

Setting Priorities for Infection Control

Improving Patient Safety in Europe (IPSE) Symposium

Richard Elson – Healthcare Commission

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Summary

- How has HCAI become a priority in the UK?
- Who sets the priorities?
- Approaches to prevention and control including regulation and inspection.
- Are the priorities right?



How has HCAI become such a high profile priority in the UK?

We can learn lessons from 'The Great Stink' of London in 1858

Velký smrad

Die große stinken

Den store ballade

η μεγάλη οσμή

De grote stinken

La grande puzzolenti

Suuri stink

Den store stank

La grande
puanteur

Wielkie cuchnące

El gran olor

A grande stink

Den stora stinka

How has HCAI become such a high profile priority in the UK?

Lessons from 'The Great Stink' of 1858

- London was a rapidly expanding city and the River Thames was an open Sewer.
- Drains took sewage away from houses straight to the Thames which was the main source of drinking water for the city.
- The problem was successfully overcome but only because 5 separate events occurred which worked together to result in effective public health action.

1. There was a public health problem

- Outbreaks of typhoid fever, dysentery and cholera were frequent.
- >14,000 cholera deaths in 1849
- >10,000 cholera deaths in 1853
- London's population in 1851 was around 2.3 million.
- The knowledge to inform control measures was not available

2. There was much media attention



Cartoons from 'Punch' magazine – a satirical magazine and often critical of politicians

3. There was public concern

- Despite the publication of John Snow's theories on infectious disease transmission and the support of his hypothesis following the 1849 Broad Street outbreak in 1854 the miasma theory of infection ruled.
- Imagine living in a heavily polluted city with this belief.

4. There was political will.

- In 1858, an unusually warm summer brought the problem to the door of politicians and legislators
- As the Times wrote at the time, “Parliament was all but compelled to legislate upon the great London nuisance by the force of sheer stench. The intense heat had driven our legislators from those portions of their buildings which overlook the river. A few members, indeed, bent upon investigating the matter to its very depth, ventured into the library, but they were instantaneously driven to retreat, each man with a handkerchief to his nose.”
- The response was remarkably swift and a bill to fund a scheme to resolve the problem was passed in 18 days!!

5. Practical measures backed by money



Joseph Bazalgette 1819-1891

- Led the massive and hugely expensive engineering project to channel sewage away from the Thames
- This took 17 years to complete.
- This was a non-evidence based expensive decision - Bazalgette was a supporter of the miasma theory - but it worked.

Outcome

All of these events worked together to:

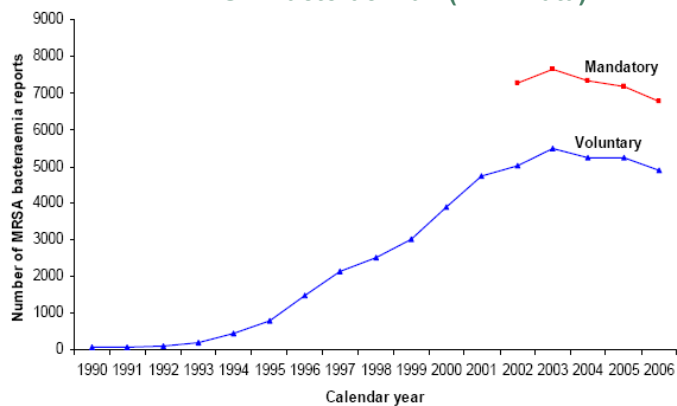
- Drive the issue up the political agenda
- Overcome the problem
- Improve public health

Bazalgette's sewer system serves London to this day and was a major intervention that eradicated major water related outbreaks.

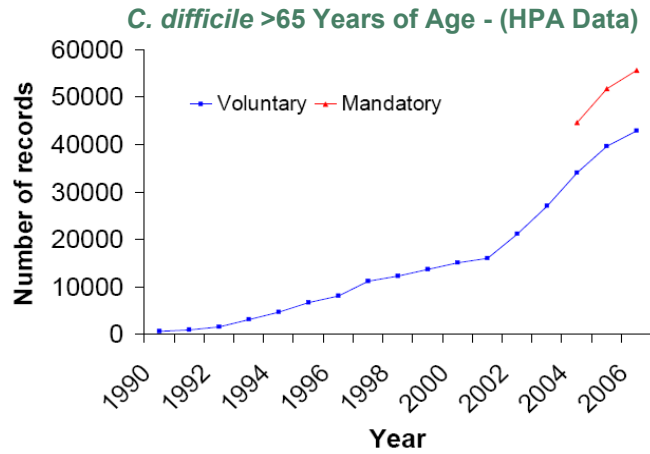
So how does this apply to HCAI in the UK ??

