Overview

- Collaboration between **Liverpool University** and the **Advancing Quality (AQ)** programme
- Investigating the policy landscape around **hospital acquired pneumonia (HAP)** nationally
- Aims to expand the knowledge base and to drive the recognition of HAP as a priority for **research and future policy**

Key steps

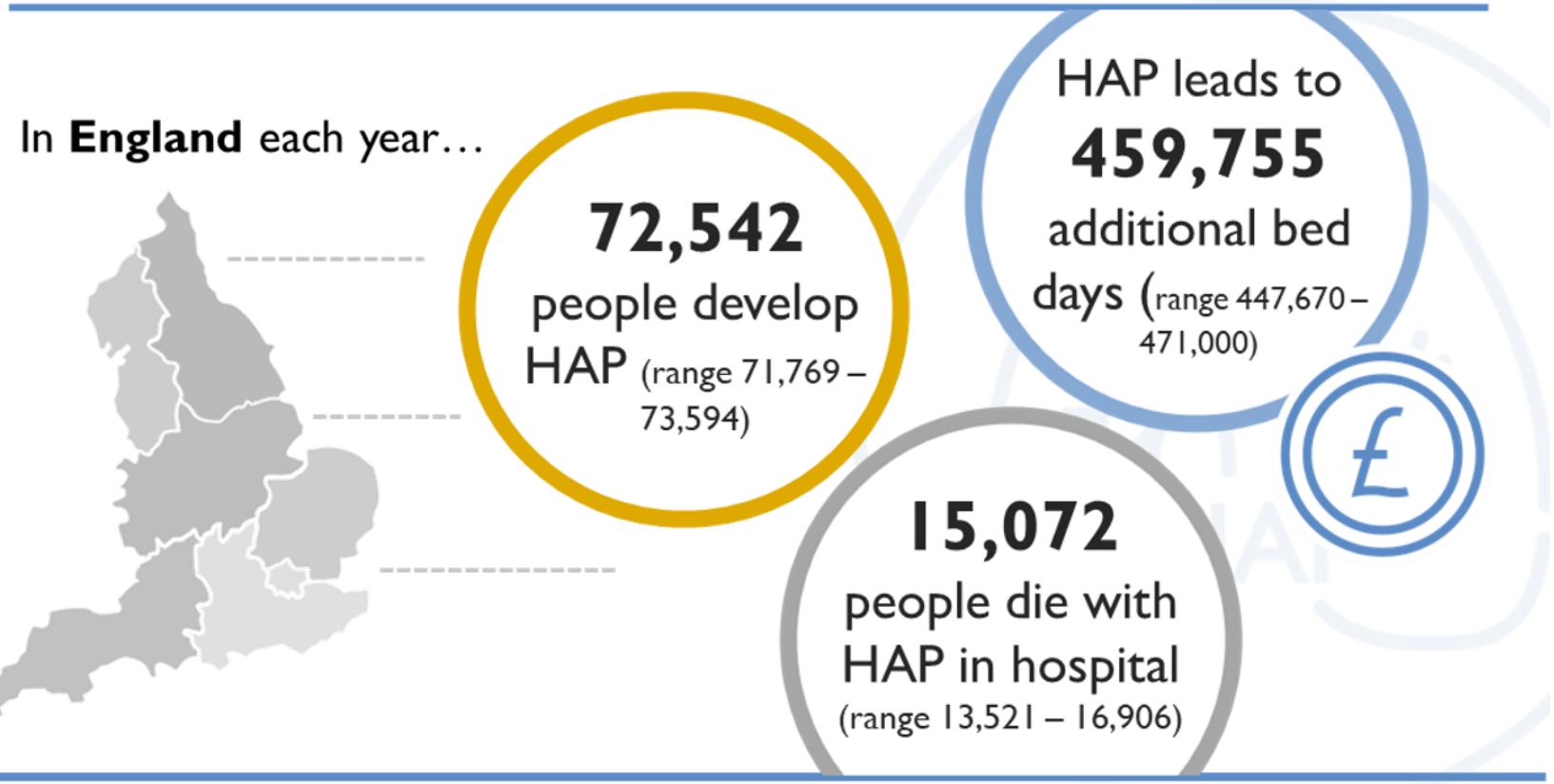
- Estimating the **national HAP burden** using AQ, Healthcare Evaluation Data (HED) and Secondary Uses Service (SUS) data
- Identifying and convening **key stakeholders** to gain consensus on **evidence gaps** and **research priorities** for HAP
- Developing a **virtual learning space** for HAP resources

Analytical methodology

- Combining Secondary Uses Service (SUS), national and AQ programme data for England

1. **Identify AQ and North West HAP admissions**
   AQ HAP data April 2021-March 2022 and SUS data coded as HAP
2. **Apply AQ validation**
   Ensures correct diagnosis -18.9% excluded
3. **Calculate mortality rate**
   20.78% patients with HAP died in hospital
4. **Calculate rate of HAP when medically fit for discharge**
   Median post-HAP days in hospital – 8 days
5. **Extrapolate to North West HAP admissions**
   Using AQ exclusion figure, gives a rate of 0.422%
6. **Extrapolate to England admissions**
   National data for 2021-22 not yet available, so used 2019-20 for reliable pre-Covid estimate
7. **Apply 95% confidence intervals**
   To account for variation

Key estimates



Stakeholder identification

- Searched for relevant stakeholders with potential interest in HAP research and policy
  - Respiratory, infection prevention and control, patient, guidance producing and regulatory organisations
- Collated details of their work, evidence process, key publications and contacts as well as proposed approach
- 33 organisations found; 10 prioritised for direct contact and interview.