

REPORT SUMMARY SHEET

Meeting:	Trust Board
Date:	24 October 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

Summary of Key Issues for Trust Board

High level context:

Ten key elements within the SHSCT IPC Strategy 2018-2021 will enable progress and sustained improvement in infection prevention & control & HCAI incidence across the Trust

Key issues:

<u>1. C. difficile infections:</u>	2019/20	50 cases
	1 st April 2019 - 14 th Oct 2019	32 cases
<u>2. MRSA bacteraemia:</u>	2019/20	5 cases
	1 st April 2019 – 14 th Oct 2019	2 cases (1 preventable)
<u>3. MSSA bacteraemia:</u>	2019/20	No regional target
	1 st April 2019 – 14 th Oct 2019	33 cases (4 preventable)
<u>4. Gram negative bacteraemia:</u>	2019/20 target:	58 cases

Key risks for discussion:

Clostridioides difficile increase (In both *C. difficile* toxin positive and toxin negative isolates).

Gram negative bacteraemia targets, draft report Analysis of Blood Cultures will inform interventions required to reduce Gram negative and other bacteraemias.

Summary of SMT challenge/discussion:

Clostridioides difficile increase- focused work is progressing to review this years *C. difficile* cases to inform any additional actions required

A focus is to continue on the implementation of basic infection prevention and control measures

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HCAI Performance 2019/20 (Year to Date 14th October 2019)

HCAI PfA targets for the Southern Trust for 2019/20 have been confirmed by the Permanent Secretary on 8 October 2019 and are indicated on PfA table below.

Patients presenting to hospital today are presenting with often very complex clinical needs and co-existing comorbidities, 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

The Trust 2019/20 targets were confirmed as 5 cases. In 2019/20 year to date (14th Oct 2019) there have been 2 MRSA bacteraemia, and 1 was considered non-preventable.

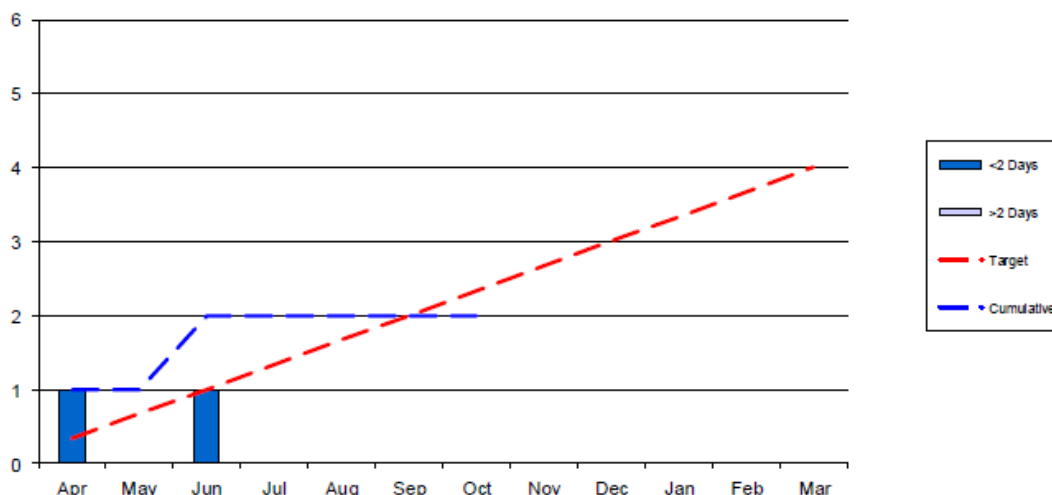
MRSA bacteraemia	2018/19 Baseline	2019/20 Target	Proportion reduction
Southern Trust	3	5	maintain or improve

	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
MRSA Bacteraemia Preventable	4	0.333	1 (0)	0 (0)	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)						2 (1)
Total (2018/19)	(4)	(0.333)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(3)	(0)	(0)	(0)	(3)

Southern Trust MRSA Episodes Cumulative

April 2019 – March 2020

MRSA Bacteraemia Cumulative Total Apr 2019 – Mar 2020



Southern Trust Performance *Clostridioides difficile* (C difficile)

2019/20

The Trust 2019/20 targets were confirmed as 50 CDI cases. In 2019/20 year to date (Oct 2019) there have been 32 *C. difficile* cases.

