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

Lecture 8
Have participated: What next?

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Presentation Outline

- Information for action
- Data analysis and feedback of results
- Action taken/practice changed

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INFORMATION FOR ACTION

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SURVEILLANCE

- **Systematic collection and analysis of data and the use of this information for *action***
e.g.
 - Improve care for residents
 - Reduce the occurrence of preventable HCAI
 - Reduce inappropriate antimicrobial use
 - Compare with other facilities with same patient mix

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SURVEILLANCE CYCLE

Collection of data

Action taken/practice changed

Data analysis & feedback

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DATA ANALYSIS & FEEDBACK

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Data analysis

- Some basic analysis by HALT software for **Summary Report**
- HPSC will undertake the detailed analysis resulting in:
 - Local report
 - National report
- ECDC will analysis data from all countries and publish an **EU report (2018)**

Q4 2016

HALT-3 study : Automatic summary report

Study number of the facility: 1 Date of the survey: 15/3/2016
Number of eligible residents: 100 Number of completed resident forms: 1

INFECTIONS		ANTIMICROBIAL (AM) USE	
Total number of confirmed infections: 2		Total number of residents with antimicrobial(s): 1	
Total number of imported infections: 0		Total number of molecules: 2	
Total number of probable urinary tract infections: 0		Total number (%) of antimicrobials by class:	
Total number of 'other' infections: 0			
Total number of infections with the current LTCF as origin of infection: 2			
	Number		Number % of total
Urinary tract	1	Tetracyclines (J01A)	0 0
Respiratory tract	0	Amphenicols (J01B)	0 0
Skin/Wound	1	Beta lactams (J01C)	1 50
Gastro-intestinal	0	Cephalosporins and other beta lactams (J01D)	0 0
Eye, ear, mouth...	0	Sulfonamides, Trimethoprim (J01E)	0 0
Systemic infection	0	Macrolides, lincosamides, streptogramins (J01F)	0 0
Unexplained fever	0	Aminoglycosides (J01G)	0 0
Other	0	Quinolones (J01M)	0 0
		Other antimicrobials (J01X)	1 50

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Summary Report

- Available immediately from software (when data entered)
- Check that the information is correct
- Report can be shared with staff and GPs but:
 - Information is limited
 - No comparative data
- Local reports will have much more detail

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Local report

- Planned to be available during Q4 2016
- Highest number of participating LTCF to date for HALT 2016 – *It will take longer to finish all the local reports*
- Will be sent to each LTCF HALT contact person by email
- This report will not be published by HPSC

Sample of local report: HALT 2013

1.1 LTCF Demographics

Your LTCF identification number: 01000000
Your LTCF name: DUBLIN
Your LTCF ownership type: DUBLIN
HSE region: DUBLIN

Your Care Group

Your LTCF care group: General housing homes with majority of residents staying > 12 months
Short name of this care group: GN > 12 months
Number of facilities in this group in Ireland: 103
Number of residents currently in this group in Ireland: 1807

Number of rooms in this LTCF: 16
Percentage of single rooms: 44.44%
Number of beds: 76
Bed occupancy (%): 91.1%
Number of residents hospitalized: 2
Number of deaths: 0

2.1 How Common were HCAs?

Figure 2. HCA prevalence, 2010 - 2013: Your LTCF compared with LTCFs from the same care group

Year	Percentage of residents with infection (%)
2010	2.3%
2011	5.0%
2012	4.3%
2013	5.5%

