



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

PPS Data Collector Training
April 2017

Data Entry using Webforms
Presentation 7

<https://websurveillance.hpsc.vpn/webforms/default.aspx>

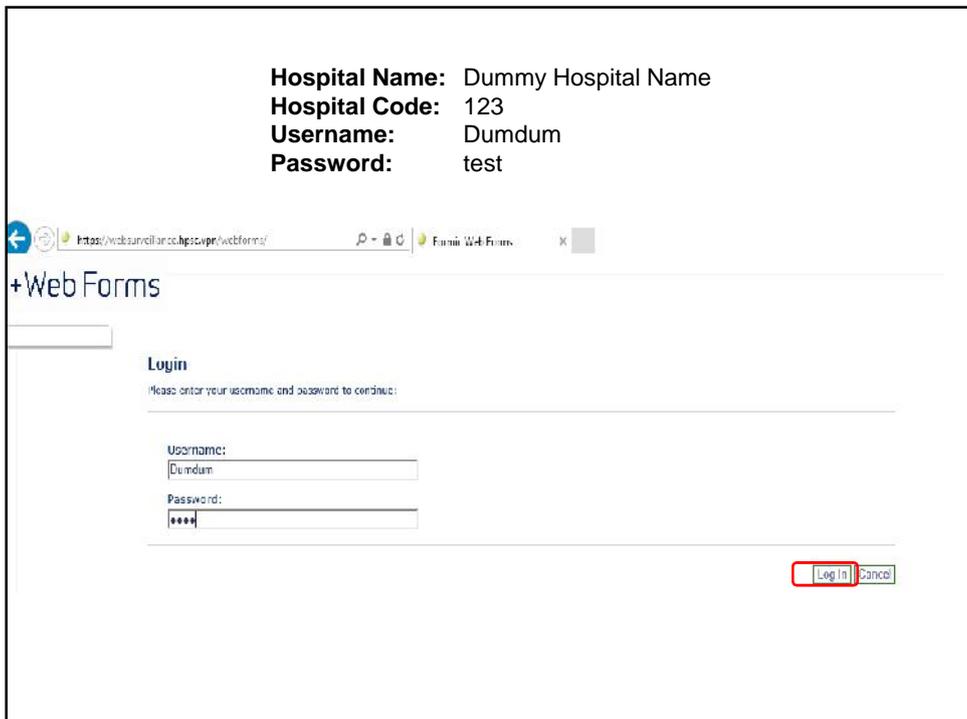


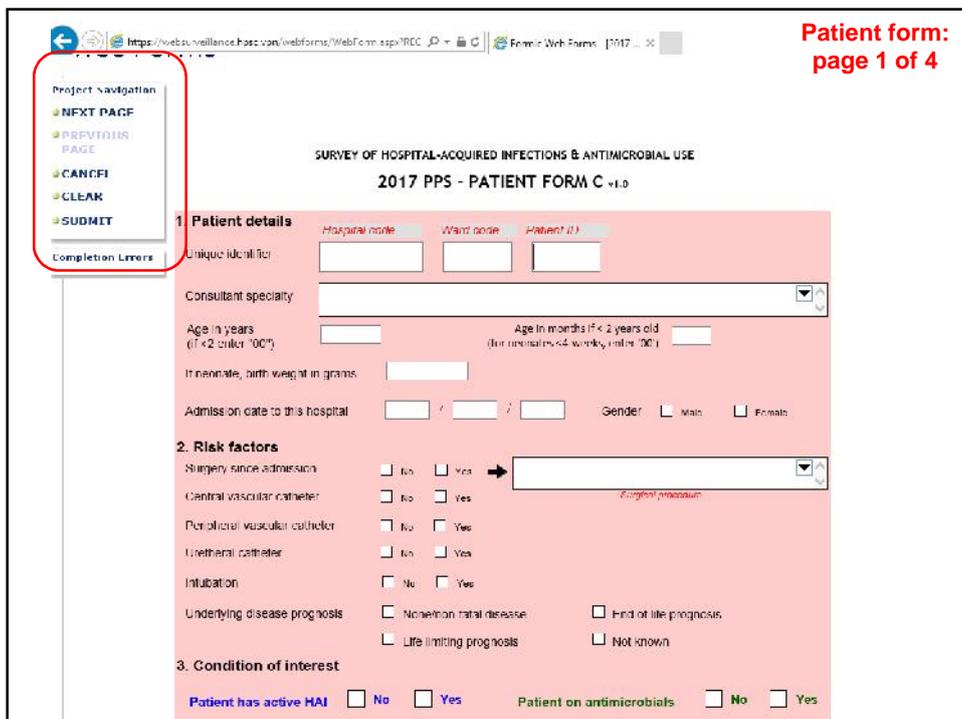
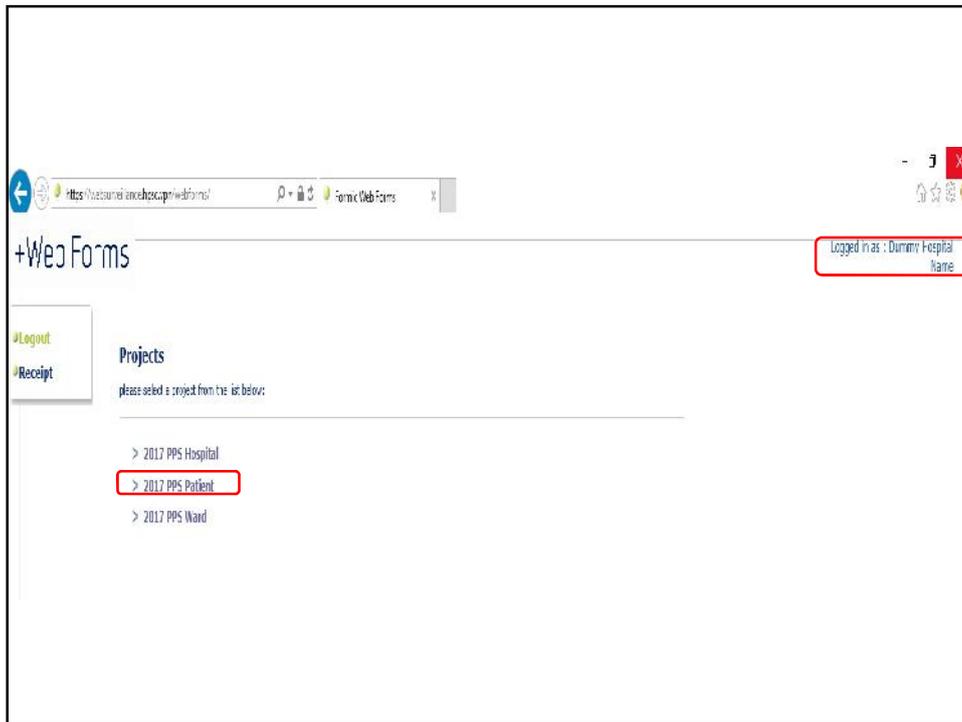
+Web Forms

- Login
- Receipt

Projects

please select a project from the list below:





Patient form:
page 1 of 4

**Patient form:
page 1 (top)**

+Web Forms Logout

Project Navigation

- NEXT PAGE
- PREVIOUS PAGE
- CANCEL
- CI FAR
- SURMIT

Completion Errors

SURVEY OF HOSPITAL-ACQUIRED INFECTIONS & ANTIMICROBIAL USE

2017 PPS - PATIENT FORM C v1.0

1. Patient details

	Hospital code	Ward code	Patient ID
Unique identifier	123	01	01
Consultant specialty	Endocrinology-MEDENDO		
Age in years (if <2 enter '00')	Adult Mixed ICU, general intensive or critical care-ICUMIX		
If neonate, birth weight in grams	Durns care-SURDURN		
Admission date to this hospital	Cardiac surgery-SURCARD		
	Cardiology-MEDCARD		
	Dermatology-MEDDERM		
	Digestive tract/bowel surgery-SURDIG		
2. Risk factors	Endocrinology-MEDENDO		
Surgery since admission	ENT SURENT		
	Gastroenterology-MEDGAST		