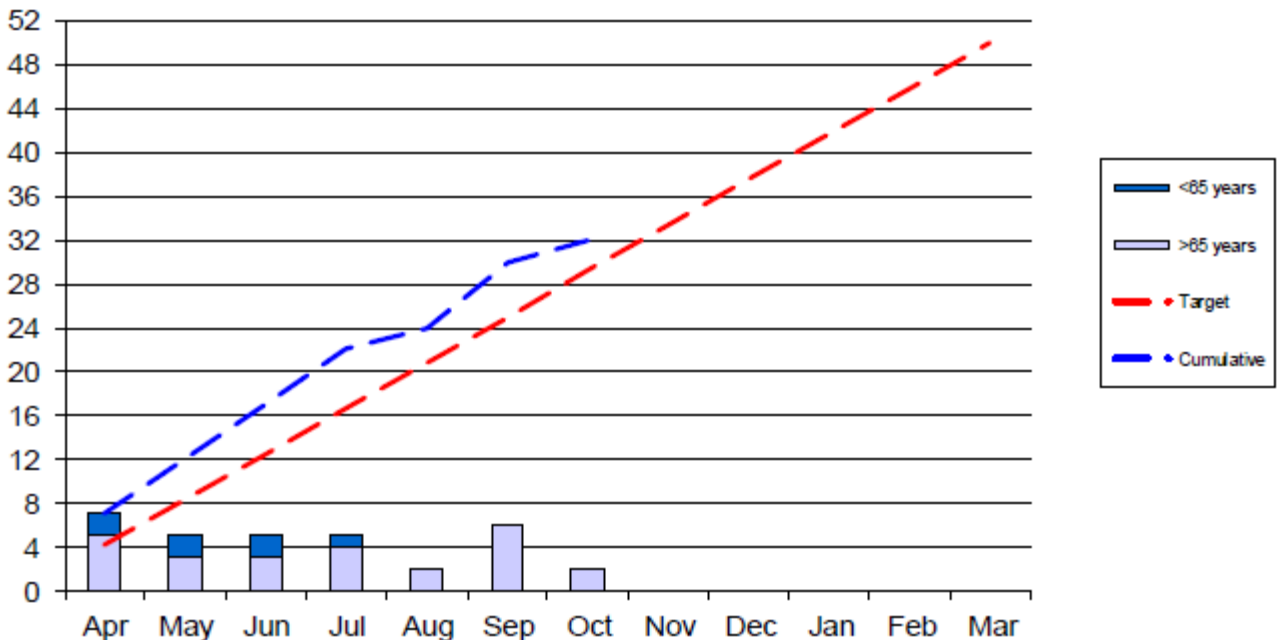
<i>Clostridioides difficile</i>	2018/19 Baseline	2019/20 Target	Proportion reduction
Southern Trust	44	50	maintain or improve

	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	5	5	5	2	6	2						32
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

1st April 2019 – March 2020

***C.difficile* Cumulative Total Apr 2019 – Mar 2020**



Southern Trust Gram negative bacteraemia targets 2019/20

The Commissioning Plan has included targets for the reduction of Gram-negative bacteraemias - setting out an aggregate reduction of 17% of *Escherichia coli*, *Klebsiella spp.* and *Pseudomonas aeruginosa* bloodstream infections, acquired after two days of hospital admission, compared to 2018/19.

Gram-negative bacteraemias	2018/19 Baseline	2019/20 Target	Proportion reduction
Southern Trust	78	58	25

Southern Trust Performance MSSA bacteraemia 2019/20 (Year to date Oct 2019)