3.1 Overall Summary of Antimicrobial Use

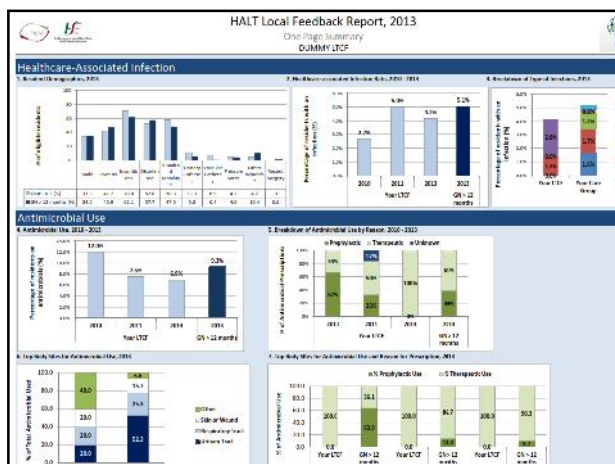
Figure 3. Antimicrobial Use, 2010 - 2013: Your LTCF compared with LTCFs from the same care group

Year	Percentage of residents on antimicrobials (%)
2010	12.0%
2011	7.5%
2012	6.4%
2013	5.3%

3.3.1 For Prevention or Treatment?

Figure 4. Overall summary - why were antimicrobials prescribed: prevention or treatment?

Year	Unknown (%)	Therapeutic (%)	Prophylactic (%)
2010	33%	47%	20%
2011	30%	50%	20%
2012	30%	50%	20%
2013	30%	50%	20%



HALT national report

- Once the local HALT reports are issued, we'll get cracking on the national report – Q4 2016/Q1 2017
- Individual results from LTCFs will not be included in this report
- Will include:
 - List of the names of all LTCF participating in HALT
 - Plain English summary
 - Chapters on the findings for each different care type
 - Recommendations based on data from all LTCFs

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Point Prevalence Survey of Healthcare-Associated Infections & Antimicrobial Use in Long-Term Care Facilities (HALT): May 2013

REPUBLIC OF IRELAND: NATIONAL REPORT – MARCH 2014

<http://www.hpsc.ie/h-2/InfectiousDiseases/InfectionControlandHAI/Surveillance/HALTlongtermcarefacilities/HALTReports/2013Report/National2013HALTReport/>

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Point Prevalence Survey of Healthcare-Associated Infections & Antimicrobial Use in Long-Term Care Facilities (HALT): May 2013

A Summary of Data from Intellectually Disabled Facilities

National Report: 2013 Recommendations

- Standards & Guidelines
- Staffing
- Surveillance
- HCAI Prevention
- Education

See pages 9 – 12

HPSC website – HALT report 2013

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Future Priorities

Standards & Guidelines

- HCAI and antimicrobial resistance are a prevalent issue in Irish LTCF, regardless of the resident care type. The requirement for every LTCF to implement and demonstrate ongoing evidence of local HCAI prevention programmes and antimicrobial stewardship practices should be clearly stated within the regulatory standards for registration and inspection of all types of LTCF. The 2006 HGA National Standards for the Prevention and Control of HCAI could be used as a template and added as an update to the existing regulatory standards for residential care and psychiatric LTCF.
- The existing national guidelines for antimicrobial prescribing in primary care, diagnosis and management of UTI in long-term care residents aged over 65 years, prevention of catheter-associated UTI, surveillance, diagnosis and management of C. difficile infection and the prevention and management of influenza outbreaks in residential care facilities should be formally implemented in every LTCF and evidence of implementation of each guideline sought as part of routine monitoring inspections for registration.

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Staffing

- There is a severe shortage of specialist community IPCNs to provide expert advice, education, training and to support HCAI surveillance activities in Irish LTCF. It is recommended that the appointment of a minimum of one whole-time equivalent (WTE) specialist community IPCN per 250 LTCF beds is progressed as a matter of urgency by the HSE. Priority should be given to areas without any existing specialist community IPCN resource.
- The **development of the IPC link practitioner/nurse role** within the existing staff complement of each LTCF should **allow for the development of a significant role** for the local coordination of IPC, HCAI surveillance and antimicrobial stewardship activities within each LTCF, functioning as a key communication link with and supporting the role of the specialist community IPCN.
- There should be an overarching mechanism within each LTCF to ensure the coordination of resident medical care and to ensure that local policies, procedures and guidelines are developed, communicated to and followed by all clinicians and staff involved in resident medical care. However, it is important that every effort is made to accommodate a resident's own preference for his/her medical care and to ensure that GP-led and coordinating physician-led models of care do not become mutually exclusive. Coordination is particularly important to optimise antimicrobial stewardship practices in LTCF. The coordination of medical care could be further enhanced by the adequate resourcing of external expert advice at a regional level, such as formal access to the input of a geriatrician and clinical microbiologist with community remit. It is recommended that such roles are developed by the HSE.
- Future HALT surveys should capture information regarding nursing and healthcare assistant staffing levels and skill mix within participating LTCF.

