



## REPORT SUMMARY SHEET

Meeting: Date:	Trust Board 12 <sup>th</sup> June 2019
Title:	Infection Prevention and Control HCAI Report
Lead Director:	Medical Director – Dr M O’Kane
Corporate Objective:	Safe, high quality care
Purpose:	For assurance
<b>Summary of Key Issues for Trust Board</b>	
<p><u>High level context:</u></p> <p>Ten key elements within the SHSCT IPC Strategy 2018-2021 will enable progress and sustained improvement in infection prevention &amp; control &amp; HCAI incidence across the Trust</p> <p><u>Key issues:</u></p> <p>1. <u>C. difficile</u> infections: 2018/19 45 cases 1<sup>st</sup> April 2019 - 24<sup>th</sup> May 2019 9 cases (none linked)</p> <p>2. <u>MRSA bacteraemia:</u> 2018/19 3 cases 1<sup>st</sup> April 2019 - 24<sup>th</sup> May 2019 1 case</p> <p>3. <u>MSSA bacteraemia:</u> 2018/19 48 cases 1<sup>st</sup> April 2019 - 24<sup>th</sup> May 2019 8 cases (1 preventable)</p>	
<p><u>Key risks for discussion:</u></p> <ul style="list-style-type: none"> <li>• Ongoing vigilance in relation to IPC issues at the busiest time of the year for inpatient services, particularly with high volumes of patients awaiting beds within both EDs</li> <li>• Increase in C-Diff regionally within inpatient facilities</li> </ul>	
<p><u>Summary of SMT challenge/discussion:</u></p> <ul style="list-style-type: none"> <li>• Requirement for more information in relation to regional increase in Type 002 C-Diff, and testing sensitivity</li> <li>• Need to ensure IPC and isolation requirements are considered when dealing with ongoing bed pressures</li> </ul>	

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## HCAI Performance 2019/20 (Year to Date May 2019)

HCAI PfA targets for the Southern Health & Social Care Trust (SHSCT) are due to be discussed with the Public Health Agency (PHA) in the near future.

Trust Board are asked to remain mindful that patients presenting to hospital today are presenting with often very complex clinical needs and co-existing clinical needs, therefore - despite every effort to keep CDI and MRSA bacteraemia incidence low - an irreducible minimum will always remain.

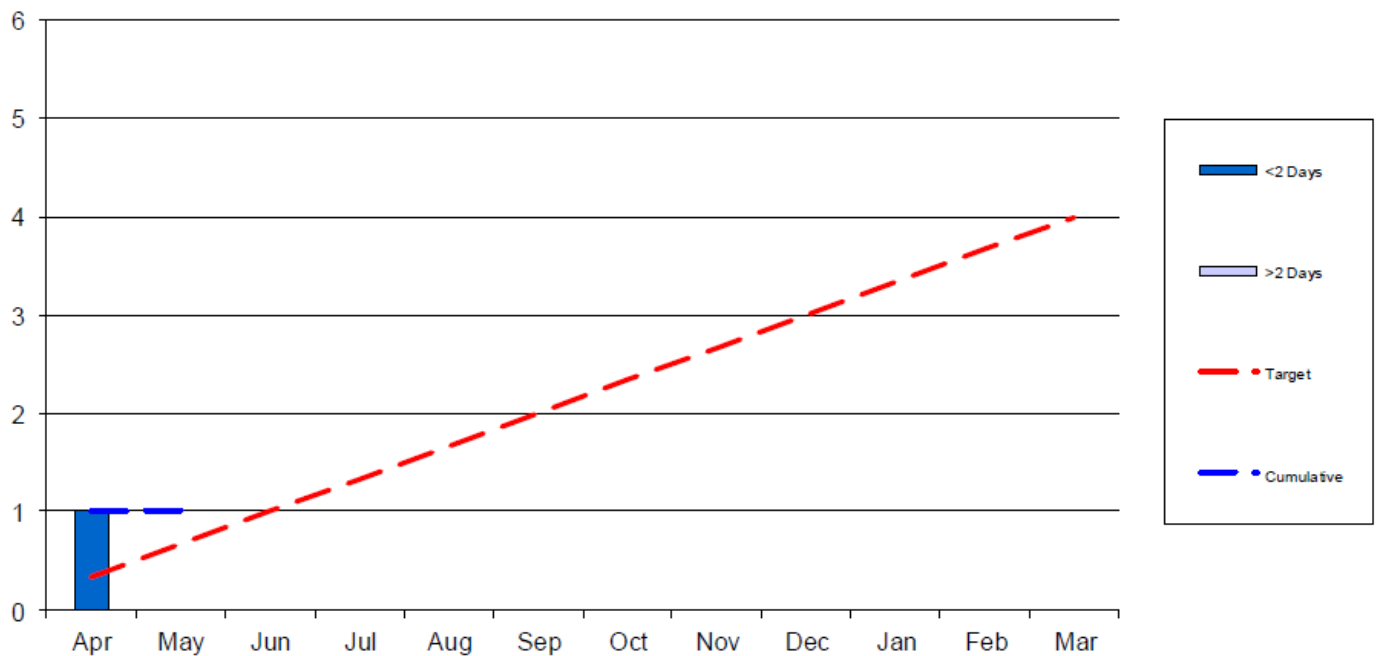
### Southern Trust Performance MRSA bacteraemia 2019/20

