



UK Health
Security
Agency

HCAI PPS Data Capture System User Guide

Case Capture HCAI PPS Ward & HCAI PPS Patient

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Document History

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HCAI PPS Data Capture System: Case Capture HCAI NHS Trust, HCAI PPS Ward, HCAI PPS Patient

There are two levels of data capture on the HCAI PPS DCS:

1. HCAI PPS Ward Data Entry
2. HCAI PPS Patient Data Entry

HCAI PPS Ward Data Capture

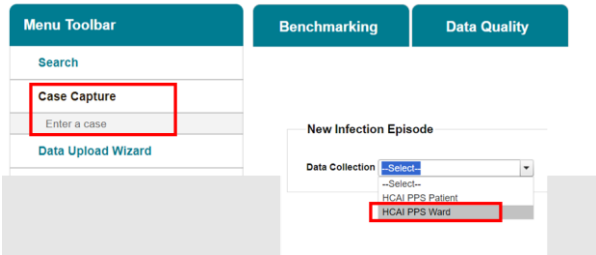
HCAI PPS Ward Data Capture allows users to record fields such as ward type, number of patient-days per year in the ward, number of liters of alcohol hand rub consumed in the ward in one year, and the number of beds and rooms on the ward.

There are two mains ways of accessing the ward data capture form:

1. Via the ‘Case Capture’ link (Figure 1a).

- Click ‘Case Capture’ on the Menu Toolbar on the left-hand side of your screen
- Click ‘Enter a case’ from the options below
- Under data collection select ‘HCAI PPS Ward’

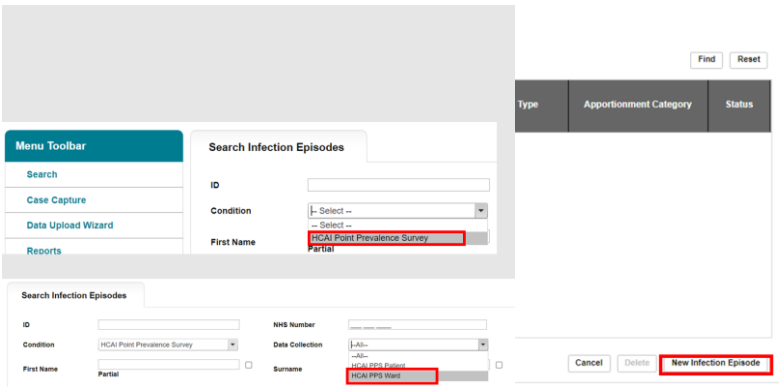
Figure 1a: Dashboard view to add a new event



2. Via Search Infection Episode tab (Figure 1b)

- Click ‘Search’ in the menu toolbar
- Under condition select ‘HCAI Point Prevalence Survey’. Select Data collection type from the ‘Data Collection’ parameter drop-down as ‘HCAI PPS Ward’
- Click ‘New Infection Episode’ on the bottom right of the screen

Figure 1b: Accessing ‘New Infection Episode’ form via ‘Search’ tab



The selection will redirect you to the first section of the ward case capture screen ([Figure 2](#)Figure 2: Episode Details section

Figure 2: Episode Details section

Figure 2: Episode Details section

Figure 2: Episode Details section

Figure 2: Episode Details section

).

Figure 2: Episode Details section

Ward Details

Data Collection

HCAI PPS Ward

ID

Created Date

Print

Ward Details 1

Ward Details 2

!

Mandatory fields are marked with red asterisk (*)

Mandatory for Sign Off fields are marked with red hash (#)

Organisation Details

#

Case capture for a ward consists of the following sections:

- 1. Ward Details 1
- 2. Ward Details 2

Both sections must be completed fully and saved in order to generate ID number.

Fields marked with a red hash # - denote a mandatory for sign-off field. It will not be possible to sign off periods including records with data missing for mandatory sign-off fields until these have been completed. Please see these fields as mandatory; however, sometimes the data for these fields becomes available at a later date - the functionality of 'mandatory for sign-off' gives users a buffer of time to update these at a later point (but no later than the sign-off deadline).

Fields marked with a red asterisk * - denote mandatory for saving and will not allow the user to save or continue to the next tab unless these sections are complete (with plausible data that is within the range of accepted values).

Some fields have both symbols (# and *), which means they are both mandatory to save the record and for sign-off.

Section 1: Ward Details 1

This section includes key organisation survey and date details. The whole of this section must be completed prior to the record being saved ([Figure 3](#)). See [Section 2](#) below for further ward details.

Figure 3: Full screen of ‘Episode Details’

Ward Details

Data Collection

HCAI PPS Ward

ID

Created Date

Print

Ward Details 1

Ward Details 2

!

Mandatory fields are marked with red asterisk (*)
Mandatory for Sign Off fields are marked with red hash (#)

Organisation Details *#

Reporting Ward

*

#

--Select--

Date PPS was carried out in this ward

*

Cancel

Next

Organisation Details

The information completed in this section ([Figure 4](#)) captures vital ward and survey information for epidemiological analyses.

Figure 4: Organisation Details fields

Ward Details 1

Ward Details 2

!

Mandatory fields are marked with red asterisk (*)
Mandatory for Sign Off fields are marked with red hash (#)

Organisation Details *#

Reporting Ward

*

#

--Select--

Date PPS was carried out in this ward

*

Cancel

Next

Reporting ward - your ward will be pre-selected if you are only registered for one ward. If you are registered for multiple wards, use the drop-down box to select the correct ward ([Figure 5](#)).

Figure 5: Reporting ward field

Organisation Details *#

Reporting Ward *# ANDOVER WAR MEMORIAL HOSPITAL - Countess of Brecknock

Date PPS was carried out in this ward +

Ward A
Ward B

Cancel Next

Date PPS was carried out in this ward - please enter the date survey commenced in the ward ([Figure 6](#) – [Figure 8](#)). You can either write the date in **dd/mm/yyyy** format or pick it by clicking on the calendar icon.

Figure 6: Date PPS was carried out in this ward field

Organisation Details *#

Reporting Ward *# Ward A

Date PPS was carried out in this ward + 10/07/2023

Cancel

Calendar: July 2023

	M	T	W	T	F	S	S
26	26	27	28	29	30	1	2
27	3	4	5	6	7	8	9
28	10	11	12	13	14	15	16
29	17	18	19	20	21	22	23
30	24	25	26	27	28	29	30

Please note: As this study is only looking at specimens from within the ward, date PPS was carried out in this ward must be equal to or greater than any patient admission date to the ward.

Figure 7: Date PPS was carried out in this ward pop-up

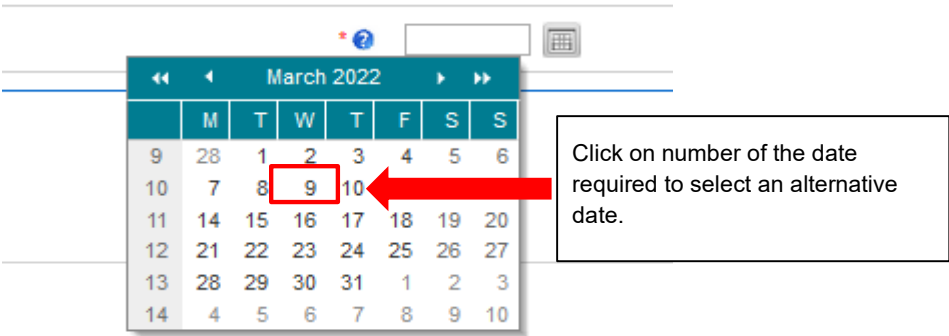
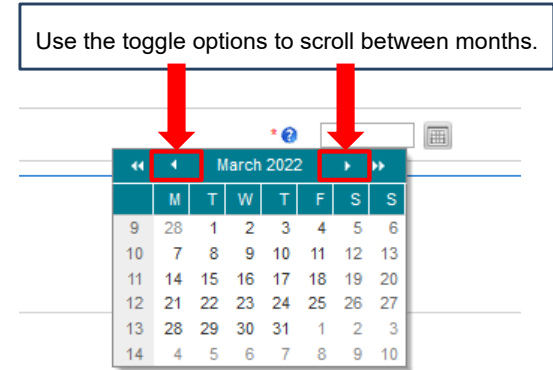


Figure 8: Alternative month picker



This calendar pop up function is available on all date related questions and is utilised in the same fashion as seen above.

Once you complete both field, click on the 'Next' button to move to the next tab ([Figure 9](#)).

Figure 9: Next button

Organisation Details *#

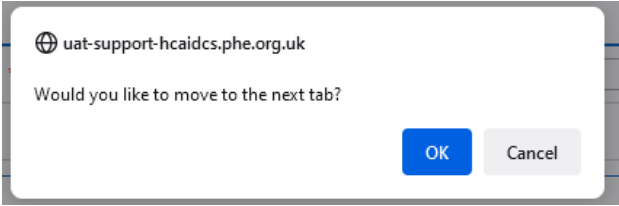
Reporting Ward *# Ward A

Date PPS was carried out in this ward * 10/07/2023

Cancel Next

Confirm your intention to move to the next tab by clicking 'OK' on the pop-up ([Figure 10](#)).

