
 **Canada**

2019 Point Prevalence Survey in Canadian Long Term Care Facilities

IPAC Canada and IFIC 2019 Conjoint Conference

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PROTECTING AND EMPOWERING CANADIANS
TO IMPROVE THEIR HEALTH

Overview of this session

- Context and scope of the survey
- Methods and data collection
- Implementation
- Preliminary results
- Using the results in LTC surveillance

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Context

Public Health Agency of Canada

National surveillance systems on antimicrobial resistance (AMR) and antimicrobial use (AMU)

Commitment to address AMR and AMU as part of the *Pan-Canadian Framework for Action*

New surveillance initiatives to address gaps in knowledge on AMR and AMU at the community level, including non-hospital settings such as long term care (LTC)

Infections caused by drug resistant bacteria are a growing concern in LTC facilities

Limited knowledge about prevalence of antimicrobial resistant organisms (ARO) in LTC across Canada

PHAC partnership with IPAC Canada

First nationally coordinated survey to examine AMR and AMU in LTC

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Objectives of the survey

- Determine the prevalence of selected bacterial infections and AROs among residents in LTC
- Describe the epidemiology of residents infected or colonized with AROs
- Understand antimicrobial stewardship activities and practices related to AROs in LTC facilities
- Examine prevalence of antibiotic use, products used, and reasons for taking them

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Scope

Selected bacterial infections

- *Clostridioides difficile* infection (CDI)
- Urinary tract infection (UTI)
- Respiratory tract infection (excluding: common cold, influenza-like illness)
- Bloodstream infection
- Skin, soft tissue and mucosal infection (excluding: scabies, fungal infections, herpesvirus skin infections, viral gastroenteritis)

Antimicrobial resistant organisms (AROs):

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Vancomycin-resistant enterococci (VRE)
- Extended spectrum β -lactamase-producing organisms (ESBL)
- Carbapenemase resistant organisms (CRO), including carbapenemase producing organisms (CPO)

Antibacterials for systemic use in the J01 class of drugs

- All major groups of antibiotics and other antibacterial products (e.g. metronidazole, sulfa/trimet, nitrofurantoin, vancomycin)
- No topical, antifungal or antiviral products

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Eligible facilities

Any non-acute health care facility in Canada, meeting **all** of the following criteria:

- Providing long term care (LTC) to residents needing at least some level of medical or professional nursing supervision
- On-site professional nursing care available 24 hrs
- Not part of a hospital, unless residents are physically distinct from acute-care patients in a separate building
- At least 30 permanent LTC beds

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Methods and data collection



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Approach

Cross sectional survey

Open for 13 weeks
March 4 to May 31, 2019

Each site completed a facility census and questionnaire

24 hour prevalence day at each site

- Any day during 13 week survey period, chosen by facility
- Observation starting at 8:00 am and ending 8:00 am the following day

Data collection on selected residents

De-identified resident and facility data entered in online survey platform

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Census

Serves as the facility's denominator for the survey

- Line list of residents on site on the prevalence day
- Internal use only (not shared with IPAC Canada or PHAC)
- Tool to keep track of residents entered in survey

Residents listed on the census

- ✓ Living full-time in facility or all surveyed units
- ✓ Present at 8 am on the prevalence day
- ✓ Not away overnight on the prevalence day

2019 Point Prevalence Survey in Long Term Care Facilities
EXAMPLE Facility census and Resident ID tracking sheet
An internal tool only. Do not distribute to PHE or PHAC users

Facility ID: _____ Prevalence Day: (Date) _____

Location	Resident	Entered in survey sheet (Yes)	Resident ID	Resident questionnaire completed (Date)

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Facility practices related to antimicrobial stewardship

D. Antimicrobial stewardship activities

Please indicate if any of these activities take place at your facility:

Implemented one or more policies/procedures to support optimal antibiotic use

Infectious disease specialist or pharmacist available for consultation

Monitoring at least one measure and at least one outcome of antibiotic use

Education to staff, residents, or families on antibiotic resistance or appropriate antibiotic use

Reports or information shared with appropriate stakeholders to guide or improve practices