2019/20 year to date (May 2019) there has been 1 MRSA bacteraemia considered non-preventable

	TARGET 2019-20	No. of cases per month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Number of MRSA Cases 2019/20
<b>MRSA Bacteraemia Preventable</b>	<b>4</b>	<b>0.333</b>	1 (0)	0 (0)											1 (0)
<b>Total (2018/19)</b>	<b>(4)</b>	<b>(0.333)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>(3)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>(3)</b>

### Southern Trust MRSA Episodes Cumulative

April 2019 – March 2020



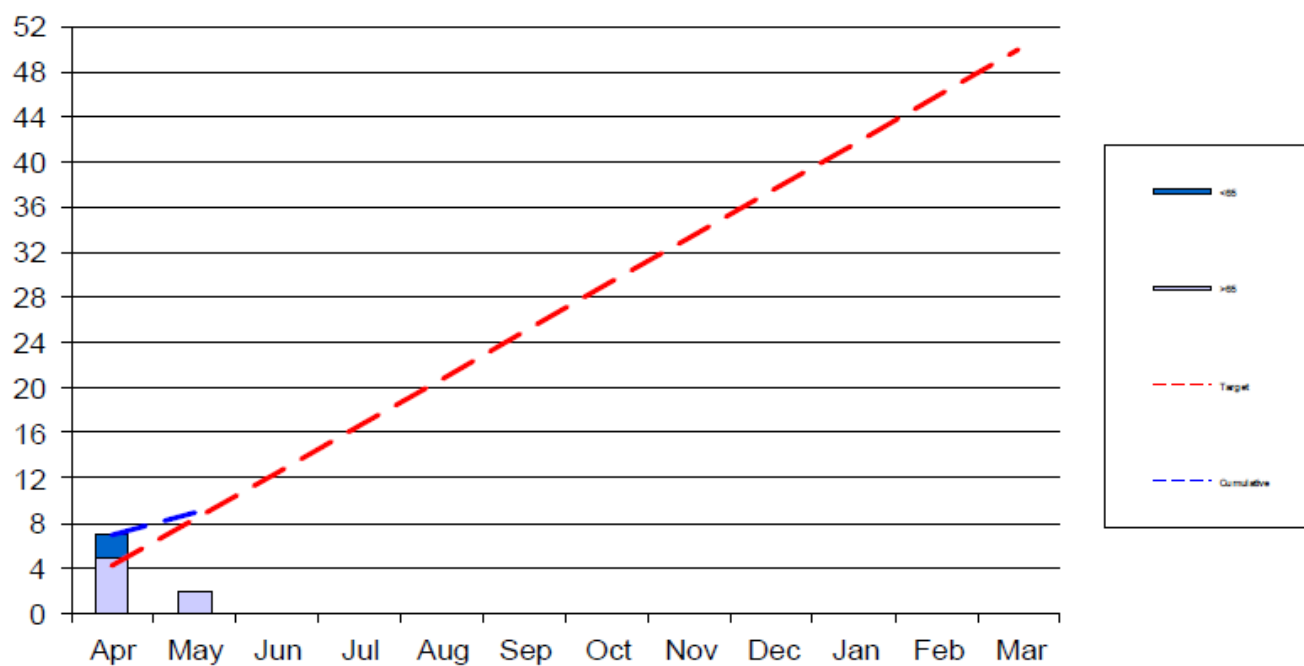
## **Southern Trust Performance *Clostridium difficile* 2019/20**

2019/20 year to date (May 2019) there have been 9 *C. difficile* cases.

