



Online Data Entry Forms
(Web Forms)
User Guide

Version 2

*VICNISS Healthcare Associated Infection Surveillance
Coordinating Centre*

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North Melbourne, Victoria, Australia
www.vicniss.org.au*

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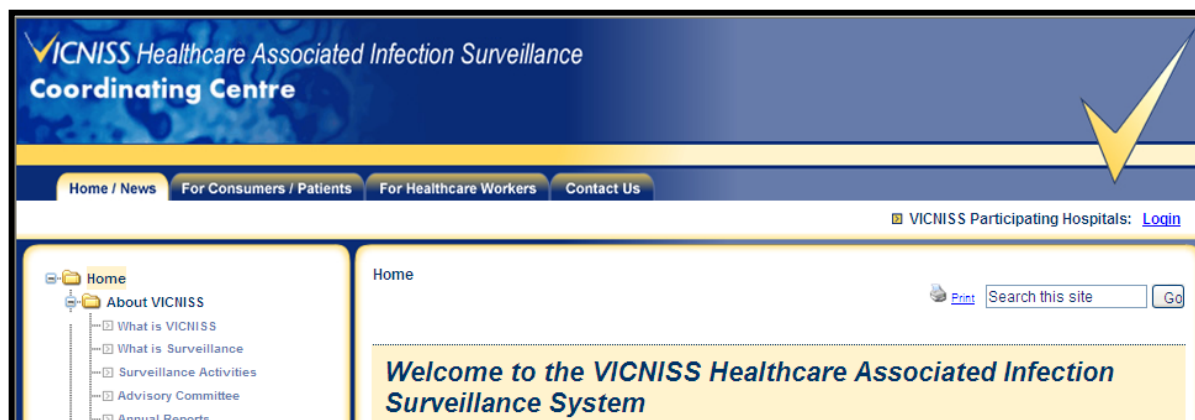


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Section 1: Access to Online Data Entry Forms (Web Forms)

1.1 Go to VICNISS home page at www.vicniss.org.au.



1.2 Select 'For Healthcare Workers' tab at top of page or link in left side menu.



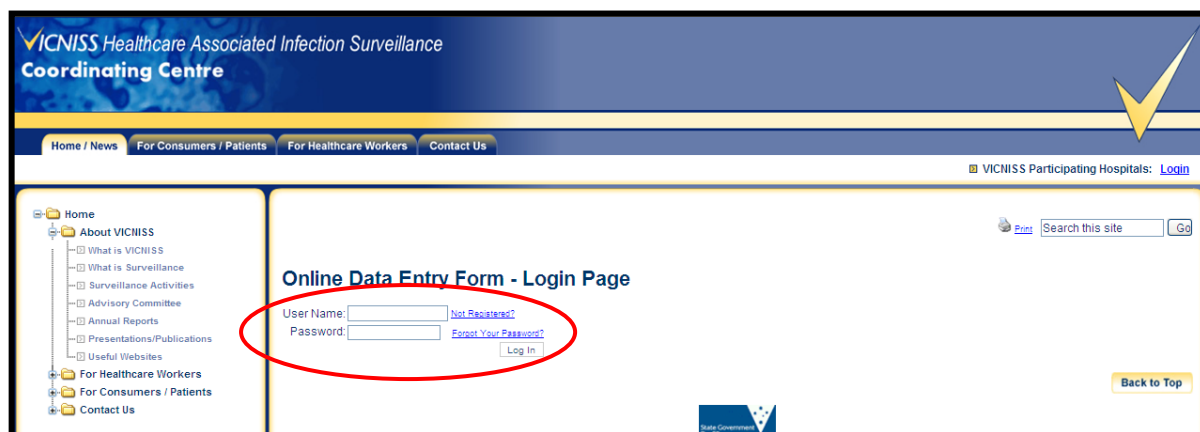
1.3 Select 'Online Data Entry' in left side menu



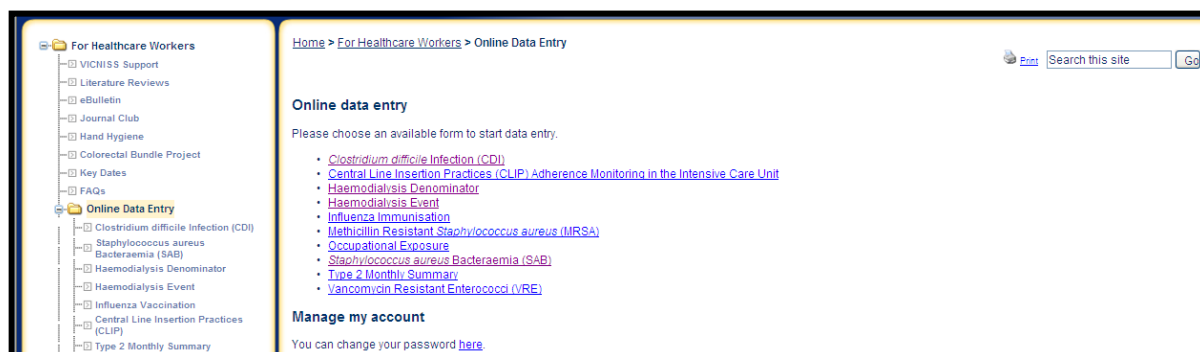
1.4 The 'Online Data Entry Form - Login Page' will be displayed:

- Enter your User Name – this is the user's email address
- Enter your Password – this is the user's password nominated during registration
- When completed select "Log In"

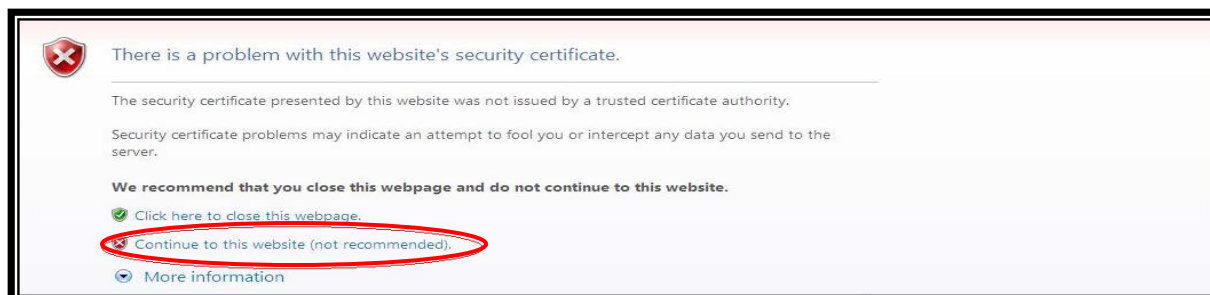
Note: To login you must be a registered VICNISS web form user (username & password allocated when registered). If you have not previously registered to use the VICNISS web form see "Section 2: Web Form User Registration".



1.5 If the login is successful, an index of web forms will be displayed. Select required web form from this index or select link in left side menu (see Section 5 – Completing a web form)



Note: Some pages in this site are transmitted through secured internet connection (URL start with https://). When accessing those pages, an error message may be displayed: "There is a problem with this website's security certificate..." Please ignore this message and select "Yes" or "Continue to this website (not recommended)" to continue.



Section 2: User Registration for Web Form

2.1 A user must be registered to access & use VICNISS web forms. Follow steps 1.1 – 1.3 (above) to access 'Online Data Entry Form - Login Page'.

If not already registered select 'Not registered?' link.

2.2 The 'Online Data Entry Form – Registration Page' will be displayed:

Step 1 of 3 – Verify hospital:

- Enter the VICNISS Hospital Code
- Enter the VICNISS Password
- Enter the unique code shown in the bottom picture
 - The letters in the unique code are case sensitive. If the code cannot be recognised clearly, the picture can be clicked to generate a new code.
- When completed select 'Next'.

2.3 Step 2 of 3 – Create your account:

- Complete all data fields
- User Name must be in the form of an email address, e.g., You@Anywhere.com.
- Password is created by the user (**remember this password as you will use it to access the web forms in the future**).
- Select the web forms for which you require access
- When all fields completed select 'Create User'.

Online Data Entry Form - Registration Page

Step 2 of 3 - Create your account

Your contact information

Name: Your name will be used by VICNISS to confirm your identity.

Phone: Your contact phone will be used by VICNISS to confirm your identity.

Your account information

User Name: **IMPORTANT** Please use your email address as login account. This email address will be used to proceed with your registration process and will be needed to reset your password.

Password: Your minimum password length is 7.

Confirm Password:

Your occupation information

Occupation Group:

The form(s) that you want to access (please select at least one form)

Clostridium difficile Infection (CDI)

Staphylococcus aureus bacteraemia (SAB)

Haemodialysis (Denominator and Numerator)

Surgical Site Procedure

Influenza immunisation

Central Line Insertion Practices (CLIP)

Type2 Monthly Summary Form

Methicillin Resistant Staphylococcus aureus (MRSA)

Occupational Exposure

Vancomycin Resistant Enterococci (VRE)

Type the characters exactly as you see in this picture

Picture: **YKjrUS**

Type characters: This helps us prevent automated programs from creating accounts.

2.4 Step 3 of 3 – validate your email.

A page will be displayed informing you that an email has been sent to the email address you provided and verification of your email address is now required.

Online Data Entry Form - Registration Page

Step 3 of 3 - Validate your email

Your account has been successfully created
But you will NOT be able to login to online data entry forms until your account is approved.

