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Rising to the challenge of emergent antimicrobial resistance – the importance of leadership, assurance and accountability

Good Morning

I would like to thank the IPC Ireland for providing me with the opportunity address your annual conference. The risk and indeed harm associated with infection is a key challenge that all healthcare providers face, and as the regulator of health and social care services in Ireland, HIQA has always seen this as a priority area of focus since its foundation. HIQA's efforts in this regard have included standards development, and monitoring against those standards both in hospitals and residential care settings through regulatory compliance.

Indeed, as HIQA celebrates 10 years in existence this month, the opportunity to present at this conference is very timely from HIQA's perspective – as this month we launch new standards for acute healthcare settings around infection prevention and control, and revise our approach to monitoring these standards in hospitals.

This opportunity to present at your conference is also timely, as we in HIQA, in keeping with the view of others who have been actively engaged in this area, note that a relative watershed has been reached in the evolution of antimicrobial resistance in Ireland.

I also note that the focus of this conference today is predominately on the threat posed by emergent resistance among Gram-negative organisms, and in particular CPE producing organisms that have emerged through a number of high profile outbreaks in both hospital and community care settings. The risk associated with this threat has been a key concern for HIQA in recent times, and significant findings from HIQA's national review of Antimicrobial Stewardship which we concluded and published last year are of particular relevance. Indeed, as we launch our new national standards in the area of infection prevention control in the acute setting, I would like to emphasise the importance placed in these revised standards on a need for strong and effective national leadership, and improved coordination and assurance at a national level within the HSE to manage what is a challenge which impacts on all areas where care is provided, both in hospitals and community settings.

The threat of antimicrobial resistance – a major public health challenge which requires a national policy response

I am conscious in addressing this audience that in many ways the message that I wish to present today is already well understood by you. However it is important that we continue to remind ourselves that the challenge posed by antibiotic resistance threatens our ability to provide healthcare as it currently exists. Antimicrobial resistance presents a serious threat to patients, with the increasing emergence of multidrug-resistant micro-organisms. Healthcare-associated infections can have a huge impact on patients and their families, causing serious illness, long-term disability and death. Therefore infection prevention and control is an integral part of ensuring patient safety. If we look to work conducted by our near neighbours in the UK through the Lord O'Neill review, it is clear that if left unchecked antimicrobial resistance will result in more deaths globally than cancer and diabetes combined by 2050. This issue is here to stay, it will become more of a problem, and it should be a priority for all of governments, not just those arms responsible for health and social care provision.

HIQA are aware through our monitoring, that the work conducted by the specialists that work in this field – whether they be infection control nurses, specialist medical staff, pharmacists, surveillance scientists or others – have provided an invaluable service in providing a national response to this rising challenge.

It is also evident to me, as a non-infection specialist but long time observer of healthcare systems both in the Republic of Ireland and elsewhere that you cannot meet the ever increasing challenges that you face without further support. Indeed, a key risk that we in HIQA have observed is the risk of fatigue, both amongst those specialists who work in this field, and a fatigue in continuing to have the message of this threat heeded as it competes with other demands - at a time when risk to patients are now higher than they have ever been.

Moreover, we continue to provide services in overcrowded conditions in hospitals, which from an infection prevention and control perspective adds extra risk. The reasons for this overcrowding are numerous and complex. However we note that there has been a commitment from

government to conduct a capacity review across the health system, and in doing so re-examine to model of care provided in an effort to address what has been an intractable problem. We in HIQA would support the need for such an evaluation, and look forward to learning from the findings of this exercise.

In reflecting upon what we in HIQA have learnt over our ten years of existence, both in the specific area of infection prevention and control and more generally, it is evident to us that a lot more needs to be done in Ireland to correctly align the efforts already underway to properly address the challenges posed by CPE in particular, and future problems to come.

As a systems regulator, a key focus for HIQA lies in the area of leadership, governance and management in ensuring high quality, safe and effective services for patients. We know from all of the monitoring work that we do that services that are well managed and led are safer and better for those who are reliant on those services. If we examine the problem we face in the area of antimicrobial resistance, it is clear

that the risk that it poses impacts across all of our health and social care system. Therefore, we need to be thinking about this problem in a holistic way, and the response therefore needs to be effectively managed and led in a national way.

