



UK Health
Security
Agency

The national point prevalence survey of healthcare-associated infections and antimicrobial use in England 2023

Data collection forms



Point Prevalence Survey 2023: healthcare-associated infections and antimicrobial use

Ward data

Hospital code: _____ Ward name/unit ID¹: _____ Survey date²: ____/____/____

Ward speciality³ PED NEO ICU MED SUR G/O GER PSY YMH AMH OMH RHB LTC OTH MIX

For 2022/2023 financial year (or most recent FY data)

This should be requested from hospital analysts and procurement team and be available before web data entry commences

	Number	Year
Number of patient days in ward*		____/____
Alcohol hand rub (AHR) consumption		____/____
Number of hand hygiene opportunities		____/____

* Provide data for same year as AHR consumption

Please provide for all eligible⁴ patients

Consultant/patient speciality (see codebook)	Number

Data to be reported at time of survey	Number
Number of eligible ⁴ patients on ward	
Number of beds in ward	
Number of beds in unconventional settings ('corridor beds', 'cupboard beds')	
Number of beds with AHR dispenser at point of care	
Number of HCWs ⁵ on ward at time of PPS	
Number of HCWs on ward carrying AHR dispensers	
Number of rooms in ward	
Number of single rooms in ward	
Number of beds occupied at 00:01 on the day of PPS	

Is there a hospital policy for review of the appropriateness of an antimicrobial within 72 hours from the initial order (post-prescription review) by an AMS team (that is separate from the primary clinical team) in this ward?

Yes No Unknown

Comments/observations:

¹ Unique identifier for each unit (abbreviated ward name) within a hospital; this should remain identical between PPS years. ² Patients on the same ward should be included on a single day. ³ Main ward speciality: >=80% of patients belong to this speciality, otherwise choose mixed (see codebook). ⁴ Patients admitted to the ward before or at 8am and not discharged from the ward at time of survey. ⁵ HCWs = healthcare workers.



Point Prevalence Survey 2023: healthcare-associated infections and antimicrobial use

Ward handover form

Hospital code: _____ **Ward name/unit ID²:** _____ **Survey date:** ____/____/____

Initials	NHS no.	Hosp. no.	DoB	Adm. date	Specialty ³	Surgery ⁴	McCabe score (Non/Ult/ Rap/ Unk)	CVC Y/N/U	PVC Y/N/U	Urinary catheter Y/N/U	Intubated Y/N/U	Amx ⁵ Y/N	HAI ⁶ Y/N

¹ Patients admitted to the ward before or at 8am and not discharged from the ward at time of survey
² Unique identifier for each unit (abbreviated ward name) within a hospital
³ See codebook for patient specialty (the specialty of consultant looking after the patient)
⁴ Surgery since admission (document most recent NHSN surgery)
⁵ At the time of the survey, except for surgical prophylaxis administered with 24 hours before 8am on the day of the survey; if yes, fill antimicrobial use data; if patient receives >5 antimicrobials, add a new form
⁶ [infection with onset ≥ Day 3, or SSI criteria met (surgery in previous 30d/90d), or discharged from acute care hospital <48h ago, or CDI and discharged from acute care hospital < 28 days ago or onset < Day 3 after invasive device/procedure on D1 or D2] and [HAI case criteria met on survey day or patient is receiving (any) treatment for HAI AND case criteria are met between D1 of treatment and survey day; if patient has >3 HAI, add a new form]



Point Prevalence Survey 2023: healthcare-associated infections and antimicrobial use

Patient data, patient details

Collect for all eligible patients

NHS number: _____

Hospital number: _____

Date of birth: ___/___/___ (dd/mm/yyyy) **Sex:** M / F / U

Ethnicity: _____ **Postcode:** _____

Date of hospital admission: ___ / ___ / ___ (dd / mm / yyyy)

Consultant/Patient Specialty²: _____

If neonate, birth weight: _____ grams

If neonate, is neonate admitted to hospital because the mother is receiving treatment? No Yes Unknown

Surgery since admission (most recent NHSN surgery)?

- No surgery Minimal invasive/non-NHSN surgery
 NHSN surgery -> specify (optional)²: _____ Unknown

McCabe score:

- Non-fatal disease Ultimately fatal disease
 Rapidly fatal disease Unknown

Is the patient vaccinated against COVID-19?

- No 1-2 doses 3 doses 4 or more doses Unknown

Presence of any of the following (at time of survey):

- Central vascular catheter: No Yes Unknown
Peripheral venous catheter: No Yes Unknown
Urinary catheter: No Yes Unknown
Intubation: No Yes Unknown

Does the patient have allergies to any antimicrobial?

- Present Nil known Not documented

Is the patient receiving any antimicrobial(s)³?

