

**Healthcare Infections**  
**A Manifesto**  
**2015**



Registered Charity No. 1115672

**Raising public awareness**  
**Promoting clean safe care**  
**Supporting sufferers and dependants**

*In memory of those who suffered and are lost to healthcare infections*

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*Sammie*



*Derrick*



*Patricia Margaret*



*Patricia*



*John*



*Colin*



*Clifford*

# **MRSA Action UK's proposal to the government**

## **Healthcare Infections**

### **A Manifesto**

#### **2015**

**MRSA Action UK is a registered Charity that supports people who have been affected by healthcare-associated infections. We provide advice and information to people who enquire on the best way to prepare and reduce the risks of contracting an infection. We help patients and carers to make informed choices about health and social care to meet their needs.**

**We provide a patient voice to those who develop and regulate the delivery of high quality, safe patient care.**

In 2010 MRSA Action UK published our proposal to the government "Healthcare Infections – A Manifesto". We highlighted how every infection matters and we asked for a zero tolerance approach to avoidable infections. We spoke of how reporting needed to be improved, including legislating on the recording of healthcare-associated infections on death certificates. And we asked for public education campaigns on antimicrobial resistance and hand hygiene.

#### **Five years on**

We have seen numbers reducing for MRSA bloodstream infections and cases of *Clostridium difficile* over the last five years. We have, however, witnessed growing problems with antimicrobial resistance and note that reductions in *Clostridium difficile* have stalled at around 20,000 recorded cases a year, and 14,000 Staph bloodstream infections a year – Staph is the micro-organism involved in the evolution of MRSA, the abbreviation for methicillin-resistant *Staphylococcus aureus*.

The public voted antimicrobial resistance a top priority for research and investment in the 2014 Longitude Prize Award when a range of issues were publicised by the BBC for prioritisation.

Following the publication of the Chief Medical Officer's 5 year antimicrobial resistance strategy resources have been made available to help educate everyone about the importance of using antibiotics only when they will be effective and making sure they follow their GP's guidance. We welcome the publicity in surgeries and healthcare settings.

MRSA Action UK receives a lot of interest in people wanting resources to promote hand hygiene, this is encouraging, but we believe more information and education about improving hand hygiene should be made widely available and would like to see some TV, poster and social media campaigns to encourage this. Health Protection Scotland has made a number of videos and TV clips that are good examples.

**“every  
infection  
matters”**

So there has been some progress. We need to build on that success.

#### **What challenges do we face?**

The 2011 English point prevalence survey assessing healthcare-associated infections in our Acute hospitals identified that there is more to do. Findings showed that bloodstream infections account for only 7.3% of the proportion of infections in our acute hospitals. Infections are debilitating, particularly when the healing process lengthens and the patient suffers extra pain and discomfort, sometimes with life-changing consequences. Sadly, sometimes people die as a consequence of getting an infection. So we say again “every infection matters”.

We must improve surveillance systems, particularly in relation to surgical site infections. Current information is limited and many patients go on to contract an infection after they have been discharged from hospital, the true extent of the problem is not really known due to data not being routinely collected.

In terms of the data that is collected and published each month, only around 30% of the infections occur in the hospital setting and some of the data on the microbiology involved is lacking.

Surveillance of healthcare-associated infections and understanding their microbiology is the key to combating antimicrobial resistance. To be most effective we believe that surveillance should be continuous, generating information that is meaningful to the healthcare practitioners who need it.

Surveillance helps to:

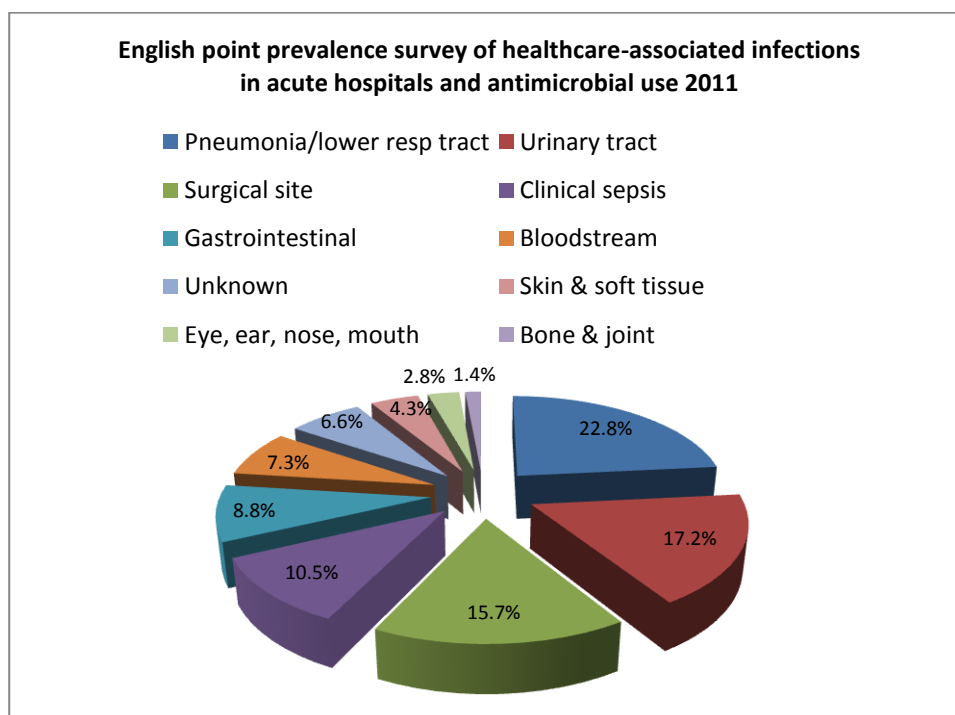
- Identify the burden and distribution of healthcare-associated infections and multi-drug resistant organisms
- Evaluate risk factors for healthcare-associated infections and multi-drug resistant organisms
- Allocate and target resources for infection prevention interventions
- Evaluate the impact of interventions
- Identify possible or potential outbreaks

It is important to compare with national benchmarks and similar units and facilities and make use of the latest reviews of literature and guidelines.

