





Healthcare-associated infections & antimicrobial use in long-term care facilities (HALT) 2016
Lecture 3:
COMPLETING THE QUESTIONNAIRES - PART 2



Presentation Outline

- To describe how to complete the remaining questionnaires/ sections of questionnaires



QUESTIONNAIRES TO BE COMPLETED ON HALT SURVEY

1. WARD LIST
2. SECTION B: INSTITUTIONAL QUESTIONNAIRE
3. RESIDENT QUESTIONNAIRE
4. SECTION F: INSTITUTIONAL QUESTIONNAIRE

WARD LIST

COMPLETING WARD LIST

PPS OF HAI & ANTIMICROBIAL USE IN LTCFs (HALT-2)

HALT-2 - WARD LIST

PPS DENOMINATOR DATA BY WARD (for internal use only)

DATE OF THE HALT SURVEY 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 allow users to collect denominator data for the Institutional Questionnaire. Its use is not mandatory, i.e. it is optional. The surveillance protocol specifies that supervisors should collect information from each resident eligible resident, i.e. those living full-time in the facility, present in the ward at the time of the survey and not discharged or transferred elsewhere. This ward list collects data from each resident. Once these data have been collected for all wards, supervisors can sum the denominators from each ward and transfer these totals to the Institutional Questionnaire. Residents that do not meet criteria should not be included on the ward list.

Instructions:

- All residents present on the day of the survey should be listed in columns 1 and 2.
- Add a code in column 3 that is unique for every resident in the facility. Names and/or address can be used. This study number should be entered on all forms for that same resident.
- If the resident meets the eligibility criteria (i.e. living full-time in the facility, present at the time and not discharged) at the time of the survey, complete columns 4 to 6 in the 'Ward list' and/or 7 and/or 8 (if they were looking at food and antimicrobial agent) and/or had at least one infection on the day of the survey, complete a resident form for this resident.

Study number as per HPSC
 FACILITY STUDY NUMBER:

DATE OF THE PPS SURVEY IN YOUR FACILITY:

Write ward's usual name and allocate every ward a different letter (A, B, C etc)
 NAME OF THE WARD:

**Include beds that are available for admission only
Beds closed due to staffing/renovations are not included**
 HOW MANY BEDS IN THIS WARD? (INCLUDES BOTH OCCUPIED AND NON-OCCUPIED BEDS): beds

HALT-3: WARD LIST
PPS DENOMINATOR DATA BY WARD (for internal use only)

DATE OF THIS SURVEY BY YOUR FACILITY: 08.15.16 FACILITY SURVEY NUMBER: 12345

NAME OF THE WARD: Shakespeare A

HOW MANY BEDS IN THE WARD? (INCLUDES BOTH OCCUPIED AND NOW OCCUPIED BEDS): 14 beds

COMPLETE FOLLOWING LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

COMPLETE THIS PART OF THE LIST FOR ALL RESIDENTS IN THE WARD				COMPLETE THIS PART FOR ALL ELIGIBLE RESIDENTS (residents from column 3) Write a X in the column if the condition is TRUE ON THE DAY OF THE SURVEY													
Room & bed number	Resident name	Study number of the resident Present at PPS and not discharged at time of PPS	Age over 18 years	Male resident	Antipsychotic agent	Stimulants or anti-depressants	Other medication	Urology	Urology	Vascular	Pressure	Other	Residence	Ward	Bed	Urology	Urology
1	2	3	4	5	6	7	8a	8b	9	10	11a	11b	12	13	14	15	

List all the resident rooms and all the bedspaces in each room, as they are laid out on the ward in column 1. Include empty beds available for occupancy

List all the residents as they are normally allocated to their room and bed space in column 2. Include the resident who is absent for leave or hospitalised only if their bed is unoccupied by someone else and reserved for their return to the LTCF. However, that resident will not be an eligible resident and won't require completion of columns 5 – 15. Include the resident who has gone to hospital as day case. That resident will be an eligible resident

