

Infection Prevention & Control Report to Trust Board

Meeting Date – 3rd December 2020

1. Executive Summary

COVID-19

The Infection Prevention & Control (IP&C) Team continue to be significantly involved with the management of any suspected or confirmed cases of COVID-19, the continued development of COVID-19 pathways, contact tracing and processes and outbreak management. The IP&C Team are also required to continue to support Independent Sector care homes in the event of any declared outbreaks. As a result of the increased demands upon the Team and within the current IP&C resources, there are challenges in attending to other routine work.

Reduction Targets

The Department of Health for Northern Ireland (NI) has not yet issued new healthcare-associated infection reduction targets for 2020/21. 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 MRSA Bacteraemia Performance

Since the beginning of April 2020 four MRSA bacteraemia cases have been reported. Three are categorised as community-associated as they occurred less than 48 hours after admission to hospital and one is categorised as healthcare-associated as it occurred more than 48 hours after admission to hospital (definition used by the Public Health Agency [PHA]).

Current *C. difficile* Performance

So far this year 45 cases of *C. difficile* have been reported. 21 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 PHA). However, this is not always an accurate predictor of being healthcare-associated. The remainder (24) are classified as community-acquired as the patients presented with symptoms within a 72 hour period after admission.

Current GNB Performance

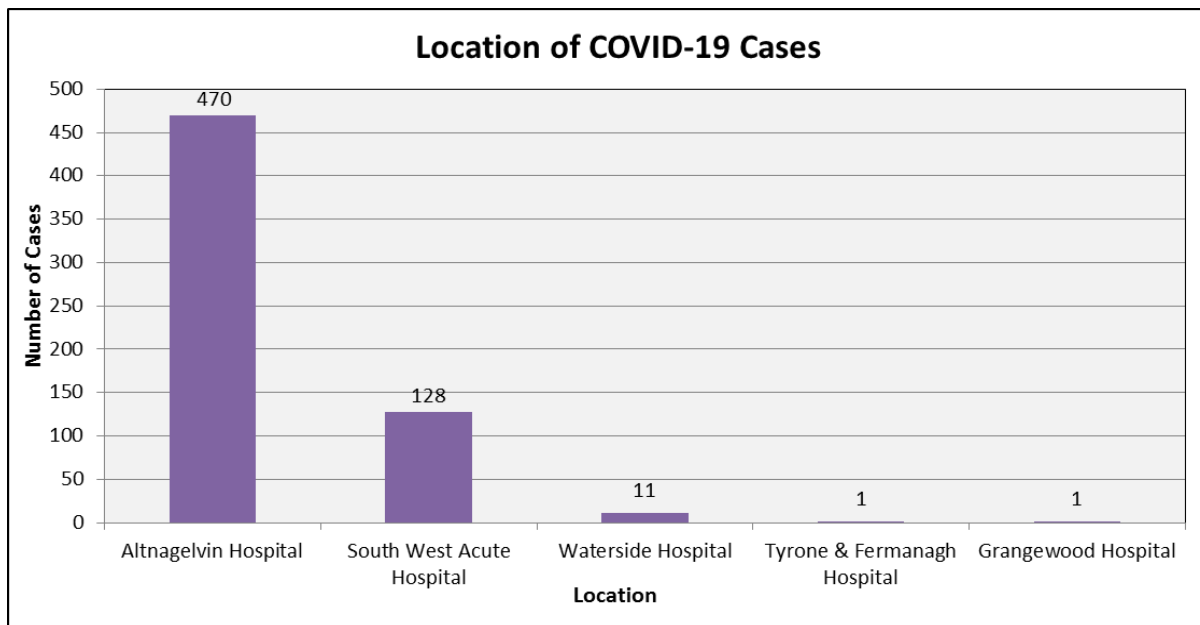
As of 25th November 2020, 19 healthcare-associated GNB cases have been reported.

