CPE PPS: ICU-level data capture

To be completed once per participating ICU

This paper form is intended to aid collecting data in advance of entering it onto the data capture system (DCS). It cannot be used instead of the DCS.

Questions in grey are conditional on previous answers

Response boxes which are blank will require free text / dates / choices from longer lists not shown here

Response boxes with options (e.g. yes / no / unknown) will require an/multiple option(s) to be chosen

	Question	Response	Help notes
1	*Reporting Organisation		ICU name. If you are registered for just one ICU, this will be pre-completed. If you are registered for more than one ICU, please select the ICU you wish to enter data for.
2	*Date survey commenced		DD/MM/YYYY Date picked for the point prevalence survey within the two-week study period
3	*ICU type (select all that apply)	Adult - General medical Adult - General surgical Adult - Speciality Paediatric - General medical Paediatric - General surgical Paediatric - Speciality Neonatal - NICU Neonatal - HDU	Speciality of ICU (select all that apply to this one ICU)
4	If 'Adult - Speciality', specify ICU Adult speciality type		Specify type of ICU if "Speciality", for example Burns, Neuro (text)
5	If 'Paediatric - Speciality', specify ICU Paediatric speciality type		Specify type of ICU if "Speciality", for example Burns, Neuro (text)
6	*Care level (select all that apply)	Level 3 Level 2	What levels of care are provided, tick all that apply.
7	*Compliance with CPE screening policy	Almost never Sometimes Often	Estimate how often screening policy is complied with at time of survey completion
		Almost always Unknown	

^{*} Denotes mandatory questions

8	*Awareness of CPE Framework of Actions	Very few staff	Indicate the level of awareness of the PHE/UKHSA document 'Framework of actions to contain carbapenemase-producing Enterobacterales'
		Some staff	
		Most staff	
		Almost all staff	
		Unknown	
9	*CPE screening frequency (select all that apply)	Admission	What is the typical frequency of CPE screening
		Weekly	
		Outbreak	
		Known CPE carrier	
		Other	
10	If "other" screening frequency, please specify		Provide detail of screening frequency is "other" (text)
11	*Are antibiotic stewardship guidelines in place on the ward?	Yes / No / Unknown	Are antibiotic stewardship guidelines in place on the ward?
12	*Number of beds		Number of NHS-funded beds on ward (integer)
13	*Bed occupancy		Number of beds occupied on the date of the survey (integer)