



**Oifig an Stiúirthóra Náisiúnta
Géaroibríochtaí**

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Deputy Rose Conway Walsh
Dáil Éireann
Leinster House
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22nd May 2023

21154/23 - To ask the Minister for Health if he will provide details on the assessment of hospital-acquired infection; the comparative figures for other European Union member states; and if he will make a statement on the matter

Dear Deputy Conway Walsh,

The Health Service Executive (HSE) has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

The National Antimicrobial Resistance and Infection Control Team (AMRIC) monitors and reports on four key performance indicators related to Healthcare Associated Infections (HCAI) as outlined in Appendix 1 of the HSE's National Service Plan 2023 (pages 129 and 140).

www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2023.pdf

Appendix 1 outlines the key performance indicators which relate to hospital acquired or associated infections:

- Rate of new cases of hospital acquired staphylococcus aureus bloodstream infection
- Rate of new cases of hospital associated C. difficile infection
- Rate of new hospital acquired COVID-19 cases in hospital inpatients
- No. of new cases of CPE

With respect to how cases are assessed in general it is not possible to be certain regarding where and when a person acquired infection but to facilitate surveillance of these infections cases are assessed against standard case definitions that take account of European Centre for Disease Control (EDDC) definitions. To be of assistance the case definitions for the above key performance indicators are outlined in table 1 below.

The surveillance data for these indicators is submitted by HSE acute hospitals to the Acute Operations Business Intelligence Unit (BIU) on a monthly basis for monitoring and review by the National AMRIC Team. The table below outlines the total case and rate per 10,000 bed days used numbers for Staphylococcus aureus bloodstream infection, C. difficile infection and hospital acquired COVID-19 cases in hospital inpatients for the year 2022. It also provides the total number of CPE cases for the year 2022.

Table 1: HCAI Key Performance Indicators

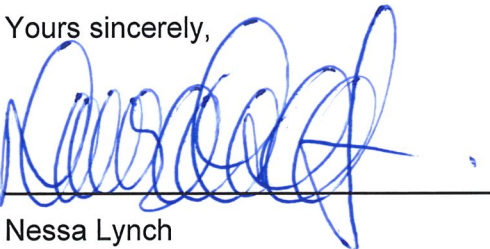
		Total 2022
KPI	Performance indicator	
National Total (All Groups) <i>S. aureus</i>	Number of cases	376
	Bed days Used	3,876,711
	Rate per 10,000 BDU	1.0
National Total (All Groups) <i>C. Difficile</i>	Number of cases	836
	Bed days Used	3,876,711
	Rate per 10,000 BDU	2.2
National Total (All Groups) Hospital Acquired COVID-19	Number of cases	8,912
	Bed days Used	3,876,711
	Rate per 10,000 BDU	23.0
National Total (All Groups) CPE	Number of cases	872

Data Source: HSE BIU

Currently the ECDC has not reported the comparative figures for hospital acquired infections for European Union member states for the years 2020 to present.

I trust the above is of assistance.

Yours sincerely,



Nessa Lynch
General Manager, Acute Operations, HSE

CC: Ms Therese Dalchan, Head of Service, Acute Operations AMRIC
Dr. Eimear Brannigan, AMRIC Clinical Lead
Ms Shirley Keane, Head of Service, Acute Operations AMRIC

Appendix 1: Indicator definitions for hospital acquired infections

Key Performance Indicator	Case Definition
Clinical definition: Hospital acquired S. aureus bloodstream infection	A Staphylococcus aureus blood stream infection is considered as hospital-acquired within the reporting hospital if S.aureus is isolated from a blood culture taken 48 hours or longer after the patient was admitted to the reporting hospital difficile toxin A (TcdA) and / or toxin B (TcdB) in stools or a.
Clinical Definition: Hospital associated new cases of C. difficile infection (CDI)	<p>1. CDI case</p> <p>A patient two years or older, to whom one or more of the following criteria applies: • Diarrhoea * stools or toxic megacolon, with either a positive laboratory assay for C. toxin producing C. difficile organism detected in stool via culture or other means. • Pseudomembranous colitis (PMC) revealed by lower gastrointestinal, endoscopy. • Colonic histopathology characteristic of C. difficile infection (with or without diarrhoea) on a specimen obtained during endoscopy, colectomy or autopsy. *Diarrhoea is defined as three or more loose/watery bowel movements that take up the shape of their container (which are unusual or different for the patient) in a 24 hour period.</p> <p>2. New CDI Case - A first positive result that fits the criteria above or if the patient has previously had a positive result more than eight weeks prior and symptoms had resolved</p> <p>3. Hospital - associated CDI (healthcare associated CDI - this hospital) A CDI case with either onset of symptoms at least 48 hours following admission to the reporting hospital or with onset of symptoms in the community within 4 weeks following discharge from the reporting hospital</p>
Rate of new hospital acquired COVID-19 cases in hospital inpatients	<p>"Numerator: Number of cases of COVID-19 inpatient cases as per ECDC definition. Denominator: acute bed days used, provided by the HSE BIU acute unit. This is based on the average number of available acute inpatient beds during the month</p> <p>$\text{numerator/denominator} \times 10,000$</p> <p>ECDC Definition:</p> <p>Onset of clinical features of COVID-19 more than 7 days after admission should be regarded as hospital acquired COVID-19 Infection Prevention and Control Precautions</p>

	<p>for Possible or Confirmed COVID-19 in a Pandemic Setting</p> <p>Onset of clinical features of COVID-19 between days 3 and 6 after admission are considered hospital acquired cases of COVID-19 if epidemiologically linked to hospital exposure</p> <p>Onset of clinical features of COVID-19 on day 1 or 2 after admission are considered community acquired unless epidemiologically linked to hospital exposure during a recent hospital admission .</p> <p>If onset of clinical features cannot be defined, a case by case assessment is required taking account of the date of sampling relative to the date of admission, the ct value of the test result and epidemiological evidence of a link to hospital exposure.</p> <p>Exclusions:</p> <p>Cases where there is a positive laboratory test in a person who was previously diagnosed with COVID-19 and where the clinical evaluation is that the test does not represent evidence of current infection should not be included.</p> <p>People who have COVID-19 assessed as acquired in the community or in another institution should not be included In this context hospitals are now required to report the number of new patients with hospital acquired COVID-19 that conform to the definition above. "</p>
<p>No. of new cases of CPE</p>	<p>CPE002 - Number of patients confirmed with newly detected CPE from rectal swabs/ faeces</p> <p>CPE003- Number of patients confirmed with newly detected CPE from any other site</p> <p>CPE004- Total number of rectal swabs/ faeces samples tested for CPE</p> <p>CPE005- Number of patients with known CPE infection or colonisation who were inpatients at any time during the month</p> <p>CPE006- Number of in-patients with known CPE who were accommodated overnight in unsuitable accommodation for any part of their admission.</p> <p>CPE008- Net number of grams of Meropenem issued from pharmacy in this month</p> <p>CPE025- How many hospital environmental samples collected in the month were tested for CPE</p> <p>CPE026- How many hospital environmental samples collected in the month tested positive for CPE</p>