

Reducing HCAI- What the Commissioner needs to know.

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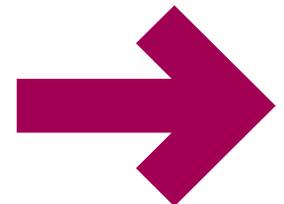


#NHSEngAMR

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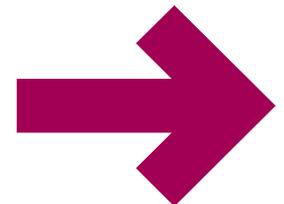
Introduction

- Healthcare Associated Infections (HCAI) can develop as a result of direct contact with a healthcare setting or as a result of a health care intervention such as medical or surgical treatment.
- HCAI poses a serious risk to patients as it can result in significant harm to those infected.
- Reducing health care-associated infections (HCAIs) remains high on the Government's safety and quality agenda and in the general public's expectations for quality of care.



Commissioning for Healthcare

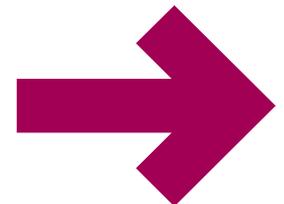
- Commissioning organisations hold providers to account for their performance, and assess their contribution to sustained improvement in infection prevention and control practices that reduce HCAs and antimicrobial resistance.
- Key position to make a difference in the quality and safety of care provided.



Guidance for Commissioners



- Collaborative guidance from IPS and RCN supports commissioners to influence patient safety and quality of care delivered..
- The toolkit is for both providers and commissioners of care to help establish a health care associated infection (HCAI) reduction plan, which reflects local and national priorities such as AMR.

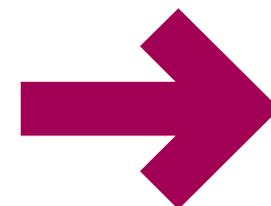


Implementation of the AMR Strategy



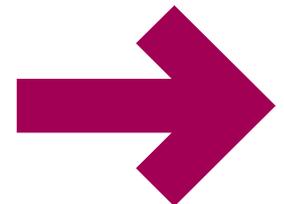
NHS England working jointly with the NHS, to support work to improve antimicrobial resistance surveillance and infection prevention and control in the NHS, through 7 key focused areas which can be group into:

- Prevention
- Preservation
- Promotion



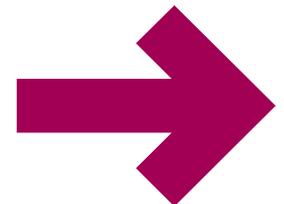
HCAI Data

- Approximately, 300,000 patients a year in England are affected by a healthcare-associated infection as a result of care within the NHS
 - 2007, *MRSA bloodstream infections and Clostridium difficile infections were recorded as the underlying cause of, or a contributory factor in, approximately 9000 deaths in hospital and primary care in England (NICE, 2012)*
- E coli blood stream infections are increasing and may be associated with catheter use and inappropriate management of UTIs
- *Clostridium difficile* infections are increasing



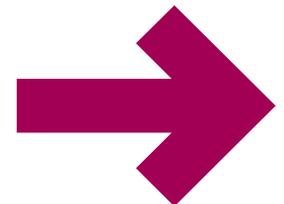
Indwelling Urinary Catheters

- Long-term indwelling catheters are common in both hospital and community care settings.
- High prevalence of devices may lead to complacency in adhering to best practice
- Long-term catheterisation carries a significant risk of symptomatic UTI, which can lead to serious complications such as blood stream infections (NICE 2012).
- The diagnosis of a CAUTI increases the use of antibiotics which will increase the burden and development of antimicrobial resistance (DH, 2007).



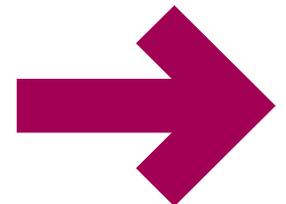
Incidence of CAUTI - nationally

- Urinary tract infection (UTI) is the most common HCAI, accounting for 17.2% of all HCAs, with between 43% and 56% of UTIs associated with an indwelling urethral catheter (EPIC 3, 2014).
- Patients with invasive devices such as urinary catheters are at a greater risk of developing an infection (NICE, 2012).
- In addition to increased costs, each one of these infections means additional use of NHS resources, greater patient discomfort and a decrease in patient safety.



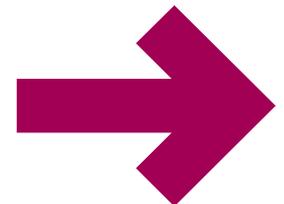
What we need to do & what commissioners need to know

- Improved management of patients with urinary catheters through the implementation of high standards in infection prevention and control remains central to minimising the risk of infection.
- Involves communication, policy/guidance, competency frameworks and training, patient carer education, surveillance and focused analysis to identify areas of learning
- Improvements will also reduce the need for antibiotics, limit the emergence and spread of multi-drug resistant organisms (CMO, 2013).



