UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 SEPTEMBER 2013

Title:	**REPORT ON INFECTION PREVENTION AND CONTROL UP TO 31 AUGUST 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 Board of Directors 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 August 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 *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 is asked to accept this report on infection prevention and control progress.

Signed:	Kay Fawcett	**Date:**	16 September 2013

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REPORT ON INFECTION PREVENTION AND CONTROL UP TO 31 AUGUST 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 31 August 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 August 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 August was 11 Trust apportioned post 48 hour cases, all of which were reportable to the HPA 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 HPA mandatory reporting requirements.

3. Incidents of MRSA Bacteraemia

3.1 MRSA bacteraemias 2013/14

There were no cases of MRSA bacteraemia during August 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).

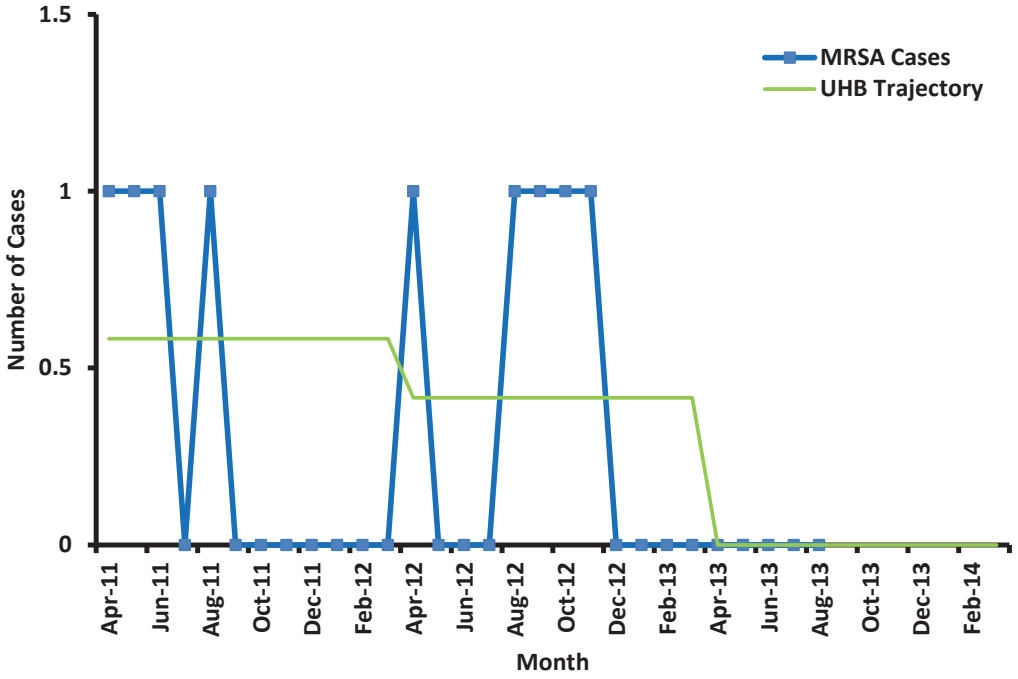

Table 1. Monthly number of MRSA bacteraemias at UHBFT up to the 31 August 2013.

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
Total	**1**	**1**	**0**

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

3.2 Actions to improve 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 August 2013 was 18 reportable cases of which 11 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).

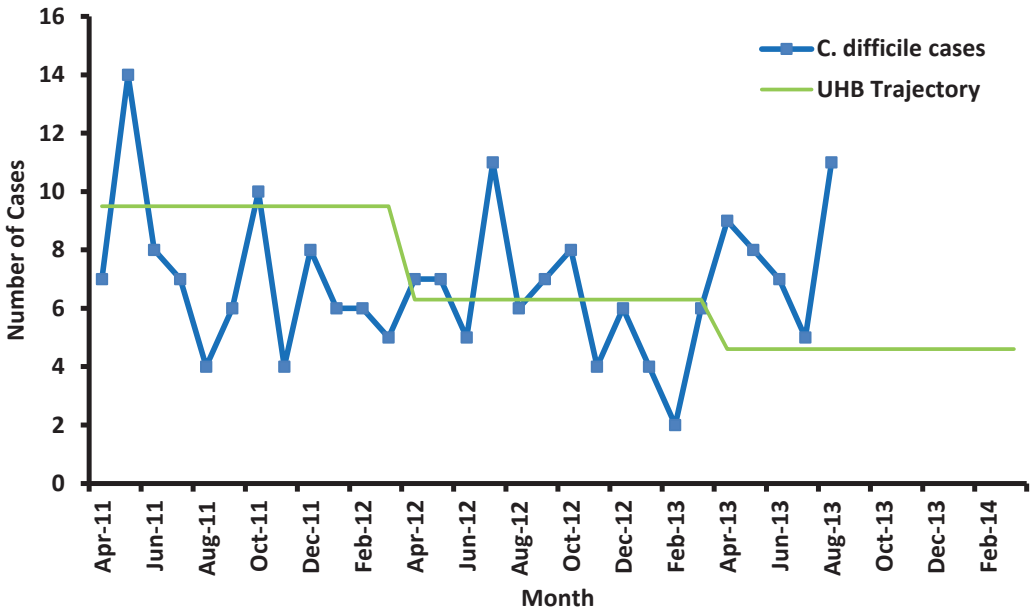

Table 2. Monthly number of CDI cases at UHBFT up to the 31 August 2013.

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	5	1 (+1 decision delayed pending further information)
July 2013	8	4.6	3	5	5	0
August 2013	18	4.6	7	11	6	5
Total	**58**	**23 (56)**	**18**	**40**	**29**	**10 (+1 pending)**

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:

- 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.

- 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.

- Continuation of the rapid reviews by the IP&C team of any area reporting two or more cases of CDI. During August ribotyping showed that two Trust apportioned cases were of the same strain type and detailed investigation has suggested that these were likely to be part of a transmission event although the patients were not nursed on the same ward. This has been reported as a Period of Increased Incidence (PII) via a SIRI. Action plans to address findings from this investigation are in place.

4.3 Facilities Update

- The environmental monitoring of clinical areas through the monitoring audits continues to exceed the 95% compliance requirements.
- Annual deep cleans of theatres is in progress with theatres being deep cleaned over weekend periods to minimise any impact on activity.
- Support for the ward areas as moves are planned has been ongoing.

5. Other Alert Organisms

5.1 Multiply resistant gram negative bacteria

There were no new acquisitions of multi drug resistant Acinetobacter during August. However there were two cases of a carbapenemase producing *Enterobacter cloacae* (CPE) in neurosurgery patients. Full typing of these strains is awaited. The cluster has been reported as a SIRI and incident meetings convened. Patient contacts have been screened and there have been interim modifications made to antibiotic policies for surgical prophylaxis. The situation is being kept under careful review.

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

Reporting of MSSA bacteraemia has been mandatory since 1 January 2011. Performance for August 2013 is 5 cases, 1 of which was Trust apportioned.

5.3 *E. coli* bacteraemia

From 1 August 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 August 2013 is 5 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 August 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 deaths reported on Part 1 or 2 of the death certificate for August 2013. However, during September, one of the patients diagnosed during August died and has CDI noted on Part 1 of the death certificate.

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

16 September 2013