



Point Prevalence Survey of Hospital Acquired Infections & Antimicrobial Use

Data Entry using Webforms

User Guide

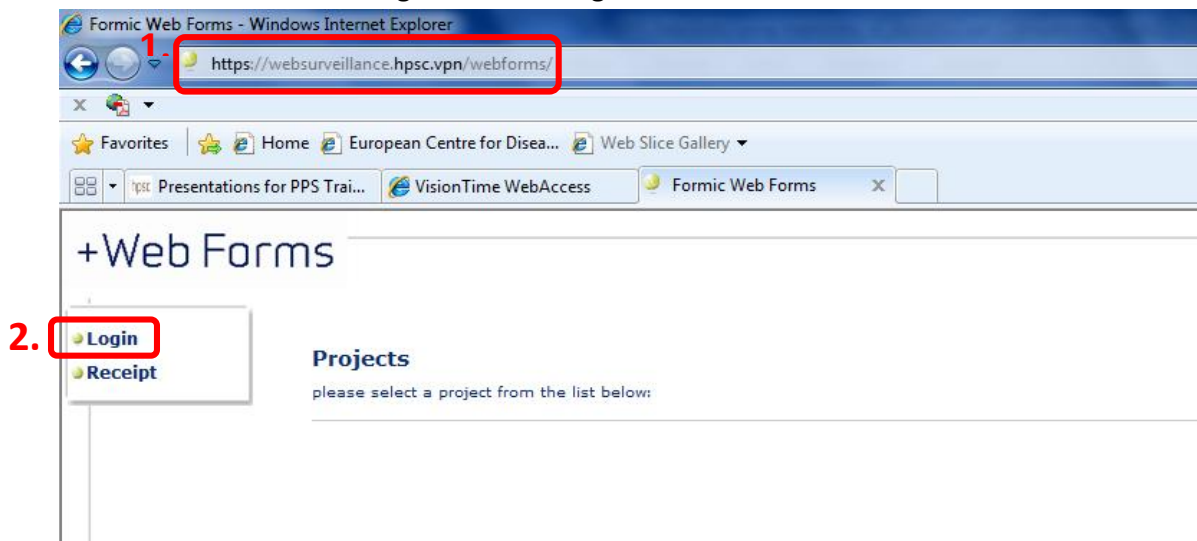
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Stage 1: Logging onto the PPS online webforms

Figure 1: Accessing the PPS online webforms



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

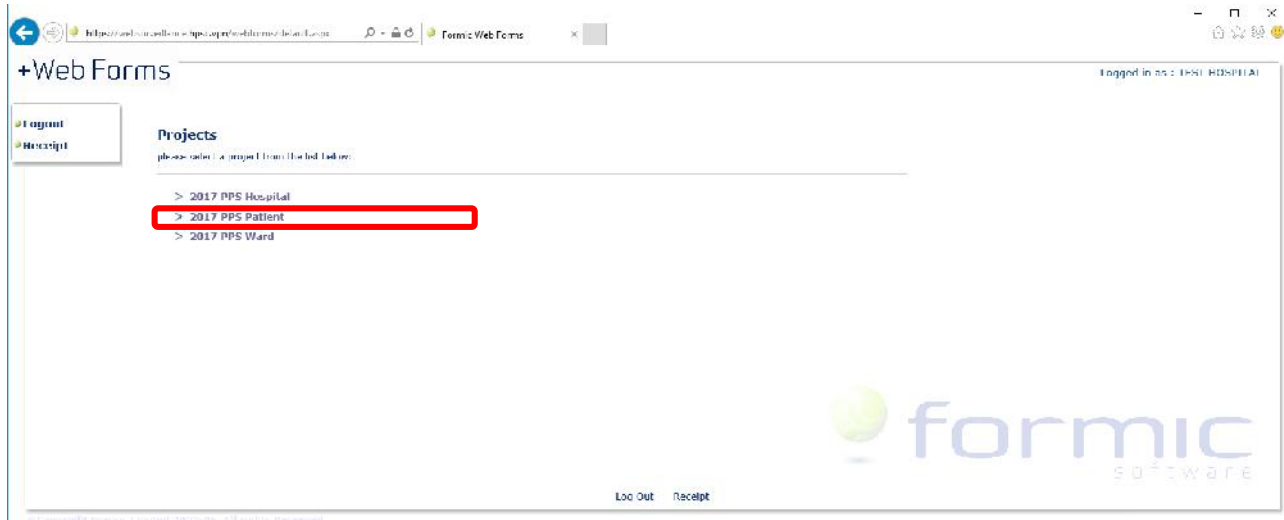
Figure 2: Logging on to PPS online webforms



