
 Intravenously administered antibiotics
 Other, please specify.

4. Which of following elements are present/available in the facility?

- an 'antibiotic committee'*
 annual regular training on appropriate antibiotic prescribing
 written guidelines for appropriate AB use (good practice) in the facility
 data available on annual AB consumption by AB class
 microbiological samples taken for guidance of best AB choice
 local (i.e. for that region/locality or national if small country) antimicrobial resistance profile summaries
 permission from a designated person(s) for prescribing of restricted Abs, not included in local formulary
 pharmacist providing advice on ABs not included in the formulary
 therapeutic formulary, comprising a list of antibiotics
 feedback to the GPs on AB consumption in the facility

5. If written therapeutic guidelines are present in the facility, are they on:
- Respiratory tract infections?*
 - Urinary tract infections?*
 - Wound and soft tissue infections?*
6. Do you perform a urine dipstick test for detection of urinary tract infections in the facility?
- Routinely*
 - Sometimes*
 - Never*
7. Is a programme for surveillance of antimicrobial consumption and feedback in place in the facility?
- Yes No
8. Is a programme for surveillance of resistant micro-organisms in place in the facility? (*annual summary report for MRSA, Clostridium difficile, etc...*)
- Yes No

F – HOW WAS THIS SURVEY PERFORMED IN YOUR FACILITY ?

1. Who collected the data for the HALT-study?
- a physician from the setting*
 - a qualified nurse*
 - another person*
2. If no physician was involved in the data collection, did a physician validate data?
- Yes No

The HALT team thanks you for your participation!