The SHSCT remains unique in continuing to monitor and report on MSSA bacteraemia

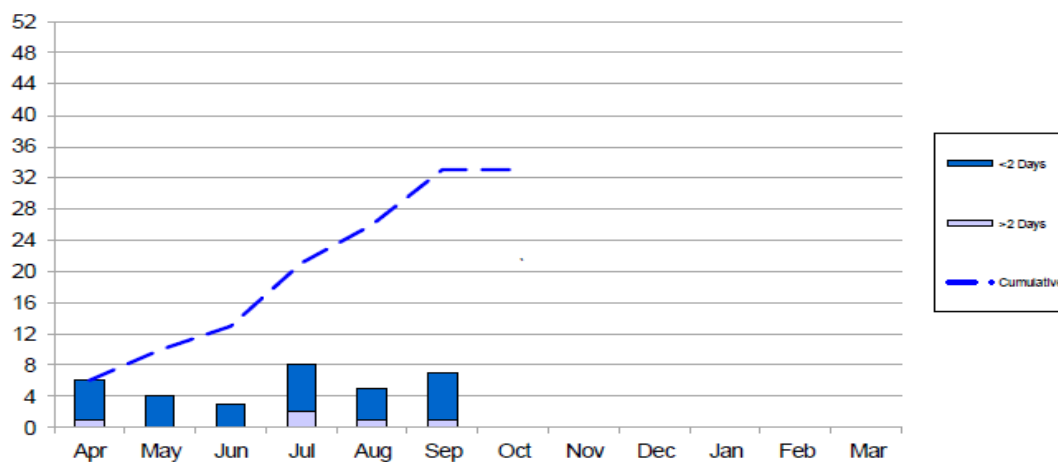
Year to date (Oct 2019) there have been 33 MSSA cases.

To date 4 have been identified as preventable –a focus on aseptic non touch technique (ANTT) both during intravenous line insertion and after care continues to be required.

	No. of cases per month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Number of MSSA Cases 2019/20
MSSA		6	4	3	8	5	7	0						33
Preventable	2.8	(1)	(0)	(0)	(1)	(1)	(1)	(0)						(4)
Total (2018/19)	(2.8)	(4)	(6)	(2)	(3)	(4)	(3)	(6)	(6)	(4)	(3)	(5)	(2)	(48)

Southern Trust MSSA Episodes Cumulative

April 2019 - March 2020



The Trust has undertaken an Analysis of Blood Cultures, and audit of Healthcare-associated infection Care Bundles to inform the interventions required to reduce gram negative and other bacteraemias.

2 Update on Infection Prevention & Control Issues

Clostridium difficile infection (CDI) in SHSCT

The DHSSPS mandatory scheme for reporting *C.difficile* infection commenced in July 2005.

From 1st April to 4th October 2019 there has been an increase of CDI, with 32 cases of across clinical areas in the SHSCT. The Infection Prevention and Control Team are analysing all data on both toxin positive and toxin negative *C. difficile* cases, hand hygiene, commode and environmental audits, and antimicrobial stewardship data, to identify any additional interventions required

SHSCT IPC Strategy 2018-2021

This IPC Strategy is made up 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 indicated within the Strategy across the organisation.

10 Points of the IPC Strategy 2018-2021	
1	Leadership- Senior Management Team to prioritise infection prevention and control throughout the Trust, ensure the implementation of the strategy, seek assurance and address poor practice
2	Culture-A culture of excellence of preventable infections is evident throughout the Trust.
3	Communication and candour- Clinical staff communicate effectively with patients and their relatives
4	Clean Hands- Hand Hygiene Policy and 'Bare below the elbow' are strictly observed.
5	Clean Place- Trust Board to receive regular updates of Environmental cleanliness performance measured against regional standards
6	Antibiotics are used safely and effectively
7	Isolation -Prompt decisions based on clinical risk assessments are made on the isolation of patients in line with the Trust's isolation protocol
8	Learning
9	Audit
10	Closing the loop- Frequent feedback from ward to Trust Board to provide assurance that Board decisions are being effectively implemented and continuous improvement is achieved. Frequent feedback within clinical and managerial teams to ensure learning is achieved and continuous improved is sustained

Some areas of progression against the plan include:-

The Trust has appointed a fourth microbiologist

Band 7 Infection Prevention and Control nurse is acting into an 8A lead nurse role as part of career development.

Training is being planned to help meet the needs of a developing specialist IPCT these include:

- Systems analysis to support the post infection review process
- Other specific Infection Prevention and Control topics
- Leadership and coaching

Mandatory and other Infection Prevention and Control and Antimicrobial Stewardship training/information sessions continue

Clinical Guidelines are being updated

Antimicrobial ward rounds are ongoing and being further developed.

