

Submission template form to inform the development of Ireland’s second *National Action Plan on Antimicrobial Resistance (AMR) 2021- 2025, to be called iNAP2*

As a key stakeholder in the delivery of iNAP1 from a human health perspective, thank you for taking the time to submit your comments / observations on:

- A. **iNAP1** - Activities, actions and initiatives undertaken by your organisation in response to iNAP1 (2017 to 2021) that you would like to highlight to us. This information will inform the introductory section to iNAP2 which will include an overview of Ireland’s overall response.
- B. **iNAP2** - Priorities of your organisation for consideration in the development of, iNAP2, noting the timeframe of 2021 to 2025.
- C. **Additional AMR observations** – Identify ideas or gaps that should be considered a priority in relation to the wider health system’s response to AMR in Ireland.

Please complete the following tables and email your organisation’s submission to OneHealth@health.gov.ie by 12 noon, **Friday 5th March 2021**

Organisation Name:

Name: Health Information and Quality Authority

PART A – iNAP1

A. iNAP1 Strategic Objectives	Initiative in line with each Strategic Objective	Action and / or Activities undertake and / or underway	Outcomes
1: Improve awareness and knowledge	Strategic Objective 1. HIQA contribution to Ireland’s preparation for the European Commission/European Centre for Disease Control (EC/ECDC) One Health AMR Country Visit to Ireland - October 2019	HIQA contributed through the conduct of a presentation to the delegation outlining our work and findings related to IPC, AMR and antimicrobial stewardship.	Learning shared to enable the delegation to triangulate findings to inform what was a positive endorsement of national collective efforts to address the AMR threat. Wider learning across the commission relating to Ireland’s response enabled in part by HIQA’s contribution
	Strategic Objective 1. Implementation of support tools and educational resources developed to assist implementation of the National Standards for Infection prevention and control.	Tools developed, disseminated and published on HIQA’s website: - video animation. - summary poster of the 20 national standards.	Evaluation from e-learning module showed that: – 93% of respondents had a better understanding of what the



		<ul style="list-style-type: none"> - information leaflet for service users. - Elearning module developed and is available on HSE-Land. 	<p>IPC standards look like in practice.</p> <ul style="list-style-type: none"> - 78% intended to change their practice after completing the module. - 95% would recommend the module to a colleague. <p>(16,362 participants completed the module between August – December 2020, of which 3,781 responded to the evaluation).</p>
	<p>Strategic Objective 1. Infection Prevention and Control Hub for designated centres</p>	<p>During the course of the early phase of the COVID-19 pandemic, HIQA initiated an Infection Prevention and Control Hub for providers of older persons and disability residential services. The Hub provided support, guidance and training including on:</p> <ul style="list-style-type: none"> - outbreak preparedness - outbreak management advice (for example, resident placement, cohorting and special measures where isolations is not possible, transmission 	<p>Between 6 April 2020 and 10 July 2020, the Hub managed and responded to 617 infection prevention and control queries</p> <p>Members of the Hub also contributed to a number of online webinar education sessions and panel discussions to provide IPC advice to social care providers, which were hosted by the following bodies;</p> <p><i>16 April 2020 - Trinity Centre for Aging and Intellectual Disability</i></p> <p><i>23 April, 14 May and 25 June 2020 - All Ireland Institute of Hospice and Palliative Care and Age-Related Health Care Department of Tallaght University Hospital</i></p>



2. Enhance surveillance of antibiotic resistance and antibiotic use		<p>and standard precautions)</p> <ul style="list-style-type: none"> - understanding HSE advice and its applicability to specific centres - general support on infection control issues. 	
	<p>Strategic Objective 1. In the context of the COVID-19 pandemic, our HTA Directorate, with the support of its Expert Advisory Group (EAG) conducted evidence syntheses to inform the decision making of NPHET. While not focused on AMR, some of the work has informed policy and practice on infection prevention and control (IPC) measures more broadly.</p>	<p>A broad range of evidence syntheses relating to COVID-19 were conducted in the following areas:</p> <ul style="list-style-type: none"> • Children and vulnerable people • Diagnosis, testing and epidemiology • Immunity • Public health and policy guidance • Service delivery • Transmission and prevention • Treatment and vaccination. 	<p>Full details of the COVID-19 work of the HTA Directorate can be viewed here.</p>



