AGENDA ITEM NO:

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 25 APRIL 2013

Title:	**REPORT ON INFECTION PREVENTION AND CONTROL UP TO 31 MARCH 2013**
Responsible Director:	Kay Fawcett, 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 Chief Executive with information relating to infection prevention and control issues (including the reportable cases of MRSA bacteraemia, MSSA bacteraemia and episodes of *Clostridium difficile* infection) up to 31 March 2013.
Confidentiality Level & Reason:	
Annual Plan Ref:	Strategic Aim 4 : Quality of Services
Key Issues Summary:	This paper sets out the position for the 2012/2013 MRSA bacteraemia and *Clostridium difficile* infection trajectories and provides incidence of MSSA and *E. coli* bacteraemia within the Trust and supporting actions to ensure continued improved performance.
Recommendations:	The Board of Directors are asked to accept this report on infection prevention and control progress.

Signed:	**Date:** 16 April 2013

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

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THURSDAY 25 APRIL 2013

REPORT ON INFECTION PREVENTION AND CONTROL UP TO 31 MARCH 2013

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 31 March 2013. It provides an update on performance for meticillin-sensitive *Staphylococcus aureus* (MSSA) and outlines reporting requirements for *Escherichia coli* (*E. coli*) bacteraemia while identifying related infection prevention and control actions. It also provides the high level action plan for infection prevention and control for April 2013 to March 2014 (Appendix 1).

2. Executive Summary

The annual objective for MRSA bacteraemia was 5 cases. There were no cases of MRSA in March and therefore the year end outturn is 5. The annual MRSA objective for 2013/2014 has been determined as zero avoidable cases. In April 2013 the new Health Protection Agency (HPA) Data Capture System will be launched and will change the approach to the monthly reporting of MRSA bacteraemia. The new expectation will be immediate entry following laboratory confirmation as opposed to retrospective entry and lockdown on the 15th of the month.

The annual objective for CDI was 76 cases. Performance for March was 13 post 48 hour cases, 6 of which were reportable to the HPA in accordance with Department of Health guidance. Year end performance was 73 cases. The annual CDI objective for 2013/2014 has been determined as 56 cases however discussions with commissioners are ongoing as to how cases may be attributed or baselines weighted.

There were no new cases of multi-drug resistant (MDR) Acinetobacter in March. Work continues to ensure the actions implemented are sustained.

All incidences of MSSA and *E. coli* bacteraemia continue to be reported in line with the HPA mandatory reporting requirements. Currently all cases of MRSA bacteraemia and CDI are reviewed through root cause analysis (RCA) investigation and practice improvement in the Divisions concerned. The NHS Commissioning Board has outlined expectations for all NHS organisations to

adopt a new approach to the investigation of MRSA bacteraemia from 1st April. This is called a Post Infection Review (PIR) which will have a seven day turnaround and will be submitted centrally on the HPA Data Capture System.

3. Incidents of MRSA Bacteraemia

3.1 MRSA bacteraemias 2012/13 and Context

There were no Trust apportioned cases of MRSA bacteraemia in March therefore the year end position was 5 cases against an annual objective of 5 cases. Figure 1 shows the trend in MRSA bacteraemia over the last three years. Monthly incidence of MRSA bacteraemia is shown in Table 1.

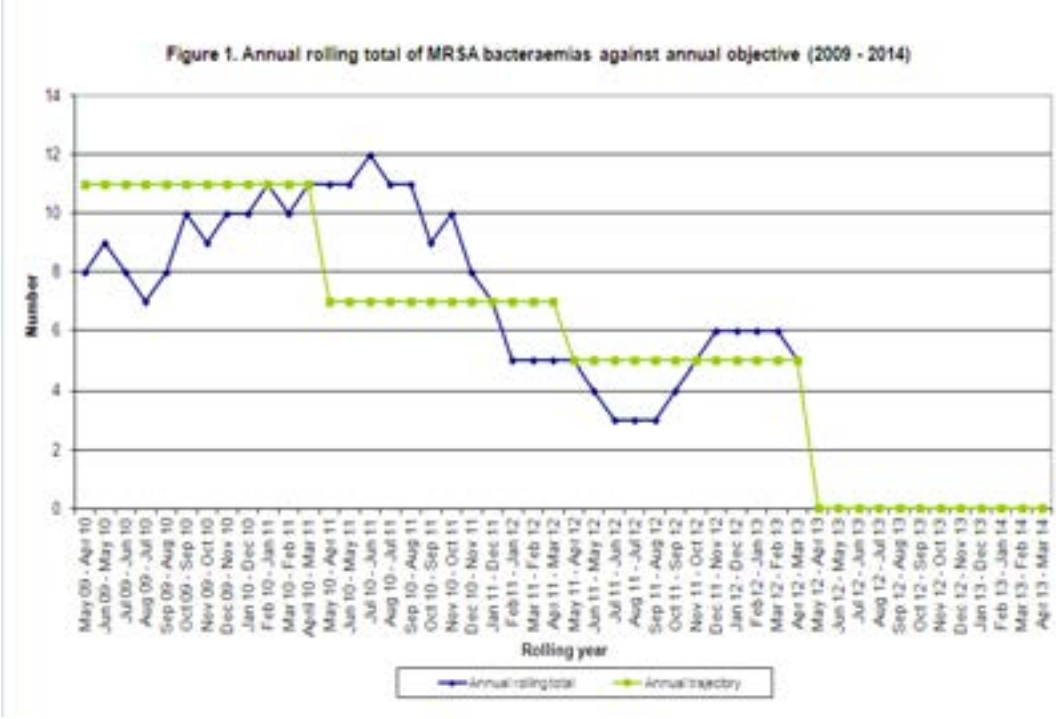

Table 1. Monthly number of MRSA bacteraemias by month up to 31 March 2013

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
July 2012	1	**0.4**	0	1
August 2012	2	**0.4**	1	1
Sept ember 2012	2	**0.4**	1	1
October 2012	1	**0.4**	1	0
November 2012	2	**0.4**	1	1
December 2012	0	**0.4**	0	0
January 2013	0	**0.4**	0	0
February 2013	0	**0.4**	0	0
March 2013	0	**0.4**	0	0
Total	**9**	**5**	**5**	**4**