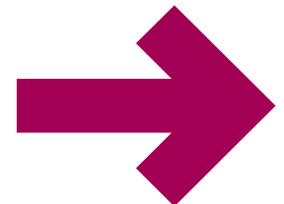
Actions that can support change

- Whole Economy focus – local collaborative networks
 - Is catheter care and CAUTI on agenda and work plans?
- Share learning across the system
- Include social care in the planning and sharing of learning
- Patient Held passports are a potential tool to improving patient care and safety across the system.
 - Have been implemented in a number of regions.



The Evidence to Reducing the Risk

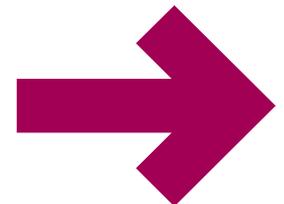
- Local policies and guidance
- Clarity on when an IUC should be used
- Develop clear policies and procedures for the management of continence and the minimization of catheter use. Include alternatives to catheterization.
- Do they reflect national guidance on best practice to reducing the risk (NICE, 2012; EPIC 3, 2014)



The Evidence to reducing the Risk

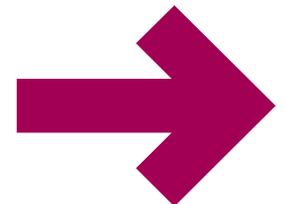


- NHS Safety Thermometer
 - a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.
- Focused audits for areas with high CAUTI
- Care planning
- Developing a culture of continuous improvement
 - Is learning from PIR/RCA being identified and actioned
 - How is learning being shared locally and nationally
 - Locally agreed KPIs through contract monitoring



Looking to the future

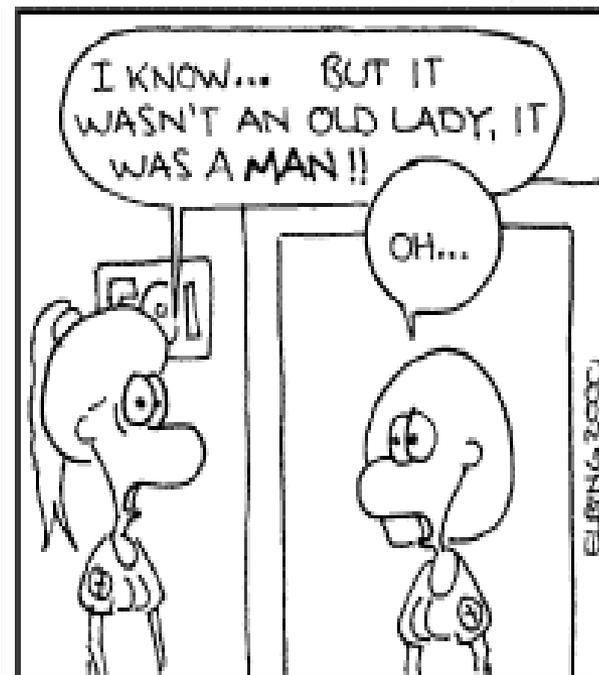
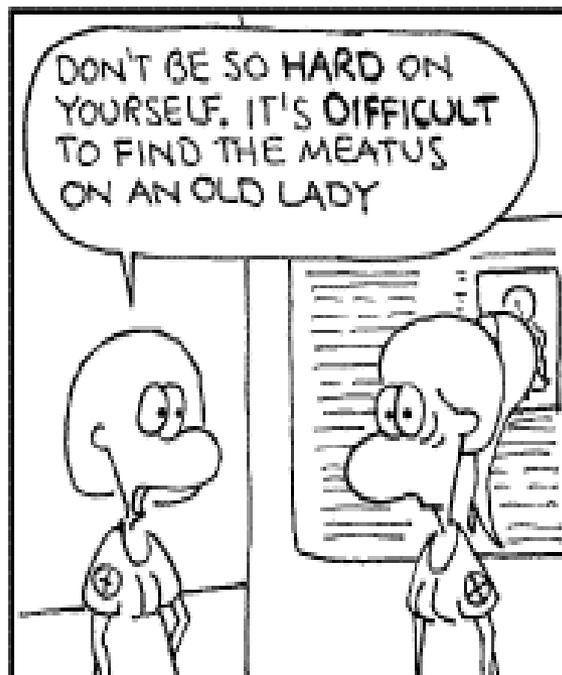
- If providers improve the management of patients with Urinary catheters we should see changes in the following
 - Reduction in CAUTI
 - Reduction in prescribing and consumption of antimicrobials
 - Reduction in resistant organisms
 - Better patient outcomes
 - Potentially reduction in MRSA bacteraemia and *Clostridium difficile* infections (CDI)



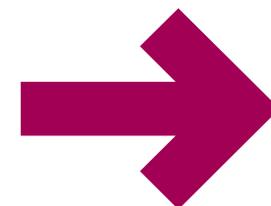
Finally....

Nurstoons

by Carl Elbing



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References/guidance

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