

Annex 3. Primary HALT-3 PPS ward list

HALT-3: WARD LIST

PPS DENOMINATOR DATA BY WARD (for internal use only)*

DATE OF THE PPS IN YOUR FACILITY/...../..... FACILITY STUDY NUMBER.....

NAME OF THE WARD:

HOW MANY 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 resident eligible resident, i.e. those living full-time in the facility, present in the ward at 8am and not discharged at the time of the survey. This ward list collects data from each resident. Once these data have been collected for all 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 residents in columns 1 and 2.
- Add a code in column 3 that is unique for every resident in the facility. Numbers and/or letters can be used. This resident survey number should be entered on all forms for the same resident.
- If the resident meets the eligibility criteria (i.e. living full-time in the facility, present at 8:00 am and not discharged at the time of the survey), complete columns 4 to 15 by writing an 'X' if the risk factor or care load indicator is present on the day of the survey.
- Sum the Xs 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 of the institutional questionnaire.
- If a resident on the ward list has an X in columns 7 and/or 8 (i.e. they were receiving at least one antimicrobial agent and/or had at least one infection on the day of the survey, complete a resident form for this resident.

*As this ward list may contain personal identifiers of individual residents, ECDC asks that you do not send this ward list to us. Instead, please keep this ward list safely in your LTCF until the end of the HALT-3 project.

Summary table: total numbers for this ward

Use this table to add the number of 'X' from each column from each ward list from the facility.

Transfer the total number into Part B of the institutional questionnaire, i.e. 'Denominator Data'

| On the day of the PPS, TOTAL number of: | Column | TOTAL NUMBERS |
|---|------------|---------------|
| Total number of beds on this ward (total bed capacity) | 1 | |
| Occupied beds in the ward | 2 | |
| Eligible residents, present at 8 AM and not discharged at time of PPS | 4 | |
| Age over 85 years | 5 | |
| Male residents | 6 | |
| Residents receiving at least one antimicrobial agent | 7 | |
| Residents with at least one infection | 8b | |
| Residents with any urinary catheter | 9 | |
| Residents with any vascular catheter | 10 | |
| Residents with pressure sores | 11a | |
| Residents with other wounds | 11b | |
| Residents disorientated in time and/or space | 12 | |
| Residents using wheelchair or being bedridden | 13 | |
| Residents with surgery in the previous 30 days | 14 | |
| Residents with urinary and/or faecal incontinence | 15 | |

Keep this ward list safely in your LTCF until the end of the HALT-3 project (December 2018)