

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 OCTOBER 2013

Title:	REPORT ON INFECTION PREVENTION AND CONTROL UP TO 30 SEPTEMBER 2013
Responsible Director:	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 Board of Directors with information relating to infection prevention and control issues (including the reportable cases of MRSA bacteraemia, MSSA bacteraemia and episodes of <i>Clostridium difficile</i> infection) up to 30 September 2013.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Strategic Aim 4 : Quality of Services
Key Issues Summary:	This paper sets out the position for the 2013/2014 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.
Recommendations:	The Board of Directors is asked to accept this report on infection prevention and control progress.

Approved:	Kay Fawcett	Date:	15 October 2013
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REPORT ON INFECTION PREVENTION AND CONTROL UP TO 30 SEPTEMBER 2013

PRESENTED BY THE CHIEF NURSE

1. Introduction

This paper provides a report on performance against the 2013/2014 objectives for meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and *Clostridium difficile* infection (CDI), up to 30 September 2013. It provides an update on performance for meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and outlines reporting requirements for *Escherichia coli* (*E. coli*) bacteraemia while identifying related infection prevention and control actions.

2. Executive Summary

The annual objective for MRSA bacteraemia is 0 avoidable cases. During September 2013 there were no cases of MRSA bacteraemia which means we have no Trust apportioned cases to date this financial year. The new system of urgent post-infection reviews for MRSA bacteraemia is now in place for use following a positive bacteraemia being reported.

The annual objective for CDI for 2013/14 is 56 cases. Performance for September was 5 Trust apportioned post 48 hour cases, all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance. However with agreement from commissioners all cases are being reviewed against avoidability criteria, those deemed unavoidable are being excluded from consideration of local penalties.

All incidences of MSSA and *E. coli* bacteraemia continue to be reported in line with the PHE mandatory reporting requirements.

3. Incidents of MRSA Bacteraemia

3.1 MRSA bacteraemias 2013/14

There were no cases of MRSA bacteraemia during September resulting in zero cases to date this financial year. Figure 1 shows the number of Trust apportioned cases of MRSA against the monthly trajectory (April 2011 –

current). Monthly incidence of MRSA bacteraemias to date is shown in Table 1.

Figure 1: Number of Trust apportioned MRSA cases at UHBFT against the monthly trajectory (April 2011-current).

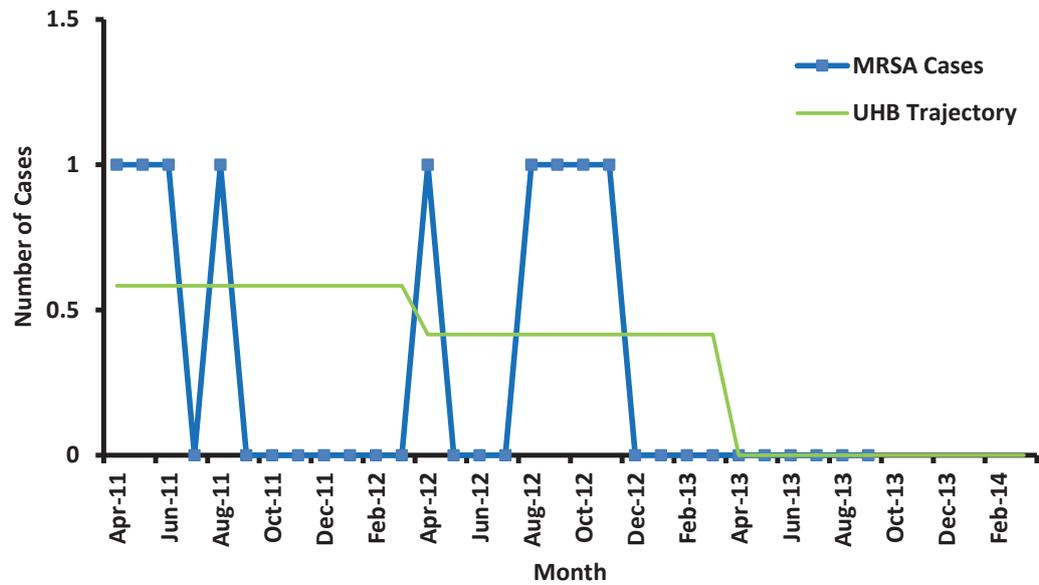


Table 1. Monthly number of MRSA bacteraemias at UHBFT up to the 30 September 2013.

Month	Total bacteraemia	Time of bacteraemia acquisition	
		Pre (<48 hrs)	Post (>48 Hrs) Trust apportioned
April 2013	1	1	0
May 2013	0	0	0
June 2013	0	0	0
July 2013	0	0	0
August 2013	0	0	0
September 2013	0	0	0
Total	1	1	0

Note: Objective for the financial year 2013/14 is zero.

3.2 Actions to maintain performance for MRSA bacteraemia 2013/2014

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 and documentation 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.
- Development of surveillance systems for 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 *C. difficile* Infection (CDI)**

4.1 Current Figures

The annual CDI objective for 2013/2014 is 56 cases; following the introduction of a new review tool with local commissioners unavoidable cases will be discounted for the purposes of locally agreed penalties. Performance for September 2013 was 6 reportable cases of which 5 were post 48 hours and attributable to the Trust. Figure 2 shows the number of Trust apportioned cases of CDI against the monthly trajectory (April 2011 – current). Monthly incidence of CDI to date is shown in Table 2.

Figure 2: Number of Trust apportioned cases of CDI at UHBFT against the monthly trajectory (April 2011-current).

