

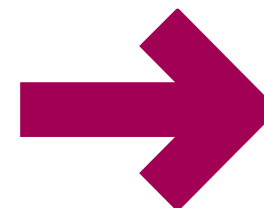


Reducing HCAI- What the Commissioner needs to know.

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HCAI/AMR project lead
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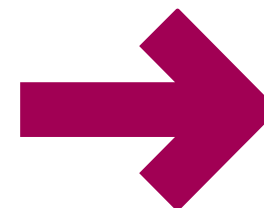
Introduction

- 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

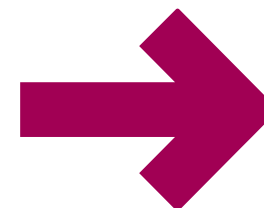
- Commissioning organisations hold providers to account for their performance, and assess their contribution to sustained improvement in infection prevention and control practices that reduce HCAs and antimicrobial resistance.
- Key position to make a difference in the quality and safety of care provided.



Guidance for Commissioners

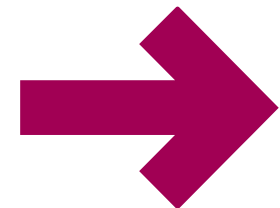


- Collaborative guidance from IPS and RCN supports commissioners to influence patient safety and quality of care delivered..
- The toolkit is for both providers and commissioners of care to help establish a health care associated infection (HCAI) reduction plan, which reflects local and national priorities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



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
- Patient Held passports are a potential tool to improving patient care and safety across the system. Have been implemented in a number of regions.

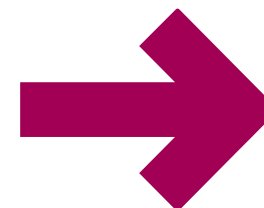


Implementation of the AMR Strategy



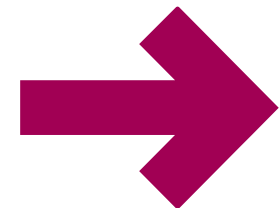
NHS England working jointly with the NHS, to support work to improve antimicrobial resistance surveillance and infection prevention and control in the NHS, through 7 key focused areas which can be group into:

- Prevention
- Preservation
- Promotion



AMR – Infection Prevention & Control

- As part of the work to reduce AMR the role of the project lead has been to review resources for improving IPC with a focus on urinary catheters
- As a provider I am keen to ensure that staff follow best practice guidance to reduce the risk to patients
- Urinary catheters are common in both community and acute settings
- Improvement plans need to be collaborative to ensure that the risks are reduced for patients who will be cared for in all settings



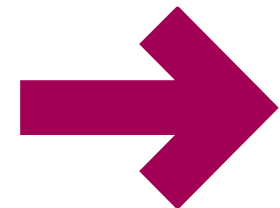
HCAI Data

- 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)*
- Healthcare-associated infections are estimated to cost the NHS approximately £1 billion a year
 - £56 million of this is estimated to be incurred after patients are discharged from hospital.



Incidence of CAUTI - nationally

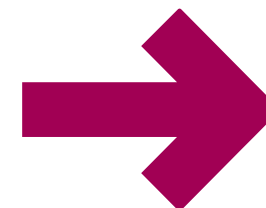
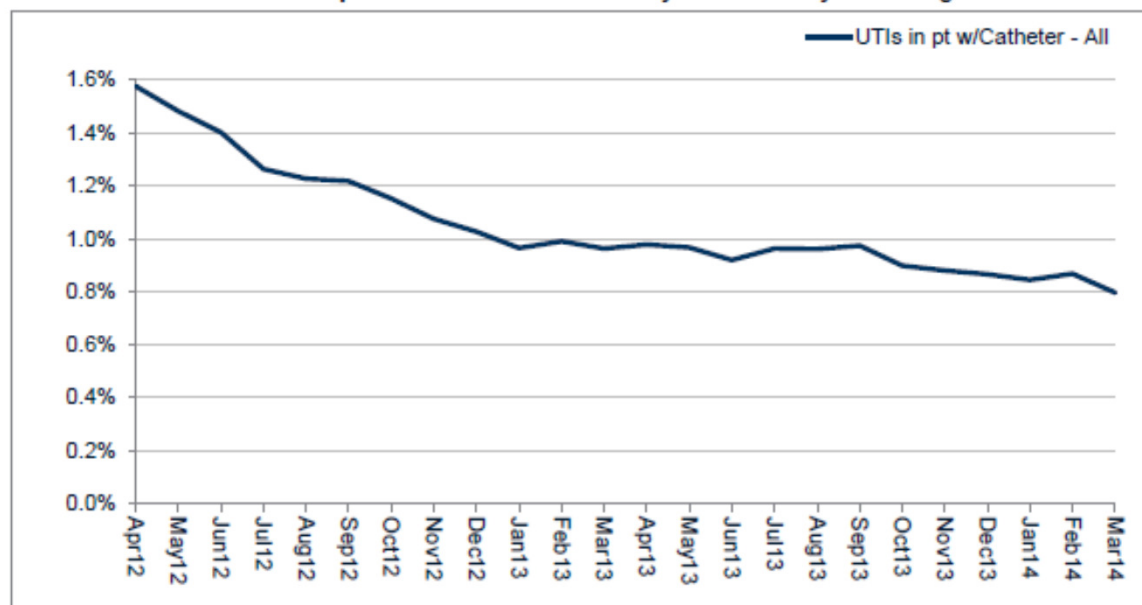
- Urinary tract infection (UTI) is the most common HCAI, accounting for 17.2% of all HCAIs, with between 43% and 56% of UTIs associated with an indwelling urethral catheter (EPIC 3, 2014).
- Patients with invasive devices such as urinary catheters are at a greater risk of developing an infection (NICE, 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.



