Responsibility for managing HCAIs: where does the buck stop?

Professor Brian Duerden CBE
Inspector of Microbiology and Infection Control
Department of Health

Infection is different…….

…….it spreads!

Biology

Microbial populations

Human populations

Human behaviour

HCAI

- Knows no boundaries across health and social care
- Bacteria move with people
- Affects all health and social care settings
  - Responsibility across the whole health and social care community

Health and social care community

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- NHS
  - SHAs - performance management
  - PCTs – commissioners and providers
    - General practice
    - Community hospitals
  - Acute Trusts/FTs
  - Mental Health Trusts
  - Ambulance Trusts
- Independent sector
  - Hospitals; independent treatment centres
  - Nursing & care homes
- Health Protection Agency

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England's HCAI challenge 2008.....

MRSA bacteraemia	
2001/2	7291
2002/3	7426
2003/4	*7700*
2004/5	7212
2005/6	7097
2006/7	6383
2007/8	4438

C. difficile infection, Age >65 years	
2004	44314
2005	51767
2006	*55681*
2007	50392
2007/8 + 2 – 64 years	*45334* 10059

……*why?*

1970 – 2000: a dichotomy

- Microbiology & Infection Control
  - Interesting specialty
  - Plenty to do
  - New infections (*C. difficile* 1978)
- BUT
  - the province of the infection specialists

- Modern medicine
  - Increased life expectancy
  - Cancer treatment
  - Complex surgery
  - Chronic illnesses
- Infection – a nuisance

Reducing HCAI….

Change the mindset

- From:
  1) create a system to deliver specialist clinical care
  2) take measures to prevent infection
- To:
  1) create a safe environment for patient care
  2) deliver specialist clinical care within that environment

Responsibility for HCAI

- Clinicians
  - *Safe patient care*
  - Diagnosis
  - Treatment
  - Prevention
  - Control
- Boards/CEO/managers
  - Corporate environment
  - Make it happen
- Government/DH
  - Set standards
  - Ensure priority
  - Set targets
  - Monitor outcome
  - *Performance management*

……….and

….. *legislation*

- Health Act 2006
  - Statutory Code of Practice : all NHS bodies
  - Compliance assessed by the Healthcare Commission
    - Annual healthcheck
    - Improvement notices
    - Annual specialist inspections from 2008-9

Health and Social Care Act 2008

- Care Quality Commission
- Extends CoP to independent sector and all care settings
- Registration
  - NHS bodies: 2009/10
  - Independent sector 2010/11 (continuation of current registration – Care Standards Act)
- Compliance with revised Code of Practice
  - Effective April 2009
  - Demonstrate compliance with registration
  - Restructured; same content and purpose

HCAI 2003 - 04

- *Winning Ways* - December 2003
  - Strategy for HCAI
- *NAO Report* - July 2004
  - Critical of slow progress
- *Towards Cleaner Hospitals and Lower Rates of Infection* - July 2004
  - Action plan
  - MRSA target: 50% reduction in bacteraemia by 2008

MRSA target….*achieved!*

MRSA bacteraemia	
2001/2	7291
2002/3	7426
2003/4	*7700*
2004/5	7212
2005/6	7097
2006/7	6383
2007/8	4438
2008/9 Q1	*836*

Quarterly average
1925
836 (57% reduction)

MRSA target – beyond 2008

- Headline message: continue to improve
  - The target is a ceiling
  - Get as much below as possible
  - Year on year reductions
- Zero tolerance approach
  - What is the minimum achievable?
- Mandatory surveillance system will continue
- SHA envelopes for the target
  - SHAs performance manage Trusts within envelope
  - Achieved or better – at least maintain; aim to reduce further
  - Not reached – continue with performance management and monitoring to achieve the target – and beyond

Zero tolerance……

- NOT – 'there will be no infections'
  - *Biologically implausible!*
- NO tolerance
  - of preventable (avoidable) infections
  - of poor clinical practice
    - Hand hygiene compliance
    - Aseptic procedures (eg, line care)
    - Imprudent antibiotic prescribing
- *Do it right EVERY time!*

MRSA screening

- All elective admissions by March 2009
    - Not maternity, ophthalmic, dental, endoscopies
  - DH monitors implementation from October
- All admissions asap and at latest by 2010-11

Why are we screening?

- Colonisation precedes infection – mostly
- Colonised patient is
  - At risk of developing an infection
  - A possible source for transmission to others
- Isolate MRSA +ve patients if possible
- Screening AND decolonisation
  - Reduces the risk for the individual
  - Reduces the risk of transmission

C. difficile target - present status

C. difficile infection, Age >65 years		Quarterly average
2004	44314	11078
2005	51767	12942
2006	55681	13920
2007	50392	12598

2007/8 + 2 - 64 y	*45334* 10059

April - June 08	
11333 2515	*8663* 2183

C. difficile target - quarters 2007-8

Age >65 years	
Jan - Mar 06	15349
Apr - Jun 06	14689
Jul - Sep 06	12821
Oct - Dec 06	12776
Jan - Mar 07	15644
Apr - Jun 07	*13924*
Jul - Sep 06	10884
Oct - Dec 06	10009
Jan - Mar 08	10608
Apr - Jun 08	*8683*

Age 2 - 64 years
2944
2583
2239
2356
2183

C. difficile deaths 1999-2007

	1999	2001	2002	2003	2004	2005	2006	2007
DC mentions	975	1214	1428	1788	2247	3807	6480	8324
UC	531	691	756	958	1245	2074	3564	4056
% as UC	54	57	53	55	55	54	55	49

Office of National Statistics

CDI Target – 2008-2011

- National CDI target reduction
  - 30% reduction by 2010-11, baseline 2007-8
  - Performance management on SHA envelopes
- Population based (SHA and PCT)
    - Differential reductions to reach standard rate (/10,000 population)
  - Acute Trust targets
    - post-48 hours after admission
    - Standard per 1000 admissions
  - Minimum reduction set for all

How have we changed practice?

