

Welcome

This is the fourth RESIST newsletter from the Antimicrobial Resistance and Infection Control Division of HPSC (AMRIC). We will issue an update every quarter to keep you informed on new developments, guidelines, statistics and interesting articles. Thanks for your comments and inputs, if you have any suggestions on content or want further information please contact us on hcai.amrteam@hse.ie

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GP antibiotic prescribing project

We cannot change anything until we accept it – Carl Jung

The AMRIC team has been working with PCRS this year on a project to provide GPs with their antibiotic prescribing data on a quarterly basis. In September every GP with a GMS contract and panel of over 100 patients was provided with their first quarterly report.

The report shows the proportion of antibiotics prescribed for their GMS list that were “green” (generally narrow spectrum antibiotics that are less likely to cause diarrhoea or thrush) or “red” (broad spectrum antibiotics that are more likely to cause diarrhoea or thrush).

It also provides information on four “red” antibiotics co-amoxiclav, clarithromycin, azithromycin and fluoroquinolones (ciprofloxacin, ofloxacin and levofloxacin). To increase use of “green” antibiotics it was suggested that GPs focus on the conditions they are prescribing these 4 “red” antibiotics for and to consider if there is a safer “green” option.

The report shows the GP’s prescribing and shows the national comparison (*see image overleaf*).

There are some limitations to the report but it gives a good overview and we hope that it will encourage GPs to choose the right antibiotic for those people who really need an antibiotic.

A link to www.antibioticprescribing.ie was provided which gives guidance on the preferred antibiotics for common conditions seen in general practice. The aim of this project is, over time, to achieve a shift to the use of green antibiotics. Each quarterly report will provide nudges to support GPs make the change.

There has been some good news on antibiotic use in Ireland in the community in the last 3 years. The annual report from the HPSC has shown a small but steady reduction in overall antibiotic use.

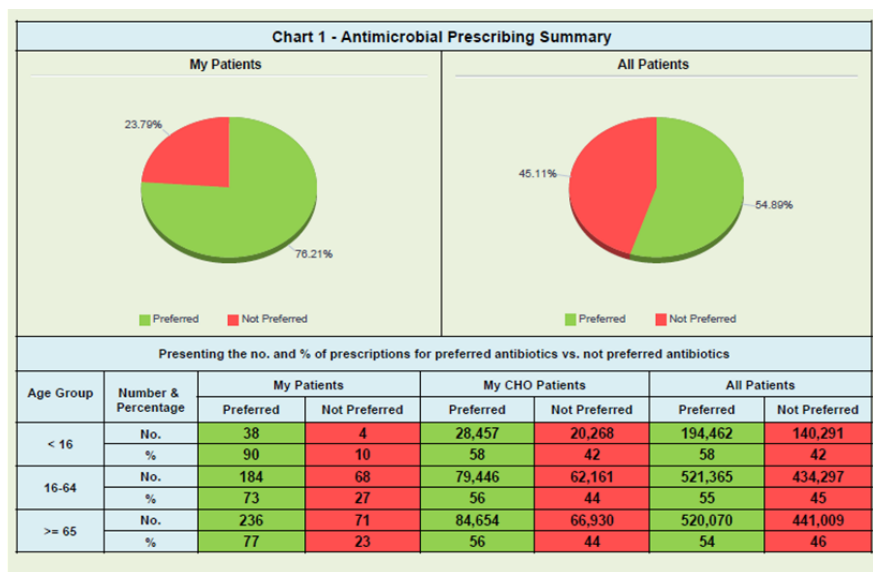
There are also very promising results from a quality improvement project led by ICGP Lead for Antibiotic Resistance Dr. Nuala O’Connor in the Cork-Kerry region. The project was run in the Southdoc out-of-hours service. In the GP Out of Hours Project, the GPs were able to increase their green antibiotic prescribing to over 80% ([see article from Edition 2](#)).

