National Institute for Health and Care Excellence

Stakeholder comments proforma – engagement exercise for quality standard on pneumonia

Please enter the name of your registered stakeholder organisation below.			
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Please note: comments submitte	ed are published on the NICE website.		
Would you like to express an interest in formally supporting this quality standard? ✓ Yes □ No			

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
Separately list each key area for quality improvement that you would want to see covered by this quality standard.	EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.	EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK.	EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation. <u>http://www.rcplondon.ac.uk/resources/chr</u> onic-obstructive-pulmonary-disease-audit
EXAMPLE: Pulmonary rehabilitation for chronic obstructive pulmonary disease	Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of	Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.	

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(COPD)	disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.		
Key area for quality improvement 1			
Key area for quality improvement 2			
Key area for quality improvement 3			
Key area for quality improvement 4			
Key area for quality improvement 5			
Additional developmental areas of emergent practice	Strengthen point 2.4 Hospital- acquired pneumonia CG91 Can rapid microbiological diagnosis of hospital-acquired pneumonia reduce the use of extended-spectrum antibiotic therapy, without adversely affecting outcomes? Why this is important	 Point 2.4 of the CG191 guideline makes reference to rapid testing and limited data on the microbiology of pneumonia. To assist surveillance it would be appropriate to record the causative organism in patients notes and is worthy of being included in voluntary surveillance. National mandatory surveillance may not be appropriate due to local variations. The Chief Medical Officer has issued instructions on the recording of causative organisms on death 	CMO Update Summer 2005 http://webarchive.nationalarchives.gov.uk /20130107105354/http:/www.dh.gov.uk/p rod consum dh/groups/dh digitalassets/ @dh/@en/documents/digitalasset/dh 41 15664.pdf

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	Data are limited on the microbiology of hospital-acquired pneumonia to guide antibiotic therapy. Hospital-acquired infections can be caused by highly resistant pathogens that need treatment with extended-spectrum antibiotics (for example, extended-spectrum penicillins, third-generation cephalosporins, aminoglycosides, carbapenems, linezolid, vancomycin, or teicoplanin), as recommended by British Society of Antimicrobial Chemotherapy guidance. Because routine microbial tests lack sensitivity and take 24–48 hours to identify a causative pathogen, patient characteristics are used to guide antibiotic choice. However, this may lead to unnecessary use of extended-spectrum antibiotics in patients infected with non-resistant organisms, and inappropriate use of first-line antibiotics (such as beta-lactam stable penicillins, macrolides or doxycycline) in patients infected with resistant organisms.	certificates and we would like to see this included in the quality guide, as this also gives a more accurate picture of mortality caused by multi-drug resistant pathogens and improve surveillance. Wording on the recording of causative pathogens to assist surveillance should therefore be included.	

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	Rapid diagnostic tests to identify causative bacterial pathogens and determine whether they are resistant to antibiotics may have a role in guiding antibiotic choice for postoperative hospital-acquired pneumonia. To limit population variability and include high-risk patients spending time in intensive care, studies should include postoperative patients from different surgical specialties.		

Please email this form to: <u>QStopicengagement@nice.org.uk</u>

Closing date: 5pm Wednesday 22 April 2015