LAPTOP 1: PPS DENOMINATOR LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

COMPLETE THIS PART OF THE LIST FOR ALL RESIDENTS IN THE WARD				COMPLETE THIS PART FOR ALL ELIGIBLE RESIDENTS (residents from column 3) Write a X in the column if the condition is TRUE ON THE DAY OF THE SURVEY													
Room & bed number	Resident name	Study number of the resident Present at PPS and not discharged at time of PPS	Age over 18 years	Male resident	Antipsychotic agent	Stimulants or anti-depressants	Other medication	Urology	Urology	Vascular	Pressure	Other	Residence	Ward	Bed	Urology	Urology
1	2	3	4	5	6	7	8a	8b	9	10	11a	11b	12	13	14	15	
16.1	O Ophelia																
16.2	R Rosalind																
16.3	G Gertrude																
16.4	R Romeo																
16.5	J Juliet																
17.1	P Portia																
17.2	R Rosencourt																
17.3	H Hamlet																
18.1	E Emilia																
18.2	F Polonius																
19.1	B Bianca																
20.1	M Macbeth																
20.2	S Shylock																
20.3	D Desdemona																

LAPTOP 2: PPS DENOMINATOR LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

COMPLETE THIS PART OF THE LIST FOR ALL RESIDENTS IN THE WARD			
Room & bed number	Resident name	Study number of the resident Present at PPS and not discharged at time of PPS	Age over 18 years
1	2	3	4
16.1	O Ophelia		
16.2	R Rosalind		
16.3	G Gertrude		
16.4	R Romeo		
16.5	J Juliet		
17.1	P Portia		
17.2	R Rosencourt		
17.3	H Hamlet		
18.1	E Emilia		
18.2	F Polonius		
19.1	B Bianca		
20.1	M Macbeth		
20.2	S Shylock		
20.3	D Desdemona		

How many resident rooms in Shakespeare?

How many single occupancy resident rooms in Shakespeare?

LAPTOP 3: PPS DENOMINATOR LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

COMPLETE THIS PART OF THE LIST FOR ALL RESIDENTS IN THE WARD			
Room & bed number	Resident name	Study number of the resident Present at PPS and not discharged at time of PPS	Age over 18 years
1	2	3	4
16.1	O Ophelia		
16.2	R Rosalind		
16.3	G Gertrude		
16.4	R Romeo		
16.5	J Juliet		
17.1	P Portia		
17.2	R Rosencourt		
17.3	H Hamlet		
18.1	E Emilia		
18.2	F Polonius		
19.1	B Bianca		
20.1	M Macbeth		
20.2	S Shylock		
20.3	D Desdemona		

How many resident rooms in Shakespeare?

5

How many single occupancy resident rooms in Shakespeare?

1

LAPTOP 4: FOLLOWING LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

COMPLETE THIS PART OF THE LIST FOR ALL RESIDENTS IN THE WARD				COMPLETE THIS PART FOR ALL ELIGIBLE RESIDENTS (residents from column 3) Write a X in the column if the condition is TRUE ON THE DAY OF THE SURVEY													
Room & bed number	Resident name	Study number of the resident Present at PPS and not discharged at time of PPS	Age over 18 years	Male resident	Antipsychotic agent	Stimulants or anti-depressants	Other medication	Urology	Urology	Vascular	Pressure	Other	Residence	Ward	Bed	Urology	Urology
1	2	3	4	5	6	7	8a	8b	9	10	11a	11b	12	13	14	15	

Allocate each resident a study number using ward "letter" as prefix

COMPLETE FOLLOWING LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

Room & bed number	Resident name	Study number of the resident	Resident LAR not discharged at time of PPS
16.1	O Ophelia	A01	
16.2	R Rosalind	A02	
16.3	G Gertrude	A03	
16.4	R Rebecca	A04	
16.5	J Juliet	A05	
17.1	P Patricia	A06	
17.2	R Rosamund	A07	
17.3	H Hannah	A08	
18.1	E Emilia	A09	
18.2	F Felonise	A10	
19.1	B Bianca	A11	
20.1	M Malbeth	A12	
20.2	S Shylack	A13	
20.3	D Dardemon	A14	

COMPLETE FOLLOWING LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

COMPLETE THIS PART FOR ALL RESIDENTS IN THE WARD

COMPLETE THIS PART FOR ALL ELIGIBLE RESIDENTS (residents from column 3)
Write a X in the column if the condition is TRUE ON THE DAY OF THE SURVEY

Room & bed number	Resident name	Study number of the resident	Present at 8 AM and not discharged at time of PPS	Age over 65 years	Male resident	Antimicrobial agent	Signs/symptoms of an infection	Infection matching a case definition	Urinary catheter	Vascular catheter	Pressure sore	Other wound	Disorientation	Immobility	Wound healing or debridement	Surgery in the previous 30 days	Urinary and/or faecal incontinence
1																	