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I got our report: what next (1)?

- Tell your colleagues the findings
- Feedback to:
 - Senior management committee
 - Infection Prevention Control Committee (if available)
 - Staff (include results in local education)
 - GPs
 - Residents
- What went well? What needs attention?

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I got our report: what next (1)?

- Change or review practice:
 - Senior management committee/Infection Prevention & Control Committee (if available) should review results and draw up an action plan
 - Local results
 - National recommendations
 - Include GPs when drawing up and implementing action plans

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ACTION TAKEN: PRACTICE CHANGED

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Actions taken after previous HALT studies

- National
- In individual facilities

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NATIONAL UTI GUIDELINES

Background

UTI is a common infection, affecting up to 10% of the population annually. It is a leading cause of hospital admission and is associated with significant morbidity and mortality. The HSE has developed these guidelines to provide a standardised approach to the management of UTI in the community and in the hospital setting.

Scope

The guidelines cover the management of UTI in the community and in the hospital setting. They are intended for use by GPs, nurses, and other healthcare professionals.

Key Recommendations

- For community-acquired UTI, first-line treatment is with a 3-day course of nitrofurantoin 50mg twice daily.
- For hospital-acquired UTI, first-line treatment is with a 7-day course of ceftriaxone 1g once daily.
- For complicated UTI, first-line treatment is with a 7-day course of ceftriaxone 1g once daily, followed by a 7-day course of ciprofloxacin 500mg twice daily.
- For recurrent UTI, first-line treatment is with a 3-month course of nitrofurantoin 50mg twice daily.

References


1. NICE (2019) Urinary tract infection (UTI) in the community. NICE Clinical Guideline 101.

2. HSE (2019) National UTI Guidelines. HSE.ie.

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NATIONAL PRIMARY CARE ANTIMICROBIAL GUIDELINES

- Planned prior to HALT surveys but the results provided evidence of the need to implement
- Initially in booklet format
- Now on internet
www.antibioticprescribing.ie



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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, 2011 and 2013, Irish long-term care facilities participated in a national prevalence survey of healthcare-associated infections and antibiotic use in long-term care (HALT). The HALT survey will be repeated in 2015 and across Europe from May 2016. Further information on the 2013 HALT survey and the results of the previous HALT surveys can be found below.

- Background to HALT
- HALT Reports
- HALT training 2010
- Recommendations and actions for undertaking HALT**
- Publications

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Guidelines/Resources

Point-Prevalence Survey on Healthcare-Associated Infections in Long-Term Care

File Size: (1.57 MB)
Publication Date: 15 November 2013
Prepared by: Mr. Charles Murphy, Centre of Public Health, National University of Ireland Galway, Limerick, Limerick, a member of public health and infection committee.

Diagnosis and management of urinary tract infection in residents of long-term care facilities

File Size: (2.03 MB)
Publication Date: 15 November 2013
Prepared by: Mr. Charles Murphy, Centre of Public Health, National University of Ireland Galway, Limerick, Limerick, a member of public health and infection committee.

These guidelines were developed by the steering group of the second national prevalence study in long-term care, the HALT survey, and are intended to provide guidance to healthcare providers in the management of urinary tract infection in residents of long-term care facilities. The steering group also agreed to complete the survey in long-term care facilities to a minimum of 100 residents in each facility, and to complete the survey in long-term care facilities to a minimum of 100 residents in each facility.

