

ACORN.

Site Assessment Form

1. Hospital details			
Hospital name			
Hospital code (country code – hospital ID)	_ _ _ _ - _ _ _ _ _		
Country			
City / Town			
Year hospital opened			
Profile (select all that apply, one from the left column and, if appropriate, one from the right column)	<input type="checkbox"/> General hospital	<input type="checkbox"/> Paediatric only	
	<input type="checkbox"/> Specialty hospital	<input type="checkbox"/> Adult only	
	<input type="checkbox"/> Other		
	Details:		
Level of care (select all that apply)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	
	<input type="checkbox"/> Tertiary	<input type="checkbox"/> National	
What important specialties are available in the hospital (select all that apply)	<input type="checkbox"/> Solid organ transplantation	<input type="checkbox"/> Obstetrics unit	
	<input type="checkbox"/> Bone marrow transplantation	<input type="checkbox"/> Clinical haematology (without transplantation)	
	<input type="checkbox"/> Burns unit	<input type="checkbox"/> Oncology	
	<input type="checkbox"/> Neonatal unit	<input type="checkbox"/> Others	
	Details:		
Ownership (select all that apply)	<input type="checkbox"/> Government / Public	<input type="checkbox"/> Private, for profit	
	<input type="checkbox"/> Private, not for profit (Non-governmental / Charity)	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Other		
	Details:		

2. Hospital data for most recent complete year			
Year		<input type="checkbox"/>	Unknown
Total admissions		<input type="checkbox"/>	Unknown
Community admissions		<input type="checkbox"/>	Unknown
Transfers in		<input type="checkbox"/>	Unknown
Patients		<input type="checkbox"/>	Unknown
Beds (all)		<input type="checkbox"/>	Unknown
Beds (acute only)*		<input type="checkbox"/>	Unknown
ICU beds		<input type="checkbox"/>	Unknown
Patient days		<input type="checkbox"/>	Unknown
Doctors (qualified, full FTE)		<input type="checkbox"/>	Unknown
Nurses (qualified, full FTE)		<input type="checkbox"/>	Unknown

*Exclude wards such as long-term care / rehabilitation / psychiatry

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3. Are individual patient files handwritten or electronic?

<input type="checkbox"/>	Handwritten	<input type="checkbox"/>	Electronic	<input type="checkbox"/>	Both (partly written and partly electronic)
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4. Does the hospital have an electronic billing and/or patient record system?

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, do these systems capture the following details?

Patient Name	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
Address	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
Date of admission	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
Transfer status	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
Diagnosis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
ICD10 code(s)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
Microbiology results	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
Antibiotic treatment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
Date of discharge	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
Discharge status	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown

5. Does the hospital advocate the use of specific guidelines for the diagnosis and treatment of infections?

Sepsis / Suspected bloodstream infection	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Local guideline (hospital / department) <input type="checkbox"/> National guideline <input type="checkbox"/> International guideline Detail:
Pneumonia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Local guideline (hospital / department) <input type="checkbox"/> National guideline <input type="checkbox"/> International guideline Detail:
Meningitis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Local guideline (hospital / department) <input type="checkbox"/> National guideline <input type="checkbox"/> International guideline Detail:
Skin and soft tissue infections	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Local guideline (hospital / department) <input type="checkbox"/> National guideline <input type="checkbox"/> International guideline Detail:
Urinary tract infections	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Local guideline (hospital / department) <input type="checkbox"/> National guideline <input type="checkbox"/> International guideline Detail:
Other infections	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/> Local guideline (hospital / department) <input type="checkbox"/> National guideline <input type="checkbox"/> International guideline Detail:

6. How are the costs covered for diagnostic procedures for infections?

	Patient pays	National insurance pays	Number of tests covered	Other	Detail
Blood culture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Sputum culture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
BAL and culture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Urine culture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Lumbar puncture & CSF analysis (microscopy / protein + glucose)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
CSF culture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Culture of other specimens (e.g. wound swab)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Abdominal ultrasound	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
CT scan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Complete blood count	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Blood urea nitrogen	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
C-reactive protein (CRP) or Procalcitonin (PCT)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

7. Data for wards selected for ACORN surveillance (for the same year as Q2, i.e. the most recent complete year)

Summary data (enter total numbers or “NA” if not available)

Ward name / Abbreviation (e.g. in-patient ward 1 / IPD1)	Admissions	Beds	Patient days	Doctors	Nurses