

## ZSIP SURVEY 2017

### Hospital Data - Application Form H

Region Code: ..... Study start date: ...../...../..... (day/month/year)

Hospital Code: ..... Study end date: ...../...../..... (day/month/year)

Hospital Size (total number of beds): .....XXXX..... Number of surgical beds: .....XXX.....

Number of beds in the Surgical Intensive Care Unit: .....XX..... Total number of patients included in the study: .....XXXX.....

Type of hospital according to its degree of complexity:  Primary  Secondary  Tertiary  Specialized

Type of hospital according to its teaching activity:  Non-teaching  Undergraduate University  Resident doctors teaching  Under and postgraduate Teaching

ZSI chosen preventive areas:  Antibiotic prophylaxis  Skin preparation  Hair removal  Normothermia  Normoglycemia

General Hospital Indicators (last year)		Number	Surgical Interventions included:		
Average consumption per stay-day of alcoholic solution for hand hygiene in the last year (milliliters / stay-day)	-----	-----	<input type="radio"/> Coronary bypass with double incision	<input type="radio"/> Coronary bypass with single incision	<input type="radio"/> Ovarian surgery
Number of infection control nurses expressed in FTE	-----	-----	<input type="radio"/> Limb amputation	<input type="radio"/> Osteosynthesis	<input type="radio"/> Prostate surgery
Number of infection control physicians expressed in FTE	-----	-----	<input type="radio"/> Bile duct, liver or pancreas surgery	<input type="radio"/> Cardiothoracic surgery	<input type="radio"/> Craniotomy
Prevalence of patients infected by Nosocomial Infection (EPINE) in the last year	-----	-----	<input type="radio"/> Gastric surgery	<input type="radio"/> Herniorrhaphy	<input type="radio"/> Rectal surgery
How many years of accumulated experience does your team have in SSI surveillance?	-----	-----	<input type="radio"/> Appendectomy	<input type="radio"/> Hip prosthesis	<input type="radio"/> Spinal fusion
Will you be able to apply the same post-discharge surveillance system (30 or 90 days) in the pre-ZSI period and in the ZSI application period?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Breast surgery	<input type="radio"/> Neck surgery	<input type="radio"/> Small intestine surgery
Do you apply an active and comprehensive SSI surveillance program?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Cholecystectomy and cholecystotomy	<input type="radio"/> Knee prosthesis	<input type="radio"/> Thyroid and parathyroid surgery
Surgical Services included:			<input type="radio"/> Colon-Sigma surgery	<input type="radio"/> Laminectomy	<input type="radio"/> Splenic surgery
<input type="radio"/> General and Digestive Surgery	<input type="radio"/> Vascular Surgery	<input type="radio"/> Maxillofacial Surgery	<input type="radio"/> "Bypass" peripheral arterial surgery	<input type="radio"/> Abdominal hysterectomy	<input type="radio"/> Vaginal hysterectomy
<input type="radio"/> Traumatology and Orthopedics	<input type="radio"/> Thoracic Surgery	<input type="radio"/> Stomatology / Odontology	<input type="radio"/> Caesarean section	<input type="radio"/> Kidney surgery	<input type="radio"/> Others: .....
<input type="radio"/> Gynecology and Obstetrics	<input type="radio"/> Plastic, reconstructive and burn Surgery	<input type="radio"/> Cardiac and Vascular Surgery	<input type="radio"/> Others 2: .....	<input type="radio"/> Others 3: .....	<input type="radio"/> Others 4: .....
<input type="radio"/> Neurosurgery	<input type="radio"/> Pediatric Surgery	<input type="radio"/> Urology	Comments / Observations: ..... ..... .....		
<input type="radio"/> Otorhinolaryngology	<input type="radio"/> Ophtalmology	<input type="radio"/> Others: .....			
<input type="radio"/> Others 2: .....	<input type="radio"/> Others 3: .....	<input type="radio"/> Others 4: .....			

### Study Coordinator Data at the Hospital

Surname: ..... Name: .....

Surgical Service: ..... Professional category: .....

Email: ..... Telephone contact: .....

### Study Collaborators Data at the Hospital

Surname: .....	Name: .....	Professional category: .....
Surname: .....	Name: .....	Prof. cat.: .....
Surname: .....	Name: .....	Prof. cat.: .....
Surname: .....	Name: .....	Prof. cat.: .....
Surname: .....	Name: .....	Prof. cat.: .....