



UK Health  
Security  
Agency

# **CPE PPS Data Capture System**

## **Frequently Asked Questions**

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## Document history

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22/04/2022	UK Health Security Agency	1.0
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# Frequently asked questions

## General questions

### 1. What are the key survey dates?

DCS registration period:

From Thursday 7 April

Survey period:

Tuesday 19 April to Monday 2 May inclusive

Additional data entry period:

Tuesday 3 May to Sunday 15 May inclusive

### 2. Where can I access the study protocol?

[Study protocol](#) is located [here](#)

### 3. 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.

### 4. 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 you can collect data in but someone from the trust will need to enter data from paper forms on to the online data capture system. Printable data capture forms are available from the [help pages](#).

### 5. How can I register for participating in the CPE PPS?

You can register at any time up to and including 2<sup>nd</sup> May by clicking on the 'Register' link on the [ICU Surveillance home page](#). For details on how to register, please see the '[Create New Account](#)' user guide.

### 6. Is this a portfolio study? Can the data be collected by research nurses if they have registered?

It is an audit. Authorised healthcare workers can collect the data. It is not a portfolio study and does not contribute to academic research.

### 7. Is this PPS on NIHR Portfolio? Will accruals count for Trusts, (?on EDGE) and need Trust R&D C&C?

No

**8. I missed the training session, will this be repeated?**

There won't be another training session, but this has been recorded and the recording will be made available. The demo videos and user guides are available from the [help pages](#).

We will have 2x drop-in trouble-shooting sessions during the data collection period and there will be email support throughout

**9. Is this an audit? It requires entry of patient ID data, so cannot be registered as research without consent, right?**

This is an audit

**10. So is the data collection snap shotting one particular day in our ITU's?**

Yes

**11. Who will you send the registration email link too?**

The registration link has been sent to all attendees of the training, all those who responded to the Select Survey to confirm their Trust's participation and to the original invitees for each Trust.

**12. How do I access the Select Survey to indicate my Trust's interest in participating in the survey?**

You can access the SelectSurvey via the following link:

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=94K0n8332>.

This will enable you to indicate which ICUs in your Trust you would like to added to the system and enable you to register on the DCS for your corresponding ICU and Trust. We also need a point of contact from the select survey for audit purposes so it needs to be completed at least once per Trust.

## Study population

**13. If the NICU has mixed level beds (ITU, HDU, SCBU and LNU) within the unit, which will be included in the survey?**

The sample size calculations for the study are based on the bed type so it depends on whether you would report these babies to the NHSE Critical Care Bed Capacity and Occupancy return as occupied. If you would consider these beds occupied for this submission, then please include the all of the currently occupied HDU beds in your sample, if not then it is only the HDU/ICU criteria babies.

The guidance document for the NHSE Critical Care Bed Capacity and Occupancy return can be found here: <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2019/11/MSitRep-Guidance-v1.09.pdf>

Landing page: [Statistics » Critical Care Bed Capacity and Urgent Operations Cancelled \(england.nhs.uk\)](#)

**14. We have some babies admitted to the NNU unit who are not HDU/ICU despite being in a HDU capacity bed. Do we need to include these neonates in our study? Or only include the three neonates that meet ICU/HDU criteria?**

The sample size calculations for the study are based on the bed type so it depends on whether you would report these babies to the NHSE Critical Care Bed Capacity and Occupancy return as occupied. If you would consider these beds occupied for this submission, then please include the all of the currently occupied HDU beds in your sample, if not then it is only the HDU/ICU criteria babies.

The guidance document for the NHSE Critical Care Bed Capacity and Occupancy return can be found here: <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2019/11/MSitRep-Guidance-v1.09.pdf>

[Statistics » Critical Care Bed Capacity and Urgent Operations Cancelled \(england.nhs.uk\)](#)

**15. Some of the patients on PICU are actually neonatal patients by age definitions. Should I continue base on the random generated numbers or exclude those who are neonates by age?**

The sample size calculations for the study are based on the bed type so it depends on whether you would report these neonatal patients in the PICU beds to the NHSE Critical Care Bed Capacity and Occupancy return as occupied.