2. Coronavirus (COVID-19)

COVID-19 Case Statistics

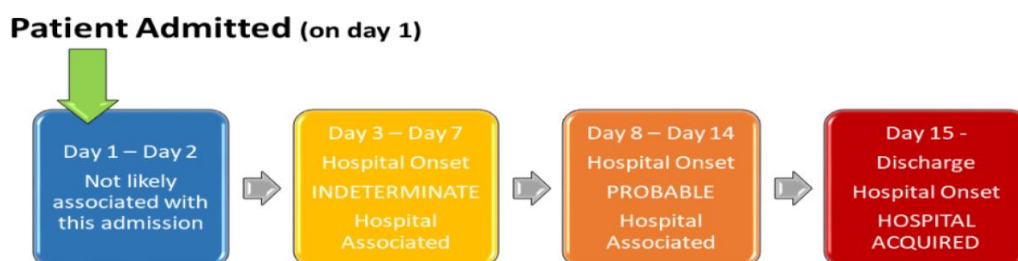
Data on the number of COVID-19 cases was initially collated from the Western Trust Tracker System, which started in March 2020. However, this system was later stopped. Thereafter the IP&C Team obtained this information by telephoning individual wards/ departments on a daily basis. Currently, the data is collected from daily lists of positive patients produced by the Altnagelvin Bronze Team and by interrogating various Trust systems, including Patient Centre, NI Electronic Care Record and Labs.

From March to 25th November 2020 there have been a total of 611 COVID-19 cases within the Western Trust (*number is only those cases which the IP&C Team have been informed about*). The cases were located at five hospital sites as shown in the chart below.

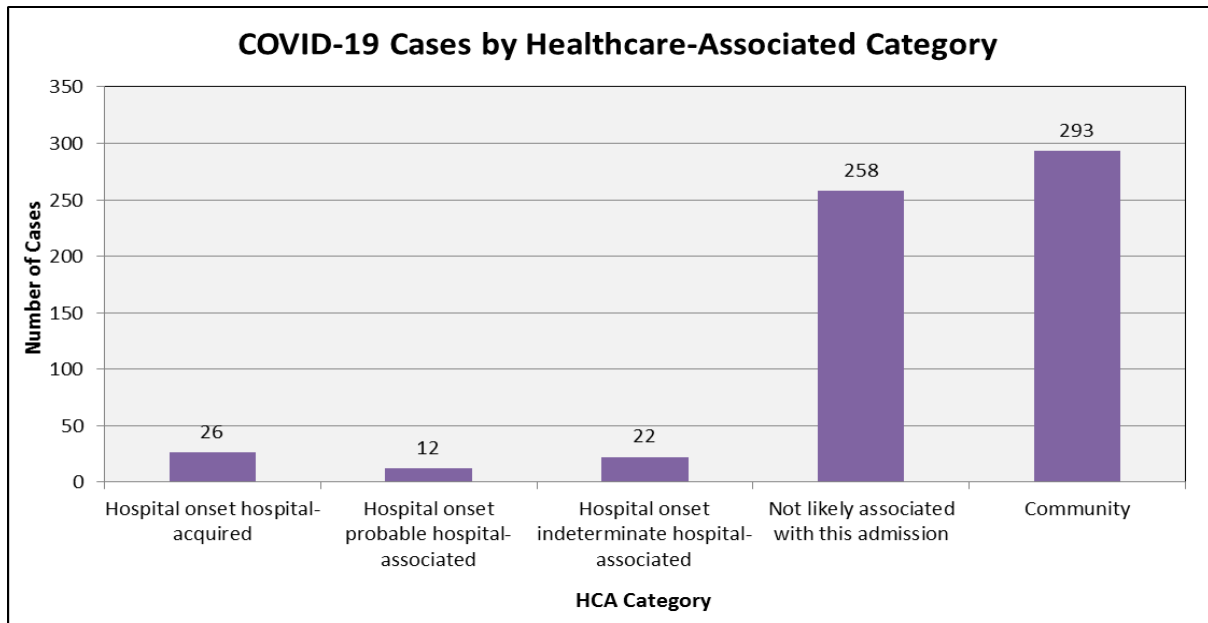


The PHA have introduced a new surveillance programme for healthcare-associated COVID-19 cases in NI. All laboratory-confirmed cases reported to the NI regional data warehouse (via local Health Protection Teams) from 26th February 2020 onwards are included. Duplicates (second positive \leq 42 days after first positive) and second episodes (positive $>$ 42 days after first positive) are removed. Each positive case is then linked by health and care number to a hospital admission, extracted from the Patient Administration System (PAS).

