

HALT-4: WARD LIST

PPS DENOMINATOR DATA BY WARD

DATE OF THE PPS IN YOUR FACILITY (dd/mm/yyyy) ... /.../.....

FACILITY STUDY NUMBER:.....

NAME OF THE WARD:.....

NUMBER OF BEDS IN THIS WARD (INCLUDES BOTH OCCUPIED AND NON-OCCUPIED BEDS): **beds**

The ward list is a form developed to aid surveyors' collection of denominator data for the Institutional Questionnaire. Its use is not mandatory, i.e. it is optional.

The surveillance protocol specifies that surveyors should collect information from each eligible resident, i.e. those living full-time in the facility, present in the ward at 8:00 am and not discharged at the time of the survey. Once these data have been collected for all the wards, surveyors can sum the denominators from each ward and transfer these totals to the Institutional Questionnaire. Facilities that do not have different wards only need to complete one ward list.

Instructions:

- List all the residents present at the facility on the day of the survey, in columns 1 and 2.
- Add a code in column 3 that is unique for each resident in the facility. Numbers and/or letters can be used. This resident study number should be entered on all forms for the same resident.
- Complete column 4, i.e. if the resident meets the eligibility criteria (living full-time at the facility, present at 8:00 am and not discharged at the time of the survey).
- Complete columns 5 to 15 by writing an 'X' if the risk factor or care load indicator is present.
- Sum the 'X's in each column.
- Write the totals of each column in the summary table at the end of the ward list.
- Sum the totals of the summary tables in the different ward lists and report the totals in part B (Denominator data) of the institutional questionnaire.
- If a resident on the ward list has an 'X' in columns 14 and/or 15b (i.e. they were receiving at least one systemic antimicrobial agent and/or had at least one active healthcare-associated infection on the day of the survey), complete a resident form for this resident.

COMPLETE THIS PART OF THE LIST FOR ALL RESIDENTS IN THE WARD				COMPLETE THIS PART FOR ALL ELIGIBLE RESIDENTS (residents from column 4)												
				Write an 'X' in the column if the condition is present												
Room and bed number	Resident name	Study number of the resident	Living full-time, present at 8:00 am and not discharged at the time of PPS	Age over 85 years	Male resident	Urinary catheter	Vascular catheter	Pressure sore	Other wound	Disorientation in time and/or space	Wheelchair-bound or bedridden	Surgery in the previous 30 days	Urinary and/or fecal incontinence	Systemic antimicrobial agent	Signs/symptoms of active healthcare-associated infection	Infection matching a case definition
1	2	3	4	5	6	7	8	9a	9b	10	11	12	13	14	15a	15b

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1	2	3	4	5	6	7	8	9a	9b	10	11	12	13	14	15a	15b

SUMMARY TABLE: TOTAL NUMBERS FOR THIS WARD

**Use this table to add the number of 'X's from each column from each ward list in the facility.
Transfer the total number into Part B of the institutional questionnaire, i.e. 'Denominator data'.**

On the day of the PPS, the TOTAL number of:	Columns	TOTAL NUMBERS
Total number of beds in this ward (total bed capacity)	1	
Occupied beds in the ward	2	
Eligible residents, living full-time, present at 8:00 am and not discharged at time of the PPS	4	
Age over 85 years	5	
Male residents	6	
Residents with any urinary catheter	7	
Residents with any vascular catheter	8	
Residents with pressure sores	9a	
Residents with other wounds	9b	
Residents disorientated in time and/or space	10	
Residents using wheelchairs or bedridden	11	
Residents with surgery in the previous 30 days	12	
Residents with urinary and/or faecal incontinence	13	
Residents prescribed any systemic antimicrobial agent	14	
Residents with signs/symptoms of at least one active healthcare-associated infection	15a	
Residents with an infection matching a case definition	15b	

Keep this ward list safely stored in your LTCF until the end of the study (December 2024).