Figure 10: Pop-up confirming intention to move to the next tab



If the mandatory data is not filled in, the following message will be displayed after clicking 'OK' and the data field will be highlighted in red ([Figure 11](#)).

Figure 11: Warning message for missing mandatory data

The image shows a web form with two tabs: 'Ward Details 1' and 'Ward Details 2'. The 'Ward Details 2' tab is active. At the top of the form is a red-bordered box containing a red 'X' icon and the text 'The fields marked * are mandatory and must be filled in'. Below this is a section titled 'Organisation Details' with a red asterisk. Inside this section, there is a 'Reporting Ward' dropdown menu set to 'Ward A'. Below the dropdown is a text input field with a red asterisk. This input field is highlighted with a red border and contains the text 'Date PPS was carried out in this ward'. At the bottom of the form are 'Cancel' and 'Next' buttons.

Section 2: Ward Details 2

This section includes details on hygiene, staffing, number of beds and bed occupancy ([Figure 12](#)). The whole of this section must be completed prior to the record being saved as it is used to generate a case ID number on the system.

Figure 12: Full view of ‘Ward Details 2’ section

Ward Details 1

Ward Details 2

Mandatory fields are marked with red asterisk(*)

Mandatory for Sign Off fields are marked with red hash(#)

Ward Details*

Ward type

- Select -

Number of patient days in ward in one year. Provide data for the same year as for the AHR consumption.

Number of liters of alcohol hand rub consumed in the ward in one year. Provide data for previous year or the most recent data available.

Financial year for alcohol hand rub consumption and for patient days in one year in ward (yyyy/yyyy)

- Select -

Number of hand hygiene opportunities observed in ward in one year. Provide data for previous year or the most recent data available.

Financial year for number of observed hand hygiene opportunities

- Select -

Total number of patients admitted to the ward before 8 AM and not discharged from the ward at the time of the survey.

Number of beds in ward. Provide number at the time of the PPS.

Number of beds with alcohol hand rub dispensers at the point of care (within arm's reach).

Number of healthcare workers on ward at the time of PPS

Number of HCWs on ward carrying AHR dispensers (e.g. in their pocket).

Number of rooms in ward; provide the number at the time of the PPS

Number of single rooms in ward; provide the number at the time of the PPS

Number of beds occupied at 00:01 on the day of PPS

Speciality of physician in charge of the patient, may differ from ward speciality (see speciality list)

- Select -

Is there a formal procedure to review the appropriateness of an antimicrobial within 72 hours from the initial order in this ward (post prescription review)?

- Select -

max. 30000 chars.

Comments or observations for current ward (e.g. regarding feasibility of data collection).

Please record the data requested as appropriate (each field is detailed in [Figure 13](#) – [Figure 29](#)).

Ward type: Select ward type from the drop-down menu. Select ‘Other’ if ward type is not identified in list. This will trigger a free-text field where ward type can be filled out.

Figure 13: Ward type

Ward type

- Select -

Number of patient days in ward in one year. Provide data for the same year as for the AHR consumption.

Number of liters of alcohol hand rub consumed in the ward in one year. Provide data for previous year or the most recent data available.

Financial year for alcohol hand rub consumption and for patient days in one year in ward (yyyy/yyyy)

- Select -

Number of hand hygiene opportunities observed in ward in one year. Provide data for previous year or the most recent data available.

Financial year for number of observed hand hygiene opportunities

- Select -

Total number of patients admitted to the ward before 8 AM and not discharged from the ward at the time of the survey.

Number of beds in ward. Provide number at the time of the PPS.

Number of beds with alcohol hand rub dispensers at the point of care (within arm's reach).

Paediatrics

Neonatal

Intensive Care

Medicine

Surgery

Gynaecology/Obstetrics

Geriatrics

Psychiatry

Rehabilitation

Long-term care

Young persons mental health

Adult mental health

Older persons mental health

Other

Mixed

Number of patient-days in ward in one year – record the number of patient-days in ward in one year. Provide data for the same year as for the next alcohol hand rub consumption question.

Figure 14: Number of patient-days in ward in one year – record the number of patient days in ward in one year. Provide data for the same year as for the alcohol hand rub consumption)

Number of patient-days in ward in one year. Provide data for the same year as for the AHR consumption.	
Year for alcohol hand rub consumption in ward	

Number of liters of alcohol hand rub consumed in the ward in one year - provide data for previous year or the most recent data available.

Figure 15: Number of liters of alcohol hand rub consumed in the ward in one year

Ward Details*	
Number of liters of alcohol hand rub consumed in the ward in one year. Provide data for previous year or the most recent data available.	
Number of patient-days in ward in one year. Provide data for the same year as for the AHR consumption.	

Financial year for alcohol hand rub consumption and for patient-days in one year in ward - select financial year from drop down.

Figure 16: Financial year for alcohol hand rub consumption and for patient-days in one year in ward (yyyy/yyyy)

Financial year for alcohol hand rub consumption and for patient-days in one year in ward (yyyy/yyyy)	-- Select --
Number of hand hygiene opportunities observed in ward in one year. Provide data for previous year or the most recent data available.	-- Select --
Financial year for number of observed hand hygiene opportunities	2022/2023
Total number of patients admitted to the ward before 8 AM and not discharged from the ward at the time of ..	2021/2022
	2020/2021
	2019/2020
	2018/2019

Number of hand hygiene opportunities observed in ward in one year - provide data for previous year or the most recent data available.

Figure 17: Number of hand hygiene opportunities observed in ward in one year

Number of hand hygiene opportunities observed in ward in one year. Provide data for previous year or the most recent data available.
--

Financial year for number of observed hand hygiene opportunities – select year from dropdown.

Figure 18: Financial year for number of observed hand hygiene opportunities (yyyy/yyyy)

Year for number of observed hand hygiene opportunities
Total number of patients admitted to the ward before 8 AM and not discharged from the ward at the time of the survey.

Total number of patients admitted to the ward before 8 AM and not discharged from the ward at the time of the survey – enter the number of patients.

Figure 19: Total number of patients admitted to the ward before 8 AM and not discharged from the ward at the time of the survey

Year for number of observed hand hygiene opportunities
Total number of patients admitted to the ward before 8 AM and not discharged from the ward at the time of the survey.
Number of beds in ward. Provide number at the time of the PPS.

Number of beds in ward - enter the number at the time of the PPS.

Figure 20: Number of beds in ward. Provide number at the time of the PPS.

Total number of patients admitted to the ward before 8 AM and not discharged from the ward at the time of the survey.
Number of beds in ward. Provide number at the time of the PPS.
Number of beds with alcohol hand rub dispensers at the point of care (within arm's reach).

Number of beds with alcohol hand rub dispensers at the point of care (within arm's reach) – enter number at the time of the PPS.

Figure 21: Number of beds with alcohol hand rub dispensers at the point of care (within arm's reach).

Number of beds in ward. Provide number at the time of the PPS.
Number of beds with alcohol hand rub dispensers at the point of care (within arm's reach).
Number of healthcare workers on ward at the time of PPS

Number of healthcare workers on ward at the time of PPS – complete number of healthcare workers on ward at the time of the PPS.

Figure 22: Number of healthcare workers on ward at the time of PPS

Number of healthcare workers on ward at the time of PPS
Number of HCWs on ward carrying AHR dispensers (e.g. in their pocket)

Number of healthcare workers (HCWs) on ward carrying alcohol hand rub (AHR) dispensers – complete number of HCWs carrying AHR dispensers (for example, in their pocket).

Figure 23: Number of healthcare workers (HCWs) on ward carrying alcohol hand rub (AHR) dispensers

Number of healthcare workers on ward at the time of PPS
Number of HCWs on ward carrying AHR dispensers (e.g. in their pocket).
Number of rooms in ward; provide the number at the time of the PPS

Number of rooms in ward - provide the number of rooms in the ward at the time of the PPS.

Figure 24: Number of rooms in ward

Number of HCWs on ward carrying AHR dispensers (e.g. in their pocket).
Number of rooms in ward; provide the number at the time of the PPS
Number of single rooms in ward; provide the number at the time of the PPS

Number of single rooms in ward - provide the number of single rooms in the ward at the time of the PPS.

Figure 25: Number of single rooms in ward

Number of rooms in ward; provide the number at the time of the PPS
Number of single rooms in ward; provide the number at the time of the PPS
Number of beds occupied at 00:01 on the day of PPS

Number of beds occupied at 00:01 on the day of PPS – provide number of beds occupied.

Figure 26: Number of beds occupied at 00:01 on the day of PPS

Number of single rooms in ward; provide the number at the time of the PPS
Number of beds occupied at 00:01 on the day of PPS

Speciality of physician in charge of the patient – multiple options can be selected from the drop-down (Figure 27) – selecting a speciality will trigger the next question requesting the number of patients on the ward in the care of that speciality (Figure 28). Please note that physician speciality may differ from ward speciality.