If you would like further information on the project please contact the AMRIC team on Hcai.Amrteam@hse.ie



GP antibiotic prescribing project cont'd from page 1

GP individual prescribing summary shown with red and green break down (left) and national average (right)



Hand Hygiene – HSE Opts for the World Health Organization (WHO) Technique

Hand hygiene is the single most important step we take to prevent the spread of infection in healthcare settings. Until recently there were two slightly different methods for performing hand hygiene used in the HSE. Both methods were good but sometimes the minor differences were a cause of confusion for staff especially if they moved from one hospital to another.



As there was no evidence and no reason to expect that one method was better than the other it seemed easier for everyone in the long run to agree on one single method. After a good deal of discussion the HSE has agreed to use the World Health Organization technique for performing hand hygiene as the single method it will promote and teach.

All new educational and training materials developed and used by the HSE will conform to the WHO method. Over the coming months new hand hygiene posters and leaflets will be developed to promote the WHO method and to support Infection prevention & control Team to continue to improve hand hygiene throughout our services.

If you have learned to perform hand hygiene by another method – don't worry, the other method is not wrong. All the methods work fine and the most important thing is perform hand hygiene as per the five moments of hand hygiene but over time it will be easier if we all learn to use the same technique.



European Antibiotic Awareness Day 18th November

The European Centre for Disease Control (ECDC) is marking the 12th annual European Antibiotic Awareness Day (EAAD) #KeepAntibioticsWorking on 18th November. [EU reports](#) show that infections with bacteria resistant to antibiotics are a major problem for people in Europe.

Antibiotics are life-saving medicines and modern healthcare such as many cancer treatments and joint replacements would not be possible without them. However we have not always used them wisely. We are now seeing new superbugs such as CPE which are resistant to many of the last line antibiotics.

Professor Martin Cormican, Consultant Microbiologist and HSE National Lead for antimicrobial resistance says, “The evidence is very clear – overuse and misuse of antibiotics has allowed bacteria to develop resistance.

Many of the bacteria that cause infection are becoming resistant to the drugs we use to defend ourselves against them. The HSE, in partnership with general practitioners and pharmacists has a website which gives practical, common sense advice and information on dealing with many common illnesses like colds, flu, earaches, sore throats, tummy bugs and rashes.

www.undertheweather.ie provides sound advice to give people the confidence and skill they need to take care of minor illness for themselves and their families while they recover naturally. For most common colds, sore throats and tummy upsets; rest, fluids and time are the best medicine and really the only medicine that works.



Antibiotics are often more likely to do harm than good when taken for the common cold. It is much safer and better for everyone to keep them for the kinds of bacterial infections where they really do work to speed up getting better.

Dr Nuala O'Connor, Irish College of General Practitioners, lead advisor on healthcare associated infections and antibiotic resistance stressed, “Antibiotics are not effective for the treatment of viruses. They kill bacteria. Most patient coming to see their GP with symptoms of infection such as temperature, coughs, sore throat, ear ache, stuffy noses, sinus symptoms, flu aches & pains, rashes, vomiting and diarrhoea have viral not bacterial infections.”

“We have comprehensive guidelines for GPs and dentists on antibiotic use, designed to minimise the development of resistance. I would urge all prescribers to follow the guidelines. www.antibioticprescribing.ie

We have provided EAAD banners to all hospitals and CHOs. Please support EAAD by supporting local awareness events and sharing tweets from @HSElive.



Safer surgery - do we know how many people get wound infections?

Surgery usually involves cutting through tissues. There is a risk that bacteria get into the surgical wound and the body cavities where the operation was performed. This creates a risk of infection. The risk of infection depends on many things including the kind of surgery and the general health condition of the patient. Surgical teams take many precautions to prevent infection of the surgical wound.

In 2017 teams of doctors, nurses and pharmacists visited most wards in most hospitals in Ireland. They set out to capture a snap shot of how many people had hospital acquired infection and what kinds of infection. They found that on average about 6 in every 100 patients on the wards had an infection. In about 1 in every 5 of those with a hospital acquired infection, the problem was a surgical site infection.

This snap shot gives very useful information but this snap shot is only carried out every 5 years. In many countries there is an ongoing surveillance programme for keeping track of surgical site infection. Collecting this information and giving feedback to surgical teams helps them to reduce the number of infections.