C. difficile ward rounds are being piloted

An Analysis of Blood Cultures and audit of Healthcare-associated infection Care Bundles to inform the interventions required to reduce gram negative and other bacteraemias.

Hand hygiene, commode and bare below the elbow audits continue and are reported to clinical and operational teams to inform action planning for improvement.

Antimicrobial stewardship data is reported to clinical and operational teams to inform action planning for improvement.

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 this is inherent with risk regarding possible introduction & transmission of infection across our facilities.

Regionally (as at 14th Oct 2019)

No Influenza outbreaks reported regionally

There are two norovirus outbreaks within the SEHSCT area.

Trust Facilities (as at 14th Oct 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 and is well attended. This is a unique platform for all staff in augmented care to share learning. Meetings are held quarterly with a view to maintaining and sustaining high standards of infection prevention & control.

SHSCT IPC Training/Education

IPC training and education takes many forms mandatory and non-mandatory and is delivered in a 'blended' way with e-learning and face to face training.

IPC Independent Audit Activity

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.

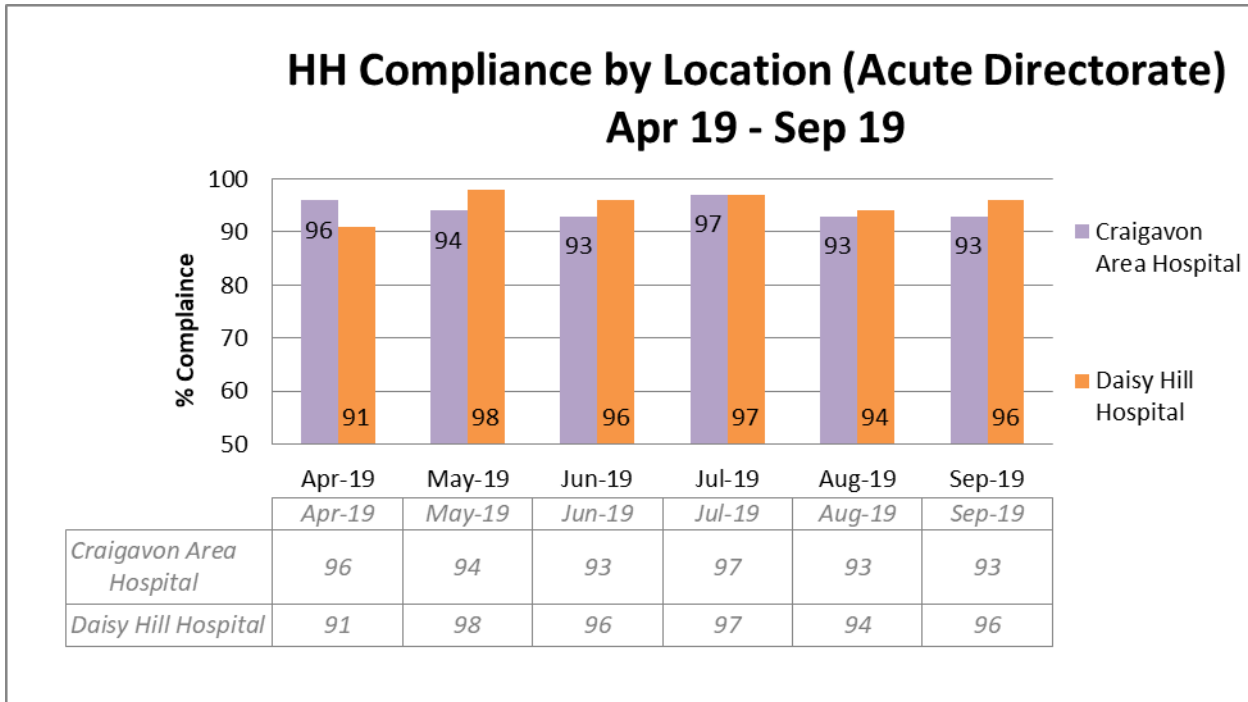
The dress code policy requires staff to have sleeves short or rolled up to the elbow, and remove jewellery, such as watches, in order to allow access to the wrist for good hand hygiene technique. The policy also prohibits staff from wearing nail varnish, false nails or gel nails.

