



## **Completing Ward List (Form A2) & determining eligible patients for PPS**

PPS Data Collector Training

April 2017

Presentation 2

### **Content**

- What wards will be surveyed?
- When should wards be surveyed?
- How to complete the Ward List (Form A2)
- How to determine eligible patients?

## WHAT WARDS WILL BE SURVEYED?



### Included



- All acute wards
- Patients in ED who have been admitted to the hospital, who await transfer to a bed on the ward – Visit ED on final PPS day
- Patients in ED who have been admitted to a ward attached to ED for observation >24 hours – Visit this ward on final PPS day
- Patients admitted to acute hospital wards, otherwise fit for discharge, awaiting transfer to a long-term care facility/nursing home



## Excluded



- Day units/ward accommodating day patients
- ED – patients attending ED who are not admitted
- Labour/delivery suite
- Operating theatre
- Outpatient department
- Outpatient dialysis unit
- Units within an acute hospital that are specifically designated as residential care units or long-term care wards (i.e. inspected by HIQA against Standards for Residential Care)
- Any acute ward experiencing an infection outbreak on date of scheduled PPS

**WHEN SHOULD WARDS BE SURVEYED?**



## When?



- PPS for your hospital must be completed between Tuesday May 2<sup>nd</sup> and Wednesday May 31<sup>st</sup>
- PPS team leader plans hospital PPS schedule in advance of PPS
- PPS team work in pairs
- PPS for one ward must be completed in the same day
  - All data for St. Mary's ward collected on Wednesday May 10<sup>th</sup>



## When?



- Start your PPS schedule in ICU
  - Suggest that all data collectors go to ICU on the first day
- Take your time on the first day – discuss cases
- Units where patients admitted for elective procedures on Monday should preferably be surveyed midweek
- Surgical wards should be surveyed Tuesdays/Wednesdays/Thursdays
- ED and acute medical admission wards should be surveyed last

## **On arrival to a ward**

- Collect the completed ward list A2 from ward staff
- Any patients with signs/symptoms of infection, but not receiving antimicrobials – e.g. viral, symptoms have just begun?
  - If yes, these patients will need to be assessed against the HAI definitions
- Print the usual ward census or equivalent
- On surgical wards, could bring the theatre list for PPS day and previous day
  - Will help to identify patients who may have received surgical antimicrobial prophylaxis

## **HOW TO COMPLETE THE WARD LIST (FORM A2)**





## Ward List (Form A2) Maternity Ward



- In maternity wards, BOTH mother and baby are listed as separate patients
- 15/5/17: Ward List completed at 6am
  - Maternity ward has 25 beds open
  - 24 mothers currently admitted
  - 26 babies currently admitted
  - Therefore, 50 patients recorded on three page Ward List



## Ward List (Form A2): Admitted patients who remain in ED



- ED is not a ward
- Our EDs are busy, overcrowded and admitted patients frequently await transfer to wards
- **DO NOT** ask ED staff to complete a ward list – Most of the patients in ED will not be eligible patients
- Plan to visit ED at 8am on the final PPS day in your hospital
- On arrival to ED, identify the patients who are deemed admitted at that time and complete a patient form C for every admitted patient

Before the PPS, the PPS team leader allocates a two-digit ward code and decides the ward speciality for every ward in the hospital, using ward speciality code list  
 St Anne's ward = 01, St John's ward 02 etc.



Ward details should be completed by Ward contact/manager and PPS team lead in advance of survey ↓

Ward List A2

Ward name \_\_\_\_\_  
 Hospital Code    Ward code   Ward speciality

Notes for completion of Ward List (Section A2)

Data Item	Description
Ward name	The usual name of the ward in the hospital (same as entered on A1)
Hospital code	Unique hospital code assigned by the national PPS coordinating centre (Maximum three digits) (same as entered on A1)
Ward code	Abbreviated ward code assigned to every ward in the hospital (Maximum two digits - 02, 11 etc.) (same as entered on A1)
Ward speciality	The main speciality of the ward (same as entered on A1) (See Appendix A Table 1)