What to do next?

A confirmation email has been sent to your email address provided (as your user name). Please follow the procedure in the email to verify your account. This is to ensure the email address is correct.

What if I did not receive the confirmation email?

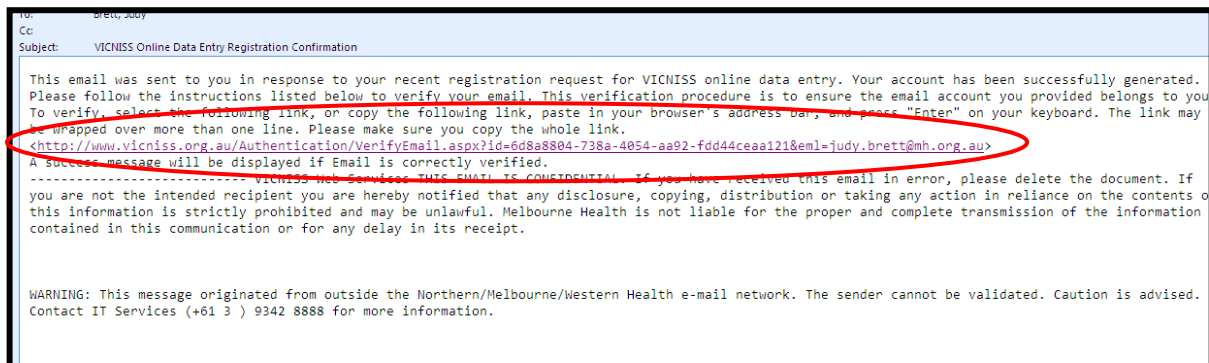
- There could be a delay caused by email servers. Please check your email later.
- Spam blocker may also stop the email, or put email into a junk mail folder. Please make sure email from VICNISS is not blocked.
- Make sure your email box is receiving emails properly, and is not full.

If you still do not receive the email, please contact VICNISS.

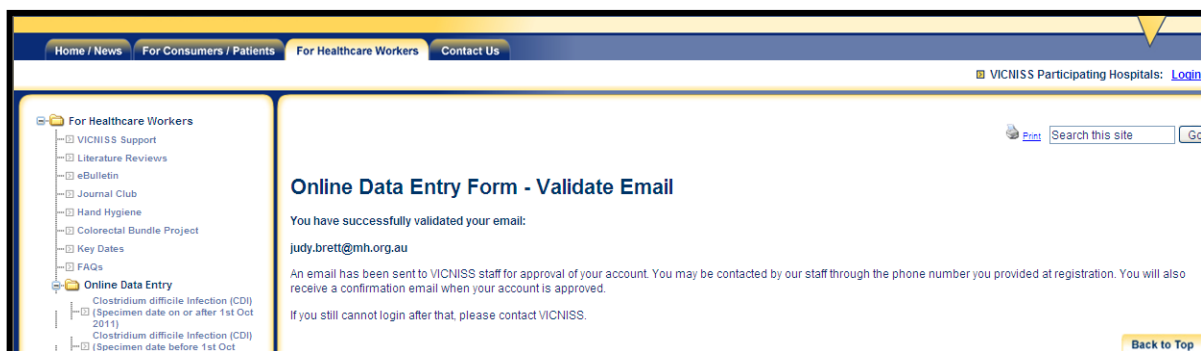
What will happen next?

After you validate your email address, VICNISS staff will verify your account, and you may be contacted by our staff through the phone number you provided in Step 2. Once your account is approved, you will receive a confirmation email, and you will be ready to login to online data entry forms.

- 2.5 Email verification: An email will be sent to the address provided by the user. **Select the link in the email** to verify your email address.

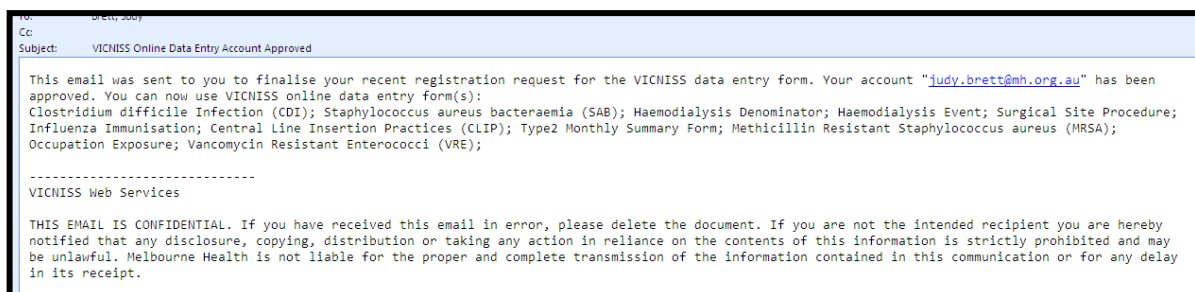


- 2.6 After selecting the link in the email (see above) and the verification is successful, a message will be displayed on the webpage (see example below).



