

Health Protection Surveillance Centre
Lárionad Fáilte um Chosaint Sláinte

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Quality and Patient Safety Directorate
Health Protection Surveillance Centre
Interim Public Health
ROYAL COLLEGE OF PHYSICIANS OF IRELAND
Office of the Nursing & Midwifery Services Director

Healthcare-associated infections & antimicrobial use in long-term care facilities (HALT) 2016

Training Day: Lecture 1
Welcome & Introduction to HALT 2016

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Welcome

- **Introductions**
- **Housekeeping:**
 - Fire exits
 - Registration for continuing professional development
 - ONE completed HPSC questionnaire per participating LTCF
 - Please switch off/silence mobile phones
- **Today's schedule**

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Today's schedule

HALT 2016 Training Day Schedule

| Time | Lecture | Presenter |
|---------------|---|--------------------------|
| 08:00-09:00 | Registration | |
| 09:00 - 09:30 | 1. Welcome | Karen Burns/Helen Murphy |
| 09:30-10:00 | 2. Overview of the questionnaire for HALT 2016 | Karen Burns/Helen Murphy |
| | – Institutional Questionnaire | |
| | – Ward list | |
| | – Resident Questionnaire | |
| 10:00-10:30 | Coffee break | |
| 10:30-11:30 | 3. How to complete the HALT 2016 questionnaires | Karen Burns/Helen Murphy |
| | – Institutional questionnaire | |
| | – Ward list | |
| | – Resident questionnaires | |
| 11:15-11:45 | 4. Case Studies - lecture and small group work | Karen Burns/Helen Murphy |
| 12:00-12:45 | Lunch | |
| 13:00-13:45 | 5. Case Studies - continued - Small group work | Karen Burns/Helen Murphy |
| 14:00-14:50 | 6. Preparing for participation in HALT 2016 | Karen Burns/Helen Murphy |
| 14:50-15:30 | 7. How to input data into software | Karen Burns/Helen Murphy |
| 15:30-15:45 | 8. I have participated! What next? | Karen Burns/Helen Murphy |
| | – Individual and national report – how to interpret results | |
| | – Feedback of results | |
| | – Planning improvements | |
| 15:45-16:00 | Evaluation of training session | |

• Questions will be taken throughout the day
• Please hand in ONE completed LTCF Questionnaire per participating LTCF
• Don't forget to complete a training evaluation form, to sign the attendance sheet and to claim your certificate of attendance at the end of the day!

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Lecture Objectives

- To outline the HALT survey and types of surveillance
- To describe how we define healthcare-associated infections for surveillance
- To explain reasons for carrying out surveillance in long-term care facilities (LTCFs) and how it is done
- To provide results of previous HALT surveys in Europe and Ireland
- To outline the lessons learned from previous HALT surveys

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What is HALT?

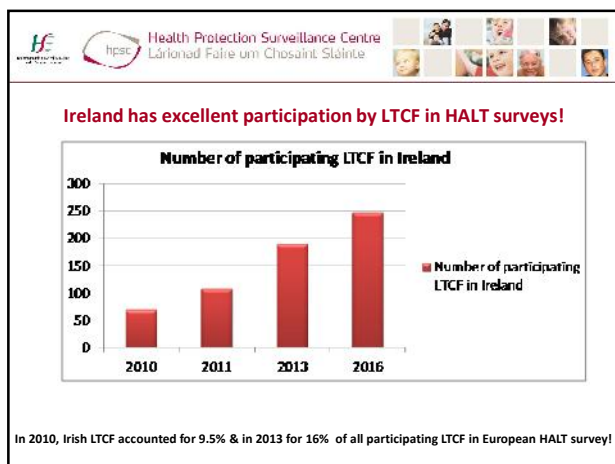
- A point prevalence survey in nursing homes/long-term care facilities (LTCF)
- Commissioned by the European Centre for Disease Prevention and Control (ECDC)
 - First EU HALT – May 2010: Participation in 28 EU countries, including Ireland
 - Ireland performed a further HALT survey in May 2011
 - Second EU HALT – May 2013: 19 EU countries, including Ireland
 - Third EU HALT – May 2016

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What is my role in HALT?

