

CZ-PRES EU conference: The Microbial Threat to Patient Safety in Europe



DATE:
15 – 16 April 2009

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Prague, Czech Republic

LEVEL:
Ministerial Conference

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The Microbial Threat
to Patient Safety
in Europe
CONFERENCE
2009
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Concept framework on hospital antibiotic stewardship

document distributed to ministers of health the 9th June 2009

Ministerial conference
"The Microbial Threat to Patient Safety in Europe"
Prague, Czech Republic, April 15 – 16 2009

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Czech Presidency
of the Council of the EU

Présidence tchèque
du Conseil de l'UE

2009

Hospital Antibiotic Stewardship Programme (H-ABS-Programme)

Introduction

Systematic prevention and control of antimicrobial resistance is necessary to maintain long-lasting effectiveness of antimicrobial agents for treatment and prophylaxis of infections. Loss of their clinical effectiveness represents a significant threat for patients affected by serious, life threatening infections in the hospital setting.

Effective prevention and control of antimicrobial resistance in hospitals is based on complementarily implemented activities focused on decrease in selective pressure of antimicrobials associated with their inappropriate use as well as reduction of spread and transmission of resistant micro-organisms.

These principles are generally declared in the Council Recommendation on Prudent Use of Antimicrobial Agents in Human Medicine, as well as in the recently proposed Council Recommendation on Patient Safety incl. Prevention and Control of Healthcare Associated Infections.

Whereas standards and measurable elements focusing on prevention and control of infections in healthcare institutions already exist (e.g. JCI accreditation standards, IPSE standards and indicators), similar standards are not yet available for implementation of hospital antibiotic stewardship.

Recent EU projects (e.g. ABS International), have defined principles of hospital antibiotic stewardship which can form the basis of discussions on appropriate standards and measurable elements to improve practices in healthcare institutions across Europe. These standards could be included as accountability criteria for hospital accreditation.

Objectives

- Ensuring effective, safe and cost effective antibiotic treatment and prophylaxis of infections as an integral part of care for patients in the hospital setting.
- Prevention and control of antimicrobial resistance by means of prudent use of antibiotics in order to maintain their long-term effectiveness for treatment and prophylaxis.
- Reduction of occurrence of difficult-to-treat infections caused by multi-drug resistant micro-organisms, threatening quality of care and the safety of hospitalised patients.

