DHBC		
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Management of Hospital-Acquired Infection

1 Individual Hospital Questionnaire

Census of District Health Boards by the Office of the Auditor-General

Name of District Health Board:

Name of Hospital:

Who should fill in this questionnaire?

This can be filled in by any responsible person.

Any queries?

If you are uncertain how to answer any question, or wish to discuss any aspects of the questionnaire, or if you would like longer to complete it, please contact us. You can contact either:

Viv McEnnis	vivien.mcennis@oag.govt.nz	Telephone: (04) 917 1525, or
Pat Hoy	pat.hoy@oag.govt.nz	Telephone: (04) 917 1540

Due date

We would be grateful if you could complete the questionnaire as quickly as possible. Please return it by the end of March 2002

Post to: Viv McEnnis, Office of the Auditor-General, Private Box 3928. Wellington or Fax to (04) 917 1545 1 Details of the person who filled in this questionnaire If you have given your contact details on another questionnaire, just give your name

Name		
Title/position		
Contact numbers:	Telephone	Fax
Email		

2 For each of the following, please show the number of admissions from 1 July 2000 to 30 June 2001.

Number of
admissions from
1 July 2000 to 30
June 2001

- a Emergency Admissions (admissions both from A&E and via GP referrals)
- b Inpatient Elective Admissions
- c Day Cases i.e. admitted and discharged on the same day
- **3** For each type of clinical staff, please show the number of Full Time Equivalents (F.T.E.) employed by the hospital as at 1 July 2001.

		F.T.E.s as at 1 July 2001
а	Medical staff	
b	All nurses including midwives and enrolled nurses	
С	Allied healthcare professionals	
d	Hospital aides or equivalent	

4 Please give the following information on resourced bed numbers and occupancy rates.

а	Total number of beds in the hospital at 1July 2001	
b	Average bed occupancy rate for the period 1 July 2000 to 30 June 2001	%
С	Number of occupied bed days (midnight bed state) during 1 July 2000 to 30 June 2001.	
d	Average patient throughput for beds for the period 1 July 2000 to 30 June 2001, (number of patients per bed).	per bed

5	Please show which wards/units or specialty services the hospital has, and for each one give details requested in B-D.	A Does the hospital have this type of Ward / Unit / Service? Yes No	B Number of beds at 1 July 2001	C Average length of inpatient stay for the period 1 July 2000 to 30 June 2001	D Average bed (resourced) occupancy rate for period 1 July 2000 to 30 June 2001
а	Accident and Emergency	1 2		days	%
b	Assessment Treatment and Rehabilitation Unit	1 2		days	%
С	Cardiothoracic Surgery	1 2		days	%
d	General Surgery	1 2		days	%
е	General Medicine	1 2		days	%
f	Geriatric Medicine	1 2		days	%
g	Gynaecology	1 2		days	%
h	Haematology	1 2		days	%
i	Infectious Diseases	1 2		days	%
j	Mental Health	1 2		days	%
k	Nephrology	1 2		days	%
Ι	Neurology	1 2		days	%
m	Neurosurgery	1 2		days	%
n	Obstetrics/Maternity	1 2		days	%
0	Oncology	1 2		days	%
р	Ophthalmology	1 2		days	%
q	Otorhinolaryngology	1 2		days	%
r	Oral Surgery	1 2		days	%
S	Organ Transplant	1 2		days	%
t	Paediatrics	1 2		days	%
u	Plastic Surgery incl Burns	1 2		days	%
V	Spinal Services	1 2		days	%
w	Rheumatology	1 2		days	%
х	Thoracic Medicine	1 2		days	%
У	Trauma & Orthopaedics	1 2		days	%
Z	Urology	1 2		days	%
a1	Vascular Surgery	1 2		days	%
a2	Other	1 2		days	%

5 (continued)	А	В	С	D
	Does the hospital have this type of Ward / Unit / Service? Yes No	Number of beds at 1 July 2001	Average length of inpatient stay for the period 1 July 2000 to 30 June 2001	Average bed (resourced) occupancy rate for period 1 July 2000 to 30 June 2001
a3 ICU General	1 2		days	%
a4 ICU Neonatal	1 2		days	%
a5 ICU Paediatric	1 2		days	%
a6 ICU Other	1 2		days	%

Thank you for your time and effort. Please ensure that this questionnaire is returned with the others for this DHB

Management of Hospital-Acquired Infection

2 District Health Board Questionnaire

Census of District Health Boards by the Office of the Auditor-General

Name of District Health Board:

Name of Chief Executive:

Who should fill in this questionnaire?

A senior hospital manager should be chosen by the Chief Executive to fill this in.

Any queries?

If you are uncertain how to answer any question, or wish to discuss any aspects of the questionnaire, or if you would like longer to complete it, please contact us. You can contact either:

Viv McEnnisvivien.mcennis@oag.govt.nzTelephone: (04) 917 1525, orPat Hoypat.hoy@oag.govt.nzTelephone: (04) 917 1540

Due date

We would be grateful if you could complete the questionnaire as quickly as possible. Please return it by the end of March 2002

Post to: Viv McEnnis, Office of the Auditor-General, Private Box 3928. Wellington or Fax to (04) 917 1545 **1** Details of the Senior Manager who is filling in this questionnaire

Name			
Title/position			
Contact numbers:	Telephone	Fax	
Email			

2 In the area of infection control, what type of responsibility does each of the following have?

		A Any responsibility for policy matters?		Any resp for ope	B ponsibility erational ues?
		Yes	No	Yes	No
а	Hospital General Manager	1	2	1	2
b	Infection Control Committee	1	2	1	2
С	Director of Nursing Services	1	2	1	2
d	Medical Director	1	2	1	2
е	Infectious Disease Physician	1	2	1	2
f	Medical Microbiologist	1	2	1	2
g	Infection Control Manager	1	2	1	2
h	Infection Control Practitioner	1	2	1	2
i	Quality Improvement/Risk Manager	1	2	1	2
	Other, please specify				
j		1	2	1	2
k		1	2	1	2
Ι		1	2	1	2

3 Does the hospital service in your DHB have an Infection Control Team?

Yes..... $_1 \bigcirc \longrightarrow$ Go to 4 No..... $_2 \bigcirc \longrightarrow$ Go to 10a

4 How long ago was it established?

Less than 12 months ago1
Less than 3 years ago ₂
Less than 5 years ago $_{3}$
5 years ago or more4
Don't know ₈

5 How often does the hospital General Manager or equivalent receive regular reports from the Infection Control Team on the following?

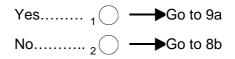
	Reports on:	At least six- monthly	At least annually	Less than annually	Never
а	amount (\$) spent on managing hospital-acquired infection	1	2	з О	4
b	rates of hospital-acquired infection	1	2	з О	4
С	number of cases of hospital- acquired infection	1	2	3 О	4

6 If you answered "never" to any part of question 5, what infection control issues are reported to hospital management and how are they reported?

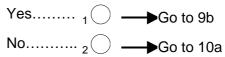
7a Are ALL the Infection Control Practitioner(s) employees of the hospital service of the DHB?

Yes 1) — ▶Go to 8a
No ₂	⊖ —→Go to 7b

- **7b** For any who are NOT directly employed by the DHB hospital service, please give details of their basis of employment.
- **8a** Are ALL the doctors who have responsibilities for infection control, employees of the hospital services of the DHB?



- **8b** For any who are NOT directly employed by the DHB hospital service, please give details of their basis of employment.
- **9a** Does the Infection Control Team provide infection control services to any agency/agencies outside the DHB hospital service?



