

Northeast and North Cumbria Integrated Care Board – CPE/CPO Reduction Strategy Plan on a Page 2024/25

To reduce reservoirs and transmission of carbapenemase-producing Enterobacterales (CPE) and Carbapenemase producing organisms (CPO)

To contribute to the reduction of antimicrobial resistance by raising awareness of infection prevention control and inappropriate prescribing of antibiotics.

Objective 1: Surveillance and intelligence to inform action.

Objective 2: Sampling / lab support.

Objective 3: Estates and Cleaning

Objective 4: Reduce antimicrobial resistance.

Objective 5: Education & Training

What are our priorities?

- Robust surveillance and intelligence for CPE/CPO and support for AMR
- Deliver and support with evidence led IPC and AMR interventions across the organisation.
- Review CPE data, identifying trends, mortality rate, postcode location, prescribing practices, Hospital admission history
- Develop standards for outbreak management
- Monitor and action trends from outbreaks / reporting
- Share learning / actions across NENC ICB from outbreaks
- Digital plan for ICB to align systems and reporting to SGSS
- Modification of patient surveillance protocols towards all patients with a hospital stay in the last 12 months (business case where required) and environmental sampling for CPE/CPO after cases detected

What are our priorities?

- Standardised and consistent approach to sampling
- Confirmed results timely – PCR initial – Culture for timely results
- Framework for microbiology support in organisations to support screening
- Investment in laboratory support to achieve compliance with National guidance
- Agreeing standardised regional lab test protocol for CPE/CPO
- Use of patient information leaflets - explain reasons for testing
- Use of staff information leaflets - explain reasons for testing to improve compliance

What are our priorities?

- Review and assess introduction of dedicated rapid response teams. SOP / Policy for enhanced cleaning- HPV
- Develop a robust structure for collaboration and interaction with MDT
- Organisational implementation of decant / cleaning – proactive deep cleaning programme.
- Facilitate rapid isolation for suspected / infected cases.
- Ensure Compliance with HTM / HBN including the need for compliance with increased single room capacity
- Develop SOP for disinfection of WHB and shower drains.
- Review locations of wash handbasins and consider removal where practical, especially in attempting to resolve outbreaks
- Improve response to poorly draining sinks or showers to reduce environmental contamination with CPE/CPO
- Monitoring mechanism for reporting the incidence of blocked drains / sinks

What are our priorities?

- Appropriate proportion of Pharmacist support and alignment
- Develop champions in high risk areas
- Increase education for nurses and other prescribers / drug administrators regarding basic AMS and AMR
- Standardised audit / surveillance toolkit
- Visibility of reports at senior meetings
- Partnership forums for Primary and Secondary Care
- Reduce reliance on use of carbapenem agents

What are our priorities?

- Consistent training resources across all sites.
- Deliver training to ensure knowledge of CPE – All staff groups.
- Deliver targeted training to ensure a high level of knowledge throughout the healthcare workforce e.g soft services / hard services / nursing / medical / labs / pharmacy etc.
- Develop a network of IPC Champions for CPE
- Appropriate patient awareness information – CPE card
- Shared learning mechanisms internal / external

Outcomes:

- Evidence led service delivery and improvement.
- Reduced infections.
- Correct patient placement for infection risks.
- Understand organisational CPE patient risk group.

Outcomes:

- Increased early detection to assist in reducing the risks of transmission
- Unified process across the region
- Allow for clear reporting

Outcomes:

- Improved collaborative working
- Increased assurance in service delivery.
- Cleaner and safer healthcare environments
- Improved patient experience
- Reduce patient safety incidents and litigations.
- Reduced transmission of infections
- Empowered staff who are proud to work in their environment.

Outcomes:

- Improved workforce knowledge.
- Improved personal practice.
- Improved quality assurance.
- Improved learning across the system.
- Reduced infections, including MDRO.
- Reduced incidence of C.diff across the health economy

Outcomes:

- Improved workforce knowledge.
- Improved personal practice.
- Reduction in unsuitable prescribing.
- Reduced infections.
- Reduced harm to patients
- Reduction in AMR
- Assurance of correct water disposal / drainage.

Raising awareness and communications

- To raise awareness of infection prevention and control, and supporting communications aimed at inappropriate prescribing of antibiotics.
- Improved communication pathways with the organisation and partners regarding CPE and screening parameters
- Whole ICB approach to CPE management
- Improved communication and engagement with all colleagues across the ICB
- Improved awareness at all levels of the MDT