HCAI and AMU PPS
Frequently Asked Questions

Contents

Document history

Revision date	Author	Version
13/10/2023	UK Health Security Agency	1.03

Frequently asked questions

General questions

What are the key survey dates?

DCS registration period:

From 11 September 2023

Survey period:

Tuesday 18 September to Friday 27 October 2023

Additional data entry period:

Until 30 November

Deadline for hospital and ward registration:

30 September 2023

Where will the survey be held?
The survey will be conducted across all regions in England.
The website can be access from: https://hcaidcs.phe.org.uk/

Where can I access the study protocol and other PPS documents?
Links to study protocol, codebook, flowcharts, and other helpful documents are included here:
HCAI DCS: Internal Home (phe.org.uk) and Point prevalence survey on HCAI, AMU and AMS in England - GOV.UK (www.gov.uk)

Where can I access help?
Help pages can be accessed without logging into the data capture system (DCS). On these pages you will find step-by-step user guides on all aspects of using the DCS.

Will there be a data collection form?
The data collection forms are online on the Data Capture System. We have also provided printable data capture forms which can be used to collect data. Data from paper forms will still need to be entered on to the online data capture system. Printable data capture forms are available here.

I missed the training session, will this be repeated?
Two national training sessions were held on 5 and 14 September 2023. The recordings are available on our website Point prevalence survey on HCAI, AMU and AMS in England - GOV.UK (www.gov.uk). Demonstration videos and user guides are as well as the DCS help pages here. No further national training sessions are scheduled.

We will have two drop-in trouble-shooting sessions during the data collection period and there will be email support throughout this period.

Is this an audit or a research project?

This is an audit and not considered research.

Can wards be added once the registration deadline has passed?

The registration deadline is 30 September 2023. Please contact HCAI_PPS@ukhsa.gov.uk if you may miss this deadline and would still like to register. Additional Wards and Hospitals cannot be added after the PPS data collection has started in your organisation. Additional Wards that cannot be seen or accessed by Ward users will have to be excluded from the survey.

How do we confirm that our Trust has been registered to participate?

Please check with colleagues in your Trust; the Director of Infection Prevention and Control and Chief Pharmacist of your Trust would have received the initial registration information and were asked to implement a strategy within the organisation. If they are unable to answer, please email HCAI_PPS@ukhsa.gov.uk

What is the timeline for UKHSA sharing the raw data and reports following completion?

The raw data can be downloaded directly from the DCS by each participating site. Keeping in mind the extension of the data collection period, the Trust/provider level reports will be made available 6 weeks after data submission and verification checks of submitted data has been completed by all registered organisations.

Can I do a bulk upload to the online data capture system?

Yes, you can use the data upload wizard to batch data upload. You will need to enter the data using a specific template. Please see the help pages on the DCS here for the Data Upload Wizard (DUW) template (ward and patient), video, user guide and data dictionary.

Definitions

Who are the staff included in the definition of healthcare worker (HCW)?
'HCW' is used for all healthcare workers, including nurses, pharmacists, doctors, physiotherapists, and includes trainees and other groups.

Should all microorganisms be recorded or is it just ones that have resistance?
All microorganisms are to be recorded. There are specific organisms for which we wish to capture resistance data; these are specified in the supporting documentation.

When the surgery performed does not meet an appropriate surgical code in the NHSN, what code should be used (eg. for an elbow joint replacement)?
Select 'NHSN = NHSN surgery, not specified'.

Which patients should have their birthweight reported?
Birthweight for infants ≤28 days old and those on NICU are to be reported.

Are immunoglobulin treatments recorded within the survey?
Immunoglobulin treatments are not recorded.

Is there a way to edit a patient's details once they have been inputted? I have accidentally entered a treatment onto the system and need to remove the antibiotics.
Yes, you can search for the patient file using NHS number and date of birth to locate the file and edit the information as required.

One of the ward denominators requires the number of hand hygiene opportunities. What is the definition of these?
The number of hand hygiene opportunities is defined in the protocol as the number of hand hygiene opportunities observed in the current ward in one year. These would typically be recorded during IPC audits. Provide data for previous year if available or the most recent data available (specify year in second column). Report the total number of observed opportunities for hand hygiene, not only the compliant observations.