- 2.7 Following successful email verification the request for registration is sent to the VICNISS Coordinating Centre for approval. If there is a problem, you will be contacted by VICNISS staff.

When your new registration is approved, you will receive an email to confirm the registration. The web form(s) you have requested and have been granted access to will be listed in the email.



Section 3: Additional Web Form Approval *after* Registration

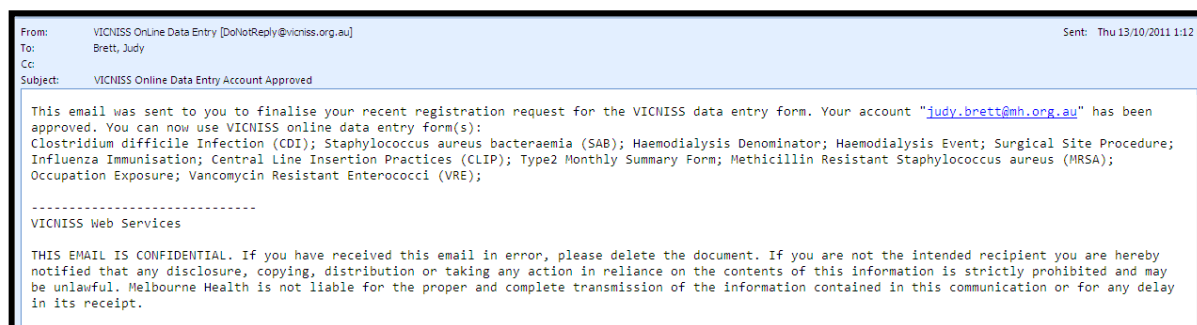
If you are a registered VICNISS web form user and require access to additional web forms (e.g. registered for SAB web form but now require access to influenza web form) send an email to the VICNISS Coordinating Centre vicniss@mh.org.au requesting a change to web form access.

If you have been incorrectly granted access to a web form please inform the VICNISS Coordinating Centre by email vicniss@mh.org.au

Please include the following details in your 'request change to web form access' email:

- full name
- designation
- hospital code related to the request
- clearly state the web form to which you require access (or any other change from previously approved access)

The VICNISS Coordinating Centre will amend your web form access. A confirmation email of the change will be sent to you, which is similar to the image below.



Section 4: Troubleshooting for Registered Users

4.1 Forgotten Password

Where a password has been lost or forgotten, follow section 1.1 – 1.3 (above) to access 'Online Data Entry Form - Login Page', select 'Forgot your password?' link

Enter your email address and the unique code shown in the picture.

- The letters in the unique code are case sensitive. If the code cannot be recognised clearly, the picture can be clicked to generate a new code.

When all fields are completed select "Send"

The new password will be sent to you in an email.

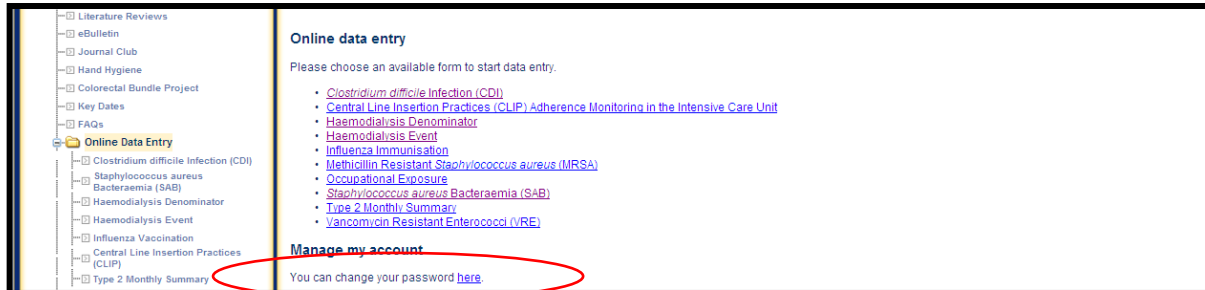
To change the password to one that is easier to remember see section 4.2 (below).

4.2 Changing your Password

After receiving a new password, a user can change that password to one that is easier to remember.

Using the new password, complete section 1.1 – 1.4 (above) to access 'Online data entry' page.