- Management
  - emphasis on infection control
- Enhanced surveillance (HPA)
  - MRSA & *C. difficile*
- Clinical practice protocols
  - *Saving Lives & Essential Steps*
- Cleanliness and hygiene
  - hand hygiene
  - environmental cleaning
- Training and audit
- Targets and performance management
- Legislation - *Code of Practice*

Management priority & responsibility

- HCAI
  - *NOT* just the Infection Control Team
  - Trust Board
  - Chief Executive
  - Clinical ownership
  - *ALL STAFF*
- *DIPC is the focus*
  - Responsibility
  - Authority – clinical and managerial
  - Resource allocation

Surveillance

- Measure it to manage it!
- National surveillance programme
  - Consistent definitions
  - Targets and performance management
  - Choice agenda
- Enhanced surveillance - risk factors
- Local surveillance
  - Ward/Unit/Division/Specialty reports
  - Identify hot-spots
  - Monitor progress - review at all management levels
  - Detect outbreaks/increased incidence

Improving clinical care

- *Cleanyourhands* campaign
- Cleanliness inspections & standards
- *Saving Lives* clinical protocols
- Root Cause Analysis
  - MRSA bacteraemias
  - *C. difficile* outbreaks, deaths, severe cases
    - Risk factors
    - Compliance failures

'Saving lives' toolkit

- Three components
  - Self assessment tool –
    reflects CoP core duties
  - 7 High Impact Interventions (Care Bundle approach)
    - Key elements for safe care
    - Simple observational audit of compliance
  - *plus guidance notes*

High Impact Interventions (revised June 2007)

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1. Central venous catheters
2. Peripheral line care
3. Dialysis catheters
4. Surgical site management
5. Urinary catheters
6. Ventilator management
7. *Clostridium difficile*

SL Guidance

- October 2006
  - MRSA screening
- June 2007
  - Blood Culture protocol
  - Antimicrobial prescribing framework
- September 2007
  - Isolation and cohorting

Environmental hygiene

- Hospitals should be clean!
- Matrons & ward sisters
  - - authority and responsibility
- Routine cleaning
  - Hand-contact areas
- Enhanced cleaning in infected areas
  - Use of disinfectants
- Deep cleaning after discharge of infected patient

October 2007– HCC

Maidstone and Tunbridge Wells Report

Investigation

Investigation into outbreaks of *Clostridium difficile* at Maidstone and Tunbridge Wells NHS Trust

October 2007

Inspecting Informing Improving

National recommendations

- *C. difficile* regarded as a diagnosis in own right
- Commissioners to ensure acute trusts have guidelines in place
- Education and training of junior doctors
  - Improve recording on Death Certificates
- Reinforce antibiotic stewardship messages
- NHS/HPA to agree clear and consistent arrangements for monitoring rates of CDI
- Boards to understand role and responsibility of DIPC and receive regular information

Preventing HCAI

- Ensure management attention
  - Commissioning and monitoring
- Improve clinical care
  - Hand hygiene
  - Aseptic procedures
  - *Saving Lives* and *Essential Steps*
  - Care home guidance
- Antimicrobial stewardship
  - Across the health economy
- Audit and training

Making it happen!

- Management responsibility
  - Compliance assurance
  - Board to ward
- Personal responsibility
  - Job descriptions; job plans
  - Mandatory IP&C training
  - CPD for clinical staff
  - Appraisal and individual performance review
  - Disciplinary measures
  - Clinical excellence awards

Compliance assurance

- Surveillance data
  - Cases, outbreaks, deaths
- Audit results
  - Hand hygiene
  - Clinical protocols (High Impact Interventions)
  - Isolation protocols
  - Antibiotic prescribing
  - Cleanliness inspections
- Reviewed at all management levels
  - Unit, ward, directorate, division, BOARD

Commissioning and delivery

- Commissioners to include IP&C in commissioned services
- Contract monitoring to include review of IP&C provision
  - Target numbers
  - Process monitoring
- Provider services to include IP&C

Goal (Government/DH) - use

- Political imperative
- Measurement
- Target setting
- Professional support
- Performance management AND
- Legislation

To change human behaviour (clinical & managerial) to

- Overcome the challenge of HCAI

A wake-up call……..

- We must no longer accept these infections as 'normal'
- Patients
  - Can be very ill
  - Can die
  - Stay in hospital longer
  - May need major surgery
- Significant NHS resources can be better used

…zero tolerance is a professional obligation

……………for everyone

- Clinicians
- Healthcare support staff
- Unit, ward, directorate/division, specialty
- Board, CEO, DIPC, Executive directors
- Acute Trusts, PCT, SHA
- Commissioners and providers
- Department of Health, Government