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

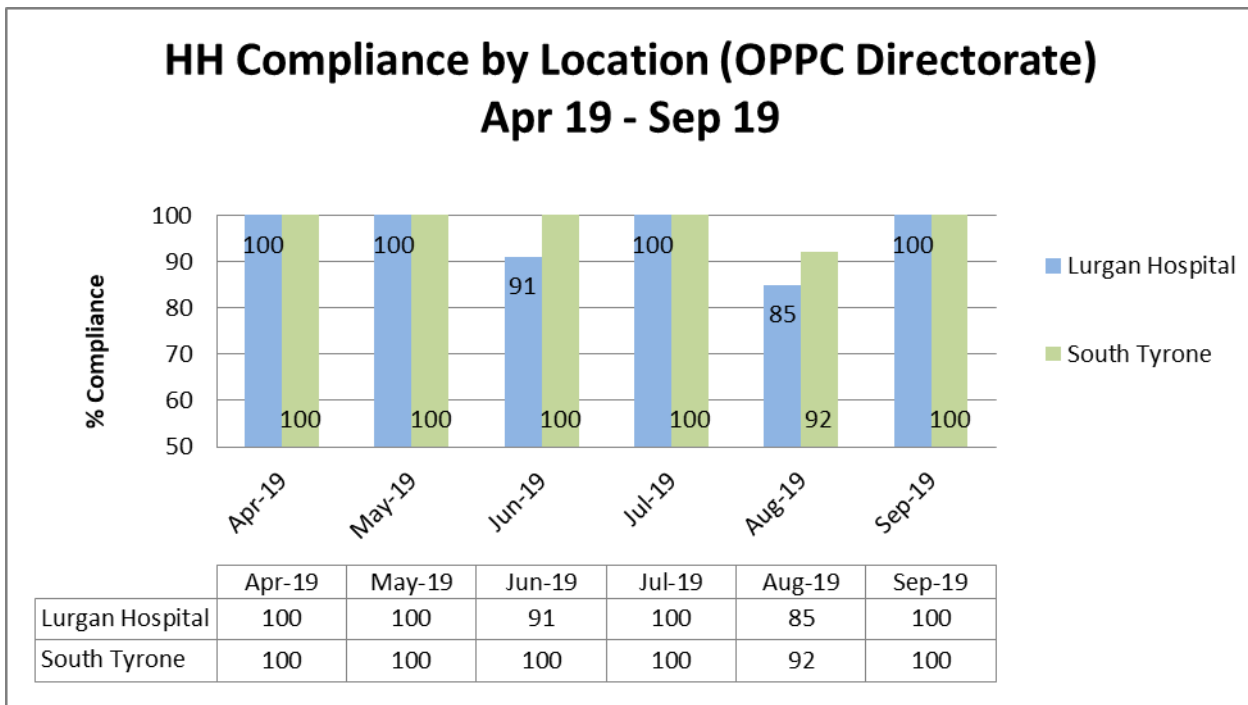
The IPCT independent audit results are fed back immediately to the ward manager and on a monthly basis to Operational Directors for corrective action.

