



National HAI And Antimicrobial Prescribing Prevalence Survey



Background

- First national HAI survey carried out in 2005/2006
 - Prevalence of HAI was 9.5% in acute hospitals and 7.3% in non-acute hospitals
- European Surveillance of Antimicrobial Consumption Point Prevalence Survey was carried out in 2009
 - Prevalence of antimicrobial prescribing was 27.8%
- HPS tasked by Scottish Government HAI Task Force to implement a second national HAI prevalence survey utilising expertise within the NHS Boards

European Prevalence Survey

- ECDC-led Europe-wide Point Prevalence Survey (PPS) of HAI and antimicrobial prescribing planned for October 2011
- Scottish survey will adopt the EU PPS survey protocol
 - Incorporates ESAC protocol
 - Contribute to ECDC programme on AMR and HAI reduction
 - Benchmark against other EU countries
 - Build European networks to share best practice

Aims and Objectives of Scottish Survey

- Measure the prevalence of HAI at hospital and national level
 - All HAI types
 - Identify priority areas for interventions and surveillance at local and national level
- Measure the prevalence of antimicrobial prescribing at hospital and national level
 - Compliance with antimicrobial indicators
 - local empirical prescribing policy
 - local surgical prophylactic prescribing policy and duration of prophylaxis <24 hours
 - Reason for prescription recorded in the notes
- Build epidemiological capacity within the Boards

Data Collection

- Data to be collected during September and October 2011
- 100% acute hospitals (NHS and independent) *and 25% sample of non-acute hospitals (NHS only)*
- HAI and prescribing data collection by collaboration between ICT and AMT
- Data are collected on paper forms which are submitted to HPS for data entry and analysis

Training Offered

- Comprehensive ECDC accredited one day course for data collectors
 - PPS epidemiology
 - Data collection methods
 - Application of case definitions
 - Interpretation of PPS data
- Optional ECDC accredited five day course on HAI epidemiology for Infection Control Team staff
 - Epidemiological methods
 - Statistics including using EpiData

Reporting

- A local hospital report will be provided to the ICT/AMT including hospital level data and Scottish data to be used to inform local initiatives
 - Returned to ICT/AMT by end of January 2012
- Hospital level dataset will be provided to the ICT/AMT for local analysis
- A national report will be published in 2012 and will inform future national initiatives

Pilot of ECDC Protocol

- 2 pilot surveys of the ECDC protocol were carried out
- Monklands General Hospital
 - July/August 2010
- Stirling Royal Infirmary
 - November/December 2010
- Methodology and data collection model were deemed feasible and robust
- Report was provided to NHSL and NHSFV and feedback indicates the report was comprehensive and highly useful to the ICT and AMT (raw AM data also provided to AMT)

Practical Issues from Pilot

- Data collection team
 - MGH- HPS Epidemiologist with shadowing by 2 surveillance nurses
 - SRI- HPS Epidemiologist with data collection assistance from surveillance coordinator, pharmacist and infection control nurse
- Data collection time
 - 1-2 hours per ward (depending on number of beds and availability of notes)
 - Included on the job training for the data collectors
 - Anticipated that training course should enhance this

Next steps

- Planning for the survey later this year
- PID with HAITF for further NHSScotland requirements
- Stakeholder engagement
- Requirement for multidisciplinary approach