Mark X for residents that meet all of the following:

- Are living full time in facility
- Present at 8am on day of study or temporarily out of facility at 8am = ELIGIBLE RESIDENTS

Include as eligible residents:
Those receiving chronic ambulatory care on a regular basis in the acute care hospital (e.g. haemodialysis, chemotherapy should not be excluded from the survey if they are not hospitalised (= inpatient in an acute care hospital with hospital stay for at least 24 hr.) on the day of the HALT survey

Exclude as eligible residents
(i.e. do not put an X in column 3)

Not living full-time in the LTCF

Living full-time in the LTCF but not present at HALT survey date for that ward/unit 08:00AM on the morning of the (e.g. absent for leave or currently admitted to hospital as an inpatient)

Attending the LTCF day care centre only and not living full-time in the LTCF

Hospitalised on the HALT survey date for that ward/unit (i.e., admitted to hospital as an inpatient = overnight stay)

The resident states that he/she does not wish to participate in the HALT survey

COMPLETE FOLLOWING LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

Room & bed number	Resident name	Study number of the resident	Present at 8 AM and not discharged at time of PPS	Age over 65 years	Male resident	Antimicrobial agent	Signs/symptoms of an infection	Infection matching a case definition	Urinary catheter	Vascular catheter	Pressure sore	Other wound	Disorientation	Immobility	Wound healing or debridement	Surgery in the previous 30 days	Urinary and/or faecal incontinence
16.1	O Ophelia	A01	X														
16.2	R Rosalind	A02	X														
16.3	G Gertrude	A03	X														
16.4	R Rebecca	A04	X														
16.5	J Juliet	A05	X														
17.1	P Patricia	A06	X														
17.2	R Rosamund	A07	X														
17.3	H Hannah	A08	X														
18.1	E Emilia	A09		X													
18.2	F Felonise	A10		X													
19.1	B Bianca	A11			X												
20.1	M Malbeth	A12				X											
20.2	S Shylack	A13					X										
20.3	D Dardemon	A14						X									

● = INELIGIBLE RESIDENTS

COMPLETE FOLLOWING LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

COMPLETE THIS PART OF THE LIST FOR ALL RESIDENTS IN THE WARD

COMPLETE THIS PART FOR ALL ELIGIBLE RESIDENTS (residents from column 3)
Write a X in the column if the condition is TRUE ON THE DAY OF THE SURVEY

Room & bed number	Resident name	Study number of the resident	Present at 8 AM and not discharged at time of PPS	Age over 65 years	Male resident	Antimicrobial agent	Signs/symptoms of an infection	Infection matching a case definition	Urinary catheter	Vascular catheter	Pressure sore	Other wound	Disorientation	Immobility	Wound healing or debridement	Surgery in the previous 30 days	Urinary and/or faecal incontinence
1																	

Complete columns 5 - 15 for eligible residents only
Write "X" if condition is true on day of survey

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Write a X in the column if the condition is TRUE ON THE DAY OF THE SURVEY

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1																	

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Room & bed number	Resident name	Study number of the resident & AM and not discharged at time of PPS	AGE over 65 years	Male resident	Antimicrobial agent	Signs/symptoms of an infection	Infection matching a case definition	Urinary catheter	Vascular catheter	Pressure sore	Other wound	Disorientation in time and/or space	Wound/abrasion/ burn or bedridden	Surgery in the previous 30 days	Urinary and/or faecal incontinence	
1	2	3	4	5	6	7	8a	8b	9	10	11a	11b	12	13	14	15

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

• The ward/flat or the PPS should be the resident's medication prescription sheet (Resident's)

 • If the ward maintains an up-to-date list/sheet of medication currently prescribed and administered for residents, this could be a useful source of information

 • The resident's medical and/or nursing records

 • If no drug list/sheet is available and treatment is only noted in the medical or nursing record and the resident is not treated from an independently available source on the day of the survey

 • The pharmacist, if all the medications for the PPS are delivered by one pharmacy, the pharmacist should be able to indicate from their local patient medication records, the date of dispensing of each medicine for the resident, to provide this info, particularly helpful in situations where a resident has been prescribed a particular antimicrobial and it is unclear when the agent was first prescribed (e.g. long term prophylaxis)

 • Residents taking their own medication: some residents may take their medication (including antimicrobials) themselves. It may be necessary to ask the independent pharmacist, who may be able to provide this info.

