

MRSA Healthcare Facility In-patient Survey

This survey is designed to exemplify the potential of Keypoint in carrying out a large scale survey. Depending on the medium chosen, this can be carried out online in one data entry session or it can be saved and completed in more than one session. Collecting data for multiple facilities can be carried out at different times.

Part 1 - Facility-wide data

The questions in the first section relate to facility-wide information. If you are reporting for multiple facilities, then each facility should be entered separately. You can however adapt this so that if this survey was being used as a single survey across a multi-facility that the responses could be identified to a unit, ward or facility.

Q1. Response Number

Q2. How many infection prevention and control professionals are present at your facility?

Healthcare demographics

Q3. Location of your healthcare facility

Q4. Is your healthcare facility classed as

Urban

Rural

Q5. Type of healthcare facility (check all that apply):

Public

Pediatric only

Acute care

Private

Woman only

Rehabilitation

Adult only

Cancer hospital

GP

Adult and Pediatric

Cardiac facility

Long-term care

Q6. Number of beds

Q7. Number of inpatient's on day of survey:

Q8. Which of the following are present in the healthcare facility (tick all that apply):

Medical ICU

Burn unit

Long term care

Surgical ICU

Hematology-oncology unit

Rehabilitation unit

Combined Medical-Surgical ICU

Prisoner facilities

Cardiac surgery

Chronic hemodialysis unit

Transplant unit

Trauma surgery

Q9. What is the percentage of ICU beds of the total beds available?

Q10. What type of Health care Associated Infections (HAI) routine surveillance do you perform?

Facility-wide

Targeted

Q11. If targeted, please specify:

All ICU patients

All surgical patients

High risk patients

Some ICU patients

Some surgical patients

Q12. Which site(s) of infection do you routinely survey:

Q13. Do you perform active surveillance cultures for MRSA

Yes

No

Q14. If yes, which of the following populations do you perform surveillance cultures? (Tick all that apply).

All healthcare facility admissions

All surgical patients

All ICU admissions

Selected surgical populations

Transfers from other healthcare facilities

All dialysis patients

Transfers from long-term care facilities

All hematology-oncology patients

All admissions to ICU's

Patients with repeated/recurrent facility admissions

Selected unit patients

Other

Q15. Are your surveillance cultures:

Routinely performed i.e. as per protocol

Both

Physician directed order

Q16. Which methods do you use for your surveillance cultures?

Q17. Approximately on what percent of your total occupied beds do you perform active surveillance cultures for MRSA?

Q18. On the day of your point prevalence survey, how many health care facility inpatients had cultures positive for MRSA?

Q19. What type of isolation do you currently require for known MRSA culture positive patients?

	Standard precautions only	Contact isolation	No isolation	Other
MRSA - Infected Patients - ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRSA Infected Patients - Non ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRSA colonized patients - ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRSA colonised patients - Non ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2 - Individual care data

Provide the following information for each MRSA-positive patient from your point prevalence survey.

Q20. Gender

Male Female

Q21. Age

Q22. Service

Medical Surgical ICU Other unit or service

Q23. Duration: Admit to +MRSA

Less than 48 hours More than 48 hours

Q24. Culture type

Clinical culture Surveillance culture

Q25. Infections sites

- | | |
|--|--|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Surgical site |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Skin- soft tissue | <input type="checkbox"/> Other |

Q26. Underlying conditions

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Transfer from long term care facility |
| <input type="checkbox"/> Chronic renal failure | <input type="checkbox"/> Transfer from other health care facility |
| <input type="checkbox"/> Cardiac disease | <input type="checkbox"/> Repeated healthcare facility admissions in past 12 months |
| <input type="checkbox"/> Prematurity | <input type="checkbox"/> Multiple courses of antibiotics |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Surgery in past 12 months |
| <input type="checkbox"/> Prisoner | <input type="checkbox"/> Hematology-oncology patient |

Q27. Antibiotics

	Resistant	Susceptible	Not tested
Trimethoprim-sulfamethoxazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clindamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erythromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentamicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetracycline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>