Ireland does not have a national surveillance programme for surgical site infection. However many hospitals are collecting data at local level. In June 2019 the AMRIC division of HPSC issued a survey to learn more about the existing surveillance activities and to assess interest in participation in a national programme.

Responses were received from 26 hospitals representing acute, maternity and private care, of these 18 (69%) have local SSI surveillance projects. Outcomes from orthopaedic implant, caesarean section and abdominal surgery are the most frequently monitored procedures (figure 1)

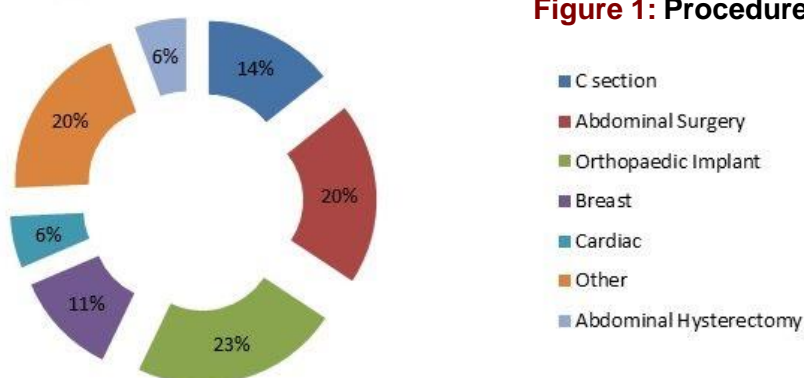


Figure 1: Procedures under surveillance

The survey highlights that hospitals across the country are actively engaged in SSI surveillance and there is strong interest in developing a national surveillance programme. Key challenges which need to be addressed include establishing a standard protocol, developing IT tools for data collection/analysis and ensuring adequate resources are in place to support this work at local and national level.

This short report is taken from [Epi-Insight](#), the full article can be read online.

University of Limerick Hospitals Group first to rollout RESIST across all hospitals

The RESIST hand hygiene programme was rolled out across all hospitals in the University Of Limerick Hospitals Group. The National Hand Hygiene Train the Trainer Programme, was piloted in four pilot hospitals. National Maternity Hospital; Cavan General Hospital; Portlinculla Hospital and across UL Hospitals Group. The AMRIC Division of HPSC and Acute Hospital Services Division have now offered the programme to all hospital groups to avail of and the wider rollout has started.

UL Hospitals Group is the first hospital group to move forward with full implementation of the programme. The UL Hospital Group has been providing training and support for hand hygiene to its staff for many years. This initiative is about a fresh approach to hand hygiene training to hospital staff, including greater involvement of hospital staff, patients and visitors

Barbara Slevin, Assistant Director of Nursing, Infection Prevention & Control for CPE Management, said: “When healthcare workers – whether they are doctors, nurses, carers, allied health professionals, porters or anybody who comes into contact with patients - keep their hands clean, they help prevent the spread of serious healthcare-associated infections. UL Hospitals Group has for many years had bespoke hand hygiene training programmes of its own to protect our patients but we are always looking for ways to improve our standards. The RESIST programme will help us to do that and we are delighted to be the first hospital group to move to put this programme into practice.”

Dr Gerry Burke, Interim Chief Clinical Director, UL Hospitals Group, said: “Antimicrobial resistance is recognised by the World Health Organisation as one of the most significant threats to global health today. We are still only coming to grips with the scale of the challenge and, around the world, healthcare professionals, scientists and governments are working on solutions. However, we do know that there are some very simple things we can do about it in our own organisations and as individuals. Through proper hand hygiene, we can prevent infection in the first place and as we approach the winter months, it is crucial we do all that we can, in healthcare settings and at home, to keep well. Proper hand hygiene is essential in all of this.”



Flu vaccine campaign kicks off

The flu vaccination information campaign has started in recent weeks. There is a wealth of information for prescribers on the [flu section](#) of [antibioticprescribing.ie](#)

This year's seasonal flu vaccine gives broader protection against flu than the vaccine used in previous years. This is because it protects against four of the common flu virus strains expected to be circulating this year based on advice from the World Health Organization.

