# ASSESSMENT REPORT

**Assessment Name:** Hospital

**Facility Name:** City General Hospital

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| **Sl. No** | **Questions** | **Options Chosen** | **Score** |
| 1 | How is your Infection Prevention Program managed? | Onsite | 5 |
| 2 | Does your organization have a dedicated Hospital Epidemiologist with appropriate training? | Yes | 5 |
| 3 | Does your organization employ Infection Preventionists? | Yes | 5 |
| 4 | Does your organization have an electronic health record (E.H.R)? | Yes | 4 |
| 5 | Does your Infection Prevention Surveillance System integrate with your Electronic Health Record (E.H.R)? | Yes | 4 |
| 6 | Do you have a paper Health Record? | No | 3 |
| 7 | Does your organization have data mining capabilities for infection prevention? | Yes | 4 |

**Completed By:** Sara Johnson

**Date:** October 5, 2025

**Total Score:** 30 / 35