

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
a Medical staff	
b All nurses including midwives and enrolled nurses	
c Allied healthcare professionals	
d Hospital aides or equivalent	

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

a Total number of beds in the hospital at 1 July 2001	
b Average bed occupancy rate for the period 1 July 2000 to 30 June 2001	%
c 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?		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
		Yes	No			
a	Accident and Emergency	1 <input type="radio"/>	2 <input type="radio"/>		days	%
b	Assessment Treatment and Rehabilitation Unit	1 <input type="radio"/>	2 <input type="radio"/>		days	%
c	Cardiothoracic Surgery	1 <input type="radio"/>	2 <input type="radio"/>		days	%
d	General Surgery	1 <input type="radio"/>	2 <input type="radio"/>		days	%
e	General Medicine	1 <input type="radio"/>	2 <input type="radio"/>		days	%
f	Geriatric Medicine	1 <input type="radio"/>	2 <input type="radio"/>		days	%
g	Gynaecology	1 <input type="radio"/>	2 <input type="radio"/>		days	%
h	Haematology	1 <input type="radio"/>	2 <input type="radio"/>		days	%
i	Infectious Diseases	1 <input type="radio"/>	2 <input type="radio"/>		days	%
j	Mental Health	1 <input type="radio"/>	2 <input type="radio"/>		days	%
k	Nephrology	1 <input type="radio"/>	2 <input type="radio"/>		days	%
l	Neurology	1 <input type="radio"/>	2 <input type="radio"/>		days	%
m	Neurosurgery	1 <input type="radio"/>	2 <input type="radio"/>		days	%
n	Obstetrics/Maternity	1 <input type="radio"/>	2 <input type="radio"/>		days	%
o	Oncology	1 <input type="radio"/>	2 <input type="radio"/>		days	%
p	Ophthalmology	1 <input type="radio"/>	2 <input type="radio"/>		days	%
q	Otorhinolaryngology	1 <input type="radio"/>	2 <input type="radio"/>		days	%
r	Oral Surgery	1 <input type="radio"/>	2 <input type="radio"/>		days	%
s	Organ Transplant	1 <input type="radio"/>	2 <input type="radio"/>		days	%
t	Paediatrics	1 <input type="radio"/>	2 <input type="radio"/>		days	%
u	Plastic Surgery incl Burns	1 <input type="radio"/>	2 <input type="radio"/>		days	%
v	Spinal Services	1 <input type="radio"/>	2 <input type="radio"/>		days	%
w	Rheumatology	1 <input type="radio"/>	2 <input type="radio"/>		days	%
x	Thoracic Medicine	1 <input type="radio"/>	2 <input type="radio"/>		days	%
y	Trauma & Orthopaedics	1 <input type="radio"/>	2 <input type="radio"/>		days	%
z	Urology	1 <input type="radio"/>	2 <input type="radio"/>		days	%
a1	Vascular Surgery	1 <input type="radio"/>	2 <input type="radio"/>		days	%
a2	Other	1 <input type="radio"/>	2 <input type="radio"/>		days	%

5 (continued)

	A		B	C	D
	Does the hospital have this type of Ward / Unit / Service?				
	Yes	No			
a3 ICU General	1 <input type="radio"/>	2 <input type="radio"/>		days	%
a4 ICU Neonatal	1 <input type="radio"/>	2 <input type="radio"/>		days	%
a5 ICU Paediatric	1 <input type="radio"/>	2 <input type="radio"/>		days	%
a6 ICU Other	1 <input type="radio"/>	2 <input type="radio"/>		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 McEnnis vivien.mcennis@oag.govt.nz Telephone: (04) 917 1525, or
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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?		B Any responsibility for operational Issues?	
	Yes	No	Yes	No
a Hospital General Manager	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b Infection Control Committee	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c Director of Nursing Services	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d Medical Director	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e Infectious Disease Physician	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f Medical Microbiologist	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
g Infection Control Manager	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
h Infection Control Practitioner	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
i Quality Improvement/Risk Manager	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Other, please specify				
j	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
k	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
l	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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

Yes..... 1 → Go to 4

No..... 2 → Go to 10a

4 How long ago was it established?

- Less than 12 months ago1
- Less than 3 years ago2
- Less than 5 years ago3
- 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
a amount (\$) spent on managing hospital-acquired infection	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b rates of hospital-acquired infection	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c number of cases of hospital-acquired infection	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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?

