AGENDA ITEM NO:

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

TUESDAY 22 JANUARY 2013

Title:	**REPORT ON INFECTION PREVENTION AND CONTROL UP TO 31 DECEMBER 2012**
Responsible Director:	Kay Fawcett, Executive Chief Nurse and Executive Director for Infection Prevention and Control
Contact:	Dr Beryl Oppenheim, Director of Infection Prevention and Control. Ext 16523

Purpose:	To provide the Council of Governors with information relating to infection prevention and control issues (including the reportable cases of MRSA bacteraemia, MSSA bacteraemia and episodes of *Clostridium difficile* infection) up to 31 December 2012.
Confidentiality Level & Reason:	
Annual Plan Ref:	Strategic Aim 4 : Quality of Services
Key Issues Summary:	This paper sets out the position for the 2012/2013 MRSA bacteraemia and *Clostridium difficile* infection objectives and provides incidence of MSSA and *E. coli* bacteraemia within the Trust and supporting actions to ensure continued improved performance.
Recommendations:	The Council of Governors is asked to accept this report on the current status of infection prevention and control.

Signed:	**Date:** 9 January 2013

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

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TUESDAY 22 JANUARY 2013

REPORT ON INFECTION PREVENTION AND CONTROL UP TO 31 DECEMBER 2012

PRESENTED BY THE CHIEF NURSE

1. **Introduction**

This paper provides a report on performance against the 2012/2013 national objective for meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and the locally agreed objective for *Clostridium difficile* infection (CDI), up to 31 December 2012. It provides an update on performance for meticillin-sensitive *Staphylococcus aureus* (MSSA) and outlines reporting requirements for *Escherichia coli* (*E. coli*) bacteraemia while identifying progress related to wider infection prevention and control actions.

2. **Executive Summary**

The annual objective for MRSA bacteraemia is 5 cases. There were no cases of MRSA in December and the Trust remains at 5 cases year to date. The annual objective for CDI is 76 cases. Performance for December is 12 post 48 hour cases, 6 of which are reportable to the Health Protection Agency (HPA) in accordance with Department of Health guidance. Year to date performance at end September 2012 is therefore 61 Trust apportioned cases against a year to date trajectory of 56.1 cases.

There were three new cases of multi-drug resistant (MDR) Acinetobacter in December. These were identified in patients in the Burns Unit.

All incidences of MSSA and *E. coli* bacteraemia continue to be reported in line with the HPA mandatory reporting requirements. All cases of MRSA bacteraemia and CDI continue to be reviewed through root cause analysis (RCA) investigation and practice improvement in the Divisions concerned.

3. **MRSA Bacteraemia**

3.1 MRSA bacteraemia 2012/13 and Context

There were no Trust apportioned cases of MRSA bacteraemia in December placing the Trust on the annual objective of 5 cases at the end of December. All cases are being reviewed through root cause analysis. Figure 1 shows the trend in MRSA bacteraemia over the last three years.

The monthly incidence of MRSA bacteraemia is shown in Table 1.

Figure 1. Annual rolling total of MRSA bacteraemias against annual objective (2009 - 2013)