Use scroll bar to navigate up and down dropdown lists

**Patient form:
page 1**

+Web Forms Logout

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	Ward code	Patient ID
Unique identifier	123	01	01
Consultant specialty	Urology SURURO		
Age in years (if <2 enter '00')	43	Age in months (if <2 years old (for neonates <4-weeks, enter '00'))	
If neonate, birth weight in grams			
Admission date to this hospital	30	04	17
	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
2. Risk factors	Urology-Prostate Surg		
Surgery since admission	Urology-Kidney Surgery		
Central vascular catheter	Urology Kidney Transplant		
Peripheral vascular catheter	Urology-Prostate Surgery		
Urinary catheter	Vascular-Abdominal aortic aneurysm repair		
Intubation	Vascular-Carotid endarterectomy		
Underlying disease prognosis	Vascular-Limb amputation		
	Vascular-Peripheral vascular bypass surgery		
	Vascular-Shunt for dialysis		
3. Condition of interest	Procedure not classified as NHSN (inc. eyes, ears, throat, bladder)		

Use Backspace button to delete option selected, if necessary, or select correct option

Patient form: page 1

If HAI = No & 'Patient on antimicrobials' = No Form ready to "Submit"

HAI (and Abx use on next pages) panels remain greyed out

Patient form: page 1 (top)

If HAI = Yes &/or 'Patient on antimicrobials' = Yes Proceed to complete HAI panel &/or antimicrobial use panels below and on subsequent pages

**Patient form:
page 1 (bottom)**

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: UTI-A symptomatic urinary tract infection

If SSI record procedure:

If SSI record source:

Date admitted to current ward: 05 / 05 / 17

Relevant device in situ before onset: Yes No

HAI Present at admission: Yes No

Origin of infection: Current hospital Other acute hospi

Date of onset: 04 / 05 / 17

Microorganism 1: ESCC0L-Escherichia coli Resistance: C3G-S, Car-S

Microorganism 2: Resistance 2:

Microorganism 3: Resistance 3:

CANCEL CLEAR SUBMIT

NEXT PAGE

**Patient form:
page 2 (top)**

+Web Forms

Project Navigation: NEXT PAGE, PREVIOUS PAGE, **CANCEL**, CLEAR, SUBMIT

Completion Errors

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

5. Antimicrobial use ... if more than 2 antimicrobials use extension sheet Page 3

First Antimicrobial: Meropenem 10110101

Route: Parenteral Oral Rectal Inhalation

Doses per day: 2 0 Note: alternate day dosing 0 / 7; 2 doses per week 0 / 7; 3 doses per week 0 / 4

Strength of 1 dose: 1 0 Unit of measurement: grams mg Other

Indication for antimicrobial use: Treatment of hospital acquired Infection (HAI)

Diagnosis site code: HAI: Laboratory confirmed bacteraemia

Reason recorded in notes: No Yes

Meets local policy: No Yes Not assessable Not known

Date started on current antimicrobial: 05 / 05 / 17

Does current antimicrobial (choice or route) for this infection episode represent a change from what was originally prescribed? No Yes

Reason for change:

If change, date antimicrobial started for infection indication: DD / MM / YY

Use Cancel option if you want to leave the form

Patient form:
page 2 (bottom)

This screenshot shows the 'Second Antimicrobial' section of a patient form. The form is titled 'Reason for change' and includes a date field for when the antimicrobial was started. The selected antimicrobial is 'Metronidazole (oral-rectal)-P01AB01'. The route is set to 'Oral'. The dosing is 3 doses per day, with a strength of 500 mg per dose. The indication for use is 'Treatment of hospital acquired infection (HI)'. The diagnosis site code is 'GI Gastrointestinal infections (e.g.salmonellosis -antibiotic associated diarrhoea)'. The reason recorded in notes is 'Yes'. The date started on the current antimicrobial is 16/05/17. A dropdown menu for 'Reason for change' is open, showing a downward arrow. At the bottom, there are 'CANCEL', 'CLEAR', and 'SUBMIT' buttons.

Patient form:
page 3

This screenshot shows the 'Third Antimicrobial' and 'Fourth Antimicrobial' sections of a patient form. The form is titled '+Web Forms' and includes a navigation sidebar with 'NEXT PAGE', 'PREVIOUS PAGE', 'CANCEL', 'CLEAR', and 'SUBMIT' buttons. The 'Third Antimicrobial' section is currently active, showing fields for route, doses per day, strength of dose, indication for use, diagnosis site code, reason recorded in notes, and date started. The 'Fourth Antimicrobial' section is partially visible below. At the top right, there is a green box that says 'Extension sheet for antimicrobials 3 to 5 (if required)'. At the bottom, there are 'CANCEL', 'CLEAR', and 'SUBMIT' buttons.