If audits are conducted at certain points during a year, please multiply the numbers for the most recent audit by the appropriate scaling factor from the table below. For example, if you do quarterly audits, please multiply the most recent audit by 4 to give proxy data for 12 months (see table below and worked examples).

Frequency of HH audit	Multiply audit numbers by this number (scaling factor) to provide annualised data
Weekly	52
Fortnightly	26
Month	12

Quarterly	4
Biannually	2
Annually	1

Worked Examples
- Weekly: 2 HH observations per week, 2x52 = **104 annual observations**
- Fortnightly: 5 HH observations per fortnight, 5x26 = **130 annual observations**
- Monthly: 15 HH observations per month, 15x12 = **180 annual observations**
- Quarterly: 15 HH observations per quarter, 15x4 = **60 annual observations**
- Biannually (twice per year): 20 HH observations twice per year, 20 x 2 = **40 annual observations**
- Annually (once per year): 45 HH observations once per year, 45 x 1 = **45 observations**
- No defined frequency: report for the total number recorded in that year.

If the patient has an HCAI from a separate organisation, should we collect the HCAI data?
Yes. On the HCAI section you have the option of specifying the origin of the infection.

If an antibiotic is prescribed on alternate days (e.g. Monday, Wednesday and Fridays every week or every other week) as ongoing medical prophylaxis, and the survey is conducted on a day it is not administered (e.g., Tuesday or Thursday of that week, or the week it is not administered), should data for this antibiotic be collected?
Yes, as it is an active prescription.

Does code 'UND' cover not documented as well as unknown or unidentified infections?
No. On the DCS, UND is reserved for undefined or site with no systemic inflammation. UNK is an option for not documented or missing information. If you're using paper forms, please use the code UNK for not documented/missing.

If an antimicrobial surgical prophylaxis is given on the day of the survey AFTER 8am, should data for this antimicrobial be collected?
Any given or planned administration of antimicrobials should be registered as those active at the time of the survey. For surgical prophylaxis, there is an additional time window to count all antimicrobials from 8am the day before the PPS.

How can I record information about a suspected healthcare-associated infection for which there is no corresponding code?
Please do not report a HCAI in the HCAI definition section of the patient case capture form if the case does not meet the strict HCAI case definitions listed in the code book. Note that cellulitis and pneumonia, in particular, require microbiological or imaging confirmation to be considered a HCAI in the PPS. If a patient is receiving at least one antimicrobial for the

treatment of a HCAI, information can be captured within the antimicrobial use (AMU) section under 'Indication' even if the HCAI that does not meet the HCAI definition section.

General data entry questions

Can data for one patient be recorded by different persons?
This is up to the individual trust, but you can save the patient details by completing the first two tabs (patient details and patient details 2); then yourself or another registered user can log in at a later date to complete the record. Saving your progress each time will allow you to resume data entry at a more convenient time.

Will there be the option for additional users to be added by hospital or site staff?
Each hospital staff member involved in entering data for the PPS should register for a HCAI PPS ward (to enter patient or ward data) or HCAI PPS Hospital (to enter Trust data) account as appropriate. Please see the Create New Account user guide for step-by-step instructions. Local administrators for the hospital or site will be then able to authorise these accounts.

We're not able to access the system. How do we proceed?
In the first instance, please perform your data collection on paper forms and submit the data on the Data Capture System at a later date.

During our survey one of the wards was closed. How do we record this in the data input?
If the ward is permanently closed and/or you cannot perform the survey at a later date, enter "Other" for patient specialty, and when prompted to enter the specialty of the physician in charge of the patient, if other, type "WARD CLOSED – REMOVE FROM ANALYSIS" in the free-text box and 1 for the number of patients. Also include in the comments box "WARD CLOSED – TO BE REMOVED FROM ANALYSIS".

The speciality of the ward is not available in the associated drop down patient menu, how do I proceed?
You can enter the actual patient specialty, but please note, you are reporting the specialty that the patient is under, not the specialty of the ward (as this may differ).

If we are unable to survey all wards registered due to capacity issues, can we submit what we have done and will our data still be accepted?
We acknowledge the challenges with conducting the PPS. We will accept data submitted and provide you with Trust/provider level report.

