

**AGENDA ITEM NO:**

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**  
**THURSDAY 19 JULY 2012**

<b>Title:</b>	<b>REPORT ON INFECTION PREVENTION AND CONTROL FOR JUNE 2012</b>
<b>Responsible Director:</b>	Kay Fawcett, Executive Chief Nurse and Executive Director for Infection Prevention and Control
<b>Contact:</b>	Dr Beryl Oppenheim, Director of Infection Prevention and Control. Ext 16523

<b>Purpose:</b>	To provide the Chief Executive with information relating to infection prevention and control issues (including MRSA bacteraemias, MSSA bacteraemias and episodes of <i>Clostridium difficile</i> infection) up to the 30 June 2012.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Annual Plan Ref:</b>	Strategic Aim 4 : Quality of Services
<b>Key Issues Summary:</b>	This paper sets out the position for the 2012/2013 MRSA bacteraemia and <i>Clostridium difficile</i> infection trajectories and provides incidence of MSSA and <i>E. coli</i> bacteraemia within the Trust and supporting actions to ensure continued improved performance.
<b>Recommendations:</b>	The Council of Governors are asked to accept this report on infection prevention and control progress.

<b>Signed:</b>	<b>Date:</b> 10 July 2012
----------------	------------------------------

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS

THURSDAY 19 JULY 2012

### REPORT ON INFECTION PREVENTION AND CONTROL UP TO

30 JUNE 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 30 June 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 in June, placing the Trust 4 cases under annual trajectory. The annual objective for CDI is 76 cases. Performance for June was 8 post 48 hour cases, 5 of which are reportable to the Health Protection Agency (HPA) in accordance with The Department of Health guidance. Year to date performance is 19 Trust apportioned cases against a year to date trajectory of 18.9.

There has been 1 new cases of multi-drug resistant (MDR) Acinetobacter in June. This was identified in a patient in WCCB who had 42% burns.

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 Rates

##### 3.1 MRSA bacteraemias 2012/13 and Context

There have been no cases of MRSA bacteraemia in June placing the Trust 4 cases under an annual objective of 5 cases. Figure 1 shows the trend of improvement 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)

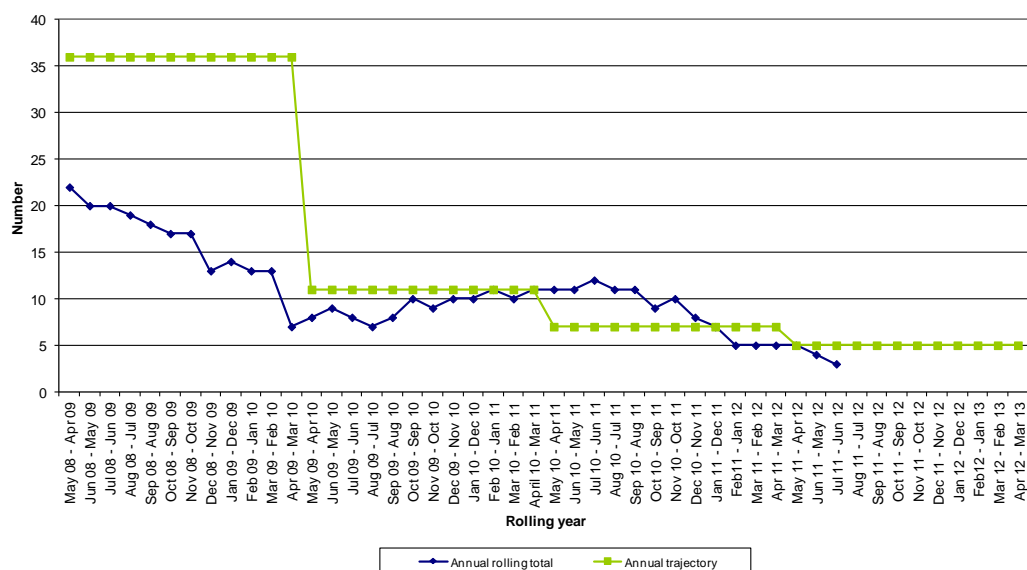


Table 1. Monthly number of MRSA bacteraemia by month up to 30 June 2012

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
<b>Total</b>	<b>1</b>	<b>1.2</b>	<b>1</b>	<b>0</b>

### 3.2 Actions to improve performance for MRSA bacteraemia 2012/2013

Continued focus on clinical practice is required to maintain current performance and meet this objective. Actions will include:

- Consultation with clinical staff to standardise the recording of all invasive devices on the prescribing, information and communication system (PICS).
- Improving the clinical management of invasive devices in accordance with the Trust standard.
- Continue to focus on surgical site infection to identify and apply improvement strategies.
- Continue to support Divisional staff to improve the inter-department communication in relation to the movement of patient with known infections.
- Continue to improve screening compliance 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 June is 8 post 48 hour cases, 5 of which are Trust apportioned. This places the Trust on year to date trajectory. Figure 2 shows the trend of improvement 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)