- No Yes → if "Yes", complete antimicrobial usage data (**over page**)

Does the patient have an active HAI⁴?:

- No Yes → if "Yes", complete HAI data form (over page)
(if yes, fill HAI data; if patient has > 3 HAIs, add new form)

Hospital code: _____

Ward name/unit ID¹: _____

Survey date: ___/___/___ (dd/mm/yyyy)

- (1) Unique identifier for each unit (abbreviated ward name) within a hospital
- (2) See codebook
- (3) At the time of the survey, except for surgical prophylaxis administered within 24 hours before 8am on the day of the survey or if patient has an active HAI; if yes, fill antimicrobial use data; if patient receives >4 antimicrobials, add a new form

(4) Active HAI definition

Meets one or more of these criteria:

Infection with onset ≥ Day 3 or later (day of admission = Day 1), or SSI criteria met (surgery in previous 30d/90d), or discharged/transferred from HCF <48h ago, or CDI and discharged from HCF < 28 days ago or onset < Day 3 after invasive device/procedure on D1 or D2 or COVID-19 on day 1 or day 2 and (re-)admission within 48 hours after stay in HCF of >7 days or onset of symptoms on day 1 or day 2 in a newborn (Day of birth = Day 1)

and

meets one or more of these criteria:

[HAI case criteria met on survey day or patient is receiving (any) treatment for HAI AND case criteria are met between D1 of treatment and survey day]



Point Prevalence Survey 2023: healthcare-associated infections and antimicrobial use

Antimicrobial usage data¹

Hospital code: _____ Ward name/unit ID²: _____ Survey date: ____/____/____

NHS number: _____ Hospital number: _____ Date of birth: ____/____/____ Gender: _____

¹ See next page for response options for these questions

² Unique identifier for each unit (abbreviated ward name) within a hospital

Antimicrobial (AM) (generic name)	Route	Number of doses / day	Indication (CI, HI, LI, SP1, SP2, SP3, MP, O, U)	Diagnosis (site) (only for CI, HI, LI)	Reason for AM in notes (Y/N)	Date this AM started (dd/mm/yyyy)	Antimicrobial Review? (within 72h after start)	AM Changed? (+ reason)
						/ /		
						/ /		
						/ /		
						/ /		
						/ /		

Optional (strongly recommended in acute care settings)

Number missed doses	Reason missed doses	Course length or stop date documented? (Y/N)	Guidance compliance (1-6)	Surgical prophylaxis for more than 24 hours (Y/N/NA)	Allergy mismatch (Y/N/ND/UNK)	Microbiology mismatch (Y/N/NS/P/S)	Indication does not require ANY antimicrobials (Y/N/UNK)	Incorrect route (Y/N/UNK)	Incorrect dose/frequency	Incorrect duration	Spectrum too broad (Y/N/UNK)	Spectrum too narrow (Y/N/UNK)	If AM restricted, approval given (Y/N/UNK)	Appropriateness (1-5)

Optional notes

Were appropriate microbiology samples collected?

Yes Partially* Not applicable No Not assessable

Record the specimen type, organism, and susceptibilities if relevant

*If more than one indication or microbiological sample is required

Clinical notes or comments

Renal replacement therapy given with previous 24 hours (for example dialysis)



Point Prevalence Survey 2023: healthcare-associated infections and antimicrobial use

Antimicrobial usage data

Responses

Route: P=parenteral, O=oral, R=rectal, I=inhalation

Number of doses / day: OD=once a day, BD=twice a day, TDS=3 times a day, QDS=4 times a day, 5 per day, 6 per day, 18hrly, QOD=alternate day; twice per week; three times/week; weekly; continuous infusion

Indication: treatment intention for community (CI), long-term care (LI) or acute hospital (HI) infection; surgical prophylaxis: SP1: single dose, SP2: one day, SP3: >1 day; MP: medical prophylaxis; O: other; UI: Unknown indication/reason (verified during PPS), UNK: Unknown/missing, information on indication was not verified during PPS

Diagnosis: see site list, only for CI-LI-HI; otherwise code as not applicable (NA)

Reason in notes: Y/N

Date this AM started (dd/mm/yyyy): Start date of the current antimicrobial. If the patient received the antimicrobial on admission, record the date of admission.

