



June 20, 2014

<http://www.IHE.ca>

## **Consensus Statement makes 22 recommendations to improve surveillance and screening for AROs**

Suggestions include “One Health” strategy, Alberta-based research agenda

A major conference in Calgary June 18-20, 2014 has concluded with 22 recommendations to help health systems address the growing challenge of antimicrobial-resistant organisms (AROs).

Two dozen leading clinicians, scientists and others from Canada, the US, and Europe presented the latest evidence and best practices, focusing on whether – and how – hospitals should screen patients for AROs, as part of the broader effort to identify and contain them. More than 200 delegates attended the conference.

As part of the consensus conference format, a distinguished Jury Chaired by Dr. Tom Marrie, Dean of Medicine at Dalhousie University, released a Consensus Statement making findings and recommendations based on the evidence presented. The Jury’s full statement is on the IHE website, [www.ihe.ca](http://www.ihe.ca). Below are the 22 recommendations from the report.

### Recommendations

1. Develop, implement and evaluate an integrated One Health strategy to minimize the misuse of antibiotics in animals and humans.
2. Establish comprehensive and standardized information systems for documenting antibiotic use and resistance in humans and animals. Adapt EARS-Net as Canada’s surveillance platform, building on and integrating CNISP, CPARS and other existing surveillance systems to produce timely, relevant and robust surveillance data.
3. Maintain robust standardized surveillance in all health-care facilities for AROs and related infections. Make this information publicly available.
4. Do not conduct universal screening for AROs.
5. Pursue relentlessly and fully resource hand hygiene, environmental cleaning, antimicrobial stewardship and routine practices in hospitals.
6. Include a strong evaluation program with process and outcome measures.
7. Ensure consistent application of infection prevention and control practices province-wide.
8. Continue and/or implement targeted screening programs of high-risk populations at admission and at intervals during their hospital stay, based on local epidemiology.
9. Decolonize for AROs on a case by case basis only, after considering current evidence and with infectious disease/medical expert consultation.
10. Incorporate evidence based design principles in all new build and significant renovations of hospitals. The majority of beds should be located in single rooms.

11. Optimize health systems by using human factor engineers.
12. Improve and integrate information technology systems that transfer information from point of admission through to the community care providers.
13. Create and embrace a culture of safety starting with senior leadership and governors.
14. Embed accountability for specific goals and targets at all levels of the organization.
15. Remove unnecessary barriers that prevent the local implementation of infection prevention and control practices.
16. Involve microbiology laboratory leaders in shaping and designing ARO control programs.
17. Ensure the optimum use of resources by harnessing new automated diagnostic and reporting microbiology laboratory platforms.
18. Enhance antibiotic stewardship by utilizing point of care diagnostics.
19. Develop plain language materials about AROs and infection prevention and control practices in partnership with patients and families.
20. Minimize the potential adverse effects of patient isolation.
21. Create an Alberta-based and funded ARO infection prevention and control research agenda.
22. Focus the research agenda on determining what works.

The Canadian Consensus Development Conference on Surveillance & Screening for Antimicrobial-Resistant Organisms (AROs) was sponsored by Alberta Health, to provide evidence to help the Ministry update its existing standard for screening. The new standard will be applied province-wide through Alberta Health Services (AHS).

The conference was videotaped and the recording will be posted on the IHE website, [www.ihe.ca](http://www.ihe.ca).

The conference was supported by the Public Health Agency of Canada, Canadian Institutes of Health Research, Canadian Patient Safety Institute, and Accreditation Canada as “Scientific Sponsors.” The program was created with advice from a Scientific Committee chaired by Dr. John Conly from the University of Calgary and co-chaired by Dr. Geoff Taylor and Dr. Mark Joffe from the University of Alberta.

Contact:

Steve Buick, Institute of Health Economics  
office 780-401-1769 | cell 780-977-6661

[sbuick@ihe.ca](mailto:sbuick@ihe.ca)