The national Antimicrobial Stewardship review that we conducted and published last year highlighted significant deficits in the approach taken nationally by the HSE to manage and lead efforts to address this threat.

It was clear to HIQA during this review that efforts on the ground in hospitals to address this problem were often effective where there were sufficient specialist resources, supported by wider management engagement and support. It was also evident that efforts had not gone far enough to ensure that minimum levels of specialist resource had reached all acute hospitals. More worryingly, little or no resources had been provided to community care settings.

The primary focus of management in any healthcare system is to effectively plan. A key consideration for HIQA as it assesses the effectiveness of governance arrangements in any provider is the services

ability to monitor, identify and manage risk. The Antimicrobial Stewardship review identified significant deficiencies at a national level in responding to emergent and new resistance threats. In looking at the national approach to planning and policy in this area, it was identified that the last substantive effort to properly plan to address the threat of antimicrobial resistance occurred as far back as 2001 with the SARI report. Ongoing efforts to address current risks rely on a model of staffing deployment and resourcing which is no longer relevant in dealing with issues which extend beyond hospitals.

Ireland continues to fight the last war in this regard rather than realigning its efforts towards a more integrated health and social care approach.

We recommended through the stewardship review that efforts to improve national leadership, governance and management, and indeed national strategy in this area need to be revised. In response, we are aware that the HSE have acted to establish a national taskforce to address these concerns, and we in HIQA will continue to closely monitor the work of this body to ensure that the necessary level of leadership,

coordination and integration across HSE divisions required to properly manage this challenge are enacted.

Indeed, HIQA is also aware that very recently, Tony O'Brien, the Director General of the HSE, has written to Senior leadership in the HSE, Hospital Groups and Community Health Organisations, outlining new measures that are proposed to address the threat of antimicrobial resistance across care settings, including the formation of a new national response support team – in keeping with recent HIQA recommendation.

We also welcome news that the Irish Government, through a cross departmental group which includes the Departments of Health and Agriculture, are working towards the conclusion of an updated national action plan to address the threat of antimicrobial resistance. The fact that a joined up approach has been taken is important, and it is vital that this plan is heeded at all levels of government in dealing with what the Department of An Taoiseach have recognised as a key strategic threat for Ireland.

Implementation and accountability

If we reflect on similar work that has been conducted at a policy, planning and senior management level within the Health service over a number of years, it is evident that the formulation of a plan is merely the first step. Effective implementation is also needed. Ireland has had a chequered past when it comes to implementation in the health sector, and if we look to the numerous investigations that HIQA have conducted throughout its 10 year history, tragically it was often found that if recommendations from prior investigations or reviews had been implemented effectively, the circumstances which led to loss of life might have been avoided.

The threat of antimicrobial resistance is neither new, nor unique to Ireland. If we look beyond our shores towards other countries who have effectively organised themselves to deal with the new paradigm of antimicrobial resistance, important lessons can be learnt. Indeed from my perspective as somebody who looks at the challenge faced from the perspective of leadership, governance and management, familiar themes that have emerged through prior regulatory work in a number of different areas re-emerge.

I am aware that many of the audience would have had the pleasure of attending a presentation provided by Dr Mitchell Schwaber, the Director of the Israeli National Centre for Infection Control, at a recent conference in Dublin. Indeed, members of our healthcare monitoring team were present in the audience, and the approach taken by the Israelis in successfully managing the threat of CPE emergence in their country was highly influential in informing HIQA's 2016 antimicrobial stewardship review recommendations. In reviewing his presentation slides in preparation for this address, it was evident to me that the success that the Israelis have had in dealing with this problem stem from the presence of a number of key elements which could and should be readily applied in an Irish context.

Firstly, he highlighted the importance of a nationally coordinated and led approach to dealing with the problem of CPE across care settings. In addition, on agreeing best practice as to what measures were needed to address this problem, mechanisms were put in place to ensure that care providers were universally given the tools to deal with the problem at hand. Finally, and I would suggest crucially, mechanisms were put in

place to actively monitor the implementation of required measures, and get tough with providers if there was any deviation from best practice. As a long time systems regulator, these dual measures to ensure both assurance and accountability in implementation were familiar to me. It is also evident that as a country we must replicate this approach in the short term in Ireland to deal with the threat of CPE while it still remains at current levels.