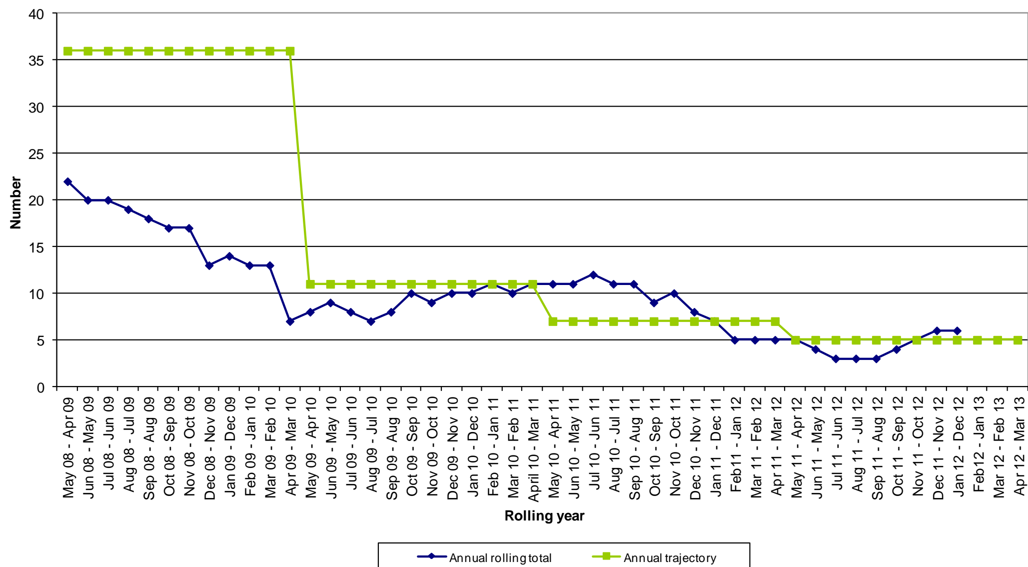

Table 1. Monthly number of MRSA bacteraemia by month up to 31 December 2012

Month	Total bacteraemia	Objective (post 48 hour cases only)	Bacteraemia acquired more than 48 hrs after admission? (likely to be UHB acquired)	
			Yes	No
April 2012	1	**0.4**	1	0
May 2012	0	**0.4**	0	0
June 2012	0	**0.4**	0	0
July 2012	1	**0.4**	0	1
August 2012	2	**0.4**	1	1
Sept ember 2012	2	**0.4**	1	1
October 2012	1	**0.4**	1	0
November 2012	2	**0.4**	1	1
December 2012	0	**0.4**	0	0
Total	**9**	**3.6**	**5**	**4**

3.2 <u>Actions to improve performance for MRSA bacteraemia 2012/2013</u>

Continued focus on clinical practice is required to maintain current performance and meet this objective. Issues being addressed at the present time are:

- Improving the clinical management of invasive devices in accordance with the Trust standard, including ensuring the availability of more long term access for patients who are likely to encounter difficulties with

peripheral venous cannulae.

- Ensuring the optimal management of all patients with MRSA colonisation and infection.
- Developing systems to undertake surveillance of surgical site infections to identify and apply improvement strategies.
- Supporting Divisional staff to improve inter-departmental communication in relation to the movement of patients with known infections.
- Improving screening compliance, especially for long-stay patients.

4. Episodes of Toxigenic *C. difficile* Infection (CDI)

4.1 Historical Context and Current Figures

The annual CDI objective of for 2012/2013 is 76 cases. Performance for December 2012 is 12 post 48 hour cases, 6 of which are Trust apportioned. This places the Trust 4.9 cases over year to date trajectory. Figure 2 shows the trend in CDI over the last three years. The monthly incidence of CDI is shown in Table 2.