2 number code only, no letters  
 20, 21, 22 etc

### Assigning 'Ward Speciality'

<b>Ward speciality</b>	<p>The main speciality of the ward should be selected from the 11 options 'ward speciality list' (Appendix A Table 1)  <i>The answer to this question should be assigned in advance by the local PPS team, in consultation with the ward clinical nurse or midwifery manager</i></p> <p>'SUR' or 'MED' should be chosen for the majority of acute adult medical or surgical wards and HDUs to which patients with a variety of medical (cardiac, respiratory, gastrointestinal etc..) or surgical conditions (vascular, colorectal, upper gastrointestinal etc..) are generally admitted                  Only select speciality wards if &gt;80% of patients admitted to the ward belong to a single speciality (e.g., GER = geriatrics or medicine for the elderly, PSY = psychiatry, RHB = rehabilitation)</p> <p>If &lt;80% of patients belong to a single speciality but there are only two specialities of patients admitted to the ward, record as 'MIX' e.g. combined haematology and oncology ward</p> <p>'GO' should be chosen for maternity, obstetric and gynaecology wards</p> <p><u>'ICU' should be chosen for adult ICU only</u> - Do not categorise HDU in ICU category. Instead code HDU as either MED or SUR</p> <p>'PED' should be chosen for paediatric ward and paediatric ICU</p> <p>'NEO' should be chosen for neonatal ward and neonatal ICU</p>
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## Assigning 'Ward Specialty'

**Appendix A - Tables**

**Table 1: Ward Specialty Code List**

Ward specialty codes	Categories (ward specialty)
<b>SURGERY – SUR</b>	Choose for majority of acute surgical wards or high dependency units (HDU) to which patients with a variety of surgical conditions are generally admitted.
<b>MEDICINE – MED</b>	Choose for the majority of acute medical wards or HDU to which patients with a variety of medical conditions are generally admitted.
<b>INTENSIVE CARE – ICU</b>	Intensive care unit for adult patients. Remember NICU is coded as NEONATAL and PICU is coded as PAEDIATRICS. High dependency unit (HDU) is not coded as ICU – Choose SUR or MED instead.
<b>Gynaecology/Obstetrics – GO</b>	Choose if >80% of patients on the ward belong to the Gynaecology/Obstetrics specialties.
<b>Paediatrics – PED</b>	Paediatrics including Paediatric ICU (PICU)
<b>Neonatal - NEO</b>	Neonatology including Neonatal ICU (NICU)
<b>GERIATRICS/CARE OF THE ELDERLY – GER</b>	Geriatrics or medicine for the elderly – Choose if >80% of patients on the ward belong to the GERIATRICS/CARE OF THE ELDERLY specialty.
<b>PSYCHIATRY – PSY</b>	Choose if >80% of patients on the ward belong to the PSY specialty.
<b>REHABILITATION – RHB</b>	Choose if >80% of patients on the ward belong to the RHB specialty.
<b>OTHER</b>	Choose if <80% of patients on the ward belong to a single specialty, but there are mixed medical and surgical patients admitted to the ward. <u>Choose for admitted patients who remain in the LD or who are accommodated on a Day ward as admitted patients.</u>
<b>MIXED WARD</b>	Mixed – Choose if <80% of patients on the ward belong to a single specialty but there are only two specialties of patients admitted to the ward (e.g., haematology & oncology).

	COMPLETED BY WARD STAFF FOR ALL PATIENTS ON THE WARD											
Bed number	M/F	Years or Months	Neonate < 4 weeks	DD/MM/YY	+	+	+	+	+	+	+	+
	Patient name	Gen/sex	Age Or month <2	Birth weight	Admission date	Surgery since admission	Surgery in last 24 hrs	Central vascular catheter	Peripheral vascular catheter	Urethral Catheter	Intubation	Patient on antimicrobial
<b>Total</b>												

↓  
**COMPLETED BY WARD STAFF FOR ALL PATIENTS**

Bed number	Patient name	M/F Gender	Years or Months Age Or month <2	Neonate < 4 weeks Birth weight	DD/MM/YY Admission date