Antimicrobial Review (within 72 hours after start of each antibiotic; not from the start of the indication): Y=Yes, N=No, UNK =Unknown; NA=Not applicable (start less than 72h ago)

AM Changed? (+ reason): Was the antimicrobial (or the route of administration) changed for this indication, and if so, what was the reason? N=no change, E=escalation, D=De-escalation, S=switch IV to oral, A=adverse effects, O=OPAT/COpAT, OU=changed, other/unknown reason, U=unknown

Number missed doses: From start date of current antibiotic treatment until the date of the survey. If no doses missed, report as 0. If unknown, leave field empty

Reason missed doses: S=due to stock out, P=patient could not purchase, D=patient declined/refused, O=other reason, M=multiple reasons, UNK=unknown

Course length or stop date documented? Y=Yes, N=No

Guidance compliance: Was the antimicrobial prescription compliant with guidelines? 1=Compliant with National Guidelines, 2=Compliant with locally endorsed guidelines (select 1=National guidelines if local guidelines are the same), 3=Non-compliant with guidelines, 4=Directed therapy, 5=No guidelines available, 6=Not assessable (see accompanying criteria)

Surgical prophylaxis for more than 24 hours: Y=Yes, N=No, NA=Not applicable (e.g. surgical prophylaxis not administered)

Allergy mismatch: Was there a mismatch between the allergy information for the patient and the prescribed antimicrobial agent? Y=Yes, N=No, ND=Not documented, UNK=unknown

Microbiology mismatch: Is there a mismatch in relation to susceptibility testing. Y=Yes, N=No, NS=specimen not sent, P=result pending, S=susceptibility testing not performed

Indication does not require any antimicrobials: Y=Yes, N=No, UNK=Unknown

Incorrect route: Y=Yes, N=No, UNK=Unknown

Incorrect dose/frequency: N=No, dose and frequency were correct; H=Yes, dose or frequency too high, L=Yes, dose or frequency too low

Incorrect duration: N=No, duration correct, TL= Yes, duration too long, TS= Yes, duration too short

Spectrum too broad / Spectrum too narrow: Y=Yes, N=No, UNK=Unknown

If AM restricted, approval given: if local policy restricts a certain antimicrobial for specialist approval or pre-authorization. Y=Yes, N=No, UNK=Unknown

Appropriateness: 1=Optimal, 2=Adequate, 3=Suboptimal, 4=Inadequate, 5=Not assessable (see accompanying guidance)



Point Prevalence Survey 2023: healthcare-associated infections and antimicrobial use

Compliance with guidelines assessment criteria (adapted from Australian National Antimicrobial Prescribing Survey¹)

Compliance with guidelines (only choose one of the following five criteria)

Compliant with National Guidelines²	<ul style="list-style-type: none"> The prescription complies with the current National Guidelines², including: <ul style="list-style-type: none"> route, does, frequency and takes into account acceptable alterations due to age, weight, renal function, allergies, other prescribed medications, and so on
Compliant with locally endorsed guidelines³	<ul style="list-style-type: none"> The prescription complies with an officially endorsed local guideline, including: <ul style="list-style-type: none"> route, does, frequency and takes into account acceptable alterations due to age, weight, renal function, allergies, other prescribed medications, and so on This does not include individual, departmental or historical guidelines that do not have executive or drug and therapeutic committee approval If the local guidelines are based exactly on the National Guidelines², then choose the 'National Guidelines' in preference to 'Local Guidelines'
Non-compliant with guidelines	<ul style="list-style-type: none"> There is non-compliance with both National Guidelines² and local guidelines unless the prescription takes into account acceptable alterations due to age, weight, renal function, allergies, other prescribed medications, and so on
Directed therapy	<ul style="list-style-type: none"> The prescription has changed from empiric to directed therapy with microbiology culture or susceptibility results available
No guidelines available	<ul style="list-style-type: none"> There are no guidelines available for the documented or presumed indication
Not assessable	<ul style="list-style-type: none"> The medical records are not comprehensive enough to determine a documented or presumed indication or it is difficult to assess if there is compliance

¹ Royal Melbourne Hospital and the National Centre for Antimicrobial Stewardship. [Antimicrobial prescribing practice in Australian hospitals. Results of the 2020 Hospital National Antimicrobial Prescribing Survey Canberra: Department of Health and Aged Care; 2023](#). Viewed on 2 August 2023

² [National Institute for Health and Care Excellence guidelines on antimicrobial stewardship \(including prescribing\)](#)

³ Local guidelines must be authorised and readily available on wards or on the hospital intranet. They cannot be a web link to international guidelines or other non-approved sites. Exceptions include paediatric and neonatal guidelines from an English children's hospital and links to other guidelines within a hospital's network



Point Prevalence Survey 2023: healthcare-associated infections and antimicrobial use: Appropriateness definitions (adapted from Australian National Antimicrobial Prescribing Survey¹)

