



Healthcare-associated infections and antimicrobial use
in European long-term care facilities (HALT-3)

INSTITUTIONAL QUESTIONNAIRE

Remark: It is **essential** that each facility enrolled in HALT-3 completes this questionnaire as it collects vital data. We recommend that the person completing this questionnaire is the person in charge of the facility. If this person cannot answer some of the questions or locate the relevant information, they should request assistance from persons who are able to answer those questions. **This is especially relevant for questions relating to antimicrobial policy.**

A – GENERAL INFORMATION

DATE OF THE SURVEY IN YOUR FACILITY 2016

FACILITY STUDY NUMBER (*allotted by your national HALT-3 coordinator*)

OWNERSHIP OF THE FACILITY *Public* *For profit* *Not for profit*

QUALIFIED NURSING CARE AVAILABLE 24/24h IN THE FACILITY *Yes* *No*

IN THE FACILITY:

Total number of FTE REGISTERED NURSES *FTE registered nurses*

Total number of FTE NURSING ASSISTANTS *FTE nursing assistants*

Total number of RESIDENT ROOMS *Rooms*

Total number of SINGLE OCCUPANCY RESIDENT ROOMS *Single occupancy rooms*

Total number of SINGLE OCCUPANCY RESIDENT ROOMS WITH INDIVIDUAL TOILET AND WASHING FACILITIES *Rooms with individual toilet and washing facilities*

B – DENOMINATOR DATA

This table when completed will summarize the data collected in each ward (ward list) for the total population

IN YOUR FACILITY, ON THE DAY OF THE SURVEY, TOTAL NUMBER OF:

BEDS IN THE FACILITY (*both occupied and non-occupied beds*)

OCCUPIED BEDS

ELIGIBLE RESIDENTS:

PRESENT AT 8 AM AND NOT DISCHARGED AT THE TIME OF THE SURVEY

AGE OVER 85 YEARS

MALE RESIDENTS

RESIDENTS RECEIVING AT LEAST ONE ANTIMICROBIAL AGENT

RESIDENTS WITH AT LEAST ONE INFECTION

RESIDENTS WITH ANY URINARY CATHETER

RESIDENTS WITH ANY VASCULAR CATHETER

RESIDENTS WITH PRESSURE SORES

RESIDENTS WITH OTHER WOUNDS

RESIDENTS DISORIENTED IN TIME AND/OR SPACE	_____
RESIDENTS USING A WHEELCHAIR OR BEDRIDDEN	_____
RESIDENTS WITH SURGERY IN THE PREVIOUS 30 DAYS	_____
RESIDENTS WITH URINARY AND/OR FAECAL INCONTINENCE	_____

C – MEDICAL CARE AND COORDINATION

- Is medical resident care, including antimicrobial prescribing, in the facility provided by the:
 - Personal general practitioners (GP) or group practice(s) only*
 - Medical staff, employed by the facility only*
 - Both personal GPs/group practice(s) and medical doctor(s) employed by the facility*
- Are medical activities in the facility coordinated by a coordinating medical physician (CP)?
 - No, there is no internal or external coordination of the medical activity*
 - Yes, there is a physician from inside the facility (internal) who coordinates the medical activities*
 - Yes, there is a physician from outside the facility (external) who coordinates the medical activities*
 - Yes, there is both a physician from inside and outside the facility (internal and external) who coordinates the medical activities*
- Can any of the following persons consult the medical/clinical records of all residents in the facility?

<i>The physician(s) in charge of medical coordination in the facility?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>The nursing staff</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>

D – INFECTION CONTROL PRACTICE

- Are there persons with training in infection control/prevention available to the staff of the facility?
 - Yes*
 - No*
- If a person with training in infection control/prevention is available, is this person:
 - A nurse*
 - A doctor*
 - There is both a nurse and a doctor*

Is this/are these person(s):

 - Working in the facility (internal)*
 - Not working in the facility (external)*
 - There is both an internal and an external person*
- In the facility, is/are there:

(Please complete this question even if there is no person with training in infection control/prevention available in the facility)

 - Infection prevention and control training of the nursing and paramedical staff*
 - Appropriate training of general practitioners and medical staff in infection prevention and control*
 - Development of care protocols*
 - Registration of residents colonized/infected with multi-resistant microorganisms*
 - Designation of a person responsible for reporting and management of outbreaks*
 - Feedback on surveillance results to the nursing/medical staff of the facility*

- Supervision of disinfection and sterilization of medical and care material*
- Decisions on isolation & additional precautions for residents colonized with resistant microorganisms*
- Offer of annual immunisation for flu to all residents*
- Organization, control, feedback on hand hygiene in the facility on a regular basis*
- Organization, control, feedback of a process surveillance/audit of infection policies and procedures (on regular basis)*
- None of the above*

4. In the facility, is there an infection control committee (internal or external)? Yes No

5. How many infection control committee meetings were organized in the previous year?

Total number of meetings last year? meetings previous year

6. Can the facility ask for help and expertise from an external infection control (IC) team on a formal basis (e.g. IC team from a local hospital)?

