Remark: Each Nursing Home (NH) enrolled in the point prevalence survey (PPS) on antibiotic use (AB) has to complete an institutional questionnaire. Response to this questionnaire is essential for the study as this document collects important structural & functional characteristics, denominator data and information on AB policy in the participating NHs.

NH STUDY NUMBER

PPS STUDY DATE
(dd/mm/yy)

A - GENERAL NURSING HOME INFORMATION

OWNERSHIP OF THE NH

O Private

O Public

TOTAL NUMBER OF NEW ADMITTED RESIDENTS IN THE NH
(Between 01/01/2008 and 31/12/2008)

TOTAL NUMBER OF AVAILABLE BEDS IN THE NH
(on 31/12/2008)

QUALIFIED NURSES PRESENT 24/24h IN THE NH

O Yes

O No
## B - DENOMINATOR DATA

<table>
<thead>
<tr>
<th>WARD STUDY NUMBER</th>
<th>On PPS DAY in the ward, total number of</th>
<th>On the PPS DAY in the ward, Total number of eligible residents with:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Available beds</td>
<td>Eligible residents, Antibiotic therapy, Urinary catheter, Vascular catheter, Urinary/rectal incontinence, Wounds, Disoriented in time and/or space, Wheelchair user or bedridden</td>
</tr>
<tr>
<td></td>
<td>Hospitalised residents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occupied beds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ward type</td>
<td></td>
</tr>
<tr>
<td>*</td>
<td>1</td>
<td>2 3 4 5 6 7 8 9 10</td>
</tr>
</tbody>
</table>

* F (only physical), M (only mental), R (only rehabilitation/revalidation), C (only convalescent), P (only palliative), A (mixed: all or some previously mentioned)
C - MEDICAL CARE AND COORDINATION

1. How is the medical care organised in the Nursing Home?
   Is medical care to residents provided by the:
   - Personal general practitioner (GP) only
   - Medical staff employed by the NH only (if ‘yes’, go to Q. 3)
   - Both: personal practitioner and/or medical doctor employed by the NH (if ‘yes’, go to Q. 4)

2. If only the personal general practitioners take care of the residents, how many different GPs in total currently visit your NH?
   Total number of general practitioners visiting the Nursing Home _______ Persons

3. If only the medical staff employed by the NH take care of the resident:
   How many Full Time Equivalent (FTEQ) medical doctors are employed? _______ FTEQ
   How many different employed medical doctors (persons)? _______ Persons

4. Are medical activities in the NH coordinated by a coordinating medical doctor/physician (CP)?
   - No, there is no coordination of the medical activity (if ‘no’, go to Q. 9)
   - Yes, a CP is designated amongst the GPs
   - Yes, a CP is designated amongst the employed NH medical doctors

5. If there is a medical coordinating physician in the NH:
   How many FTEQ coordinating physicians are employed in the NH? _______ FTEQ CP
   How many different persons? _______ Persons

6. If so, what is the medical speciality of this designated coordinating physician?
   - General practice
   - Internal medicine
   - Geriatrics - Gerontology
   - Other

7. How many hours a month, does this coordinating physician/do these coordinating physicians carry out medical coordination in the NH?
   Total number of hours of medical coordination/month _______ hours/month
8. What kinds of tasks are performed (not only theoretically) by the coordinating physician?

- Medical resident care
- Organising the medical on-call service in the NH (continuity of medical care)
- Supervising the medical records of all residents (even for residents treated by other GPs)
- Training of medical doctors in the NH
- Training of nursing staff in the NH
- Development of an antibiotic policy in the NH
- Development of care strategies in the NH
- Development of infection prevention policy in the NH
- Coordinating resident vaccination policy in the NH
- Organising meetings with the GPs in order to harmonise medical care practices/policies
- Peer review of medical activities in the NH
- Other

9. In the NH, during the day, is there a medical doctor

- Physically present? Yes / No
- Who can be called by phone? Yes / No

10. In the NH, during the night, is there a medical doctor

- Physically present? Yes / No
- Who can be called by phone? Yes / No

D - INFECTION CONTROL PRACTICE IN THE NH

1. Is an infection control practitioner (ICP) present in the NH?

- Yes / No (if 'no', go to Q. 9)

2. If there is an infection control practitioner present in the NH:

   How many FTEQ ICPs are employed in the NH?

   How many different persons are employed?