Lead(s) for antimicrobial stewardship activities identified

List of antimicrobials maintained that are for restricted use

Local antimicrobial resistance profiles (antibiogram) available for reference

None of the above

Other, please specify:

9. Select all that apply

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Elements on the resident questionnaire


Resident information	ARO history
Date of admission	Colonized / known colonized in last 12 months
Age and sex	Infection in last 12 months
Number in room, own bathroom	
Hospital stay in last 12 months	Infection control
Medical devices	Precautions
	Room accommodation
Current infection	Antibiotic use
Type	Product
Organism	Reason for use

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Data sources


Facilities could use any available sources of information to select residents for the survey and complete questionnaires, such as:

- Resident charts
- Nurse logs
- Lab reports
- Pharmacy records
- Facility database
- Line lists / flags on colonized residents
- Walk through each unit



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Implementation



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Implementation timeline

	Sep 2018	Oct	Nov	Dec	Jan 2019	Feb	Mar	Apr	May
Protocol development									
Review and approvals									
Promotion and recruitment									
Develop and pilot online platform									
Training									
Data collection									

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Promotion and recruitment

Communications
 IPAC Canada membership list and special interest groups
 Provincial and regional health authorities
 LTC associations and practitioners

E-poster

Information webinar

IPAC Canada website
 Web banner
 Registration page




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Training and materials for participants

Trainings webinars

- 5 sessions (Feb – Mar)
- English and French
- Staff attended from 83% of facilities
- Recorded session available



Package of resources

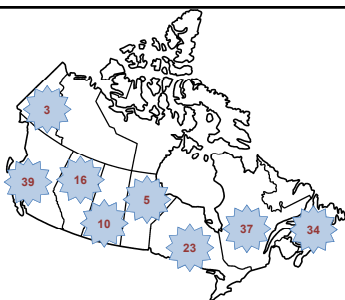
- Training presentation
- Protocol and surveillance case definitions
- Facility questionnaire
- Resident questionnaire
- Templates for census and ID codes
- Antibiotic reference sheet
- Checklist and contact information to get support during data collection

Participating facilities

184 sites registered

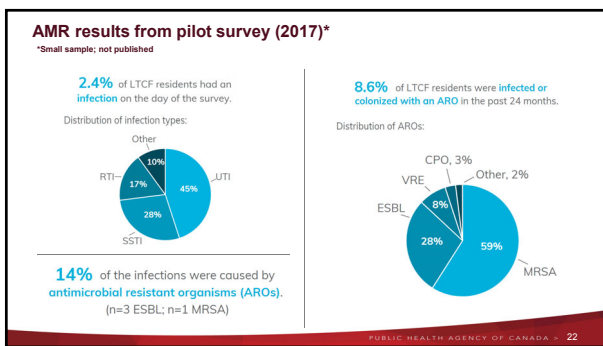
17 ineligible / unable to participate

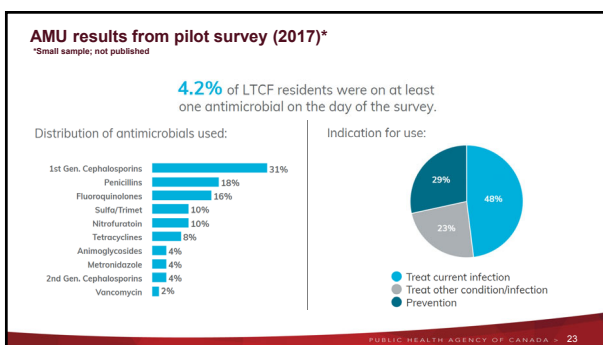
167 sites entered



Preliminary results








Next steps

- Follow up on sites with outstanding submissions, complete data validation and cleaning
- Full analysis - results from all facilities will be rolled into one national report
- Facilities will receive a report about their own results
- Dissemination of national results through webinars, conference presentations, publication

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Comments from the field



Look forward to benchmark my data

The entire process was surprisingly less time consuming than I anticipated

Timely opportunity to audit some areas of my IPAC program

Valuable, so needed to be done in this sector

Very useful exercise for my facility to do

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Using the results for surveillance



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Questions?

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