 • Medication on the premises of the PPS: residents may possess their own medicine and take this on the PPS. It is very important to check this on the individual questionnaire by recording the PPS for the resident's residence income at least one antimicrobial agent in column 5 (antimicrobial data).

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

Signs/symptoms of an infection:

- Residents presenting signs or symptoms of a suspected infection (e.g. pyrexia, pain, inflammation, diarrhoea, vomiting etc.) on the survey day

or

- Residents who presented with signs/symptoms of an infection in the preceding 14 days, and (s)he is still being treated with an antimicrobial on the survey day

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

You cannot complete this column until you've completed all of the resident questionnaires for the ward. Only then can you determine which resident(s) have fulfilled all the required criteria for a HCAI case definition

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

Urinary catheter: Any tube system placed in the body to drain and collect urine from the bladder, e.g. an indwelling urinary catheter, suprapubic or abdominal wall catheter, a cystostomy

NOT CONDOM CATHETER OR INTERMITTENT CATHETERISATION

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

Vascular catheter: Any tube system placed in the body to access the vascular (venous, arterial) system, (e.g. a peripheral venous cannula, a peripherally inserted central catheter (PICC), midline or central vascular catheter (e.g., Hickman, permcath for dialysis, portacath and includes arteriovenous fistula for dialysis

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Room & bed number	Resident name	Study number of the resident Present at 8 AM and not discharged at time of PPS	AGE over 85 YEARS	Male resident	Antimicrobial agent	Stenococci/strains of an infection	Infection matching a case definition	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 faecal incontinence	
1	2	3	4	5	6	7	8a	8b	9	10	11a	11b	12	13	14	15

Pressure sore: All grades of pressure sores should be considered, even the lowest grade characterised by discolouration of intact skin not affected by light finger pressure (non blanching erythema)

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

Other wound: All wounds other than a pressure sore, including leg ulcers, traumatic or surgical wounds and insertion sites for gastrostomy, (PEG), tracheostomy, urostomy, colostomy, ileostomy, suprapubic and peritoneal catheters

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

Disoriented in time and/or space: Residents who suffer from periods of confusion especially as to time, place or identification of persons (e.g. he/she cannot find his/her room, has no idea of time and is not able to recognise persons he/she knows very well).

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

Wheelchair bound or bedridden: non-ambulatory i.e. he/she cannot walk alone with or without canes, crutches, walkers but requires a wheelchair or is confined to bed

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

Surgery in the previous 30 days: Surgery is a procedure that takes place in an operation room or interventional procedure room (radiology, cardiology or endoscopy) where a surgeon makes at least **one incision** through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the operating room. Write X in box 14 if today's date – surgery date is ≤30 days

Percutaneous procedures, such as insertion of PEG tubes or coronary angiography and endoscopic procedures such as OGD, colonoscopy, ERCP are **NOT** counted as surgical procedures

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

Urinary and/or faecal incontinence: lack of control of the sphincter from bladder or bowel resulting in an uncontrolled loose of urine or faeces) necessitating the use of diapers in the 24 hours prior to the PPS day (during the day and/or night).

Because this indicator measures work load, a resident having a urinary catheter should be considered as continent and you will have captured the catheter workload by writing X for box 9

COMPLETE FOLLOWING LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

Room & bed number	Resident name	Room number of the resident	Number of beds and/or rooms occupied in ward of PPS	Admitted to ward	Discharged	Deceased	Admitted to hospital	Admitted to community	Admitted to residential care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	
16.1	O Ophelia	A01																			
16.2	R Rosalind	A02																			
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18.2	P Polonius	A10																			
19.1	B Banquo	A11																			
20.1	M Macbeth	A12																			
20.2	S Snytzek	A13																			
20.3	D Deaconess	A14																			

E Emilia died just before you arrived on ward to do survey
M Macbeth has been discharged and awaits taxi home when you arrive