If you would consider these beds occupied for this submission, then please include the neonatal occupied PICU beds in your sample (assuming they are still receiving HDU/NICU level care), if you would not include them in this submission then please exclude them from the sample.

The guidance document for the NHSE Critical Care Bed Capacity and Occupancy return can be found here: <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2019/11/MSitRep-Guidance-v1.09.pdf>

[Statistics » Critical Care Bed Capacity and Urgent Operations Cancelled \(england.nhs.uk\)](#)

**16. We don't have a PICU but some paediatric patients are admitted to the ICU awaiting transfer to a tertiary unit. Am I right in thinking that if there is a paediatric patient that is admitted at time of data capture, we include them?**

Yes please include them

## Selecting patients

**17. Do I randomly select 20 patients across the ITUs in my Trust, or report the ITUs separately (up to 12 patients each site)?**

Randomly select 20 patients from across the ITUs for each patient age group (adults, paediatrics and neonates) in the Trust that you have registered for. So, if you have registered to provide data for all three age groups, 20 patients would be randomly selected across all adult ITUs, 20 patients for all paediatric ITUs and 20 for all neonatal ITUs (up to 60 in total). The surveys for each different age group can occur on different dates within the survey window.

**18. We only have a total of 10 ITU/HDU beds, do we just do all on one day?**

It is up to 20, if you only have a maximum of ten ICU beds in your Trust then you would complete for how many are in the ICU on the day in the study period that you have selected for the PPS. Only on the one day. However, if you have more than one ICU in the Trust the Trust needs to complete up to 20 - which might mean over more than one ICU.

**19. We have multiple ICUs across 5 sites, would we be doing 20 cases /site or 20 across all 5 sites?**

You will be randomly selecting 20 cases from across all 5 sites

**20. If we are registered for adult paed & neonate it would be 20 for each age category, so 60 in total?**

If you are registered for adults, paediatrics, and neonates, then it would be up to 20 for each age category

**21. Would it be 20 patients in PICU and 20 Patients in NICU?**

The invitation email will have specified which age groups your Trust has been invited to. If selected for both PICU and NICU then yes it would be up to 20 for both. However, if you have only been selected for e.g. your NICU then it is only 20 for the NICU UNLESS you wish to do this for both.

## General data entry questions

**22. Is there any particular time to complete the data on the day**

No

**23. For a patient record created, can this data be entered and completed by different persons, who are best placed to fill in the relevant details or should it be all done by one person?**

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. Each time saving will allow you to resume data entry at a more convenient time

**24. Will there be the option for other users to be added by ourselves? (i.e. one junior doctor collecting the data) or will they have to use our login details?**

Individual users who will be entering the data will need to register separately; Please note the email and name of the data entry user will have to match the details provided in the Select Survey.

We can have more than one user per Trust. However, we would need to have email authorisation from the person who completed the SelectSurvey as we are acting as gateway to patient data and cannot know who in each ICU/Trust can have access. We usually have a Local Administrator who then acts as gatekeepers for their organisation, but as the PPS is a short survey we wanted to cut down as much of the admin on your side as possible

**25. You'd like a lot of data. How long do you expect this to take per patient?**

That is very difficult to answer, if you have a patient who has very few interventions etc or lots of "no" answers whereby no further questions are triggered it will take much less time than for a patient with lots of information to enter. The ICU and Trust-level data entry should only take about 10 minutes apiece and they are one per Trust and one per ICU.

## Patient case capture

**26. For usual residence of neonates do we submit data for the mother (Question 21)? For example, if the mother is a UK resident, do we submit this for the neonate?**

Yes, choose the mother's usual residence

**27. What is the time period for chemotherapy (Question 78)?**

Whether the patient is currently undergoing chemotherapy for cancer treatment or received chemotherapy in the four weeks prior to the date of interest.

**28. What if they have more than one CVC or PVC (Question 83, 84, 86, 87)?**

If multiple CVC or PVC in place simultaneously, then please provide the date of the oldest one - as that provides us with the full time at risk of developing an infection

**29. Would an umbilical venous catheter be classified as a CVC or a PVC?**

An umbilical venous catheter should be classified as a CVC.