Yes..... 1 → Go to 9a

No..... 2 → Go to 8b

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
-----	----

a undertake surveillance of hospital-acquired infection?..... 1 2

b calculate rates of infection?..... 1 2

c 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 quality measures it produces on hospital-acquired blood stream infections for the Ministry of Health (formerly CCMAU) each quarter.

Extremely useful.....1

Very useful2

Fairly useful3

Slightly useful4

Not at all useful.....5

Don't know.....8

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..... 2



Please describe the measure you would prefer

13 How is information from the Ministry of Health on hospital-acquired blood stream infections:
a reported back to the DHB?

b used in the hospital service of your DHB?

14a When there is concern that a communicable disease outbreak may be occurring in the hospital service, does the service agreement/ contract specify that in at least some circumstances the Medical Officer of Health must be notified and contacted for advice?

Yes..... 1 **→ Go to 14b**

No..... 2 **→ Go to 15**

14b Does the service agreement/ contract specify that the Medical Officer of Health must be notified and contacted for advice:

a for all infections..... 1

b only for infections where there is a statutory requirement 2

c for statutory ones plus specific others (please specify) 3

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

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



Please describe them

16a Has the General Manager or equivalent of the hospital service ever personally reviewed the infection control arrangements with the Infection Control Team?

Yes..... 1 → Go to 16b

No..... 2 → Go to 17

16b When was the last time that this happened?

- Within the last quarter1
- Within the last six months.....2
- Within the last year.....3
- Within the last 2 years4
- Within the last 3 years5
- 3 years ago or more6
- Don't know.....8

16c As a result of the last review, were specific changes made to:

Yes	No
-----	----

- a Infection Control policy?..... 1 2
- b Infection Control programme?..... 1 2
- c Infection Control protocols?..... 1 2
- d Infection Control activities? 1 2

16d If you indicated that specific changes were made to any of the matters listed in 16c, please give 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 Executive01
- Hospital General Manager02
- Quality or Risk Manager03
- Chair of Clinical Governance committee or equivalent, please specify _____ 04
- Chair of the Infection Control Committee05
- Medical Director06
- Director of Nursing07
- Doctor with responsibility for Infection Control08
- Infection Control Practitioner09
- Other, please specify _____ 10

Infection Control Committee

19 Does your DHB have an Infection Control Committee?

- Yes..... 1 → Go to 20
- No..... 2 → Go to 26 on page 12

20 How often does the Infection Control Committee usually meet?

- Weekly.....1
- Two-weekly2
- Monthly.....3
- Quarterly.....4
- Six-monthly.....5
- Annually.....6
- Other please specify.....8

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		B			
	The Committee has member(s) in this category of staff?		If yes, how often is the committee meeting attended by at least one person from this category?			
	Yes	No	Always	Some-times	Rarely	Never
a Hospital General Manager or representative (specify job title)	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b Risk or Quality Improvement Manager	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c Director of Nursing	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d Medical Director	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e Services manager(s)	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f Infection Control Practitioner(s)	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g Doctor(s)	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h Occupational Health Nurse(s)	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i Maori Health representative	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j Pharmacist	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k Microbiology representative	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l Representative from other hospitals covered by Infection Control Committee	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m Community representative	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n Medical Officer of Health	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
Other, please specify						
o	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
q	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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?

Yes..... 1 Please attach a copy

No..... 2

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

		A Sent the minutes?		B Sent the annual report?	
		Yes	No	Yes	No
a	Hospital General Manager	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b	Quality or Risk Management Committee	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c	Clinical Governance Committee or equivalent	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d	Members of the Infection Control Committee	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
e	Medical Director	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
f	Director of Nursing	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
Other (please specify)					
g		1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
h		1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
i		1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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.

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:

- always1
- sometimes2
- rarely3
- never4
- don't know8

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?

- Yes..... 1 → Go to 27b
- No..... 2 → Go to 28

27b Were there any areas of non-compliance?

- Yes..... 1 → Go to 27c
- No..... 2 → Go to 28

27c Have these been addressed?

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

28 Has the issuing of Infection Control Standard NZS 8142:2000 and Audit Tool for Infection Control (SNZ HB 8142:2001) had any effect on the resources of your DHB?

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



Please describe the effect(s)

29 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

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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 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.