Figure 27: Speciality of physician in charge of the patient

Speciality of physician in charge of the patient, may differ from ward speciality (see speciality list)

Comments or observations for current ward (e.g. regarding feasibility of data collection).

Is there a formal procedure to review the appropriateness of an antimicrobial within 72 hours from the initial order in this ward (post-prescription review)?

ncell

☐ GER = Geriatrics

☐ GO = Gynaecology/Obstetrics

☐ ICU = Intensive Care

☐ LTC = Long-term care

☐ MED = Medicine

☐ MIX = Mixed

☐ NEO = Neonatal

☐ O = Other

☐ PED = Paediatric

☐ PSY = Psychiatry

☐ RHD = Rehabilitation

☐ SUR = Surgery

☐ Unknown

Figure 28: Number of patients on the ward in the care of each relevant speciality (example of Long-term care and Medicine specialities)

Speciality of physician in charge of the patient, may differ from ward speciality (see speciality list)

LTC = Long-term care, MED = Medicine

Number of patients in ward in care of Long-term care speciality physician. Provide the number at the time of the PPS.

Number of patients in ward in care of Medicine speciality physician. Provide the number at the time of the PPS.

Is there a formal procedure to review the appropriateness of an antimicrobial within 72 hours from the initial order in this ward (post-prescription review)? Please select on option from the drop down menu (Yes, No, or Unknown) to indicate if there is a formal procedure (Figure 29).

Figure 29: Is there a formal procedure to review the appropriateness of an antimicrobial within 72 hours from the initial order in this ward

Is there a formal procedure to review the appropriateness of an antimicrobial within 72 hours from the initial order in this ward (post-prescription review)?


Please provide any comments or observations for the current ward including comments on feasibility of data collection (Figure 30).

Figure 30: Comments or observations for current ward

Comments or observations for current ward (e.g. regarding feasibility of data collection).

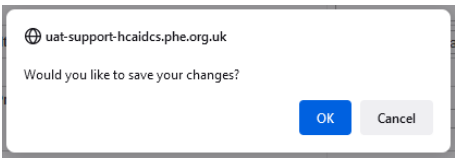
Once you have filled in all mandatory data fields, click on the 'Save' button on the bottom right to save the record (Figure 31), followed by confirming your intention to save the record by clicking 'OK' on the pop-up (Figure 32).

Figure 31: Save button



The screenshot shows a form with a question: "Is there a formal procedure to review the appropriateness of an antibiotic within 72 hours from the initial order in this ward (post-prescription review)?" with a dropdown menu set to "Yes". At the bottom right, there is a red "Save" button.

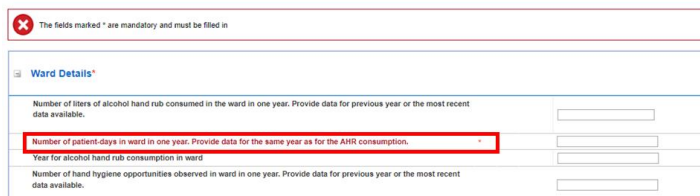
Figure 32: Pop-up confirming intention to save the infection episode details



The screenshot shows a pop-up dialog box with the URL "uat-support-hcaids.phe.org.uk" and the text "Would you like to save your changes?". It has two buttons: "OK" and "Cancel".

If the mandatory data are not filled in, the following message will be displayed after clicking 'OK' and the data field will be highlighted in red (Figure 33).

Figure 33: Warning message for missing mandatory data



The screenshot shows a warning message: "The fields marked * are mandatory and must be filled in". Below it, the "Ward Details" section is shown with several fields. The field "Number of patient-days in ward in one year. Provide data for the same year as for the AHR consumption." is highlighted in red, indicating it is a mandatory field that is currently empty.

Once the record is saved, a confirmation message will appear under the tab headings and an ID number will be generated (Figure 34). This is searchable via the 'Search' functionality that is accessible via the 'Menu Toolbar'.

Figure 34: Confirmation message upon saving a record

Ward Details

Data Collection

HCAI PPS Ward

ID

1200908

Created Date

25-Jul-2023

Ward Details 1

Ward Details 2

INFECTION EPISODE DATA COLLECTION RESPONSE SAVED SUCCESSFULLY

Ward Details*

Number of liters of alcohol hand rub consumed in the ward in one year. Provide data for previous year or the most recent data available.

6

Number of patient-days in ward in one year. Provide data for the same year as for the AHR consumption.

6

Year for alcohol hand rub consumption in ward

6

HCAI PPS Patient Data Capture

HCAI PPS Patient Data Capture allows users to record patient, antimicrobial usage (AMU), and healthcare-associated infections (HCAI) details.

There are two main ways of accessing the Patient data capture form:

1. Via the 'Case Capture' link (Figure 35).

- Click 'Case Capture' on the Menu Toolbar on the left-hand side of your screen
- Click 'Enter a case' from the options below
- Under data collection select 'HCAI PPS Patient' (Figure 36)

2. Via Search Infection Episodes tab (Figure 37)

- Click 'Search' in the menu toolbar
- Under condition select 'HCAI Point Prevalence Survey'.
- Select Data collection type from the 'Data Collection' parameter drop-down as 'HCAI PPS Patient'
- Click 'New Infection Episode' on the bottom right of the screen

Figure 35: Dashboard view to add a new event

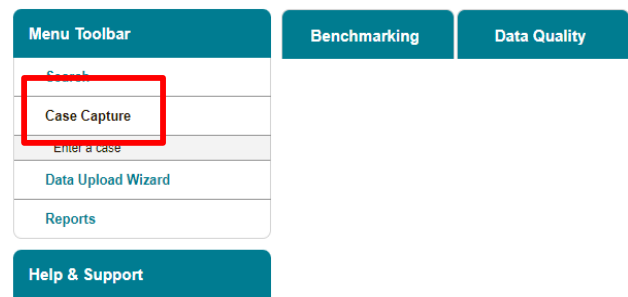


Figure 36: Data Collection drop-down



Figure 37: Accessing ‘New Infection Episode’ form via ‘Search’ tab

Menu Toolbar

Search

Case Capture

Data Upload Wizard

Reports

Help & Support

This page allows an infection episode to be found using the search facility.

For a more refined search result please complete as many of the search criteria as possible.

[Click here to view guide](#)

[See FAQs and Content for more info](#)

Key to Screen Symbols

Error on page

Attention

Saved / completed

Close screen / popout

Information

Text

Button

Search Infection Episodes

ID

NHS Number

Condition

-- Select --

Data Collection

First Name

Partial

Surname

Partial

Specimen Number

Date of Birth

Age

-- Select --

Date From

Date To

Region

-- All --

Organisation Type

-- All --

Organisation

-- All --

Shared Cases

Incomplete for sign-off

Apportionment Category

PIR Cases

Find

Reset

Condition

Data Collection

There are no records to display

Cancel

Delete

New Infection Episode

The selection will redirect you to the first section of the Patient case capture screen (Figure 38).

Figure 38: Episode Details section

Patient Details

Data Collection

HCAI PPS Patient

ID

Created Date

Print

Patient Details

Patient Details 2

AMU1

HAI

Mandatory fields are marked with red asterisk (*)

Mandatory for Sign Off fields are marked with red hash (#)

Organisation Details

#

--Select--

Case capture for a Patient consists of the following sections:

- [Patient Details](#)
- [Patient Details 2](#)
- [AMU1](#)
- [HAI](#)

All sections must be completed fully and saved.

Fields marked with a red hash # - denote a 'mandatory for sign-off' field. It will not be possible to sign off periods including records with data missing for mandatory sign-off fields until these have been completed. Please see these fields as mandatory; however, sometimes the data for these fields becomes available at a later point, the functionality of 'mandatory for sign-off' gives users a buffer of time to update these at a later point (but no later than the sign-off deadline).

Fields marked with a red asterisk * - denote mandatory for saving and will not allow the user to save or continue to the next tab unless these sections are complete (with plausible data, that is within the range of accepted values).

Some fields have both symbols, which means they are both mandatory to save the record and for sign-off.

Section 1: Patient Details

This section includes key organisation, specimen and patient details. The whole of this section must be completed prior to the record being saved (Figure 39) as it is used to generate a case ID number on the system. See the next Section below for further Patient Details.

Figure 39: Full screen of ‘Patient Details’ section

Patient Details

Data Collection

HCAI PPS Patient

ID

Created Date

Print

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk (*)
Mandatory for Sign Off fields are marked with red hash (#)

Organisation Details *#

Ward Name

#

--Select--

Date of Survey

*

Patient Details *

NHS Number

*

Date of Birth

*

Sex of the reported case

*#

Male

Female

Other(e.g.,transsexual)

Unknown

Hospital number

*

Organisation Details

The information completed in this section (Figure 40) captures information on the Organisation required for epidemiological analyses.

Figure 40: ‘Reporting Organisation’ information

Patient Details

Data Collection

HCAI PPS Patient

ID

Created Date

Print

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk (*)
Mandatory for Sign Off fields are marked with red hash (#)

Organisation Details *#

Ward Name

#

--Select--

Date of Survey

*

Patient Details *

NHS Number

*

Date of Birth

*

Sex of the reported case

*#

Male

Female

Other(e.g.,transsexual)

Unknown

Hospital number

*

21

Ward Name – your Ward will be pre-selected if you are only registered for one Ward. If you are registered for multiple Wards, use the drop-down menu to select the correct Ward.