- **9b** For each agency this service is provided to, please give
 - the name of the agency, and
 - whether there is some form of service agreement with it.

Service agreement/contract with District Health Board

10a Does the service agreement/contract between the DHB and the hospital(s) specify the provision of Infection control services?

> Yes..... $_1$ → Go to 10b No.....₂ → Go to 11

10b Does the service agreement/contract specify that the hospital should:

		Yes	No
а	undertake surveillance of hospital-acquired infection?	1	2
b	calculate rates of infection?	1	2
С	report rates of hospital-acquired infections?	1	2
d	carry out any other type of monitoring activity? (please say what)	1	2

10c If you have said yes to any of the activities in 10(b), please answer these questions.

i What is done with the information collected?

ii What difference does having that information make?

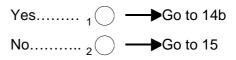
11 Please rate the usefulness to the DHB of the guality measures it produces on hospital-acquired blood stream infections for the Ministry of Health (formerly CCMAU) each quarter.

Extremely useful1)
Very useful	$\Big)$
Fairly useful	$\Big)$
Slightly useful4)
Not at all useful)
Don't know	$\Big)$

12 If you are not convinced of the usefulness of the measures asked about in question 11, do you have a view of what would constitute a better measure?

	Yes 1 No
	✓ Please describe the measure you would prefer
He	ow is information from the Ministry of Health on hospital-acquired blood stream infections: reported back to the DHB?
b	used in the hospital service of your DHB?
	/hen there is concern that a communicable disease outbreak may be occurring in territory does the service agreement/ contract specify that in at least some circumst

1 Medical Officer of Health must be notified and contacted for advice?



- 14b Does the service agreement/ contract specify that the Medical Officer of Health must be notified and contacted for advice:
 - a for all infections..... b only for infections where there is a statutory requirement

1

c for statutory ones plus specific others (please specify)



15 Under the service agreement/contract, are any other infection-control activities to be provided?

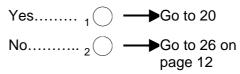
		Yes 1	No 2
		♥ Please describe them	
•			
6a		Aanager or equivalent of the hospita rangements with the Infection Con-	al service ever personally reviewed the trol Team?
		Ň	Yes ₁
		1	No ₂ → Go to 17
6b	When was the las	t time that this happened?	
	Within the last qua	arter	1
		months	2
	-	ır	
	-	ears	Č T
	-	ears	° č
		re	• <u> </u>
16c	As a result of the l	ast review, were specific changes r	made to:
			Yes No
	a Infection Co	ntrol policy?	
	b Infection Co	ntrol programme?	
	c Infection Co	ntrol protocols?	······· 1 2
	d Infection Co	ntrol activities?	1 2
6d	If you indicated the brief details.	at specific changes were made to a	iny of the matters listed in 16c, please giv
	brief details.		

District Health Board's Role in Infection Control

17 How often and in what circumstances are infection control issues discussed at District Health Board meetings? 18 Tick one circle to show who is responsible for bringing infection control issues to the attention of the District Health Board. Chief Executive Hospital General Manager Quality or Risk Manager...... Chair of Clinical Governance committee or equivalent, please specify _____ 04 Other, please specify _______10(

Infection Control Committee

19 Does your DHB have an Infection Control Committee?



20	How often does the Infection Control Committee usually meet?
	Weekly1
	Two-weekly
	Monthly
	Quarterly4
	Six-monthly
	Annually
	Other please specify

21a For each category of staff, please show whether the Infection Control Committee has member(s) from that category, and how often the committee meeting is attended by at least one person from that category.

		A The Committee has member(s) in this category of staff?		B If yes, how often is the committee meeting attended by at least one person from this category?			
		Yes	No	Always	Some- times	Rarely	Never
а	Hospital General Manager or representative (specify job title)	1	2	1	2	3 O	4
b	Risk or Quality Improvement Manager	1	2	10	2	3	4
С	Director of Nursing	1	2	1	2	3	4
d	Medical Director	1	2	1	2	3	4
е	Services manager(s)	1	2	1	2	3	4
f	Infection Control Practitioner(s)	1	2	10	2	3	4
g	Doctor(s)	1	2	1	2	зО	4
h	Occupational Health Nurse(s)	1	2	1	2	3	4
i	Maori Health representative	1	2	1	2	3	4
j	Pharmacist	1	2	10	2	3	4
k	Microbiology representative	1	2	1	2	3	4
Ι	Representative from other hospitals covered by Infection Control Committee	1	2	1	2	3	4
m	Community representative	1	2	1	2	3	4
n	Medical Officer of Health	1	2	1	2	3	4
	Other, please specify						
0		1	2	10	2	зО	4
р		1	2	1	2	зО	4
q		1	2	1	2	3	4

21b From the list in 21a who Chairs the Infection Control Committee?

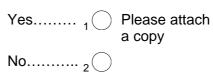
21c If you indicated (in 21a) that a category of staff below has members on the Infection Control Committee, please give details.

Category	For those who are members of the Infection Control Committee, please:
Services manager(s)	give titles
Doctors	indicate how many and list their specialties
Infection Control Practitioners	indicate how many and list their specialties if applicable
Occupational Health Nurse(s)	how many?
Representative from other hospital(s) covered by Infection Control Committee	give details
Community representative	give details

22 Does the Infection Control Committee produce minutes of its meetings?

Yes..... 1 No...... 2

23 Does the Infection Control Committee produce an annual report?



24 To which of the following are the minutes of the Infection Control Committee and the annual report sent?

		A Sent the minutes?			B ne annual port?
		Yes	No	Yes	No
а	Hospital General Manager	1	2	1	2
b	Quality or Risk Management Committee	1	2	1	2
С	Clinical Governance Committee or equivalent	1	2	1	2
d	Members of the Infection Control Committee	1	2	1	2
е	Medical Director	1	2	1	2
f	Director of Nursing	1	2	1	2
	Other (please specify)				
g		1	2	1	2
h		1	2	1	2
i		1	2	1	2

25 Please list up to five main strategic areas of infection control that the Infection Control Committee focused on in the 12 months, July 2000–June 2001.

Infection Control Standards

26 When infection control arrangements in your DHB hospital(s) are being considered, is the Infection Control Standard NZS 8142:2000 used to provide guidance:

always ₁ (\bigcirc
sometimes	\sim
rarely	~
	Ŏ
don't know	Č

27a Has your organisation used the Audit Tool for Infection Control (SNZ HB 8142:2001) to assess the infection control arrangements in the DHB hospital service?

	Y	′es ₁
	Ν	lo₂
27b	Were there any areas of non-compliance?	
	Y	′es ₁
	Ν	lo₂
27c	Have these been addressed?	
	Y	′es 1
	Ν	lo ₂
28	Has the issuing of Infection Control Standard NZS 814 (SNZ HB 8142:2001) had any effect on the resources	
	Yes 1	No ₂
	\checkmark	
	Please describe the eff	ect(s)

Please list all the private hospitals contracted to provide medical and/or surgical hospital services for your District Health Board (or attach a separate list).

- **30** Please make any further comments that you think would be useful to us, under the following headings. If you would prefer to, attach a piece of paper with your comments.
 - a Management structure and responsibilities in infection control

b Infection control policies and procedures

c Activities of the Infection Control Team (including surveillance)

d Resources available for infection control (financial and others)

Thank you for your time and effort. Please ensure that this questionnaire is returned with the others for this DHB

DHBC	

Management of Hospital-Acquired Infection

3.1 Infection Control Team General Questionnaire

Census of District Health Boards by the Office of the Auditor-General

Name of District Health Board:

Who should fill in this questionnaire?