**Patient form:
page 4**

Project Navigation
 NEXT PAGE
 PREVIOUS PAGE
 CANCEL
 CI FAR
 SIIRMTT

Completion Errors

Hospital code: 123 Ward code: 01 Patient ID: 01 Extension sheet for HAI 2 and 3 (if required)

HAI 2

Infection: BSI Bloodstream infection (laboratory-confirmed) other than CRIS
 If HSI, record procedure:
 If HSI record source: S-UTI-Urinary tract Infection

Date admitted to current ward: 05 / 05 / 17
 Relevant device in situ before onset: Yes No
 Present at admission: Yes No
 Origin of infection: Current hospital Other acute hospital Other origin

Date of onset: 06 / 05 / 17

Microorganism 1: ESCCOL-Escherichia coli Resistance 1: S- C3G
 Microorganism 2:
 Microorganism 3:

HAI 3

**Patient form:
page 4 (bottom)**

HAI 3

Infection: GI CDI Clostridium difficile infection
 If HSI, record procedure:
 If HSI record source:

Date admitted to current ward: 05 / 05 / 17
 Relevant device in situ before onset: Yes No
 Present at admission: Yes No
 Origin of infection: Current hospital Other acute hospital Other origin

Date of onset: 16 / 05 / 17

Microorganism 1: GI ODT-Clostridium difficile Resistance 1:
 Microorganism 2:
 Microorganism 3:

PREVIOUS PAGE CANCEL CLEAR **SUBMIT**

Complete.
Thank you for completing this form. Your data has now been submitted.

Your Receipt ID is **2017 PPS P 123 01 01**

[Continue](#)

1. Patient details			
	Hospital code	Ward code	Patient ID
Unique Identifier	123	01	01

Note: Receipt ID includes the unique identifier from page 1 of the webform for each patient in PPS

[Logout](#)
[Receipt](#)

Projects

please select a project from the list below:

- > 2017 PPS Hospital
- > 2017 PPS Patient
- > 2017 PPS Ward

Log Out [Receipt](#)

© Copyright Ferrel Limited 2002-06. All rights reserved.

Receipt button allows you to retrieve a record already submitted to check and/or edit it (this also applies to Hospital and Ward Forms)

Enter a receipt ID to access partially completed forms or reload previously submitted forms.

Receipt

Please enter your receipt ID here:

2017 PPS P 123 01 01

Enter Cancel

Important note: remember to include all spaces as illustrated
2017 PPS P 123 01 01
NOT
2017PPSP1230101

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: 01

Unique identifier: 123 01 01

Consultant (s) speciality: Urology SURURO

Age in years (if <2 enter "00"): 43

If neonate, birth weight in grams: []

