

Information Governance

17 April 2018

Our Ref: RFI 22946

Dear

**Freedom of Information Act 2000
Information in Relation to Hospital and Surgical Acquired Infections**

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to the above which you requested on 15 March 2018.

A response to each of the questions raised has been provided by the Nursing, Primary Care & Elderly Services Directorate and is attached in Appendix A.

Under the terms of the legislation, if you are unhappy with this response you have the right to seek a review within the Trust in the first instance. If you wish to do so, please write to me at the address below.

If after such a review you are still unhappy with the response, you have the right to appeal to the Information Commissioner who will undertake an independent review. The Information Commissioner can be contacted at The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

**L McAree (Miss)
Head of Information Governance &
Directorate Support**

Q1. What are the most common (TOP 3) Hospital acquired infections? Please explain in detail if possible.

A1. Please see response provided in Table 1 below:-

Table 1

HAI	Explanation
Pneumonia	ECDC/Public Health Agency Global point prevalence survey 2012 and 2017
UTI	
Skin Soft tissue infection	

Q2. What are the most common (TOP 3) Surgical site infections? Please explain in detail if possible.

SSI	Explanation

A2. ??????? (Diane's world ??)

Q3. Which prophylactic measures/protocols are being followed to prevent Healthcare Acquired Infections (HAIs) in your Hospital? Please share ALL possible measures. In this question we need to understand habits/ behavior/policies/ process in the OR to avoid / limit the HAI. We must focus on prevention guidelines/policies.

A3. Please see list provided below:-

- hand hygiene,
- care bundles,
- instrument disinfection,
- management of devices,
- management and screening for resistance,
- aseptic procedures,
- environmental cleaning,
- monitoring SSI,
- personal protective equipment.
- sharps and waste disposal.
- policies procedures and guidelines.

This is quite a subjective question

3a. Which ones are the most effective according to your own understanding, and why?

A3a. All of above

Q4. Which prophylactic measures are being followed to prevent Surgical Site Infections (SSIs) in your Hospital?

A4. All items referenced in response to 3A above including prophylactic antimicrobials, care bundles, monitoring and feedback.

Q4a. Which ones can be considered the most effective according to your own understanding, and why? Which profiles are involved in preventing SSIs?

A4a. All items reference in response to 3A above. This is a subjective question, not sure what is ment by 2nd element of question. **(NOT FOI)**

Q4b. Looking specifically at the OR environment, what are the preventive measures used to lower the risks of HAI's and SSI's?

A4b. Please refer to response provided at A3 above.

Q4c. Looking specifically at the stage when the OR's are cleaned what are the preventive measures used to lower the risks of HAI's and SSI's?

A4c. See items listed below:-

- Clutter free environment
- removal of waste/sharps
- Instruments sent for processing
- Adequate air change ventilation
- Manual cleaning of the environment

Q5. Are the current prophylactic measures/protocols for HAI's or SSI's in place result of hospital guidelines or national guidelines?

A5. Both hospital and national guidelines.

Q6. What type of training (if any) have you received regarding HAI or SSI protocols implementation?

A6. This answer would be different depending who answers the survey. See below. NOT FOI

Q6a. Which organization/ company /institution provided you that training?

A6a. Training is provided in house, via the Public Health Agency, independence companies and through self-directed learning.

Q6b. On a scale from 1 to 10 where 1 is “extremely unsatisfied” and 10 is “extremely satisfied”, how would you rate your level of satisfaction for those trainings? Why?

A6b. Subjective, the question would be different depending who answers the survey.

Q7. What are the current main unmet needs when it comes to HAI or SSI?

Indicator HAI or SSI	Unmet need	Explanation

Q8. What factors/actions/initiatives could reduce the incidence of Healthcare Acquired infections and Surgical Site Infections? Why?

A8. The following would reduce the incidence of healthcare acquired infections and surgical site infections:-

- hand hygiene,
- implementation of care bundles
- instrument disinfection,
- management of devices,
- management and screening for resistance,
- skin disinfection,
- aseptic procedures,
- environmental cleaning,
- monitoring SSI,
- personal protective equipment.
- sharps and waste disposal.
- trained and competent staff.
- monitoring and feedback

NOT FOI BELOW

PART 2: REIMBURSEMENT FACTORS

Q9. What would be the financial benefits for the hospitals of such efficient prevention programs for HAIs/SSIs? Are there any direct (compensations, funds) & indirect (staff time, recovery time etc)

Direct Benefits	Explanation
Indirect Benefits	Explanation

A9. Cost savings.