This questionnaire is for the Infection Control Team.

By the Infection Control Team we mean Infection Control Practitioners who have day-to-day responsibility for infection control in the DHB hospital(s) and the doctors with delegated responsibility for infection control matters in the organisation or who provide infection control advice when needed.

Any member of the Infection Control Team can fill it in, or a number can share the task.

Any queries?

If you are uncertain how to answer any question, or wish to discuss any aspects of the questionnaire, or if you would like longer to complete it, please contact us. You can contact either:

Viv McEnnis	vivien.mcennis@oag.govt.nz	Telephone: (04) 917 1525, or
Pat Hoy	pat.hoy@oag.govt.nz	Telephone: (04) 917 1540

Due date

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Post to: Viv McEnnis, Office of the Auditor-General, Private Box 3928. Wellington or Fax to (04) 917 1545 **1** Details of the person we should contact if we have queries about this questionnaire

Name			
Title/position			
Contact numbers:	Telephone	Fax	
Email			

Training and Education

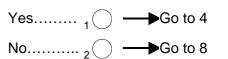
2 Please show the type of training in infection control provided by the Infection Control Team to staff.

		Type of training provided			C	
		A Compulsory orientation or induction training on infection control?		B Annual updates on infection control?		Approximate average number of hours per year of infection control training
	Category of staff	Yes	No	Yes	No	attended by staff in this category
а	Senior doctors	1	2	1	2	hrs
b	Resident medical staff	1	2	1	2	hrs
С	Medical students	1	2	1	2	hrs
d	Nurses/midwives	1	2	1	2	hrs
е	Nursing/midwives students	1	2	1	2	hrs
f	Allied health professionals	1	2	1	2	hrs
g	Health care assistants or equivalent	1	2	1	2	hrs
h	Cleaners	1	2	1	2	hrs
i	Hospital orderlies or equivalent	1	2	1	2	hrs
j	Food handling staff	1	2	1	2	hrs
	Others (please specify)					
k		10	2	1	2	hrs
1		1	2	1	2	hrs
m		1	2	10	2	hrs

3a Has there been an assessment of the effectiveness of infection control training?

Yes..... $_1 \bigcirc \longrightarrow$ Go to 3b No..... $_2 \bigcirc \longrightarrow$ Go to 8

3b Did that assessment cover staff awareness, understanding, and compliance with infection control procedures?



4 When was the last assessment of that kind done?

Within the last 3 years1	\bigcirc
More than 3 years ago ₂ (
Not known	\bigcirc

5 Please give the title and/or department of the person who carried out the assessment.

6 What were the key findings of the assessment?

7 What action was taken as a result of the assessment?

Infection control - implications of organisational change

8 When new equipment is purchased, is the Infection Control Team consulted to ensure that infection control requirements are given due consideration?

Always)
Sometimes)
Rarely	5
Never	5
Don't know	

9 When the DHB is discussing plans for alterations or renovations to hospital buildings is the Infection Control Team consulted?

Always	\bigcirc
Sometimes	\bigcirc
Rarely	Õ
Never	Ō
Don't know	\bigcirc

10 In each case below, how often is the Infection Control Team involved in a review of the contract?

		Is the Infection Control Team involved:					
	In the case of a review of contract for the delivery of:	Not applicable (service never contracted out)	always	some- times	rarely	never	
а	food	1	2	3	4	5	
b	laundry	1	2	3	4	5	
С	waste	1	2	3	4	5	
d	cleaning services	1	2	3	4	5	

11	Are	there policies or guidelines covering:	Yes	No
	а	the prophylactic use of antimicrobials?	1	2
	b	the therapeutic use of antimicrobials?	1	2

Who controls the antibiotic policy/guidelines?
Medicine Review Committee or equivalent
Medical Microbiologists 2
Other medical staff, please specify4
Other, please specify 5

13 Does any member of the Infection Control Team work with the Pharmacy, to ensure compliance with antibiotic policy or guidelines?

Yes	10
No	2

14a Does the Team have any concerns about non-compliance with the antimicrobial policies or guidelines?

Yes 1	Go to 14b
No ₂	── ● Go to 15a

14b How are these concerns addressed?

Accreditation Schemes

15a	A Have any of the DHB hospital(s) taken part in any accreditation scheme?			
	Yes ₁			
	No₂			
15b	Which bodies have awarded accreditation?			
16	Were any aspects of infection control covered by the accreditation process?			
	Yes 1 No			
	Please give details			
17	Did this have any impact on the Infection Control Team?			
	Yes 1 No 2			
	\downarrow			
	Please give details			

18 Did this have any impact on the infection control procedures?

Yes 1	No 2
¥	
Please give details	

-

Responsibilities of Infection Control Team

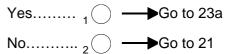
19a Is the Infection Control Team responsible for infection control:

		Yes	No	
а	in all of the DHB hospitals?	10	20	
b	in other provider services in the DHB (please specify in 19b)	10	2	
с	in hospitals outside the DHB (please specify in 19b)	10	2	

- **19b** Please give details, including any terms of agreement, for:
 - any other provider <u>services in the DHB (e.g.</u> Public Health Unit, Regional Dental Service, Community Health Nursing Service, Hospital in the home etc); and
 - any private hospitals;

Infection Control Representatives/Liaison nurse or equivalent.

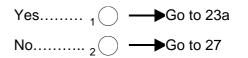
20 Does your hospital(s) now operate an Infection Control Representatives system for infection control purposes?



21 Which of the following are the reasons why your hospital does not now operate an Infection Control Representatives system for infection control purposes?

		Yes	No
а	High turnover of staff	10	2
b	Limited time for Infection Control Team staff to train Representatives	1	2
С	Limited time allocated to Representative's duties	1	2
d	Lack of managerial support	1	2
е	Lack of recognition given to Representative's duties	1	2
f	Other, please specify	1	2

22 Has your hospital(s) ever operated an Infection Control Representatives system for infection control purposes?



23a Which wards do Infection Control Representatives operate in?

All wards
Intensive Care Units only
Surgical wards only
Other clinical areas (please specify)

23b	Do Infection Control	ol Representatives operate in non-c	linical areas?	
		Yes 1	No 2	
		\checkmark		
		Please give details		
_				

For each area/service/unit in your DHB hospital(s), how many Infection Control Representatives are there, and approximately how many hours in total per month do they work on infection control?

Area/service/unit	F.T.E.s of Infection Control Representatives	Average hours in total per month on infection control

26a How would you rate the Infection Control Representatives system as a way of improving infection control?

Very successful 1
Fairly successful
No improvement
Fairly unsuccessful
Very unsuccessful

26b Please give reasons for your answer.

Medical Officer of Health, Public Health

- 27 Is the regional Medical Officer of Health:
- 28 Please give the Infection Control Team's opinion as to whether or not the regional Medical Officer of Health should have the following roles in the DHB hospital services.

	In the team's opinion, should the Medical Officer of Health have this role?	Yes	No	Comment if you wish
a	As a member of the hospital Infection Control Committee contributing to the development and monitoring of the hospital's policies on infection control	1	2	
b	Collaborating with the Infection Control Team in the management of outbreaks of infection	1	2	
С	Providing epidemiological advice	1	2	
d	Ensuring that wider community perspectives are understood by the DHB hospital	1	2	
e	Contributing to the flow of information between hospital and public health	1	2	

29 Do you have an agreement with Public Health Communicable Disease Team on which notifiable diseases will be reported directly by the laboratory?

Yes..... 1

No..... ₂

Please give details

Occupational Health Services

30 Are the roles and responsibilities of the Occupational Health and Infection Control services separate in your organisation?



