

Summary of the IPSE network evaluation and assessment

Overview

IPSE (Improving Patient Safety in Europe) is a project with a broad scope, which aims to resolve persisting differences in the variability of prevention practices and outcomes with respect to healthcare associated infection (HCAI) and antimicrobial resistance (AMR) in Europe. It has seven work packages and the overall project coordination is at the University of Claude Bernard Lyon1 in Lyon, France.

The evaluation process involved all work packages (WP), but focused mainly on two. WP4 represents an EU-wide surveillance network of surgical site infections (SSI) and infections in intensive care unit (ICU). The network was established in 1994 under the name HELICS (Hospitals in Europe Link for Infection Control Through Surveillance). In the frame of WP3, a nosocomial event early warning system (NEWS) has been newly developed in the EARSS-ibis¹.

The evaluation team and timeline

IPSE was evaluated and assessed between April and July 2007. The team leader was Dr. Jean-Claude Desenclos from the Institute de Veille Sanitaire, France. The laboratory expert was Henri A. Verbrugh from the Erasmus MC, University Medical Center Rotterdam, The Netherlands. The senior epidemiologist was Marta Valenciano from the Instituto Salud Carlos III, Spain, and the junior epidemiologist was Agnes Hajdu from the European Programme for Intervention Epidemiology Training (EPIET).

Summary of the evaluation

Strengths

WP4 (HELICS) has maintained and strengthened the surveillance of SSI and ICU-acquired infections at international level, and assisted countries in developing their own national surveillance networks. Consensus protocols have been developed, creating the basis for a common surveillance methodology. The network has provided a platform for national representatives to share information and best practices, and held seminars to further train the participants in practical aspects of the common surveillance methodology and in organising national infection control programmes. Software, available free to participants, has been developed to facilitate the creation of hospital and national surveillance datasets, data validation and transmission; this has been a real asset to countries where this surveillance was being established.

WP3 (NEWS) has developed an IT tool available to all hospitals and interested parties for reporting unusual and/or potentially important nosocomial and/or antimicrobial resistance events.

Areas for improvement

A wider European Member State coverage is needed to improve the representativeness and comparability of data collected in WP4 (HELICS). The results of the network lack visibility and are not used for policy planning and evaluation. Data collection methods still vary across the participating countries despite the standardised protocols, therefore efforts should be focused on the better implementation of the common methodology. An integrated strategy shall be considered concerning those WPs (4, 5, 6) that focus on different aspects of HCAI/AMR surveillance in the ICU setting. Collaboration with national and European societies and public health authorities should be

¹ EARSS-ibis = The European Antimicrobial Resistance Surveillance System internet-based information system

strengthened to improve the SSI and ICU-acquired infection surveillance through their greater involvement.

NEWS has not been promoted and used in surveillance and public health practice. There is no clear implementation strategy to engage the member states to use the system and relate it to national and/or response authorities.

Assessment and recommendations

HELICS has been successful in establishing a European surveillance network of SSI and ICU-acquired infection. A standardised methodology should be developed for the validation of surveillance. HCAI surveillance at the EU-level needs to cover other varieties of infection as well in order to better estimate and monitor the complete disease burden. European hospital-wide prevalence surveys with a common methodology should be fostered and organised through the existing network. There is a need for pilot studies that relate epidemiological indicators with AMR, antibiotic consumption and typing information.

Decisions and activities by ECDC

From 1 July 2008, the coordination of the IPSE project is based at the ECDC. The HCAI surveillance activities and related databases will be integrated and operated at the ECDC. Surveillance of infections, AMR and antimicrobial use in the ICU will be integrated to form one intensive care unit module. Other AMR issues will be dealt within the laboratory strategy of ECDC. NEWS will be further developed in the EPIS platform of ECDC. Other subprojects (e.g. HCAI in nursing homes, follow-up of a core curriculum for infection control training) will be fully or partially outsourced under the supervision of the ECDC.