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

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

Yes..... 1 → Go to 3b

No..... 2 → Go to 8

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

Yes..... 1 → Go to 4

No..... 2 → Go to 8

4 When was the last assessment of that kind done?

Within the last 3 years..... 1

More than 3 years ago 2

Not known 8

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..... 1
- Sometimes 2
- Rarely..... 3
- Never..... 4
- Don't know 8

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

- Always..... 1
- Sometimes 2
- Rarely..... 3
- Never..... 4
- Don't know 8

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

In the case of a review of contract for the delivery of:	Is the Infection Control Team involved:				
	Not applicable (service never contracted out)	always	some-times	rarely	never
a food	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b laundry	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c waste	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d cleaning services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

11 Are there policies or guidelines covering:

Yes	No
-----	----

- a the prophylactic use of antimicrobials?..... 1 2
- b the therapeutic use of antimicrobials?..... 1 2

12 Who controls the antibiotic policy/guidelines?

- Medicine Review Committee or equivalent 1
- Medical Microbiologists 2
- Infectious Disease Physicians..... 3
- Other medical staff, please specify _____ 4

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..... 1
- 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 Have any of the DHB hospital(s) taken part in any accreditation scheme?

Yes..... 1 → Go to 15b

No..... 2 → Go to 19a

15b Which bodies have awarded accreditation?

16 Were any aspects of infection control covered by the accreditation process?

Yes..... 1

No..... 2



Please give details

17 Did this have any impact on the Infection Control Team?

Yes..... 1

No..... 2



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
-----	----

- a in all of the DHB hospitals? 1 2
- b in other provider services in the DHB (please specify in 19b)... 1 2
- c in hospitals outside the DHB (please specify in 19b)..... 1 2

19b Please give details, including any terms of agreement, for:

- any other provider services in the DHB (e.g. 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?

Yes..... 1 → Go to 23a

No..... 2 → Go to 21

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
a High turnover of staff	1 <input type="radio"/>	2 <input type="radio"/>
b Limited time for Infection Control Team staff to train Representatives	1 <input type="radio"/>	2 <input type="radio"/>
c Limited time allocated to Representative's duties	1 <input type="radio"/>	2 <input type="radio"/>
d Lack of managerial support.....	1 <input type="radio"/>	2 <input type="radio"/>
e Lack of recognition given to Representative's duties.....	1 <input type="radio"/>	2 <input type="radio"/>
f Other, please specify	1 <input type="radio"/>	2 <input type="radio"/>

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

Yes..... 1 → Go to 23a

No..... 2 → Go to 27

23a Which wards do Infection Control Representatives operate in?

- All wards..... 1
- Intensive Care Units only 2
- Surgical wards only 3
- Other clinical areas (please specify) _____ 8

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

- Very successful 1
- Fairly successful..... 2
- No improvement..... 3
- Fairly unsuccessful..... 4
- Very unsuccessful 5

26b Please give reasons for your answer.

Medical Officer of Health, Public Health

27 Is the regional Medical Officer of Health:

- a employed by your DHB? 1
- b contracted from another DHB to provide services?..... 2

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 <input type="radio"/>	2 <input type="radio"/>	
b Collaborating with the Infection Control Team in the management of outbreaks of infection	1 <input type="radio"/>	2 <input type="radio"/>	
c Providing epidemiological advice	1 <input type="radio"/>	2 <input type="radio"/>	
d Ensuring that wider community perspectives are understood by the DHB hospital	1 <input type="radio"/>	2 <input type="radio"/>	
e Contributing to the flow of information between hospital and public health	1 <input type="radio"/>	2 <input type="radio"/>	

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?

Yes..... 1

No..... 2

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

Very well..... 1

Fairly well 2

Badly 3

Very badly 4

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 the following have full access to the electronic information?

Yes	No
-----	----

a The Infection Control Practitioner on the Infection Control Team 1 2

b The doctor on the Infection Control Team 1 2

34 When the Infection Control Team requires information for surveillance purposes, does the information: (Tick in both circles if appropriate)

have to be entered manually onto the Infection Control Team's system?,... 1

or

is it automatically uploaded from other hospital systems? 2

35 Are surveillance results recorded on a computer?

Yes..... 1 → Go to 37

No..... 2 → Go to 36

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?