Date of Survey – enter the date of when the survey took place for this patient on this ward (Figure 41-42). You can either write the date in **dd/mm/yyyy** format or select the date by clicking on the calendar icon. A warning message will appear on saving if the date of survey is after the current date.

Commented [KH1]: @Jocelyn Elmes – shouldn't this be the date of the survey on the ward, not the date entered onto the DCS, which could be several weeks after...I have track changed but please confirm

Figure 41a: Date of Survey

The screenshot shows the 'Patient Details' form. At the top, there are fields for 'Data Collection' (set to 'HCAI PPS Patient'), 'ID', and 'Created Date'. Below these are tabs for 'Patient Details', 'AMU1', and 'HAI'. A warning message states: 'Mandatory fields are marked with red asterisk (*)' and 'Mandatory for Sign Off fields are marked with red hash (#)'. The 'Organisation Details' section includes a 'Ward Name' dropdown menu (currently showing 'MILTON KEYNES UNIVERSITY FOUNDATION TRUST - Ward 18') and a 'Date of Survey' field, which is highlighted with a red rectangular box. Below this is the 'Patient Details' section, which includes fields for 'NHS Number', 'Date of Birth', 'Sex of the reported case' (with radio buttons for Male, Female, Other(e.g.,transsexual), and Unknown), and 'Hospital number'.

Figure 41b: Date of Survey pop up

The screenshot shows a calendar pop-up for July 2023. The calendar has a header with navigation arrows and the month/year. The days of the week are listed at the top. The dates are arranged in a grid. The date '3' is highlighted with a red box, and a red arrow points from a text box to it. The text box contains the text: 'Click on the number of the date required to select an alternative date'.

Figure 42: Alternative month picker

The screenshot shows the same calendar pop-up as in Figure 41b. A text box at the top says 'Use toggle options to scroll between months'. Two red arrows point from this text box to the left and right navigation arrows on the calendar header.

Once you complete all mandatory and mandatory for sign-off data, click on the 'Next' button to move to the next tab (Figure 44).

Figure 44: Next button

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk (*)
Mandatory for Sign Off fields are marked with red hash (#)

Organisation Details *#

Ward Name

#

--Select--

Date of Survey

*

Patient Details *

NHS Number

*

Date of Birth

*

Sex of the reported case

*i

Male

Female

Other(e.g.,transsexual)

Unknown

Hospital number

*

Cancel

Next

Confirm your intention to move to the next tab by clicking 'OK' on the pop-up (Figure 45).

Figure 45: Pop-up confirming intention to move to the next tab

uat-support-hcaidcs.phe.org.uk says

Would you like to move to the next tab?

OK

Cancel

If the mandatory data are not filled in, the following message will be displayed after clicking 'OK' and data fields with missing data will be highlighted in red (Figure 46).

Figure 46: Warning message due to missing mandatory data

Patient Details

Patient Details 2

AMU1

HAI

x

The fields marked * are mandatory and must be filled in

Organisation Details *#

Ward Name

#

MILTON KEYNES UNIVERSITY FOUNDATION TRUST - Ward 18

Date of Survey

*

Patient Details *

NHS Number

*

Date of Birth

*

Sex of the reported case

*i

Male

Female

Other(e.g.,transsexual)

Unknown

Hospital number

*

Cancel

Next

Section 2: Patient Details 2

This section includes further patient admission details (Figure 47). The whole of this section must be completed prior to the record being saved as it is used to generate a case ID number on the system.

Figure 47: Full view of ‘Patient Details 2’ section

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk(*)
Mandatory for Sign Off fields are marked with red hash(#)

Patient Details 2

Date of hospital admission

Patient's ethnicity (as reported by the patient where feasible)

-- Select --

Specialty of physician in charge of the patient, may differ from ward specialty, see specialty list.

-- Select --

Birth weight (in grams). Optional, only for neonates.

Patient has undergone surgery during current hospitalisation.

-- Select --

Classification of the severity of underlying medical conditions.

-- Select --

Patient had central vascular catheter (CVC) during intensive care unit stay? If yes, fill dates in corresponding exposure data.

-- Select --

Patient has peripheral venous catheter in place on survey date.

-- Select --

Patient has indwelling urinary catheter in place on survey date.

-- Select --

Patient was intubated (invasive respiratory device) during intensive care unit stay

-- Select --

Date of hospital admission – Select date of admission to hospital for current hospitalisation (Figure 48) manually in the **dd/mm/yyyy** format or using the date picker (Figure 41-Figure 42). A warning message will appear on saving if the date of hospital admission is after the date of survey.

Figure 48: Date of hospital admission

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk(*)
Mandatory for Sign Off fields are marked with red hash(#)

Patient Details 2

Date of hospital admission

Patient's ethnicity (as reported by the patient where feasible)

-- Select --

Specialty of physician in charge of the patient, may differ from ward specialty, see specialty list.

-- Select --

Birth weight (in grams). Optional, only for neonates.

Patient has undergone surgery during current hospitalisation.

-- Select --

Classification of the severity of underlying medical conditions.

-- Select --

Patient had central vascular catheter (CVC) during intensive care unit stay? If yes, fill dates in corresponding exposure data.

-- Select --

Patient has peripheral venous catheter in place on survey date.

-- Select --

Patient has indwelling urinary catheter in place on survey date.

-- Select --

Patient was intubated (invasive respiratory device) during intensive care unit stay

-- Select --

Patient's ethnicity – Select one of the options from the drop-down menu (**White, Mixed or Multiple ethnic groups, Asian or Asian British, Black, African, Caribbean or Black British, Other ethnic group**). Where possible, this should be as reported by the patient ([Figure 49](#)). If none of the options apply, select Other ethnic group which will trigger an additional free-text field to specify patient's ethnicity ([Figure 50](#)).

Figure 49: Patient's ethnicity

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisks(*)

Mandatory for Sign Off fields are marked with red hash(#)

Patient Details 2

Date of hospital admission

Patient's ethnicity (as reported by the patient where feasible)

[- Select -]

[- Select -]

White

Mixed or Multiple ethnic groups

Asian or Asian British

Black, African, Caribbean or Black British

Other ethnic group

Specialty of physician in charge of the patient, may differ from ward specialty, see specialty list.

Birth weight (in grams). Optional, only for neonates.

Patient has undergone surgery during current hospitalisation.

Classification of the severity of underlying medical conditions.

- Select -

Patient had central vascular catheter (CVC) during intensive care unit stay? If yes, fill dates in corresponding exposure data.

- Select -

Patient has peripheral venous catheter in place on survey date.

- Select -

Patient has indwelling urinary catheter in place on survey date.

- Select -

Patient was intubated (invasive respiratory device) during intensive care unit stay

- Select -

Figure 50: Patient's ethnicity if other

Patient's ethnicity (as reported by the patient where feasible)

Other ethnic group

Patient's ethnicity if other

Specifying of ethnicity in absence of the patient may differ from ward

Specialty of physician in charge – Select one of the options from the drop-down menu to select the specialty of physician in charge of the patient which may vary from the ward specialty ([Figure 51](#)).

Figure 51: Speciality of physician in charge of patient

The screenshot shows the 'Patient Details' form in the HCAI PPS Data Capture System. The 'Speciality of physician in charge of the patient, may differ from ward speciality, see speciality list.' field is highlighted with a red box. The dropdown menu is open, displaying a list of medical specialities including Gynaecology, Obstetrics / Maternity, COVID-19 ICU, Medical ICU, Mixed (polyvalent) ICU, Neonatal ICU, Other ICU, Paediatric ICU, Specialized ICU, Surgical ICU, Long-term care, Bone Marrow Transplantation (BMT), Cardiology, COVID-19, Dermatology, Endocrinology, Gastro-enterology, General medicine, Haematology/BMT, Hepatology, Infectious diseases, and Nephrology. The list is scrollable, and a 'Select' button is visible at the bottom of the dropdown.

Birth weight (in grams) – Enter birth weight in grams if the patient is a neonate (≤28 days old).

Surgery undergone in current hospitalisation – Select from the drop-down menu the type of surgery the patient had undergone from the list of options. If the patient had not undergone any surgery, there is an option to select 'N – No surgery' (Figure 52).