COMPLETE FOLLOWING LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

Room & bed number	Resident name	Room number of the resident	Number of beds and/or rooms occupied in ward of PPS	Admitted to ward	Discharged	Deceased	Admitted to hospital	Admitted to community	Admitted to residential care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	
16.1	O Ophelia	A01																			
16.2	R Rosalind	A02																			
16.3	G Gertrude	A03																			
16.4	R Romeo	A04																			
16.5	J Juliet	A05																			
17.1	P Portia	A06																			
17.2	R Rosencrantz	A07																			
17.3	H Horatio	A08																			
18.2	P Polonius	A10																			
19.1	B Banquo	A11																			
20.2	S Snytzek	A13																			
20.3	D Deaconess	A14																			

COMPLETE FOLLOWING LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

Room & bed number	Resident name	Room number of the resident	Number of beds and/or rooms occupied in ward of PPS	Admitted to ward	Discharged	Deceased	Admitted to hospital	Admitted to community	Admitted to residential care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	
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COMPLETE FOLLOWING LIST FOR ALL RESIDENTS PRESENT ON THE DAY OF THE PPS

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18.2	P Polonius	A10																			
19.1	B Banquo	A11																			
20.2	S Snytzek	A13																			
20.3	D Deaconess	A14																			

Once ward list data is completed add up all the "X"s in each column

Room & bed number	Resident name	Room number of the resident	Number of beds and/or rooms occupied in ward of PPS	Admitted to ward	Discharged	Deceased	Admitted to hospital	Admitted to community	Admitted to residential care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	Admitted to other care	
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19.1	B Banquo	A11																			
20.2	S Snytzek	A13																			
20.3	D Deaconess	A14																			
				12	4	5	4	8	3	3	0	3	3	5	6	1	3				

Ward list Page 4

SUMMARY TABLE: TOTAL NUMBERS FOR THIS WARD

Use this table to add the number of "X" from each column from ward list to form the facility. Transfer the total number into Part B of the Institutional questionnaire, i.e. "Resident/Bed Ratio".

NO. OF RESIDENTS IN THE WARD	COLUMNS	TOTAL NUMBER
Total number of beds occupied on the day of PPS	1	14
Total number of beds in the ward	2	14
Number of residents present on the day of PPS	3	12
Number of residents	4	4
Number of residents who are in residential care	5	4
Number of residents who are in residential care	6	3
Number of residents who are in residential care	7	3
Number of residents who are in residential care	8	3
Number of residents who are in residential care	9	3
Number of residents who are in residential care	10	3
Number of residents who are in residential care	11	3
Number of residents who are in residential care	12	3
Number of residents who are in residential care	13	3
Number of residents who are in residential care	14	3
Number of residents who are in residential care	15	3
Number of residents who are in residential care	16	3
Number of residents who are in residential care	17	3
Number of residents who are in residential care	18	3
Number of residents who are in residential care	19	3
Number of residents who are in residential care	20	3
Number of residents who are in residential care	21	3
Number of residents who are in residential care	22	3
Number of residents who are in residential care	23	3
Number of residents who are in residential care	24	3
Number of residents who are in residential care	25	3
Number of residents who are in residential care	26	3
Number of residents who are in residential care	27	3
Number of residents who are in residential care	28	3
Number of residents who are in residential care	29	3
Number of residents who are in residential care	30	3

Don't complete total for column 7 or 8b until you've checked all the completed resident questionnaires for the ward

Note Column 8a total is not required: Only confirmed HCAI are entered into HALT software based on totals of Column 8b

Repeat this process for every ward in your LTCF

Keep all your completed ward lists together in a safe place
The data on page 4 of every ward list will need to be added up to complete the remaining section B of the Institutional Questionnaire once you have completed your HALT survey

Go back and get your partly-completed Institutional questionnaire & finish completing sections B

B – DENOMINATOR DATA

This table when completed will summarize the data collected in each ward (ward list) for the total population in your facility, on the day of the survey, TOTAL NUMBER OF:

BEDS IN THE FACILITY (both occupied and non-occupied beds) 114

OCCUPIED BEDS: 114

ELIGIBLE RESIDENTS:

PRESENT AT 8 AM AND NOT DISCHARGED AT THE TIME OF THE SURVEY 12

AGE OVER 85 YEARS 4

MALE RESIDENTS 5

RESIDENTS RECEIVING AT LEAST ONE ANTIMICROBIAL AGENT 4

RESIDENTS WITH AT LEAST ONE INFECTION 3

RESIDENTS WITH ANY URINARY CATHETER 3

RESIDENTS WITH ANY VASCULAR CATHETER 0

RESIDENTS WITH PRESSURE SORES 3

RESIDENTS WITH OTHER WOUNDS 3

HALT-3 Institutional Questionnaire 2016 - 2017

RESIDENTS DISORIENTED IN TIME AND/OR SPACE 5

RESIDENTS USING A WHEELCHAIR OR BEDRIDDEN 6

RESIDENTS WITH SURGERY IN THE PREVIOUS 30 DAYS 1

RESIDENTS WITH URINARY AND/OR FAECAL INCONTINENCE 3

PAGE 1

PAGE 2

RESIDENT QUESTIONNAIRE

RESIDENT STUDY NUMBER

Healthcare-associated Infections and antimicrobial use in European long-term care facilities (HALT-3)

RESIDENT QUESTIONNAIRE

RESIDENT DATA

Gender: Male Female

BIRTH YEAR: 1992

LENGTH OF STAY IN THE FACILITY: Less than one year One year or longer

ADMITTED TO FACILITY BY: YES NO

WOUND CATHETER: YES NO

SUFFERED THE PREVIOUS 30 DAYS: YES NO

PROBLEMS:

URINARY CATHETER: YES NO

VASCULAR CATHETER: YES NO

RESIDENCE (PREVIOUS 30 DAYS):

WOUND: YES NO

DISCHARGE (PREVIOUS 30 DAYS): YES NO

RESIDENT: Included Excluded

- Demographic data & any additional risks for infection
- Antimicrobial treatment
- Signs & symptoms of infection

The resident's study must be entered on each page of the Resident Questionnaire

RESIDENT STUDY NUMBER 1111

Healthcare-associated infections and antimicrobial use in European long-term care facilities (HALT-3)

RESIDENT QUESTIONNAIRE

RESIDENT DATA

Gender: Male Female

BIRTH YEAR: 1992

LENGTH OF STAY IN THE FACILITY: Less than one year One year or longer

It is very important that the study numbers on the Ward Lists and on the Resident Questionnaire match the same resident

Room #	Resident name	Study number of the resident as it appears on the discharge list at the time of the survey	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16.1	O. Ophelia	AB1	X															
16.2	R. Rosalind	AB2	X	X														
16.3	G. Gertrude	AB3	X	X														
16.4	R. Romeo	AB4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Resident Name	DOB	10	11	12	13	14	15
16.1 O Opheina	AOI	X					
16.2 R Rosplund	AOI	X	X	X	X	X	X
16.3 D Gertruda	AOI	X	X	X	X	X	X
16.4 R Romeo	AOI	X	X	X	X	X	X

Resident Survey Form 1 (LTCF)

Resident Data

Gender: Male Female

Birth Year: _____ (YYYY)

Length of Stay in the Facility: Less than one year One year or longer

RESIDENT QUESTIONNAIRE

RESIDENT DATA

GENDER: Male Female

BIRTH YEAR: _____ (YYYY)

LENGTH OF STAY IN THE FACILITY: Less than one year One year or longer

How long has the resident been living in your LTCF?

ADMISSION TO A HOSPITAL IN THE LAST 3 MONTHS: Yes No

SURGERY IN THE PREVIOUS 30 DAYS: _____

PRESENCE OF:

URINARY CATHETER: _____

VASCULAR CATHETER: _____

INCONTINENCE (URINARY AND/OR FECAL): _____

WOUNDS: Pressure Sore Other Wounds

DISORDERED ALIMENT (IN THE AND/OR SWALLOW): Yes No

MOBILITY: Ambulant Wheelchair Bedridden

Was the resident admitted to an acute care hospital during the 3 months preceding the PPS study date? (only admissions to acute care hospitals - with at least a medical or surgical ward - for at least overnight stay)

Definitions as per ward list

Ambulant – The resident can walk by himself/herself, with or without the aid of a stick/crutches/walking frame

On the day of the survey, the resident:

RECEIVES AN ANTIMICROBIAL AGENT
(Yes to either (i) receiving systemic prophylactic antimicrobials OR (ii) Residents receiving therapeutic systemic antibiotics) → COMPLETE PART A

FILLS AN INJECTION(S) OR HAS AN INJECTION(S)
(Residents with infection(s) AND resident not receiving antimicrobials) → COMPLETE PART B

RECEIVES AN INJECTION(S)
(i) Residents with infection(s) AND receiving antimicrobials today (whether or not linked to same infection(s)) OR (ii) Residents with signs/symptoms of an infection (have received but who are still receiving antimicrobials for that infection) → COMPLETE PART A & B