Cases are assigned to one of three healthcare-associated categories according to the number of days between the patient's test date and admission date, where the date of admission is defined as Day 1.

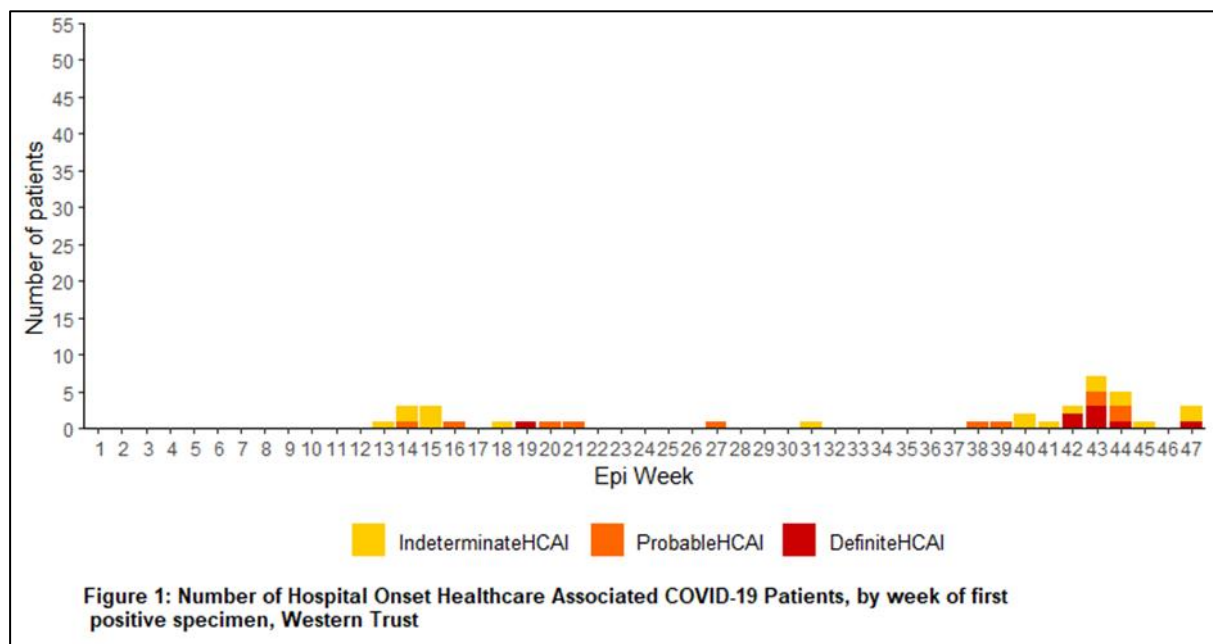


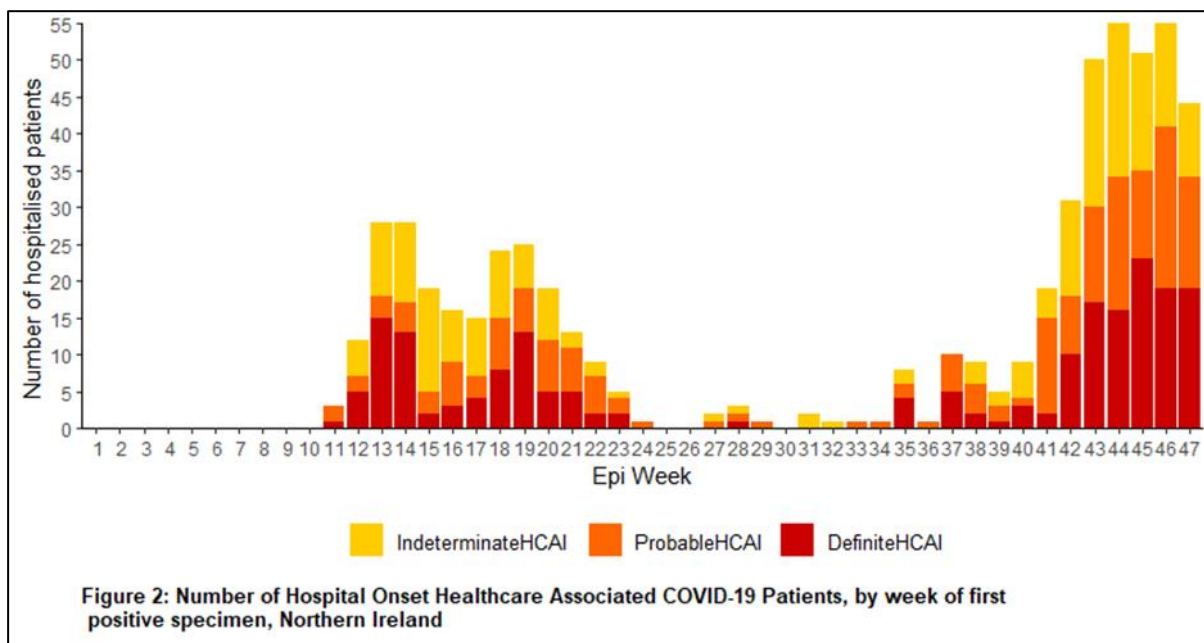
The IP&C Team have coded the 611 COVID-19 cases reported in the Western Trust according to the PHA healthcare-associated categorisation. The breakdown is shown in the chart below. In this instance the Community category refers to cases where the test date occurred prior to the patient's admission to hospital.



In mid-August the PHA began issuing a weekly surveillance bulletin to each Trust reporting the number of healthcare-associated COVID-19 cases. The most recent report covered the period up to 22nd November 2020. Below are two graphs, taken from this report, which show data at the Trust and NI level.

NB: The bulletin is based on data routinely collected by the PHA, caveats and definitions, which may change as familiarity with the data improves. Because of this, and also issues related to the recording of admissions for some hospitals on the PARIS system rather than PAS, the PHA data does not currently tally with the Trust's internal data. The IP&C Team have provided feedback to the PHA about the discrepancies and are still awaiting clarification on how this might be rectified.





Outbreak Management

COVID-19 outbreaks have recently been declared in a number of Trust wards, departments and facilities. The IP&C Team and/ or Occupational Health are supporting the management of these incidents as applicable. Incident meetings are taking place and all IP&C measures have been instigated. The areas concerned are as follows:

NB: Closure of an outbreak is deemed to be 28 days from the last positive case.

Ward/ Department/ Facility	Month	Current Status of Outbreak
Ward 31, Altnagelvin	October 2020	Closed
Ward 22 ASM & Ward 4 AURO, Altnagelvin	October 2020	Closed
Angel Watch Homecare Service, Omagh	October 2020	Closed
Thackeray Place Residential Home, Limavady	November 2020	Ongoing
Holly Lane Supported Living, Gransha	November 2020	Ongoing
Ward 50 Sperrin, Altnagelvin	November 2020	Closed
Ward 5, Waterside Hospital (Greenhaw Lodge residents)	November 2020	Ongoing
Cytology Laboratory, Altnagelvin	November 2020	Ongoing
Gynaecology Secretaries, Altnagelvin	November 2020	Ongoing
Discharge/ Social Work Team, Altnagelvin	November 2020	Ongoing
Ward 3, Waterside Hospital	November 2020	Ongoing
Acute Care at Home Service	November 2020	Ongoing

The main learning themes arising from the Trust facility COVID-19 outbreaks include:

- Non-COVID secure environments
- Lack of risk assessment regarding patient symptomology
- Non-compliance with appropriate and effective personal protective equipment (PPE)
- Breaches in wearing of PPE and hand hygiene
- Additional risks posed by particular patient/ client groups
- Poor environmental infrastructures
- Lack of communication

The IP&C Team are also required to continue to support Independent Sector care homes in the event of any declared outbreaks. There are a significant number of affected homes at present, including:

Care Home	Date PHA Notified	Current Status of Outbreak
Meadowbank Care Home, Derry	13/10/2020	Ongoing: Awaiting terminal clean
Railway Court, Omagh	14/10/2020	Ongoing: Awaiting terminal clean
Millcroft, Enniskillen	17/10/2020	Ongoing: Active
Longfield Care Home, Eglinton	19/10/2020	Ongoing: Active
Daleview House, Derry	23/10/2020	Ongoing: Active
Woodmount, Strabane	25/10/2020	Ongoing: Active
Alexander House, Derry	28/10/2020	Ongoing: Active
Mulhern Close Residential Home, Omagh	29/10/2020	Over
Barnlee, Lisnaskea	29/10/2020	Ongoing: Active
Owen Mor Care Centre, Derry	31/10/2020	Ongoing: Terminal cleaning now
Action for Hearing Loss, Derry	02/11/2020	Over
Woodbank House, Omagh	03/11/2020	Ongoing: Awaiting terminal clean
The Tilery, Enniskillen	03/11/2020	Over
Graan Abbey, Enniskillen	04/11/2020	Ongoing: Terminal cleaning now
Three Rivers Care Home, Omagh	06/11/2020	Ongoing: Terminal cleaning now
Edgewater Nursing Home, Derry	06/11/2020	Ongoing: Active
Meadow View, Enniskillen	07/11/2020	Ongoing: Active
Hillcrest, Omagh	12/11/2020	Ongoing: Active
Cornfield Care Centre, Limavady	18/11/2020	Ongoing: Active
Slieve Na Mon, Omagh	19/11/2020	Ongoing: Active
Parkview House, Castlederg	21/11/2020	New

Support to these homes requires an on-site visit by a Senior IP&C Nurse. The IP&C Team are challenged to provide this due to the current COVID-19 surge within both acute and community settings, as well as the limited availability of Senior IP&C Nurses. Independent Sector visits are, therefore, being risk assessed and organised as capacity allows.

Common themes arising from the IP&C Team's visits to Independent Sector care homes include:

- PPE availability, access and safe disposal
- Compliance with PPE guidance
- Hand hygiene
- Decontamination of patient equipment
- Environmental cleanliness
- COVID-secure environment

COVID-19 Training

The IP&C Team launched a programme of COVID-19 Training sessions commencing in mid-September 2020. The training is being delivered through a combination of face-to-face and virtual sessions. The face-to-face sessions are restricted to small groups in order to comply with social distancing requirements.

As of 16th November 2020, 27 sessions have taken place and a total of 438 staff have attended.

A further 13 sessions are planned up until the end of December 2020. There has been very high demand for this training and most of the forthcoming sessions are fully booked.

Auditing of PPE Practice

The IP&C Team have developed a new audit tool to monitor staff compliance with the use of PPE. The PPE audits commenced in September 2020 and are performed in conjunction with hand hygiene audits. Support and education is provided to staff at the time of auditing and results are communicated to the Ward/ Department Managers and senior managers for action.

Wards and departments are required to have assurance processes in place regarding staff compliance with the necessary IP&C standards of practice.

The table below outlines the performance observed during September and October.