- You have been nominated as the local HALT contact person and lead data collector for your LTCF
- You are responsible for the HALT survey in your LTCF
 - Trained HALT data collector
 - Getting ready for HALT in your LTCF – picking the date, picking your team, planning the schedule, informing the staff and residents
 - Planning and carrying out data collection (with assistance of your colleagues)
 - As the trained HALT data collector, you need to be present on the HALT date(s) in your LTCF and released from usual duties so you have time to perform HALT
 - You will need to show your colleagues how HALT survey is conducted if they are helping you with data collection
 - You will need to make sure that the HALT protocol is followed exactly
 - After all the data is collected, you will need to ensure it is entered into the HALT software and returned to HPSC by deadline – you will need time to do this



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- ### What information will be collected in the HALT survey?
1. The nursing care load indicators of your residents, nurse and HCA resources in your facility to care for the residents
 2. The resources in your LTCF for infection prevention and control and promoting prudent antimicrobial prescribing
 3. Antimicrobial prescribing in your LTCF:
 - What's being prescribed and why?
 4. The burden of HCAI in your LTCF
 - What type of infections are present?

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- ### What is a healthcare-associated infection? HCAI
- HCAI = infection that a resident acquires/picks up after being in contact with the healthcare system (e.g., following admission to a LTCF or a hospital)
 - Prior HALT surveys collected data on infections acquired in LTCF only
 - In 2016, HALT will collect information on infections acquired in LTCF **AND** infections acquired in hospital

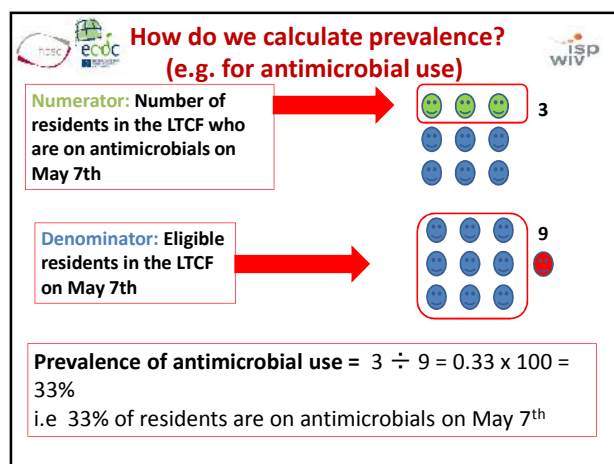
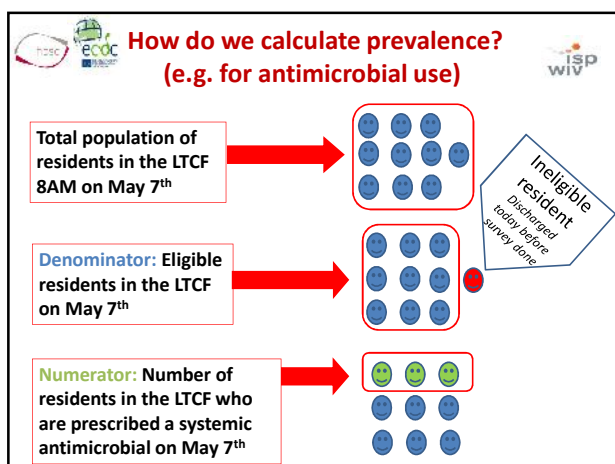
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What types of infection are we looking for?