Admission date to this hospital: 31 / 04 / 17

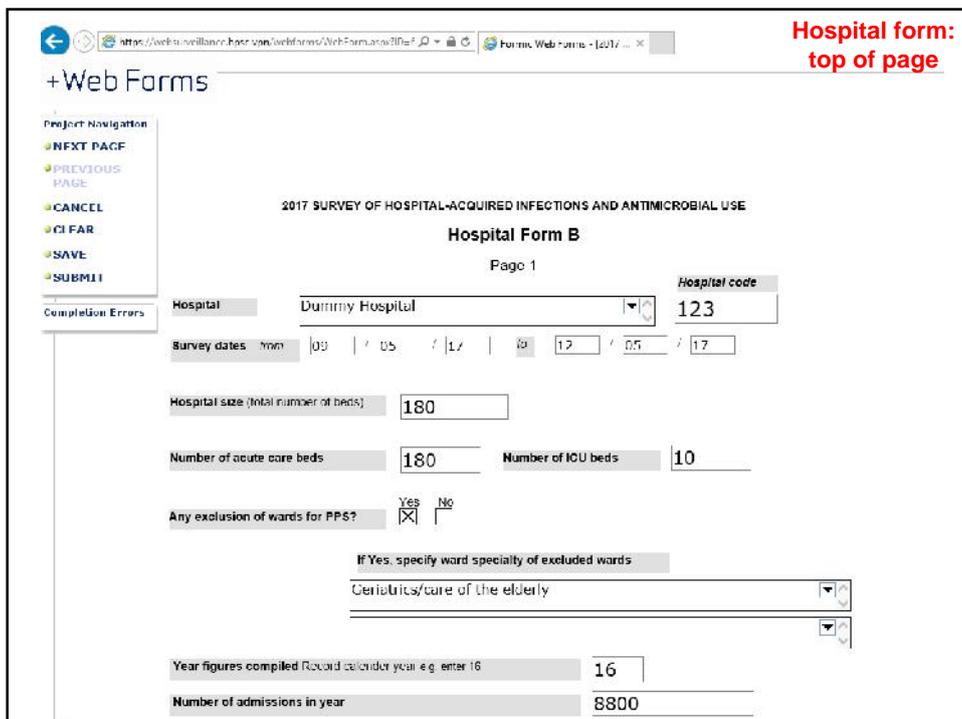
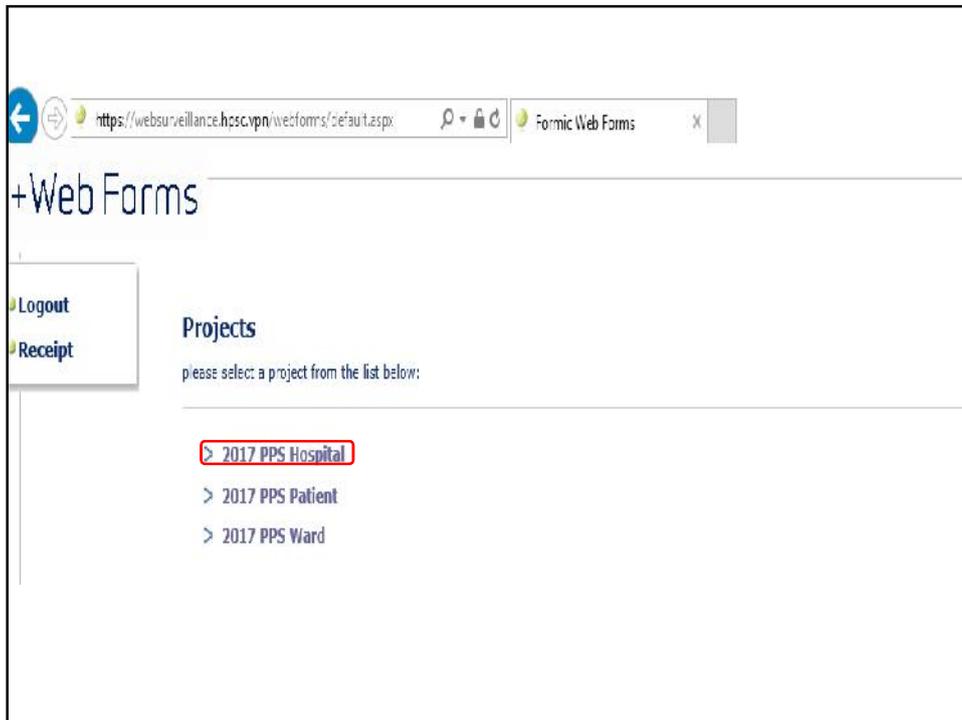
2. Risk factors

Surgery since admission: No Yes → Urology-Prostate Surgery

Central vascular catheter: No Yes

Message from webpage: Your data has not been submitted due to validation error(s). Please correct and resubmit.

Completion Errors Page One (1): DateOfHospitalAdmission: Invalid Date/Time.



**Hospital form:
bottom of page**

Geriatrics/care of the elderly

Year figures compiled for report calendar year (e.g. 2016):

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*:

© Copyright © Public Health England 2012-16. All rights reserved.

Secure | https://websurveillance.hpsc.vpn/webforms/WebForm.aspx?ID=653E7B23E0324125A4010685E6440F6D