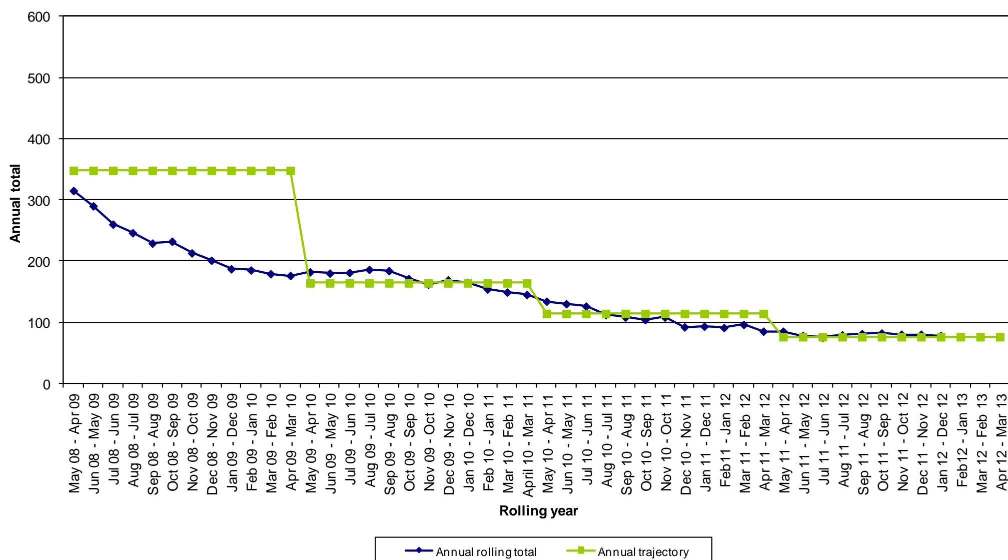

Figure 2. Annual rolling total of *C. difficile* infection cases at UHBFT against annual objective (2009 - 2013)

Table 2. Monthly number of cases of CDI within the Trust up to 31 December 2012

Month	Total number of CDI	Objective (post 48 hour cases only)	CDI acquired more than 48 hours after admission? (likely to be UHB acquired)		Number of post 48 hour CDI cases reportable to the HPA
			YES	NO	
April 2012	28	**6.3**	19	9	7
May 2012	25	**6.3**	17	8	7
June 2012	18	**6.3**	8	10	5
July 2012	23	**6.3**	17	6	11
August 2012	26	**6.3**	19	7	6
September 2012	26	**6.3**	15	11	7
October 2012	20	**6.3**	15	5	8
November 2012	12	**6.3**	8	4	4
December 2012	17	**6.3**	12	5	6
Total	**195**	**56.1**	**130**	**65**	**61**

4.2 Actions to improve performance for CDI 2012/2013

Continued focus and challenge will be required to improve on the current performance for CDI and ensure the Trust meets the 2012/2013 annual objective of 76 cases. Continuing actions include:

- Implementing electronic systems to ensure the accurate recording of Bristol Stool Charts and stool sampling on PICS.
- Ensuring multi-disciplinary review of the appropriateness of stool sampling.
- Timely isolation of patients presenting with diarrhoea.
- Developing an antimicrobial stewardship programme which includes: ensuring that antibiotic prescribing is in line with Trust guidelines; mandating the requirement for a written indication for every antibiotic prescription; and ensuring an early review of the continuing appropriateness of each prescription.
- The IP&C team are undertaking rapid review of any area reporting two or more cases of CDI.
- Environmental monitoring to ensure adherence to environmental cleaning standards.
- Support and education is provided for clinical staff on the identification and management of patients with CDI.

4.3 Facilities Update

- The joint audit of areas with the ward housekeepers is now in place with the housekeeping team leaders working closely with the ward teams to monitor cleanliness.

- The cleaning standards group is reviewing the latest published standards to look at how we can implement any changes required.

5. Other Alert Organisms

5.1 Multi Drug Resistant (MDR) - *Acinetobacter*

There were three new cases of multi-drug resistant (MDR) *Acinetobacter* in December. These were identified in patients located in the Burns Unit. A multidisciplinary review has taken place and immediate actions implemented to arrest further transmission.

5.2 Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia

Reporting of MSSA bacteraemia has been mandatory since 1 January 2011. Performance for December is 9 cases, 2 of which are Trust apportioned.

5.3 *E. coli* bacteraemia

From 1 June 2011, reporting of *E. coli* bacteraemia has been mandatory. *E. coli* is part of the normal bacterial flora carried by all individuals. It is the commonest cause of clinically significant bloodstream infection. *E. coli* bacteraemia represents a heterogeneous group of infections. Performance for December is 8 Trust apportioned and 17 non-Trust apportioned cases.

6. Outbreaks of Diarrhoea and Vomiting

There were two wards closed with outbreaks of diarrhoea and/or vomiting in December. Both of these were confirmed as norovirus.

7. Recommendations

The Council of Governors is asked to accept this report on the current status of infection prevention and control.

Mrs Kay Fawcett
Executive Chief Nurse and Executive Director for
Infection Prevention and Control

9 January 2013