| Infection Group | Infection Name |
|---|---|
| 1. Urinary tract infections (UTI) | 1. UTI in a resident without a urinary catheter 2. UTI in a resident with a urinary catheter |
| 2. Respiratory tract infections (RTI) | 1. The first infection 2. Upper respiratory tract infection in a resident with a positive sputum culture, reporting the presence of a new infection (onset date) 3. Lower respiratory tract infection in a resident with a positive sputum culture, reporting the presence of a new infection (onset date) 4. OR the chest x-ray result does not confirm presence of a new infection |
| 3. Skin infections | 1. Cellulitis/soft tissue/wound infections 2. No infection |
| 4. Surgical site infections (SSI) | 1. Infection (bacterial, fungal, viral, or parasitic) in a wound, incision, or surgical site (including the incision/scar) in a resident 2. Superficial incisional SSI 3. Deep incisional SSI 4. Organ/space SSI |
| 5. Respiratory tract and mouth infections | 1. Pneumonia 2. Oral infection 3. Pharyngitis 4. Dental infection |
| 6. Musculoskeletal infections | 1. Osteoarthritis 2. Osteomyelitis 3. Septic arthritis 4. Prosthetic joint infection |
| 7. Bloodstream infections | 1. Bacteremia 2. Fungal bloodstream infection (IFI) 3. Viral bloodstream infection (VBI) 4. Parasitic bloodstream infection (PBI) |
| 8. Unexplained fever | 1. Resident meets the definition for fever and the fever is documented on ≥2 occasions at least 12 hours apart in any three-day period and there is no known cause for the fever (e.g., infection, inflammation, or other condition) |
| 9. Other infections | 1. Resident meets the definition for infection and the infection is documented on ≥2 occasions at least 12 hours apart in any three-day period and there is no known cause for the infection (e.g., infection, inflammation, or other condition) |

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- ### What is surveillance?
- Surveillance = 'keeping an eye on things'
 - Systematic collection and analysis of data and the use of this information for **action**
 - Improve the care we give to our residents/patients
 - Reduce the occurrence of preventable healthcare-associated infection (HCAI) in our residents
 - Make sure antimicrobials are only given to residents who need them and that they're used prudently
 - Compare our results with those of other LTCFs that look after a similar type of resident

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- ### Surveillance of HCAI
- Fundamental part of infection prevention & control but requires resources and skilled personnel**
- Two types of surveillance are used in healthcare:
1. **Prevalence** – specific point in time
 2. **Incidence** – ongoing capture of data
-
-
- HALT is a prevalence survey**



Prevalence of HCAI

- Number of residents in the LTCF on May 7th
- Number of eligible residents in the LTCF on May 7th = **A**
- Number of eligible residents who have signs or symptoms that meet a definition for a HCAI = **B**
- Prevalence of HCAI = $B/A \times 100 = C\%$

The good news is that the HALT software does all of the calculations for you!

What is the difference between infection and colonisation/carriage?

- Carriage/colonisation = bugs/microorganisms are carried by the resident, but are not currently causing infection
- Generally, colonisation/carriage in the LTCF resident does not need antimicrobial therapy in the absence of signs/symptoms of infection

EXAMPLES:

- A resident has a positive nasal swab result for MRSA, but has no signs of infection at that site
- A resident with an indwelling urinary catheter has a positive CSU result for *E. coli*, but has no signs or symptoms of a urinary tract infection
- A resident with a chronic venous leg ulcer has a positive ulcer swab with mixed bacterial growth of *Pseudomonas aeruginosa*, Group C streptococcus and anaerobes, but the ulcer site is unchanged in appearance

• HALT is **not collecting data on colonisation** – Only data on HCAI is being collected

What types of infection are we looking for?

| Infection Group | Infection Name |
|---------------------------------------|--|
| 1. Urinary tract infections (UTI) | 1. UTI in a resident without a urinary catheter |
| 2. Respiratory tract infections (RTI) | 1. UTI in a resident with a urinary catheter |
| 3. Skin infections | 1. Urinary tract infection (UTI) in a resident with a urinary catheter |
| 4. Surgical site infections (SSI) | 1. Urinary tract infection (UTI) in a resident with a urinary catheter |
| 5. Soft tissue infections | 1. Urinary tract infection (UTI) in a resident with a urinary catheter |
| 6. Bloodstream infections (BSI) | 1. Urinary tract infection (UTI) in a resident with a urinary catheter |
| 7. Bone/joint infections | 1. Urinary tract infection (UTI) in a resident with a urinary catheter |
| 8. Unexplained fever | 1. Urinary tract infection (UTI) in a resident with a urinary catheter |
| 9. Other infections | 1. Urinary tract infection (UTI) in a resident with a urinary catheter |

How do we decide whether the resident's infection is a HCAI?