Tick which one applies to the resident

You need to check the medication record, healthcare and nursing notes of every eligible resident and discuss with staff caring for the residents in order to identify the residents prescribed systemic antimicrobials and/or who have symptoms/signs of an active HCAI

Page 2
Part A: Antimicrobial Use

Space for recording information on up to four different systemic antimicrobials

ANTIMICROBIAL	ANTIMICROBIAL 1	ANTIMICROBIAL 2	ANTIMICROBIAL 3	ANTIMICROBIAL 4
ANTIBIOTIC USE	ANTIFUNGAL USE	ANTIMYCOTIC USE	ANTIVIRAL USE	ANTIPARASITIC USE
ANTIBIOTIC USE	ANTIFUNGAL USE	ANTIMYCOTIC USE	ANTIVIRAL USE	ANTIPARASITIC USE
ANTIBIOTIC USE	ANTIFUNGAL USE	ANTIMYCOTIC USE	ANTIVIRAL USE	ANTIPARASITIC USE
ANTIBIOTIC USE	ANTIFUNGAL USE	ANTIMYCOTIC USE	ANTIVIRAL USE	ANTIPARASITIC USE

Systemic antimicrobials

- Resident prescribed one or more antimicrobials on survey date

INCLUDED	EXCLUDED
Antibacterials: Used to treat infection caused by bacteria	Antivirals: Used to treat infection caused by viruses (e.g., oseltamivir, aciclovir, drugs for HIV, HCV, HBV infections)
Antifungals: Used to treat infection caused by fungi	Topical antimicrobials: Creams or ointments applied to the skin or mucous membranes (e.g., bactroban/mupirocin, fucidin)
Antimycobacterials: Used to treat infection caused by mycobacteria (e.g., TB)	Antiseptics

You MUST use these definitions for the HALT survey (Page 3)

- * **Fever:** 1) single > 37.8°C oral/tympanic membrane or 2) repeated > 37.2°C oral or > 37.5°C rectal or 3) > 1.1°C over baseline from any site (oral, tympanic, axillary)
- ** **Leucocytosis:** 1) Neutrophilia > 14,000 leucocytes/mm³ or 2) left shift (>6% bands or ≥ 1500 bands/mm³)
- § **Acute change in mental status from baseline:** Acute onset + fluctuating course – inpatient on AND either disorganized thinking or altered level of consciousness
- §§ **Acute functional decline:** New 3 point increase in total ADL score (Range 0-28) from baseline based on 7 ADL items (see: mobility, transfer, locomotion, dressing, toilet use, personal hygiene, eating) each scored from 0 (independent) - 4 (total dependence) OR increased dependency defined by scales other than ADL

Key points

- HALT 2016 is collecting information on ALL HCAI:

PLACE THE INFECTION WAS ACQUIRED	NEW FOR HALT 2016	WHEN TO SUSPECT HCAI
YOUR LTCF	NO	INFECTION STARTS DAY THREE ONWARDS AFTER ADMISSION TO YOUR LTCF
A DIFFERENT LTCF IMPORTED HCAI	YES	RESIDENT TRANSFERRED TO YOUR LTCF FROM ANOTHER LTCF ALREADY ON TREATMENT FOR HCAI OR DEVELOPS SYMPTOMS/SIGNS ON DAY 1 OR DAY 2 AFTER TRANSFER TO YOUR LTCF
ACUTE HOSPITAL IMPORTED HCAI	YES	RESIDENT TRANSFERRED TO YOUR LTCF FROM ACUTE HOSPITAL ALREADY ON TREATMENT FOR HCAI OR DEVELOPS SYMPTOMS/SIGNS ON DAY 1 OR DAY 2 AFTER TRANSFER TO YOUR LTCF SPECIAL DEFINITIONS APPLY IF RESIDENT DEVELOPS CONFIRMED C. DIFFICILE OR SURGICAL SITE INFECTION AFTER TRANSFER BACK TO YOUR LTCF – DISCUSS WITH HALT TEAM

Key points

- Resident admitted to your LTCF from home, already on treatment for infection **OR** develops signs and symptoms of suspected infection on day 1 or day 2
- COMMUNITY-ACQUIRED INFECTION. You should complete Part A: Antimicrobial Use to give information on the treatment but there is no need to complete Part B because this is not a HCAI