	TARGET 2019-20	No. of cases per month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Number of C.DIFF Cases 2019/20
<i>C Diff</i>	50	4.16	7	2											9
Total (2018/19)	(50)	(4.16)	(3)	(3)	(4)	(1)	(6)	(3)	(4)	(2)	(4)	(4)	(4)	(7)	(45)

### **Southern Trust *Clostridium difficile* Episodes Cumulative**

1<sup>st</sup> April 2019 – March 2020



## **Southern Trust Performance MSSA bacteraemia 2019/20 (Year to date May 2018)**

For 2019/20 surveillance of MSSA bacteraemias remains mandatory ONLY within the SHSCT.

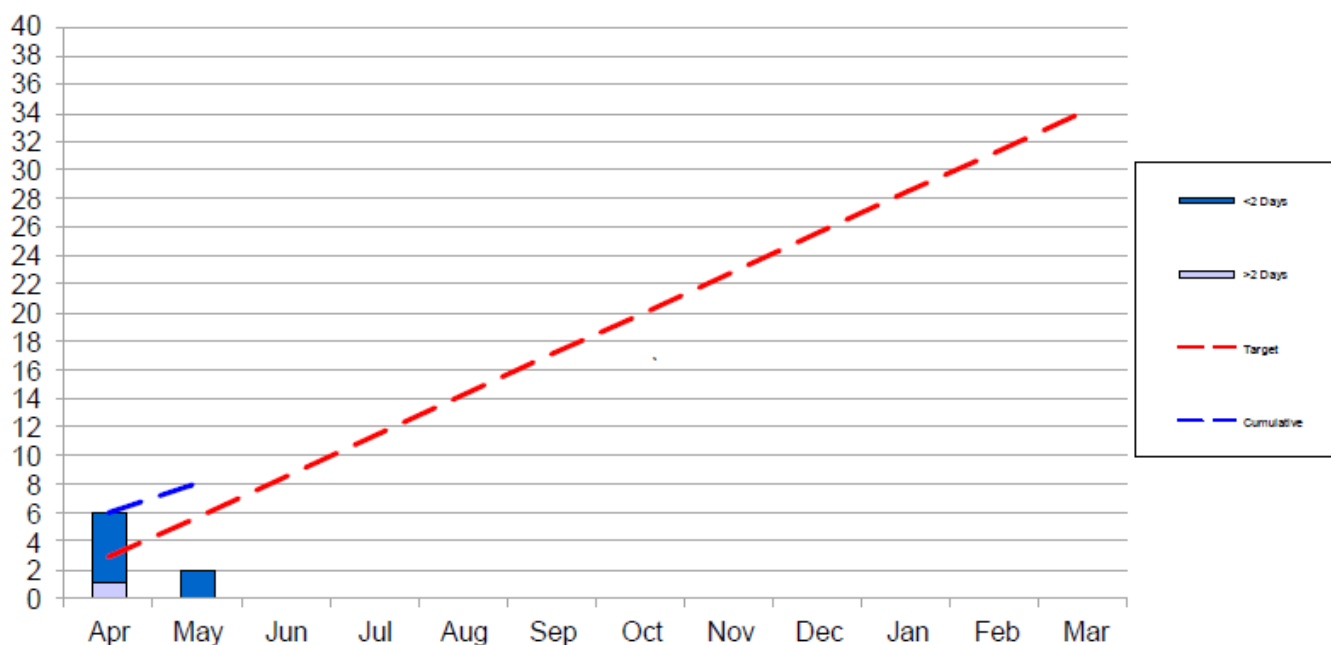
To facilitate on-going surveillance of MSSA bacteraemias during 2019/20; MSSA target data for 2018/19 is used as a comparison.

Year to date (May 2019) there have been 8 MSSA cases (1 case considered preventable).

	TARGET 2019-20	No. of cases per month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Number of MSSA Cases 2019/19
<b>MSSA</b>			6	2											<b>8</b>
<b>Preventable</b>	34	2.8	(1)	(0)											<b>(1)</b>
<b>Total (2018/19)</b>	(34)	(2.8)	(4)	(6)	(2)	(3)	(4)	(3)	(6)	(6)	(4)	(3)	(5)	(2)	(48)

### **Southern Trust MSSA Episodes Cumulative**

**April 2019 - March 2020**



## **2 Update on Infection Prevention & Control Issues**

### **Clostridium difficile infection (CDI) in SHSCT**

The PfA target for CDI incidence 2019/20 is yet to be discussed and agreed with the PHA.

