



**SAFE PATIENT CARE
CORK 2019
"BUGS AND DRUGS"**

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Antimicrobial Resistance and Infection Control Team – Role and Function

Shirley Keane, Programme Manager

Antimicrobial Resistance and Infection Control Programme

Antimicrobial Resistance and Infection Control Division of the Health Protection and Surveillance Centre

Safe Patient Care Conference "Bugs and Drugs" 6th September 2019



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Antimicrobial Resistance and Infection Control Team – Role and Function

Context - Carbapenemase Producing Enterobacteriales (CPE)

- HSE structures in place to support HCAI e.g. Strategy for the control of antimicrobial resistance in Ireland (SARI) - committees, Healthcare Associated Infection (HCAI) Taskforce etc.
- Ireland's National Action Plan on Antimicrobial Resistance 2017 – 2020 (INAP) launched on 25th October 2017
- CPE Public Health Emergency declared on 25th October 2017
- CPE National Public Health Emergency Team (chaired by Chief Medical Officer) and Expert Group convened

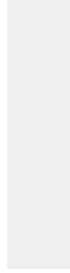


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Antimicrobial Resistance and Infection Control Team – Role and Function

Context - Carbapenemase Producing Enterobacterales (CPE)

- **HSE CPE Oversight Group** – formerly chaired by DDG Operations and Chief Clinical Officer from June 2018
- **Role – Summary**
 - Reviewed updates from the Implementation Team and directed action of the Implementation team
 - Ensured CPE NPHET actions addressed and reported to NPHET
 - Escalated CPE issues to relevant Hospital and Community groups, National Directors and NPOG as appropriate
- **HSE CPE Implementation Team** – chaired by Clinical Lead
- **Role – Summary**
 - Worked with services to deliver on the operational changes necessary to control spread of CPE

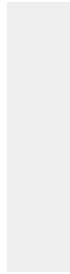


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Antimicrobial Resistance and Infection Control Team – Role and Function

Context - Carbapenemase Producing Enterobacterales (CPE)

- Monthly HSE CPE Report to the Minister - Carbapenemase Producing Enterobacterales HSE Implementation Team Report sets out:
 - Number of newly detected CPE patients (National CPE reference laboratory)
 - Number of CPE screens (BIU monthly data)
 - CPE Outbreaks and
 - Update on work of CPE Implementation Team
- Challenges – competing organisational and front line service demands, resources, implementation team capacity etc., roll out of CPE Contact Communication Programme etc.
- Achievements



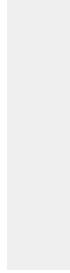
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Antimicrobial Resistance and Infection Control Team – Role and Function

Context – Antimicrobial Resistance and Infection Control (AMRIC)

- Former Director General agreed that AMRIC continues to be a major challenge for the HSE and put in place the following structures to plan and implement improvement initiatives in relation to AMRIC across all HSE services
- Prioritisation of this issue aligns with the priority accorded by the Government as reflected in INAP, declaration of CPE as a public health emergency and placing AMR on the National Risk Assessment Overview of Strategic Risks (Department of the Taoiseach, 2018)
- The existing governance groups transitioned to undertake a wider remit in relation to AMRIC:
 - CPE Oversight Group transitioned to undertake a wider remit of AMRIC and become the AMRIC Oversight Group
 - CPE Implementation Team transitioned to undertake a wider remit of AMRIC and become the AMRIC Implementation Team

Expanded role agreed by Oversight in December 2018 and HSE Leadership Team in February 2019.



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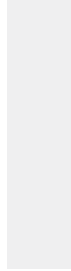
Antimicrobial Resistance and Infection Control Team – Role and Function

Context – Antimicrobial Resistance and Infection Control (AMRIC)

AMRIC Oversight Team

- Responsibility for AMR and IC lies with the service line
- AMRIC Oversight Group and Implementation Team governance structures provide a mechanism for leadership, support, planning and monitoring etc.