Figure 52: Surgery undergone in current hospitalisation

The screenshot shows the 'Patient Details' form in the HCAI PPS Data Capture System. The 'Patient has undergone surgery during current hospitalisation.' field is highlighted with a red box. The dropdown menu is open, displaying a list of surgical procedures including 'N - No surgery', 'NHSN - NHSN surgery, not specified', 'NHSN-AAA - Abdominal aortic aneurysm repair', 'NHSN-AMP - Limb amputation', 'NHSN-APPY - Appendix surgery', 'NHSN-AVSD - Shunt for dialysis', 'NHSN-BILI - Bile duct, liver or pancreatic surgery', 'NHSN-BRST - Breast surgery', 'NHSN-CARD - Cardiac surgery', 'NHSN-CBGB - Coronary artery bypass graft with both chest and donor site incisions', 'NHSN-CBOG - Coronary artery bypass graft with chest incision only', 'NHSN-CEA - Carotid endarterectomy', 'NHSN-CHOL - Gallbladder surgery', 'NHSN-COLO - Colon surgery', 'NHSN-CRAN - Craniotomy', 'NHSN-CSEC - Cesarean section', 'NHSN-FUSN - Spinal fusion', 'NHSN-FX - Open reduction of fracture', 'NHSN-GAST - Gastric surgery', 'NHSN-HER - Herniorrhaphy', and 'NHSN-HPRO - Hip prosthesis'. The list is scrollable, and a 'Select' button is visible at the bottom of the dropdown.

Classification of severity of underlying medical conditions – Select from the drop-down menu the severity of the patient's underlying medical conditions (Figure 53).

Figure 53: Classification of severity of underlying medical conditions

Patient Details

Data Collection

HCAI PPS Patient

ID

Created Date

Print

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk(*)

Mandatory for Sign Off fields are marked with red hash(#)

☰

Patient Details 2

Date of hospital admission

Patient's ethnicity (as reported by the patient where feasible)

- Select -

Speciality of physician in charge of the patient, may differ from ward speciality, see speciality list.

- Select -

Birth weight (in grams). Optional, only for neonates.

Patient has undergone surgery during current hospitalisation.

- Select -

Classification of the severity of underlying medical conditions.

- Select -

Patient had central vascular catheter (CVC) during intensive care unit stay? If yes, fill dates in corresponding exposure data.

- Select -

Patient has peripheral venous catheter in place on survey date.

- Select -

Patient has indwelling urinary catheter in place on survey date.

- Select -

Patient was intubated (invasive respiratory device) during intensive care unit stay

- Select -

Use of central vascular catheter (CVC) during ICU stay – Select the appropriate option from the drop-down menu: 'Yes', 'No', or 'Unknown', to indicate whether or not a central vascular catheter was used during ICU stay (Figure 54).

Figure 54: Central vascular catheter (CVC) used during ICU stay

Data Collection

HCAI PPS Patient

ID

Created Date

Print

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk(*)

Mandatory for Sign Off fields are marked with red hash(#)

☰

Patient Details 2

Date of hospital admission

Patient's ethnicity (as reported by the patient where feasible)

- Select -

Speciality of physician in charge of the patient, may differ from ward speciality, see speciality list.

- Select -

Birth weight (in grams). Optional, only for neonates.

Patient has undergone surgery during current hospitalisation.

- Select -

Classification of the severity of underlying medical conditions.

- Select -

Patient had central vascular catheter (CVC) during intensive care unit stay? If yes, fill dates in corresponding exposure data.

- Select -

Patient has peripheral venous catheter in place on survey date.

- Select -

Patient has indwelling urinary catheter in place on survey date.

- Select -

Patient was intubated (invasive respiratory device) during intensive care unit stay

- Select -

Use of peripheral venous catheter on survey date – Select the appropriate option from the drop-down menu: 'Yes', 'No', or 'Unknown', to indicate whether or not a peripheral venous catheter was used on survey date ([Figure 55](#)).

Figure 55: Peripheral venous catheter used on survey date

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk(*)

Mandatory for Sign Off fields are marked with red hash(#)

Patient Details 2

Date of hospital admission

Patient's ethnicity (as reported by the patient where feasible)

-- Select --

Speciality of physician in charge of the patient, may differ from ward speciality, see speciality list.

-- Select --

Birth weight (in grams). Optional, only for neonates.

Patient has undergone surgery during current hospitalisation.

-- Select --

Classification of the severity of underlying medical conditions.

-- Select --

Patient had central vascular catheter (CVC) during intensive care unit stay? If yes, fill dates in corresponding exposure data.

-- Select --

Patient has peripheral venous catheter in place on survey date.

-- Select --

Yes

No

Unknown

Patient has indwelling urinary catheter in place on survey date.

-- Select --

Patient was intubated (invasive respiratory device) during intensive care unit stay

-- Select --

Use of indwelling urinary catheter on survey date – Select the appropriate option from the drop-down menu: 'Yes', 'No', or 'Unknown', to indicate whether or not a indwelling urinary catheter was used on survey date ([Figure 56](#)).

Figure 56: Indwelling urinary catheter used on survey date

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk(*)

Mandatory for Sign Off fields are marked with red hash(#)

Patient Details 2

Date of hospital admission

Patient's ethnicity (as reported by the patient where feasible)

-- Select --

Speciality of physician in charge of the patient, may differ from ward speciality, see speciality list.

-- Select --

Birth weight (in grams). Optional, only for neonates.

Patient has undergone surgery during current hospitalisation.

-- Select --

Classification of the severity of underlying medical conditions.

-- Select --

Patient had central vascular catheter (CVC) during intensive care unit stay? If yes, fill dates in corresponding exposure data.

-- Select --

Patient has peripheral venous catheter in place on survey date.

-- Select --

Patient has indwelling urinary catheter in place on survey date.

-- Select --

Yes

No

Unknown

Patient was intubated (invasive respiratory device) during intensive care unit stay

-- Select --

Intubation during ICU stay – Select the appropriate option from the drop-down menu: 'Yes', 'No', or 'Unknown', to indicate whether or not the patient was intubated (invasive respiratory device) during ICU stay ([Figure 57](#)).

Figure 57: Intubation during ICU stay

Patient Details
Patient Details 2
AMU 1
HAI

! Mandatory fields are marked with red asterisk(*)
Mandatory for Sign Off fields are marked with red hash(#)

Patient Details 2

Date of hospital admission

Patient's ethnicity (as reported by the patient where feasible)

-- Select --

Specialty of physician in charge of the patient, may differ from ward specialty, see specialty list.

-- Select --

Birth weight (in grams). Optional, only for neonates.

Patient has undergone surgery during current hospitalisation.

-- Select --

Classification of the severity of underlying medical conditions.

-- Select --

Patient had central vascular catheter (CVC) during intensive care unit stay? If yes, fill dates in corresponding exposure date.

-- Select --

Patient has peripheral venous catheter in place on survey date.

-- Select --

Patient has indwelling urinary catheter in place on survey date.

-- Select --

Patient was intubated (invasive respiratory device) during intensive care unit stay

-- Select --

-- Select --

Yes

No

Unknown

Cancel

Save

Once you have completed all the relevant details on the Patient Details 2 page, click Save at the bottom on the screen (Figure 58). If all the relevant mandatory fields for saving have been completed and validation rules have been met, after clicking 'OK' to the pop-up confirming intention to move to next tab (Figure 45), the Patient Details/Patient Details 2 tabs should have been successfully saved (Figure 59).

Figure 58: Save Patient Details 2 page

Patient Details 2

Date of hospital admission

3/10/2022

Patient's ethnicity (as reported by the patient where feasible)

- Select -

Specialty of physician in charge of the patient, may differ from ward specialty, see specialty list.

- Select -

Specialty of physician in charge of the patient, may differ from ward specialty, see specialty list.

- Select -

Birth weight (in grams), Optional, only for neonates.

Patient has undergone surgery during current hospitalisation.

- Select -

Classification of the severity of underlying medical conditions.

- Select -

Patient had central vascular catheter (CVC) during intensive care unit stay? If yes, fill dates in corresponding exposure data.

- Select -

Patient has peripheral venous catheter in place on survey date.

- Select -

Patient has indwelling urinary catheter in place on survey date.

- Select -

Patient was intubated (invasive respiratory device) during intensive care unit stay

- Select -

Cancel

Save

Figure 59: Infection episode saved successfully

[Patient Details](#)
[Patient Details 2](#)
[AMU1](#)
[HAI](#)

 INFECTION EPISODE DATA COLLECTION RESPONSE SAVED SUCCESSFULLY

Section 3: Antimicrobial usage (AMU)

Select the AMU1 tab; this section contains information about patient’s antimicrobial usage during their hospital stay ([Figure 60](#)).

Figure 60: Landing screen for 'Antimicrobial Usage' section

Does the patient have allergies to any antimicrobial? – Select the appropriate option from the drop-down menu: 'Present', 'Nil known', 'Not documented' or 'Unknown', to indicate whether or not the patient has any allergies to any antimicrobials ([Figure 61](#)).

Figure 61: Allergies to any antimicrobials options

Is the patient receiving antimicrobials – Select the appropriate option from the drop-down menu: 'Yes', 'No', or 'Unknown', to indicate whether or not the patient is receiving antimicrobials on the day of the survey ([Figure 62](#)).

Figure 62: Administration of antimicrobials field options

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk(*)
Mandatory for Sign Off fields are marked with red hash(#)

AMU

Does the patient have allergies to any antimicrobial?

-- Select --

Is the patient receiving any antimicrobials (on the survey date)?

-- Select --
-- Select --
Yes
No
Unknown

Optional notes section

If the patient is receiving antimicrobials, a set of additional follow-up questions will be generated corresponding to each antimicrobial being administered.