From 1<sup>st</sup> April 2019 to 24<sup>th</sup> May 2019 there have been 9 cases of CDI across clinical areas in the SHSCT.

It is worth noting that there has been a 45% increase across Northern Ireland in inpatient cases of c-diff from the last quarter, which is unexpected. This may indicate a change in the epidemiology of this disease, as there has also been an increase in Ribotype 002. This reinforces the need to increase our vigilance in this area. To counter this, ward rounds to lower the level of Carbapenem prescribed by 3% are being scheduled.

The recent changes in testing regimes, which have improved sensitivity, is also being discussed at regional level.

CDI incidence is always of concern within the Trust and every effort is being made to keep incidence to an absolute minimum. Some cases of CDI can and are attributable to being community acquired and this must be kept in mind when reviewing overall incidence.

### **SHSCT IPC Strategy 2018-2021**

This IPC Strategy is comprised of 10 core basic elements and ownership, accountability and responsibility for its implementation is based on a collective leadership model.

Progress is monitored and reported to the Medical Director/Director for IPC by all key stakeholders across the organisation.

### **Norovirus & Influenza Update**

IPCT continue with proactive collaborative working providing information & knowledge relating to seasonal infections such as Norovirus and influenza. The traffic of patients to and from institutionalised care into acute and non-acute facilities in the Trust is ongoing and is inherent with risk regarding possible transmission of infection.

### **Regionally (as of 24<sup>th</sup> May 2019)**

There are D&V outbreaks in Private Nursing Homes across Northern Ireland in BHSCT, NHSCT, SEHSCT & SHSCT.

No Influenza outbreaks reported regionally.

### **Trust Facilities (as of 24<sup>th</sup> May 2019)**

**Influenza** - We currently have no influenza outbreaks within the SHSCT.

**Norovirus** - We currently have no Norovirus or D&V outbreaks within the SHSCT

### **SHSCT /RQIA Augmented Care Programme**

Augmented care sisters meeting continues to be hosted by an IPCN throughout the year and are reasonably well attended. This is a fantastic platform for shared learning. A program of Aseptic Non-touch Technique (ANTT) learning is being planned for 2019-20.

### **Water Safety Group**

The Trust Water Safety Group meeting due to be held 29<sup>th</sup> May 2019.

### **SHSCT Ebola Management Plan**

The SHSCT Viral Haemorrhagic Fever [VHF] Management Plan requires revisiting and refreshing. This remains a work in progress.

### **IPCN involvement in procurement projects**

Considerable commitment is required to deliver specialist input to procurement groups. At present the Lead IPCN is involved in the following regional procurement groups all of which are on-going

- FFP3 mask and Fit Testing Contract

### **Hand Hygiene and Bare Below the Elbow Self Audit Scoring**

The Southern Trust promotes good hand hygiene at the 'point of care'. The point of care represents the time and place at which there is the highest likelihood of transmission of infection via healthcare staff whose hands act as mediators in the transfer of microbes. One of the best ways to measure hand hygiene compliance is observation audit and the Trust had an on-going programme of hand hygiene audit.

The compliance threshold for hand hygiene is 90% and areas that are non-compliant are required to re-audit daily until compliance is achieved.

Being 'Bare below the Elbow' is also an important factor for compliance with hand hygiene.

The dress code policy requires staff to have sleeves short or rolled up to the elbow in order to allow access to the wrist for good hand hygiene technique and remove jewellery, such as watches. The policy also prohibits staff from wearing nail varnish, false nails or gel nails.

Non-compliance is reported to the Trust Senior Management Team weekly and passed on to Operational Directors for corrective action to be taken.

The IPCT independent audit results are fed back immediately to the ward manager and on a monthly basis to Operational Directors for corrective action.