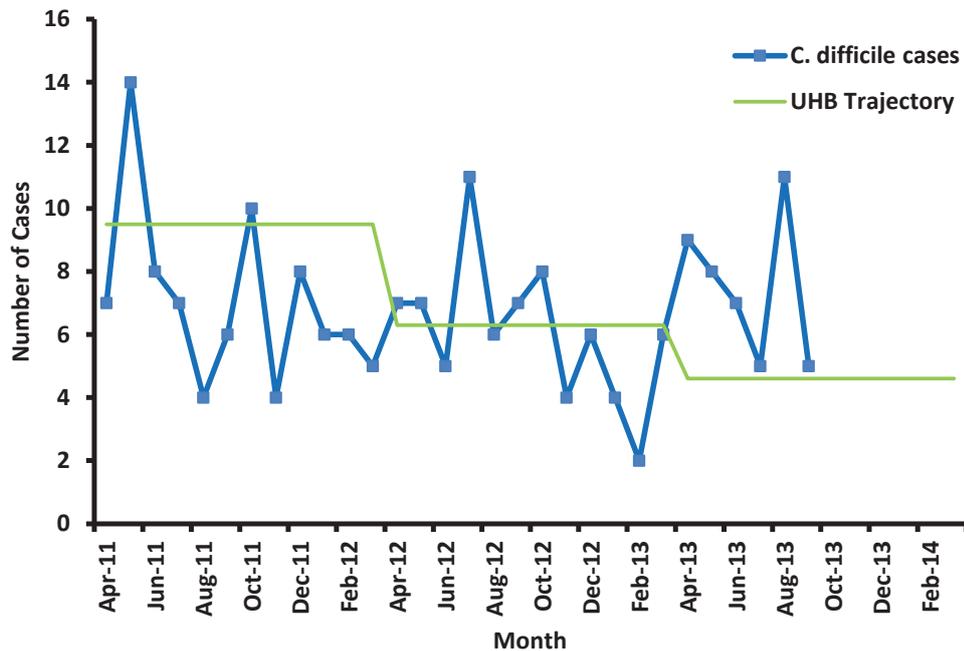


Table 2. Monthly number of CDI cases at UHBFT up to the 30th September 2013.

Month	Total number of CDI	Objective (Trust apportioned) Monthly/ (annual)	Time of CDI acquisition		Commissioners reviewed unavoidable cases	Commissioners reviewed avoidable cases
			Pre	Post (Trust apportioned)		
April 2013	10	4.6	1	9	7	2
May 2013	12	4.6	4	8	6	2
June 2013	10	4.6	3	7	6	1
July 2013	8	4.6	3	5	5	0
August 2013	18	4.6	7	11	7	4
September 2013	6	4.6	1	5	5	0
Total	64	28 (56)	19	45	36	9

Note: Following the introduction of a new review tool with local commissioners, unavoidable cases will be discounted for the purposes of locally agreed penalties. The final two columns of the above table provide details of the commissioners reviewed figures for all Trust apportioned cases of CDI.

4.2 Actions to improve performance for CDI 2013/2014

Continued focus and challenge will be required to achieve these difficult objectives regardless of systems to exclude certain cases on avoidability grounds. Particular areas to focus on in the immediate future include:

- Reinvigorate the 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 and documenting an early review of the continuing appropriateness of each prescription. The vacant antimicrobial pharmacist post has now been advertised.
- Continued review of patients bowel management procedures and the appropriateness of stool sampling with clear documentation of the decision making process which has reduced the number of inappropriate samples.
- Continuation of the rapid reviews by the IP&C team of any area reporting two or more cases of CDI.
- During April - September 2013, due to the higher than expected number of cases of CDI, 29 toxin positive samples from UHB were submitted for ribotyping. Results received to date show 16 different strains, none of them of known epidemic potential.

4.3 Facilities Update

- The environmental monitoring of clinical areas through the monitoring audits continues to exceed the 95% compliance requirements.
- The teams are supporting the enhanced cleaning of areas where we have an increase in infections and areas of higher risk.
- Work to prepare clinical and non clinical areas in the retained estate for occupation are being supported as these open.

5. **Other Alert Organisms**

5.1 Multiply resistant gram negative bacteria

There were no new acquisitions of multi drug resistant *Acinetobacter* during September. There have been no new cases of Carbapenemase producing Enterobacteriaceae (CPE) during September. To ensure Trust preparedness for further introductions of CPEs an action plan has been developed which takes into account all new national guidance. This will be monitored through the Infection Prevention and Control Committee.

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

Reporting of MSSA bacteraemia has been mandatory since 1 January 2011. Performance for September 2013 is 18 cases, 6 of which were Trust apportioned.

5.3 E. coli bacteraemia

From 1 September 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 September 2013 is 8 Trust apportioned and 17 non-Trust apportioned cases.

6. **Outbreaks of Diarrhoea and Vomiting**

There were no wards closed with outbreaks of diarrhoea and/or vomiting in September 2013.

7. **Serious Incidents Requiring Investigation (SIRI) related to Infection Prevention & Control**

All MRSA bacteraemia, and CDI cases that result in death (Part 1 of the death certificate) or surgery, are reported as Serious Incidents Requiring Investigation (SIRIs). Those deaths on Part 2 of the certificate are of patients considered to have died *with* MRSA or CDI rather than *of* it. There have been no MRSA and no CDI deaths reported on Part 1 or 2 of the death certificate for September 2013.

8. **Recommendations**

The Board of Directors 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

15 October 2013