Number of antimicrobials being administered – Use the drop-down menu to select the number of antimicrobials the patient is receiving(Figure 63). The number you select will trigger a corresponding number of additional follow-up questions, allowing you to provide further details on each HAI (Figure 64).If you select 5 or more antimicrobials, a second AMU tab (AMU2) will appear containing additional follow-up questions for the 5th or greater antimicrobials.

Figure 63: Number of antimicrobials being administered

AMU*

Does the patient have allergies to any antimicrobial?

*

Present

Is the patient receiving any antimicrobials (on the survey date)?

*

Yes

How many antimicrobials is the patient receiving?

*

1
-- Select --
1
2
3
4
5
6
7
8

AMU 1

Please specify the antimicrobial(s) the patient receives on the survey date, except for surgical prophylaxis which should be registered if given 24h prior to 8:00 AM on the day of the survey

*

What is the route of administration of the antimicrobial agent?

*

What number of doses of the antimicrobial are given per day?

*

What is the indication (reason) why the patient is receiving the antimicrobial agent(s)?

*

-- Select --

Number of doses

Reason for prescription in patients notes

-- Select --

Date on which the first dose of the current antimicrobial was administered

*

Was the antimicrobial reviewed (within 72 hours after start of the current antimicrobial; not from the start of the indication)?

*

-- Select --

Was the antimicrobial (or the route of administration) changed for this indication, and if so, what was the reason?

*

-- Select --

What was the number of missed doses from start date of current antibiotic antimicrobial treatment until the date of the survey? If no doses missed, report as 0. If unknown, leave field empty

Reason for missed doses

-- Select --

Consent to data processing?

Consent

Figure 64: Additional fields if selected 1 or more antimicrobials being administered

AMU 1

Please specify the antimicrobial(s) the patient receives on the survey date, except for surgical prophylaxis which should be registered if given 24h prior to 8:00 AM on the day of the survey	*	-- Select --
What is the route of administration of the antimicrobial agent?	*	-- Select --
What number of doses of the antimicrobial are given per day?	*	-- Select --
What is the indication (reason) why the patient is receiving the antimicrobial agent(s)?	*	-- Select --
Number of doses		
Reason for prescription in patients notes		-- Select --
Date on which the first dose of the current antimicrobial was administered	*	<input type="text"/>
Was the antimicrobial reviewed (within 72 hours after start of the current antimicrobial; not from the start of the indication)?	*	-- Select --
Was the antimicrobial (or the route of administration) changed for this indication, and if so, what was the reason?	*	-- Select --
What was the number of missed doses from start date of current antibiotic antimicrobial treatment until the date of the survey? If no doses missed, report as 0. If unknown, leave field empty		<input type="text"/>
Reason for missed doses		-- Select --
Course length or stop date documented?		-- Select --
Is the antimicrobial prescription compliant with guidance?		-- Select --
Was surgical prophylaxis administered for more than 24 hours?		-- Select --
Is there an allergy mismatch?		-- Select --
Microbiology mismatch: Is there mismatch in relation to susceptibility testing.		-- Select --
The indication does not require ANY antimicrobials		-- Select --
Was the antimicrobial administered via the incorrect route?		-- Select --
Was the antimicrobial dose and/or frequency incorrect?		-- Select --
Was the antimicrobial duration incorrect?		-- Select --
Was the antimicrobial spectrum too broad?		-- Select --
Was the antimicrobial spectrum too narrow?		-- Select --
If antimicrobial restricted, was approval given? (such as if local policy restricts a certain antimicrobial for specialist approval or pre-authorisation)		-- Select --
Please rate the appropriateness of the antimicrobial prescription (see accompanying guidance)		-- Select --

Please specify the antimicrobial(s) the patient receives on the survey date – Please specify the antimicrobial(s) ATC5 code the patient receives on the survey date, except for surgical prophylaxis, 24 hours prior to 8:00 AM on the day of the survey using the drop-down menu (Figure 65).

Figure 65: Antimicrobial ATC5 code field options

AMU 1

Please specify the antimicrobial(s) the patient receives on the survey date, except for surgical prophylaxis which should be registered if given 24h prior to 8:00 AM on the day of the survey	*	J04AK02 - Ethambutol
What is the route of administration of the antimicrobial agent?	*	J04AK01 - Pyrazinamide
What number of doses of the antimicrobial are given per day?	*	J04AK02 - Ethambutol
What is the indication (reason) why the patient is receiving the antimicrobial agent(s)?	*	J04AK03 - Tercidone
Reason for prescription in patients notes		J04AK04 - Morinamide
Date on which the first dose of the current antimicrobial was administered	*	J04AK07 - amithiozone
Was the antimicrobial reviewed (within 72 hours after start of the current antimicrobial; not from the start of the indication)?	*	J04AM - Combinations of drugs for treatment of tuberculosis NoS
		J04AM01 - Streptomycin and isoniazid
		J04AM02 - Rifampicin and isoniazid
		J04AM03 - Ethambutol and isoniazid
		J04AM04 - Thioacetazone and isoniazid
		J04AM05 - Rifampicin - pyrazinamide and isoniazid
		J04AM06 - Rifampicin - pyrazinamide - ethambutol and isoniazid

If none of the specific options apply, please select 'O - Other'. This will trigger a free-text field that will allow you to specify the name of the antimicrobial (Figure 66).

Figure 66: Specify antimicrobial if Other antimicrobial is selected

Please specify the antimicrobial(s) the patient receives on the survey date, except for surgical prophylaxis which should be registered if given 24h prior to 8:00 AM on the day of the survey

O - Other

Please write in the antimicrobial name (generic or brand name), if other

Route of administration of antimicrobial – Select from the drop-down menu, the route of administration for the antimicrobial agent (Figure 67).

Figure 67: Route of admission of antimicrobial field options

AMU 1

Please specify the antimicrobial(s) the patient receives on the survey date, except for surgical prophylaxis which should be registered if given 24h prior to 8:00 AM on the day of the survey	O - Other
Please write in the antimicrobial name (generic or brand name), if other	
What is the route of administration of the antimicrobial agent?	<div><div>-- Select --</div><div>-- Select --</div><div>I - Inhalation</div><div>O - Oral</div><div>P - Parenteral</div><div>R - Rectal</div><div>Unknown</div></div>
What number of doses of the antimicrobial are given per day?	
What is the indication (reason) why the patient is receiving the antimicrobial agent(s)?	
Reason for prescription in patients notes	
Date on which the first dose of the current antimicrobial was administered	

Number of doses per day – Select the number of doses of the antimicrobial given per day (Figure 68).

Figure 68: Number of doses

AMU 1

Please specify the antimicrobial(s) the patient receives on the survey date, except for surgical prophylaxis which should be registered if given 24h prior to 8:00 AM on the day of the survey	O - Other
Please write in the antimicrobial name (generic or brand name), if other	
What is the route of administration of the antimicrobial agent?	-- Select --
What number of doses of the antimicrobial are given per day?	<div><div>-- Select --</div><div>-- Select --</div><div>OD - once a day</div><div>BD - Twice a day</div><div>TDS - 3 times a day</div><div>QDS - 4 times a day</div><div>18hrly</div><div>QOD - alternate day</div><div>Three times/week</div><div>Weekly</div></div>
What is the indication (reason) why the patient is receiving the antimicrobial agent(s)?	
Reason for prescription in patients notes	
Date on which the first dose of the current antimicrobial was administered	
Was the antimicrobial reviewed (within 72 hours after start of the current antimicrobial; not from the start of the indication)?	
Was the antimicrobial (or the route of administration) changed for this indication, and if so, what was	

Indication (reason) why patient is receiving this antimicrobial agent – Use the drop-down menu to select the indication or reason for why patient is receiving the antimicrobial selected (Figure 87). If none of the specific options apply, please select 'O - Other indication'. This will trigger a free-text field that will allow you to specify why the patient is receiving the selected antimicrobial (Figure 69).

Figure 69: Indication for patient receiving this antimicrobial

AMU 1

Please specify the antimicrobial(s) the patient receives on the survey date, except for surgical prophylaxis which should be registered if given 24h prior to 8:00 AM on the day of the survey	*	O - Other
Please write in the antimicrobial name (generic or brand name), if other	*	
What is the route of administration of the antimicrobial agent?	*	-- Select --
What number of doses of the antimicrobial are given per day?	*	-- Select --
What is the indication (reason) why the patient is receiving the antimicrobial agent(s)?	*	O - Other indication (e.g. erythromycin use as a prokinetic agent)
Indication (reason) why patient is receiving this antimicrobial agent if other	*	

Diagnosis group by anatomical site – This question is triggered if indication is intention to treat an infection, not for prophylaxis (CI-Treatment attention for community-acquired infection, HI-Treatment attention for acute hospital-acquired infection, or LI- Treatment attention for infection acquired in long-term or chronic care facility). Select the diagnosis group using the drop-down menu (Figure 70).