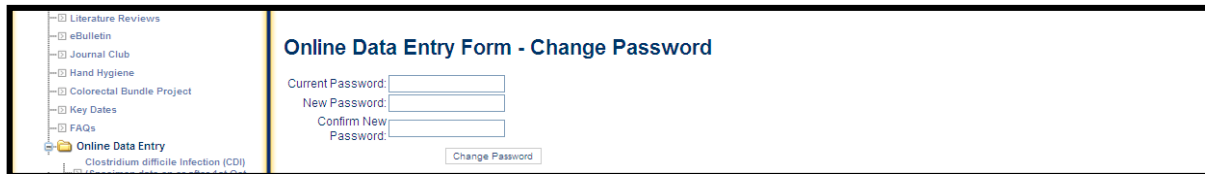
Select the link 'You can change your password [here](#)'.



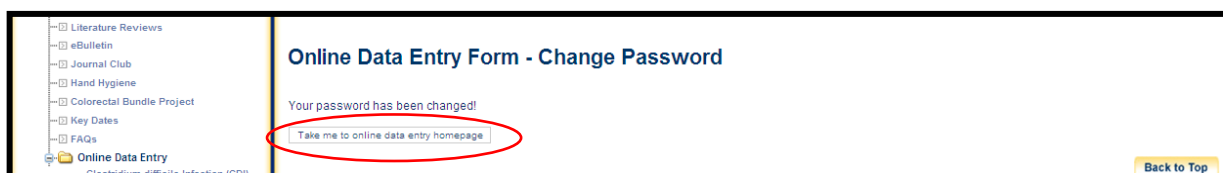
'Online Data Entry Form – Change Password' page will be displayed.

- Enter current password
- Enter new password
- Confirm new password

When all fields are completed select 'Change Password'



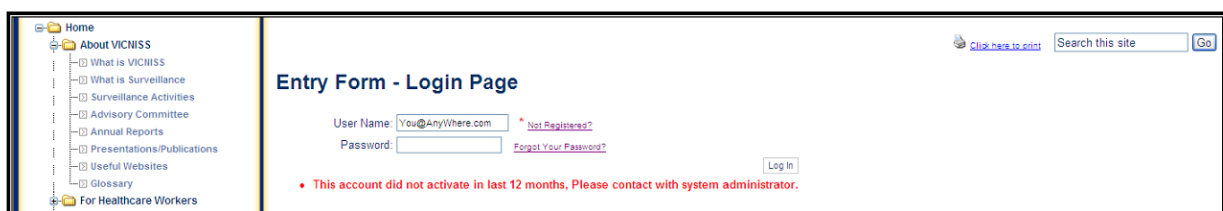
If Password changed successfully the following message will be displayed. Select 'Take me to online data entry homepage' to return to list of web forms



4.3 Expired Account

If a user does not login within 12 months after the last login, the user's account will expire.

If your account has expired, contact the VICNISS Coordinating Centre by email vicniss@mh.org.au



Section 5: Completing a Web Form

The following instructions are applicable to most web forms. For information specific to a particular web form (e.g., influenza vaccination, type 2 monthly summary, surgical site infection) see Section 6

5.1 Web Form Registered User

Only registered VICNISS Web form users are able to complete any VICNISS web forms. If you are not a registered user see “Section 2: Web Form User Registration”.

5.2 Hospital Code and Hospital Name

The hospital code and hospital name will be retrieved automatically for a given user. If you are a registered web form user for multiple hospitals, all hospital names will appear in a drop down list. Select a hospital and the hospital code number will change automatically. The hospital name should be checked for accuracy before entering any data.

VICNISS REQUIRED FIELDS

Hospital Code Number: ***

Name of Hospital: Hospital 1
Hospital 2
Hospital 3
Hospital 4
Hospital 5

5.3 Date Formats

- **Using the Calendar:** In some web forms, when selecting a data field requiring a date e.g., admission date, a calendar will pop-up automatically. Select the date from the calendar.

Exposure Details

Date of Exposure: [text box]

Location where Ex: [calendar: September 2009, Format: dd/mm/yyyy]

Inpatient Ward High Dependency Unit

Operating Theatre Pathology/Clinical Laboratories

Other

Type of Exposure: [calendar: 28, 29, 30, 1, 2, 3, 4] Enteral Human bite

Type of Fluid or Material: [calendar: 5, 6, 7, 8, 9, 10, 11]

- **Enter Date Manually:** If no calendar appears when a date field is selected, such as, date of birth (DOB), the date must be entered in the format of ‘ddmmyy’. For example, if a patient’s DOB is 5th June 1956, enter 050656.

Patient Identification

MRN (UR No.): [text box] Sex: [dropdown] DOB: 050656

The DOB format will be automatically displayed (see below) when the DOB text box is exited.

Patient Identification

MRN (UR No.): [text box] Sex: [dropdown] DOB: 5/06/1956

5.4 Data Entry and Popup Fields

The user must complete all data fields on the VICNISS web forms.