The flu vaccine used in previous seasons protected against three strains of the flu virus. In 2013, Ireland in conjunction with European partners, conducted a study of the previous eight influenza seasons to determine how many people died (excess mortality) due to influenza and other factors, such as extreme temperature.

Preliminary results show that between 200 to 500 people die because of influenza during most seasons in Ireland. The number can be as high as 1,000 during a particularly severe season. The study is part of an ongoing project coordinated by EuroMOMO www.euromomo.eu



Please share and tweet photos of you and your colleagues getting the flu vaccine, or your vaccine clinic, using the hashtag #yourbestshot

Professor Martin Cormican getting his flu shot in GUH

The following groups of at-risk people should be vaccinated against seasonal influenza:

- Everyone aged 65 years and over
- Pregnant women
- Anyone over six months of age with a long term illness requiring regular medical follow-up such as chronic lung disease, chronic heart disease, diabetes, cancer or those with lower immunity due to disease or treatment
- Residents of nursing homes and other long stay facilities
- People who have physical or intellectual disabilities, as indicated
- Healthcare workers
- Carers of people in medical at-risk categories
- People in regular contact with pigs, poultry or water fowl.

Information will be issued to GPs when influenza rates increase and antivirals are recommended.

Weekly [influenza surveillance](#) reports are available on [HPSC.ie](#)

Information for patients on managing the flu and getting the vaccine is on www.hse.ie/flu



CPE colonisation and contact cards

As part of the CPE contact communications programme the AMRIC team developed two credit card size plastic cards for patients. These cards are given to patients who are CPE colonised or a designated CPE contact. The aim is to make it easier for the patient to tell healthcare workers that they are CPE colonised or CPE contacts. This should help them get the most appropriate care when they move between services. A CPE factsheet is also available on line.

A good time to give the patient the card and factsheet/ leaflet is when the team taking care of the patient tells them that they have CPE or are a CPE Contact. The patient should be asked to show the card to a member of the hospital staff whenever they attend health services.

The card includes details of a website where healthcare workers and patients can get more information.

The cards were issued to all hospitals with CPE colonised patients and CPE contacts as part of the CPE contact communication programme.

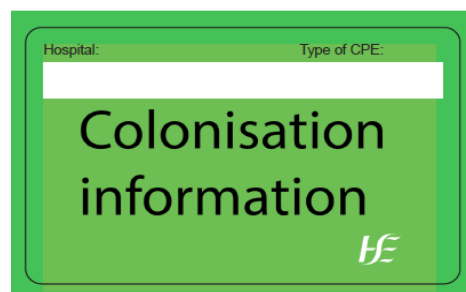
HSE staff sent in some excellent suggestions as to how the text of the card could be improved. We changed the design to the card and then printed the updated card when stocks of the old cards got low. The cards now carry a writable strip on the front which can have the hospital name written in. For colonised patients staff can also write in the type of CPE.

Printing cards on a national basis will ensure:

- There is a single nationally recognised patient card that is consistent across all HSE hospitals with a standardised text
- Patients will only need to carry one card
- Resources are used effectively and efficiently
- There is an accessible stock for hospitals

Hospitals can only order quantities consistent with their actual number of CPE patients. The number of cards ordered will be validated before issuing. Hospitals should identify a single ordering point within their service as multiple orders for single sites will not be approved. The two cards can be ordered through Donna McNena, AMRIC Team

donna.mcmena@hse.ie



CPE CONTACT

(Carbapenemase producing Enterobacterales)

Please show this card immediately when you arrive at the hospital or visit your GP. This will help the hospital or your GP to follow the correct procedures when treating you. Do this until you have been advised that you are no longer considered a CPE contact.

For information on CPE is available on www.hse.ie/infectioncontrol



Found in translation??

There are lots of tips and information in the [patient leaflets](https://hse.ie/infectioncontrol) section of hse.ie/infectioncontrol. The leaflets give [advice](#) including how patients can reduce the risk of getting an infection when they are an inpatient in hospital, when they have a drip or tube inserted or are colonised with a superbug.