- 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: Selecting the Patient Form (Form C)



- Select '2017 PPS Patient' from the list of forms provided

Figure 4: Completing Patient Form– Unique Identifier

Use these commands to move between the different pages of the form and to cancel or clear all the data from the form

The screenshot shows the '2017 PPS - PATIENT FORM C' web form. The title is 'SURVEY OF HOSPITAL-ACQUIRED INFECTIONS & ANTIMICROBIAL USE'. The form is divided into three sections: '1. Patient details', '2. Risk factors', and '3. Condition of Interest'. In the '1. Patient details' section, there are three input fields for 'Hospital code', 'Ward code', and 'Patient ID'. A red arrow points from a text box to the 'Patient ID' field. The 'Project Navigation' sidebar on the left contains buttons for 'NLX1 PAGE', 'PREVIOUS PAGE', 'CANCEL', 'CLEAR', and 'SUBMIT'. The 'CANCEL' button is highlighted with a red box.

Enter your hospital's unique 3-digit code; followed by the 2-digit ward code and the 2-digit patient ID

- 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

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.

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' must be selected 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 infection 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).

Table 1: Microorganism codes which require resistance types

Microorganisms requiring resistance type	Code	Resistance type			
		Flucloxacillin - MSSA/ Glycopep-S	Flucloxacillin - MRSA/ Glycopep-S	Flucloxacillin - MSSA/ Glycopep-IR	Flucloxacillin - MRSA/ Glycopep-IR
<i>Staphylococcus aureus</i>	STAAUR				
<i>Enterococcus faecalis</i>	ENCFAE	Glycopep-S Enterococci	Glycopep-I/R - VRE		
<i>Enterococcus faecium</i>	ENCFAI				
<i>Enterococcus spp., other</i>	ENCOTH				
<i>Enterococcus spp., not specified</i>	ENCNSP				
<i>Citrobacter freundii</i>	CITFRE				
<i>Citrobacter koseri</i> (e.g. <i>diversus</i>)	CITDIV				
<i>Citrobacter spp., other</i>	CITOTH				
<i>Citrobacter spp., not specified</i>	CITNSP				
<i>Enterobacter cloacae</i>	ENBCLO				
<i>Enterobacter aerogenes</i>	ENBAER				
<i>Enterobacter agglomerans</i>	ENBAGG				
<i>Enterobacter sakazakii</i>	ENBSAK				
<i>Enterobacter gergoviae</i>	ENBGER				
<i>Enterobacter spp., other</i>	ENBOTH				
<i>Enterobacter spp., not specified</i>	ENBNSP				
<i>Escherichia coli</i>	ESCCOL				
<i>Klebsiella pneumoniae</i>	KLEPNE				
<i>Klebsiella oxytoca</i>	KLEOXY				
<i>Klebsiella spp., other</i>	KLEOTH				
<i>Klebsiella spp., not specified</i>	KLENSP				
<i>Proteus mirabilis</i>	PRTMIR				
<i>Proteus vulgaris</i>	PRTVUL	C3G-S/Car-S	C3G-IR/Car-S	C3G-S/Car-IR	C3G-IR/Car-IR
<i>Proteus spp., other</i>	PRTOTH				
<i>Proteus spp., not specified</i>	PRTNSP				
<i>Serratia marcescens</i>	SERMAR				
<i>Serratia liquefaciens</i>	SERLIQ				
<i>Serratia spp., other</i>	SEROTH				
<i>Serratia spp., not specified</i>	SERNSP				
<i>Hafnia spp.</i>	HAFSPP				
<i>Morganella spp.</i>	MOGSPP				
<i>Providencia spp.</i>	PRVSPP				
<i>Salmonella enteritidis</i>	SALENT				
<i>Salmonella typhi</i> or <i>paratyphi</i>	SALTYP				
<i>Salmonella typhimurium</i>	SALTYM				
<i>Salmonella spp., not specified</i>	SALNSP				
<i>Salmonella spp., other</i>	SALOTH				
<i>Shigella spp.</i>	SHISPP				
<i>Yersinia spp.</i>	YERSPP				
Other <i>Enterobacteriaceae</i> , specified	ETBOTH				
<i>Enterobacteriaceae</i> , not specified	ETBNSP				
<i>Acinetobacter baumannii</i>	ACIBAU	Carbapenem-S	Carbapenem-IR		
<i>Pseudomonas aeruginosa</i>	PSEAEER				