31a Please rate the way the infection control arrangements work in your organisation in relation to the Occupational Health Service?

Very well)
Fairly well	
Badly)
Very badly	

31b Please give reasons for your answer:

Data Collection Systems

32 Does the Infection Control Team have its own computerised recording and analysis system that it uses to help manage its infection control activities?

			Yes 1	→Go to 33
			No ₂	►Go to 35
33	Do	o the following have full access to the electronic	c information?	Yes No
	а	The Infection Control Practitioner on the Infe	ction Control Team	
	b	The doctor on the Infection Control Team		1 2
34		hen the Infection Control Team requires inform form formation: (Tick in both circles if appropriate)	ation for surveilland	ce purposes, does the
	ha or	ave to be entered manually onto the Infection C	ontrol Team's syste	em?, 1
	is	it automatically uploaded from other hospital sy	ystems?	2
35	Aı	re surveillance results recorded on a computer	?	

Yes	10	Go to 37
No	2	

36 If the Infection Control Team does not use a computerised recording and analysis package, what is the form, content and location of records kept, relating to hospital-acquired infection rates, statistics, outbreaks etc?

a Form:

b Content: c Location:

37 What access does the Infection Control Team have to the following?

		A Infection Control Practitioner		B Doctor			
	Degree of access to:	Full	Partial	None	Full	Partial	None
а	electronic patient administration system	1	2	3	1	2	зО
b	microbiology reporting system	1	2	3	1	2	3 О
С	pharmacy prescribing dispensing system	1	2	3	1	2	3
d	hospital intranet	10	2	3	1	2	3
е	other (please specify)	10	2	3	1	2	3

38 Is there an electronic patient administration system that allows the Infection Control Team to identify patients who have been re-admitted with an infection?

Yes	1
No	2

Microbiology Services

39a	How would you rate the location of the microbiology laboratory in relation to the provision of
	services for infection control purposes?

Very convenient	\bigcirc
Fairly convenient	Ō
Fairly inconvenient	Ō
Very inconvenient4	\bigcirc

39b Please give reasons for your answer.

Do	you feel you have a clear understanding of:	Yes No
а	the organisation of laboratory services?	1 2
b	the scope of laboratory services?	1 2
Do	you feel you can easily get information on:	Vac Na
а	the organisation of laboratory services?	Yes No 1 2
b	the scope of laboratory services?	1 2 2

42 How easy or hard is it for the Infection Control Team to get urgent access to the microbiology laboratory services during the following times?

	During:	Very easy	Reasonably easy	Reasonably hard	Very hard
а	normal working hours	1	2	3	4
b	out of service hours	1	2	з О	4
С	public holidays	1	2	3	4

43a	How would you rate the performance of the microbiology laboratory?
	Very effective
	Effective
	Fairly effective
	Not at all effective

43b Please give reasons for your answer.

Measuring the Impact of Infection Control Practices and Procedures

This last section asks for some written reporting. We would be happy to have your comments in any written form, including Email.

Viv McEnnisvivien.mcennis@oag.govt.nzPat Hoypat.hoy@oag.govt.nz

- 44 Please give examples of successful outbreak controls or actions that have reduced the rate of colonisation or infections, including details of:
 - a the infection control activities that were carried out, and what impact these had; and
 - b whether the Infection Control Team has made any estimate of the costs of this activity, and the details of the types of costs included in this estimate.
- **45** If you have any examples of infection control activities that were unsuccessful or had little or no effect in your hospital(s), please outline the following:
 - a the infection control activities that were carried out, and information about the lack of impact of these activities; and
 - b whether you have made any estimate of the costs of this activity, and the details of the types of costs included in this assessment.
- 46 If there is anything else you would like to add to give a fuller picture of how the Infection Control Team decides which infection controls to have in place and how much to spend on infection control, please add it here.
- **47** Please add any information about any of the following, that you think would be useful for us to know.
 - a Infection control arrangements in the DHB hospitals
 - b Impact of infection control activities
 - c Resources available for infection control (financial and others)

Case Studies

- **48** We are proposing to include two or three case studies of beneficial activities in our report. At the moment we expect these to be based around:
 - MRSA;
 - hand hygiene; and
 - blood stream infections.

We would be grateful for any information which you believe would be useful to our understanding of these three specific aspects of infection control.

Thank you for your time and effort. Please ensure that this questionnaire is returned with the others for this DHB

Management of Hospital-Acquired Infection

3.2 Infection Control Team Staffing Questionnaire

Census of District Health Boards by the Office of the Auditor-General

Name of District Health Board:

Who should fill in this questionnaire?

This can be completed by any member of the Infection Control Team BUT

- questions relating to Infection Control Practitioner responsibilities should be answered by an Infection Control Practitioner and
- questions relating to medical responsibilities should be answered by the doctor with primary responsibility for infection control in the hospital service(s) DHB

Any queries?

If you are uncertain how to answer any question, or wish to discuss any aspects of the questionnaire, or if you would like longer to complete it, please contact us. You can contact either:

Viv McEnnis	vivien.mcennis@oag.govt.nz	Telephone: (04) 917 1525, or
Pat Hoy	pat.hoy@oag.govt.nz	Telephone: (04) 917 1540

Due date

We would be grateful if you could complete the questionnaire as quickly as possible. Please return it by the end of March

Post to: Viv McEnnis, Office of the Auditor-General, Private Box 3928. Wellington. or Fax to (04) 917 1545 1 Details of the person we should contact if we have queries about this questionnaire

Name			
Title/position			
Contact numbers:	Telephone	Fax	
Email			

2 Questions 2 to 4 should be answered by an Infection Control Practitioner.

Please estimate the time spent by <u>Infection Control Practitioner(s)</u> on infection control activities. Where there is more than one Infection Control Practitioner, please aggregate the time spent by all of them and report the percentage of that total that goes to each activity.

		Percentage of Infection Control Practitioners' infection control time spent on this activity		C From July 2000 to date, has the percentage of Infection Control Practitioners' infection control time spent on this activity:			D In an ideal situation what would be the most effective % of Infection
	Activity	A July 2000- June	B Planned for July 2001-	increased	decreased	stay- ed the same	Control Practitioner time spent on this?
а	Surveillance			1	2	зО	
b	Education / training of others			1	2	3	
С	Monitoring hospital hygiene			1	2	зО	
d	Audit			1	2	3	
е	Being consulted on infections & infection control issues			1	2	3	
f	Writing/ reviewing policies / procedures			1	2	3	
g	Screening			1	2	3	
h	Other infection control activity			1	2	3	

3 Please give brief reasons for your answers in the last column (D) of question 2.

4	As at 1 July 2001, for each <u>Infection Control Practitioner</u> employed by the DHB
	please show:

- his/her Full Time Equivalent (FTE) (1 if working full-time, 0.5 if working half-time etc);
- his/her infection control qualifications;
- approximately how much of his/her time is devoted to infection control both within and outside the DHB hospital(s); and
- how long has s/he worked in the area of infection control?

F.T.E.	Qualifications e.g. Registered nurse, Registered laboratory technician	What infection control qualifications does s/he have? Please specify	What % of his/her employed time is spent on infection control <u>within</u> the DHB hospital(s)?	What % of time of his/her employed time is spent on infection control <u>outside</u> the DHB hospital(s)?	Number of years working as Infection Control Practitioner

5 Questions 5 to 7 should be answered by the doctor with primary responsibility for infection control in the DHB hospital(s).

Please estimate the medical time spent on infection control activities. Where a number of doctors have infection control responsibilities, please aggregate the time spent by all of them and report the percentage of that total that goes to each activity.