1. There is a public health problem

MRSA Bacteraemia - (HPA Data)



1. There is a public health problem



2. There was (and still is) much media attention

The collage illustrates significant media attention on the C. difficile superbug. Key headlines include:

- Daily Record.co.uk:** "Superbug kills 116 at NHS trust" (Thursday, May 15, 2008)
- guardian.co.uk:** "Hospital superbug tests delayed in budget row" (News > Society > MRSA and superbugs)
- DAILY EXPRESS:** "ONE PERSON DYING EVERY HOUR FROM SUPERBUG" (Sunday, April 27, 2008)
- DAILY EXPRESS:** "SUPERbug clinicism official now claims a life every hour, according to shock new evidence." (By Lucy Johnston, Health Editor)
- DAILY EXPRESS:** "C diff kills four times as many people as MRSA"
- DAILY EXPRESS:** "Charity statistics also show that in Britain it is responsible for the deaths of 10 times more hospital patients aged over 65 than in any other country in the world"



3. There is public concern

The screenshot shows the MRSASUPPORT website. At the top left is the AvMA logo with the tagline 'the charity for patient safety and justice'. Below it is a navigation menu with links for 'Home Page', 'MRSA Explained', 'Newsletter Samples', 'Practical Help', 'Events', 'Contacts & Links', and 'Why not...'. A central banner features a photo of a woman and the text 'Patron Edwina Currie'. To the right, a blue box contains the text 'MRSASUPPORT THE SUPPORT GROUP FOR SUFFERERS AND DEPENDANTS'. Below this, there is a 'STOP PRESS' notice in red text: 'STOP PRESS How to reduce your risk of catching MRSA and other Hospital Acquired Infections'. The bottom right corner of the screenshot shows the Healthcare Commission logo.

4. There is political will

- HCAI are very much a political issue and are firmly towards the top of the Government's domestic agenda.
- Much HCAI policy and strategy is driven directly by the Prime Minister via the Department of Health.
- Ministers have made a number of announcements regarding targets, hospital inspections and deep cleaning initiatives.
- The National Health Service is publicly funded and politicians are ultimately accountable

5. Practical measures backed by money

- Practical tools for interventions have been developed
- Funds have been made available for
 - Deep cleaning
 - Antimicrobial pharmacists and prudent use initiatives
 - Improvements to healthcare facilities
 - Training

However.....

- Reduction of HCAI will not be achieved through engineering alone – neither will legislation be passed in 18 days.
- Over the last ten years, a similar combination of political will and practical application as that was applied to solve ‘The Great Stink’ is contributing to tackling the HCAI problem in England.

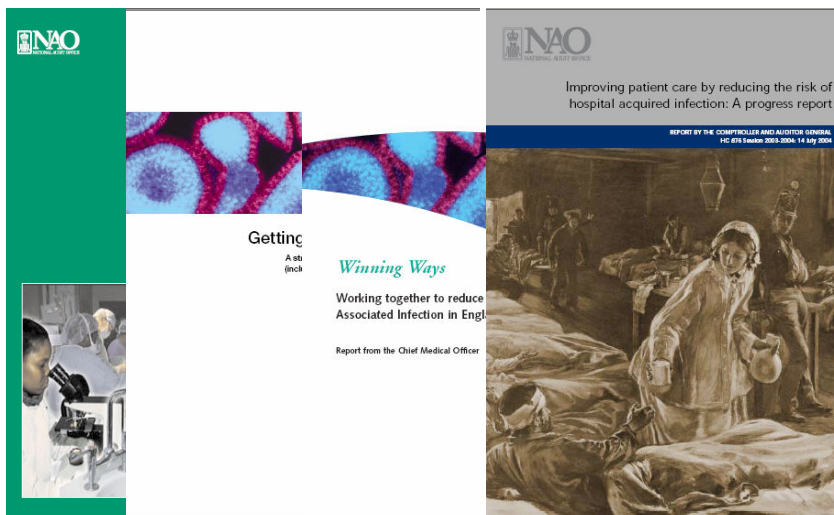
Who sets the priorities?

Large number of players – not necessarily in order of importance.

- Patients
- The media
- Politicians
- Healthcare Organisations
- Scientists and academics
- Regulators – Healthcare Commission, Health and Safety Executive
- Department of Health
- National Advisory Committees
- Other governmental bodies – National Audit Office



National Reports have set the stage and kept the issue on the agenda



Mandatory surveillance linked to targets


- MRSA surveillance since 2001.
- Target of 50% reduction set in 2004


- C.Difficile* surveillance since 2004.
- Target of 30% reduction set in 2007

- GRE since 2003.
- No specific GRE target

- Importantly, surveillance data are linked to national and local targets against which organisations are held accountable.