However, the protocol states that all eligible wards should be included. Without data on all eligible wards, we may have to exclude your Trust/hospital from the national and regional data. We will also be unable to provide benchmarking for your organisation by patient or consultant specialty, by organisation type or against data provided in previous years because submission of only a subset of patients in a particular specialty will not be comparable to all patients within this specialty at regional or national levels or over time.

The audit, while not mandated will act as evidence of commitment to IPC and AMS for CQC. It is the responsibility of each Trust to adhere to the protocol.

Is it important to be consistent when collecting data? If so, how can we ensure consistency between teams?

It is important to be consistent across your team when collecting data. Ensure team members have attended the training or watched the videos. Check within the team consistency in defining cases from the examples presented during training using the codebook, protocol and diagnosis flowcharts. Issues with interpretation or understanding the protocol or case definition should be clarified by email HCAI_PPS@ukhsa.gov.uk. Aim for collecting data at approximately the same time on each survey day.

Patient case capture

Which forms should I be using to collect the patient data?
If you are intending to use paper forms to collect data, please use the [Data Collection Forms](#) available from [help pages](#) on the Data Capture System (DCS) website. These forms should be used when you conduct the survey. Note, you can enter data directly on the DCS.

Can the antimicrobial data be collected on different days from the HCAI data?
HCAI and AMU data are part of the patient case capture. The data for patients on a particular ward (and the ward data for that ward) are to be collected in a single day for each ward/unit.

In the patient case form, who can carry out the 72-hour post-prescription review?
The post-prescription review can be carried out by either the primary team caring for the patient or an antimicrobial stewardship team.

Who can determine if an antimicrobial prescription is appropriate or not?
Appropriateness can be assessed by a team with appropriate expertise in microbiology/ID or antimicrobial therapeutics, providing sufficient information is documented in the notes.

In our trust, we exclusively use alcohol-free hand sanitisers. Should we include these data or report it as zero for alcohol hand rub consumption?
Please report these data in the same way you would have if the hand sanitisers were alcohol-based.

If a neonate develops an infection (e.g., MRSA) from his previously colonised mother, is it considered an HCAI?
If the neonate has not been discharged from the hospital since birth, this would be considered an HCAI.

Is patient demographic data needed for all patients on the ward being surveyed?
The patient demographic data are needed for all patients who fit the inclusion criteria outlined in the Protocol.

Is there a code for ethnicity?
There is no code for ethnicity, please select from the drop-down on the Data Capture System. If you are completing a paper form, please specify one of the following: White, Mixed or Multiple ethnic groups, Asian or Asian British, Black, African, Caribbean or Black British, Other ethnic group.

Does the PPS include antivirals?
Yes, the PPS captures antibiotics, antifungals and key antivirals. The most commonly prescribed antibiotics and antifungals are listed in the codebook. The drop-drown menu of the DCS includes key antibiotics, antifungals, antiparasitics and antivirals. If you can't locate the antimicrobial by using the search drop-down list, please select 'other/unknown'.

Ward case capture

If a patient is on ward 1 when we're auditing ward 1, then transferred and is on ward 2 when we're auditing ward 2, should we audit the same patient twice?
Yes, please audit data for all eligible patients on designated wards. For inclusion criteria on patients, please see the [Protocol](#).

If collecting patients on a postnatal ward, how should the total number of patients/beds be calculated?
This would be the total number of neonate beds and separate number of mother beds on the ward.

Why do we record number of beds occupied on the in the ward at 00:01 hrs, when the survey looks at patients present at 08:00 hrs?
For most wards, most patients will not be discharged or admitted between 00:01 and 08:00 on the day of survey. Some organisations may find it more practical to get a patient list from overnight teams or from hospital information systems prior to the time the PPS team visits the ward.

If collecting patients on an obstetrics ward, how should the total number of patients and beds be calculated?
See page 11-12 on the [protocol](#).

What does the number of patient-days in a ward mean?
This is the number of days a patient has occupied a bed at midnight on the ward (as per KH03 definition for occupied bed-days for overnight beds https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/).