Key points

- Resident who has been living in your LTCF for >3 days is referred to ED because of a suspected infection
- Resident is started on antimicrobials in ED and discharged back to your LTCF four days later still on antimicrobials
- Infection acquired in your LTCF (HCAI CURRENT LTCF) if the HCAI criteria for the HCAI type are met
- This infection was not acquired in the hospital – resident sent there for evaluation and treatment

Key points

- No evidence of signs or symptoms on study day, but resident is on antimicrobials to treat infection:
 - Examine records and talk to staff to determine what were signs and symptoms when antimicrobial started
 - Only go back to a maximum of 14 days
 - Resident admitted from home – not HCAI
 - Resident transferred from another LTCF – Check transfer letter/documents - ?IMPORTED HCAI
 - Resident transferred from hospital – Check transfer letter/documents - ?IMPORTED HCAI

Key points

- Evidence of signs or symptoms on study day, but these have been going on for a while when you speak to staff and/or review notes
 - Resident with productive cough & COPD history
 - Resident with incontinence
 - Resident with confusion
- In order for signs or symptoms to be considered for HCAI, they must be either new **or** for chronic conditions, there must be an acute worsening of the signs or symptoms

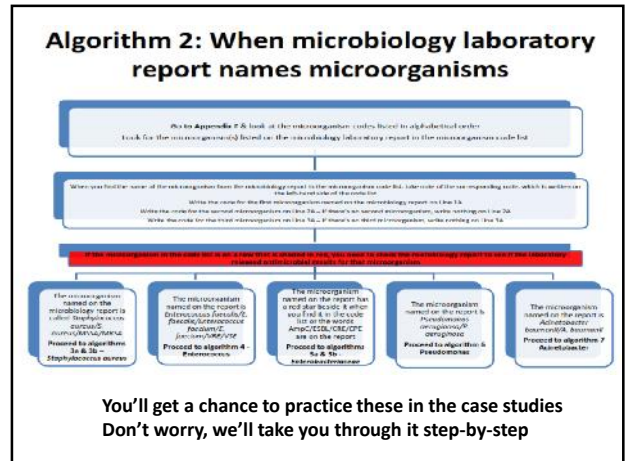
PART B: HEALTHCARE-ASSOCIATED INFECTIONS				
INFECTION CODE	INFECTION 1	INFECTION 2	INFECTION 3	INFECTION 4
	LRTI.C	LRTI.C	LRTI.C	LRTI.C
IF 'OTHER', PLEASE SPECIFY				
PRESENT AT [RE]-ADMISSION	X No <input type="checkbox"/> Yes <input type="checkbox"/>	X No <input type="checkbox"/> Yes <input type="checkbox"/>	X No <input type="checkbox"/> Yes <input type="checkbox"/>	X No <input type="checkbox"/> Yes <input type="checkbox"/>
DATE OF ONSET (COMMUNITY)	02/02/16	02/02/16	02/02/16	02/02/16
ORIGIN OF INFECTION	X Current LTCF <input type="checkbox"/> Other LTCF <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	X Current LTCF <input type="checkbox"/> Other LTCF <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	X Current LTCF <input type="checkbox"/> Other LTCF <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown	X Current LTCF <input type="checkbox"/> Other LTCF <input type="checkbox"/> Hospital <input type="checkbox"/> Unknown
A. NAME OF ORGANISM ISOLATED	1.A. NOGXA	NA	STERI	NONID

Lab report result: No growth or sterile culture or no pathogens isolated

No specimen sent to lab

Specimen sent to lab but either: No result available or the result is missing

Lab report result: Mixed growth



INSTITUTIONAL QUESTIONNAIRE – SECTION F

F – HOW WAS THE SURVEY PERFORMED IN YOUR FACILITY?

1. Who collected the HALT 3 data (incl. institutional and resident questionnaires)?

A physician
 A nurse
 Another person

2. If no physician was involved in the HALT-3 data collection (institutional and resident questionnaires), did a physician validate the data?

Yes No

The HALT-3 team thanks you for your participation!

PAGE 5

- All HALT questionnaires are now complete
 - All HALT questionnaires should be retained safely in your facility for HALT data entry
 - All HALT questionnaires should be kept safely in your facility until the HALT national report has been published by HPSC
- Thank you for your attention**
Any Questions?
halt@hpsc.ie