

Point Prevalence Survey of Hospital Acquired Infections & Antimicrobial Use

Data Entry using Webforms

User Guide

May 2017

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Stage 1: Logging onto the PPS online webforms

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- Access the PPS webform site using the following IP address: <u>https://websurveillance.hpsc.vpn/webforms/</u>
- Once the site opens select 'Login'

Figure 2: Logging on to PPS online webforms

+Web Forms	Not Logged In
Login Please enter your username and p	assword to continue:
Username: Ireland Password: ••••••	
	2. Log In Carcel
	formic

- Enter the unique username and password that were provided by HPSC for your hospital (e.g. Username = Bunny; Password = Rabbit12, where the last 2 characters are numbers).
- Click the 'Log In' button.

Stage 2: How to enter the Patient Form (Form C) onto the webform

	Figure 3: Se	lecting the Patient Fo	rm (Form C)
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	> 2017 PPS Hospital > 2017 PPS Patient		
	> 2017 PPS Ward		
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• Select '2017 PPS Patient' from the list of forms provided

Use these		Figure 4: Com	pleting Patient For	m– Unique	Indentifier	
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		Linderiving disease progressie	Moneynon, tatal disease	Lind of lite program	PIR	
		concentration are size produced a	 Life limiting poquosis 	Not known	313	
		3. Condition of Interest				

• Enter the 3-digit hospital code, the 2-digit ward code and the 2-digit patient ID: Together these result in a 7-digit numerical unique identifier for each patient in the PPS.

Only use numbers (e.g. 8964276): do **not** use any letters (A-Z) or other characters (?!%^, etc). This code is unique and cannot be repeated for subsequent patients. **Note:** ward and patient codes 1 to 9 should be entered as 01 to 09

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	Intubation	□ No □ Yes	
	Underlying disease prognosis	None/non-fatal disease C End of life prognosis	

Figure 5: Completing Patient Form – Patient Details Section

 By clicking the arrows at the right hand side of the boxes, dropdown lists of the different options available will appear (options are arranged alphabetically for convenience). To select the required option, simply click on it and it will move into the box (you may need to use the scroll bar on to move up and down all the options listed.

(Note: use the Backspace key if you want to delete an option completely OR select the correct option)

- Enter the Consultant specialty by clicking the arrow in the top-right corner of the box and selecting from the dropdown list.
- Complete the patient's age (in years or months as appropriate), birth weight (in grams) for neonates and date of hospital admission (format: DD/MM/YY) and gender.

Patient details inque identifier ansuitant specialty que in years recenter 100°) 42 enter 100°)	Hospilat code L23 Candiac surg 18	Ward o 01 gery-SURC	ARD ARD Age in mor (for neonates <4	D dho il < 2 years old	1	J		
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etheral catheter	\boxtimes	No 🗌 Yes	Cardlac	s Coronary artery	bypass graft	with che	st incision only	
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Figure 6: Completing Patient Form – Risk Factors and Condition of Interest Sections

- Select 'Yes' or 'No' for each of the risk factors by hovering the pointer over the corresponding box and clicking. Either 'Yes' or 'No' <u>must be selected</u> as the webform does not recognise blanks as meaning the patient did not have the risk factor.
- If 'Yes' is selected for 'Surgery since admission' select the procedure by clicking the arrow in the top-right corner of the 'surgical procedure' box and selecting from the dropdown list. If 'No' was selected for 'Surgery since admission' then the 'Surgical procedure' box should remain blank.
- To select the underlying disease prognosis, hover the pointer over the corresponding box and click.
- Select 'Yes' or 'No' for 'Patient on antimicrobials' and 'Patient has active HAI' by hovering the pointer over the corresponding box and clicking.
- If you select 'No' to both then the subsequent panels for 'Hospital-acquired infection data (HAI)' and 'Antimicrobial use data' will remain blanked out and your form is ready to submit (see pages 11-13)
- If you select 'Yes' to either (or both) then the relevant subsequent panels will become active and you will need to fill these in as appropriate.