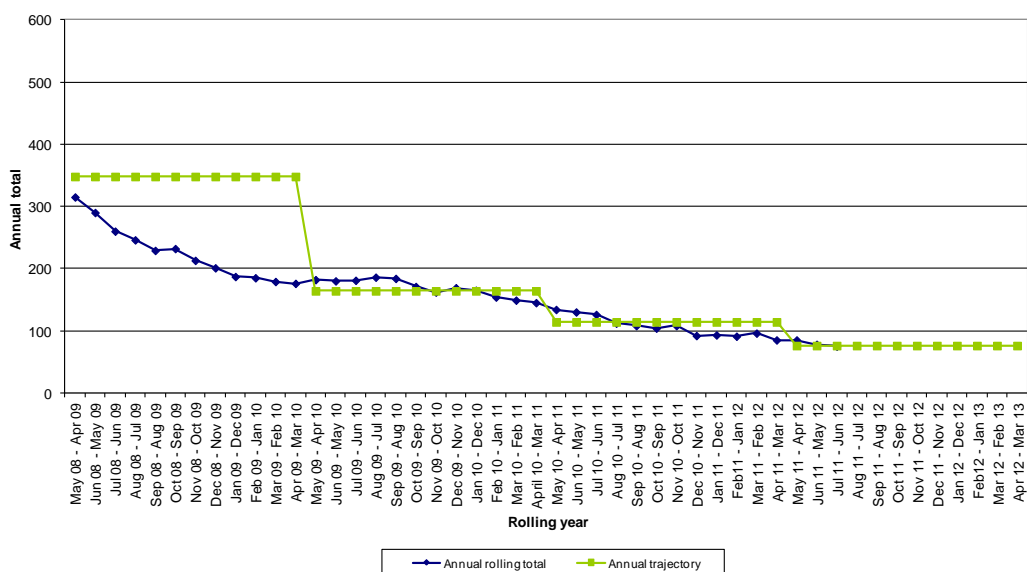


Table 2. Monthly number of cases of CDI within the Trust up to 30 June 2012

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
<b>Total</b>	<b>71</b>	<b>18.9</b>	<b>44</b>	<b>27</b>	<b>19</b>

#### 4.2 Actions to improve performance for CDI 2012/2013

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

- Rapid isolation of any patient presenting with type 6/7 stool

- Clinical focus on patient assessment to identify infective diarrhoea and daily review of all medications especially antimicrobials and proton pump inhibitors for all patients presenting with type 6/7 stool
- Refine prescribing audits and clinical feedback cycles to support antimicrobial stewardship
- Rapid review of any area reporting two or more cases of CDI
- Adherence to environmental cleaning standards
- Support for all clinical staff on the identification and management of patients with type 6/7 stool and toxigenic *C. difficile*
- Review of all CDI deaths within 30 days of a toxigenic *C. difficile* result at Clinical Care Quality Committee.

#### 4.3 Facilities Update

- A new system of recording cleaning work activity at ward level has been introduced which involves a daily file recording sheet. This captures all aspects of routine and terminal cleans and is signed off on completion by the Ward Housekeeper or Senior Nurse.
- A comprehensive Theatre shut down deep cleaning programme commenced in May and will be completed by September 2012. This involves closure of 7 Ambulatory Care Theatres and 23 Main theatres over weekend periods.
- A number of Housekeeping Staff have completed their apprenticeship training [Cleaning]. The department has worked with Matthew Boulton College to deliver the training and in addition, the Housekeeping Team Leaders are progressing well with the cleaning competency training in line with the revised NHS Cleaning manual.
- A Cleaning Strategy is being written to include the annual operational plan addressing the revised standards of PAS5748.

### 5. **Other Alert Organisms**

#### 5.1 Multi Drug Resistant (MDR) - *Acinetobacter*

There has been 1 new case in June to date. This was identified in a patient in WCCB who had 42% burns. There have been no further cases identified in the Burns Unit in June. Isolates have been sent for molecular typing.

##### 5.1.1 Actions to improve performance for MDR-Acinetobacter

###### Critical Care B

- An RCA has been requested
- Daily IP&C/House Keeping Supervisor walk around
- Development of an annual programme
- Daily hand hygiene audits and compliance feedback continue
- Audits on adherence to Trust procedure for personal protective

clothing (PPE) continue

#### Burns Unit

- A review of the burns operating theatre Has been undertaken by the infection control team
- A deep clean has been undertaken in the Burns Theatre
- A review to standardise dressing changes across Critical Care and Burns is in progress
- A hydrogen peroxide misting protocol is being finalised and this will be implemented in the Burns Unit
- Hand hygiene compliance is being reviewed by the Divisional IP&C nurse who is undertaking education and training as required

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

Reporting of MSSA bacteraemia has been mandatory since 1 January 2011. Performance up to the 30 June 2012 is 7 cases, 2 of which are Trust apportioned.

#### 5.3 *Escherichia coli* (*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 up to 30 June is 7 Trust apportioned and 15 non-Trust apportioned cases.

### 6. **Outbreaks of Diarrhoea and Vomiting**

There have been no outbreaks of diarrhoea and/or vomiting in June.

### 7. **Root Cause Analysis**

All episodes of MRSA bacteraemia and CDI are subject to an RCA investigation. All post 48hour MRSA bacteraemias and CDI deaths are being reviewed by the executive panel in conjunction with drug omissions and complex complaints. Pre 48h MRSA bacteraemias, CDI and GRE RCAs continue to be reviewed by Divisional panels.

### 9. **Recommendations**

The Council of Governors are asked to accept this report on infection prevention and control progress.

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

10 June 2012