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. Issues being addressed at the present time are:

- Improving the clinical management 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.
- Developing systems to undertake surveillance of 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 Toxigenic *C. difficile* Infection (CDI)

4.1 Historical Context and Current Figures

The annual CDI objective of for 2012/2013 was 76 cases. Performance for March 2013 was 13 post 48 hour cases, 6 of which were Trust apportioned. This takes year end performance to 73 reportable cases. Figure 2 shows the trend in CDI over the last three years. The monthly

incidence of CDI to date is shown in Table 2.

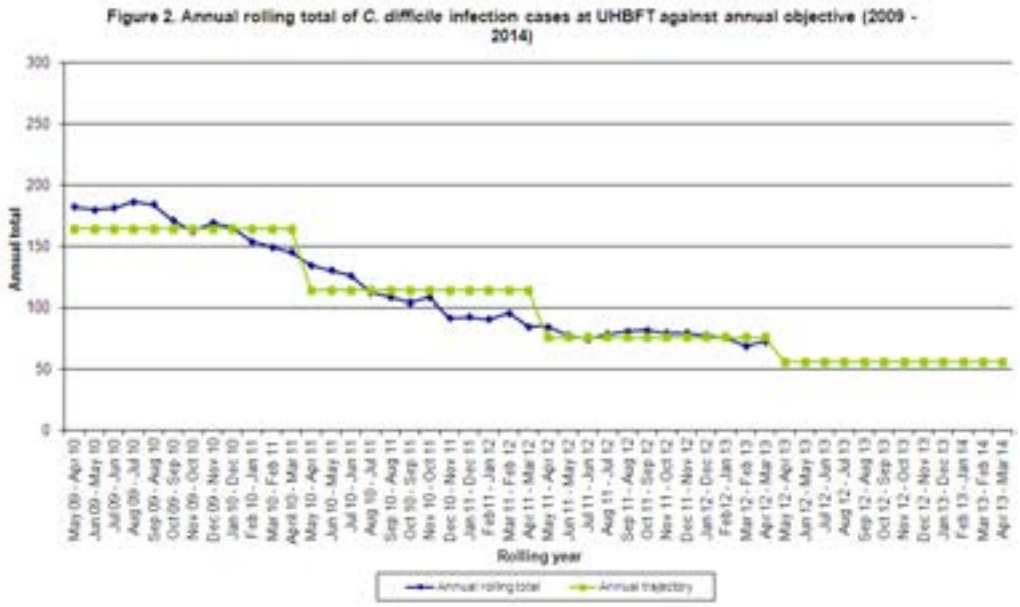

Table 2. Monthly number of cases of CDI within the Trust up to 28 February 2013

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
July 2012	23	**6.3**	17	6	11
August 2012	26	**6.3**	19	7	6
September 2012	26	**6.3**	15	11	7
October 2012	20	**6.3**	15	5	8
November 2012	12	**6.3**	8	4	4
December 2012	17	**6.3**	12	5	6
January 2013	17	**6.3**	11	6	4
February 2013	16	**6.3**	5	11	2
March 2013	22	**6.3**	13	9	6
Total	**250**	**76**	**159**	**91**	**73**

4.2 Actions to improve performance for CDI 2012/2013

Continued focus and challenge will be required to improve on the current performance for CDI and ensure the Trust meets objectives. Continuing actions include:

- Ensuring multi-disciplinary review of the appropriateness of stool sampling.
- Timely isolation of patients presenting with diarrhoea.
- Developing an 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 an early review of the continuing appropriateness of each prescription.
- The IP&C team continue to undertake rapid review of any area reporting two or more cases of CDI.
- Environmental monitoring to ensure adherence to environmental cleaning standards.
- Support and education is provided for clinical staff on the identification and management of patients with CDI.

4.3 Facilities Update

- The Annual Cleaning Plan is now complete for 2012 / 13 and the 2013 /14 year plan will begin to be implemented in April. All the Critical Care areas have been deep cleaned by the end of March.
- The Housekeeping teams are working closely with ward teams to ensure consistent high levels of cleanliness in all the clinical areas to ensure we meet the compliance requirements.
- Performance against contract monitoring audits for housekeeping services was 96.4% for March, exceeding the 95% compliance requirement.

5. Other Alert Organisms

5.1 Multi Drug Resistant (MDR) - *Acinetobacter*

There were no new cases of multi-drug resistant (MDR) *Acinetobacter* in March 2013.

5.1.1 Actions to improve performance for MDR-*Acinetobacter*

- Enhanced laboratory screening continues for all patients in Critical Care
- Environmental works continue in the Burns Unit to replace ceiling mastic and modify the floor drains
- A further multidisciplinary team meeting will take place with the

HPU and Commissioners in March to review progress to date and if no further cases have been identified close the outbreak.

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

Reporting of MSSA bacteraemia has been mandatory since 1 January 2011. Performance for March 2013 is 8 cases, 3 of which were Trust apportioned.

5.3 *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 for February 2013 is 11 Trust apportioned and 10 non-Trust apportioned cases.

6. Outbreaks of Diarrhoea and Vomiting

There were three wards closed with outbreaks of diarrhoea and/or vomiting in March 2013.

7. Recommendations

The Board of Directors 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

16 April 2013