The leaflets are in a printable A4 format to make them easier to [download](#) by staff working in hospitals and GP clinics.

The patient leaflets have been clinically approved by the HSE national team, reviewed by patients and approved by the National Adult Literacy Association (NALA).

The printed leaflets have been rolled out to hospitals who were involved in the pilot phase of the RESIST rollout to acute hospitals. The printed leaflets are being distributed to Acute Hospitals following on from the completion of the pilot phase.

We have responded to feedback from the pilot sites requesting translated versions of the information for patients who do not have a proficient understanding of English .

We now have the 11 leaflets translated into online factsheets in Irish, French, Polish, Russian and Spanish. The factsheets are currently being uploaded to the [translated leaflets](#) section of the webpages. The Irish and French versions of the leaflets are available online. The remainder of this work is scheduled to be completed by mid-November.

Leaflets/factsheets available

- MRSA
- CPE
- Norovirus
- VRE
- ESBL
- How to take antibiotics
- IV line
- Urinary catheter
- Being infection aware
- MDROs
- C. diff



Websites we like



www.antibioticprescribing.ie



www.immunisation.ie



The UCC safe patient care Conference 2019 took place recently and included talks by AMRIC team members. The theme was the ongoing challenge of multidrug resistant organisms and antimicrobial resistance. Delegates were given an update on the current situation in Ireland with regard to the extent of the problem we face with multidrug resistant organisms, emerging patterns of resistance to antibiotics used in our hospitals and communities, and how all of us working in health care can help to stem the rising tide of antibiotic resistance.

They heard how unfortunately hospital patients have never been so vulnerable. There has never been so much inter country movement for healthcare via medical tourism and repatriation. There have never been so many drug resistant bacteria and less new antibiotics to treat infections.

So how can we all help? Key messages that emerged were

- Hand hygiene is the single most effective intervention to reduce the spread of 'superbugs'
- Do not treat asymptomatic bacteriuria
- We need to protect patients from the harmful effects of antibiotics
- Use less antibiotics and more narrow spectrum ones
- Maximise uptake of immunisation to prevent infections

Finally we were reminded of Henry Fords quote

"Quality is doing it right when no one is looking"



Under the Weather – stay well this winter

Looking after our health is something that we learn from our parents, friends, doctors, from our own experience and, more and more, from the internet. The newly updated [Under the Weather](#) site gives advice on managing common illnesses for adults and children.

It's important that all staff spread the word about the ways we can manage the symptoms of viral infections ourselves without looking for an antibiotic. If we all understand that we can usually get better ourselves without an antibiotic, that's better for everybody.

The HSE Antimicrobial and Resistance (AMRIC) team has produced a new patient video to help people understand the right way to take antibiotics. There are also another 4 new videos on: hand hygiene, superbugs, reducing the risk of getting an infection in hospital and living with a superbug. The 5 videos will be launched as part of European Antibiotic Awareness Day 18th November. They will be accessible on www.hse.ie/infectioncontrol under the patient information section.



Learning for lives project – sharing the RESIST message

A team of staff and students from UL Hospitals Group (ULHG) and the University of Limerick (UL) travelled to Ghana for the final phase of a joint effort to establish a pre-hospital emergency care training programme in the remote Upper West region of the African nation.

‘Learning for Lives – Ghana’, is a collaborative programme run by UL Hospitals and UL in partnership with the national health service of Ghana. It has provided primary healthcare staff in the Upper West and its capital Wa with crucial life-saving skills that will benefit the almost one-million strong population of the region.

The Learning for Lives Ghana team completed the final phase of an ambitious commitment to provide training for 240 rural community health public service workers in three years. In 2018, the programme included a Train the Trainer course to ensure continuity of training standards at local level for the primary healthcare workers who form the backbone of the health service in the Upper West.

Separately, doctors and nurses drawn from eight hospitals in the region have received more advanced training. Each of the hospitals were provided with essential life-saving equipment for airway, breathing and circulatory injuries. This year, an 11-strong multi-disciplinary delegation finalised the training and included additional instruction in specialist areas of nutrition and neo-natal care.