If we look to practice in Ireland, it can be seen that we do have a precedence upon which to follow in this regard. Many of you would have been at the forefront in working to prepare for the threat of Ebola or before that swine flu. A key element of those preparedness exercises was the whole health system input, national coordination and planning, and close monitoring around implementation.

Unfortunately, a similar required level of scale and urgency in dealing with current CPE resistance threats has not been forthcoming, yet in many ways the risk associated with this problem may be greater, if less dramatic from a media perspective - so far.

HIQA has consistently called for greater accountability from service providers in Ireland, and better assurance efforts from those with responsibility for overall governance and procurement of services. HIQA believes that there is a need for a service commissioning model, whereby there is a separation between those who fund services and those that provide them, so that hard questions may be more easily asked around service quality and safety. If we look to the Israeli example, it can be seen that to ensure reliable and consistent implementation of safety systems, mechanisms need to be introduced to actively check that what needs to be in place is in place by those who are responsible for leading and governing. HIQA's work in 2016 identified that this was a key weakness in Ireland, which needs to be urgently addressed.

HIQA's future plans in this area

Today marks the launch of HIQA's updated *National Standards for the Prevention and Control of Healthcare Associated Infection in Acute Settings*. These standards are evidence based, and build on the experience gained over recent years both by those working in this field, and indeed by HIQA in monitoring against these standards. We believe

that they will provide a key framework for improvement, and in particular, the added emphasis on the importance of national leadership, governance and management in this regard cannot be re-emphasised enough.

So what has changed?

The general content of the 2009 standards is retained, updated and streamlined. A number of the original 12 standards have been strengthened and expanded including communicating with the patient, the local, regional and national governance structures and workforce training. Previously stated criteria have been developed into stand-alone standards such as incident identification and management, occupational health services and the required resources to manage the potential infection prevention and control risks arising from the environment and activities within hospitals. New standards have prioritised such areas as the cleaning and decontamination of equipment, decontamination of reusable invasive medical devices and the procurement of medical devices and equipment.

Clearly, as I have already highlighted today, the problem of infection and antimicrobial resistance does not stop at the hospital entrance. In recognition of the distinct needs that those patients and staff who work in non-acute health and social care settings face in dealing with infection control related risks, HIQA will, in 2017 focus our resources towards the development of bespoke National Standards for infection prevention and control in these settings. Challenges include an increasingly susceptible older population, earlier discharges from hospitals and more complex care being delivered in the community for example. The process of developing standards for this sector has commenced and will underpin the importance of a healthcare system-wide approach to collectively target infection prevention and control problems. To help develop these standards, a Standards Advisory Group will be convened, a series of focus groups undertaken and a national public consultation process carried out. With the assistance of an external advisory group, we anticipate publishing draft Standards for public consultation in early 2018. It is our intention to consult widely to inform these Standards, and we would ask that attendees contribute to this process as we value your input. We expect to publish the final Standards in the middle of 2018.

In terms of monitoring against Standards, HIQA will continue to monitor implementation of Standards in acute hospitals, though a revised approach which was recently outlined in a guidance document published on our website. In residential care settings, we will likewise continue our efforts to ensure compliance with relevant regulations, and will integrate new Standards into this monitoring as they become available. As ever we will continue to advocate for best practice in the area of infection prevention and control.

As the Israeli example has shown us, reliable implementation of the basics of infection prevention and control are critical. This will remain a key focus for our monitoring programmes in all settings. Ireland does not lack for guidance documentation in this area, and there is ample technical advice outlining what needs to be done to best protect patients. Where we often fall down is in the reliable implementation of best practice. Our efforts in HIQA are aimed at working to address this trend.

However, crucially, those with overall governance, leadership and management responsibility need to do more to ensure that the services that they have responsibility for running are reliably implementing best practice. Key to ensuring this is better assurance at a national level. It is imperative that the necessary mechanisms for accountability and assurance are put in place to protect the public against what will be an ever increasing risk into the future. Time is short, and urgent action is required now.

Members of the HIQA team have a stand in the exhibition area with copies of the national Standards available. Copies are also being posted today to every acute hospital in the country. Information sessions will follow. If you would like to be contacted in relation to the public consultation for the development of national standards for the prevention and control of healthcare-associated infections in primary and community healthcare services, please give your details to a member of the team.

Ends.