Are the questions on alcohol hand rub consumption and hand hygiene opportunities mandatory? Why is it important to collect this type of data?
The reporting of alcohol hand rub consumption and hand hygiene opportunities is mandatory, these questions will be used as a proxy metrics for indicators of infection, prevention and control (IPC) measures. However, if you are unable to answer these, please enter "9999" to indicate quantity unknown. Please note that are different levels of indicators for IPC, this is only one of the measures that will contribute to the metrics of IPC. It is not a definitive measure. Please see [definitions section](#) for how hand hygiene opportunities are defined and should be reported.

Data capture system

I have a DCS account, but it appears locked. How do I unlock this?
You will need to send an email to Support.HCAIDCS@ukhsa.gov.uk and ask them to unlock your account.

If you already have a DCS account, will this be a new option on the drop-down at login?
You will have to register for the new role type, have the new role authorised and then verify your account, but you will not need to re-add security question answers etc as the new role would then be added to your current account. When you login you then select the HCAI PPS user type when entering data for the PPS.

I already have an account on the HCAI DCS. Do I also need to register for the PPS DCS?
Yes, as the data collections are separate. However, you will be able to use the same password. Registering with the PPS DCS will not affect your existing HCAI DCS account.

Which staff categories can collect the data?
We encourage involving hospital infection prevention and control, antimicrobial stewardship and clinical/medical microbiologist / ID physicians as well as the team in charge of the patients. From past experience, the most efficient data collection team includes medical microbiologists, IPC nurses and AMS pharmacists, with support from ward nurses and ward pharmacists.

I am a hospital lead for the PPS, how do I request a Local Administrator account?
You will need to complete a Local Administrator registration and training module:

Acute Trusts: https://forms.office.com/e/TigsDte9Xg

Community and Mental Health Trusts: https://forms.office.com/e/jZBjjXdL5R

Independent sector organisations: https://forms.office.com/e/1gTh0Su8Fj

Please note Local Administrator accounts will not be authorised until the DCS team have a registration and training module completed for each local admin (this is part of our governance processes). Once local administrators have been registered and authorised, they will then be able to authorise HCAI PPS data entry staff and manage their accounts.

I have registered for HCAI data entry. Who will authorise my account?
Each registered hospital or site has a nominated lead who has been sent information on how to register as a Local Administrator for the hospital. Please contact the hospital or site lead responsible for authorising your account.

I have a Local Administrator account but I cannot see the data collections or enter any data. How do I enter data?
You will need to register for a HCAI PPS Data Entry role for each data collection (HCAI PPS Ward, HCAI PPS Hospital) you wish to enter data for. Please see the Create New Account user guide for step-by-step instructions.

How can we update the leads for our hospital or ward to ensure the leads are included in all correspondence and can apply for a Local Administrator role on the electronic data capture system?

All hospital leads were nominated when your Trust and hospital was registered. Should you wish to add hospital leads, you should email HCAI_PPS@ukhsa.gov.uk copying in the current hospital leads. We will take this as authorisation that you should be added as a lead for your organisation. We require the name, email address, role in the organisation (for instance Lead Infection Prevention and Control Nurse), the name of the Trust or Provider and the name of the hospital(s) or site(s) they will become lead for.

Do we have to register for the DCS using a nhs.net account?

No, but individual email addresses rather than generic email addresses such as ipc@nhs.net are required.

I cannot see my organisation on the drop-down menu when registering on the HCAI DCS?

On the registration link HCAI DCS: Request User Account (phe.org.uk), select HCAI PPS Hospital or HCAI PPS Ward under organisation type.

First Name*	
Surname*	
Primary Contact Telephone Number*	
Secondary Contact Telephone Number	
Surveillance programme*	Mandatory surveillance
Region*	-- Select --
Organisation Type*	HCAI PPS Hospital
Organisations*	NORTHERN CARE ALLIANCE NHS FT - FAIRFIELD GENERAL HOS
Sites	Select Site
Roles*	Select Roles
	☐ HCAI PPS Data Entry
	☐ HCAI PPS Local Administrator

Select the hospitals or wards you wish to be local admin for or enter data for. Under roles, select HCAI PPS Local Administrator if you are the lead for your hospital or ward; select HCAI PPS Data Entry if you will be submitting data for your hospital or ward.

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