National Programmes and Guidance.....







Essential Steps to safe, clean care
Introduction and guidance notes
Reducing healthcare associated infections (HCAI) in primary care trusts, mental health trusts, learning disability organisations, independent healthcare, care homes, hospices, general practice and ambulance services


Contents


- Introduction
- Tools and products
- Using the Essential Steps
- The review tool
- Certificates for staff
- Focus
- Using the self-assessment tool





Clean, safe care
Reducing infections and saving lives





...underpinned by high impact interventions and self assessment tools to promote consistency



Saving lives: reducing infection, delivering safer and safer care

High Impact Intervention No 6 Urinary catheter care bundle



Aim
To reduce the incidence of urinary tract infections related to indwelling urinary catheters

Context
The Health Act 2006 Code of Practice states that best organisations must audit key policies and procedures for infection prevention. This high impact intervention helps organisations with implementing a focus on elements of the law process and a method for measuring the implementation of practice and procedure.
Urinary tract infections are the second largest single group of healthcare-associated infections in the UK, amounting to 19.7% of all hospital acquired infections.¹
The presence of a urinary catheter, and the duration of its insertion, are contributory factors to the development of a urinary tract infection. Some 50% of healthcare-associated urinary tract infections are related to catheter insertion.² Since the Health Act (2006) NHS report introduced and revised urinary catheter management policies could lead to a decrease in the number of urinary tract infections. However, a later review carried out by the NHS found that 40% of the infection control teams who responded to the urinary catheter guidelines had been adopted only by parts of their trusts, with a further 10% of trusts not having adopted guidelines at all. The same practice code of urinary infections has been enhanced to 0.10 per patient.³
The Department of Health commissioned the EHC team at Francis Taylor University to produce a set of guidelines for preventing healthcare-associated infections, which include the insertion and management of short term indwelling urinary catheters in acute care. The Infection Control Nurse Association audit tool for a section of urinary catheters and best quality improvement hospital for prevention catheter care guideline.⁴



Essential steps to safe, clean care

Reducing healthcare-associated infections in Primary care trusts, Mental health trusts, Learning disability organisations, Independent healthcare, Care homes, Hospitals, GP practices and Ambulance services.

Self-assessment tool for
Primary care trust
Mental health
Learning disability
Independent healthcare

Name of person completing the tool:

Date:

Organisation:



Healthcare Commission priorities for regulation and assessment of healthcare providers



*The Health Act 2006
Code of Practice for the Prevention
and Control of Health Care
Associated Infections*



Hygiene Code Inspections

- All secondary care trusts in 08/09
- High risk non acute settings in late 2008
- Examine all aspects of infection prevention and control with focus on management systems, patient environment and clinical care protocols.



Healthcare Commission priorities for regulation and assessment of healthcare providers

Investigation

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

October 2007

Investigation

Investigation into outbreaks of *Clostridium difficile* at Stoke Mandeville Hospital, Buckinghamshire Hospitals NHS Trust

July 2006



•Investigations

•Highlight areas of poor practice

•Provide windows of learning for other healthcare providers

Inspecting Informing Improving

Inspecting Informing Improving



But are the priorities right?

•**The acute (secondary care) setting is being prioritised.** This is where the problem is perceived to be at it's worst but we need to increase focus and maintain attention elsewhere – primary care, community hospitals and care homes.

•**Priorities are different for different groups** - can these be balanced?

- Patients –respect and dignity, cleanliness.
- Trusts – finances, organisation, national targets.
- Regulators – patient safety.

•**Despite progress are we really persuading patients and the public that the risks of HCAI are being effectively controlled in practice?** If not, how can we start to do this?



Are the priorities right?

Do national targets have the potential to distort local healthcare priorities?

• **Are targets for MRSA and *C. difficile* alone fair** to the larger number of patients who develop other types of serious hospital-acquired infection? In 2006 more bacteraemias were caused by *E. coli* and coagulase-negative staphylococci (HPA Voluntary surveillance data).

• **Do other targets – waiting times etc. have an effect?** Possibly but managers always have to deal with conflicting priorities and plenty of organisations do it successfully. Why can some organisations do this and others not?

Final thoughts

• There has been considerable effort paid to HCAI in the last decade.

• MRSA numbers appear to be declining.

• For other infections – the longer term picture is still unfolding.

• Effort must be applied from all players to reduce HCAI but also to ensure, as far as possible, that the priorities are right.

• London's sewers are 133 years old and still serve London – it was a brave and expensive decision, not always based on best evidence, and took a long time to achieve..... but it worked.