Figure 7: Completing Patient Form – Hospital-acquired infecion data section

- For the first HAI (HAI 1), select the 'Infection' by clicking the arrow in the right corner of the box and selecting from the dropdown list.
- If any of the surgical site infection codes (SSI-S, SSI-D or SSI-O) are selected as the HAI then the surgical procedure should be recorded by clicking the arrow in the right corner of the 'If SSI, record procedure' box and selecting from the dropdown list.
- If the bloodstream infection code (BSI) is selected as the HAI then the source of the BSI should be recorded by clicking the arrow in the right corner of the 'If BSI record source' box and selecting from the dropdown list.
- Enter the 'Date admitted to current ward' in the format DD/MM/YY.
- Complete the 'Relevant device in situ before onset', 'Active HAI at admission' and 'Origin of infection' questions by hovering the pointer over the corresponding response box and clicking.
- Enter the 'Date of onset' in the format DD/MM/YY.
- Select the 'Microorganism 1' by clicking the arrow in the top-right corner of the box and selecting from the dropdown lists.
- Some microorganisms have corresponding resistance types.

Table 1 (see below) contains the all the microorganism codes which require resistance types along with their corresponding bacterium species and resistance types possible for each.

- Repeat the above steps for any additional microorganisms (i.e. Microorganism 2 and Microorganism 3) for this particular HAI, plus their relevant resistances, if required.
- Repeat the above steps for HAI 2 and HAI 3 if the patient has more than one active HAI recorded on the form (note: these are located on page 4 of the Patient Form in Webforms).

Microorganisms requiring resistance type	Code		Resistance	e type	
Stanbulosassus aurous	STAALID	Fluclox-S - MSSA/	Fluclox-R - MRSA/	Fluclox-S - MSSA/	Fluclox-R - MRSA/
Stuphylococcus unleus	STAAUK	Glycopep-S	Glycopep-S	Glycopep-IR	Glycopep-IR
Enterococcus faecalis	ENCFAE				
Enterococcus faecium	ENCFAI	Glyconen-S Enterococci	Glycopen-I/R - VRF		
Enterococcus spp., other	ENCOTH	diveopep-5 Enterococci			
Enterococcus spp., not specified	ENCNSP				
Citrobacter freundii	CITFRE				
Citrobacter koseri (e.g. diversus)	CITDIV				
Citrobacter spp., other	CITOTH				
Citrobacter spp., not specified	CITNSP				
Enterobacter cloacae	ENBCLO				
Enterobacter aerogenes	ENBAER				
Enterobacter agglomerans	ENBAGG				
Enterobacter sakazakii	ENBSAK				
Enterobacter gergoviae	ENBGER				
Enterobacter spp., other	ENBOTH				
Enterobacter spp., not specified	ENBNSP				
Escherichia coli	ESCCOL				
Klebsiella pneumoniae	KLEPNE				
Klebsiella oxytoca	KLEOXY				
Klebsiella spp., other	KLEOTH				
Klebsiella spp., not specified	KLENSP				
Proteus mirabilis	PRTMIR				
Proteus vulgaris	PRTVUL	COC S/Cor S	C2C ID/Car S	C2C S/Car ID	
Proteus spp., other	PRTOTH	C3G-3/Cal-3	CSG-IN/CdI-S	C5G-5/Cd1-IK	CSG-IK/CdI-IK
Proteus spp., not specified	PRTNSP				
Serratia marcescens	SERMAR				
Serratia liquefaciens	SERLIQ				
Serratia spp., other	SEROTH				
Serratia spp., not specified	SERNSP				
Hafnia spp.	HAFSPP				
Morganella spp.	MOGSPP				
Providencia spp.	PRVSPP				
Salmonella enteritidis	SALENT				
Salmonella typhi or paratyphi	SALTYP				
Salmonella typhimurium	SALTYM				
Salmonella spp., not specified	SALNSP				
Salmonella spp., other	SALOTH				
Shigella spp.	SHISPP				
Yersinia spp.	YERSPP				
Other Enterobacteriaceae, specified	ETBOTH				
Enterobacteriaceae, not specified	ETBNSP				
Acinetobacter baumannii	ACIBAU	Carbancaran	Carbananam ID		
Pseudomonas aeruginosa	PSEAER	Carbapenem-S	Carbapenem-IK		

Table 1: Microorganism codes which require resistance types

C3G, 3rd-generation cephalosporins; Car, carbapenems

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Figure 8: Completing Patient Form – Antimicrobial Use Section