The processes involved in care need to be continuously reviewed and where skills need to be improved, clinical leads implement coaching and training. As patients we only get one chance each time an invasive device is used, and getting it right using the correct aseptic techniques must be part of anyone's training and regular review to achieve zero avoidable infections.

**“Surveillance, acting on findings and reviewing interventions must be a continuous process. Micro-organisms don't take a break....”**

Surveillance, acting on findings and reviewing interventions must be a continuous process. Micro-organisms don't take a break and relax.



In 2010 we asked for improvements in surveillance and changes to the death certificate legislation to make recording of healthcare associated infections a requirement where this was a cause or contributory factor to death. Although there was some reform to enable a relative or member of the public to ask for the coroner's intervention, there still needs to be pressure brought to bear to improve the data collection and publication to enable any increasing trends to be identified and acted on.

## **Key points from the healthcare-associated infection and antimicrobial use in acute hospitals September-November 2011**

The prevalence of healthcare-associated infections across all acute hospitals was 6.4% in 2011 compared to 8.2% in 2006

The most frequent healthcare-associated infections detected were respiratory tract, urinary tract and surgical site infections

The prevalence of antimicrobial use was 34.7%. This is the first time antimicrobial use was measured nationally, and provides a baseline for future monitoring

The prevalence of healthcare-associated infections, antimicrobial and device use was highest in intensive care units, which relates in part to the complexity and vulnerability of patients in this setting, 23.4% of these patients (12,272) had infections

### **Recommended interventions for the prevention of healthcare-associated infections**

- Sustained education of all clinical staff on the methods of prevention of healthcare-associated infections
- Development of learning tools for the prevention of healthcare-associated pneumonia
- Assessment of competency for device insertion – urinary catheter, central and peripheral vascular catheters – should be regularly undertaken and be reviewed at each new healthcare setting or site
- Guidance on the prevention and control of Enterobacteriaceae within healthcare settings
- Increased surveillance on surgical site infections, especially in surgical specialties where a high prevalence was detected
- Development of standardised incidence surveillance methodology for pneumonia and catheter-associated urinary tract infections
- Public benchmarking and incidence surveillance in intensive care units – particularly ventilator-associated pneumonia
- Public reporting of organisations device prevalence to assist in reducing device use and shortening duration of use

### **Recommended interventions for antimicrobial use**

- Development of guidelines for broad spectrum antimicrobials
- Development of antimicrobial stewardship and prescribing competencies
- Public reporting of antimicrobial consumption data for each hospital
- Improvement in the documentation of antimicrobial indication in both electronic and paper clinical records
- Education of clinical staff to ensure they document an accurate reason for antimicrobial prescribing
- National quality indicators of antimicrobial use for benchmarking across organisations in England

Additionally the Chief Medical Officer's report 'The UK Five Year Antimicrobial Resistance Strategy 2013 to 2018' sets out actions to address the key challenges to antimicrobial resistance. It states "antibiotic resistance cannot be eradicated, it can be managed to limit the threat to, and minimise the impact on, human and animal health."

“Increasing resistance in Gram-negative bacteria, for example, *Escherichia coli* (*E. coli*) and *Klebsiella spp.*, is a particular and growing public health concern because of the limited treatment options for infections caused by these bacteria, especially those that are resistant to carbapenem antibiotics, which are the last-line drugs used to treat those infections”

Guidelines have been developed or are in the process of being developed by the Healthcare Infection Society.

MRSA Action UK believes the government must continue to invest in the prevention and control of healthcare-associated infections and strategies to manage the threats of antimicrobial resistance. Hospitals and care facilities must be well staffed to be able to carry out safe care efficiently and effectively. We ask the government to:

- Empower all healthcare providers to adopt a zero tolerance approach to avoidable healthcare infections across the healthcare economy through investment in resources and technologies and competency based training for clinical care
- Publish the mandatory collection of data on surgical site infections in this financial year, and introduce a target to reduce these, with year on year reductions in each clinical setting
- Publish MRSA bacteraemias, Clostridium difficile, surgical site, urinary and catheter infections on a hospital basis to inform patient choice
- Publish benchmarking and incidence surveillance in intensive care units – particularly ventilator-associated pneumonia, as recommended from the English point prevalence survey
- Provide public reporting of organisations’ device prevalence to assist in reducing device use and shortening duration of use, as recommended from the English point prevalence survey
- Follow up surgical site infections with a post infection review providing surgeons with their infection rates and make this information available in the public domain
- Introduce legislation and regulation for recording healthcare associated infections on death certificates in accordance with Office of National Statistics guidelines
- Invest in research into the lasting effects of healthcare associated infections on survivors, and provide access to support services and benefits for sufferers
- Invest in research to identify interventions that are the most effective to inform clinical practice and improve patient outcomes
- Work collaboratively with the EU to identify strategies for tackling the problem of antimicrobial resistance across the wider healthcare economy, in care homes and in the community
- Publish antimicrobial consumption data for each hospital and primary care organisation (GP practices) to encourage judicious use, based on recommendations from the English point prevalence survey
- Promote education and advertising campaigns on the importance of hand hygiene and the need to be judicious in the use of antibiotics
- Provide well resourced hospitals, giving healthcare workers time to care



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