<b>Bed number</b>	Consecutive bed number as it is usually categorised on the ward (e.g., 1, 2, 3 OR 1a, 1b, 1c, 1d etc.) If a bed is vacant and available for occupancy, enter the bed number, but leave the remainder of the row blank, as there is no patient in the bed
<b>Patient name</b>	Patient name is recorded on the ward list, solely to enable the data collection team to identify who is eligible for inclusion in the PPS. Patient name <b>will not</b> be permitted to be entered on the patient data paper form nor on the web-based version of the form On <b>maternity wards</b> both the mother and the neonate should be counted as separate patients provided both are present on the ward at 8am. If the mother was admitted to the ward at or before 8am and the baby was born after 8am, only the mother is included
<b>Gender</b>	Enter patient gender as M or F
<b>Age or months &lt;2</b>	If >2 years = Record age in years = 02...79...98 etc. If <2 years = Record age in months followed by M = 01M... 07M... 22M If <1 month (neonate <4 weeks) record age = 00
<b>Birth weight</b>	Enter birth weight in grams (gm) for neonates who are aged less than 4 weeks old (i.e., Age coded as 00) on the PPS date Birth weight = weight at time of birth not weight on PPS date
<b>Admission date</b>	Date of patient's admission to the current hospital For babies born in the current hospital - date of birth = date of admission If the patient was transferred in from another hospital, the date of transfer to the <b>current hospital</b> should be recorded as the date of admission Record as DD/MM/YY

↓  
**COMPLETED BY WARD STAFF FOR ALL PATIENTS**

Bed number	Patient name	M/F Gender	Years or Months Age Or month <2	Neonate < 4 weeks Birth weight	DD/MM/YY Admission date	+	+

<b>Surgery since admission</b>	Enter + in the appropriate box if the patient has undergone surgery during this hospital admission. Leave blank if no surgery during this hospital admission.  Review patient notes to determine whether the patient has undergone surgery on the current admission. This information can be found in surgery/operation notes.
<b>Surgery since admission continued</b>	Surgery is defined as a procedure where an incision is made (not just a needle puncture), with breach of mucosa and/or skin – not necessarily in the operating theatre. The purpose of surgery should be primarily therapeutic. Note that the following procedures are <b>NOT</b> regarded as surgical procedures: <ul style="list-style-type: none"> <li>▪ Endoscopic procedures (OGD, colonoscopy, ERCP, brolidoscopy)</li> <li>▪ Percutaneous angioplasty (coronary, cerebral or peripheral vascular)</li> <li>▪ Percutaneous drainage of a collection (e.g., in interventional radiology)</li> <li>▪ Insertion of a central vascular catheter</li> <li>▪ Insertion of an intra-aortic balloon pump</li> <li>▪ Insertion of an intercostal tube drain or chest drain</li> <li>▪ Insertion of a percutaneous nephrostomy</li> </ul>
<b>Surgery in the last 24 hours</b>	Enter + in the appropriate box if the patient has undergone surgery in the past 24 hours. Leave blank if no surgery in the past 24 hours  This question will be checked by the PPS team to identify patients who may have received surgical antimicrobial prophylaxis in the 24 hours prior to 8am on the date of the survey

