

## TYPE 2 ANNUAL SURVEILLANCE PLAN

### Please fax to VICNISS – 03 9342 2633

If you have any queries regarding the completion of this form please contact VICNISS  
Please note the Surveillance Plan is to be completed from July to June to match the financial year like Performance Indicators

Hospital Code Number: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

IC Coordinator: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Sponsor: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Surveillance Module	Financial Year:						Months: <i>(Please mark as appropriate below)</i>					
	J	A	S	O	N	D	J	F	M	A	M	J
<b>Hand Hygiene Initiative</b>												
Hand Hygiene Compliance Audit <sup>1</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Process Indicators</b>												
Surgical Antibiotic Prophylaxis												
HCWs & Measles Vaccination												
HCWs & Hepatitis B Vaccination												
Peripheral Venous Catheter Use												
<b>Outcome Indicators</b>												
Methicillin Resistant <i>Staphylococcus aureus</i> <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<i>Staphylococcus aureus</i> Bacteraemia <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vancomycin Resistant Enterococcus <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<i>Clostridium difficile</i> Infection <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Occupational Exposure <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Surgical Infection Report												
Haemodialysis Event												
<b>Surgical Site Infection</b> (Please indicate VICNISS Procedure Groups):												
1.												
2.												
3.												

<sup>1</sup> HH = Hand Hygiene Compliance Audit. HH data must be submitted three times per year (see [Key Dates for Data and Reports](#) on the VICNISS website).

<sup>2</sup> SAB, MRSA, VRE, CDI and OE data must be continuously collected as indicated (SAB data is collected as part of the Hand Hygiene Initiative).

<sup>3</sup> Please notify VICNISS CC any changes made to the Plan.

<sup>4</sup> Refer to the [VICNISS Type 2 Surveillance Manual](#) (section 4.4, Table 4.1) on the VICNISS website for further information and sample plan.

<sup>5</sup> If required, see form [Notice of Inability to Undertake VICNISS Surveillance Activities](#) on the VICNISS website.

<sup>6</sup> Also, refer to Type 2 Hospital [Performance Indicators](#) on the VICNISS website for requirements.