Katie Sheehan, Croom Orthopaedic Hospital says ‘It has been an honour to be part of this incredible team of dedicated health care professionals over the past 4 years. The team and the expertise have grown over the past 4 years and they work so well together to achieve results. It takes 2 days to get to Wa and the conditions can be challenging but it is fantastic to see the level of interest among staff in the training we provide. They came in on their days off for training and some travelled incredibly long journeys to get to the training centre.

“The CHPs nurses have provided training for their peers, the health centre staff and hospital staff in the North West region and have now commenced training in the North East region of Ghana. They deliver training in Pre Hospital Emergency Care, IPC and Hand Hygiene and this has proven its sustainability. We are extremely grateful to the HSE AMRIC Team who gave us resources that we were able to share with our Ghanaian colleagues. They have so little and they are so grateful for the training resources we were able to provide.”



Left to Right: Sheila Bowers (ULHG), Mary Flahive (UHL), Rosalie Stack (Bon Secours Tralee), Yvonne Young (Group ADON ULHG), Katie Sheehan (ADON, Croom & Project lead).

ECDC Country Visit

The European Centre for Disease Control (ECDC) has a key role to identify, assess and communicate current and emerging threats to human health from communicable diseases in Europe. ECDC has developed a process for country visits to assess the national approach to prevention and control of antimicrobial resistance (AMR). These ECDC visits include a focus on One Health, where public health, healthcare and food and agriculture sectors work on programmes and collaborate to improve AMR.

The Minister for Health launched the event in the Department of Health on Monday 7th October. The ECDC visit took place over a five day programme up to 11th October. The programme included visits to acute hospitals and community residential health services, a primary care centre, GP and pharmacy services, as well as meetings with key stakeholders in health, agriculture and environment. Members of the team and international experts also visited Dept. of Agriculture and the Marine services, farms and laboratories.

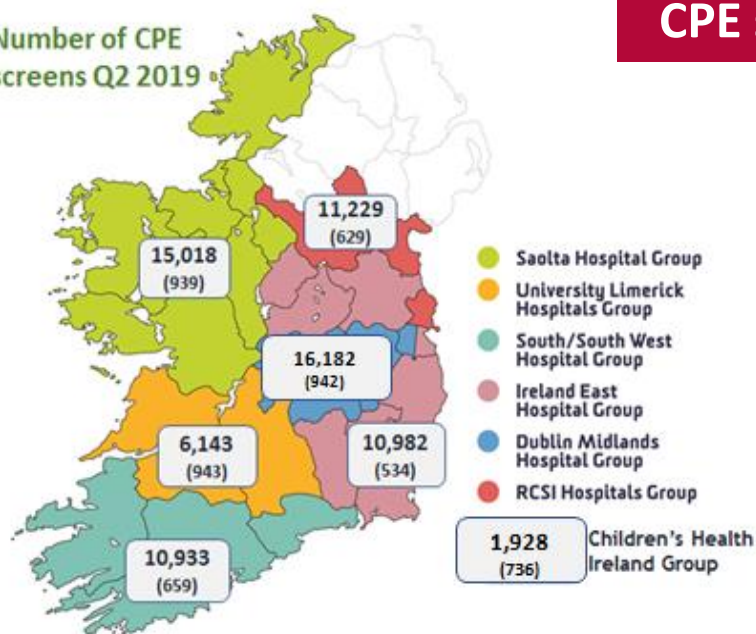
The purpose of the visit is to review the strategies and policies in place; see the AMR work and policies in action and to provide a report that will outline the work that is underway and the gaps they have identified.

The report will contain conclusions that will be considered by the relevant state bodies. The report relating to the Irish visit is expected later in 2019. The next edition of this RESIST newsletter will give an overview of the key points.



Members of the AMRIC Team, DoH and Public Health at the recent ECDC feedback session

Number of CPE screens Q2 2019



CPE screening statistics Q2 2019

This article is taken from an address given by Patient Advocate Bernie O'Reilly, Chairperson of Patients for Patient Safety to the RCSI annual Professionalism conference.