Ministerstvo zdravotnictví České republiky
Odbor mezinárodních věcí a Evropské unie
Ministry of Health of the Czech Republic
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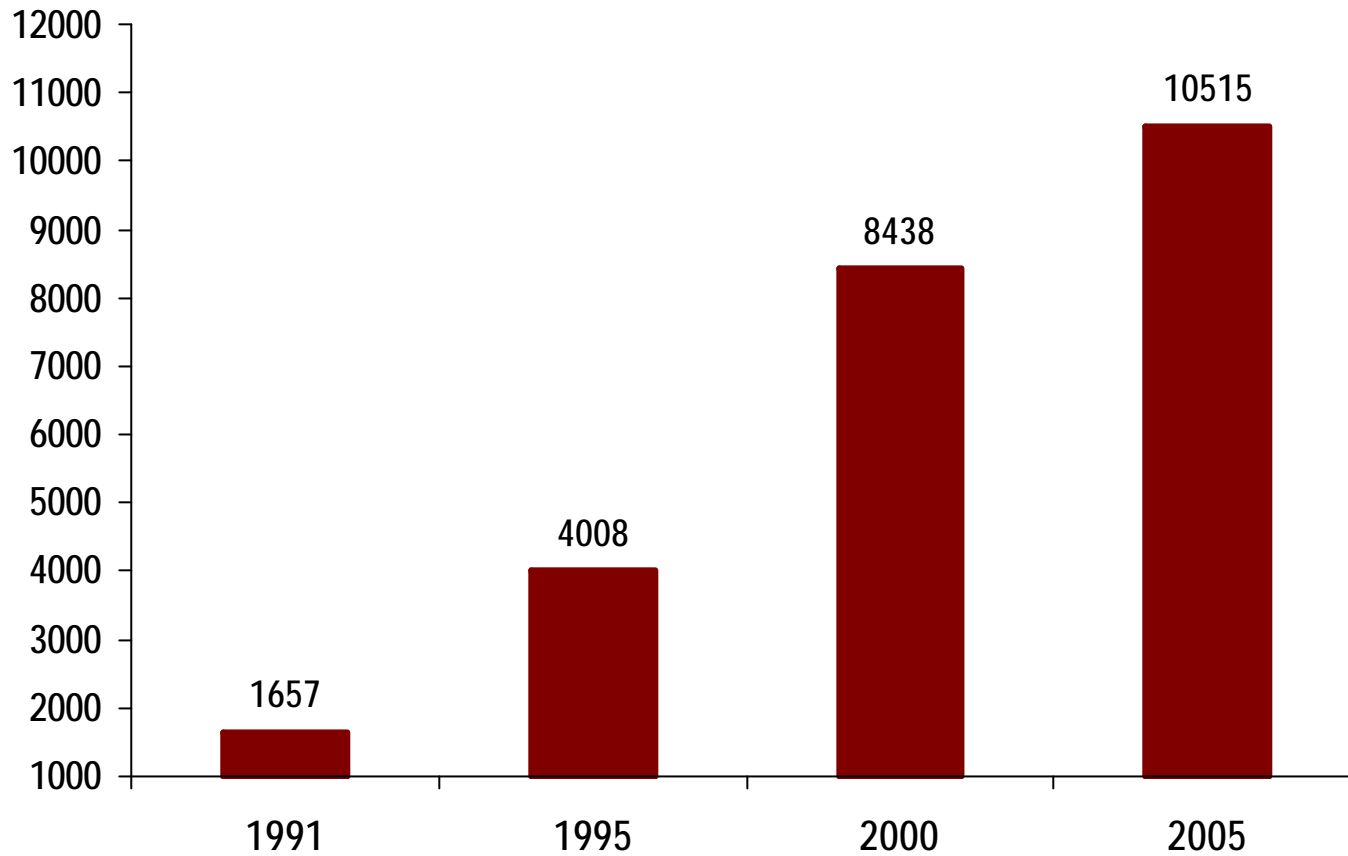
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- **Establishment and objectives**
- **Scope and priorities**
- **Conditions for effective operation**
- **Structure, organization, personnel and management**
- **Functions and activities**
- **Tools**
- **Integration to the hospital programme on quality and safety, links and relationships.**