Yes No

7. In the facility, is a written protocol available for:

- *the management of MRSA and/or other multidrug resistant microorganisms* Yes No
- *hand hygiene* Yes No
- *the management of urinary catheters* Yes No
- *the management of venous catheters/lines* Yes No
- *the management of enteral feeding* Yes No

8. Is a surveillance programme of healthcare-associated infections in place in the facility? (*annual summary report of number of urinary tract infections, respiratory tract infections, etc...*)

Yes No

9. In the facility, which of following products are available for hand hygiene?

- *Alcohol rub solution* Yes No
- *Wipes (alcoholic)* Yes No
- *Liquid soap (antiseptic/ other)* Yes No
- *Bar soap in clinical areas* Yes No

10. Which hand hygiene method is most frequently used in your facility when hands are not soiled (only **one answer** is possible)?

- Hand disinfection with an alcohol solution*
- Hand washing with water and a non antiseptic soap*
- Hand washing with water and an antiseptic soap*

11. How many litres of hand alcohol were used last year?

Total annual consumption in litres Litres last year

12. Last year, was a hand hygiene training session organized for care professionals of the facility?

- Yes No

13. How many hand hygiene opportunities were there observed in your facility last year?

Number of observed opportunities Opportunities last year

E – ANTIMICROBIAL POLICY

1. Does the facility use a 'restrictive list' of antimicrobials to be prescribed? (*prescription requiring permission of a designated person or not to be used*)

- Yes No

2. If a restrictive list exists, what kinds of antibiotics are restricted?

- Carbapenems
- 3rd generation cephalosporins
- Fluoroquinolones
- Vancomycin
- Mupirocin
- Glycopeptides
- Broad-spectrum antibiotics
- Intravenously administered antibiotics

3. Which of following elements are present in the facility?

- An antimicrobial committee
- Annual regular training on appropriate antimicrobial prescribing
- Written guidelines for appropriate antimicrobial use (good practice) in the facility
- Data available on annual antimicrobial consumption by antimicrobial class
- A system to remind healthcare workers of the importance of microbiological samples to inform the best antimicrobial choice
- Local (*i.e. for that region/locality or national if small country*) antimicrobial resistance profile summaries available in the LTCF or in the GP surgeries who prescribe
- A system that requires permission from a designated person(s) for prescribing of restricted antimicrobial, not included in local formulary
- Advice from a pharmacist for antimicrobials not included in the formulary
- A therapeutic formulary, comprising a list of antibiotics
- Feedback to the GPs on antimicrobial consumption in the facility
- None of the above

4. If written therapeutic guidelines are present in the facility, are they on:

- Respiratory tract infections? Yes No
- Urinary tract infections? Yes No
- Wound and soft tissue infections? Yes No

5. Do you perform a urine dipstick test for detection of urinary tract infections in the facility?

- Routinely Sometimes Never

6. Is a programme for surveillance of antimicrobial consumption and feedback in place in the facility?

- Yes No

7. Is a programme for surveillance of resistant microorganisms in place in the facility? (*annual summary report for MRSA, Clostridium difficile, etc*)

- Yes No

8. How are antimicrobials supplied to your facility? (only **one answer** possible)

- Provided by more than one pharmacy
 Provided by one pharmacy only
 This facility does not acquire antimicrobials directly from pharmacies; antimicrobials are acquired by residents directly (e.g. supplied by the family)

9. How many microbiological laboratories do you work with? (only **one answer** possible)

- More than one microbiological laboratory
 One single microbiological laboratory
 This facility does not send microbiological samples to any laboratories; each visiting general practitioner can work with his microbiological laboratory of choice.

F – HOW WAS THE SURVEY PERFORMED IN YOUR FACILITY?

1. Who collected the HALT-3 data (incl. institutional and resident questionnaires)?

- A physician
 A nurse
 Another person

2. If no physician was involved in the HALT-3 data collection (institutional and resident questionnaires), did a physician validate the data?

- Yes No

The HALT-3 team thanks you for your participation!