		If endorsed guidelines are present	If endorsed guidelines are absent
Appropriate	1	Optimal²	<p>Antimicrobial prescription follows either the National Guidelines³ or endorsed local guidelines optimally, including antimicrobial choice, dosage, route and duration⁴</p>
	2	Adequate	<p>Antimicrobial prescription does not optimally follow the National Guidelines³ or endorsed local guidelines, including antimicrobial choice, dosage, route and duration⁴, however, is a reasonable alternative choice for the likely causative or cultured pathogens or for surgical prophylaxis, as above and duration⁴ is less than 24 hours</p>
Inappropriate	3	Suboptimal	<p>There may be a mild or non-life-threatening allergy mismatch or antimicrobial prescription including antimicrobial choice, dosage, route and duration⁴, is an unreasonable choice for the likely causative or cultured pathogens, including:</p> <ul style="list-style-type: none"> • spectrum excessively broad, unnecessary overlap in spectrum of activity, dosage excessively high or duration excessively long • Failure to appropriately de-escalate with microbiological results
	4	Inadequate	<p>Antimicrobial prescription including antimicrobial choice, dosage, route and duration⁴, is unlikely to treat the likely causative or cultured pathogens or the documented or presumed indication does not require any antimicrobial treatment or there may be a severe or possibly life-threatening allergy mismatch, or the potential risk of toxicity due to drug interaction or for surgical prophylaxis, the duration⁴ is greater than 24 hours (except where local guidelines endorse this)</p>
	5	Not assessable	<p>The indication is not documented and unable to be determined from the notes or the notes are not comprehensive enough to assess appropriateness or the patient is too complex, due to multiple co-morbidities, allergies or microbiology results, and so on</p>

¹ Rodney James and others. [The feasibility and generalizability of assessing the appropriateness of antimicrobial prescribing in hospitals: a review of the Australian National Antimicrobial Prescribing Survey](#) JAC-Antimicrobial Resistance

² Taking into account acceptable changes due to the patient's weight, allergy status, renal or hepatic function, or relevant drug interactions (if this information is available)

³ [National Institute for Health and Care Excellence guidelines on antimicrobial stewardship \(including prescribing\)](#)

⁴ Duration should only be assessed if the guidelines state a recommended duration and the antimicrobial has already been dispensed for longer than this, or there is a clear planned 'end date' documented

Point Prevalence Survey 2023: healthcare-associated infections and antimicrobial use HAI data

Hospital code: _____ Ward name/unit ID¹: _____ Survey date: ____/____/____

NHS number: _____ Hospital number: _____ Date of birth: ____/____/____ Gender: _____

	HAI 1					HAI 2					HAI 3				
Case definition code															
Invasive device²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Present on admission	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Date of onset³	/ /					/ /					/ /				
Origin of infection	<input type="checkbox"/> Current hospital <input type="checkbox"/> Other acute care hospital <input type="checkbox"/> LTCF <input type="checkbox"/> Other community/mental health hospital <input type="checkbox"/> Other/ unknown					<input type="checkbox"/> Current hospital <input type="checkbox"/> Other acute care hospital <input type="checkbox"/> LTCF <input type="checkbox"/> Other community/mental health hospital <input type="checkbox"/> Other/ unknown					<input type="checkbox"/> Current hospital <input type="checkbox"/> Other acute care hospital <input type="checkbox"/> LTCF <input type="checkbox"/> Other community/mental health hospital <input type="checkbox"/> Other/ unknown				
HAI associated to current ward	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Vasopressor treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
If BSI: source⁴															
	Microbes code	Spec type ⁵	AMR			Microbes code	Spec type ⁵	AMR			Microbes code	Spec type ⁵	AMR		
			AB ⁶	SIR	PDR			AB ⁶	SIR	PDR			AB ⁶	SIR	PDR
Microorganism 1															
Microorganism 2															
Microorganism 3															

¹ Unique identifier for each unit (abbreviated ward name) within a hospital

² Relevant invasive device present (even intermittently) 48 hours before onset infection; intubation for pneumonia (PN); CVC/PVC for BSI; urinary catheter for UTI

³ Only for infections not present/active on admission (dd/mm/yyyy)

⁴ C-CVC (central venous catheter), C-PVC (peripheral venous catheter), S-PUL (pulmonary infection), S-UTI (urinary tract infection), S-DIG (digestive tract infection), S-SSI (surgical site infection), S-SST (skin/soft tissue infection), S-OTH (other), UO (none of the above, BSI of unknown origin, clinically asserted), UNK (unknown)

⁵ Specimen type: B=Blood, CSF=Cerebrospinal fluid, U=urine, S=sputum, T=tissue, SB=swab, O=Other fluid, BAL = Bronchoalveolar Lavage

⁶ AB: tested antibiotic(s): *S. aureus*: OXA (includes oxacillin or other marker for MRSA such as cefoxitin, cloxacillin, dicloxacillin, flucloxacillin or meticillin) and GLY; Enterococci: GLY; Enterobacterales: C3G and CAR; *P. aeruginosa* and *Acinetobacter* spp.: CAR; SIR: S=susceptible, standard, I=susceptible, increased exp, R=resistant, U=unknown; PDR: Pan-drug resistant: N=No, P=Possible, C=Confirmed, U=Unknown