

2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE

Hospital Form B

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Hospital

Survey dates from / / to / /

Hospital size (total number of beds)

Number of acute care beds Number of ICU beds

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

Number of admissions in year

Number of patient days in year

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

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

Number of WTE antimicrobial pharmacists, e.g. 01.50 -

Number of WTE registered nurses -

Number of WTE nursing assistants -

Number of WTE registered nurses in ICU -

Number of WTE nursing assistants in ICU -

Number of designated airborne isolation rooms

Alcohol hand rub consumption (litres)

Number of observed hand hygiene opportunities

Number of blood culture sets processed from inpatients

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

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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"/>						
Blood stream infections	<input type="checkbox"/>						
Urinary tract infections	<input type="checkbox"/>						
Antimicrobial use	<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"/>						
Blood stream infections	<input type="checkbox"/>						
Surgical site infections	<input type="checkbox"/>						
Urinary tract infections	<input type="checkbox"/>						
Antimicrobial use	<input type="checkbox"/>						