Figure 70: Diagnosis group by anatomical site

Patient Details Patient Details 2 AMU1 HAI

Mandatory fields are marked with red asterisk(*)
Mandatory for Sign Off fields are marked with red hash(#)

AMU*

Does the patient have allergies to any antimicrobial? *

Is the patient receiving any antimicrobials (on the survey date)? *

How many antimicrobials is the patient receiving? *

AMU 1

Please specify the antimicrobial(s) the patient receives on the survey date, except for surgical prophylaxis which should be registered if given 24h prior to 8:00 AM on the day of the survey *

Please write in the antimicrobial name (generic or brand name), if other *

What is the route of administration of the antimicrobial agent? *

What number of doses of the antimicrobial are given per day? *

What is the indication (reason) why the patient is receiving the antimicrobial agent(s)? *

What is the patient's diagnosis (by anatomical site)? *

-- Select --

ASB - Asymptomatic bacteriuria

BAC - Lab-confirmed bacteraemia

BJ - Bone or joint, relationship to surgery not specified

BJ-O - Septic arthritis, osteomyelitis, not related to surgery

BJ-SSI - Septic arthritis, osteomyelitis of surgical site

BRON - Acute bronchitis or exacerbations of chronic bronchitis

CF - Cystic Fibrosis

CNS - Infections of the Central Nervous System

CSEP - Clinical sepsis, excluding FN

CVS - Cardiovascular infections: endocarditis, vascular graft

CYS - Symptomatic Lower UTI

ENT - Infections of ear, mouth, nose, throat or larynx

EYE - Endophthalmitis

FN - Febrile Neutropaenia / Oth manif in immunocompromised host w/o anatomical site

GI - Infections (salmonellosis, antibiotic associated diarrhoea)

GUM - Prostatitis, epididymoorchitis, STD in men

IA - Intraabdominal sepsis including hepatobiliary

NA - Not applicable (If Antimicrobial Indication = MP, SP1, SP2, SP3, O, UI)

OBGY - Obstetric or gynaecological infections, STD in women

PNEU - Pneumonia

PYE - Symptomatic Upper UTI

SIRS - Systemic inflammatory response with no clear anatomic site

SST - Skin or soft tissue, relationship to surgery not specified

SST-O - Cellulitis, wound, deep soft tissue not involving bone, not related to surgery

SST-SSI - Surgical site infection involving skin or soft tissue but not bone

UND - Completely undefined, site with no systemic inflammation

Unknown

-- Select --

Reason for prescription in patient's notes – Use the drop-down menu to select 'Yes' if the reason for prescription is in the patient's notes or select 'No' if there is no reason in the patient's notes.

Date the antimicrobial started – Select the date the first dose of the current antimicrobial was administered manually in the **dd/mm/yyyy** format or using the date picker (Figure 41-Figure 42).

Antibiotic review? (within 72hrs after start of current antimicrobial) – Select the appropriate option from the drop-down menu: 'Yes', 'No', 'Unknown' or 'Not applicable (start less than 72 hours ago)', to indicate whether there has been an antibiotic review within 72 hours after the start of the current antimicrobial.

Was the antimicrobial (or route of administration) changed for this indication, and if so, what was the reason – Use the drop-down menu to select '**N – No change**' if the antimicrobial has not been changed during the current hospitalisation and if it has, select from one reasons for the change (Figure 71).

Figure 71: Changes to antimicrobial

Was the antimicrobial (or the route of administration) changed for this indication, and if so, what was the reason?	<div><div>Select</div><div><div>Select --</div><div>N - No change</div><div>E - Escalation</div><div>D - De-escalation</div><div>S - Switch IV to oral</div><div>A - Adverse effects</div><div>O - OPAT</div><div>OU - Change for other or unknown reason</div><div>Unknown</div></div></div>
What was the number of missed doses from start date of current antibiotic antimicrobial treatment until the date of the suvery? If no doses missed, report as 0. If unknown, leave field empty	
Reason for missed doses	
Course length or stop date documented?	
Is the antimicrobial prescription compliant with guidance?	

What was the number of missed doses – Use the free-text field to enter the number of missed doses from start date of current antibiotic antimicrobial treatment until the date of the suvery. If no doses missed, report as 0. If unknown, leave field empty.

If doses were missed, for what reason? – Select from the drop-down menu the reason for missed doses.

Commented [KH2]: There is a spelling mistake in the DCS question. "suvery" should be "survey"

Is the course length or stop date documents? – Select from the drop-down menu 'Yes' or 'No'.

Is the antimicrobial prescription compliant with guidance – Select from the drop-down menu whether the prescription is compliant and with what guidelines.

Was surgical prophylaxis administered for more than 24 hours? – Select from the drop-down menu 'Yes', 'No' or 'Not applicable'.

Is there an allergy mismatch? – Select from the drop-down menu 'Yes', 'No', 'ND – Not documented' or 'Unknown'.

Microbiology mismatch: Is there mismatch in relation to susceptibility testing? – Select from the drop-down menu 'Yes', 'No', 'NS – specimen not sent', 'P – result pending' or 'S – susceptibility testing not performed'

The indication does not require ANY antimicrobials – Select from the drop-down menu 'Yes', 'No' or 'Unknown'.

Was the antimicrobial administered via the incorrect route? – Select from the drop-down menu 'Yes', 'No' or 'Unknown'.

Was the antimicrobial dose and/or frequency incorrect? – Select from the drop-down menu 'N – No, dose and frequency correct', 'H – too high' or 'L – too low'.

Was the antimicrobial duration incorrect? – Select from the drop-down menu 'N – No, duration correct', 'TL – too long' or 'TS – too short'.

Was the antimicrobial spectrum too broad? – Select from the drop-down menu 'Yes', 'No' or 'Unknown'.

Was the antimicrobial spectrum too narrow? – Select from the drop-down menu 'Yes', 'No' or 'Unknown'.

Commented [KH3]: Spelling error on the DCS – should be "too" not "to"

If antimicrobial restricted, was approval given? (such as if local policy restricts a certain antimicrobial for specialist approval or pre-authorisation) – Select from the drop-down menu 'Yes', 'No' or 'Unknown'.

Please rate the appropriateness of the antimicrobial prescription (see accompanying guidance) – Select from the drop-down menu '1 – Optimal', '2 – Adequate', '3 – Suboptimal', '4 – Inadequate', '5 – not accessible (see accompanying guidance)'

Commented [E4]: @Jocelyn Elmes there needs to be a link to the accompanying guidance for this question

There are a series of optional notes section questions in the AMU tab.

Were appropriate microbiology samples collected? – Select from the drop-down menu 'Yes', 'Partially (if more than one indication or microbiological sample is required)', 'Not applicable', 'No', or 'Not accessible'.

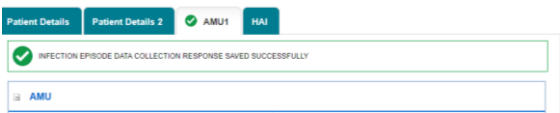
Were appropriate microbiology samples collected? (notes) – Free-text field to add notes regarding collection of microbiology samples

Clinical notes or comments – Free-text field to add clinical notes or comments

Renal replacement therapy given with previous 24 hours (e.g. dialysis) – Select from the drop-down menu ‘Yes’ or ‘No’.

Once you have completed all the required fields on the screen. Click Save. If all the relevant mandatory fields for saving have been completed and validation rules have been met, after clicking ‘OK’ to the pop-up confirming intention to move to next tab (Figure 45), the page should update with a message to confirm that the response has been saved successfully (Figure 72).

Figure 72: Infection episode saved successfully



Section 4: Healthcare-associated infection (HAI) details

Select the HAI tab; this section contains information about any healthcare-associated infections (HAI) during their hospital stay ([Figure 73-Figure 74](#)).

Figure 73: Landing screen for Healthcare-Associated Infections section

Figure 74: Full screen of Healthcare-Associated Infections section

Patient has a HAI – Select the appropriate option from the drop-down menu: 'Yes', 'No', or 'Unknown', to indicate whether the patient has a HAI.

How many active HAIs does the patient have? – Use the drop-down menu to select the number of active HAIs the patient has. The number that is selected will trigger a corresponding number of additional follow-up questions, allowing you to provide further details on each HAI ([Figure 75](#)).

Figure 75: Number of active HAIs

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk(*)
Mandatory for Sign Off fields are marked with red hash(#)

HAI*

Patient has healthcare-associated infection

*

?

Yes

How many active HAIs does the patient have?

*

?

1

HAI 1

Case definition code

*

?

-- Select --

1

2

3

4

Case definition code – Using the drop-down menu select the case definition code. If none of the specific options apply, please select **‘OTH - Other healthcare-associated infection/unspecified HAI’** ([Figure 76](#)).

Figure 76: Case definition code

HCAI DCS Mandatory Surveillance - Support Site

Patient Details

Data Collection

HCAI PPS Patient

ID

1200951

Patient Details

Patient Details 2

AMU1

HAI

!

Mandatory fields are marked with red asterisk(*)
Mandatory for Sign Off fields are marked with red hash(#)

HAI*

Patient has healthcare-associated infection

*

?

How many active HAIs does the patient have?

*

?

HAI 1

Case definition code

*

?