Trend data hand hygiene compliance by staff grouping April 2019 – October 2019

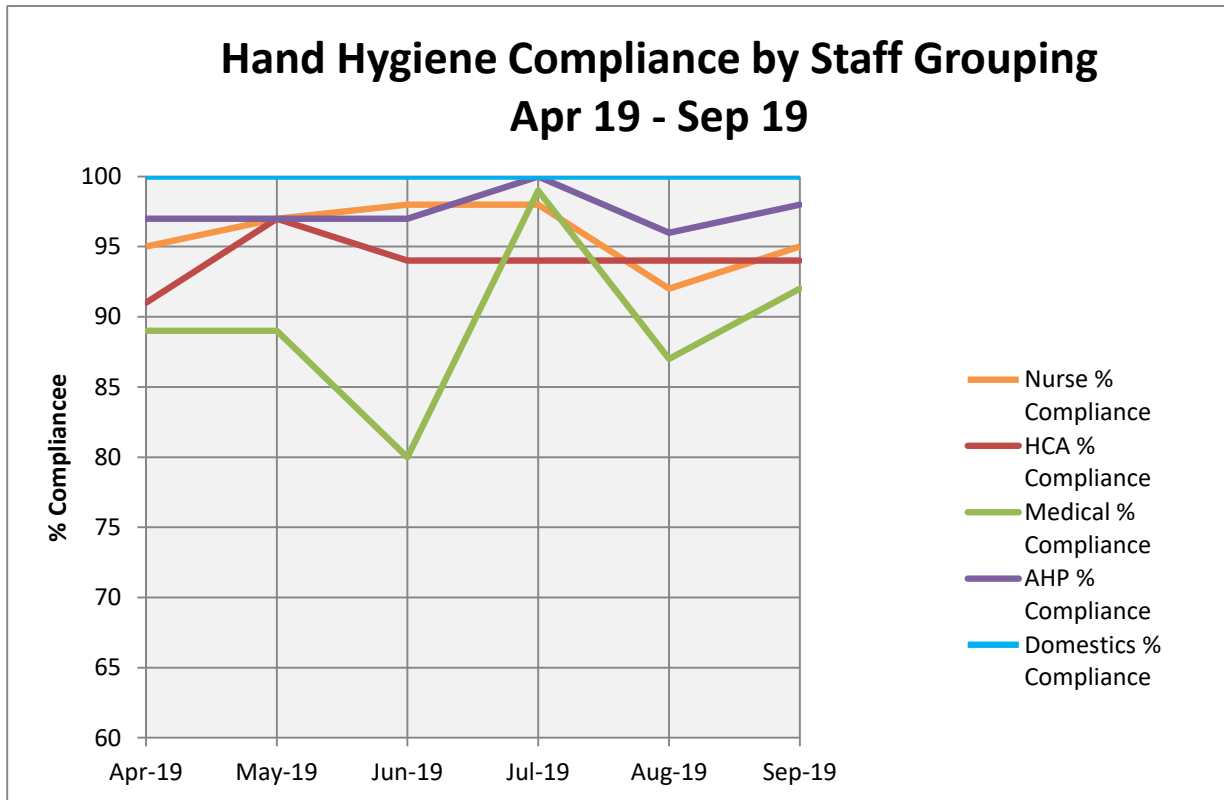
There is a continued need for focussed attention from operational managers and professional leads.