Degree of access to:	A Infection Control Practitioner			B Doctor		
	Full	Partial	None	Full	Partial	None
a electronic patient administration system	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b microbiology reporting system	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c pharmacy prescribing dispensing system	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d hospital intranet	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e other (please specify)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

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 1
- Fairly convenient 2
- Fairly inconvenient 3
- Very inconvenient..... 4

39b Please give reasons for your answer.

40 Do you feel you have a clear understanding of:

Yes	No
-----	----

- a the organisation of laboratory services? 1 2
- b the scope of laboratory services?..... 1 2

41 Do you feel you can easily get information on:

Yes	No
-----	----

- a the organisation of laboratory services? 1 2
- b the scope of laboratory services?..... 1 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
a normal working hours	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b out of service hours	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c public holidays	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

43a How would you rate the performance of the microbiology laboratory?

- Very effective 1
- Effective 2
- Fairly effective 3
- Not at all effective..... 8

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 McEnnis vivien.mcennis@oag.govt.nz

Pat Hoy pat.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 Infection Control Practitioner(s) 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.

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 Control Practitioner time spent on this?
	A July 2000- June 2001	B Planned for July 2001- June 2002	increased	decreased	stay- ed the same	
a Surveillance			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
b Education / training of others			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
c Monitoring hospital hygiene			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
d Audit			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
e Being consulted on infections & infection control issues			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
f Writing/ reviewing policies / procedures			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
g Screening			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
h Other infection control activity			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	

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

4 As at 1 July 2001, for each Infection Control Practitioner 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 the</u> 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.

Activity	Percentage of doctors' infection control time spent on this activity		C From July 2000 to date, has the percentage of doctors' infection control time spent on this activity:			D In an ideal situation what would be the most effective % of doctors' infection control time spent on this?
	A	B	increased	decreased	stayed the same	
	July 2000- June 2001	Planned for July 2001 – June 2002				
a Surveillance			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
b Education / training of others			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
c Monitoring hospital hygiene			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
d Audit			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
e Being consulted on infections & infection control issues			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
f Writing/ reviewing policies / procedures			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
g Screening			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	
h Other infection control activity			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	

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 Compared to two years ago; (i.e. February 2000)

	increased	decreased	stayed the same
a has the number of F.T.E.s of Infection Control Practitioners	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b has the number of F.T.E.s of doctors with responsibility in infection control	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

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?

Yes..... 1 → Go to 11

No..... 2 → Go to 13

11 Has this led to a long-term vacancy?

Yes..... 1 → Go to 12

No..... 2 → Go to 13

12 For how long? _____ months

13 During the last two years have there been any difficulties recruiting doctors to take on responsibility for infection control.

Yes..... 1 → Go to 14

No..... 2 → Go to 17

14 Has this led to a long-term vacancy?

Yes..... 1 → Go to 15

No..... 2 → Go to 17

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
a Shortage of Infection Control Practitioners locally	1 <input type="radio"/>	2 <input type="radio"/>
b General reluctance of nurses to work on infection control	1 <input type="radio"/>	2 <input type="radio"/>
c General nursing recruitment difficulties at a national level	1 <input type="radio"/>	2 <input type="radio"/>
d Shortage of medical microbiologists locally	1 <input type="radio"/>	2 <input type="radio"/>
e Shortage of medical microbiologists at a national level	1 <input type="radio"/>	2 <input type="radio"/>
f General reluctance of doctors to work on infection control	1 <input type="radio"/>	2 <input type="radio"/>
Other (please specify)	1 <input type="radio"/>	2 <input type="radio"/>

17 To whom do the Infection Control Practitioner(s) report?

- Hospital General Manager1
- Quality or Risk Manager2
- Clinical Governance Committee or equivalent3
- Infection Control Committee4
- Medical Director5
- Director of Nursing6
- Other (please specify) _____ 8

18 To whom do the doctors with responsibilities for infection control report?

- Hospital General Manager1
- Quality or Risk Manager2
- Clinical Governance Committee or equivalent3
- Infection Control Committee4
- Medical Director5
- Director of Nursing6
- Other (please specify) _____ 8