-- Select --

BJ-BONE - Osteomyelitis

BJ-DISC - Disc space infection

BJ-JNT - Joint or bursa

BJ-Nos - Bone and joint infection, category not specified/unknown

BSI - Bloodstream infection (laboratory-confirmed) , other than CRI3

CNS-IC - Intracranial infection

CNS-MEN - Meningitis or ventriculitis

CNS-Nos - Central nervous system infection, category not specified/unknown

CNS-SA - Spinal abscess without meningitis

COV-ASY - asymptomatic COVID-19

COV-MM - mild/moderate COVID-19

COV-SEV - severe COVID-19

CRI1-CVC - Local CVC-related infection (no positive blood culture)

CRI1-PVC - Local PVC-related infection (no positive blood culture)

CRI2-CVC - General CVC-related infection (no positive blood culture)

CRI2-PVC - General PVC-related infection (no positive blood culture)

CRI3-CVC - Microbiologically confirmed CVC-related bloodstream infection

CRI3-PVC - Microbiologically confirmed PVC-related bloodstream infection

CVS-CARD - Myocarditis or pericarditis

CVS-ENDO - Endocarditis

CVS-MED - Mediastinitis

CVS-Nos - Cardiovascular system infection, category not specified/unknown

CVS-VASC - Arterial or venous infection

EENT-CONJ - Conjunctivitis

EENT-EAR - Ear mastoid

ENT-ENT - Ear, other than ear, mastoiditis

SSI-Nos - Surgical site infection, category not specified/unknown

Invasive device in 48 hours (7 days for UTI) preceding the infection – This question is triggered based on response to preceding question on case definition code (if UTI-A, UTI-B or UTI-Nos is selected). Select the appropriate option from the drop-down menu: **‘Yes’** or **‘No’**, to indicate

whether or not the patient has had an invasive device in the 48 hours (or 7 days for UTI) preceding the infection.

HAI was present on admission – Select the appropriate option from the drop-down menu: 'Yes', 'No', or 'Unknown', to indicate whether the HAI was present on admission.

Date of infection onset after admission – This question will be triggered if the 'No' option was selected for the preceding question on whether the HAI was present on admission. Select the date of infection onset *after* admission manually in the **dd/mm/yyyy** format or using the date picker ([Figure 41](#)-[Figure 42](#)). A warning message will appear if the infection is indicated to have been acquired after hospital admission, but the date of onset is recorded as occurring before the admission date.

Date of infection onset before admission – This question will triggered if the 'Yes' option was selected for the preceding question on whether the HAI was present on admission. Select the date of infection onset *before* admission manually in the **dd/mm/yyyy** format or using the date picker ([Figure 41](#)-[Figure 42](#)). A warning message will appear if the infection is indicated to have been acquired before hospital admission, but the date of onset is recorded as occurring after the admission date.

HAI is associated with current ward – Select the appropriate option from the drop-down menu: 'Yes', 'No', or 'Unknown', to indicate whether the HAI was associated with the current ward.

Origin (source) of the bloodstream infection – Using the drop-down menu select the origin (source) of the bloodstream infection. If none of the specific options apply, please select 'UO= None of the above, BSI of unknown origin (clinically asserted)' ([Figure 77](#)).

Figure 77: Origin of the bloodstream infection

HAI*

Patient has healthcare-associated infection

Yes

How many active HAIs does the patient have?

1

HAI 1

Case definition code

UTI-A - symptomatic urinary tract infection, microbiologically confirmed

Invasive device in 48 hours (7 days for UTI) preceding the infection.

Yes

HAI was present on admission

Yes

Date of infection onset before admission

HAI is associated to current ward

Yes

If bloodstream infection, what is the source?

Selected:
UO = None of the above, BSI of unknown origin (clinically asserted)
C-CVC = Central vascular catheter
C-PVC = Peripheral vascular catheter
S-DIG = Digestive tract infection
S-OTH = Other infection
S-PUL = Pulmonary infection
S-SSI = Surgical site infection
S-SST = Skin/Soft Tissue infection
S-UTI = Urinary tract infection
Unknown
UO = None of the above, BSI of unknown origin (clinically asserted)

Vasopressor treatment for HAI

How many microorganisms were listed on the microbiological results available on the survey date? (specify up to 3)

Tested antibiotic - specify the antimicrobial group (preferred) or tested antimicrobials within the group.

Is the micro-organism pandrug-resistant?

Cancel

Save

Vasopressor treatment for HAI – Select the appropriate option from the drop-down menu: 'Yes', 'No', or 'Unknown', to indicate whether vasopressor treatment was administered.

How many microorganisms were listed on the microbiological results on survey date – Use the drop-down menu to select the how many microorganisms were listed on the microbiological results on survey date. If no microorganism was identified, leave blank.

Microorganism– Use the drop-down menu to select the microorganism identified ([Figure 78](#))

Figure 78: Specify microorganism identified

!

Mandatory fields are marked with red asterisk(*)

Mandatory for Sign Off fields are marked with red hash(#)

HAI*

Patient has healthcare-associated infection

Yes

How many active HAIs does the patient have?

1

HAI 1

Case definition code

Invasive device in 48 hours (7 days for UTI) preceding the infection.

HAI was present on admission

Date of infection onset before admission

HAI is associated to current ward

If bloodstream infection, what is the source?

Vasopressor treatment for HAI

How many microorganisms were listed on the microbiological results available on the survey date? (specify up to 3)

Microorganism 1

ACIHAE - Acinetobacter haemolyticus (extended list)
ASPNIG - Aspergillus niger (extended list)
ACILWO - Acinetobacter lwoffii (extended list)
ASPNSP - Aspergillus sp., not specified (extended list)
ACINSP - Acinetobacter sp., not specified (extended list)
ASPOTH - Aspergillus sp., other (extended list)
ACIOTH - Acinetobacter sp., other (extended list)
ASPSPP - Aspergillus spp (minimal list)
ACISPP - Acinetobacter spp (minimal list)
BACSP - Bacillus species (extended list)
ACTSPP - Actinomyces species (extended list)
BATFRA - Bacteroides fragilis (extended list)
AEMSPP - Aeromonas species (extended list)
BATNSP - Bacteroides species, not specified (extended list)
AGRSPP - Agrobacterium species (extended list)
BATOTH - Bacteroides sp., other (extended list)
ALCSPP - Alcaligenes species (extended list)
BATSPP - Bacteroides spp (minimal list)
ANANSPP - Anaerobes, not specified (extended list)
BCTNSP - Other bacteria, not specified (extended list)
ANAOTH - Other anaerobes (extended list)
BCTOTH - Other bacteria (extended list)
ANATOT - Other anaerobes (minimal list)
BCTTOT - Other bacteria (minimal list)
BURCEP - Burkholderia cepacia (extended list)
CAMSP - Campylobacter species (extended list)
CANALB - Candida albicans (extended list)
CANAU - Candida auris (extended list)
_NOEXA - Examination not done

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Microorganism specimen type – Use the drop-down menu to select the specimen type. If none of the specific options apply, please select 'Other fluid'.

Tested antibiotic – Use the drop-down menu to select the antibiotic used for antimicrobial susceptibility testing. Please select 'NOTEST = No antimicrobial susceptibility data available' if no antimicrobial susceptibility testing data are available ([Figure 79](#)).

Figure 79: Antibiotic tested in antimicrobial susceptibility testing

HAI was present on admission	*	<div>NOTEST = No antimicrobial susceptibility data available C3G = Cephalosporins, third generation (cefotaxime/ceftriaxone) CAR = Carbapenems (imipenem, meropenem, doripenem) CAZ = Ceftazidime CRO = Ceftriaxone CTX = Cefotaxime DOR = Doripenem FOX = Cefoxitin GLY = Glycopeptides (vancomycin/teicoplanin) IPM = Imipenem MEM = Meropenem MET = Meticillin OXA = Oxacillin TEC = Teicoplanin VAN = Vancomycin</div>
Date of infection onset before admission	*	
HAI is associated to current ward		
If bloodstream infection, what is the source?		
Vasopressor treatment for HAI		
How many microorganisms were listed on the microbiological results available on the survey date? (specify up to 3)		
Microorganism 1	*	
What is the specimen type for microorganism 1?		
Tested antibiotic - specify the antimicrobial group (preferred) or tested antimicrobials within the group.	*	

SIR – Use the drop-down menu to select one of the following options corresponding to the antimicrobial susceptibility results: 'I = Susceptible, increased exposure', 'R = Resistant', 'S = Susceptible, standard dose'. This question is triggered if an an antibiotic is selected in preceding question on 'Tested antibiotic'.

Pandrug resistance – Use the drop-down menu to select from one of the following options: '**C = Confirmed PDR**', '**N = No PDR**', '**P = Possible PDR**' to indicate whether pandrug resistance was determined.

Once you have completed all the required fields on the screen. Click Save. If all the relevant mandatory fields for saving have been completed and validation rules have been met, after clicking 'OK' to the pop-up confirming intention to move to next tab ([Figure 45](#)), the page should update with a message to confirm that the response has been saved successfully.

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