3. Which infection control practitioner(s) is/are present in the NH?

   - A nurse
   - A doctor
   - An IC doctor + IC nurse

4. If an 'Infection control doctor' is present in the NH, what is his/her medical specialty?

   - Pharmacist
   - Microbiologist
   - Infection control doctor (hospital hygiene specialist)
   - Infectiologist
   - Epidemiologist
   - Other
5. How many hours a month is this 'infection control doctor' actively involved in infection control in the NH?

Total number of hours of medical infection prevention/control per month? ______ hours/month

6. If an 'Infection control nurse' is present in the NH, what is his/her nursing specialty?
   - [ ] Nurse without specific infection prevention training
   - [ ] A specially trained Infection control nurse
   - [ ] Others
     Specify: ____________________________

7. How many hours a month is this 'infection control nurse' actively involved in infection control in the NH?

Total number of hours of nursing infection prevention/control per month? ______ hours/month

8. Which of the following tasks are the infection prevention experts in charge of (not only theoretically)?

   - [ ] Surveillance (registration and follow-up) of infections in the NH
   - [ ] Infection prevention training of the Nursing and paramedical staff
   - [ ] Infection prevention training of the GPs and medical staff
   - [ ] Developing care protocols
   - [ ] Registration of residents colonised/infectected with multi-resistant microorganisms
   - [ ] Investigation of outbreaks
   - [ ] Feedback on surveillance results to the nursing/medical NH-staff
   - [ ] Formulation of recommendations/advice for good AB use, developing the NH AB policy
   - [ ] Supervision of disinfection and sterilisation of medical and care material
   - [ ] Deciding isolation & additional precautions for residents colonised with resistant microorganisms
   - [ ] Supervision and development of vaccination policy in the NH
   - [ ] Feedback to GPs on AB consumption in the NH
   - [ ] Organisation, control, feedback on hand hygiene in the NH
   - [ ] Other
     Specify: ____________________________

9. In the NH, is an 'Infection control committee' responsible for infection prevention policies in the NH?
   - [ ] Yes
   - [ ] No

10. Has the NH an official connection (for advice with a 'Hospital Infection Control team')?
    - [ ] Yes
    - [ ] No

11. In the NH, a written protocol for:
    - Management of MRSA carriers available?  
      - [ ] Yes
      - [ ] No
    - Hand hygiene available?  
      - [ ] Yes
      - [ ] No
E - ANTIBIOTIC POLICY

1. Which types of physicians prescribe antibiotics in the NH?

<table>
<thead>
<tr>
<th></th>
<th>ESTIMATED % OF TOTAL NR. AB PRESCRIPTIONS</th>
<th>NR. OF DIFFERENT PERSONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infections disease specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatrician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal medicine specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Does the NH use a 'restrictive list' of ABs to be prescribed? (Is there a limitation for the types of ABs that can be prescribed?)

- Yes
- No (if ‘no’, go to Q. 4)

3. If a restrictive list exists, what kind of ABs are restricted? (Requiring motivated prescription or not to be used)

- Carbapenems
- 3th gen. Cephalosporins
- Fluoroquinolones
- Vancomycin
- Mupirocin
- Glycopeptides
- Broad-spectrum AB
- Intravenously administered antibiotics
- Other

Specify
4. Which of the following elements are present/available in the NH?

- An ‘antibiotic committee’
- Regular training of prescribers on appropriate AB prescription practice (at least 1/year)
- Written guidelines for appropriate AB use (good practice) in the NH (if ‘no’, skip Q. 5 and Q. 6)
- Data available on annual AB consumption by AB class
- Microbiological samples taken for guidance of best AB choice
- Drug resistance profiles in the NH
- Mandatory use of a ‘motivation form’ for prescription of ABs not included in local formulary list
- Pharmacist providing advice on AB prescription/choice in the NH
- NH therapeutic formulary including a specific chapter on Antimicrobial therapy

5. If written therapeutic guidelines are present in the NH, are they on:

- Respiratory tract infections
- Urinary tract infections
- Wound and soft tissue infections
- Other

6. If available, are these written guidelines implemented/used in the NH?

- Always
- Very often
- Often
- Sometimes
- Never

7. Are antibiotics delivered to the NH by a:

- Public pharmacy
- Hospital pharmacy
- Wholesaler
- By the family
- Other
WE KINDLY THANK YOU FOR YOUR PARTICIPATION TO THIS PROJECT