C3G, 3rd-generation cephalosporins; Car, carbapenems

Figure 8: Completing Patient Form – Antimicrobial Use Section

The screenshot shows a web form for entering antimicrobial use data. At the top, there are navigation buttons (NEXT PAGE, PREVIOUS PAGE, CANCEL, CLEAR, SUBMIT) and a 'Completion Errors' section. The form is titled '5. Antimicrobial use ... if more than 2 antimicrobials use extension sheet Page 3'. It includes fields for Hospital code (123), Ward code (01), and Patient ID (01). The 'First Antimicrobial' section is highlighted in green and contains the following fields: 'First Antimicrobial' (Meropenem-J01DH02), 'Route' (Parenteral), 'Doses per day' (2), 'Strength of 1 dose' (1), 'Indication for antimicrobial use' (Treatment of hospital acquired infection (HI)), 'Diagnosis site code' (BAC-Laboratory confirmed bacteraemia), 'Reason recorded in notes' (Yes), 'Meets local policy' (Yes), 'Date started on current antimicrobial' (24/04/17), and 'Does current antimicrobial (choice or route) for this infection episode represent a change from what was originally prescribed?' (No). A dropdown arrow points to the 'Reason for change' field. The 'Second Antimicrobial' section is also visible at the bottom.

- 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

Figure 9: Submitting completed webforms

Project Navigation

- NEXT PAGE
- PREVIOUS PAGE
- CANCEL
- CLEAR
- SUBMIT**

Completion Errors

SURVEY OF HOSPITAL-ACQUIRED INFECTIONS & ANTIMICROBIAL USE
2017 PPS - PATIENT FORM C v1.0

1. Patient details

Hospital code: 123 Ward code: 01 Patient ID: 05

Unique identifier: 123 01 05

Consultant speciality: Dermatology-MEDDERM

Age in years (if < enter "00"): 15 Age in months if < 2 years old (for neonates <4-weeks, enter "00"):

If neonate, birth weight in grams:

Admission date to this hospital: 05 / 05 / 17 Gender: Male Female

2. Risk factors

Surgery since admission: No Yes → Surgical procedure

Central vascular catheter: No Yes

Peripheral vascular catheter: No Yes

Urethral catheter: No Yes

Intubation: No Yes

Underlying disease prognosis: None/non-fatal disease End of life prognosis
 Life limiting prognosis Not known

3. Condition of interest

Patient has active HAI: No Yes Patient on antimicrobials: No Yes

- 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)

Intubation: No Yes

Underlying disease prognosis: None/non-fatal disease End of life prognosis
 Life limiting prognosis Not known

3. Condition of interest

Patient has active HAI: No Yes Patient on antimicrobials: No Yes

4. Hospital-acquired infection data (HAI) ...if more than 1 HAI use extension sheet Page 4

HAI 1

Infection:

If SSI, record procedure:

If BSI record source:

Date admitted to current ward: DD / MM / YY

Relevant device in situ before onset: Yes No

HAI Present at admission: Yes No

Origin of infection: Current hospital Other acute hospital Other origin

Date of onset: DD / MM / YY

Microorganism 1: Resistance 1:

Microorganism 2: Resistance 2:

Microorganism 3: Resistance 3:

CANCEL CLEAR **SUBMIT** NEXT PAGE

Figure 11: Completion errors when submitting completed webforms

Project Navigation

- NEXT PAGE
- PREVIOUS PAGE
- CANCEL
- CLEAR
- SUBMIT

Completion Errors Page One (11)

- Unique Data Error** (Field Validation Error)
- conspic
- Mandatory Field Error (Gender)
- Mandatory Field Error (SurgerySinceAdmission)
- Mandatory Field Error (CVC)
- Mandatory Field Error (PVC)
- Mandatory Field Error (UrinaryCatheter)
- Mandatory Field Error (Intubation)
- MaCabe Disease prognosis
- Mandatory Field Error (Disease prognosis)
- HashAI
- Mandatory Field Error (ReceivesAntimicrobial)

SURVEY OF HOSPITAL-ACQUIRED INFECTIONS & ANTIMICROBIAL USE
2017 PPS - PATIENT FORM C v1.0

1. Patient details

Hospital code: 123 Ward code: 01 Patient ID: 05

Unique identifier: 123 01 05

Consultant specialty: [Dropdown]

Age in years (if <2 enter "00"): [Input] Age in months if < 2 years old (for neonates <4-weeks, enter '00'): [Input]

If neonate, birth weight in grams: [Input]

Admission date to this hospital: DD / MM / YY Gender: Male Female

2. Risk factors

Surgery since admission: No Yes → [Dropdown] *Surgical procedure*

Central vascular catheter: No Yes

Peripheral vascular catheter: No Yes

Urethral catheter: No Yes

Intubation: No Yes

Underlying disease prognosis: None/non-fatal disease End of life prognosis
 Life limiting prognosis Not known

3. Condition of interest

Patient has active HAI: No Yes Patient on antimicrobials: No Yes

- 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.

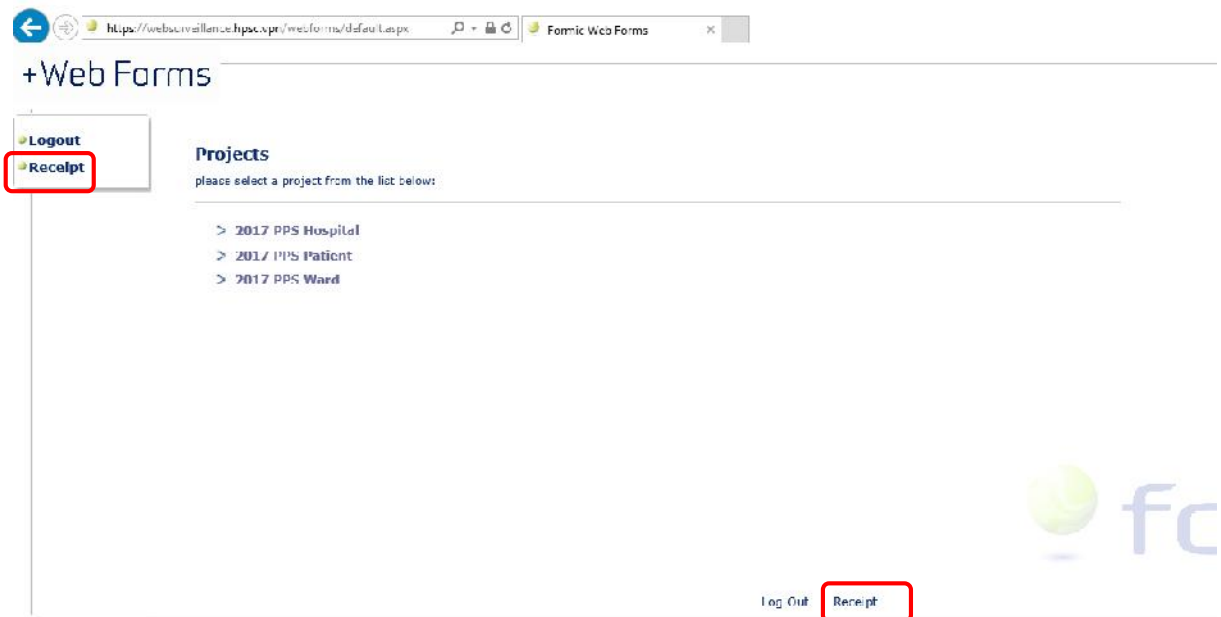
Figure 12: Message when completed webform has been submitted



- 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.