		Percentage of doctors' infection control time spent on this activity		percentag	C 2000 to date le of doctors' e spent on th	D In an ideal situation what would be the most effective % of doctors'	
	Activity	A July 2000- June 2001	B Planned for July 2001 – June 2002	increased	decreased	stayed the same	infection control time spent on this?
а	Surveillance			1	2	3	
b	Education / training of others			1	2	зО	
С	Monitoring hospital hygiene			1	2	зО	
d	Audit			1	2	зО	
е	Being consulted on infections & infection control issues			1	2	3	
f	Writing/ reviewing policies / procedures			1	2	3	
g	Screening			1	2	з〇	
h	Other infection control activity			1	2	3	

6 Please give brief reasons for your answers in the last column (D) of question 5.

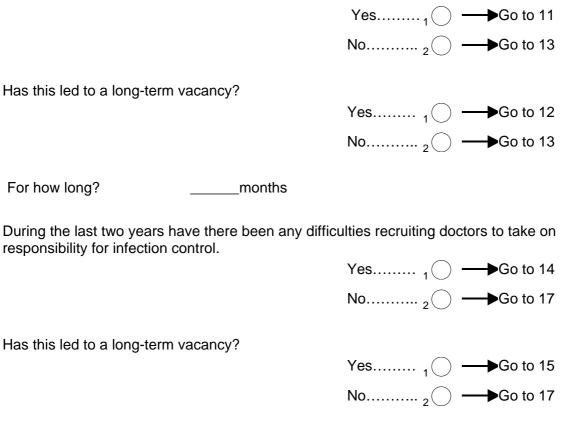
- **7** As at 1 July 2001, for each doctor with responsibilities for infection control in your DHB hospital(s), show:
 - his/her Full Time Equivalent (FTE) (1 if working full-time, 0.5 if working half-time etc);
 - his/her specialty;
 - approximately how much of his/her time is devoted to infection control both within and outside the DHB hospital(s).

F.T.E.	Specialty	What % of his/her employed time is spent on infection control <u>within</u> the DHB hospital(s)?	% of time of his/her employed time is spent on infection control <u>outside</u> the DHB hospital(s)?

8	Com	pared to two years ago; (i.e. February 2000)	increased	decreased	stayed the same
	а	has the number of F.T.E.s of Infection Control Practitioners	1	2	3
	b	has the number of F.T.E.s of doctors with responsibility in infection control	1	2	3

9. If applicable, please give reasons for the change(s).

10 During the last two years (i.e. since February 2000) have there been any difficulties recruiting Infection Control Practitioners?



15 For how long? _____months

16 Where there were problems in recruiting staff, which of the following do you consider to be the reasons?

		Yes	No
а	Shortage of Infection Control Practitioners locally	1	2
b	General reluctance of nurses to work on infection control	1	2
С	General nursing recruitment difficulties at a national level	1	2
d	Shortage of medical microbiologists locally	1	2
е	Shortage of medical microbiologists at a national level	1	2
f	General reluctance of doctors to work on infection control	1	2
	Other (please specify)	1	2

- 17 To whom do the Infection Control Practitioner(s) report?
 Hospital General Manager
 Quality or Risk Manager
 Clinical Governance Committee or equivalent
 Infection Control Committee
 Medical Director
 Director of Nursing
 Other (please specify)

Clerical Support

19a As at 1 July 2001 how much clerical support time was dedicated to supporting <u>Infection Control Practitioner(s)</u> on the Infection Control Team

_____ FTE

19b	Does the team consider this:	
	adequate1	$\Big)$
	inadequate ₂	$\Big)$

19c As at 1 July 2001 how much clerical support time was dedicated to supporting doctors on the Infection Control Team?

_____ FTE

19d Does the team consider this:

adequate1	\bigcirc
inadequate2(\bigcirc

19e If you consider either of these time(s) inadequate, please give reasons.

Continuing Education

20 In the grid below, show training <u>specifically relating to infection control</u>, during the period January 2001 to January 2002.

Jan 01 to Jan 02,	-	by Infection Control	hours planned	hours
hours of training, relating to		Practitioner(s)	hours actually taken	hours
infection control:	-	by doctors with responsibility	hours planned	hours
	for infaction		hours actually taken	hours

21 Which of these ways are used by members of the Infection Control Team to keep abreast of developments in the theory and practice of infection control?

		Yes	No
а	Subscription to specialty journals	10	20
b	Participation in internet discussion groups	10	2
С	Annual or more frequent attendance at specialty conferences	10	2
d	Attendance at formal courses	10	2
е	Ongoing training and development by external consultants	10	2
f	Other, please specify	10	2

22 Does the Infection Control Team subscribe to any of the following infection control journals?

		Yes	No
а	Journal of Hospital Infection	10	20
b	Infection Control and Hospital Epidemiology	10	2
С	American Journal of Infection Control	10	2
d	Other, please specify	10	2

23 Please list the textbooks and guidelines on infection control (citing edition and date of publication) physically present in the offices of the members of the Infection Control Team (or attach a list).

Thank you for your time and effort. Please ensure that this questionnaire is returned with the others for this DHB

DHBC	

Management of Hospital-Acquired Infection

3.3

Infection Control Team Programme and Audit Questionnaire

Census of District Health Boards by the Office of the Auditor-General

Name of District Health Board:

Who should fill in this questionnaire?

This questionnaire is for the Infection Control Team.

By the Infection Control Team we mean Infection Control Practitioners who have day-to-day responsibility for infection control in the DHB hospital(s) and the doctors with delegated responsibility for infection control matters in the organisation or who provides infection control advice when needed.

Any member of the Infection Control Team can fill it in, or a number can share the task.

Any queries?

If you are uncertain how to answer any question, or wish to discuss any aspects of the questionnaire, or if you would like longer to complete it, please contact us. You can contact either:

Viv McEnnisvivien.mcennis@oag.govt.nzTelephone: (04) 917 1525, orPat Hoypat.hoy@oag.govt.nzTelephone: (04) 917 1540

Due date

We would be grateful if you could complete the questionnaire as quickly as possible. Please return it by the end of March 2002

Post to: Viv McEnnis, Office of the Auditor-General, Private Box 3928. Wellington or Fax to (04) 917 1545

1 Details of the person we should contact if we have queries about this questionnaire

Name			
Title/position			
Contact numbers:	Telephone	Fax	
Email			

Annual Plan or Programme and Long-term Strategy

2 Which of the following details were included in the 2000/2001 Infection Control Plan/Programme?

		Yes	No
а	List of policies requiring implementation or update	1	2
b	Details of types of staff requiring training and education	1	2
с	Details of surveillance activities to be carried out	1	2
d	Details of aspects of hospital hygiene to be monitored	10	2
е	Plan/ timetable for audit of infection control activities	1	2
f	Details of Infection Control Team's input into setting standards	1	2
g	Details of Infection Control Team's input to audits of clinical and support services	10	2

4 During what calendar year was the Infection Control Programme last reviewed?

5 Who formally signs off the Infection Control Programme? **Specify more than one if appropriate**

		Yes	No
а	Infection Control Committee	10	2
b	Hospital General Manager	10	2
с	Quality or Risk Manager or equivalent	1	2
d	Clinical Board or equivalent	1	2
е	Other, please specify	10	2

6a Is the Infection Control Programme linked to the DHB hospital services quality improvement and/or risk management programme?

Yes	1	→Go to 6b
No	2	Go to 7

6b Please describe how the Infection Control Programme is linked to a quality improvement and/or risk management programme.

