

Type 2 Monthly Summary Data Collection Form *(for Hospital Use Only)*

THIS DATA MUST BE SUBMITTED ELECTRONICALLY USING A VICNISS WEBFORM

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

VICNISS REQUIRED FIELDS

Hospital Code Number:

General Details

For Month of:	Year:
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Required Outcome Indicator Modules

Module	Module Completed	How many Events/Infections Detected
1. Methicillin Resistant <i>Staphylococcus aureus</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. <i>Staphylococcus aureus</i> Bacteraemia*	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Vancomycin Resistant Enterococcus	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. <i>Clostridium difficile</i> Associated Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Occupational Exposure	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Surgical Infection Report	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Optional Outcome Indicator Modules

Module	Module Completed	How many Events/Infections Detected
7. Haemodialysis	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Surgical Site Infection (Type 1)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Optional Process Indicator Modules

Module	Module Completed
1. Surgical Antibiotic Prophylaxis	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. HCW and Measles Vaccination	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. HCW and Hepatitis B Vaccination	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Peripheral Venous Catheter Use	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments:

* *Staphylococcus aureus* Bacteraemia data is collected as part of the Hand Hygiene project.