

Report from the Director of Infection Prevention and Control to the Weekly Executive Board September 2015

Performance targets

Indicator	Month agreed target	Current month (August)	YTD agreed target	YTD performance	Actions/Comments
MRSA bacteraemia (trust assigned)	0	0	0	2	
C.difficile (trust assigned)	3	3	21	7	Year-end projection = 17 2 avoidable 5 unavoidable
MSSA bacteraemia (post admission)	1	2	12	5	Year-end projection = 12 Both cases thought to be unavoidable and unrelated
E.coli bacteraemia (post admission)	3	3	29	15	Year-end projection = 36
MRSA screening (electives)	95%	96.17%	95%	95.16%	July validated data
Central line associated blood stream infections (Rate per 1000 cvc days)	1.5	0.37	1.5	0.67	
ANTT Competency assessments (doctors)			95%	62.2%	Work is on-going to validate the data
ANTT Competency assessments (nursing and AHP)			95%	70.8%	
Hand hygiene	95%	99.74%	95%	99.66%	

Quality Indicators

Indicator	Current month (August)	YTD performance	Comments
MRSA screening (emergency)	89.67%	90.75%	July validated data
Isolation breaches	38	122	
Cleanliness	97.39%	97.3%	

HCAIs/Areas of Concern/Outbreaks

- **Isolation breaches** recorded by the Infection Control Team during August were 38, compared to 12 in July. Of these 38 isolation breaches,
 - 31 of the breaches occurred in the medical division
 - 15 on MAU at HRI
 - 8 on MAU at CRH
 - 5 breaches occurred on surgical wards
 - 2 breaches occurred on the Gynaecology ward

- **Analysis of the isolation breaches** - The IPCN's identify the isolation breaches and follow up daily until the patient is isolated and also assist the ward staff by risk assessing the available side rooms and ensuring control measures are in place
 - Of the 14 breaches at CRH, all were patients with MRSA. On 7 occasions the staff had not acknowledged the infection alert and were prompted by the IPCT to isolate the patient. On 2 occasions there was no side room available and on one occasion the patient was risk assessed against other patients in the side rooms and deemed the lower risk
 - Of the 24 breaches at HRI, 15 were patients with MRSA and 4 were patients with ESBLs. On 10 occasions the staff had not acknowledged the infection alert and were prompted by the IPCT to isolate the patient. On 5 occasions there was no side room available and on 7 occasions the patients were risk assessed against other patients in the side rooms and deemed the lower risk
 - The IPCT will continue to monitor isolation breaches and actions to reduce breaches to be included in the HCAI annual action plan
- **MRSA acquisition** – there were **no cases** of hospital acquired MRSA identified in August. There have been 8 cases in total since April.
- **Pertussis** – a staff member working on the SCBU was treated for suspected pertussis, confirmation is awaited. Prophylaxis was given to 10 in patients and 7 outpatients with guidance from PHE.
- **MRSA bacteraemia** – there was one post 48 hour case that has been investigated by the PIR investigation. This case was re-assigned to the CCG. The summary of the case is in table 1 below.
- **C.difficile** – there were three cases in August and are summarised in the table 2 below

Table 1

Case details	Summary of C.difficile case	Key issues identified from RCA
07.08.15 H22 MESS Datix	Admitted to ED on 7 th August with haematuria and UTI. Transferred to ward 22 and commenced Tazocin. Patient has prostate cancer and has a long-term catheter. He pulled out his catheter on two occasions but was assessed by bladder scan to require the catheter. MRSA screening swabs and CSU positive on admission. MRSA was not identified on his previous admission screening swabs and it was unclear whether the carers had been trained on ANTT. Blood cultures taken on 9 th August.	<ul style="list-style-type: none"> • No causative factors were attributed to CHFT • Following a meeting with Locala and Huddersfield CCG representative this case has been re-assigned to the CCG • Review of sepsis triggers for frail patients (blood cultures were not taken on admission as did not fit the criteria)

Table 2

Case details	Summary of C.difficile case	Key issues identified from RCA
10.08.15 H6 MESS 429063	Admitted to ED after a fall, mild head injury sustained. Moved to MAU and then ward 6 on the 5 th August. One	<ul style="list-style-type: none"> • Agreed as an unavoidable case • Improved education to staff regarding

Datix 19148	episode of loose stools and two small vomits on the 4 th August prior to admission. Patient treated for a urine infection in July 2015 with Trimethoprim. No reference to loose stools in the community.	Duty of Candour. <ul style="list-style-type: none"> • Gaps in nutritional recording. • Normal stool type and frequency not recorded on admission.
20.08.15 H4 MESS 432659 Datix 19573	Patient admitted on the 27 July with reduced mobility and new incontinence for urine and faeces (these improved on reduction of her antipsychotic treatment). Developed sepsis on 30 July and commenced on IV antibiotics, diagnosed with E.coli bacteraemia and changed to Ertapenem following discussion with microbiologist	<ul style="list-style-type: none"> • Agreed as an unavoidable case • Ensure cleaning of nerve centre equipment • Discuss RCA at team meetings
21.08.15 MESS 432661 Datix 19641	Patient admitted on 28 th July with reduced mobility ?sepsis, known diagnosis of MS and epilepsy and previous stroke, patient commenced on IV antibiotics. Had a history of diarrhoea for 2 days prior to admission.	<ul style="list-style-type: none"> • Agreed as an unavoidable case • Record on Bristol stool chart inconsistent • delay in obtaining stool sample • patients bowel pattern to be recorded on admission

Quality Improvement Audits

Four Quality Improvement Audits were performed in August

- Pain Clinic CRH – 93% green
 - some out of date stock – needles and blood bottles and the storage area was dusty
 - The fridge seal was dirty, bin feet were dusty, edges of the floor were gritty
- GAU CRH – 91% green
 - The storage area was dusty, lots of overstock items
 - The toilet floor was gritty in the edges
 - Storeroom floor dusty under the shelf
- Ward 7AD CRH – 90% amber
 - 7A – dust behind the beds and also under the beds, high and low dust
 - 7D – The day room was dusty
 - The ledges in the domestic room were dusty and the machinery needed wiping.

This page has been left blank