Clerical Support

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

_____ FTE

19b Does the team consider this:

adequate.....1
 inadequate.....2

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:

adequate.....1
 inadequate.....2

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

Continuing Education

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

Jan 01 to Jan 02, hours of training, <u>relating to</u> <u>infection control</u> :	- by Infection Control Practitioner(s)	hours planned	hours
		hours actually taken	hours
	- by doctors with responsibility for infection	hours planned	hours
		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
a Subscription to specialty journals	1 <input type="radio"/>	2 <input type="radio"/>
b Participation in internet discussion groups	1 <input type="radio"/>	2 <input type="radio"/>
c Annual or more frequent attendance at specialty conferences	1 <input type="radio"/>	2 <input type="radio"/>
d Attendance at formal courses.....	1 <input type="radio"/>	2 <input type="radio"/>
e Ongoing training and development by external consultants.....	1 <input type="radio"/>	2 <input type="radio"/>
f Other, please specify.....	1 <input type="radio"/>	2 <input type="radio"/>

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

	Yes	No
a Journal of Hospital Infection	1 <input type="radio"/>	2 <input type="radio"/>
b Infection Control and Hospital Epidemiology.....	1 <input type="radio"/>	2 <input type="radio"/>
c American Journal of Infection Control	1 <input type="radio"/>	2 <input type="radio"/>
d Other, please specify	1 <input type="radio"/>	2 <input type="radio"/>

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

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 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 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
-----	----

- a List of policies requiring implementation or update 1 2
- b Details of types of staff requiring training and education 1 2
- c Details of surveillance activities to be carried out..... 1 2
- d Details of aspects of hospital hygiene to be monitored... 1 2
- e 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..... 1 2

3 How often is the progress of the Infection Control Programme assessed?

- Monthly or more frequently 1
- Quarterly or more frequently 2
- Six-monthly or more frequently 3
- Annually or more frequently 4
- Less frequently than annually 5
- Don't know 8

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
a Infection Control Committee	1 <input type="radio"/>	2 <input type="radio"/>
b Hospital General Manager	1 <input type="radio"/>	2 <input type="radio"/>
c Quality or Risk Manager or equivalent.....	1 <input type="radio"/>	2 <input type="radio"/>
d Clinical Board or equivalent	1 <input type="radio"/>	2 <input type="radio"/>
e Other, please specify _____	1 <input type="radio"/>	2 <input type="radio"/>

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
a Implementation of surveillance programmes.....	1 <input type="radio"/>	2 <input type="radio"/>
b Programme for updating of procedures and protocols ...	1 <input type="radio"/>	2 <input type="radio"/>
c Training/education programmes	1 <input type="radio"/>	2 <input type="radio"/>
d Clinical Audit Programmes.....	1 <input type="radio"/>	2 <input type="radio"/>
e Setting of infection control goals	1 <input type="radio"/>	2 <input type="radio"/>

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

9c Are ALL the policies in the manual updated?

At least once every 12 months..... 1

At least once every 3 years..... 2

Less often than that..... 3

Don't know 8

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.

	A Does a protocol or procedure exist for this?		B Calendar year it was last updated	C Has it been audited in the last 12 months?	
	Yes	No		Yes	No
a Hand hygiene	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
b Standard Precautions	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
c Transmission-based Precautions	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
d Bed management	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
e Screening of patients	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
f Management of patients with known or suspected TB	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
g Management of immunocompromised patients	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
h Pre-employment screening	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
i Staff vaccination policy	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
j Management of non-immune and colonised staff	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
k Needlestick injury/blood body fluid exposure prevention and follow up	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
l Prevention and management of infection in hospital staff	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
m Investigation of outbreaks	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
n Disinfectant and antiseptic policy	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
o Antimicrobial usage	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
p Aseptic technique	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
q Insertion and management of intravascular device	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
r Management of urinary catheter systems	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
s Care of wounds and management of surgical drains	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
t Re-use of single use items	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
u Waste management	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
v Laundry practice	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
w Pest control	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
x Environmental standards for patient care areas	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
y Purchasing of equipment	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>

Surveillance

12 Does the Infection Control Team carry out surveillance?

Yes..... 1 → Go to 13a

No..... 2 → Go to 23 on page 11

13a What case definitions does the Infection Control Team use for surveillance purposes?

