Evaluation of the acute trust toolkit for the early detection, management and control of carbapenemase-producing Enterobacteriaceae: preliminary results of a board level survey

NIHR HPRU in Evaluation of Interventions

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Introduction and aim

• Response to CPE outbreaks in English hospitals
• Guidelines: frontline staff; board level executives members; and public information material
• Published in December 2013, formally launched in March 2014
• Toolkit evaluation: January 2016; rapid systematic review\(^1\); **acute trust board level survey**; in-depth qualitative study; before-and-after study

Aim of the board level survey:

*to evaluate the **awareness** of and **uptake** of the **acute trust CPE toolkit** and to identify potential **barriers** and **facilitators** to the adoption of the CPE toolkit guidelines in acute trusts in England*

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\(^1\) French et al. (2016) Control of carbapenemase-producing Enterobacteriaceae outbreaks in acute settings: an evidence review. *Journal of Hospital Infection*
Methods and respondents

- On-line questionnaire – PHE & NHS Improvement
- Theoretically informed - COM-B framework\(^2\) and “Attitudes Regarding Practice Guidelines”\(^3\) instrument
- Pilot survey in three acute trusts
- May to July 2016, all acute trusts in England (n=151)
- Response rate 99/151, 66%

\(^2\)Michie et al. (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science
Implementation of a CPE plan in acute trusts in England

Number of acute trusts

- CPE plan
- TOOLKIT

Toolkit published and launched
Q: quarter year
NS: not stated

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Using the CPE toolkit to develop guidelines for identifying, screening, and isolating patients suspected of having CPE

Extent to which you agree or disagree with the following statements about the CPE toolkit guidelines.

- Toolkit is an effective means to prevent outbreaks?
- Toolkit guidelines are too long/cumbersome.
- So many guidelines difficult to implement all.
- Not practical to follow toolkit.
- Does not meet specific needs of trust.
- Other guidelines conflict?

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Discussion

• Good response rate from board level respondents
• Prompted acute trusts to develop or implement a CPE plan
• Dissatisfaction with perceived effectiveness and usefulness of the CPE toolkit

Future Priorities

• Complete analysis using COM-B framework
• Non-response study
• Qualitative in-depth study including frontline staff
• Before-and-after study
Acknowledgements

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Additional slides
Respondents by profession and DIPC role

![Bar chart showing the number of respondents by profession and DIPC role. The bars are color-coded, with blue for 'yes' and red for 'no'. The professions include nursing, microbiology, medical, other, and not stated. The chart indicates a higher number of respondents in the 'yes' category compared to the 'no' category across all professions.](chart.png)