- Use 'mouse' to select a data field text box and/or 'tab' to move the cursor to the next text box.
- If certain checkboxes or buttons are selected, other data are required. A pop-up field will be visible and must be completed

Note: In some web forms (e.g. HD event, SAB) the user may select the checkbox "Other (Specify)" - a popup box for free text will appear with default text stating "Please specify details here". The default text will disappear immediately when the text box is selected (i.e. cursor in text box).

5.5 Save Record

When all data has been entered, select 'Save Record'.

If data is successfully saved, a success message in green will be displayed at the top of the form.

If there are any missing fields or obvious data errors the web form will not be saved. The errors will be highlighted in red and must be corrected.

When web form errors are corrected, select 'Save Record' again. WAIT to see the **success message in green** before leaving the webpage. Otherwise, the record won't be saved/updated in the database.

An email confirming details of the saved record will be sent to the user's email address.

5.6 Review and Modify an Existing Numerator/Event Record

If a previously saved web form needs to be reviewed /modified, the user can search for the record:

- Select the required web form e.g. SAB, HD event (see section 1.1 – 1.5 above)
- Select 'Need to make changes to entered data? Search for it' link.

[Need to make changes to entered data? Search for it](#)

Staphylococcus aureus Bacteraemia (SAB) Surveillance Data Collection Form

If you have any queries regarding the completion of this form please contact VICNISS

Enter required details, e.g., Patient UR, or Specimen Date, or both. Select 'Search' button

[Need to make changes to entered data? Search for it](#)

Please input:
MRN (UR No.):
AND / OR
Specimen Date:

Records will be displayed, as seen below. Select the corresponding 'Edit' link to update a record.

[Need to make changes to entered data? Search for it](#)

Please input:
MRN (UR No.):
AND / OR
Specimen Date:

2 result(s) found.

	Patient UR Number	Patient Date of Birth	Patient Gender	Hospital ID	Specimen Date
Edit	***	dd/mm/yyyy	Male	***	18/08/2009
Edit	****	dd/mm/yyyy	Male	***	17/08/2009

A message with pink colour text will remind you which record is being edited.

[Need to make changes to entered data? Search for it](#)

Staphylococcus aureus Bacteraemia (SAB) Surveillance Data Collection Form

If you have any queries regarding the completion of this form please contact VICNISS

You are editing the record of Patient: *** , specimen Date: 15/12/2009

VICNISS REQUIRED FIELDS

After updating the record, select 'Save Change'.

The success message will be displayed at the top of the form, as shown below. A confirmation email will be sent to you.

At this stage, to enter a new record, select 'Clear form and start a new record'.

5.7 Review and Modify an Existing Denominator Record

Denominator records are editable. To edit an existing record:

- Select the web form requiring modification e.g. HD denominator (see section 1.1 – 1.5 above)
- Select 'Need to make changes to entered data? Search for it' link
- Select a month and year from the dropdown lists
- Select 'Search'

Search results will be seen in a table. Select 'Edit' link to access chosen record.

Hospital ID	Date at 1st day of month	Total Patients
**	1/03/2009	10

Text in pink colour confirms which record is being edited.

[Need to make changes to entered data? Search for it.](#)

Haemodialysis Denominator Surveillance Data Collection Form

If you have any queries regarding the completion of this form please contact VICNISS

Record the number of haemodialysis outpatients who received haemodialysis at your centre on the first two working days of the month. Count each patient only once. If a patient has both an implanted access (graft or fistula) and a catheter, count the patient as having the catheter.

You are editing the record of Hospital: ***, Month Start Date: 2009-3-01

After updating the record, select 'Save Record'. The success message will be displayed at the top of the form, as shown below. A confirmation email will be sent to you.

At this stage, to enter a new record, select the "Clear form and start a new record" button.

[Need to make changes to entered data? Search for it.](#)

Record Saved: Record was successfully modified to database at 10:17 AM, Please CLEAR this form by clicking the 'Clear form and start a new record' button to enter new record.

Clear form and start a new record
Unsaved information will be lost

Staphylococcus aureus Bacteraemia (SAB) Surveillance Data Collection Form

If you have any queries regarding the completion of this form please contact VICNISS

Please use this form ONLY if specimen date on or after 1st Oct 2011

A confirmation email has been sent to login email address successfully.

VICNISS REQUIRED FIELDS

5.8 Deleting a Web Form

Occasionally the user may decide the infection/event that has been previously entered via web form needs to be withdrawn. The user **cannot** delete a web form.

If a web form needs to be deleted contact VICNISS Coordinating Centre email: vicniss@mh.org.au or phone: 9342 2605

Section 6: Data Entry Specific to a VICNISS Module

6.1 Influenza Immunisation

The data collection year is automatically populated at the top of the form.

The contact details field is populated automatically with the user's registered information. This can be edited by the User

Need to make changes to entered data? Search for it.