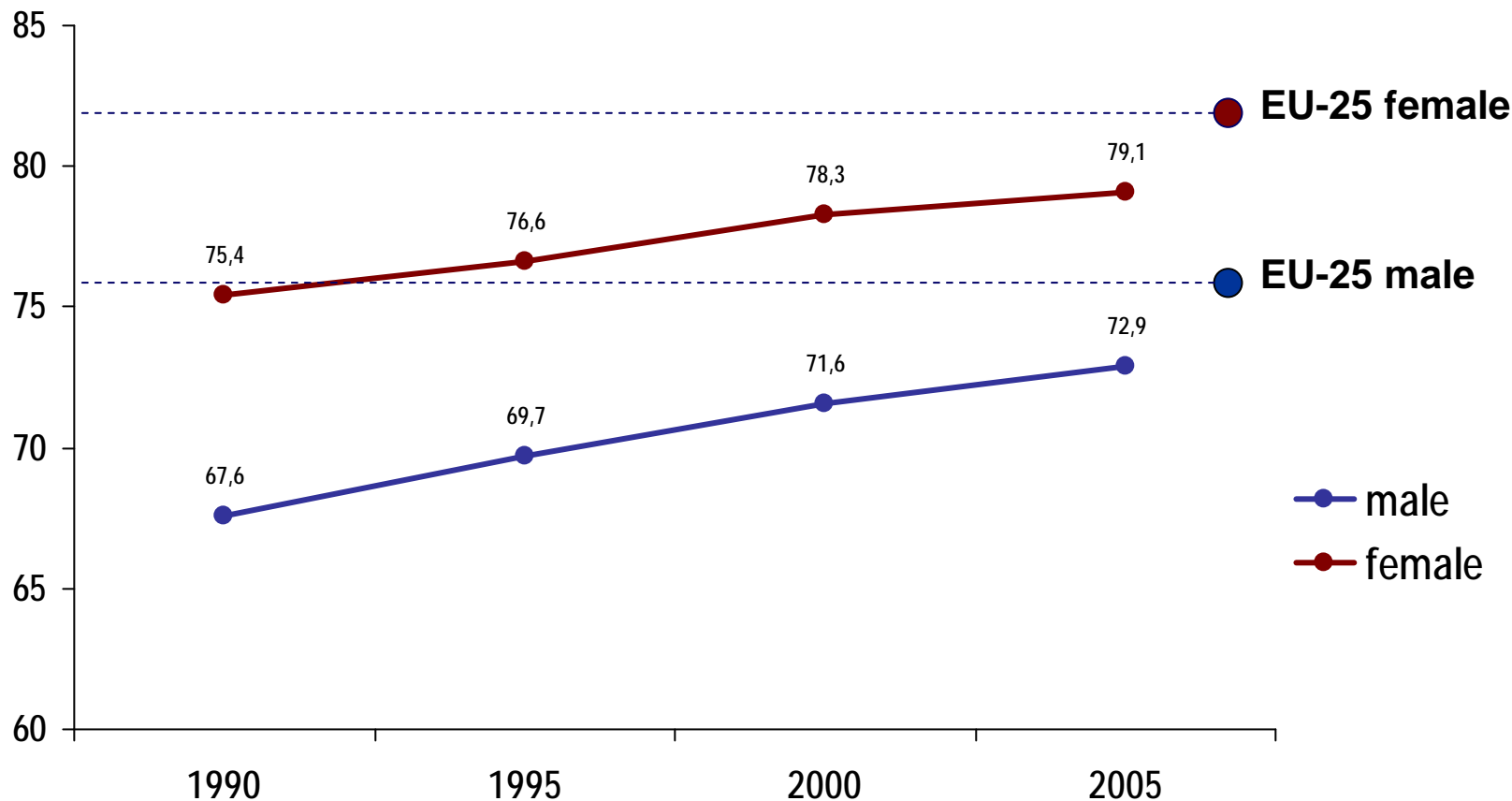
Transition of CZ healthcare system - health technology

health technology development: cardiothoracic surgery proc. 1991-2005

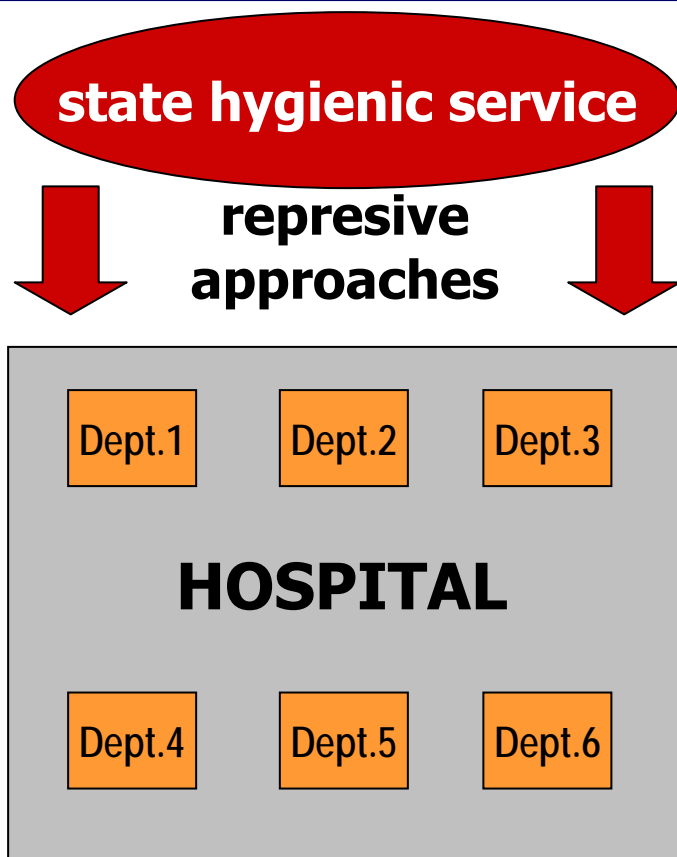


Transition of CZ healthcare system - life expectancy

trends in male and female 1990-2005

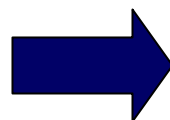


Organisation of infection control – history...