COMPLETED BY WARD STAFF FOR ALL PATIENTS ON THE WARD											
Bed number	Patient name	M/F Gender	Years or Months Age Or month <2	Neonate < 4 weeks Birth weight	DD/MM/YY Admission date	+	+	+	+	+	
									Central vascular catheter	Peripheral vascular catheter	Urethral Catheter
<b>Central vascular catheter (CVC)</b>		<p>Enter + in the appropriate box if the patient has a central vascular catheter (CVC) <i>in situ</i> at the time of survey Leave blank if no CVC <i>in situ</i></p> <p>A CVC is a vascular catheter that terminates at or close to the heart or in one of the <b>great vessels</b>. The following are considered great vessels: Aorta, pulmonary artery, superior vena cava, inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins, common iliac veins, common femoral veins and in neonates, the umbilical artery or vein.</p> <p>A CVC is used for infusion, withdrawal of blood, or hemodynamic monitoring and includes – central venous catheter, vasocath, portacath, permcath, peripherally inserted central catheter (PICC) and midline</p> <p>Neither the insertion site nor the type of device may be used to determine if a catheter qualifies as a central vascular catheter.</p> <p>An introducer is considered a central vascular catheter.</p> <p>Pacemaker wires and other devices without lumens inserted into central blood vessels or the heart are <b>not</b> considered central vascular catheters, because fluids are not infused, pushed, nor withdrawn through such devices</p>									
<b>Peripheral vascular catheter</b>		<p>Enter + in the appropriate box if the patient has a peripheral venous or arterial vascular catheter (PVC) <i>in situ</i> at the time of survey Leave blank if no PVC <i>in situ</i></p>									
<b>Urethral catheter</b>		<p>Enter + in the appropriate box if the patient has an indwelling urethral catheter <i>in situ</i> at the time of survey Leave blank if no urethral catheter <i>in situ</i></p> <p>Note – suprapubic, condom, self intermittent catheterisation (SIC), ureostomy or nephrostomy are <b>NOT</b> urethral catheters and should not be recorded</p>									

COMPLETED BY WARD STAFF FOR ALL PATIENTS ON THE WARD													
Bed number	Patient name	M/F Gender	Years or Months Age Or month <2	Neonate < 4 weeks Birth weight	DD/MM/YY Admission date	+	+	+	+	+			
									Central vascular catheter	Peripheral vascular catheter	Urethral Catheter	Intubation	Patient on antimicrobial
<b>Intubation</b>		<p>Enter + in the appropriate box if the patient is intubated with or without mechanical ventilation (endotracheal tube or tracheostomy) <b>at the time of survey</b> Leave blank if the patient is not intubated Please note that non-invasive ventilation (e.g., CPAP) is not regarded as intubation</p>											
<b>Patient on antimicrobials</b>		<p>Enter + in the appropriate box if the patient is receiving antimicrobials as recorded in the notes/medication chart Leave blank if the patient is not on antimicrobials</p> <p>Patient is prescribed at least one systemic antimicrobial agent (antibacterial or antifungal) via enteral (oral or rectal), parenteral (intravenous or intraocular injection) or inhaled route at the time of the survey (including intermittent treatment)</p> <p>Patients who receive surgical prophylaxis before 8am on the day of the survey and after 8am on the day before the survey should be recorded as on antimicrobials</p> <ul style="list-style-type: none"> <li>Topical antimicrobials are excluded</li> <li>Antivirals, anti protozoals and anti helminthics, are excluded</li> <li>Treatment of tuberculosis (TB) is excluded</li> </ul>											



HSC Public Health Agency

Ward details should be completed by Ward contact/manager and PPS team lead in advance of survey

Ward name: St Anthony's

Hospital Code: 048 Ward code: 07 Ward speciality: GO

### Ward List A2

COMPLETED BY WARD STAFF FOR ALL PATIENTS ON THE WARD

Bed number	Patient name	M/F	Years or Months	Height < 7 weeks	mm/yyyy	+	+	+	+	+	+	+
		Gender	Age 0-months	Birth weight	Admission date	Surgery in last 24 hrs	Central vascular catheter	Respiratory vascular catheter	Urethral Catheter	Incubator	Patient on antimicrobial	
1	Mary Jones Baby Jones	F	35		05/05/17							
2	Jenny Jacobs Baby Jacobs	F	27	1,500g	05/05/17							
3	Pat Patterson Baby Patterson	F	18	1,750g	05/05/17							
4		F	00	1,000g	05/05/17							
5	Carol O'Connell Baby O'Connell	F	33		05/05/17	+	+					
6	John Jones	F	00	1,400g	05/05/17							
7	Ellen Smith Baby Smith	F	39		06/05/17							
8	James Smythe	M	00	1,500g	07/05/17							
9	Patricia Patricia Baby Patricia	F	37		04/05/17	+						
10		M	00	1,000g	05/05/17							
<b>Total</b>												