- The antimicrobial 'Generic Name' and 'ATC5 Code' are combined together on the webform. Select the required antimicrobial by clicking the arrow in the top-right corner of the box and selecting from the dropdown list.
 Note: Please ensure the correct ATC5 code/generic name combination is selected, as some antimicrobials have more than one code depending on how they are administered; e.g. Vancomycin administered through IV = J01XA01 whereas vancomycin received orally = A07AA09.
- Complete the 'Route', 'Doses per day', 'Strength of 1 dose', 'Reason recorded in notes' and 'Meets local policy' questions by hovering the pointer over the corresponding response box and clicking.
- Complete the 'Indication code' and 'Diagnosis site code' by clicking the arrow in the top-right corner of the boxes and selecting from the dropdown lists.
- If the patient is receiving a second antimicrobial repeat the above three steps in the subsequent green panel.

(Note: third and any subsequent antimicrobials can be entered on Page 3 of the webform)

- To move to the next page of the webform, click on the 'NEXT PAGE' button in the bottom-right corner OR alternatively click the 'NEXT PAGE' button in the 'Project Navigation' menu which is in the top-left corner of the page.
- If the patient is not receiving more than two antimicrobials then move to the next section of this User Guide (Stage 3, How to submit completed webforms).

Stage 3: How to submit completed webforms

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NEXT PAGE										
PREVIOUS										
PAGE		SURVEY OF H	IOSPIT/	AL-ACQUI	RED INF	ECTIONS &	ANTIMICROBIAL	USE		
		2	017	PPS - P	ATIE	NT FOR	A C v1.0			
SUBMIT	1. Patient details	Hospital cor		Ward c	nde	Patient ID				
Completion Errors	Unique identifier	123		01		05				
	Consultant specialty	Dermatol	ogy-M	EDDERI	И					
	Age in years (if <2 enter "00")	15			/ (for ne	ge in month onates <4-w	s if < 2 years old eeks. enter 'DO')			
	If neonale, birth weight i	n grams								
	Admission date to this h	ospital	05	/ 05	1	17	Gender 📃	Male	🔀 Female	
	2. Risk factors									
	Surgery since admission	5	ये No	Ves Yes	+					0
	Central vascular cathete	r D	No	Yes			Surgical pro	ooduro		
	Peripheral vascular cath	eter 🛛	< No	🗌 Ycə						
	Uretheral catheter	D	No.	Yes						
	Intubation	[< No	_ Yes						
	Underlying disease prog	nosis [≦ Non	e/non-fata	l diseas	e	Cind of life p	orognosis		
		[Life	limiting pr	ognosia		Not known			
	3. Condition of inter	est								
	Patient has active H			Yes		Patlent on	antimicrobiais	×	No	Yes

Figure 9: Submitting completed webforms

• Once a webform has been fully completed and is ready to be submitted to HPSC, click on the 'SUBMIT' button in the Project Navigation menu in the top-left corner of the page. You can also click on 'Submit' at the bottom of the page:



Figure 10: Submitting completed webforms (continued)

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CLEAR	2017 FFS - FATIENT FORM C VI.0
SUBMIT	1. Patient details
Completion Errors Page One (11)	Unique identifier 123 01 05
Unique Data I	
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CONSPEC Mandatory Field Error (Ago in yogra
Gender	(if <2 enter "00") (for neonates <4-weeks, enter '00')
Mandatory Field Error (SurgerySinceAdu	
Mandatory Field Error (SurgerySinceAdmission	If neonate, birth weight in grams
CVC Mandatory Field Error (Admission date to this hospital DD / MM / VY Gender D Male D Female
<u>PVC</u>	
Mandatory Field Error (UrinaryCatheter	2. Risk factors
Mandatory Field Error	
Intubation	
Mandatory Field Error (Intubation)	Central vascular catheter No Yes Surgical procedure
MaCabe Disease	Peripheral vascular catheter 🛛 No 🗋 Yes
Mandatory Field Error (liratheral catheter
Disease prognosis) HasHAI	
Mandatory Field Error (Intubation 🗌 No 🗌 Yes
Mandatory Field Error	
(ReceivesAntimicrobial)	
	Life limiting prognosis Not known
	3. Condition of interest
	Patient has active HAI No Yes Patient on antimicrobials No Yes

Figure 11: Completion errors when submitting completed webforms

- If there are any errors submitting the form, these will appear in the 'Completed Errors' area on the left-hand side of the page.
 In the above figure the unique patient identifier had already been used on a previously submitted webform and so could not be used on this form; plus none of the other mandatory data fields (as indicated) have been completed
- Check any errors that may be encountered and correct these before proceeding to submit again.

