

Country:

Network:

Hospital code:

ICU code:



Hospitals in Europe
Link for Infection Control
through Surveillance

Questionnaire ICU component

1. Items concerning structure

1.1 What is the size of your hospital? Please fill in the number of beds per hospital and also the number of ICU beds per hospital.

Number of beds per hospital: ₁

Number of ICU beds per hospital: ₂

1.2 What is the type of your hospital?

₁ University

₂ General hospital (teaching)

₃ General hospital (nonteaching)

₄ Special or other hospital

1.3 What is the status of your hospital?

₁ Public

₂ Private

1.4 What is the size of your ICU? Please fill in the number of beds and the number of beds with ventilator.

Number of beds in the ICU: ₁

Number of beds with ventilator in this ICU: ₂

1.5 What kind of patients are the majority (>80 %) in the ICU?

₁ Medical

₂ Surgery

₃ Trauma

₄ Neurosurgery

₅ Cardiac Surgery

₆ Coronary care

₇ Pediatric

₈ General

1.6 What is the number of single rooms in the ICU?

1.7 What is the average length of stay of a patient in this ICU (in days):

1.8 What is the percentage of ventilated patients in this ICU?:

1.9 Is there a doctor full time present (24 h) in the ICU? ₁ Yes ₂ No

1.10 What is the typical number of nurses per patient during a day and a night shift?

Day: , ₁

Night: , ₂

1.11 Do you have a dedicated person/team for Infection Control?

₁ Yes

₂ No

1.12 Since when do you perform a surveillance in your department? Year:

1.13 Who is documenting the infections?

₁ Infection control nurse

₂ Infection control doctor

₃ Nurse of the ICU

₄ Attending physician

1.14 What kind of method is the basis of the surveillance you perform?

₁ Chart review

₂ Ward rounds

₃ Microbiology results

1.15 How often do you give a feedback of infection rates to the personnel?

₁ Less than once a year

₂ Once a year

₃ Twice a year

₄ > Twice a year

*Note: If a circle is mentioned as an option of response, please mark **only one circle** with a cross.*

*If a square is mentioned as an option of response, it is possible to mark **more than one square** with a cross.*

2. Complementary questions concerning CVC use

2.1 Do you use maximal barrier precautions (sterile gloves, gowns, mask, large drapes) for the CVC insertion? ₁ Yes ₂ No

2.2 Do you often use impregnated catheters (> 50%)?

₁ Yes ₂ No

2.3 What is the estimated number of blood cultures taken per month in the ICU? (One blood culture means one tested culture – aerob or anaerob.)

2.4 Do you systematically culture catheter tips which are in place for > 7 days?

₁ Yes ₂ No

2.5 Are there local written policies for insertion and catheter care?

₁ Yes ₂ No

2.6 Do you perform scheduled CVCs changes?

₁ Yes ₂ No

2.7 Do you change CVCs per guidewire?

₁ Yes ₂ No

2.8 What is your frequency of changing infusion lines (except the infusion lines for blood and lipids)?

₁ < 24 h ₂ every 24 h ₃ every 48 h
₄ every 72 h ₅ > 72 h

3. Complementary questions concerning MRSA

3.1 Is alcohol hand-disinfection available per patient bed?

₁ Yes ₂ No

3.2 Do you always place MRSA patients in single rooms?

₁ Yes ₂ No

3.3 Do you use barrier precautions before contacting the MRSA patient?

₁ Yes ₂ No

3.4 Do you routinely use mupirocin for decolonisation of MRSA patients?

₁ Yes ₂ No

3.5 Do you routinely perform antiseptic washing (e.g. chlorhexidine) of MRSA patients?

₁ Yes ₂ No

3.6 Do you routinely screen patients possibly exposed to newly identified MRSA patients?

₁ Yes ₂ No

3.7 Do you routinely screen patients on admission coming from other wards/hospitals?

₁ Yes ₂ No

3.8 Do you routinely screen patients on admission coming from other countries?

₁ Yes ₂ No

3.9 Do you routinely screen patients on admission coming from long term care facilities?

₁ Yes ₂ No