+Web Forms

Project navigation

- ▶ NEXT PAGE
- ▶ PREVIOUS PAGE
- ▶ CANCEL
- ▶ CI FAR
- ▶ SAVE
- ▶ SUBMIT

Completion Errors

2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE
Hospital Form B
Page 2

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

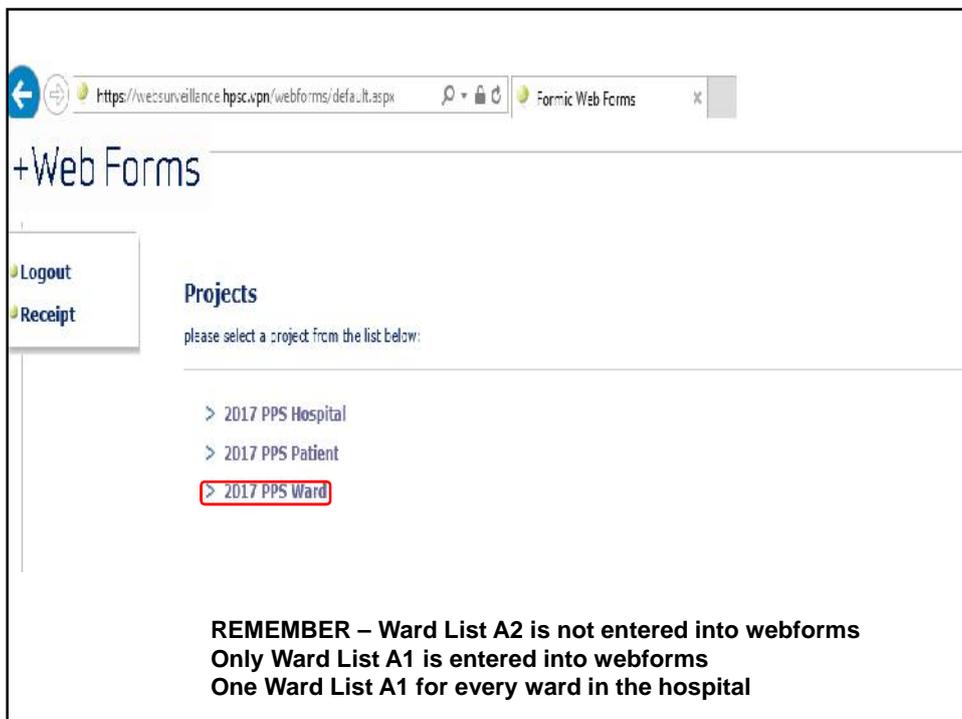
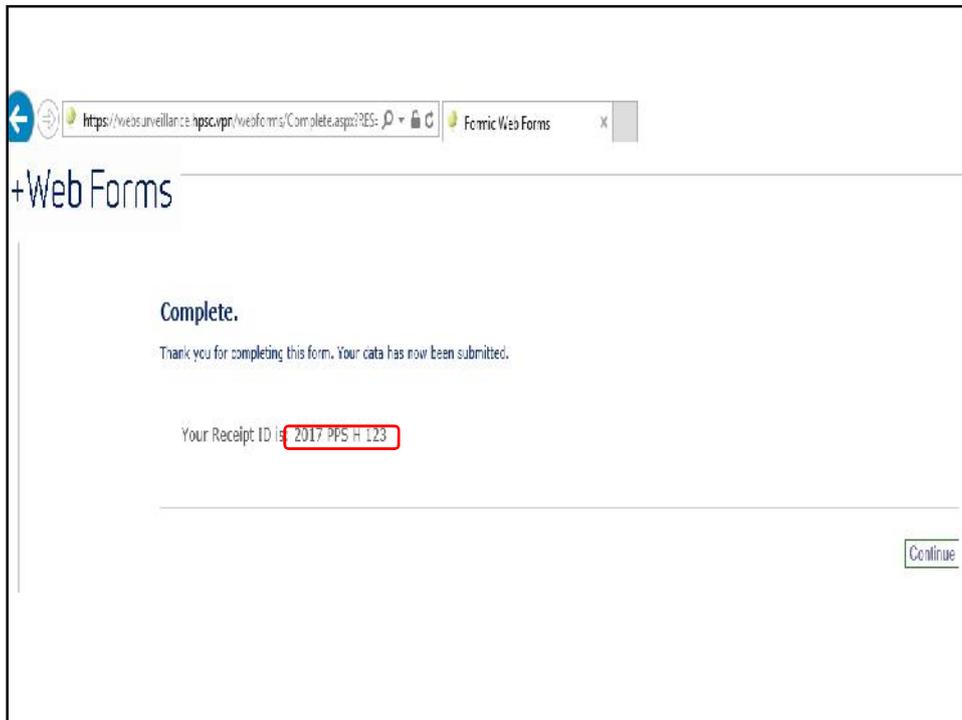
Microbiology/diagnostic performance:

At weekends, can clinicians request routine microbiological tests and receive back results?