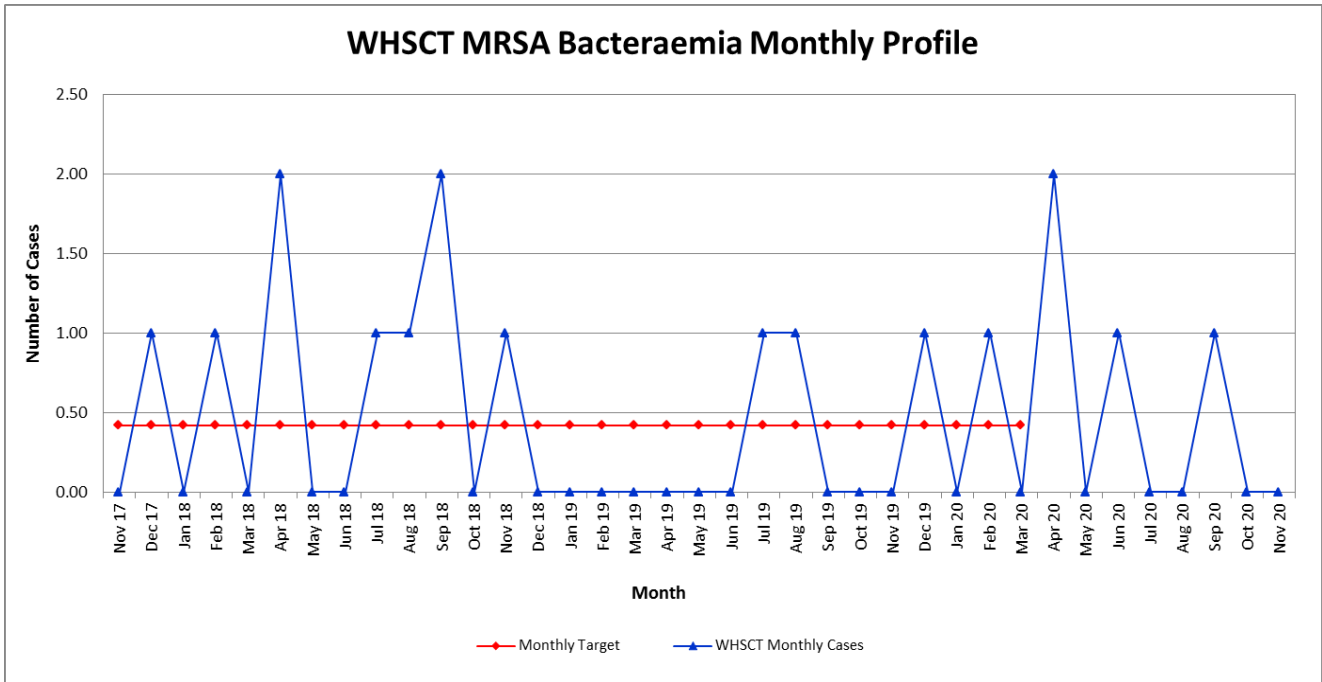
	Audit 1	Audit 2	Audit 3	Audit 4	Audit 5	Audit 6
Ward 4 AURO, Altnagelvin	86%	100%				
Ward 6 CHW, Altnagelvin	100%					
Ward 21 EOU, Altnagelvin	100%	100%				
Ward 22 ASM, Altnagelvin	89%	57%	100%	100%		
Ward 23 TOU, Altnagelvin	40%	100%				
Ward 24 AMU, Altnagelvin	93%	81%	100%			
Ward 25 FOU, Altnagelvin	40%	83%	67%	63%	80%	100%
Ward 26 ARM, Altnagelvin	63%	86%	100%	71%	100%	
Ward 31, Altnagelvin	67%	25%	80%	82%	100%	80%
Ward 40, Altnagelvin	54%	82%	78%	75%	100%	
Ward 42, Altnagelvin	100%					
Ward 43, Altnagelvin	86%					
Ward 44, Altnagelvin	80%	86%				
Ward 49 NNICU, Altnagelvin	100%					
Ward 50 Sperrin, Altnagelvin	88%					
Children's COVID (C-19), Altnagelvin	80%					
Emergency Department, Altnagelvin	78%	100%	100%			
Renal Unit, Altnagelvin	63%	75%				