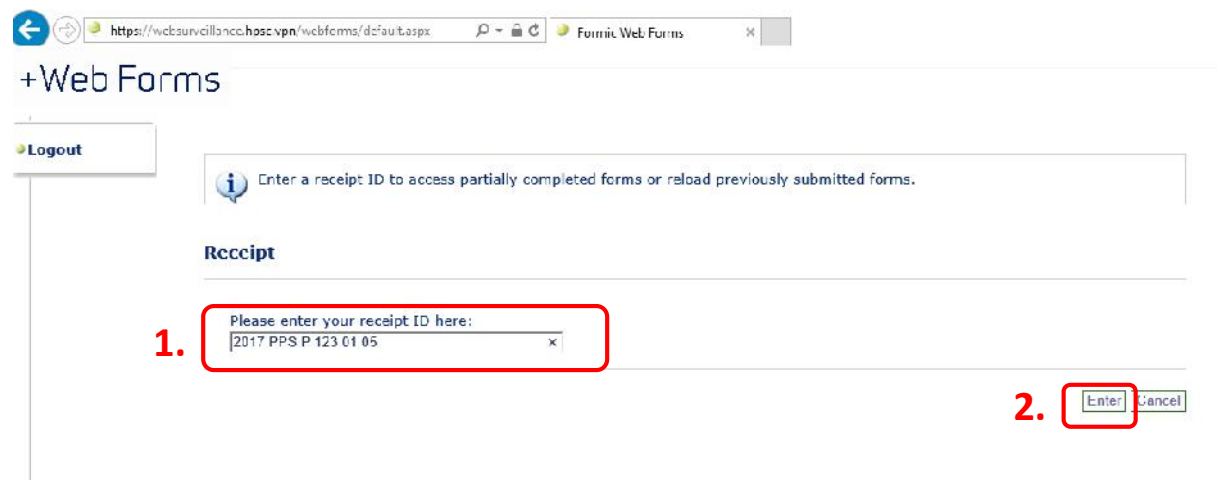
Stage 4: Retrieving and editing submitted webforms

Figure 13: Retrieving and editing submitted forms



- 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



- Note that the format for the receipt ID for the patient form is: 2017 PPS P NNN NN NN, where P stands for Patient, NNN is your unique hospital 3-digit 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 must 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

Figure 15: Selecting the Hospital Form

The screenshot shows a web browser window with the URL <https://wcb surveillance.ncc.hpsc.vpn/wcbforms/default.aspx>. The page title is '+Web Forms'. On the left, there is a navigation menu with 'Logout' and 'Receipt' options. The main content area is titled 'Projects' and contains the text 'please select a project from the list below:'. Below this text is a list of three project options: '> 2017 PPS Hospital', '> 2017 PPS Patient', and '> 2017 PPS Ward'. The first option, '> 2017 PPS Hospital', is enclosed in a red rectangular box. At the bottom right of the page, there are 'Log Out' and 'Receipt' buttons.

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

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

The screenshot shows the '2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE' form, specifically 'Hospital Form B', Page 1. The form is titled 'Hospital Form B' and 'Page 1'. It contains several input fields: 'Hospital' (a dropdown menu), 'Hospital code' (a text box), 'Survey dates' (two date pickers for 'from' and 'to'), 'Hospital size (total number of beds)' (a text box), 'Number of acute care beds' (a text box), 'Number of ICU beds' (a text box), and 'Any exclusion of wards for PPS?' (a radio button with 'Yes' and 'No' options). Below the radio button is a red-bordered box containing the text 'If Yes, specify ward specialty of excluded wards' and two dropdown menus. A red arrow points from this box to a red-bordered text box on the right that says 'Should remain blank if "Exclusion of wards for PPS?" is "No"'. At the bottom of the form, there are fields for 'Year figures compiled' (with a note 'Record calendar year e.g. enter 15') and 'Number of admissions in year' (a text box). On the left side of the form, there is a 'Project Navigation' menu with options: 'NEXT PAGE', 'PREVIOUS PAGE', 'CANCEL', 'CLEAR', and 'SUBMIT'. Below the navigation menu is a 'Completion Errors' section.