3: Reduce the spread of infection and disease	Strategic Objective 3. <i>National Standards for the prevention and control of healthcare-associated infections in acute healthcare settings.</i>	National standards developed based on international evidence review and extensive stakeholder engagement.	Standards published 2017
	Strategic Objective 3. <i>National Standards for infection prevention and control (IPC) in community settings.</i>	National standards developed based on international evidence review and extensive stakeholder engagement. Stakeholder engagement sessions held regionally in 2018 and 2019 for registered providers and persons in charge to advise initially national standards were in development, and then to present the finished document.	Standards published 2018 Positive feedback received from attendees and request for ongoing information to be presented.
	Strategic Objective 3. Thematic inspection against <i>National Standards for the Prevention and Control of Healthcare Associated Infection</i> in both acute hospitals and rehabilitation and community inpatient healthcare services. In 2020 our focus explored general principles around IPC which would be beneficial in the context of managing AMR, but the specific focus was on prevention and control of COVID-19.	In the period 2017 to date, HIQA conducted 71 such inspections in acute hospitals. Furthermore, for the first time we conducted 27 inspections with a partial or full focus on infection prevention and control in rehabilitation and community inpatient healthcare services. In May 2020, and as part of HIQA's efforts to assist NPHEP relating to Infection Prevention and Control risks in	All inspection reports were published on HIQA's website. Escalation of concerns related to findings within the HSE seeking reciprocal action occurred on 26 occasions. Our approach to monitoring and escalation sought in particular to drive compliance with national CPE screening guidelines (on account of the public health emergency) – escalation on 15 of these 26 occasions related in part or in full to identified non-compliance with CPE screening guidance. Through



		<p>public acute hospitals in the context of COVID-19, HIQA conducted a desktop risk assessment informed by hospital group self-assessment, and knowledge gained through prior inspection activity in this area since 2012.</p>	<p>this work we have seen improved adherence to such screening guidance as evidenced through published HSE data on increased incidence of such screening over time.</p> <p>Regarding the NPHET IPC Acute Hospital Risk Assessment – this resulted in significant targeted investment to enhance IPC across all acute hospital groups. The report HIQA produced to inform this targeting of increased investment is available to view here.</p>
	<p>Strategic Objective 3. Regulation of Infection Prevention and Control Practices in Designated Centres for Older Persons</p>	<p>From 2017 to date, determination of compliance with relevant regulations that pertain to infection prevention and control has occurred in 1,488 inspections of designated centres for older persons.</p> <p>Ongoing training and briefing to ensure skillset of inspectors in IPC standards.</p> <p>2020/21 Recruitment of specialist inspector roles in IPC to support the ongoing</p>	<p>All inspection reports were published on HIQA’s website. HIQA took action to address non-compliance with regulations related to infection prevention and control practices on 144 occasions during this time frame.</p> <p>Ongoing training of inspectors in this area, allied to recruitment of specialist staff will lead to an increased focus on IPC during ongoing monitoring schedule, the outcome of which should</p>



4: Optimise the use of antimicrobials in human and animal health		regulation of designated centres.	increase provider's compliance levels with the national standards
	Strategic Objective 3. Regulation of Infection Prevention and Control Practices in Designated Centres for Persons with a Disability	From 2017 to date, determination of compliance with infection prevention and control regulations has occurred in 1,001 inspections of disability centres.	All inspection reports published. Of the 1,001 inspections conducted, in 832 cases compliance with relevant regulations was found. 117 (11%) of centres were however found to be substantially compliant, with 52 (5%) found to be non-compliant. In cases where substantial or non-compliance was found, HIQA took action to ensure the services came into compliance.
	Strategic Objective 4. Inspection in acute, and rehabilitation and community inpatient healthcare services – specific focus on antimicrobial stewardship activities.	These inspections have included a focus on antimicrobial stewardship	All reports published, with any areas for improvement articulated in reports. In general, progress identified in relation to recommendations made in HIQAs 2015/16 review of Antimicrobial Stewardship in public acute hospitals published here .
	Strategic Objective 4. Medication safety inspection programme in acute and rehabilitation and community inpatient healthcare services	Over this time frame, HIQA continued inspections in this area – we conducted 68 inspections in acute hospitals and 9 in Rehabilitation and Community Inpatient Healthcare services with a focus in this area	All inspection reports published. Areas for improvement identified in hospitals included a requirement to enhance leadership and governance of medicines management in some hospitals, and/or a need to enhance clinical pharmacy services in a significant minority



