AGENDA ITEM NO:

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF GOVERNORS

TUESDAY 17 MARCH 2009

Title:	**REPORT ON INFECTION PREVENTION AND CONTROL UP TO 28 FEBRUARY 2009**
Responsible Director:	Kay Fawcett, Executive Chief Nurse and Executive Director for Infection Prevention and Control.
Contact:	Dr Adam Fraise, Director of Infection Prevention and Control, Ext 3524 Dr Pauline Jumaa, Director of Infection Prevention and Control, Ext 8188

Purpose:	To provide the Board of Governors with information relating to infection prevention and control issues (including MRSA bacteraemias and *C. difficile* episodes) to **28 February 2009**
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Strategic Aim 4 : quality of services
Key Issues Summary:	This paper sets out the current year (08/09) position on MRSA and *C.Difficile* within the Trust, and associated infection prevention and control progress.
Recommendations:	The Board of Governors is asked to accept this report on infection prevention and control progress.

Signed: 	**Date:** 10 March 2009

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REPORT ON INFECTION PREVENTION AND CONTROL UP TO 28 FEBRUARY 2009

PRESENTED BY THE CHIEF NURSE

1. Introduction

Following the paper to the Board of Governors in December 2008 this paper provides an update to 28 February 2009 on performance against the national target for MRSA bacteraemia, the locally agreed target for *Clostridium difficile* (*C.difficile*) episodes, and other issues related to infection prevention and control for the Trust.

2. Executive Summary

Both MRSA bacteraemias and episodes of *C.difficile* remain under the 08/09 trajectory.

3. MRSA Bacteraemias

3.1 MRSA bacteraemias 2008/09 and Context

Since the last report in early December 2008 there have been 7 MRSA bacteraemias, with 3 in February which means that the Trust remains well below the 08/09 trajectory (target of no more than 48 for the year. Table 1 below, indicates total MRSA bacteraemias within the Trust for April 2008 to February 2009. Three cases have been removed from trajectory after a successful review via the HPA. The figures are validated against the Trusts MESS Returns to the HPA.

Table 1. Number of MRSA bacteraemias by month up to 28 February 2009

Month	Total no. of bacteraemias	Bacteraemias acquired more than 48 hrs after admission? (likely to be UHB acquired)	
		Yes	No
April 2008	2	1	1
May 2008	4	2	2
June 2008	3	1	2
July 2008	3	3	0
August 2008	1	1	0
September 2008	3	1	2
October 2008	1	1	0
November 2008	4	4	0

December 2008	1	0	1
January 2009	3	2	1
February 2009	3	1	2
Total	**28**	**17**	**11**

3.2 Root Cause Analysis and Follow up Actions

Executive reviews of both MRSA and *C.difficile* continue monthly. Follow up actions from these meetings are circulated to all Divisional leads in order to ensure compliance with policy and procedures. Follow up of these actions is co-ordinated through Infection Prevention and Control Committee. The most recent RCA reviews raised issues management of peripheral lines and contamination of blood cultures. A training programme for junior doctors in blood culture technique is being implemented.

3.3 Cleaning Programme and Future Plans

The deep clean programme continues on both sites with the hotel services teams working closely with the clinical nurses to ensure appropriate clinical areas are prioritised. The decontamination pilot area at Selly Oak is now fully open and the hotel services teams are able to take larger equipment away from the wards for cleaning. All wards cleaned using this new facility are being monitored to enable the effects to be audited and reported after three months to support the initiative

4. *Clostridium difficile* Episodes

4.1 Current Figures and Historical Context

There have been 429 episodes of *C. difficile* disease for the period 1 April to 28 February 2009 (including pre 48 hour cases). The definition for pre 48 hour cases has now changed such that this number includes isolates on day 0, 1 or 2 and this new definition has been applied to the figures below. This has the effect of reducing the number attributable to the Trust and the SHA have altered the trajectory as a result. The revised baseline is now 654 cases and the trajectory for 2008/09 will be 526 cases (pre 48 hour cases excluded). The submission from the Trust for HPA purposes, April 2008 to February 2009 (UHB post 48 hour cases only – using the new definition) will be 335 cases which remains significantly below trajectory. The trajectory for 2009/10 has now been agreed and will be 348 (which will require 29 cases or less each month from April 2009)

Table 4 Cases of *C.difficile* within the Trust April 2008 – February 2009*

Month	Total *C.difficile* disease	Trajectory (post 48 hour cases only)	Acquired pre 48hours YES	NO
April 2008	76	43.8	22	**54**
May 2008	65	43.8	20	**45**

June 2008	45	43.8	3	**42**
July 2008	35	43.8	6	**29**
August 2008	39	43.8	12	**27**
September 2008	27	43.8	7	**20**
October 2008	42	43.8	8	**34**
November 2008	30	43.8	4	**25****
December 2008	29	43.8	4	**25**
January 2009	25	43.8	4	**21**
February	16	43.8	3	**13**
Total	**429**	**526**	**94**	**335**

***** Correct at 28th February

****** This figure includes one case where the patient self discharged and was readmitted the same day. This has been reported to the HPA as a post 48 hour case but appears on internal figures as a pre 48 hour case.

4.2 *Clostridium difficile* Ongoing Actions

Ongoing analysis of the *C. difficile* numbers has seen a reduction on the QE site following enhanced cleaning and a chemical clean on ward West 4. As a result the proposed cohort arrangements continue in renal services but have not now been necessary on ward West 4. However this remains an option should the numbers again increase. There is an ongoing plan to chemically clean wards as required with ward West 3 as the next priority.

5. Outbreaks of Diarrhoea and Vomiting

There were several outbreaks of diarrhoea and vomiting on wards at Selly Oak causing significant disruption. The affected wards were S3, S5, S7, A1, B3, C3, C4 and D5 during February. Daily outbreak meetings have been held to balance infection risks against bed pressures. All the above outbreaks were confirmed as being due to Norovirus and the wards were closed to new admissions. At the time of writing C3 and A1 remain affected.

6. Recommendations

The Board of Governors is asked to accept this report on infection control progress.

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

10 March 2009