- Generally, a HCAI is defined as being acquired in your LTCF (i.e., HCAI) if it **starts day three onwards** following the resident's admission to your LTCF
- EXAMPLE**
 - J Juliet is admitted to LTCF A on May 1st (**DAY 1**) and on May 3rd (**DAY 3**) she develops signs and symptoms of an infection
 - Provided J Juliet's signs and symptoms meet the criteria for case definition of an infection – her infection is a HCAI acquired in your LTCF

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What are the exceptions?

- Certain HCAI might still be associated with the hospital, rather than your LTCF: **IMPORTED HCAI**
 - Resident returns to your LTCF continuing treatment for an infection acquired in the hospital
 - Resident is confirmed by lab to have ***C. difficile*** infection within 28 days of discharge from hospital to your LTCF
 - Resident is confirmed to have any category of **surgical site infection** if it starts within 30 days of date of any type of surgical procedure
 - Resident is confirmed to have either deep incisional/organ space category of SSI if it starts within 90 days of date of an implant surgical procedure

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What is meant by an active HCAI?

An **active** HCAI present on the day of the survey is defined as follows:

A HCAI is **active** when signs and symptoms of the infection are present on the survey date

OR


A HCAI is **active** when signs and symptoms were present in the past and the resident is (still) receiving treatment for that infection on the survey date

HALT is **only** collecting information on active HCAI and not on past HCAI

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How do we decide whether a resident's signs and symptoms are a HCAI?

- For consistency, it is important that **we use the same definitions** to categorise a resident as meeting the definition for a urinary tract infection in Cork, in Leitrim, in Bordeaux and in Rome
- HCAI definitions are standardised – we want to compare 'like-with-like'



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An important concept

- Definitions that are used for surveillance of HCAI are **NOT** the same as clinical judgement
- We use standardised HCAI definitions for surveillance/measurement of infections
- We use clinical judgement on a daily basis to make real-time decisions about our resident's care
- We **do not** use HCAI surveillance definitions for making real-time decisions about our resident's care

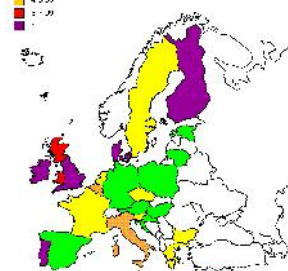
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How will my LTCF benefit from taking part in HALT 2016?

- HALT will help you to **gather information for action**: HCAI, antimicrobial use and infection control practices and resources in your LTCF
- The information you gather as part of HALT will help your LTCF to **plan improvements in resident care** (e.g., development of quality improvement plans or policies and help decide how resources might be best allocated)
- If your LTCF participated in HALT 2010, 2011 or 2013, repeating the survey in 2016 will help to **compare your LTCF's local results over time and track improvements**
- Participation in HALT will **raise the awareness of the staff** in your LTCF on importance of HCAI, antimicrobial use & surveillance

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EU Results 2010: Prevalence of antimicrobial use