Note: If there are more than 20 beds on ward please continue on another Ward List – Completed Ward Lists to be retained by the

**Post natal ward: 10 beds, 10 cots – Two beds vacant, one mother discharged by time of PPS**

HSC Public Health Agency

Ward details should be completed by Ward contact/manager and PPS team lead in advance of survey

Ward name: St Anthony's

Hospital Code: 048 Ward code: 07 Ward speciality: GO

### Ward List A2

COMPLETED BY WARD STAFF FOR ALL PATIENTS ON THE WARD

Bed number	Patient name	M/F	Years or Months	Height < 7 weeks	mm/yyyy	+	+	+	+	+	+	+	+
		Gender	Age 0-months	Birth weight	Admission date	Surgery in last 24 hrs	Central vascular catheter	Respiratory vascular catheter	Urethral Catheter	Incubator	Patient on antimicrobial	Eligible patient	Patient Study Number
1	Mary Jones Baby Jones	F	35		05/05/17								01
2	Jenny Jacobs Baby Jacobs	F	27	1,500g	05/05/17								02
3	Pat Patterson Baby Patterson	F	18	1,750g	05/05/17								03
4		F	00	1,000g	05/05/17								04
5	Carol O'Connell Baby O'Connell	F	33		05/05/17	+	+						05
6	John Jones	F	00	1,400g	05/05/17								06
7	Ellen Smith Baby Smith	F	39		06/05/17								07
8	James Smythe	M	00	1,500g	07/05/17								08
9	Patricia Patricia Baby Patricia	F	37		04/05/17	+							09
10		M	00	1,000g	05/05/17								10
<b>Total</b>												13	

Note: If there are more than 20 beds on ward please continue on another Ward List – Completed Ward Lists to be retained by the PPS team leader

**Post natal ward: 10 beds, 10 cots – Two beds vacant, one mother discharged by time of PPS – Seven mothers and six infants on ward and eligible for inclusion**

## WHO IS AN ELIGIBLE PATIENT?



### Eligible patient



- Patient who is included in the PPS
- Patient admitted to the ward at or before 8am on the morning of the survey, with the exception of day patients
- Neonate admitted to maternity or neonatal ward, provided infant was present on the ward at or before 8am
- Patient who is temporarily off the ward at the time the PPS team arrive – day leave, rehab, theatre, radiology, endoscopy etc.
  - Bed remains available for that patient to return to



## Ineligible patient



- Patient transferred into the ward after 8am on date of PPS
- Patient transferred out of the ward to another ward after 8am
- Patient discharged from the hospital after 8am
- Baby born after 8am on date of the PPS who is transferred to the ward later that day

- Each eligible patient must have a Patient Form (Form C) completed

**Ward List - St. Xavier's ward: Completed at 7am 08/05/17  
PPS team arrive on ward at 1pm 08/05/17**



**Ward List A2**

Ward details should be completed by Ward contact/manager and PPS team lead in advance of survey ↓  
 Ward name: St Xavier's  
 Hospital Code: 099 Ward code: 12 Ward specialty: MED

Bed number	Patient name	COMPLETED BY WARD STAFF FOR ALL PATIENTS ON THE WARD													COMPLETED BY PPS DATA TEAM	
		M/F	Years or Months	Resale < 4 weeks	COMMYV	+	+	+	+	+	+	+	+	+	+	+
		Gender	Age Or month +	Birth weight	Admission date	Surgery since admission	Surgery in last 24 hrs	Central vascular catheter	Peripheral vascular catheter	Urinary Catheter	Inhalation	Patient on antimicrobial	Eligible patient	Patient Study Number		
1a	Andrew Andrews	M	22		01.01.17											
1b	Brian O'Brien	M	33		02.02.17											
1c	Con Conboy	M	44		03.03.17											
1d	Dave Davis	M	25		04.04.17											
2a	Ellen Egan	F	66		05.05.17											
2b	Franca Frank	F	77		01.05.17											
3a	Gertrude Glynn	F	88		02.05.17											
3b	Hilary Hunt	F	99		03.05.17											
3c	Imma Ivers	F	25		04.05.17											
4	James Jameson	M	35		20.04.17											
5	Killian Kell	M	45		29.04.17											
6	Laura Lally	F	55		18.04.17											
7a	Michael Michaelson	M	65		27.04.17											
7b	Norina North	M	75		26.04.17											
7c	Olga O'Hara	M	85		25.04.17											
7d	Peter Peters	M	95		24.05.17											
7e	Quinn Quinn	M	26		03.05.17											
7f	Richard Richardson	M	36		31.12.15											
8	Simon Simon	F	46		14.04.17											
9	Toraki Thompson	M	56		05.05.17											
Total																