Center for Diseases Control (Atlanta, Georgia) 1

Other standard definitions (please specify) _____ 2

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 Carried out?		B Reported back: to medical Staff?		C to nursing/ midwifery staff?		D Period of surveillance e.g. 03/01 – 06/01	E Number of weeks between end of surveillance and reporting of results to DHB
	Yes	No	Yes	No	Yes	No		
	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>		
a	Continuous alert organism surveillance		1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>		
b	Continuous alert condition surveillance		1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>		
	Targeted Surveillance							
c	- by case mix		1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>		
d	- by ward/unit		1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>		
e	- by site of infection		1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>		
	Selective surveillance							
f	Lab based-ward liaison surveillance		1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>		
g	Other selected surveillance (Please specify)		1 <input type="radio"/>	2 <input type="radio"/>				
			1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>		
			1 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>		

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
a Laboratory reports	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b Paper patient progress notes — medical and nursing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c Electronic patient record system	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d Pharmacy prescribing reporting system	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e Other (please give details)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

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

	Yes	No
a By organism	1 <input type="radio"/>	2 <input type="radio"/>
b By ward/unit/service	1 <input type="radio"/>	2 <input type="radio"/>
c By risk factor	1 <input type="radio"/>	2 <input type="radio"/>
d By site of infection.....	1 <input type="radio"/>	2 <input type="radio"/>
e By surgeon.....	1 <input type="radio"/>	2 <input type="radio"/>
f Other, please specify	1 <input type="radio"/>	2 <input type="radio"/>

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

Yes	No
-----	----

a rates? 1 2

b trends? 1 2

19 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

A	B	C	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
a Infection Control Committee	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b General Manager or equivalent	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c Medical Director	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d Director of Nursing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e Quality/Risk Manager	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f Ministry of Health	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
Other (please specify)					
g	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

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

- Yes..... 1 → Go to 22b
 No..... 2 → Go to 24

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

	Yes	No
a Providing patient with a card / questionnaire to respond	1 <input type="radio"/>	2 <input type="radio"/>
b Providing referring specialists/general practitioners with a card / questionnaire to respond.....	1 <input type="radio"/>	2 <input type="radio"/>
c Telephone survey of patients.....	1 <input type="radio"/>	2 <input type="radio"/>
d Telephone survey of referring specialists/general practitioners.....	1 <input type="radio"/>	2 <input type="radio"/>
e Alerts by pharmacists when new prescriptions for antibiotics are written for recently discharged patients...	1 <input type="radio"/>	2 <input type="radio"/>
f Other (please specify).....	1 <input type="radio"/>	2 <input type="radio"/>

22c Now go to question 24

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

a how are outbreaks detected in hospitals?

b how are outbreaks prevented?

24 how is the information on the number of blood stream infections reported and used in your organisation?

Monitoring of Hospital Hygiene

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

Yes..... 1 → Go to 26b

No..... 2 → 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.

	A Has this been covered in an audit?		B Calendar year this was last covered in an audit
	Yes	No	
a Collection and disposal of healthcare waste	1 <input type="radio"/>	2 <input type="radio"/>	
b Standard of ward/unit cleaning	1 <input type="radio"/>	2 <input type="radio"/>	
c Cleaning, disinfection and sterilisation procedures	1 <input type="radio"/>	2 <input type="radio"/>	
d Food hygiene practices	1 <input type="radio"/>	2 <input type="radio"/>	
e Personal protective equipment	1 <input type="radio"/>	2 <input type="radio"/>	
f Hand hygiene	1 <input type="radio"/>	2 <input type="radio"/>	
g Hand basins (provision of soap, rubbish bins paper towel etc)	1 <input type="radio"/>	2 <input type="radio"/>	
h Maintenance or cleaning of ward/unit facilities (toilet, bathrooms, kitchens)	1 <input type="radio"/>	2 <input type="radio"/>	
i Other, please specify	1 <input type="radio"/>	2 <input type="radio"/>	

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 → Go to 29

No..... 2 → Go to 31

29 To whom are those reports sent?

To the:

Yes	No
-----	----

- a the individual responsible for the ward / department in which the audit took place? 1 2
- b attending medical staff on the ward? 1 2
- c the appropriate senior manager?..... 1 2
- d the infection control committee?..... 1 2
- e the hospital quality committee? 1 2
- f the customer relations manager? 1 2
- g other, please specify 1 2

30 Have any of those reports resulted in any changes being introduced?

Yes..... 1

No..... 2



Please describe those changes

Clinical Audits

31 Does the Infection Control Team:

		Yes	No
a	contribute to the development of standards in any other clinical service(s)?	1 <input type="radio"/>	2 <input type="radio"/>
b	contribute to the development of standards in any support service(s)?.....	1 <input type="radio"/>	2 <input type="radio"/>
c	assist in auditing the implementation of such standards?.....	1 <input type="radio"/>	2 <input type="radio"/>