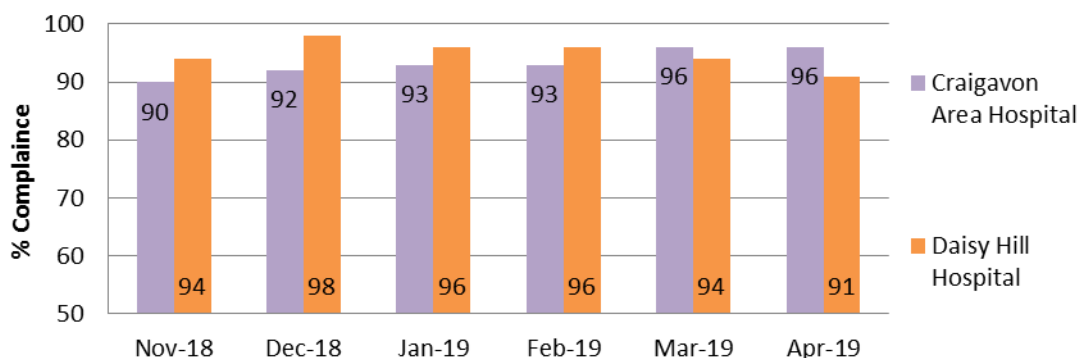
### **Trend data hand hygiene compliance by staff grouping April –October 2018**

Significant decline in compliance has been noted in all staff groups [please see graph] therefore this required immediate attention.

Improved policing is required at clinical level in an effort to promote compliance and sustain what is considered acceptable.



## HH Compliance by Location (Acute Directorate) Nov 18 - Apr 19

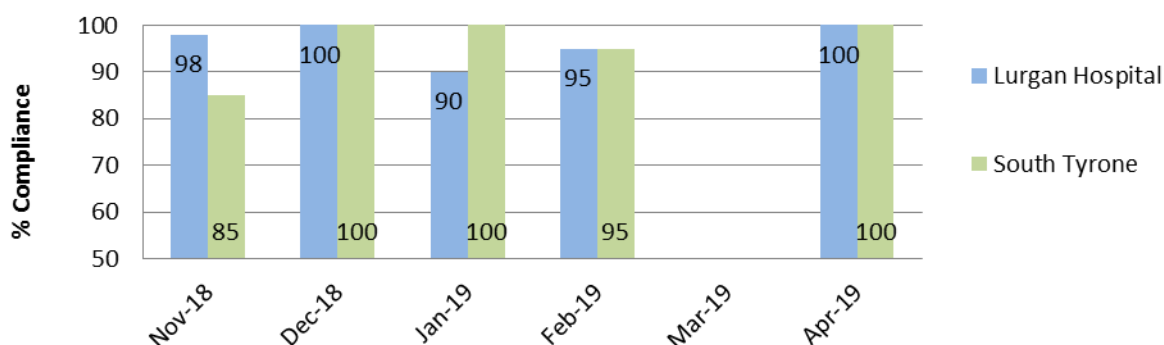


	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
<i>Craigavon Area Hospital</i>	90	92	93	93	96	96
<i>Daisy Hill Hospital</i>	94	98	96	96	94	91

Compliance for the period on the Lurgan Hospital and South Tyrone Hospital sites exceeds the compliance threshold of 90%.