Influenza Immunisation Surveillance Data Collection Form

If you have any queries regarding the completion of this form please contact VICNISS

VICNISS REQUIRED FIELDS

Data Collection Annual Year: 2011

Contact Details

Contact Person: Judy Brett

Phone: 93422605

Facility Details: The user can choose 'Individual acute care hospital' or 'Multiple Campuses/Sites'.

Individual acute care hospital should be selected if record is for one hospital only.

- The hospital code and hospital name will be retrieved automatically for a given user. If you are a registered web form user for multiple hospitals, all hospital names will appear in a drop down list. Select a hospital and the hospital code number will change automatically.

Facility Details

Please select: 1. Individual acute care hospital OR 2. Multiple Campuses/Sites

Vicniss hospital code: 123

Name of hospital/Health service: abc hospital

Please complete the following table:
[Click here](#) to check staff classification
 If possible, please group Categories
 Note that the number of medical staff (1c) plus laboratory staff (1d) plus other clinical staff (1e) should equal the number of Category A staff (1).

abc Hospital
 cde Medical Centre
 fgh Rehabilitation Hospital
 ijk integrated Care Centre

Table 1: Number of staff employed

Table 2: Number of staff vaccinated**

Multiple campuses/sites should only be selected if reporting on larger health service.

- All hospitals belonging to this health service will be automatically populated in the text box immediately below. The text in this field is editable (i.e. delete any hospital not included).
- If additional hospitals are included (not already listed) record in text box: "List all other included health care facilities* (Please list them separated by semicolon ';')"

Facility Details

Please select: 1. Individual acute care hospital OR 2. Multiple Campuses/Sites

Name of health service: XYZ Health

List included acute care hospitals and VICNISS hospital code for each hospital (Please list them separated by semicolon ;) 001-Hospital;002-Medical Centre;003-Rehab Centre;004-Community Integrated Care Centre;

List all other included health care facilities* (Please list them separated by semicolon ;)

6.2 Type 2 Monthly Summary

Complete the 'VICNISS REQUIRED FIELDS' and 'General Details' sections:

1. Select the Name of Hospital from the dropdown list.
2. Submit date is set to the current date automatically (cannot be changed).
3. Month and Year of the record can be selected from the dropdown lists in General Details.

Note: After selecting a month, the hospital name is fixed. During the data entry, if it is found that the name of hospital is incorrect, change it by:

- Going to 'For month of' dropdown list
- Select blank cell (no month, i.e., above JAN)
- Select correct name of hospital
- Re-select correct month

The number of events/infections detected during the month must be recorded in the 'How many Events/Infections Detected' fields. This field must not be left blank.

If the number recorded is greater than zero a popup will appear reminding you to complete the relevant data collection form. If the data form is available online (SAB, OE, HDE), there will be a link to the relevant web form.

Required Outcome Indicator Modules			
Module	Module Completed	How many Events/Infections Detected	
1. Methicillin Resistant <i>Staphylococcus aureus</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No	4	An MRSA event form needs to be completed.
2. <i>Staphylococcus aureus</i> Bacteraemia*	<input checked="" type="radio"/> Yes <input type="radio"/> No	2	An SAB event form needs to be completed.
3. Vancomycin Resistant Enterococcus	<input checked="" type="radio"/> Yes <input type="radio"/> No	0	
4. <i>Clostridium difficile</i> Infection	<input checked="" type="radio"/> Yes <input type="radio"/> No	0	
5. Occupational Exposure	<input checked="" type="radio"/> Yes <input type="radio"/> No	1	An OE event form needs to be completed.
6. Surgical Infection Report	<input checked="" type="radio"/> Yes <input type="radio"/> No	1	An SIR event form needs to be completed.
Optional Outcome Indicator Modules			
Module	Module Completed	How many Events/Infections Detected	
7. Haemodialysis	<input type="radio"/> Yes <input checked="" type="radio"/> No		
8. Surgical Site Infection (Type 1)			
Optional Process Indicator Modules			
Module	Module Completed		
1. Surgical Antibiotic Prophylaxis	<input checked="" type="radio"/> Yes <input type="radio"/> No		
2. HCW and Measles Vaccination	<input type="radio"/> Yes <input checked="" type="radio"/> No		
3. HCW and Hepatitis B Vaccination	<input checked="" type="radio"/> Yes <input type="radio"/> No		
4. Peripheral Venous Catheter Use	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Comments			

6.3 Surgical Site Infection (SSI)

Complete the SSI web form as set out in Section 5. The following outlines variations in the SSI web form:

The user is required to use the 'mouse' to select a data field (using 'tab' to move the cursor to the next text box may not work).