Guidelines for the Prevention of Catheter-associated Urinary Tract Infection

File Size: (1.1 MB)
Publication Date: 15 November 2013

Guidelines for Antibiotic Prescribing in Primary Care in Ireland - online version February 2014

Public Health Guidelines on the Prevention and Management of Influenza Outbreaks in Residential Care Facilities in Ireland 2013/14

File Size: (637 KB)
Publication Date: 15 November 2013

Presentation on actions following from HALT 2010, Dr Fíadhán Fitzpatrick, HPSCC 2012

File Size: (1.1 MB)

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Sharing the national results

ICGP News

An opportunity to promote antimicrobial stewardship in Irish long-term care facilities: results of the 2013 HALT survey

ICGP News is a quarterly newsletter published by the Irish College of General Practitioners (ICGP). It is a free publication for all GPs in Ireland. The newsletter contains news, articles, and information on various topics related to general practice. The 2013 HALT survey results were featured in the newsletter, highlighting the importance of antimicrobial stewardship in long-term care facilities.

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Sharing the national results

Journal of Hospital Infection

Healthcare-associated infections and antimicrobial use in long-term care facilities: the Irish experience with the HALT surveys

K. Burns^{a,b,c}, F. Roche^a, S. Donlon^a

Accepted Manuscript

Point prevalence survey of healthcare-associated infections and use of antimicrobials in Irish long-term care facilities, 2013

F. Roche, S. Donlon, K. Burns

PII: S0195-7061(15)00172-X
DOI: 10.1016/j.jhin.2015.03.008
Reference: YJHI 4774


To appear in: Journal of Hospital Infection

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ACTIONS TAKEN IN LTCF





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1. Increased awareness

- 'We made sure all nurses and GP's were made aware of the HALT results'
- 'More in tune with national guidelines & more empowered to deal with infection control issues'.
- 'GP's & nursing staff more aware of antimicrobial overuse'
- 'HALT definitely raised awareness and began the conversation with patients and nursing staff particularly around the dangers and unsuitability of long term prophylactic antibiotic prescribing for UTI and also the hazards of indwelling catheter'

Source: Fidelma Fitzpatrick ; How to link PPS data to prevention : The HALT 2010 study in Ireland –what we did next





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2. Focus on HAI prevention as a patient safety issue

- Commitment from general management to address the issues highlighted
- Culture of surveillance embedded
- Repeated HALT in 2012 (no national study) & 2013
- Some areas have kept on doing their own local annual HALT survey!

Source: Fidelma Fitzpatrick ; How to link PPS data to prevention : The HALT 2010 study in Ireland –what we did next





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3. Antimicrobial stewardship

- Empowering nurses to do more in relation to lab reports & bring significant results to the attention of prescribers which may warrant alterations in the antibiotic prescribed'
- 'Residents on antimicrobials highlighted at nursing report time on Ward white board'
- Discontinued routine MSU/CSU on admission

Source: Fidelma Fitzpatrick ; How to link PPS data to prevention : The HALT 2010 study in Ireland –what we did next





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4. Urinary catheter management

- More catheterised residents noted in one LTCF compared to LTCFs with similar residents
- Staff developed a catheter assessment and management record

Source: Fidelma Fitzpatrick ; How to link PPS data to prevention : The HALT 2010 study in Ireland –what we did next



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5. Focus on Vaccination

- 'Big improvements in staff flu vaccination'
- 'Working with IT to devise a 'vaccine database' for all residential clients across all community services'

Source: Fidelma Fitzpatrick ; How to link PPS data to prevention : The HALT 2010 study in Ireland –what we did next



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Summary

- Surveillance is information for action
- Improving the quality of care delivered to residents is the reason for undertaking the study
- Care will only improve if action taken based on the results
- We promise to highlight the findings of HALT to help you care for your residents



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Thank you for your attention



What are you going to do?