## HH Compliance by Location (OPPC Directorate) Nov 18 - Apr 19

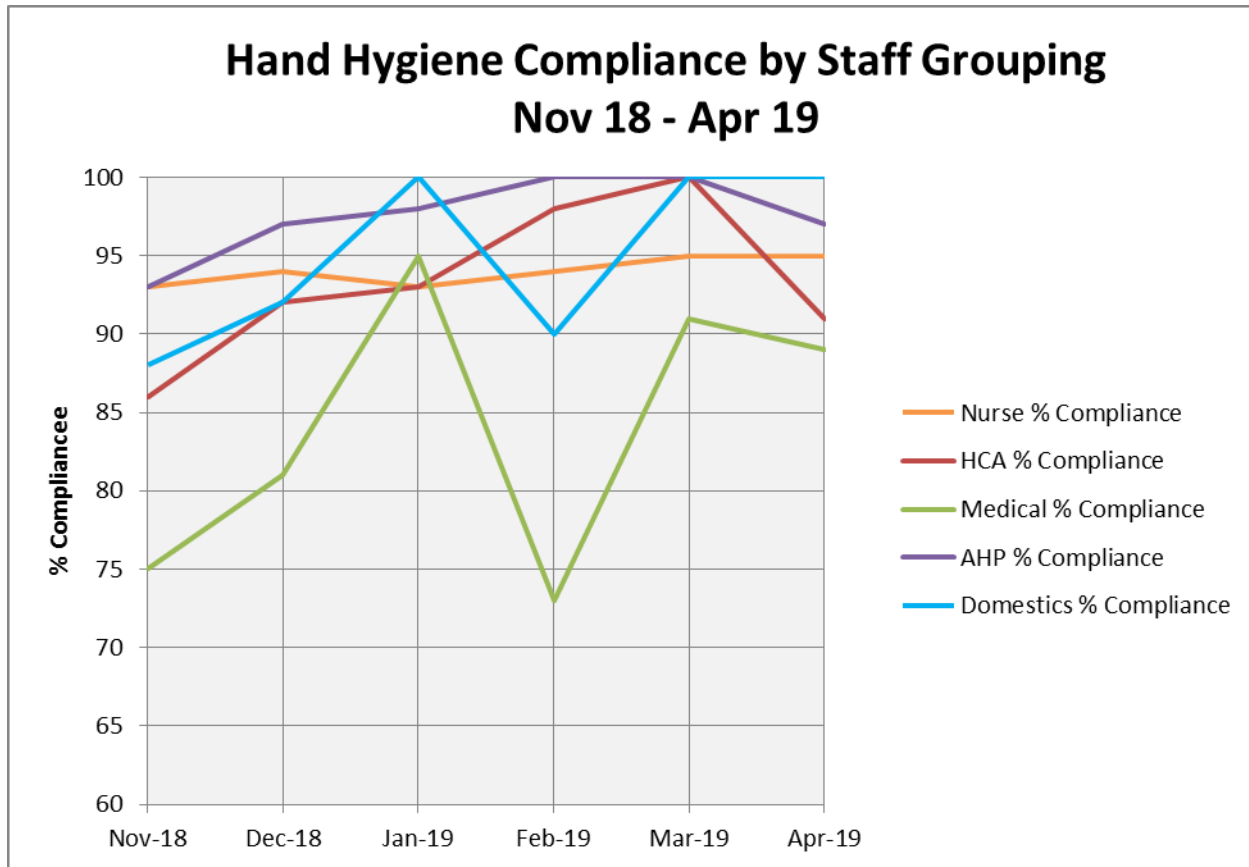
(No Audits completed in Lurgan or South Tyrone in March 2019)



	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Lurgan Hospital	98	100	90	95		100
South Tyrone	85	100	100	95		100