The procedure date must be on or after 1st October 2011

If certain checkboxes or buttons are selected, other data are required. A pop-up field will be visible and must be completed. Example below shows selecting procedure group CSEC causes pop-up 'obstetric and labour details' being displayed which must be completed.

The screenshot shows the 'Procedure Details' form. The 'VICNISS procedure Group' dropdown is set to 'CSEC', which is circled in red. Below it, the 'Obstetric/Labour details' section is highlighted with a red border. This section includes fields for Height (m), Weight (kg), BMI, Date Weight Recorded (Pre-pregnancy, At delivery, Not Available), In active labour in hospital (Yes/No), and Estimated Blood Loss (mls). Other fields include Start Time, End Time, ASA Score, Wound Class, Implant, Laparoscopic Approach, Trauma, General Anaesthesia, and Emergency.

To reduce inaccurate data entry a number of data validations/checks have been included. Example below shows user has recorded patient's weight as 250kg – this is outside the VICNISS defined range of 35 – 230 kg. The user should recheck the weight and select 'OK' on the pop-up. The weight should be changed if required. If the weight is correct it can be left unchanged.

The screenshot shows the 'Procedure Details' form with a validation message pop-up. The 'Weight' field is set to '250' kg. The pop-up message reads: 'Message from webpage: Please confirm weight as outside defined range 35-230 kg'. The 'OK' button is visible on the pop-up. The 'Obstetric/Labour details' section is partially visible, showing Height: 1.6 m, Weight: 250 kg, and other fields.

Note: As there are a number of validations/calculations occurring (as described above), the SSI web form will need to refresh more often than other web forms. If some data are entered 'too quickly' (i.e. prior to the refresh) this data will be lost and need to be re-entered.

A 'Comments' text box is available for the user to record text (using keyboard) as required e.g. patient progress notes. The 'Comments' will be visible to the user whenever the patient record is viewed.

Note: 'Comments' text will be saved as part of the patient record in the VICNISS database - this allows the user to view the comments anytime but will not be used for any other purpose by VICNISS. The user should be mindful of using identifiable notes in the comments.

To support ICP's to conduct SSI surveillance prospectively (monitor patient's progress during their hospital stay) the SSI web form can be saved as a draft i.e. data fields incomplete, before final submission of completed web form to VICNISS (often only completed when patient discharged).

To save a draft web form:

- User enters the known data fields
- Select 'Save Draft'
 - Minimum data fields required to save draft are:
 - Hospital Code
 - Name of Hospital
 - MRN (UR No)
 - Sex
 - DOB
 - Procedure Date
 - VICNISS Procedure Group

Note: if minimum data fields on the web form are not completed the draft will NOT be saved

If draft is successfully saved, a **success message in green** will be displayed at the top of the form (see below). A confirmation email will be sent to the user's registered email address

Need to make changes to entered data? Search for it

Draft Saved: Draft was successfully added to database at 1:12 PM.

Clear form and start a new record
Unsaved information will be lost

Surgical Site Infection (SSI) Surveillance Data Collection Form

If you have any queries regarding the completion of this form please contact VICNISS

Please use this form ONLY if procedure date on or after 1st Oct 2011

A confirmation email has been sent to login email address successfully.

If any minimum data fields are missing from the draft web form it will not be saved. The errors will be highlighted in red and must be corrected. When omissions/errors are corrected re-select 'Save Draft' and check for success message in green text (see above)

Record NOT saved: Please provide procedure Date.

VICNISS REQUIRED FIELDS

Hospital Code Number: 9
Name of Hospital: Medical Centre

Patient Identification

MRN (UR No.): 1113 Sex: FEMALE DOB: 30/03/1963

Procedure Details

Date Admitted to Hospital: 1/10/2011 Date Discharged from Hospital: OR Not Yet Discharged

Procedure Date: *

When all data fields on the SSI web form are complete, select 'Submit Completed Record to VICNISS'

Save Draft Submit Completed Record to VICNISS Clear form and start a new record
Unsaved information will be lost

If data is successfully saved, a success message in green will be displayed at the top of the form as shown below. A confirmation email will be sent to you.

To enter a new record, select 'Clear form and start a new record'.

Need to make changes to entered data? Search for it

Record Saved: Record was successfully modified to database at 10:17 AM, Please CLEAR this form by clicking the 'Clear form and start a new record' button to enter new record.

Clear form and start a new record
Unsaved information will be lost

Staphylococcus aureus Bacteraemia (SAB) Surveillance Data Collection Form

If you have any queries regarding the completion of this form please contact VICNISS

Please use this form ONLY if specimen date on or after 1st Oct 2011

A confirmation email has been sent to login email address successfully.

All draft web forms must be completed and submitted each quarter by the due date for VICNISS data submission. Draft web forms will NOT be included in the quarterly VICNISS report.