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 Infection Control Team member contributed to audit?		B Calendar year of last audit that Infection Control Team member contributed to
	Yes	No	
a Isolation units	1 <input type="radio"/>	2 <input type="radio"/>	
b Use of intravenous devices	1 <input type="radio"/>	2 <input type="radio"/>	
c Wound care	1 <input type="radio"/>	2 <input type="radio"/>	
d Sharps disposal	1 <input type="radio"/>	2 <input type="radio"/>	
e Appropriateness of antibiotic prophylaxis	1 <input type="radio"/>	2 <input type="radio"/>	
g Efficiency of pre-employment screening programme	1 <input type="radio"/>	2 <input type="radio"/>	
h Vaccines for influenza and pneumococcal prophylaxis	1 <input type="radio"/>	2 <input type="radio"/>	
i Other, please specify	1 <input type="radio"/>	2 <input type="radio"/>	

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..... 1 → Go to 34b

No..... 2 → Go to 36a

34b Which of these happens?

Yes	No
-----	----

a Report goes to appropriate medical staff..... 1 2

b Report goes to appropriate nursing/midwifery staff 1 2

c Key finding goes to appropriate staff..... 1 2

d Informal briefing to appropriate staff 1 2

e Other, please specify 1 2

35 Has the Infection Control Team identified any specific training needs as a result of the clinical audits?

Yes..... 1

No..... 2



Please give details

Management and Prevention of Outbreaks

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

Yes..... 1 → Go to 36b

No..... 2 → Go to 37

36b Have these plans been:

Yes	No
-----	----

a discussed with the Infection Control Committee?..... 1 2

b endorsed by the Infection Control Committee? 1 2

37 During 2000-2001, how often was the Infection Control Committee or a subcommittee convened specifically to manage an outbreak?

- Never..... 1
- Once..... 2
- Twice..... 3
- Three times 4
- Four times 5
- Other (please specify) _____ 8

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

	Infection Control Practitioner	Doctor	Infection Control Team	Other – Please tick and specify job title
a Minor outbreaks with community aspects	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b An outbreak involving more than one hospital	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c Other minor outbreaks of non-notifiable infections	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d Other minor outbreaks of notifiable infections	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e Other major outbreaks	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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
a	Hospital General Manager	1 <input type="radio"/>	2 <input type="radio"/>
b	Quality or Risk Manager	1 <input type="radio"/>	2 <input type="radio"/>
c	Clinical Governance Committee or equivalent.....	1 <input type="radio"/>	2 <input type="radio"/>
d	Infection Control Committee...	1 <input type="radio"/>	2 <input type="radio"/>
e	Medical Director	1 <input type="radio"/>	2 <input type="radio"/>
f	Director of Nursing.....	1 <input type="radio"/>	2 <input type="radio"/>
g	Appropriate Clinical Director...	1 <input type="radio"/>	2 <input type="radio"/>
h	Appropriate service manager...	1 <input type="radio"/>	2 <input type="radio"/>
i	Other (please specify)	1 <input type="radio"/>	2 <input type="radio"/>

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

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



Please give details

Screening for Infection or Carriage

42 Is there a routine screening programme:

		Yes	No
a	to identify colonised staff.....	1 <input type="radio"/>	2 <input type="radio"/>
b	to identify infected staff	1 <input type="radio"/>	2 <input type="radio"/>
c	to identify colonised patients.....	1 <input type="radio"/>	2 <input type="radio"/>
d	to identify infected patients.....	1 <input type="radio"/>	2 <input type="radio"/>

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

Yes	No
-----	----

a screen staff..... 1 2

b screen patients..... 1 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	B	C
What category of patient is screened (e.g.elderly patients from nursing homes)	What they are screened for (e.g. MRSA)	When or how often they are screened (e.g. on transfer to and from 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
-----	----

a to patients..... 1 2

b to staff 1 2

47 Did the risk assessment:

Yes	No
-----	----

a consider what type of isolation rooms are needed?..... 1 2

b identify the number of isolation rooms needed?..... 1 2

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 facilities	Number of rooms as at 1 July 2001		C In the previous 12 months, has the number:		
	A with ensuite bathroom facilities	B without ensuite bathroom facilities	increased	decreased	stayed the same
a Single rooms capable of and commonly used to isolate patients for infection reasons (excluding those in maternity)			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b Single rooms under negative pressure			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c Single rooms under positive pressure			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d Other, please specify			1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