	Figure 12: Message when completed	webform has been submitt	ed
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+Web Fo	rms		
	Complete. Thank you for completing this form. Your data has now been submitted.		
	Your Receipt ID is: 2017 PPS P 123 01 05		Continue

• Once a completed webform has been successfully submitted the above message will appear showing the receipt ID for the webform. Click the 'Continue' button to return to home page.

Stage 4: Retrieving and editing submitted webforms

Figure 13: Retrieving and editing submitted forms

1	Projects	
J	pleace select a project from the list below:	
	> 2017 PPS Hospital	
	> 2017 PPS Ward	
		-

• Submitted webforms can be retrieved (for viewing or editing) by clicking one of the two 'Receipt' buttons as indicated above.

Figure 14: Viewing submitted forms

Web Forn	าร			
ogout	Citer a receipt ID to access par Receipt	rtially completed forms or reload	previously submitted forms.	
1.	Please enter your receipt ID here: 2017 PPS P 123 01 05	×		
				2. Enter Cance

 Note that the format for the receipt ID for the patient form is: 2017 PPS P NNN NN, where P stands for Patient, NNN is your unique hospital 3digit code which is followed by NN, the ward's unique 2-digit code and a subsequent (or second) NN, the patient's 2-digit code

- Enter the receipt ID into the box and click 'Enter'. The receipt ID <u>must</u> be in the exact format as illustrated above with spaces after '2017', 'PPS', 'P' and then after the first 3-digits and then the following 2-digits:
 2017spacePPSspace123space01space05
- Submitted forms can be edited and resubmitted by the person undertaking data entry in the hospital.

Stage 5: How to enter the Hospital Form (Form B) onto the webform

€ ∂ Inters +Web Fi	s//websurveillance.hpse.vpn/webforms/default.aspx
 Logout Receipt 	Projects please select a project from the list below:
	 > 2017 PPS Hospital > 2017 PPS Patient > 2017 PPS Ward
	Log Out Receipt

Figure 15: Selecting the Hospital Form

• Select '2017 PPS Hospital' from the list of forms provided

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Project Navigation • NEXT PACE • PREVIOUS PACE		
CANCEL	2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE	
CLEAR	Hospital Form B	
SUBMIT	Page 1	
Lompletion Lirors	Hospital Voi	
	Survey dates from DD / MM / YY To DD / MM / YY	
)	Hospital size (total number of beds)	
9	Number of acute care beds Number of ICU beds	Should
4	Any exclusion of wards for PPS?	remain
	If Yes, specify ward specialty of excluded wards	blank if
		'Exclusion
		of wards
	Year figures compiled Record calender year e.g. enter 10	for PPS?'
	Number of admissions in year	is (No)

Figure 16: Completing the Hospital Form (top of page 1)

- Select your hospital name from the drop-down menu and enter your unique hospital code
- All dates are in the format DD/MM/YY
- If 'Yes' is selected for 'Exclusion of wards from PPS' then wards excluded can be typed into the boxes provided. If 'No' is selected for 'Exclusion of wards from PPS' than the boxes should remain blank.
- Enter the 2-digit number for the 'Year figures compiled': if 2016, then enter '16'.
- For all subsequent questions on this page, the responses should all be numerical and should contain no letters or other characters (?!%^, etc). Please note that some of the numbers (for WTE staff) include decimal places.