By way of introduction Tony was Bernie's husband, he died of sepsis following surgery. The sepsis was not discovered in time to save his life. The Margaret referred to is Margaret Murphy founder of Patients for Patient Safety in Ireland.

"I started to see that Tony's death was going to influence my life forever whatever way I turned, there was no way of escaping it. I live in the remnants of what we shared for thirty years; that's my daily challenge. I continue to feel strongly about how he died and the only way to calm that storm is by doing what Margaret did – use it in a positive way.

Since my engagement as a patient advocate, I observe that healthcare is changing to meet the needs of a more discerning customer. As medicine has been advancing, so has the patient. As successful hybrids of our forefathers we are knowledge hungry and questioning. Today's patient is less likely to be the passive subject of care and far more likely to exercise their majority shareholding in the patient/doctor relationship. Patient empowerment is happening, and in the middle of patients are groups like Patients for Patient Safety.

My involvement with Patients for Patient Safety has opened up healthcare for me, through it our members get opportunities to collaborate.

Margaret and her companions opened doors that are now wide open and inviting. Patient opinion is being sought, healthcare is hungry for it. Speaking to student doctors and nurses, the next generation of healthcare professionals has always been Margaret's favourite audience.

Listening and learning from patient advocates

They are influenced by their teachers and Margaret with her motherly manner introduces Kevin, her boy, their age, who would not live to be a husband or a Dad, who would not live out his adventures as an adult, and see old age.

Very few people who have been acquainted with Kevin through his mum, forget him, very few forget Margaret, her sayings – “ignore at your peril the concerns of a mother” and “that umbilical cord is never truly severed” stay with people and so does her message of patient care. She is an encouraging influence, and that is what makes her so good at what she does, she brings that out in others.

Patient representatives are invited to be the patient/public voice on committees at local and national level. Through my interest in sepsis and infection control I became one of two patient representatives in the National Public Health Emergency Team for the CPE superbug, and the CPE Expert Group.

That brought me into contact with the Department of Health at National level and I started to see how the streams of healthcare are dependent on each other. I became much more aware of healthcare associated infections and antimicrobial resistance and the importance of antimicrobial stewardship.

Among our membership we have sepsis survivors, people living with life changing injuries resulting from surgical, pharmaceutical and health associated misadventures.

Cont'd overleaf

Bernie at home on the farm she now manages since Tony's death

Cont'd from previous page

Those affected by practices in maternity care, social care and mental health. We have bereaved parents, spouses and adult children of people who died in healthcare adverse incidents.



We have a patient liaison officer, who advocates for patients on a daily basis and someone working with ethnic minorities. We also have two members who are our HSE facilitators, who assist us. We are always open to new members, new members ensure the continuity of the group and the diversity of our experiences.

As the current chair of Patients for Patient Safety I get to steer the ship for a few years and build on what others have achieved. I want to grow the group, in numbers and strength and equip members to be the best they can be in representing the patient voice and get something back from that important work for themselves. Our members are generous with their time and I am conscious that they should be appreciated for that.

Sometimes we get more requests than we can satisfy and eager people get burned out by taking on too much, so we have to be mindful not to overburden volunteers or take them for granted. We also have to be aware that patient advocates open their album of painful memories, and many continue to carry trauma, or live under the mantle of ongoing serious health consequences so care is needed not to create too heavy an additional load. It is important to support and acknowledge the time commitment and not make unrealistic demands of advocates.

I would like to be seen as an influencer. Members of the public who become patient advocates are not out to bring out the worst in healthcare – we want to bring out the best. We want to flag issues that have created harm and lobby for them to be corrected."

CPE and HCAI guidance issued since July 2019

www.hse.ie/infectioncontrol

Protocol/Guidance issued

AMRIC Team

Guidance on [balancing competing demands](#) in relation to restrictions on bed use related to infection prevention and control (July 2019)

CPE Expert Group

[Guidance relating to laboratory testing](#) for Carbapenemase Producing Enterobacterales (CPE) and the interpretation of clinical application of results (August 2019)

Guideline for the prevention and control of Carbapenemase Producing Enterobacterales (CPE) in patients on [haemodialysis treatment](#) (August 2019)