SENIC study in US hospitals (70's):

surveillance + control	32 % decrease
no surveillance	6 % decrease
no measures	18 % increase



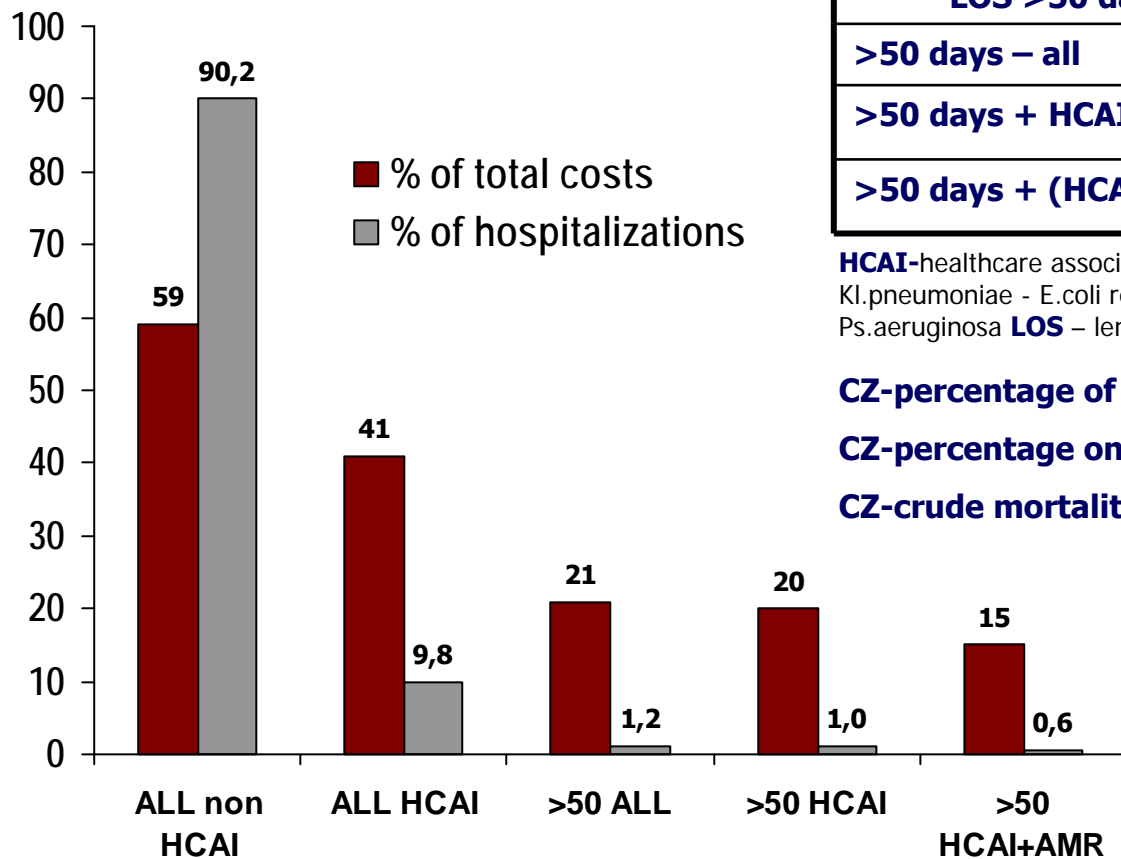
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no surveillance !!!, no IC nurses,...