				Format
Yeart	gures compiled Record caler	nder year e.g. enter 16		e.g. 12
Numb	er of admissions in year			not 2012
Numb	er of patient days in year			
Numb	er of WTE infection control n	urses, e.g. 05.25	.	
Numb	er of WTE infection control d	loctors, e.g. 01.50	· · ·	
Numb	er of WTE antimicrobial phar	macists, e.g. 01.50	· · ·	
Numb	er of WTE registered nurses].
Numb	er of WTE nursing assistants	•		·
Numb	er of WTE registered nurses	in ICU	· · ·	
Numb	er of WTE nursing assistants	s in ICU		
Numb	er of designated airborne iso	plation rooms		
Alcoh	ol hand rub consumption (lit	res)	Include deci	mals
Numb	er of observed hand hygiene	opportunities	(e.g. 0.25	5)
Numb	er of blood culture sets proc	essed from inpatients		
Numb	er faeces specimens from in	patients tested for C. difficile		1
			CANCEL	CLEAR SUBMIT

Figure 17: Completing the Hospital Form (bottom of page 1)

- Go to the 2nd page to complete the data entry for the hospital form. Fill in the appropriate responses by hovering over the relevant boxes and clicking.
- Hospital Forms (Form B) can be submitted in the same way as Patient Forms (Form C) (See Stage 3 above)
- Hospital forms can be retrieved (for viewing and editing) in the same way as Patient Forms (see Stage 4 above). Note that the receipt ID for the hospital form is slightly different to that for the patient form (see below): 2017 PPS H NNN, where H stands for Hospital and NNN is your unique hospital 3digit code

(Remember to include the spaces: 2017<mark>space</mark>PPS<mark>space</mark>HspaceNNN)

https://	/websurveillance.hpsc.vpn/webforms/Complete aspx?RES 🔎 🖛 🔒	1 C 🥥 Formic Web Forms	×	
eh Fr				
CUIC				
	Complete.			
	Thank you for completing this form. Your data has no	ow been submitted.		
	Your Receipt ID is: 2017 PPS H 467	Receipt ID		
		J		

Figure 18: Message when completed webform has been submitted

Stage 6: How to enter the Ward Form (Form A) onto the webform

🗲 🕘 🏓 https:	://websurveillance.hpsc.vpn/webforms/default.aspx $\mathcal{P} = \widehat{\square} \widehat{\bigcirc}$ Formic Web Forms X
+Web F	orms
⇒Logout ∍Receipt	Projects please select a project from the list below:
	 > 2017 PPS Hospital > 2017 PPS Patient > 2017 PPS Ward

Figure 19: Selecting the Ward Form

• Select '2017 PPS Hospital' from the list of forms provided

veorun	115			
XI PAGE				
REVTOLIS				
ANCLL				
UBMLI				
maiction Ferrers	2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND AN TIMICROBIAL USE Ward List A1			
	Please m Completed Ward Lists shou	ecord details below for each Ward. uid be returned to PPS Team for entry to Web System		
	Hospital & Ward code	Hospital codo Ward code		
	Ward specially			
	Survey date	DD / MM / YY		
	On this ward, is a review po within 72 hours from the ini	enformed on the appropriateness of antimicrobials Ittual order?		
	Total numbe	ar of beds		
	Number of b	reds occupied on the day of PPS		
	Number of b	eds with functioning AHR dispensers at point of care		
	Number of pr	atient rooms in werd		
	Number of si	ingle patient moms		
	Number of si	ingle patient rooms with an solie ballmoom, i.e. toilet & showe	r/bath	
	The first second s	a of extinuous includent in DDS		

Figure 20: Completing the Ward Form

- You must complete a Ward Form (Form A) for every ward in your hospital that is participating in the PPS: each ward is given a 2-digit (numeric value), which in combination with the hospital code gives it a unique id in the PPS
- All dates are in the format DD/MM/YY
- Select the ward speciality from the drop-down menu.
- Ward Forms (Form A) can be submitted in the same way as Patient Forms (Form C) (See Stages 4, 5, 7 and 8 above)
- Ward forms can be retrieved (for viewing and editing) in the same way as Patient Forms. Note that the receipt ID for the hospital form is slightly different to that for the patient form (see below):
 2017 PPS W NNN NN, where W stands for Ward and NNN is your unique hospital 3digit code which is followed by NN, the ward's unique 2-digit code (Remember to include the spaces: 2017spacePPSspaceWspaceNNNspaceNN)

Health Protection Surveillance Centre Contact Details

- Any questions or queries can be sent to the PPS email address at: pps2017@hpsc.ie
- Alternatively contact one of the following numbers:
 - o Stephen Murchan: 01 8765372
 - o Margaret McIver: 01 8765358
 - o HPSC reception: 01 8765300