**30. Do you want this information inputted for every patient admitted to HDU/ITU**

The information on each patient should be provided for each randomly selected patient in the ICU on the date of the survey (a single day within the two week survey period)

**31. Do need the consent from the patient before swabbing?**

No, this is an audit so we are not asking for any additional swabs or tests. Report what you test (even if you do not do any tests) for the chosen survey date

**32. If we don't routinely screen for CPE, do we do any additional swaps?**

No - as an audit we cannot ask you to do anything you would not already do But please make sure that you add this to the ICU or Trust level data collection which covers your screening policy so we can analyse the patient level data in light of that - thank you

**33. We only screen ex utero admission to the neonatal unit for CPE therefore we have very little information to submit**

That is fine, half of this PPS is for us to establish screening practices as well as prevalence. We need to established the screening practice to be able to interpret the prevalence, so if you can complete the information even if it is that all of the patients were not screened, that is still really useful to the PPS.

**34. Question 52 'CPE on admission to Trust' for neonates - if we haven't screened them on admission as they don't meet our criteria do we put 'no' or 'unknown'? For inborn neonates should the response be "no" or "unknown" for 'CPE on admission' question?**

Q52 'CPE on admission to Trust' refers to whether a patient is known to have CPE on admission (for example, because they were coming from another Trust).

For a neonate who has been admitted to the Trust from birth (inborn), the date of admission is the date of birth therefore the 'CPE on admission to the Trust' should be unknown.

**35. Question 53 – 'CPE screening on admission to Trust' for neonates**

For a neonate who has been admitted to the Trust from birth, the date of admission is the date of birth. Therefore, if the neonate was not screened at birth, the 'CPE screening on admission to the Trust' should be unknown. If the neonate was screened at birth, please indicate the screening result.

Note. For neonates admitted to the Trust after birth (for example transfer at 7 days for another Trust), where the admission date is unknown, please record the admission date as the neonate's date of birth.

**36. Question 54 - 'CPE on admission to ICU' do we assume 'no' if we haven't screened them or put unknown?**

This question asks whether the CPE status is known on admission to ICU, that is, if there was no prior screening information available when the patient was transferred to the ICU, then the status should be 'Unknown'.

If a neonate was born and immediately transferred to ICU and/or there was no prior screening information at the time of admission to ICU, the response should be 'Unknown'. For neonates who were born in the hospital but at the time of transfer to ICU prior CPE screening information was available (for example because the neonate was screened at birth and 5 days later transferred to ICU), then please indicate the screening result.

For question 56 'ICU admission screen' indicate whether the patient was screened on admission to ICU and Q58 'Result of ICU admission screen' please indicate the screening result.

**37. Question 29- For inborn neonates when documenting admitted from labour ward should that be documented under "other"?**

For neonates delivered in another part of the same Trust, when documenting where they were admitted from you can indicate the setting as "other".

## Data capture system

**38. I have a DCS account but it appears locked. How do I unlock this?**

You will need to send an email to either [ICCQIP@phe.gov.uk](mailto:ICCQIP@phe.gov.uk) or [mandatory-surveillance@phe.gov.uk](mailto:mandatory-surveillance@phe.gov.uk) depending on whether it was an ICCQIP ICU or HCAI account and ask them to unlock your account

**39. 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 CPE ICU/Trust user type when entering data for the PPS

**40. Do we need a separate log-in from the HCAI DCS one?**

There is no need for a separate login, but you need to add the new role to your account - you still need to go to "Register" and act as if registering for a new account for this role. Your new request will need to be authorised by UKHSA and then you will receive an email for verification but then the role will be added to your own account and then login as usual and select the relevant PPS role from the role drop down when you log in

# About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

UKHSA is an executive agency, sponsored by the Department of Health and Social Care.

[www.gov.uk/government/organisations/uk-health-security-agency](http://www.gov.uk/government/organisations/uk-health-security-agency)

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