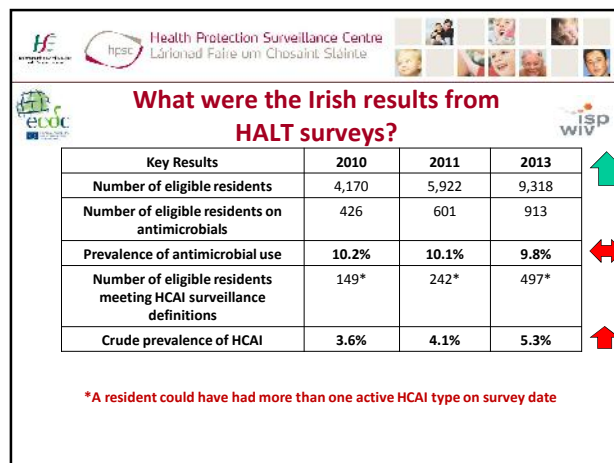
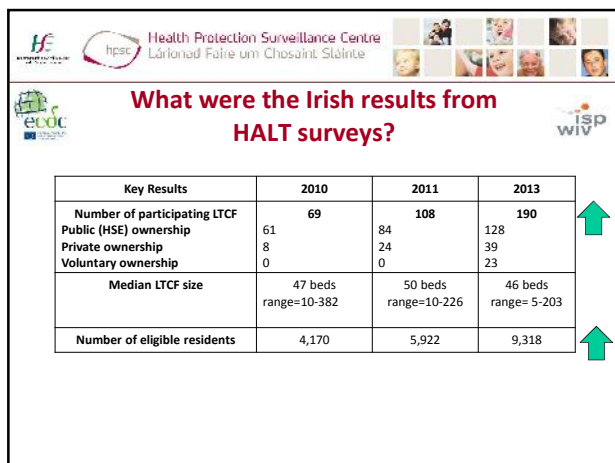
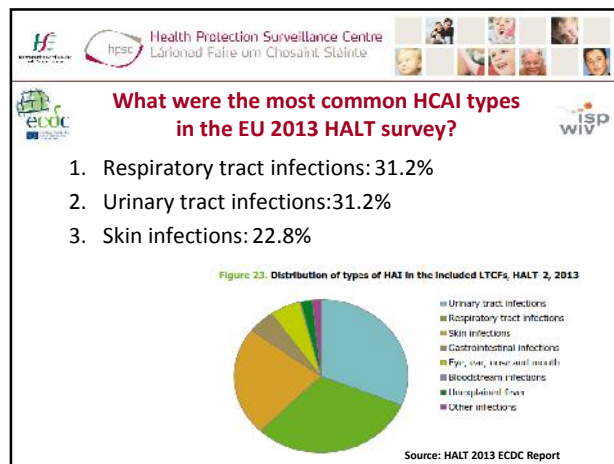
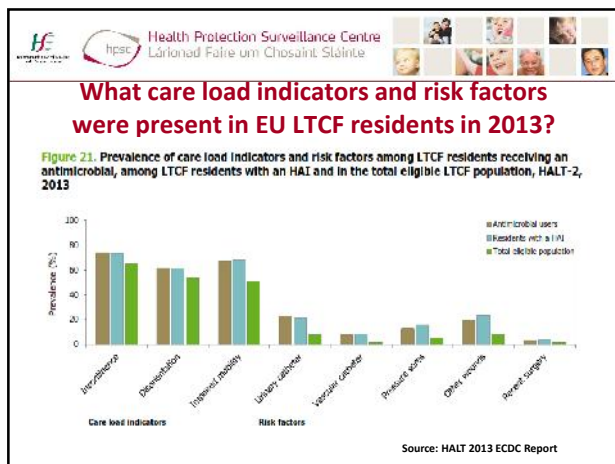
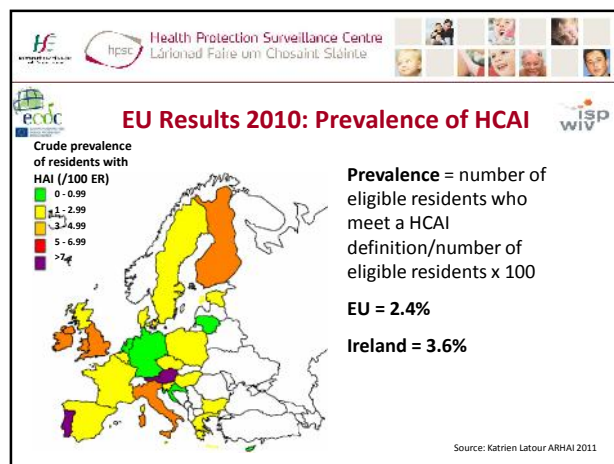
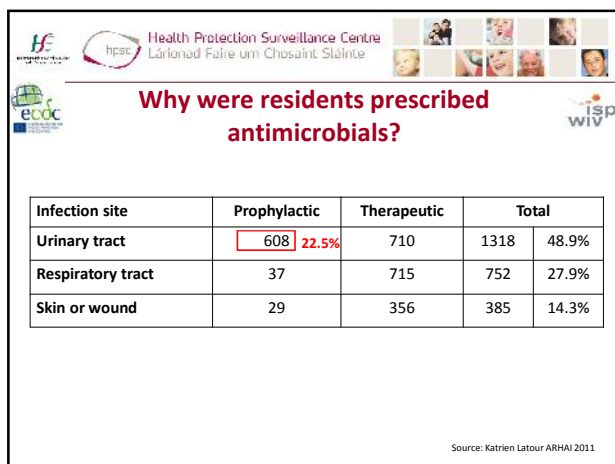