50 If the number of isolation rooms has increased or decreased please give details of the reasons for changes.

51a Would the Infection Control Team say that the arrangements in your hospital(s), for isolating patients with transmissible infectious diseases are:

- very satisfactory 1
- fairly satisfactory 2
- fairly unsatisfactory 3
- very unsatisfactory 4

51b Please give reasons for your view

52a Would the Infection Control Team say that the arrangements in your hospital(s), for **protective isolation** for the management of immuno-compromised patients are:

- very satisfactory 1
- fairly satisfactory 2
- fairly unsatisfactory 3
- very unsatisfactory 5
- not applicable 8

52b 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.

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 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 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)?

- Yes..... 1 → Go to 3
- No..... 2 → Go to 8 on page 5 and answer the rest of the budget questions as well as you can.

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 months1
- Less than 2 years2
- Less than 3 years3
- 3 years or longer4

- 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	A Included in 2000-2001 budget?		B Amount spent in 2000-2001 \$(000)	C Included in budget for 2001-2002	
		Yes	No		Yes	No
a	Salary of Infection Control Practitioner(s)	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
b	Doctors time spent on infection control	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
c	Salaries of clerical staff	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
d	Salaries of laboratory staff	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
e	Additional microbiological tests & equipment specifically needed for infection control purposes	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
f	Computer equipment for surveillance	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
g	Training/ education of Infection Control Team members and provision of books and journals	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
h	Educational aids (videos, posters)	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
i	Printing and dissemination of policies/ manuals	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
j	Travel	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>
k	Other, please specify	1 <input type="radio"/>	2 <input type="radio"/>		1 <input type="radio"/>	2 <input type="radio"/>

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.

	A Budget Item	B Amount spent in 2000-2001 (\$000)	C Source of funding
a			
b			
c			

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 easier.....1

Makes it harder2

Makes no difference3

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?
a Infection Control Practitioner(s)		
b Doctors time spent on infection control		
c Clerical staff		
d Laboratory support staff		
e 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 easier1
- Would make it harder.....2
- Would make no difference3

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?
a	When compared to the year July 1999-June 2000, did the amount budgeted for the year July 2000-June 2001:	increase	1 <input type="radio"/>
		decrease	2 <input type="radio"/>
		stay the same	3 <input type="radio"/>
			%
b	When compared to the year July 2000-June 2001, did the amount budgeted for the year July 2001-June 2002:	increase	1 <input type="radio"/>
		decrease	2 <input type="radio"/>
		stay the same	3 <input type="radio"/>
			%

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:

Yes	No
-----	----

- a applied for any internal or external funds for research into infection control? 1 2
- b received any funds for such research? 1 2

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 → Go to 16

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
-----	----

- a Pharmaceutical company(ies) 1 2
- b Any other source..... 1 2

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

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 it1
- Decreased it.....2
- Had no effect3
- Don't know8

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?

- Yes..... 1 → Go to 19b
- No..... 2 → Go to 20

19b Were there any areas of non-compliance?

- Yes..... 1 → Go to 19c
- No..... 2 → Go to 20

19c Have these been addressed?

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

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



Please describe the effect(s)

Problems affecting infection control

21 Do any of the following problems affect infection control in your DHB hospital(s)?

	Yes	No
a Inadequate numbers of Infection Control Practitioners.....	1 <input type="radio"/>	2 <input type="radio"/>
b Inadequate amount of doctor time available for infection control...	1 <input type="radio"/>	2 <input type="radio"/>
c Lack of teaching materials.....	1 <input type="radio"/>	2 <input type="radio"/>
d Lack of computer equipment.....	1 <input type="radio"/>	2 <input type="radio"/>
e Lack of time for Infection Control Team to keep up to date with developments.....	1 <input type="radio"/>	2 <input type="radio"/>
f Lack of support for infection control from clinical colleagues.....	1 <input type="radio"/>	2 <input type="radio"/>
g Problems obtaining funds from other budgets.....	1 <input type="radio"/>	2 <input type="radio"/>
h Infection Control does not have a high profile in the hospital.....	1 <input type="radio"/>	2 <input type="radio"/>
i Other constraints (please give details)	1 <input type="radio"/>	2 <input type="radio"/>

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