Note: If there are more than 20 beds on ward please continue on another Ward List - Completed Ward Lists to be retained by the PPS team leader

Bed number	Patient name	COMPLETED BY WARD STAFF FOR ALL PATIENTS ON THE WARD													COMPLETED BY PPS DATA TEAM	
		M/F	Years or Months	Resale < 4 weeks	COMMYV	+	+	+	+	+	+	+	+	+	+	+
		Gender	Age Or month +	Birth weight	Admission date	Surgery since admission	Surgery in last 24 hrs	Central vascular catheter	Peripheral vascular catheter	Urinary Catheter	Inhalation	Patient on antimicrobial	Eligible patient	Patient Study Number		
1a	Andrew Andrews	M	22		01.01.17											
1b	Brian O'Brien	M	33		02.02.17											
1c	Con Conboy	M	44		03.03.17											
1d	Dave Davis	M	25		04.04.17											
2a	Ellen Egan	F	66		05.05.17											
2b	Franca Frank	F	77		01.05.17											
3a	Gertrude Glynn	F	88		02.05.17											
3b	Hilary Hunt	F	99		03.05.17											
3c	Imma Ivers	F	25		04.05.17											
4	James Jameson	M	35		20.04.17											
5	Killian Kell	M	45		29.04.17											
6	Laura Lally	F	55		18.04.17											
7a	Michael Michaelson	M	65		27.04.17											
7b	Norina North	M	75		26.04.17											
7c	Olga O'Hara	M	85		25.04.17											
7d	Peter Peters	M	95		24.05.17											
7e	Quinn Quinn	M	26		03.05.17											
7f	Richard Richardson	M	36		31.12.15											
8	Simon Simon	F	46		14.04.17											
9	Toraki Thompson	M	56		05.05.17											
Total																

Note: If there are more than 20 beds on ward please continue on another Ward List - Completed Ward Lists to be retained by the PPS team leader


**When PPS team arrive on St Xavier's at 1pm:**

- Bed 1b has been transferred to St Patrick's ward: Not eligible
- Bed 3a has been discharged: Not eligible
- Bed 5 has gone out on day leave: Eligible
- Bed 7c has gone to theatre: Eligible - May need to return later on that day to finalise Form C if notes in theatre with patient
- **18 eligible patients: 18 patient forms (Form C) required**






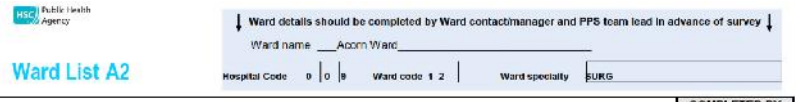
# CASE STUDIES



## Example 1





- PPS team arrive on ward 1pm 08/05/17
- Bed 1: Mary Jane: admitted to ward at 6am 08/05/2017:
  - Eligible or not?
  - Study number: 01





Ward details should be completed by Ward contact manager and PPS team lead in advance of survey ↓  
 Ward name: Accorn Ward  
 Hospital Code: 0 | 0 | 9 | Ward code: 1 | 2 | Ward speciality: SURG