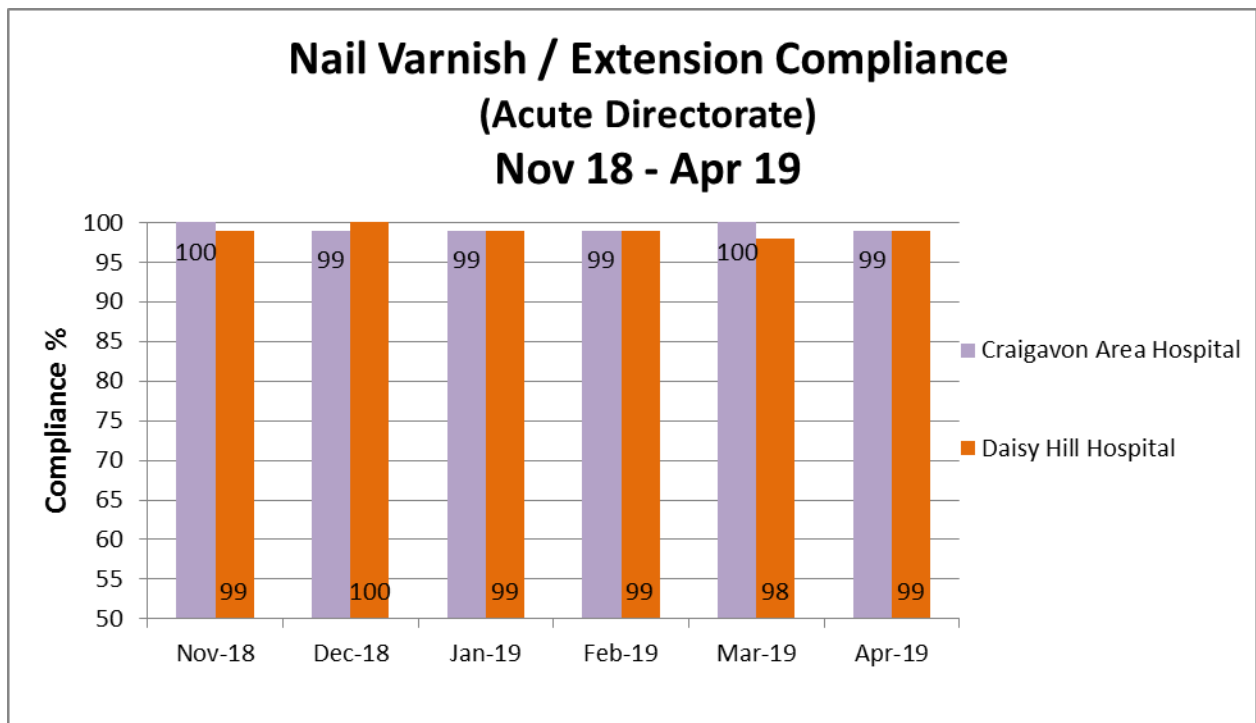
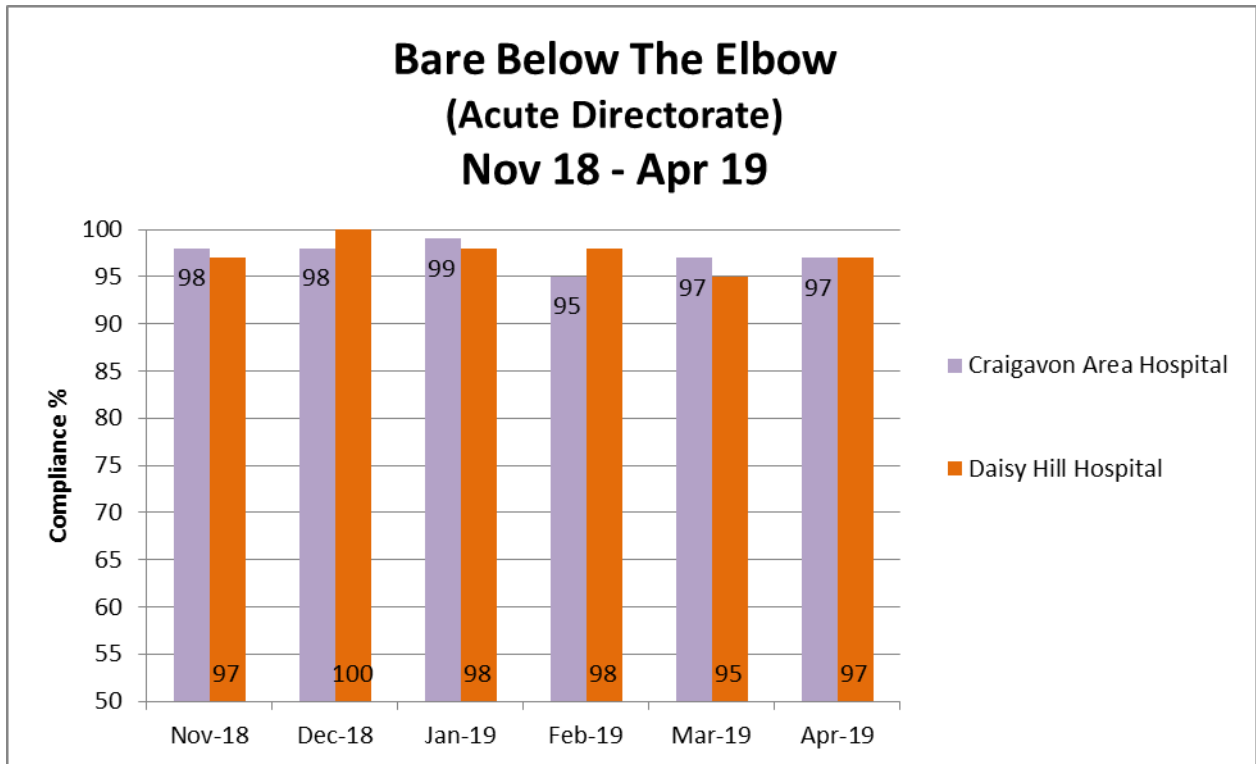
## **Hand Hygiene Compliance by Staff Grouping**

A review of compliance by staff group indicates a dip in compliance by medical staff. The Medical Director wrote to all doctors to stress the importance of hand hygiene and supported this with face to face presentations (with the Consultant Microbiologist) at the Trust Morbidity and Mortality meetings.



## BBE / Nail Varnish-Extension Compliances

### Bare Below the Elbow / Nail Varnish-Extension Compliance



## **Bare Below the Elbow / Nail Varnish-Extension Compliance**

