



Point Prevalence Survey of Hospital-Acquired Infections & Antimicrobial Use in Ireland

PPS Data Collector Training
April 2017

Review of the Hospital Form (Form B) & Ward List A1
Presentation 6



Content



- Completing the Hospital Form (Form B)
- Completing the Ward List A2

Please refer to protocol for definitions

2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE

Hospital Form B

Page 1

Hospital **Hospital code**
Survey dates from / / to / /

- **Hospital code:**
 - Allocated by HPSC to each PPS team leader
- **Start and end date for the survey dates in your hospital**
 - End date is the date the data was collected on the last ward
 - DD/MM/YY

Hospital size (total number of beds)

Number of acute care beds
 Number of ICU beds

- **Hospital size (total number of inpatient beds)**
 - Total number of inpatient beds in the hospital
 - **EXCLUDE THOSE DESIGNATED SOLELY AS DAY BEDS**
- **Number of acute care beds**
 - If no designated long-term care facility on site (i.e., no LTCF licensed by HIQA and inspected against Residential Care Standards for Older People) acute beds = total number of beds
 - **TOTAL INPATIENT BEDS – TOTAL LTCF BEDS = TOTAL ACUTE CARE BEDS**
- **Number of ICU beds**
 - Number of ICU beds – **if no ICU = 0**
 - HDU bed is **not** to be counted as an ICU bed

Any exclusion of wards for PPS? Yes No

If Yes, specify ward speciality of excluded wards

- **Exclusion of wards for PPS?**
 - Were any wards excluded for the PPS Yes or No?
- **If yes –**
 - Use ward speciality list to describe (**Appendix A Table 1**)

Please refer to protocol for definitions

Year figures compiled Record calendar year e.g. enter 16	<input type="text"/>
Number of admissions in year	<input type="text"/>
Number of patient days in year	<input type="text"/>
Number of WTE infection control nurses, e.g. 05.25	<input type="text"/>
Number of WTE infection control doctors, e.g. 01.50	<input type="text"/>
Number of WTE antimicrobial pharmacists, e.g. 01.50	<input type="text"/>
Number of WTE registered nurses	<input type="text"/>
Number of WTE nursing assistants	<input type="text"/>
Number of WTE registered nurses in ICU	<input type="text"/>
Number of WTE nursing assistants in ICU	<input type="text"/>
Number of designated airborne isolation rooms	<input type="text"/>
Alcohol hand rub consumption (litres)	<input type="text"/>
Number of observed hand hygiene opportunities	<input type="text"/>
Number of blood culture sets processed from inpatients	<input type="text"/>
Number faeces specimens from inpatients tested for <i>C. difficile</i>	<input type="text"/>

Completed by PPS team leader in each facility in collaboration with Hospital management, DONM, IPCT, microbiology laboratory

New additions in 2017

Please refer to protocol for definitions

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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"/>

Completed by PPS team leader in each facility in collaboration with Hospital management, DONM, IPCT, microbiology laboratory

New additions in 2017

PPS Protocol P22

Data Item	Description
Definitions used for multi-modal strategies	<ul style="list-style-type: none"> • Multi-modal strategy = Intervention aimed at improving practice and offering education and training at multiple levels and it must be underpinned by written guidelines and endorsed by the hospital management as a hospital programme • Guideline = written document available at ward level • Care bundle = 3-5 evidence-based practices when performed collectively and reliably are proven to improve outcomes • Training = At least an annual training course on the intervention • Checklist = Completed by the healthcare worker undertaking the intervention • Audit = Evaluation of the implementation of the intervention by someone other than the healthcare worker undertaking the intervention • Surveillance = Formal surveillance of the HAI type or antimicrobial stewardship intervention (e.g., consumption, compliance with quality prescribing indicators) – Can be local, regional or national surveillance • Feedback = At least an annual written feedback on audit and/or surveillance results for the HAI type or antimicrobial stewardship intervention to frontline healthcare workers

Please refer to protocol P22 for definitions

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"/>

Completed by PPS team leader in each facility in collaboration with Hospital management, DONM, IPCT, microbiology laboratory

If >1 ICU in your hospital, if any of interventions present in at least one ICU, tick the box

New additions in 2017

Please refer to protocol P22 for definitions

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"/>
Bloodstream 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"/>

Completed by PPS team leader in each facility in collaboration with Hospital management, DONM, IPCT, microbiology laboratory

Implementation of any of interventions in at least one ward outside of ICU sufficient to tick the relevant box

New additions in 2017

Ward List A1

- One Ward List A1 to be completed ahead of the PPS date by PPS team leader for every ward in the hospital included in the PPS:
 - Have you got your Hospital Code from HPSC (same as 2012 PPS)?
 - Make a PPS schedule, listing included wards by their usual name and dates for PPS:
 - ED & AMU wards last, ICU, HDU wards first, surgical wards Tues/Wed/Thurs/Fri
 - Assign every ward a two digit code (same as 2012 PPS)
 - Assign every ward its ward specialty – **Appendix A Table 1**

Ward List A1

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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 code	Ward code	
Hospital & Ward code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ward speciality	<input style="width: 100%;" type="text"/>		
Survey date	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Start each Ward List A1 ahead of PPS date
Take the Ward List A1 to the ward when you visit the nurse/midwifery manager to tell them about the PPS – Get his/her help in filling it in. Take it away with you and keep it safe
Let them know you will be back with their part Ward List A2 the day before their PPS**

Ward List A1

- **Please refer to protocol for definitions**

On this ward, is a review performed on the appropriateness of antimicrobials within 72 hours from the initial order? Yes No

Total number of beds

Number of beds occupied on the day of PPS

Number of beds with functioning AHR dispensers at point of care

Number of patient rooms in ward

Number of single patient rooms

Number of single patient rooms with *en suite* bathroom, i.e. toilet & shower/bath

Total number of patients included in PPS

PPS team leader can answer these two questions once ward staff have completed their Ward List A2 and PPS is completed on that ward

- **Finally:**

- Once **Hospital Form B** (x1) and **Ward List A1** (x total included wards) have been completed in full, the data on each can be transcribed into Webforms
- Each completed **Patient Form C** will also need to be transcribed into Webforms



Any Questions?



pps2017@hpsc.ie