



Hospital readiness survey

Thank you for taking the time to complete this survey. The results will be used to inform the implementation of the Hand Hygiene New Zealand (HHNZ) programme in your hospital.

Leadership strategy

1. Has your Senior Leadership Team discussed the organisation's expectations for the HHNZ programme and do they support your hospital's participation?

Yes

No

2. Is there someone among senior hospital management (including senior clinical staff) that is clearly in charge of infection control?

Yes

No

If yes, please specify name: _____

3. Is Infection control clearly articulated in your organisation's strategy?

Yes

No

4. Is there an infection control committee that meets regularly? (at least every 2 months)

Yes

No

5. Is improving hand hygiene compliance a priority within your hospital?

Yes

No

Hand hygiene programme

6. Does your hospital currently have a hand hygiene programme?

Yes

No

7. Does your hospital teach the WHO 5 moments for hand hygiene?

Yes

No

8. Does your hospital currently undertake observational auditing?

Yes

No

If yes, do auditors audit continuously throughout the year?

Yes

No

9. Does your hospital have trained Gold Auditors?

Yes No

If yes, how many? _____

Please provide details below

| Name of gold auditor | Year trained | Auditing at least 100 moments each year (Yes/No) | Completed online annual validation module (Yes/No) |
|----------------------|--------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. Does your hospital currently report hand hygiene compliance data?

Yes No

If yes, where are hand hygiene compliance reports discussed?

Please list:

Resources and finances

11. Has your hospital implemented infection control guidelines?

Yes No

12. Does your hospital have a dedicated clinical team for infection control?

Yes No

If yes: please specify number of staff and FTE: _____

13. Does your hospital have microbiology laboratory support?

Yes No

14. Does your hospital have a dedicated budget for education and training on quality issues?

Yes

No

15. Does your hospital have a dedicated budget for infection control activities?

Yes

No

16. Does your hospital support the development of capability in quality improvement methods? E.g. Institute of Healthcare Improvement (IHI) model, frontline ownership.

Yes

No

17. Who is the designated lead for the hand hygiene programme at your hospital?

Name: _____

Position: _____

Email: _____

Hospital size and structure

18. How many wards does your hospital have? _____

19. What is the total number of inpatient beds? _____

20. Does your hospital have a high dependency/intensive care unit?

Yes

No

This survey was completed by:

Name: _____

Position: _____

Signature: _____

Date: _____

Name of hospital: _____

Signature on behalf of the senior management team to confirm support and commitment to meeting the HHNZ programme requirements:

Name: _____

Position: _____

Signature: _____

Date: _____