<p>5: Promote research and sustainable investment in new medicines, diagnostic tools, vaccines and other interventions</p>	<p>Strategic Objective 5. The HTA Directorate in HIQA has conducted a HTA to establish the clinical and economic impact of providing point-of-care testing to inform antibiotic prescribing for patients presenting with symptoms of acute respiratory tract infections in primary care.</p> <p>The HTA Directorate have also conducted a study to estimate the current costs associated with select antimicrobial-resistant micro-organisms of public health concern in the public acute hospital setting in Ireland.</p> <p>Establishing the current cost of AMR is useful to inform future investment decisions thereby promoting, and provides a metric against which to measure the use of proposed evidence-based, cost-effective solutions to challenges faced as a result of AMR. Additionally, this study presents a standardised methodology for estimating the economic burden of AMR on public acute hospitals in Ireland based on an international review of the economic literature, which may be used in the future by the Department of Health and other agencies.</p>	<p>Actions conducted are as follows:</p> <ul style="list-style-type: none"> • HTA of C-reactive protein point-of-care testing to guide antibiotic prescribing • An economic analysis of the burden of AMR on public acute hospitals 	<p>of services. Both are of relevance to enhancing antimicrobial stewardship. HIQA has observed reciprocal investment in response to our findings in many hospitals in this regard since 2017. We published an overview of initial findings from this work in 2018 – it can be read here.</p> <p>C-reactive protein point-of-care testing HTA published on 23 May 2019 and available to read here.</p> <p>Report of the economic burden of AMR on public acute hospitals in Ireland to be finalised in Q2 of 2021.</p>
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This body of work was done to inform iNAP2.

PART B - iNAP2

B. iNAP Strategic Objectives	iNAP2 Priorities for <u>your</u> Organisation [Please insert in the column below your Organisation's priorities against each of the Strategic Objectives]	Proposed activities and / or initiatives in line with each priority listed	Key indicators / deliverables for each priority
1: Improve awareness and knowledge	Your priority/priorities: Strategic Objective 1. Development of additional implementation support tools/ educational resources to assist implementation of national standards for Infection prevention and control, specifically in the nursing home settings.	Conduct survey to ascertain barriers and gaps to implementation of the IPC standards. Develop tailored implementation support tools based on the gaps identified.	Increased understanding among staff in residential care settings of how IPC standards can be implemented in their setting.
	Your priority/priorities: Strategic Objective 1. In the context of the COVID-19 pandemic, our HTA Directorate, with the support of its Expert Advisory Group (EAG), will continue to conduct evidence syntheses to inform the decision-making of NPHEH. This body of work will inform broader public health measures and infection prevention and control (IPC) practices in many settings, will likely inform the agenda for policy and action post-pandemic.	COVID-19 evidence syntheses will be performed at the request of NPHEH.	COVID-19 publications conducted to support the work of NPHEH will be published here .
2. Enhance surveillance of antibiotic resistance and antibiotic use	Your priority/priorities:		
3: Reduce the spread of infection and disease	Your priority/priorities: Strategic Objective 3. Continue to include a focus on infection prevention	Inclusion of infection prevention and control as a core part of a wider	New methodology to be deployed in 2021



<p>4: Optimise the use of antimicrobials in human and animal health</p> <p>5: Promote research and sustainable investment in new</p>	<p>and control through inspection in acute and community healthcare services.</p>	<p>assessment methodology which is under development against the National Standards for Safer Better Healthcare – in contemplation of the Patient Safety (Notifications) Bill and Patient Safety (Licensing) Bill</p>	<p>Inspection and publication of reports, to include findings in this area. Risk escalation and follow up with providers if risk issues identified on inspection</p>
	<p>Your priority/priorities: Strategic Objective 3. Continue to focus on infection prevention and control through regulation of designated centres for older persons, and persons with a disability.</p>	<p>Inclusion as a core regulation for assessment in inspection methodologies as a specific business objective.</p> <p>Recruitment of team of 3 specialists to support inspection teams</p>	<p>Inspection and publication of reports, with reciprocal action as needed to ensure compliance with this regulation.</p> <p>Assessment and judgment framework to be published to support national standards, and IPC Quality assurance audit tool that was published in 2020</p>
	<p>Your priority/priorities: Strategic Objective 4. Continue to include a focus on antimicrobial stewardship, as one element of the wider approach to ensure medication safety, through inspection in acute and community healthcare services</p>	<p>Inclusion of medication safety and antimicrobial stewardship as a core part of a wider assessment methodology which is under development against the <i>National Standards for Safer Better Healthcare</i> – in contemplation of the Patient Safety (Notifications) Bill and Patient Safety (Licensing) Bill</p>	<p>New methodology to be deployed in 2021</p> <p>Inspection and publication of reports, to include findings in this area. Risk escalation and follow up with providers if risk issues identified on inspection</p>
	<p>Your priority/priorities: Strategic Objective 5. In fulfilment of its objectives, the HTA Directorate of HIQA may also conduct HTAs on topics specific to</p>	<p>HTAs on AMR and/or HCAI topic may be conducted, between 2021 and 2025, in line with</p>	<p>Any HTA relating to AMR and/or HCAI will be published on our website.</p>