7 Is there one documented long-term strategy for infection control that specifies what is planned beyond the next 12 months for the hospital(s) in your DHB?

Yes 1 -	Go to 8
No 2 -	Go to 9

8 Which of the following elements are included in that strategy?

		Yes	No
а	Implementation of surveillance programmes	10	2
b	Programme for updating of procedures and protocols	10	2
с	Training/education programmes	10	2
d	Clinical Audit Programmes	10	2
е	Setting of infection control goals	10	2

Policy, Guidance and Protocols

9a Which of these is true?

There is a complete Infection Control Manual (hard copy and/or electronic) containing all the generic infection control policies for the hospitals in your DHB available to the Infection Control Team	1	→ Go to 9b
An Infection Control Manual (containing all the generic infection control policies for the hospitals in your DHB) is being prepared	2	> Go to 10
No work has yet been done on such a manual	3	> Go to 10
Other (please explain)	4	> Go to 10
Don't know	8	> Go to 10

9b Does the Infection Control Team's manual include copies of any infection control policies for specific service(s) and/or department(s)?

Yes	1
No	2

9d Now go to 11.

10 What infection control guidance do you use in place of such a manual?

11	Please show whether a protocol or procedure exists for each of the following and, if it does, answer B and C.	Do proto proc exi	A bes a bocol or cedure st for his?	B Cal- endar year it was last	audit the la	C been ed in ist 12 ths?
		Yes	No	up- dated	Yes	No
а	Hand hygiene	10	2		1	2
b	Standard Precautions	1	2		1	2
С	Transmission-based Precautions		2		1	2
d	Bed management		2		1	2
е	Screening of patients	1	2		1	2
f	Management of patients with known or suspected TB	1	2		1	2
g	Management of immunocompromised patients	10	2		10	2
h	Pre-employment screening	10	2		1	2
i	Staff vaccination policy	10	2		1	2
j	Management of non-immune and colonised staff	1	2		1	2
k	Needlestick injury/blood body fluid exposure prevention and follow up	1	2		1	2
I	Prevention and management of infection in hospital staff	1	2		1	2
m	Investigation of outbreaks	10	2		1	2
n	Disinfectant and antiseptic policy	10	2		1	2
0	Antimicrobial usage	1	2		1	2
р	Aseptic technique	1	2		1	2
q	Insertion and management of intravascular device	1	2		1	2
r	Management of urinary catheter systems		2		1	2
S	Care of wounds and management of surgical drains	1	2		1	2
t	Re-use of single use items		2		1	2
u	Waste management		2		1	2
V	Laundry practice	1	2		1	2
W	Pest control	10	2		1	2
х	Environmental standards for patient care areas	10	2		1	2
У	Purchasing of equipment	1	2		1	2

Surveillance

12 Does the Infection Control Team carry out surveillance?

Yes..... $_1$ \longrightarrow Go to 13a No..... $_2$ \longrightarrow Go to 23 on page 11

In-house definitions (please give details in 13b below)............ $_3$

13b If using an in-house, as opposed to a standard international or national set of case definitions, please supply details.

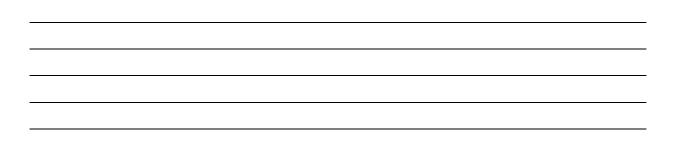
Hospital-acquired infection is defined as:

Surveillance is defined as:

14 During the 12 months, July 2000-June 2001, did the Infection Control Team surveillance activities include any of the following? Please answer B – E for those that were carried out.

			A		B Reported		C ed back:		E Number
			Carried out?		to medical Staff?		rsing/ vifery uff?	of surveil- lance e.g.	of weeks between end of surveil-
		Yes	No	Yes	No	Yes	No	03/01 – 06/01	lance and reporting of results to DHB
а	Continuous alert organism surveillance	1	2	1	2	1	2		
b	Continuous alert condition surveillance	1	2	1	2	1	2		
	Targeted Surveillance								
С	- by case mix	1	2	1	2	1	2		
d	- by ward/unit	1	2	1	2	1	2		
е	- by site of infection	10	2	10	2	10	2		
	Selective surveillance								
f	Lab based-ward liaison surveillance	1	2	1	2	1	2		
g	Other selected surveillance (Please specify)	1	2						
				1	2	1	2		
				1	2	1	2		

15 If the results of surveillance activities are not reported back to medical and nursing/midwifery staff what did you do with them. e.g. database, continued analysis, feeding into policy decisions?



16 When carrying out the surveillance activities, how often is each of the following examined?

		Daily	Weekly or more often	Monthly or more often	Three- monthly or more often	Annually or more often	Never
а	Laboratory reports	1	2	з О	4	5	6
b	Paper patient progress notes medical and nursing	1	2	3	4	5	6
с	Electronic patient record system	1	2	3	4	5	6
d	Pharmacy prescribing reporting system	1	2	3	4	5	6
е	Other (please give details)	1	2	3	4	5	6

17 In which of these ways does the team collect data on infection rates?

		Yes	No
а	By organism	1	2
b	By ward/unit/service	10	2
С	By risk factor	10	2
d	By site of infection	10	2
е	By surgeon	10	2
f	Other, please specify	10	2
		-	

18 Has the team produced, from any of its surveillance activity:

		Yes	No
а	rates?	10	2
b	trends?	10	2 O

If you answered "yes" to either part of Question 18, please supply a copy of the surveillance results and also the following details in this table.
 Note that this applies to the years July 1999-June 2000 and July 2000-June 2001

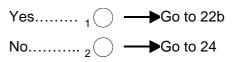
А	В	С	D	E	F
Type of infection	Was this an incidence or prevalence survey?	What data was used as the numerator, e.g. number of infected patients, number of infections?	What data was used for the denominator, e.g. admissions, discharges, deaths, patient days, days' use of devices?	Infection rates in 1999 – 2000	Infection rates in 2000 – 2001

- **20** If the numerator or denominator was different in any of the years above,
 - please give details of the change.
 - if you can, please also give the reason for the change.

21 How regularly are results of surveillance reported to the following people?

	To the:	Monthly or more often	Three- monthly or more often	Annually or more often	Less often than annually	Never
а	Infection Control Committee	1	2	з〇	4	5
b	General Manager or equivalent	1	2	з〇	4	5
С	Medical Director	1	2	з О	4	5
d	Director of Nursing	1	2	3	4	5
е	Quality/Risk Manager	1	2	з О	4	5
f	Ministry of Health	1	2	з О	4	5
	Other (please specify)					
g		1	2	з О	4	5
h		1	2	з〇	4	5
i		1	2	зО	4	5

22a Does the team carry out any post-discharge surveillance?



22b How does the team find cases for post-discharge surveillance?

		Yes No
а	Providing patient with a card / questionnaire to respond	1 2
b	Providing referring specialists/general practitioners with a card / questionnaire to respond	1 2
С	Telephone survey of patients	1 2 2
d	Telephone survey of referring specialists/general practitioners	1 2
е	Alerts by pharmacists when new prescriptions for antibiotics are written for recently discharged patients	1 2
f	Other (please specify)	1 2
		_

22c Now go to question 24

23 If you said at question 12 that the team does not carry out surveillance:

24

a how are outbreaks detected in hospitals? **b** how are outbreaks prevented? how is the information on the number of blood stream infections reported and used in your organisation?

25 Are there any changes that the Infection Control Team would like to see in the national collection of data on hospital-acquired blood stream infections currently reported each quarter to the Ministry of Health (formerly CCMAU)?