Saturday Sunday
 Clinical tests
 Screening tests

Does your ICU have the following in place for HAI prevention or antimicrobial stewardship?

	Guideline	Care bundle	Training	Checklist	Audit	Surveillance	Feedback
Pneumonia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood stream infections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antimicrobial use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Ward form: top of page

Project Navigation
 NEXT PAGE
 PREVIOUS PAGE
 CANCEL
 CLEAR
 SUBMIT

Completion Errors

2017 SURVEY OF HOSPITAL-ACQUIRED INFECTIONS AND ANTIMICROBIAL USE

Ward List A1

Ward name for internal use [not recorded on Web-Form] _____

Please record details below for each Ward.
 Completed Ward Lists should be returned to PPS Team for entry to Web System

Hospital code: 123 Ward code: 01

Ward specialty: Surgery

Survey date: 10 / 05 / 17

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

Ward form: bottom of page

Ward specialty: Surgery

Survey date: 10 / 05 / 17

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

20 Total number of beds

19 Number of beds occupied on the day of PPS

12 Number of beds with functioning AIIR dispensers at point of care

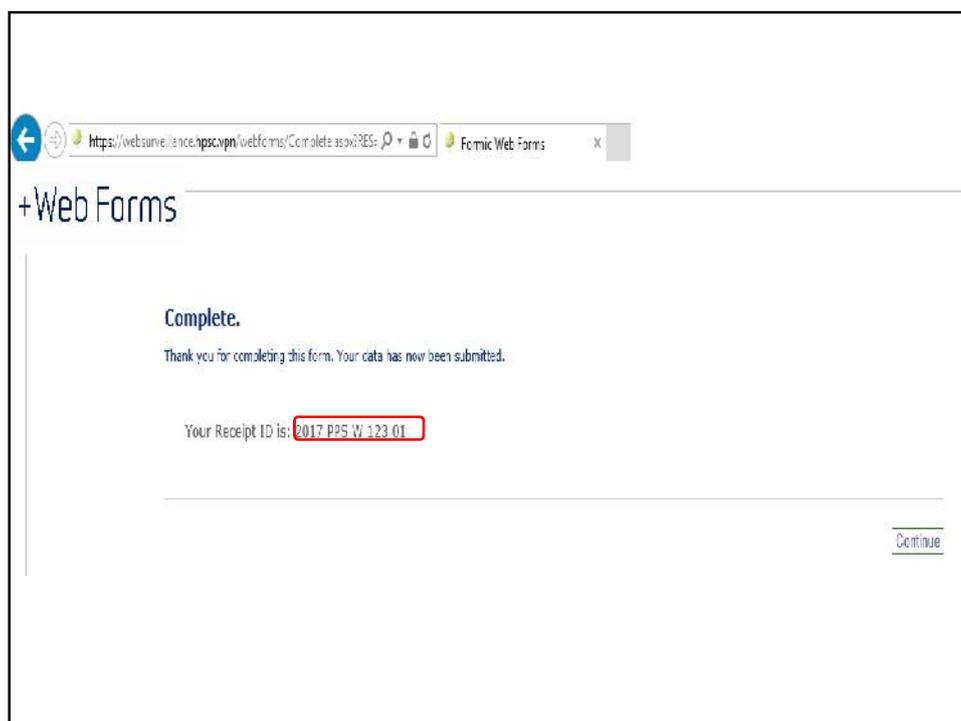
8 Number of patient rooms in ward

4 Number of single patient rooms

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

18 Total number of patients included in PPS

CANCEL CLEAR **SUBMIT**



Next steps.

- **Each hospital's nominated PPS team leader will receive an e-mail from HPSC:**
 - Your hospital code – same as 2012 for repeat participants
 - Webform unique username and password
 - Link to the webform test site for you to check: Hosted on the VPN
 - The PC identified for your data entry needs to have VPN access – Your local IT department needs to sort this out well ahead of the PPS start date
 - Hospitals without VPN access – options available
 - Use VPN access in neighbouring hospital
 - Book a PC at HPSC to enter data
 - Let us know if these aren't an option



Any Questions?



pps2017@hpsc.ie