

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
MONDAY 20 SEPTEMBER 2010**

Title:	QUARTERLY REPORT ON INFECTION PREVENTION AND CONTROL UP TO END OF AUGUST 2010
Responsible Director:	Kay Fawcett, Executive Chief Nurse and Executive Director for Infection Prevention and Control
Contact:	Dr Pauline Jumaa, Director of Infection Prevention and Control. Ext 8182

Purpose:	To provide the Board of Governors with information relating to infection prevention and control issues (including MRSA bacteraemias and <i>C. difficile</i> episodes) up to the end of August 2010.
Confidentiality Level & Reason:	N/A
Medium Term Plan Ref:	Strategic Aim 4 : Quality of Services
Key Issues Summary:	This paper sets out the position on the 2010/2011 MRSA and <i>C.Difficile</i> trajectories within the Trust and supporting actions to ensure continued improved performance.
Recommendations:	The Board of Governors is asked to accept this report on infection prevention and control progress.

Signed: 	Date: 7 September 2010
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QUARTERLY REPORT ON INFECTION PREVENTION AND CONTROL UP TO END OF AUGUST 2010

PRESENTED BY THE CHIEF NURSE

1. Introduction

This paper provides a quarterly report on performance against the national trajectory for MRSA bacteraemia and the locally agreed trajectory for Clostridium Difficile Infection (CDI). It also provides an update on progress related to wider infection prevention and control actions.

2. Executive Summary

There have been new trajectories set for both MRSA and CDI for the new financial year 2010/2011 the MRSA trajectory is no more than 11 bacteraemia in the year, and CDI no more than 13 cases per month. These are challenging targets; currently the Trust is on trajectory for MRSA but slightly over for CDI episodes.

3. MRSA Bacteraemias

3.1 MRSA bacteraemia 2010/11 and Context

The Trust is required to have no more than 11 post 48 hour MRSA bacteraemias this year. As of August 31 2010 the Trust remains within trajectory. There was one new MRSA bacteraemia in August. There have been a small number of pre 48 hour bacteraemia also, and all will be subject to root cause analysis (RCA) and review, followed by implementation of remedial actions where required.

Table 1. Number of MRSA bacteraemia by month up to 31 August 2010

Month	Total bacteraemia	Bacteraemia acquired more than 48 hrs after admission? (likely to be UHB acquired)	
		Yes	No
April 2010	2	1	1
May 2010	1	1	0
June 2010	0	0	0
July 2010	1	1	0
August 2010	3	1	2
Total	7	4	3

3.2 Facilities Update

West 3 Liver Unit in the old Queen Elizabeth hospital was deep cleaned and hydrogen peroxide misted on 21 and 22 August 2010 following the increased CDI infection rates, and typing which indicated that the source was likely to be environmental.

Renal Dialysis Unit (RDU) was deep cleaned on 29 August 2010. North 4 and CAPD were deep cleaned on 14 and 15 August 2010.

Regular Hydrogen Peroxide Mistings take place on a weekly basis within the Military Ward (412), Critical Care and all 3rd Floor Wards of the New Hospital.

An ongoing programme for decontaminating commodes and shower chairs every week is underway and working well.

The use of hydrogen peroxide misting has increased with the change in environmental management – since 8 July 2010, 40 areas (side rooms and 4 bed bays) in the Old Queen Elizabeth Hospital have been cleaned in this way.

4. ***Clostridium difficile* (CDI) Episodes**

4.1 Current Figures and Historical Context

The agreed trajectory for 2010/11 is 164 post 48 hour CDI cases which equates to no more than 13 cases per month. At present the Trust is not maintaining its trajectory, and has only achieved one month, prior to August, of 13 cases. Table 2 reflects the full performance for the year to date.

Table 2 Cases of *C.difficile* (CDI) within the Trust up to 31 August 2010

Month	Total CDI	Trajectory (post 48 hour cases only)	CDI acquired more than 48 hours after admission? (likely to be UHB acquired)	
			YES	NO
April 2010	20	13	18	2
May 2010	24	13	18	6
June 2010	17	13	13	4
July 2010	31	13	20	11
August 2010	10	13	8	2
Total	102	65	77	25

4.2 Annual Trajectory and Actions to Address the Underperformance

There is a continued challenge for the Trust to manage its levels of CDI. In order to meet the trajectory the Trust needs to have 11 cases or less per month for the rest of the year. Dr Mercia Spare joined the Infection Prevention & Control Team (IP&C) in August on secondment from the Department of Health as Associate Director of Nursing/Deputy DIPC. Her initial focus is to work with the infection prevention nursing team to understand the barriers to achieving best performance for CDI and ensure appropriate controls are in place to deliver improvement.

Actions implemented to date include:

- Review of areas which have increased incidence of CDI;
- Recommendations and actions for environmental improvement;
- Review of time to isolation and CDI clinical management;
- Identification of divisional HCAI risks and areas of current work being undertaken to implement risk controls;
- Review of the IP&C team working practices;
- Review of assurance through the IPCC and IP&C team meetings;
- Revision and managerial support of the CDI RCA Divisional meeting.

5. **Other Alert Organisms – Multi Drug Resistant (MDR) - *Acinetobacter***

There were 6 new cases of MDR-*Acinetobacter* in August 2010. Reinforcement of control measures has taken place in relevant clinical areas.

6. **Outbreaks of Diarrhoea and Vomiting**

No outbreaks took place in August 2010.

7. **Recommendations**

The Board of Governors is 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

7 September 2010