Prevalence = number of eligible residents on antimicrobials/number of eligible residents x 100

EU = 4.3%

Ireland = 10.2%

Source: Katrien Latour ARHAI 2011





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ECDC
European Centre for Disease Prevention and Control



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Why are we repeating HALT?

- Increase the number of participating LTCF
- Improve quality of data on HCAI, antimicrobial use and infection prevention and control practices and resources
- Promote education, training and development of guidelines
- Ultimately – **we all want to improve resident care**
- Minimise the risk of harm to our residents by avoiding prescribing of unnecessary antimicrobials and indwelling devices
- Minimise transmission of antimicrobial resistant microorganisms/bugs and *C. difficile* within Irish LTCF



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<http://www.hpsc.ie/hpsc-A-Z/Microbiology/AntimicrobialResistance/InfectionControlandHAI/Surveillance/HCAIinlongtermcarefacilities/>



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Healthcare-associated infection in long term care facilities

National Prevalence Surveys on Healthcare Associated Infections and Antibiotic use in Irish long term care facilities

In 2010, 2013 and 2015, Irish long term care facilities participated in a national prevalence survey of healthcare associated infections and antibiotic use in long term care (HCAI). The 2015 survey will be repeated in Ireland and across Europe from May 2015. Further information on the 2015 HCAI survey and the outputs of the previous HCAI surveys can be found below.

- [Background to HCAI](#)
- [HAI Definitions](#)
- [HAI Training 2015](#)
- [Operational manual and software for undertaking HAI](#)
- [Dataflow/Questionnaire](#)
- [Publications](#)




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Guidelines for the Prevention of Catheter-associated Urinary Tract Infection



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Guidelines For Antimicrobial Prescribing


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Diagnosis & Management of Urinary Tract Infection (UTI) in Long Term Care Residents > 65 years

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Five Top Tips to Prevent Infections in Long-term Care Settings

Tip No. 1 Vigilance

- Open Your Eyes
- Staff Education
- Reduce Risks
- Be Proactive
- Know the Signs and Symptoms of Infection

Tip No. 2 Hand Hygiene

- Do you know the 5 moments for Hand Hygiene?
- Do you know when you CAN'T use alcohol hand rub?


Tip No. 3 Cleaning Schedules



- Ask Yourself Some Questions about Cleaning
- Develop Cleaning Schedules & Routines

Tip No. 4 Waste Management


Tip No. 5 Client Placement and Transfer



- Every facility should have a written guideline in relation to transferring and accepting clients.








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What actions did you take after HALT?

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Thank you for your attention

e-mail address for queries: HALT@hpsc.ie

LOTS DONE, LOTS MORE TO DO!