This approach ensures there is strategic and operational alignment of all planning and operational teams within the organisation in relation to the planning and implementation of actions related to AMRIC



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Antimicrobial Resistance and Infection Control Team – Role and Function

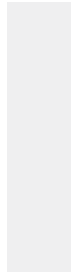
Context – Antimicrobial Resistance and Infection Control (AMRIC)

AMRIC Oversight Team - Members

- Clinical Officer (chair)
- National Director, Quality Improvement Division
- National Director, Quality Assurance and Verification Division
- National Director, Strategic Planning and Transformation
- Assistant National Director, Public Health
- National Director, Community Operations
- National Director, Acute Operations

Attended by:

- Clinical Lead, Antimicrobial Resistance and Infection Control Team
- Programme Manager, Antimicrobial Resistance and Infection Control Team



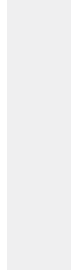
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Antimicrobial Resistance and Infection Control Team – Role and Function

Context – Antimicrobial Resistance and Infection Control (AMRIC)

AMRIC Oversight Team – Summary of Role

- Review and approve annual and multi-year action plans for AMRIC (including CPE)
- Review, advise and act on updates/reports from AMRIC Implementation Team – including escalation as required
- Ensure AMRIC Team has the authority and resources to deliver on agreed objectives and actions
- Ensure priorities and/actions agreed are implemented and progress is reported in a timely manner
- Direct issues to relevant National Directors to further direct relevant Chief Executive Officers of Hospital Groups/Chief Officers of Community Health Organisations, National Directors and National Performance Oversight Group as required



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Antimicrobial Resistance and Infection Control Team – Role and Function

Context – Antimicrobial Resistance and Infection Control (AMRIC)

AMRIC Implementation Team - Members

- Prof. Martin Cormican, Clinical Lead (chair)
- Dr. Anne Sheahan, Public Health Specialist
- Dr. Nuala O'Connor, GP Lead
- Audrey Lambourn, Communications Lead
- Josephine Galway, Nursing Lead (supported by Mary McKenna and Helen Murphy)
- Surveillance Scientist
- Donna McNena, Administrative Support
- Shirley Keane, Programme Manager

Integrated into AMRIC Division of HPSC in April 2019

- Acute: Margaret Brennan, AND, Quality and Patient Safety, Acute Operations and Therese Dalchan, AMRIC General Manager, Acute Operations
- Community: JP Nolan, Head of Quality and Patient Safety, Community Operations and AMRIC General Manager, Community Operations in recruitment



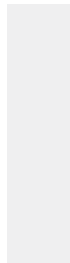
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Antimicrobial Resistance and Infection Control Team – Role and Function

Context – Antimicrobial Resistance and Infection Control (AMRIC)

AMRIC Implementation Team – Summary of Role

- Develop and provide guidance and support in relation to AMRIC to services
- Define required structural and resource requirements and set out the relative gaps across services at group, hospital and community levels
- Work in partnership with stakeholders to develop business cases and funding proposals to address infection, prevention and control resource deficits across all services
- Design and oversee any resource allocation process to Community Healthcare Organisations and Hospital Groups to ensure clear linkages between any investment, outcomes and or impacts
- Monitor funding allocated to this purpose
- Design and implement an integrated communications and stakeholder engagement strategy. Provide related education for patients, staff and members of the public



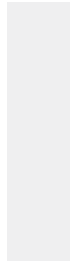
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Antimicrobial Resistance and Infection Control Team – Role and Function

Context – Antimicrobial Resistance and Infection Control (AMRIC)

AMRIC Implementation Team – Summary of Role

- Work to limit the use of broad spectrum antibiotics in hospitals, community, and nursing home settings
- Promote adherence to Standard and Transmission-Based Infection Prevention and Control precautions
- Improve environmental hygiene, targeting the spread of microorganisms in healthcare settings
- Develop guidance to assist services with antimicrobial resistance and infection control
- Support compliance with HIQA standards for infection prevention and control in all healthcare settings
- Review and approve processes so as to assess that Antimicrobial Resistance and Infection Control is being managed in all healthcare settings



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Antimicrobial Resistance and Infection Control Team – Examples of Achievements