Safety Thermometer data

- Data produced through the NHS Safety Thermometer has indicated that there has been a decrease in % of catheterised patients with a UTI (2012-2014). The reduction is by 49.4%

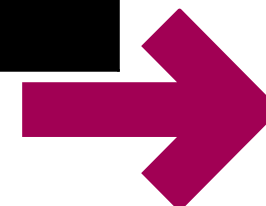
Chart 9: UTIs: catheterised patients recorded on the day of the survey as having a UTI



Local Data – E Coli Bacteraemia

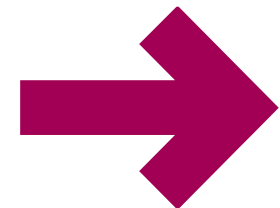
- PHE data for South Midlands and Herts (Apr 13- 6th Jan 2015)
 - Data not complete as not mandatory to indicate if patient has a catheter
 - Over 270 cases a catheter is in place and a potential risk
 - Future work plan to review the community cases E. Coli

Urinary catheterization indicated in HDCS as risk factor for E. coli and MRSA for South Midlands and Hertfordshire 1 April 2013-6 January 2015							
Urinary Catheter indicated in HDCS	Yes	No	Unknown	Not indicated	Total	Total Yes+No	Proportion Yes/Total (Yes+No)
MRSA	11	10	1	38	60	21	52.4%
E. coli	261	344	44	2196	2845	605	43.1%
Total	272	354	45	2234	2905		



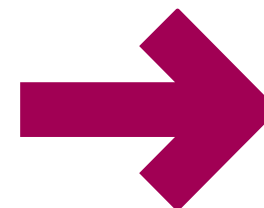
Post Infection Reviews/RCA

- Community PIR high incidence of patients with indwelling urinary catheters
- Some of the learning identified from PIR include;
 - Education of carers and patients
 - Indication for catheter not always understood
 - Lack of staff knowledge on risks of infection
 - Recurrent treatment for suspected UTI without sensitivities



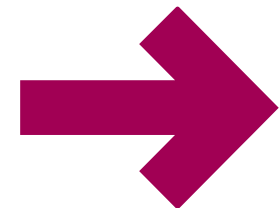
Indwelling Urinary Catheters

- 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).



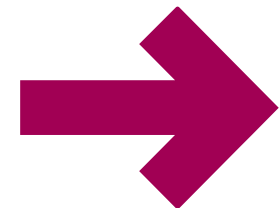
Impact of CAUTI on antimicrobial resistance

- It is essential that patients suspected to have a CAUTI are diagnosed appropriately and staff are competent to take samples safely
- It must be clear to staff that using near patient testing such as “dip stick” analysis is not the process to confirming a patient has a CAUTI
- Inappropriate diagnosis leads to;
 - Unnecessary use of antibiotics
 - Increased risk of CDI and
 - Development of multi-resistant organisms and limited treatment choices
 - Treatment failure when antibiotics are prescribed without sensitivities following a urinalysis



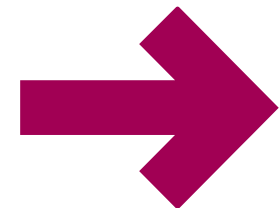
What we need to do & what commissioners need to know

- 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).



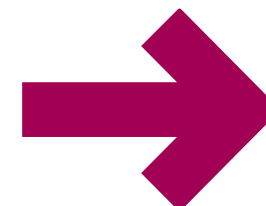
The Evidence to reducing the Risk

- Improved Assessment of indication for catheter
 - Alternatives considered
 - Ongoing assessment and plan
- Improved communication
 - Between health and social care team on patient transfer
 - Patient/carers information/education on risks
- Staff competencies
 - Evidence based
 - Clear about the information they gather which might influence care (dip stick urine)
- Staff training
 - Urinary catheterisation not mandatory to have updates



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



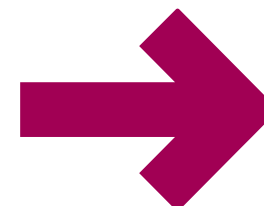
- Safety Thermometer
 - The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.
- Focused audits for areas with high CAUTI
- Care planning
- Developing a culture of continuous improvement
 - Is learning from PIR/RCA being identified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



Resources to support good practice

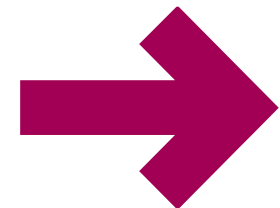


- Subject to necessary ratification processes a Stage Two Alert
- Stage Two: Resource' patient safety alert to signpost providers to resources developed to prevent Catheter Associated Urinary tract infection through implementation of best practice.
- Signposts providers to a toolkit developed by NHS England to support the NHS in sharing good practice and implementing key principles to prevent CAUTI.



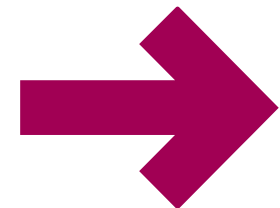
The Urinary Catheter Care toolkit

- Key guidance is available however frequently see that best practice has not been implemented
- Toolkit to include;
 - The catheter care passport
 - Competency framework
 - How to guides for carers – leg drainage/urine sampling
 - Key management of a CA UTI
- If you have implemented local initiatives it would be great to hear from you s.mantle@nhs.net



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)



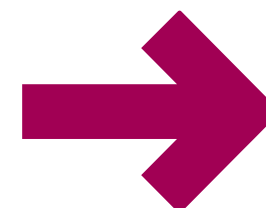
Finally....

Nurstoons

by Carl Elbing



www.nurstoons.com



References/guidance

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