Q10. Are HAI/SSI (readmissions) specially acknowledged by government/hospitals in terms of reimbursement? If yes, please explain in detail? Does reimbursement system provide a reduced amount of money for readmissions, or does not reimburse it at all?

A10. No. A reimbursement system does not exist.

Q11. If there are monetary losses from readmissions? Are there punitive financial penalties linked to readmissions caused by HAIs/SSIs? How would you describe the cost ownership of readmissions for SSIs? Are there any financial rewards and incentives for the absence of readmission?

A11. No response

Q12. How do hospitals fund the implementation of preventive HAIs/SSIs policies? Where do this funding come from (hospital/specific department/government)? Please explain.

A12. Not sure what is meant by this policies are implemented as an integral part of care

PART 3: TECHNOLOGY AVAILABILITY & QUALITY OF CARE

Q13. What are the main competitive advantages of having good quality of care and low HAI's/SSI's? What specific endpoint you measure when assessing HAI and SSI? Anything on mortality rate, complication rate, re-admissions rate etc?

A13. Better patient outcomes, quality care and reduced costs. All Contributing factors.

Q14. How does quality of care endpoints get measured across the country? What specific endpoints allow you to compare quality of care across different hospitals? Is there a specific institution in charge of recording these endpoints? Please explain.

A14. Do not understand the questions.

Q15. Within your hospital, how is environmental disinfection and decontamination ensured? Which technologies are being used?

Note to moderator: Please focus specifically on OR environment.

Technology Name	Description	Strengths	Weaknesses

A15. Decontamination is ensured via monitoring and feedback both internally and externally using electronic systems.

Q16. Is having a high “Quality of Care” classification perceived as a priority in your hospital? How much HAI and SSI weight on the “Quality of Care” classification? Are there any financial benefits perceived which are directly linked to this aspect?

A16. Yes, having a high quality of care classification is perceived as a priority. The weight on the quality of care classification is very high.

Q17. Are there any technologies that can reduce HAI or SSI being incentivized by the government? Which ones?

A17. No NOT FOI

Q17a. Has there been any comprehensive review of UV –Light/Foggers?

A17a. Not by the government.

Q17b. If yes, which institution is in charge of this review?

A17b. No response.

Below Not FOI

Q18. On a scale of 1 to 10, how would you rate your level of interest in room decontamination technologies (UV/Foggers)? How many hospitals use it (in %) in your country? What types of hospitals?

Rating	Usage %	Type of hospitals
<i>UV Light</i>		
<i>Foggers</i>		
<i>Others</i>		

A18. Not sure which hospitals use this.

Q19. What trends have you observed related to the usage of UV-Light/Fogger technologies over the past 3-5 years?

A19. More companies now selling these.

Q20. What factors could potentially increase the usage of UV-Light/Fogger technology in your country?

A20. **Not sure.**

Q21. What factors, if any can represent a barrier to the usage of this technology?

A21. Value for money.

**Q22. What are the main sources of information regarding these types of products and technologies?
(Congresses, Peers, Scientific Literature, Company Websites)**

Ranking	Sources	Explanation
1		
2		
3		

A22. Literature and company websites.

PART 4: FUTURE TRENDS

Q23. What are the main trends you have observed in the last 3 years regarding Preventative policies for HAIs/SSIs?

A23. Not sure what is being asked.

Q24. What are your future expectations in the next 3-5 years with regards to Preventative for HAIs/SSIs policies?

A24. Increased surveillance, monitoring and feedback. **Very subjective question.**

Q25. What specific future technology you could consider as a “game changer” for this aspect? Why?

A25. Not sure what is being asked.

Q26. How do you see the market evolving in the future? Yes.

Do you see any other types of technologies that will increase in demand?

No.

Do you see any specific changes based on UV-Light/Fogger? No.