- 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.

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

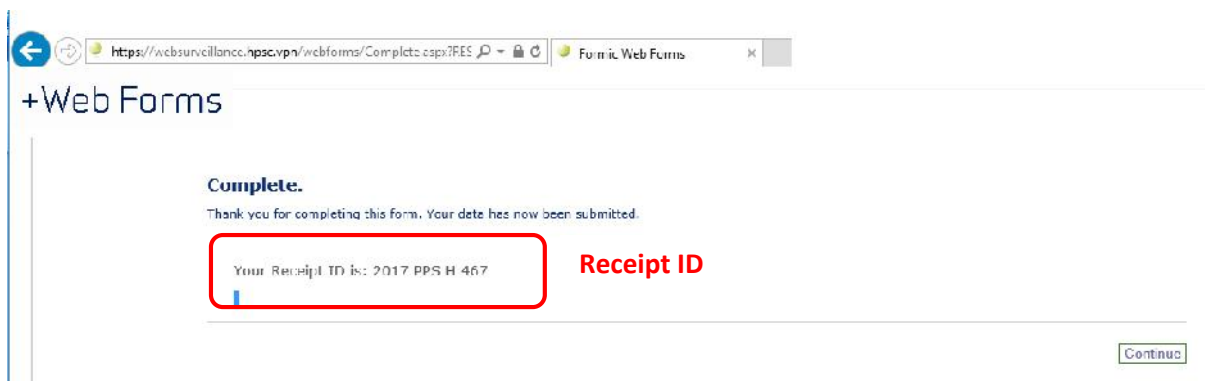
The screenshot shows a web browser window with the URL <https://websurveillance.hpsc.vpn/webforms/WebForm.aspx?ID=>. The form contains the following fields:

- Year figures compiled Record calendar year e.g. 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*

At the bottom of the form are buttons for CANCEL, CLEAR, and SUBMIT. A copyright notice at the bottom reads: © Copyright Fermic Limited 2002-06. All rights Reserved.

- 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 3-digit code
(Remember to include the spaces: 2017spacePPSspaceHspaceNNN)

Figure 18: Message when completed webform has been submitted



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

Figure 19: Selecting the Ward Form

The screenshot shows a web browser window with the URL <https://websurveillance.hpsc.vpn/webforms/default.aspx>. The page title is '+Web Forms'. On the left, there is a sidebar with 'Logout' and 'Receipt' buttons. The main content area is titled 'Projects' and contains the text 'please select a project from the list below:'. Below this, there is a list of three project options: '> 2017 PPS Hospital', '> 2017 PPS Patient', and '> 2017 PPS Ward'. The third option, '> 2017 PPS Ward', is highlighted with a red rectangular box.

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

Figure 20: Completing the Ward Form

The screenshot shows the 'Ward List A1' form. The title is '2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE'. The form is titled 'Ward List A1' and contains the following fields and instructions:

- Instructions: 'Please record details below for each Ward. Completed Ward Lists should be returned to PPS Team for entry to Web System'
- Fields: 'Hospital code', 'Ward code', 'Hospital & Ward code', 'Ward specialty', 'Survey date' (DD / MM / YY), and a checkbox for 'On this ward, is a review performed on the appropriateness of antimicrobials within /2 hours from the initial order?' (Yes/No).
- Additional fields (all in red text): '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 an suite bathroom, i.e. toilet & shower/bath', and 'Total number of patients included in PPS'.

At the bottom right, there are buttons for 'CANCEL', 'CLEAR', and 'SUBMIT'.

- 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 3-digit code which is followed by NN, the ward's unique 2-digit code
(Remember to include the spaces: 2017 space PPS space W space NNN space NN)

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:
 - Stephen Murchan: 01 8765372
 - Margaret McIver: 01 8765358
 - HPSC reception: 01 8765300