Yes 1	No ₂
¥	
Please describe the change	es
that the team would like to s	see

Monitoring of Hospital Hygiene

26a Has the Team ever carried out an environmental audit of hospital hygiene?

Yes..... $_1$ \longrightarrow Go to 26b No..... $_2$ \longrightarrow Go to 27

26b For each of the areas below, please show whether they have been covered in such an audit, and the calendar year when they were last covered in an audit.

		Has th covere	A iis been ed in an dit?	B Calendar year this was last covered in
		Yes	No	an audit
а	Collection and disposal of healthcare waste	10	2	
b	Standard of ward/unit cleaning	10	2	
С	Cleaning, disinfection and sterilisation procedures	10	2	
d	Food hygiene practices	10	2	
е	Personal protective equipment	10	2	
f	Hand hygiene	10	2	
g	Hand basins (provision of soap, rubbish bins paper towel etc)	1 🔿	2	
h	Maintenance or cleaning of ward/unit facilities (toilet, bathrooms, kitchens)	1 🔾	2	
Ι	Other, please specify	10	2	

27 If you answered "no" to Question 26a which service(s) monitors hospital hygiene?

28 Does the Team produce audit reports of its findings on hospital hygiene?

		Yes	1	
		No	2	→Go to 31
)	То	whom are those reports sent?		
		To the:	Yes	No
	а	the individual responsible for the ward / department in which the audit took place?	1	2
	b	attending medical staff on the ward?	10	2
	С	the appropriate senior manager?	10	2
	d	the infection control committee?	10	2
	е	the hospital quality committee?	10	2
	f	the customer relations manager?	1	2
	g	other, please specify	\bigcirc	\bigcirc
	9		1	2
			-	_
		ve any of those reports resulted in any changes being introc	-	
		ve any of those reports resulted in any changes being introc	- duced?	
		ve any of those reports resulted in any changes being introc Yes ₁ No.	- duced?	
		ve any of those reports resulted in any changes being introc Yes ₁ No.	- duced?	
		ve any of those reports resulted in any changes being introc Yes ₁ No.	- duced?	
		ve any of those reports resulted in any changes being introc Yes ₁ No.	- duced?	
		ve any of those reports resulted in any changes being introc Yes ₁ No.	- duced?	

Clinical Audits

31 Does the Infection Control Team:

		Yes	No
а	contribute to the development of standards in any other clinical service(s)?	10	2
b	contribute to the development of standards in any support service(s)?	10	2
С	assist in auditing the implementation of such standards?	10	2

32 For each of the following, please show whether any member of the Infection Control Team contributed to a clinical audit process of it, and if so when did that last happen?

		A		В
		Infection Control Team member contributed to audit?		Calendar year of last audit that Infection Control Team member
		Yes	No	contributed to
а	Isolation units	1	2	
b	Use of intravenous devices	1	2	
С	Wound care	1	2	
d	Sharps disposal	1	2	
е	Appropriateness of antibiotic prophylaxis	1	2	
g	Efficiency of pre-employment screening programme	1	2	
h	Vaccines for influenza and pneumococcal prophylaxis	1	2	
i	Other, please specify	10	2	

33 What was the main focus of the Infection Control Team in clinical audits in 2000 / 2001?

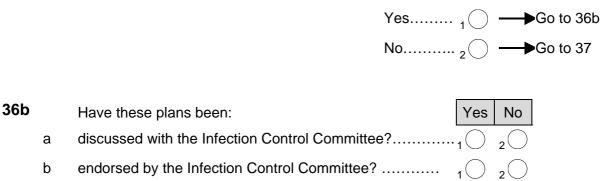
34a Are the infection control results of clinical audits routinely reported back to any staff?

		Yes	. 10 -	➡Go to 34b	
		No	₂ O —	➡Go to 36a	
34b	Wh	ich of these happens?			
			Yes No		
	а	Report goes to appropriate medical staff	1 2)	
	b	Report goes to appropriate nursing/midwifery staff	1 2		
	С	Key finding goes to appropriate staff	1 2)	
	d	Informal briefing to appropriate staff	1 2)	
	е	Other, please specify	1 2)	
35		s the Infection Control Team identified any specific trainin dits?	g needs as a	a result of the cl	inical
	uut) ₂ (
		↓ ↓	2 <		

Please give details

Management and Prevention of Outbreaks

36a Are there documented arrangements/plans to deal with outbreaks of hospital-acquired infections?



38 In general, who is responsible for managing the following types of outbreaks?

		Infection Control Practitioner	Doctor		Other – Please tick and specify job title
а	Minor outbreaks with community aspects	1	2	3	4
b	An outbreak involving more than one hospital	1	2	3	4
С	Other minor outbreaks of non-notifiable infections	1	2	3	4
d	Other minor outbreaks of notifiable infections	1	2	3	4
е	Other major outbreaks	1	2	3	4

39 During 2000-2001, for how many outbreaks did the Infection Control Team write a report?

During 2000-2001, for how many outbreaks did the Infection Control Team NOT write a report?

40 To whom are the reports normally sent?

		Yes	No
а	Hospital General Manager	1	2
b	Quality or Risk Manager	1	2
С	Clinical Governance Committee or equivalent	1	2
d	Infection Control Committee	1	2
е	Medical Director	1	2
f	Director of Nursing	1	2
g	Appropriate Clinical Director	1	2
h	Appropriate service manager	1	2
i	Other (please specify)	1	2

Have there been any changes to policies or procedures as a result of any of these reports on 41 outbreaks?





Please give details

Screening for Infection or Carriage

42	ls ti	here a routine screening programme:		
			Yes	No
	а	to identify colonised staff	10	2
	b	to identify infected staff	10	2
	С	to identify colonised patients	10	2
	d	to identify infected patients	10	2

43 Is it the responsibility of the Infection Control Team to:

		Yes	No
а	screen staff	10	2
b	screen patients	10	2

44 If you answered "no", to either a or b in 43, who carries out that screening?

45 If you answered yes to either a or b in 43, please show:

- who is screened (type of patient and type of staff);
- what they are screened for; and
- when or how often they are screened.

You may do this by:

- attaching an existing document;
- filling in the tables below; or
- producing a table that shows the information in a way you find convenient

A	В	С
What category of patient is	What they are screened	When or how often they
screened (e.g.elderly patients	for (e.g. MRSA)	are screened (e.g. on
from nursing homes)		transfer to and from
, c		hospital)
What category of staff is screened	What they are screened for (e.g. MRSA)	When or how often they are screened (e.g.on transfer to and from hospital)

Isolation Facilities

46 Has a formal written risk assessment been undertaken to ensure that adequate arrangements are in place to isolate patients to minimise transmission of infection:

Yes No

		Yes	No
а	to patients	10	20
b	to staff	10	2

- **47** Did the risk assessment:
 - a consider what type of isolation rooms are needed?.....
- **48** If you answered "no" to either or both parts of question 47, please say how the type and number of isolation facilities have been determined.

49 Please provide the following information about isolation facilities, as at 1 July 2001:

	Isolation faciliites	rooms as at 2001 B without ensuite bathroom facilities		C evious 12 s the numb decrea- sed	
а	Single rooms capable of and commonly used to isolate patients for infection reasons (excluding those in maternity)		10	2	3
b	Single rooms under negative pressure		1	2	3
С	Single rooms under positive pressure		1	2	3
d	Other, please specify		10	2	3

0	If the number of isolation rooms has increased or decreased please give details of the reason for changes.
la	Would the Infection Control Team say that the arrangements in your hospital(s), for isolating patients with transmissible infectious diseases are:
	very satisfactory
	fairly satisfactory
	fairly unsatisfactory
	very unsatisfactory4
lb	Please give reasons for your view
2a	Would the Infection Control Team say that the arrangements in your hospital(s), for protectivity isolation for the management of immuno-compromised patients are:
	very satisfactory
	fairly satisfactory
	fairly unsatisfactory
	very unsatisfactory ₅
	not applicable
2b	Please give reasons for your view

Thank you for your time and effort. Please ensure that this questionnaire is returned with the others for this DHB.

