

AGENDA ITEM No.

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
TUESDAY 18 MARCH 2008

Title:	REPORT ON INFECTION CONTROL FOR FEBRUARY 2008
Responsible Director:	Kay Fawcett, Executive Chief Nurse
Contact:	Dr Adam Fraise, Director of Infection Prevention and Control. Ext 3524

Purpose:	To provide the Board of Governors with information relating infection control issues for the year up to and including the 29 February 2008
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Strategic Aim 4 : quality of services
Key Issues Summary:	Healthcare associated infection results in direct and indirect increases in costs
Recommendations:	The Board of Governors is asked to receive the contents of this report on infection prevention and control.

Signed:		Date:	6 March 2008
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REPORT ON INFECTION PREVENTION AND CONTROL UP TO
29 FEBRUARY 2008

PRESENTED BY THE CHIEF NURSE

1. Introduction

This month's paper to the Board of Governors reports an update on performance against the national target for MRSA bacteraemia, the locally agreed target for *Clostridium difficile* (*C.difficile*) episodes, and other impacts on operational performance related to infection.

2. MRSA Bacteraemias

2.1 MRSA bacteraemias 2007/08 and context

There have been 7 MRSA bacteraemias in February 2008 giving a total of 73 for the year up to 28 February 2008. This compares with a target of 49 for the year up to the end of March 2008. Each one is validated to ensure that the bacteraemia was related to an admission within the Trust. During this period it was identified that one bacteraemia was also reported by another Trust. This case will not appear on UHB's trajectory figures for the year as their isolate predated ours. Table 1 indicates the number of bacteraemias within the Trust April 2007 – February 2008. These figures have been validated against the Trust returns to the Health Protection Agency.

Table 1. Number of MRSA bacteraemias by month up to 28 February 2008

Month	Total no. of bacteraemias	Bacteraemias acquired more than 48 hrs after admission? (likely to be UHB acquired)	
		Yes	No
April 2007	7	2	4
May	7	5	2
June	6	1	5
July	4	3	1
August	7	4	3
September	4	3	1
October	7	6	1
November	9	8	1
December	6	5	1
January	9	4	5
February	7	4	3
Total	73 (72)	46	27

2.2 Current Actions

The Trust has recently undertaken a benchmarking exercise against the national Saving Lives tool which is utilised by the DH to measure progress and actions related to Infection prevention and control. The current Trust score for this is 72%. A comprehensive action plan has been developed to improve this and work is underway to address some of the most significant issues. A programme of audit and surveillance is planned to assess the progress and benefits of initiatives in place. A further review of this benchmarking process will be undertaken at the end of March 2008.

2.3 Development of an Intravenous Devices Team (IV)

Reviews of MRSA bacteraemias have shown that intravenous line care and management was a key factor in reducing infections. The IV Team was initiated at the end of November 2007 to address issues surrounding Peripheral Venous Cannula (PVC), Central Venous Access Devices (CVAD's) and Dialysis lines, there are 5.5 WTE in the IV Team.

A line audit was undertaken throughout December and January. All 292 cannulae, and 80 central lines were assessed. An education plan was developed to improve line care and management and it is anticipated that all areas will have received PVC education at least once by the 14 March 2008. A re audit of PVC's is scheduled to take place week commencing 31.03.08

2.4 Root Cause analysis and follow up actions

Root cause analysis meetings continue to take place for each MRSA bacteraemias. These meetings involve the CEO, COO, CN, MD and DIPC, and now also include the Divisional DD, DOO and ADN. Issues from each meeting are formulated into an action plan for education and action across all Divisions, and are evaluated each month.

2.5 Deep Clean Programme - Update

The deep clean programme has continued with five further wards cleaned at QE during February and the use of Bioquel for renal as apart of the refurbishment programme. Four wards will be cleaned at SOH during March.

3. ***Clostridium difficile* Episodes**

3.1 Background to *C. difficile* disease monitoring

A new target needs to be agreed with the PCT for 2008 and it is expected that, given a target for the West Midlands of 41.5%, the PCT will set a local target for UHBFT of at least a 50% reduction by 2010/11 compared with a 2007/08 baseline. It is suggested, therefore, that an internal annual target of at least a 25% reduction would be consistent with the PCT target. This target is extremely challenging and will necessitate increased action in 4 key areas. These are: isolation of patients with diarrhoea, hand hygiene, antimicrobial stewardship and cleaning.

3.2 Current figures and context

A total of 811 episodes of *C. difficile* disease were seen for 2007. 553 of these were in the 65 and over age group. There have been 138 episodes of *C. difficile* disease for January and February 2008. 100 of these were in the 65 and over age group. 76 of these 138 (55%) were in Division 3 and this suggests that targeting SOH medicine is the most appropriate way of dealing with this issue. A cohort ward for the management of patients with *C. difficile* is in development.

5. **Outbreaks of diarrhoea and vomiting**

During February 2008, ward ELB at QEH was affected with norovirus which required closure of the ward to new admissions. A total of 9 patients and 2 staff were affected. Following containment of the outbreak, the ward is now open.

6. **Recommendations**

The Board of Governors is asked to receive the contents of this report on infection prevention and control.

Mrs Kay Fawcett
Chief Nurse and Executive Lead
Infection Prevention and Control

Dr. Adam Fraise
Director of Infection Prevention and
Control

March 6 2008