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

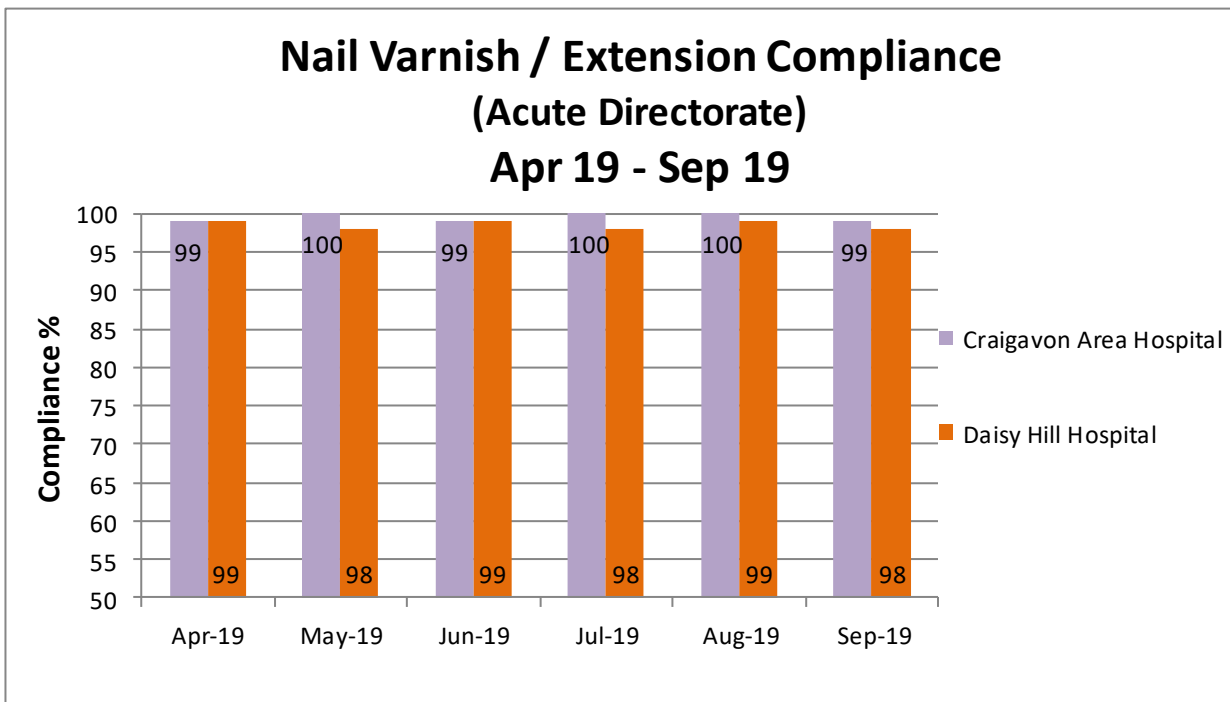
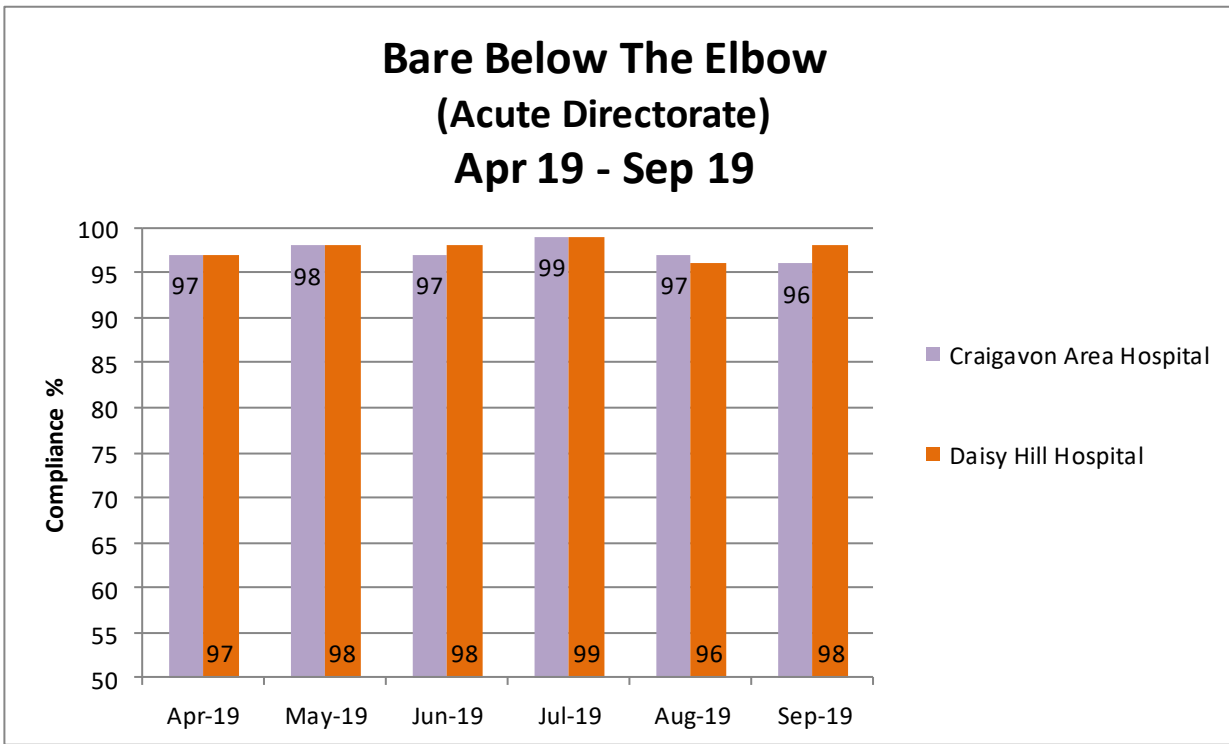


Hand Hygiene Compliance by Staff Grouping



BBE / Nail Varnish-Extension Compliances

Bare Below the Elbow / Nail Varnish-Extension Compliance



Bare Below the Elbow / Nail Varnish-Extension Compliance