DHBC		
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Management of Hospital-Acquired Infection

3.4 Infection Control Team Funding and Budget Questionnaire

Census of District Health Boards by the Office of the Auditor-General

Name of District Health Board:

Who should fill in this questionnaire?

This can be filled in by any member of the Infection Control Team.

Any queries?

If you are uncertain how to answer any question, or wish to discuss any aspects of the questionnaire, or if you would like longer to complete it, please contact us. You can contact either:

Viv McEnnisvivien.mcennis@oag.govt.nzTelephone: (04) 917 1525, orPat Hoypat.hoy@oag.govt.nzTelephone: (04) 917 1540

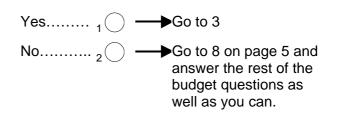
Due date

We would be grateful if you could complete the questionnaire as quickly as possible. Please return it by the end of March

Post to: Viv McEnnis, Office of the Auditor-General, Private Box 3928. Wellington or Fax to (04) 917 1545 1 Details of the person we should contact if we have any queries about this questionnaire

Name			
Title/position			
Contact numbers:	Telephone	Fax	
Email			

2 Is there discrete funding for the Infection Control Team to carry out aspects of the infection control programme (excluding outbreaks or major infection incidents)?



- 3 What was the overall budget and expenditure in the period July 2000-June 2001?
 - a 2000-01 Budget. Write in
 - b 2000-01 Expenditure. Write in

4 How long has the hospital had a separate budget for this activity?

Less than 12 months \dots	
Less than 2 years	ł
Less than 3 years	
3 years or longer	

5 For each of the two years (July 2000-June 2001, July 2001-June 2002) given below, show the budget funding for the following elements.

	Budget item			B Amount spent in 2000-2001 \$(000)	C Includ budge 2001-2	ed in et for
		Yes	No		Yes	No
а	Salary of Infection Control Practitioner(s)	1	2		1	2
b	Doctors time spent on infection control	1	2		1	2
С	Salaries of clerical staff	1	2		1	2
d	Salaries of laboratory staff	1	2		10	2
e	Additional microbiological tests & equipment specifically needed for infection control purposes	1	2		1	2
f	Computer equipment for surveillance	1	2		1	2
g	Training/ education of Infection Control Team members and provision of books and journals	1	2		1	2
h	Educational aids (videos, posters)	1	2		1	2
i	Printing and dissemination of policies/ manuals	1	2		1	2
j	Travel	1	2		1	2
k	Other, please specify	1	2		1	2

6 If there were any elements in question 5 that were not included in the infection control budget for the year July 2000-June 2001, please estimate the spent for that item and give the source of funding.

	А	В	С
	Budget Item	Amount spent in 2000-2001 (\$000)	Source of funding
а			
b			
с			

7a If you have a separate budget for infection control, what effect do you think having the budget has on the management of infection control in your hospital(s)?

Makes it easier1	\bigcirc
Makes it harder2	\bigcirc
Makes no difference	\bigcirc

7b Please give reasons for your view.

7c Now go to 10.

- 8 If there is not a separate budget, for each element below, please:
 - estimate the amount actually spent on infection control during the year July 2000-June 2001; and
 - indicate where the funds were derived from.

		A Estimate of amount spent	B From which budget did the funding come?
а	Infection Control Practitioner(s)		
b	Doctors time spent on infection control		
С	Clerical staff		
d	Laboratory support staff		
е	Additional microbiological tests and equipment specifically needed for infection control purposes		
f	Computer equipment for surveillance		
g	Training and education of Infection Control Team members and provision of books and journals		
h	Educational aids (videos, posters)		
i	Printing and dissemination of policies and manuals		
j	Travel		

9a What effect do you think that having a separate budget would have on the management of infection control in your hospital(s)?

Would make it easier	
Would make it harder	
Would make no difference	

9b Please give reasons for your view.

10 Please provide (or estimate) the change in amount of money budgeted for infection control as set out below.

			A	B If changed, by what percentage?
а	When compared to the	increase	1	
	year July 1999-June 2000, did the amount budgeted	decrease	2	%
	for the year July 2000- June 2001:	stay the same	3	70
b	When compared to the	increase	1	
	year July 2000-June 2001, did the amount budgeted	decrease	2	%
	for the year July 2001- June 2002:	stay the same	3	70

11 How are outbreaks or other major infection incidents funded?

Funding for Research and Development

- 12 In the last 3 years, has any member(s) of the Infection Control Team:
 - applied for any internal or external funds for research into infection control? а
 - b received any funds for such research?
- 13 If you answered "yes" to either part of question 12, please give details.

14 Do any members of the Infection Control Team have an academic contract to undertake research in infection control?

Yes	1	→Go to 15
No	2	

15 Please give details of type of research and amount received.

16 Has the Team received any additional resources for research in infection control or audit work from any of the following? .

		Yes	No
а	Pharmaceutical company(ies)	10	2
b	Any other source	1	2

17 If you answered "yes" to either part of question 16, please give brief details.

7

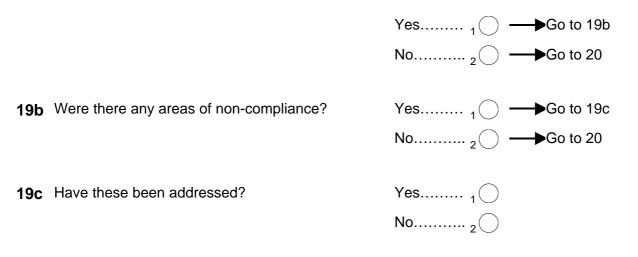
Yes	No
10	2
10	2

Yes	No
10	2
	2

18 In your DHB, what effect has the document *New Zealand Standard in Infection Control NZS 8142:2000*, had on the amount of resources allocated to Infection Control?

Increased it	\bigcirc
Decreased it	
Had no effect	\sim
Don't know	Õ

19a Has your organisation used the Audit Tool for Infection Control (SNZ HB 8142:2001) to assess the infection control arrangements in the DHB hospital service?



20 Has the issuing of *New Zealand Standard in Infection Control NZS 8142:2000* and Audit Tool for Infection Control (SNZ HB 8142:2001) had any effect on the resources available for infection control of your DHB?

	Yes 1	No 2				
	Ļ					
Please describe the effect(s)						

Problems affecting infection control

21	Do any of the following problems affect infection control in your DHB hos			spital(s)?	
			Yes	No	
	а	Inadequate numbers of Infection Control Practitioners	10	2	
	b	Inadequate amount of doctor time available for infection control	1	2	
	С	Lack of teaching materials	1	2	
	d	Lack of computer equipment	1	2	
	е	Lack of time for Infection Control Team to keep up to date with developments	1	2	
	f	Lack of support for infection control from clinical colleagues	1	2	
	g	Problems obtaining funds from other budgets	1	2	
	h	Infection Control does not have a high profile in the hospital	1	2	
	i	Other constraints (please give details)	1	2	

Thank you for your time and effort. Please ensure that this questionnaire is returned with the others for this DHB.