Characteristics of hospitalizations affected by HCAI

costs and crude mortality in hospitalizations longer than 50 days



Hospitalizations LOS >50 days	No.	%	crude mortality
>50 days – all	313	100,0 %	20,1 %
>50 days + HCAI	279	89,1 %	22,6 %
>50 days + (HCAI+AMR)	168	53,7 %	26,8 %

HCAI-healthcare associated infection, AMR-positive culture: MRSA or Kl.pneumoniae - E.coli resistant to 3rd g. cephalosporines, or multi-drug resistant Ps.aeruginosa LOS – length of stay

CZ-percentage of hospitalizations > 50 days 0,7 %
CZ-percentage on total costs for LOS > 50 days 9,9 %
CZ-crude mortality for LOS > 50 days 11,5 %

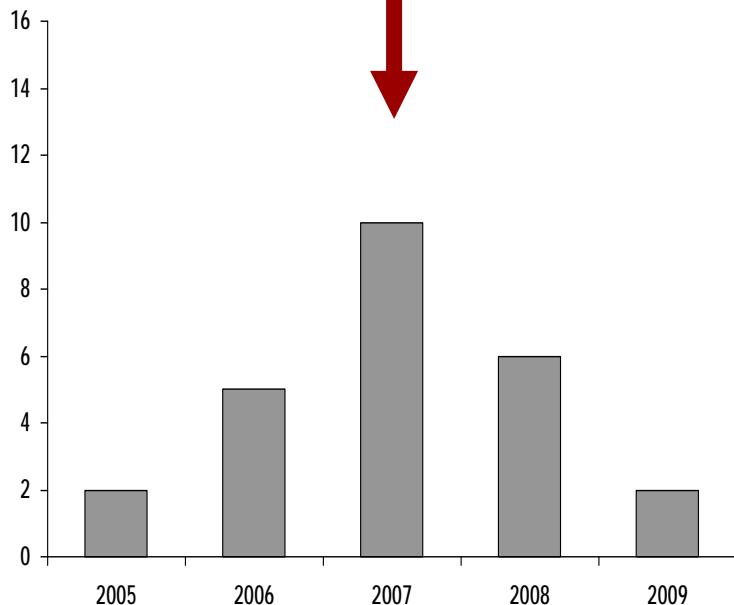
Data: anonymous hospital
 Data: NRC



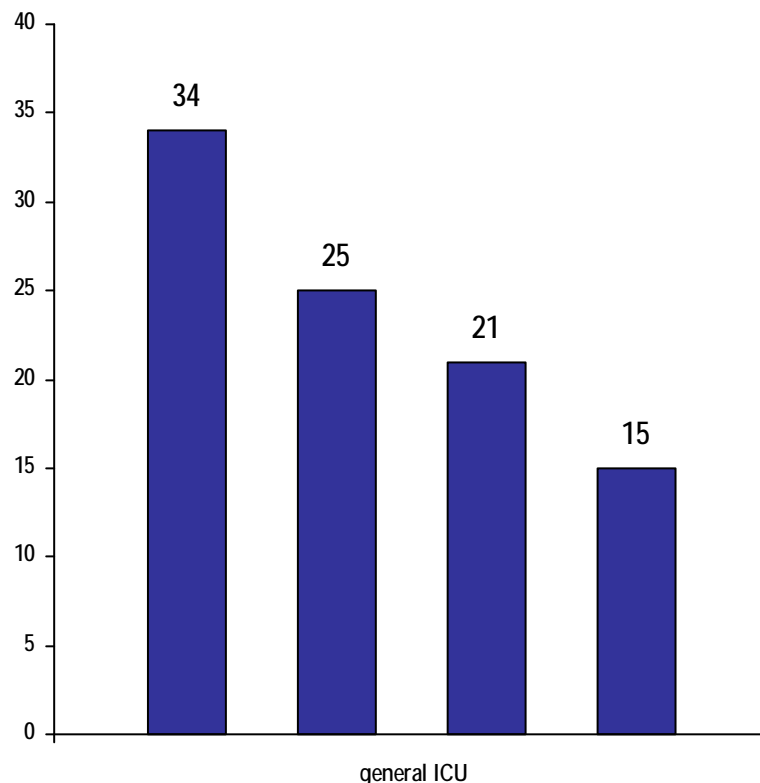
Building „islands of positive deviation” – CZ strategy

effectiveness of local PCI program (surveillance-based and risk-oriented)

implementing new approach to MRSA prevention and control



yearly trend of catheter related bacteremia in general ICU 2006-2009



Next steps – synergy of EU presidencies...

