

Infection Prevention & Control Report to Trust Board

Meeting Date – 13th June 2019

1. Executive Summary

Reduction Targets

The Department of Health for Northern Ireland (NI) has not yet issued new healthcare-associated infection (HCAI) reduction targets for 2019/20. These targets relate to *Clostridium difficile* (*C. difficile*) associated disease, Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia and gram-negative bacteraemia (GNB), specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*.

Current *C. difficile* Performance

So far this year 13 cases of *C. difficile* have been reported. Six of the cases are classified as healthcare-acquired or associated as they occurred more than 72 hours after admission to hospital (definition used by the Public Health Agency [PHA]). However, this is not always an accurate predictor of being healthcare-associated. The remainder (seven) are classified as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

Current MRSA Bacteraemia Performance

Since the beginning of April 2019 no MRSA bacteraemia cases have been reported. As of 4th June 2019, the total number of days since the last Trust hospital-associated MRSA bacteraemia is:

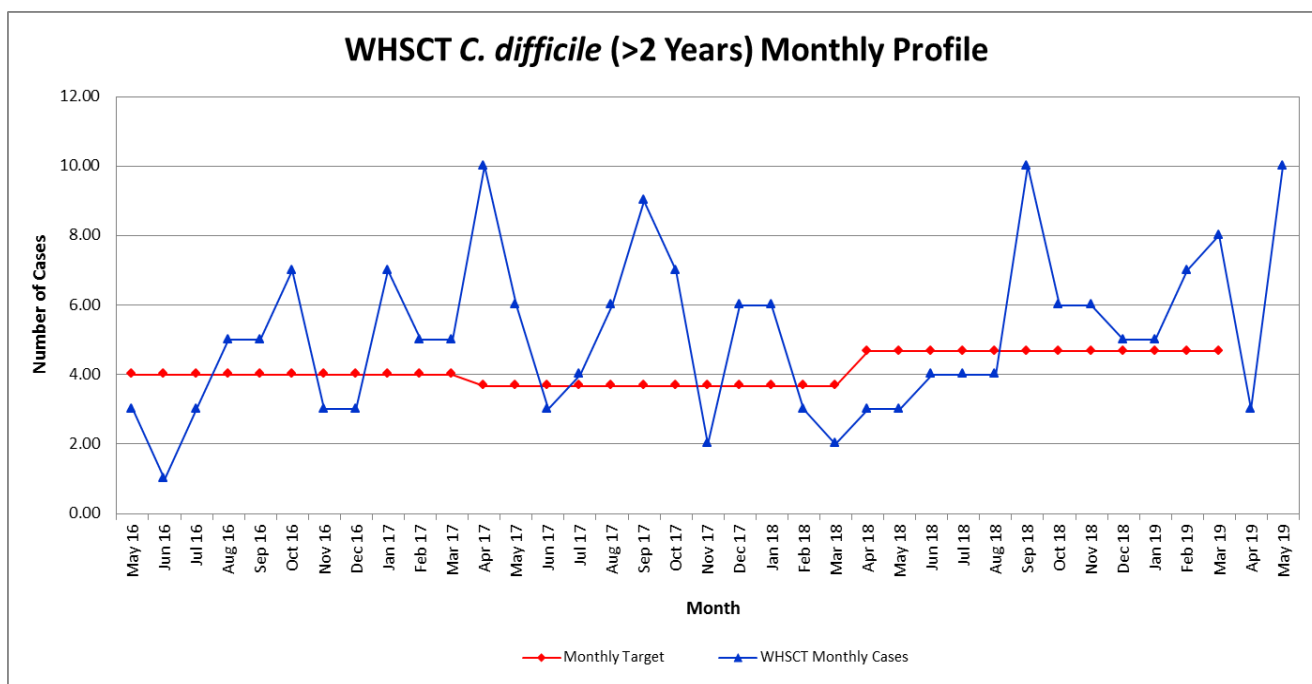
Altnagelvin – 211 days	(Last recorded case was in Ward 42)
South West Acute Hospital (SWAH) – 1207 days	(Last recorded case was in Ward 8)
Tyrone County Hospital/ Omagh Hospital & Primary Care Complex – 1596 days	(Last recorded case was in the Rehab Unit)

Current GNB Performance

As of 4th June 2019, four healthcare-associated GNB cases have been reported.

2. *C. difficile* Performance

The new 2019/20 reduction target for *C. difficile* (≥ 2 years) has not yet been issued. To date the Trust has reported 13 cases, with seven of those being categorised as community-associated.

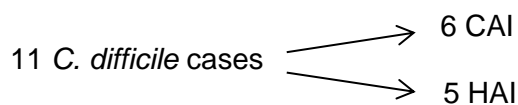


* The value for May 19 is subject to change as the report was compiled prior to the end of the month.

A breakdown of the healthcare-associated cases by ward is given in the table below.