INAP Objective 1 – Improve awareness and knowledge of AMR

- Developed and agreed HSE AMRIC Implementation Plan for 2019-2020
- Engaged and contributed to NPHEAT
- Established service improvement and engagement forums e.g. Estates, eHealth and PCRS
- Integrated with Microbiology Division of HPSC to become AMRIC Division of HPSC
- Raised awareness amongst public and professionals supported by campaigns such as UndertheWeather, European Antibiotic Awareness Week, Hand Hygiene week, Winter campaign etc.
- Developed 11 patient information and fact sheets (translated)
- Developed new brand name and identity – Resist, roll out by way of pilot sites
- Provided approx. 45 interviews awareness and contributed to many online and print articles
- Developed HSE web section and went live with www.hse.ie/infectioncontrol



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Antimicrobial Resistance and Infection Control Team – Examples of Achievements

INAP Objective 2 – Enhance surveillance of antibiotic resistance and antibiotic use

- Developed HPSC monthly reports relating to CPE and enhanced Reference Laboratory services
- Provided real-time CPE surveillance data at national, hospital group and hospital level through CPE Reference Laboratory
- Provided surveillance data at national and hospital group level through HPSC
- Reviewed and updated primary care antimicrobial guidance www.antibiotic-prescribing.ie
- Developed a process for rapid whole genome sequencing to track spread of CPE and other antibiotic resistant organisms



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Antimicrobial Resistance and Infection Control Team – Examples of Achievements

INAP Objective 3 – Reduce the spread of infection

- Established the NCEC HCAI Guideline Group – work in progress
- Supported acute and community - undertook 16 hospital AMRIC site visits and provided reports with recommendations
- Implemented the national Hand Hygiene Train the Trainer Programme – in excess of 9,500 staff have received hand hygiene education from the train the trainer programme
- Developed and published 35 AMRIC Guidance documents and toolkits
- Contributed to the development of 12 CPE Expert Group Guidance
- Rolled out the CPE Contact Communication Programme – in excess of 7,000 patients needed to be written to by hospitals as part of this project
- Provided resources to implement CPE Screening - 39.5 WTEs (25 Surveillance Scientists, 12.5 Clerical and 2 WTEs CPE Reference Laboratory)
- Secured resources to recruit 38 AMRIC staff to community (20 WTEs), acute services (12) and AMRIC Team (6 WTEs)



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- Rolled out the CPE Contact Communication Programme – in excess of 7,000 patients needed to be written to by hospitals as part of this project
- Provided €1.4m to implement CPE Screening - 39.5 WTEs (25 Surveillance Scientists, 12.5 Clerical and 2 WTEs CPE Reference Laboratory)
- Secured resources to recruit IPC staff to community and acute services



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Antimicrobial Resistance and Infection Control Team – Role and Function

AMRIC Additional Resources

- 2018/2019 - €1.99m to roll out Newborn Hearing Screening (39.5 WTEs) and fund posts for AMRIC Implementation Team (9 WTEs)
- 2019 - €2.83m with full year cost of €4.5m (2020) to fund:
 - Resources to support community nursing and pharmacy to CHOs supported by 2 national community posts (20 WTEs)
 - Resources to enhance AMRIC Team (6 WTEs)
 - Additional IPC nursing and Surveillance Scientist support for 4 acute hospitals (Galway, Tallaght, Beaumont and Waterford) with major ongoing CPE transmission issues (5.5 WTEs)
 - IPC Business Managers for acute hospitals (3 WTEs pilot)
 - Antimicrobial pharmacists (3.4 WTEs)
 - Consultant – South/South West (1 WTE)



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Antimicrobial Resistance and Infection Control Team – Role and Function

Conclusion

- AMRIC high organisational priority
- Improved engagement from hospitals and community - improved CPE screening (in excess of 27,000 screens – July BIU data)
- Improved data and data analysis
- Strengthened National AMRIC Team Capacity (15 WTEs)
- Strengthened Acute and Community AMRIC Capacity (72 WTEs)
- Engagement with and support from Department of Health
- Driving change in challenging circumstances with competing priorities and demands

Thank you
Shirley



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