Bed number	Patient name	COMPLETED BY WARD STAFF FOR ALL PATIENTS ON THE WARD											COMPLETED BY PPS DATA TEAM			
		M/F	Years or Months	Resolute < 4 weeks	EDWNYT	+	+	+	+	+	+	+	+	+	Eligible patient	Patient Study Number
1	Mary Jane	F	31		08/05/17											01

## Example 2

- Ward staff inform PPS team that:
  - Con Condon (Bed 1c) is discharged
    - Eligible
    - Not eligible
  - Hilary Hunt (Bed 3b) was transferred to another ward at 10am
    - Eligible
    - Not Eligible
  - Simone Simons (Bed 8) is gone for a CT scan
    - Eligible
    - Not Eligible
- Remaining patients unchanged since 8am

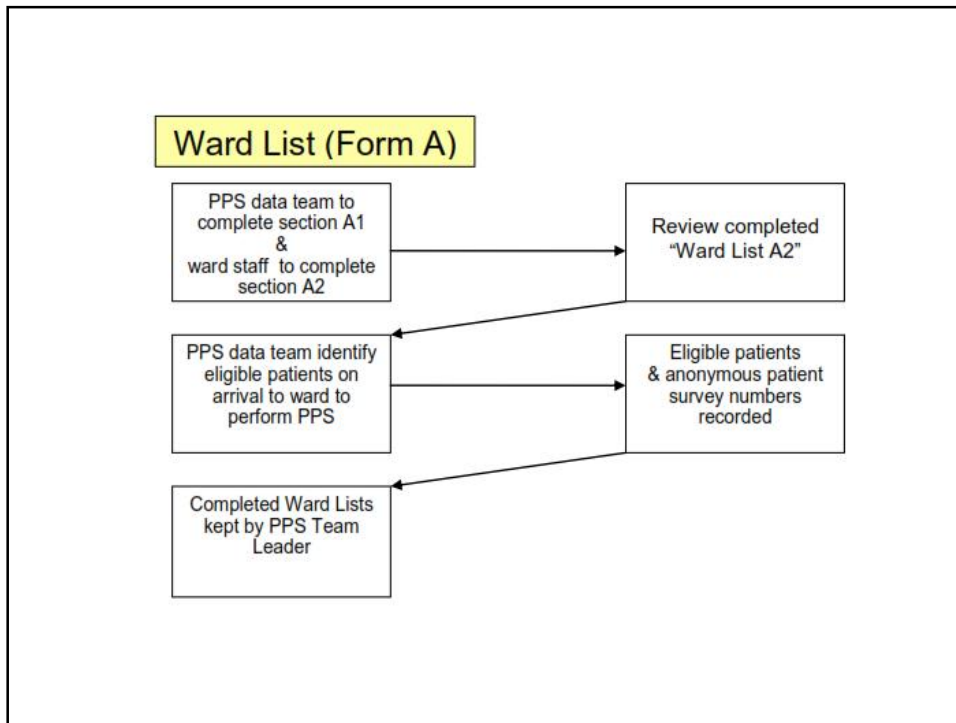
## Eligible or not?

1. Admitted to ward at 7.45am on day of survey
2. Admitted to ward at 8.01am on the day of survey
3. Transferred to ward at 8.15am on the day of survey
4. Admitted at 6am 1 day before survey, though remains in ED
5. Discharged from ward 10 minutes before survey
6. In for day case radiotherapy treatment every day for 1 month
7. In care of the elderly/geriatric ward for 1 year, medically fit for discharge and awaiting bed in nursing home

## Next

- Complete a Patient Form C for every eligible patient
- Once PPS completed on that ward, ensure that each ward's PPS documentation is filed separately to allow for entry of data into webforms and for cross checking later if necessary
  - 1 copy of a completed Ward List A2
  - 1 Patient Form C for every eligible patient
  - 1 copy of a completed Ward List A1
  - 1 copy of Ward Census printed on arrival of PPS team to ward from local IT/patient admin system record
  - **RETAIN THESE RECORDS UNTIL NATIONAL PPS REPORT PUBLISHED**

## SUMMARY



**Any Questions?**

[pps2017@hpsc.ie](mailto:pps2017@hpsc.ie)