Hospital	Ward/ Department	Number of Cases
Altnagelvin	Ward 8 AHAN	1
	Ward 50 Sperrin	1
	CCU	1
	ICU	1
SWAH	Ward 6	1
	CCU	1

Since the last Report to Trust Board, which contained figures as at 19th April 2019, there have been 11 new cases of *C. difficile* (breakdown below). Root cause analyses (RCAs) are required for six of these cases – two have been completed and four are pending.



Preventable/ Non-Preventable

In respect of *C. difficile* cases occurring during 2019/20 a total of three RCAs have been conducted. The RCAs found that one of the cases was preventable, one was non-preventable and one was difficult to determine.

3. Pseudomonas

Pseudomonas aeruginosa is an opportunistic pathogen or coloniser, well known in the hospital environment. *Pseudomonas* is predominantly an environmental organism and is highly attracted to water sources. *Pseudomonas* is ubiquitous in the alimentary tract of humans and, therefore, carriage is normal and its presence is not indicative of infection. The term 'colonisation' is used to describe the identification of any organism without signs of infection. Specific groups of patients who are immunocompromised are at a higher risk of

colonisation or infection than the normal population. The Trust has stringent measures in place regarding the surveillance and management of *Pseudomonas* in augmented care areas and participates in the PHA surveillance as detailed below.

Pseudomonas Surveillance (Augmented Care* Areas Only)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2016/17	0	0	0	0	0	0	0	1	1	1	0	0	3
2017/18	0	1	0	0	1	0	0	1	0	0	0	0	3
2018/19	0	0	1	1	0	0	0	0	1	0	0	0	3
2019/20	0	0	0 [†]										0 [†]

* The PHA defines augmented care as NNICU, Adult ICU/ HDU, Renal, Oncology/ Haematology.

† These values are subject to change as the report was compiled prior to the end of the month/ year.

Since the beginning of April 2019 no *Pseudomonas* cases have been reported. There have been no healthcare-associated positive blood cultures in augmented care areas since November 2017.

4. Antimicrobial Management Team

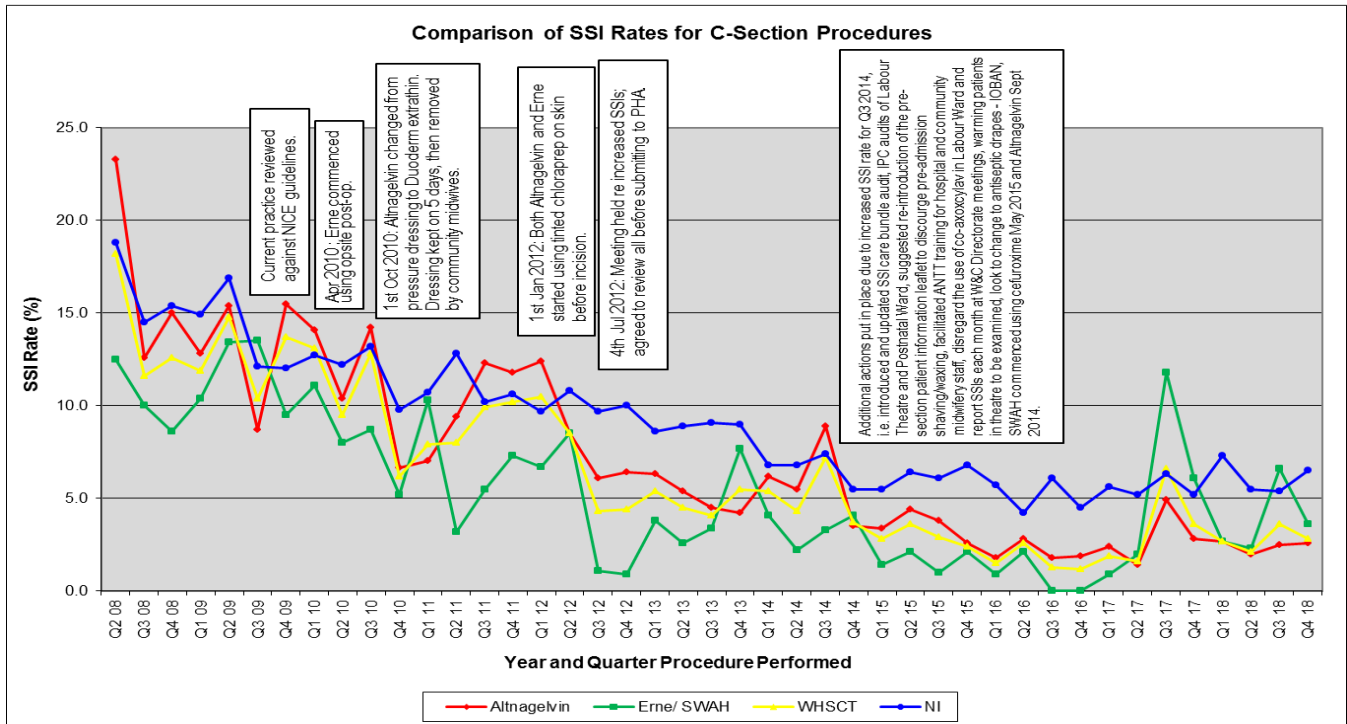
The Antimicrobial Management Team met on 15th May 2019. The following items were discussed:

- **Antibiotic Review Kit (ARK)** – Kardex in use. There will be further roll-out of audits in Surgery, Altnagelvin, and selected wards in the SWAH.
- **Target Monitoring Report** – The Western Trust met the piperacillin-tazobactam reduction target for 2018/19 and the carbapenem reduction target. However, total antimicrobial consumption increased so that target was not met.

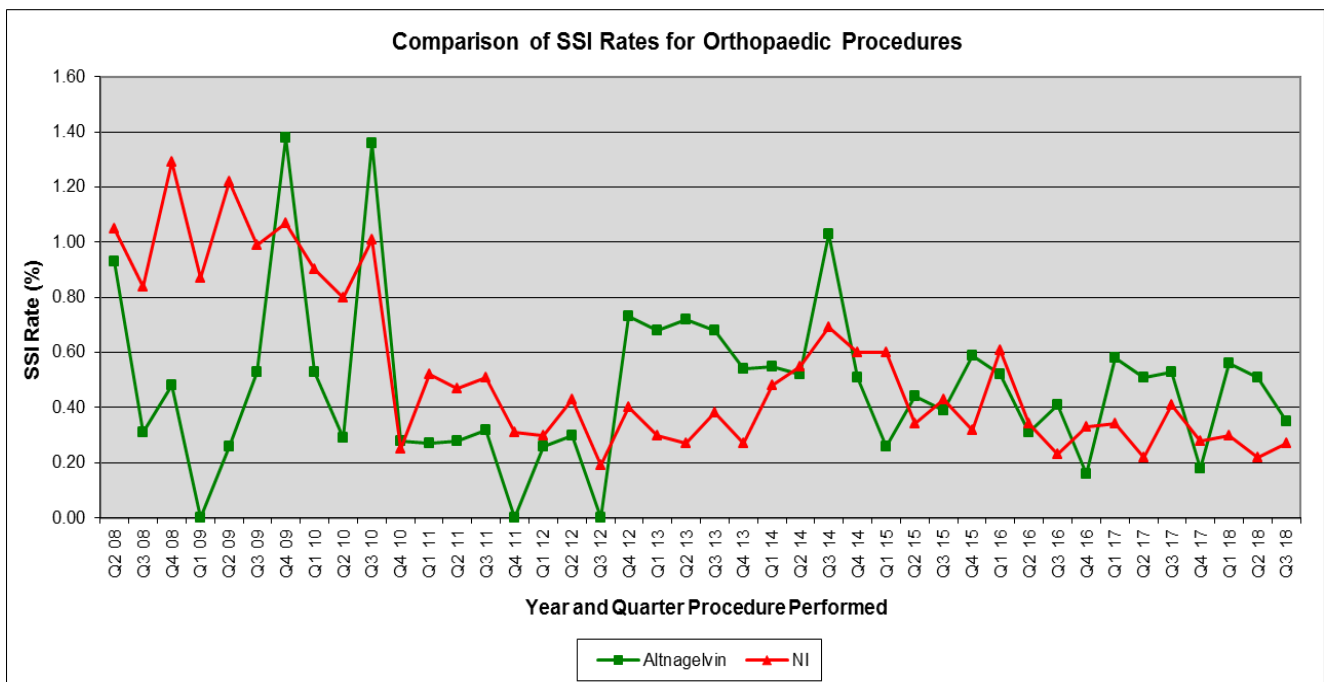
5. Caesarean Section Surgical Site Infection (SSI) Surveillance

During quarter 4 of 2018 the Trust’s compliance with surveillance related documentation was 77%. That is the same as the average compliance rate in NI as a whole.

The surveillance information below demonstrates an ongoing reduction in infection rates over time and a lower rate for the Trust than the rest of the region; 2.8% and 6.5% respectively.



6. Orthopaedic Surgical Site Infection Surveillance



The SSI rate remains less than 1% of all surgery. Evidence based care bundles are in place for orthopaedic surgery.

7. New and Updated Infection Prevention & Control Guidance

The following guidance was approved by the Chief Executive HCAI Accountability Forum in May 2019. One was a newly developed guideline for the Trust, while the other two were updates of existing documents.

New:

- Infection Prevention & Control Guidelines in Relation to Therapy Dogs and Pet Animals in Hospitals and Healthcare Premises

Updated:

- Hand Hygiene Improvement Protocol
- Policy on Exposure to Body Fluids and HIV Post Exposure Prophylaxis