

## Hospital Form B

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**Hospital**  **Hospital code**

**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**

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

