



ONLINE NOTIFIKASI BAGI HOSPITAL DAN COMMUNITY ACQUIRED INFECTION

Objektif :

Sistem Online Notifikasi HCAI yang lebih fleksibel, berkesan dan menjimatkan masa serta tenaga manusia untuk meningkatkan kesedaran dan kepekaan warga hospital tentang tren *HCAI* terkini.

Fungsi :

- Menjana notifikasi dan merekod statistik *HCAI*;
- Menjana laporan statistik *HCAI* dengan lebih cepat, berkesan dan menjimatkan masa; dan
- Sebagai saluran yang senang diakses untuk warga Hospital Sibu bagi mendapatkan *HCAI* terkini.

Pengguna Sistem :

- Unit Kawalan Infeksi;
- Pegawai Perubatan; dan
- Pakar Perubatan.

Platform :

- Development Tools : Notepad++v7.5.3, HeidiSQL v9.4.0.5125(64bit), WinSCP 5.9.2, Putty 0.67, OOP PHP5.5, Bootstrap v3.3.7, AngularJS, JQuery, Javascript, Font Awesome Icons
- Pangkalan data : MariaDB 10.1.13 (MySQL)
- Virtual Server: Oracle Virtualbox
- Sistem Operasi: Ubuntu 12.04LTS Linux, LAMP, Mail Relay (1GovUC)

URL Sistem :

- Intranet

Pegawai Yang Dirujuk:

- Nama Pegawai : En. Bong Tze Liang
- Jawatan : Pegawai Teknologi Maklumat
- Emel : bongtl@moh.gov.my
- No Telefon : 084-343333

SNAPSHOT SISTEM (PAPARAN HADAPAN)



Hospital and
Community Acquired
Infection
Login to continue

My Identity


Lupa Kata Laluan?

NEXT →

Hospital SibU, Sarawak

SNAPSHOT SISTEM (DASHBOARD)

- ☰ Hosp. & Com. Acquired Infection
 - > Dashboard
 - > New/Search Records
 - > Documentations
- ☰ HCAI Report
 - > Summary By Ward
- ☰ Pentadbir Sistem
 - > Manage Announcement
 - > List of HAI
 - > List of HAI Organism
 - > List of Department
 - > List of Ward
 - > List of Race
 - > Account Management
- 🏠 Logout



Notification of HCAI

➔ Hospital & Community Acquired Infection

SNAPSHOT SISTEM (PENDAFTARAN KES BAHARU)

A. Case Identification Data

GENDER:

Lelaki Perempuan

FULL NAME:

This is required

I/C:

This is required

RACE:

This is required

RN:

This is required

AGE:

This is required

DEPARTMENT:

This is required

WARD:

This is required

BED NO:

This is required

DATE OF ADMISSION:

This is required

DATE OF TRANSFER IN TO CURRENT WARD:

TRANSFER IN FROM:

DATE OF DISCHARGE:

SNAPSHOT SISTEM (PENDAFTARAN KES BAHARU)

B. Clinical Data

(Tick ✓ to select) **This is a required**

- Catheter related blood stream infection - central line
- Catheter related blood stream infection - peripheral line
- Catheter related urinary tract infection
- Clinical sepsis
- Community acquired infection
- Hospital acquired conjunctivitis
- Hospital acquired meningitis
- Hospital Acquired Pneumonia
- Hospital acquired ventriculitis
- Non-catheter related blood stream infection
- Non-catheter related urinary tract infection
- Others (pls. specify)
- Surgical site infection - clean contaminated wound
- Surgical site infection - clean wound
- Ventilator Associated Pneumonia

Others:

Infection Status: **This is a required**

- Clinically significant Colonization Contamination

<input type="checkbox"/>	<input type="text"/>	<input type="text" value="dd/mm/yyyy"/>
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Comment on the Hospital and Community Acquired Infection Diagnosis (by specialist): **This is a required**

Organism:

EBSL - others:

MRO - others:

SNAPSHOT SISTEM (PENGURUSAN KES PESAKIT)

This Case is Closed.

A. Patient Profile Edit

CASE ID:	UKI/HAI/JUN/2018/000001	DEPARTMENT:	
GENDER:		WARD:	
FULL NAME:		BED NO:	6
I/C:		DATE OF ADMISSION:	26-
RACE:		DATE OF TRANSFER IN TO CURRENT WARD:	
RN:		TRANSFER IN FROM:	
AGE:		DATE OF DISCHARGE:	

B. Clinical Data

No	Type Of HAI	No	Organism
1	Non-catheter related urinary tract infection	1	ESBL - E.coli
2	Organism		

Others:

Infection Status: Colonization

Diagnosis:

No	Diagnosis	Date
1	ASYMPTOMATIC UTI	04-06-2018

Comment on the Hospital and Community Acquired Infection Diagnosis (by specialist):

No	Comment	Specialist	Date
1	PLAN TO REPEAT SAMPLE AS PATIENT ASYMPTOMATIC	AN	2

C. Infection Control Unit Print PDF

SNAPSHOT SISTEM (LAPORAN FORMAT A)

Infection Control Unit, Hospital Sibul			
FORMAT A: NOTIFICATION OF HOSPITAL AND COMMUNITY ACQUIRED INFECTION			
A. Case Identification Data			
CASE ID:	UKI/HAI/JUN/2018/000001	DEPARTMENT:	
GENDER:		WARD:	
FULL NAME:		BED NO:	
I/C:		DATE OF ADMISSION:	
RACE:		DATE OF TRANSFER IN TO CURRENT WARD:	
RN:		TRANSFER IN FROM:	
AGE:		DATE OF DISCHARGE:	
B. Clinical Data			
Type Of HAI:		Organism:	
1 Non-catheter related urinary tract infection		1 ESBL - E.coli	
2 Organism		ESBL - Others:	
Others:		MRO - Others:	
Infection Status: Colonization			
Diagnosis:			
No Diagnosis		Date	
1 ASYMPTOMATIC UTI		[]	
Comment on the Hospital and Community Acquired Infection Diagnosis (by specialist):			
No	Comment	Specialist	Date
1	PLAN TO REPEAT SAMPLE AS PATIENT ASYMPTOMATIC	[]	[]
C. Infection Control Unit			
No	Comment	Officer	Date
1	NON CATHETER ASYMPTOMATIC UTI FROM NON MOH	[]	[]
Report Printed by: []			
Date: []			

SNAPSHOT SISTEM (LAPORAN JKNS/ KKM)

Infection Control Unit, Hospital SibU

HOSPITAL AND COMMUNITY ACQUIRED INFECTION REPORT FOR SIBU HOSPITAL

Total no. of Hospital & Community Acquired Infection 01/12/2018-27/12/2018 = 0

Hospital & Community Acquired Infection rate per patients 1000 days	Hospital & Community Acquired Infection rate by percentage of admission:
Total no. of patients per 1000 days: Total no. of case x 1000 Total no. of patient days =	Total no. of admission: Total no. of case x 100% Total no. of admission =

Type Of Hospital & Community Acquired Infection:	No. of infections:
TOTAL	0

Summary of Hospital & Community Acquired Infection by ward:

Department	Ward	Total Cases	HAI rate per patients 1000 days	HAI rate by percentages of admission (%)

Checked by:

Confirmed by:

Distribution to:
JKNS/KKM
Pengaruh Hospital
Hospital Infection & Antibiotic Control Committee
Chairman
HODs/KPJH/Allward