<p>medicines, diagnostic tools, vaccines and other interventions</p>	<p>AMR and/or HCAI. HIQA will be issuing a call to the Department of Health and HSE to inform a new prioritisation exercise to inform the HTA work plan. Relevant topics for HTA could be submitted to this prioritisation exercise.</p> <p>In conducting the economic analysis of the burden of AMR on public acute hospitals, HIQA has developed a standardised methodology for estimating the economic burden of AMR on public acute hospitals in Ireland based on an international review of the economic literature. This methodology may be adapted to other settings. It may also be used in the future by the Department of Health and other agencies.</p>	<p>outcome of the HTA prioritisation process for 2021.</p> <p>Further economic analysis of the burden and implications of AMR and its management may be conducted by HIQA in the future if required.</p>	
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Please note: examples of priorities in relation to antimicrobial resistance and infection control may include a broad range of initiatives including: governance, surveillance, patient and staff engagement, policies and procedures, information dissemination, prescribing, education enhancement, professional development, capacity (infrastructure and human resources), audit, research, optimisation of evidence based practice, communication, stewardship, cross-sectorial or service collaboration and partnerships etc.



PART C – Additional AMR Comments

C. Additional AMR Comments

Please identify if you have any additional ideas or gaps not included in your response in Table A or B above that should be considered a priority in regard to the wider health system

[Please insert any additional information below]

1. There is a need to ensure - in keeping with Sláintecare – that the focus of iNAP2 includes a continued emphasis on the prevention and control of AMR across the continuum of care, whether it be acute healthcare, healthcare provided in ambulatory or community settings, or in residential or other care and support settings
2. While noting the emphasis that iNAP1 took in recognition of primary care as a key area for the control of AMR, there would be benefit in placing a particular and differentiated focus on the care and treatment of vulnerable patient populations in the next plan. For example, older persons in residential care or those with a disability have particular needs and present specific added challenges for those responsible for infection prevention and control and antimicrobial stewardship. Those availing of such services may present for treatment with atypical symptoms or signs of infection which may be especially hard to differentiate from other non-infectious processes. The fact that they live in congregated settings which often have poor infrastructure also poses additional risks for them in the context of IPC and AMR. A recognition of same in terms of a need for added supports to prevent and control AMR, for example through evaluation of specific challenges posed around timely access to diagnostics, staff training and education, more rapid access to specialist resources and integrated care into other services should be considered. It should also be noted that, as identified in the COVID-19 pandemic, there is a need to ensure a system of collective clinical governance in the management of IPC and AMR related matters across the population of residents in such settings.
3. There is a need to continue to work to enhance clinical pharmacy services in those hospitals that continue to fall behind reasonable benchmarked norms nationally. This is needed to provide a proper infrastructure to support antimicrobial stewardship in such settings.
4. Planned efforts to enhance eHealth will pay dividends across all of health and social care provision. However it is especially notable that across the five strategic objectives listed, there is the potential for eHealth to accelerate enhancement in national efforts in this area. Further recognition of this in iNAP2 would be important.
5. The quality of the physical infrastructure in many of Ireland’s congregated health and social care settings remains poor despite examples of investment in some areas since 2017. This has very significant implications from an infection prevention and control perspective – as current arrangements increase the risk of both transmission of multidrug resistant organisms, and may in fact act as reservoirs for the emergence and spread of such pathogens in the wider community. Examples in the recent past of this have included VRE, *C. difficile* and CPE. Limited isolation facilities in such settings for infectious patients is also a major challenge – a challenge that will only grow as AMR increases. It would be important that this fundamental challenge is clearly articulated in any action plan aimed at addressing AMR into the future.



If you have any questions, please do not hesitate to contact us by emails: OneHealth@health.gov.ie

Submission are requested by: **12:00 on Friday 5th March 2020**

Thank you for continued support and valuable contribution as we continue to advance Ireland's response to antimicrobial resistance.