3. S. aureus Bacteraemia Performance

MRSA Bacteraemia

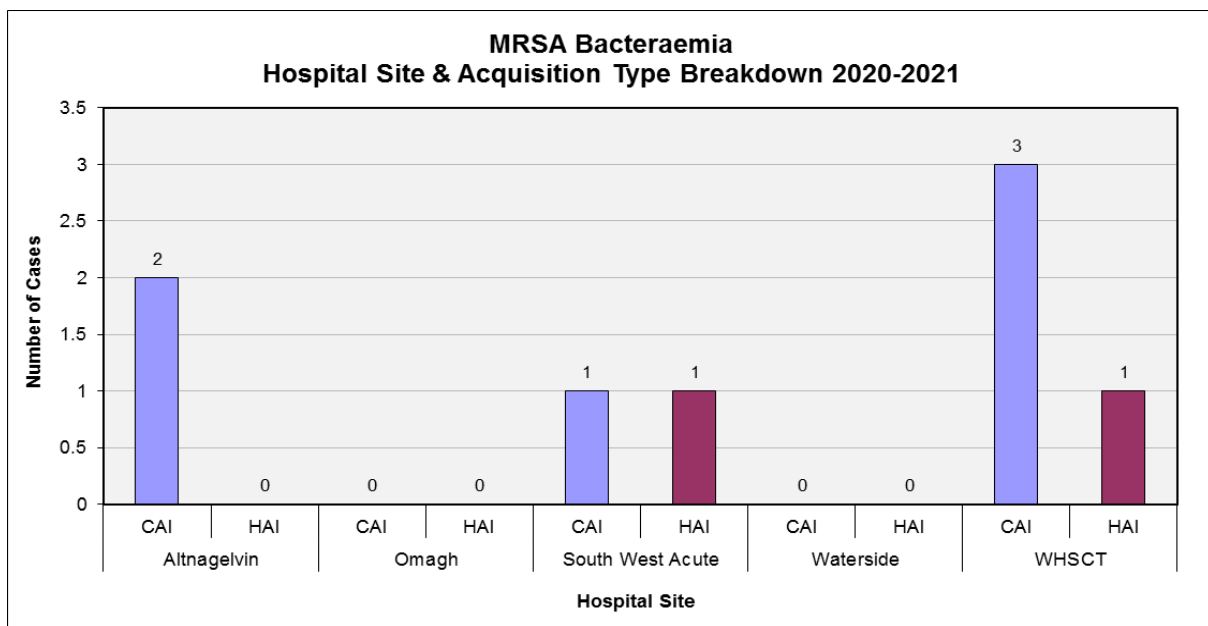
The new MRSA bacteraemia reduction target for 2020/21 has not yet been issued.

Since the beginning of April 2020 four cases have been reported, with one of those being categorised as healthcare-associated.



A breakdown of the cases by hospital site and acquisition type is given in the chart below.

Key:
CAI Community-associated infection
HAI Hospital-associated infection



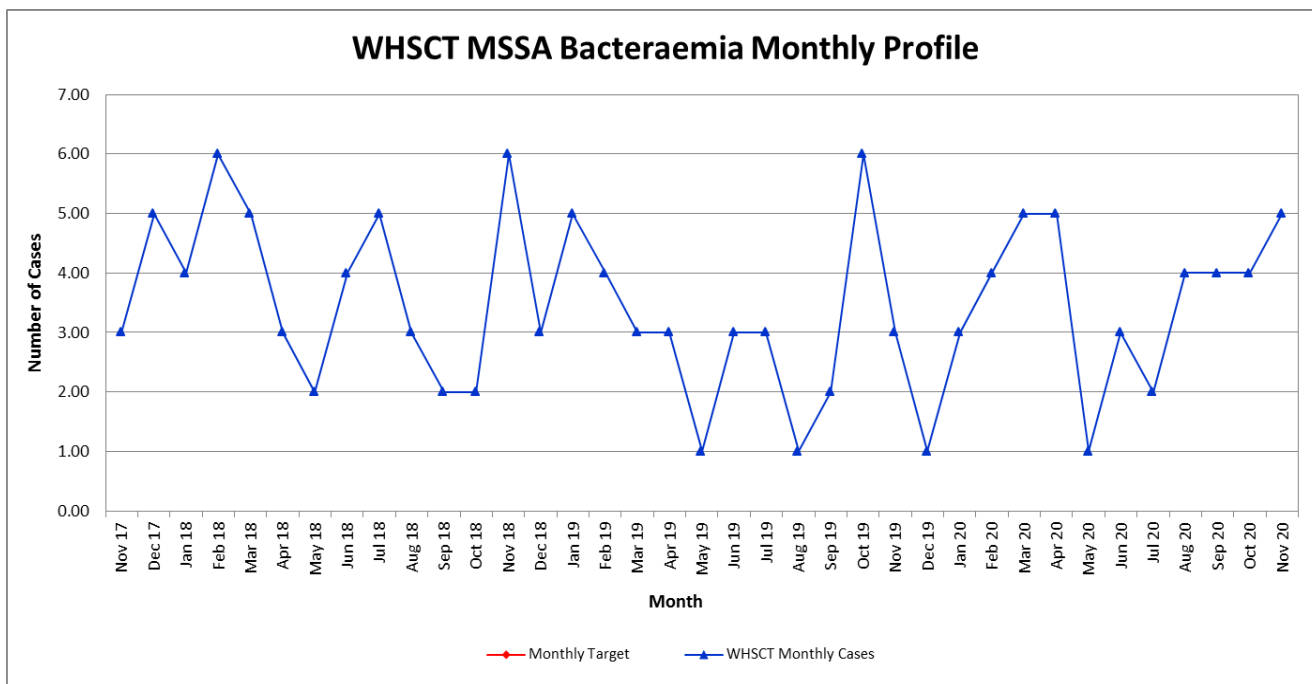
As of 25th November 2020, the total number of days since the last Trust hospital-associated MRSA bacteraemia is:

Altnagelvin Hospital – 751 days	(Last recorded case was in Ward 42)
South West Acute Hospital (SWAH) – 164 days	(Last recorded case was in Ward 8)
Tyrone County Hospital/ Omagh Hospital & Primary Care Complex (OHPCC) – 2136 days	(Last recorded case was in the Rehab Unit)

Meticillin-Sensitive Staphylococcus aureus (MSSA) Bacteraemia

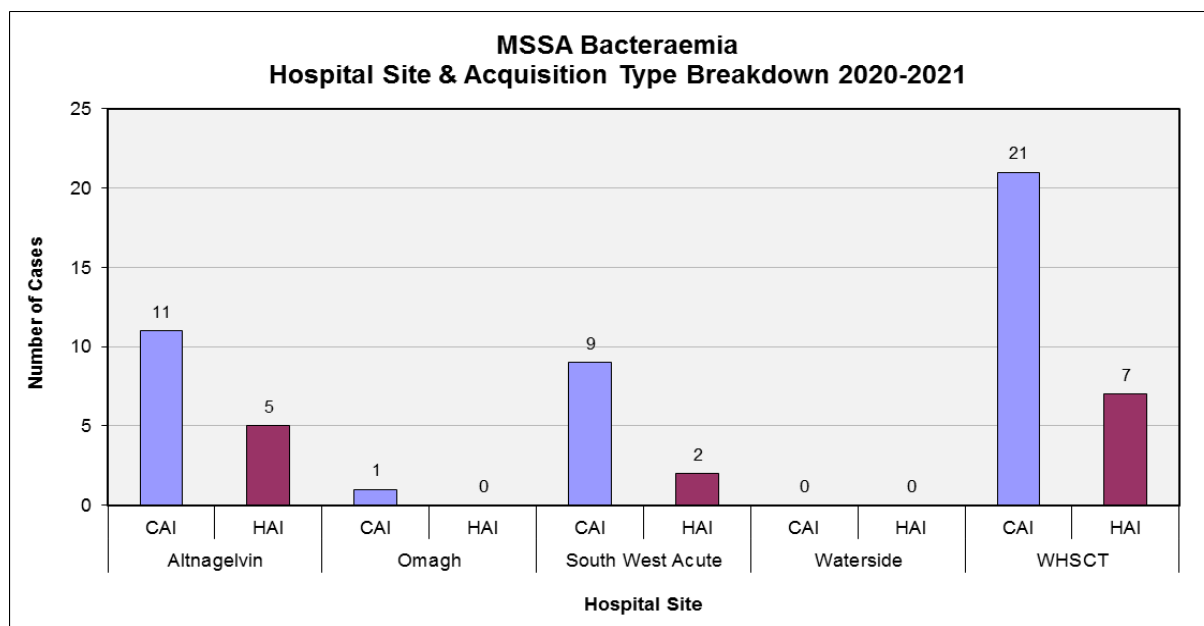
There is no reduction target associated with MSSA bacteraemia for 2020/21, however surveillance remains mandatory. MSSA is part of the skin normal flora of approximately 25-30% of the well population. It is, therefore, more difficult to control endogenous (self) exposure, which is the reason for removing the target associated with this organism. The controls in place for MRSA will go some way to protect patients, but do not provide the same level of safeguard because of the ubiquitous nature of the organism.

So far this year the Trust has reported 28 cases.



A breakdown of the cases by hospital site and acquisition type is given in the chart below.

Key:
CAI Community-associated infection
HAI Hospital-associated infection



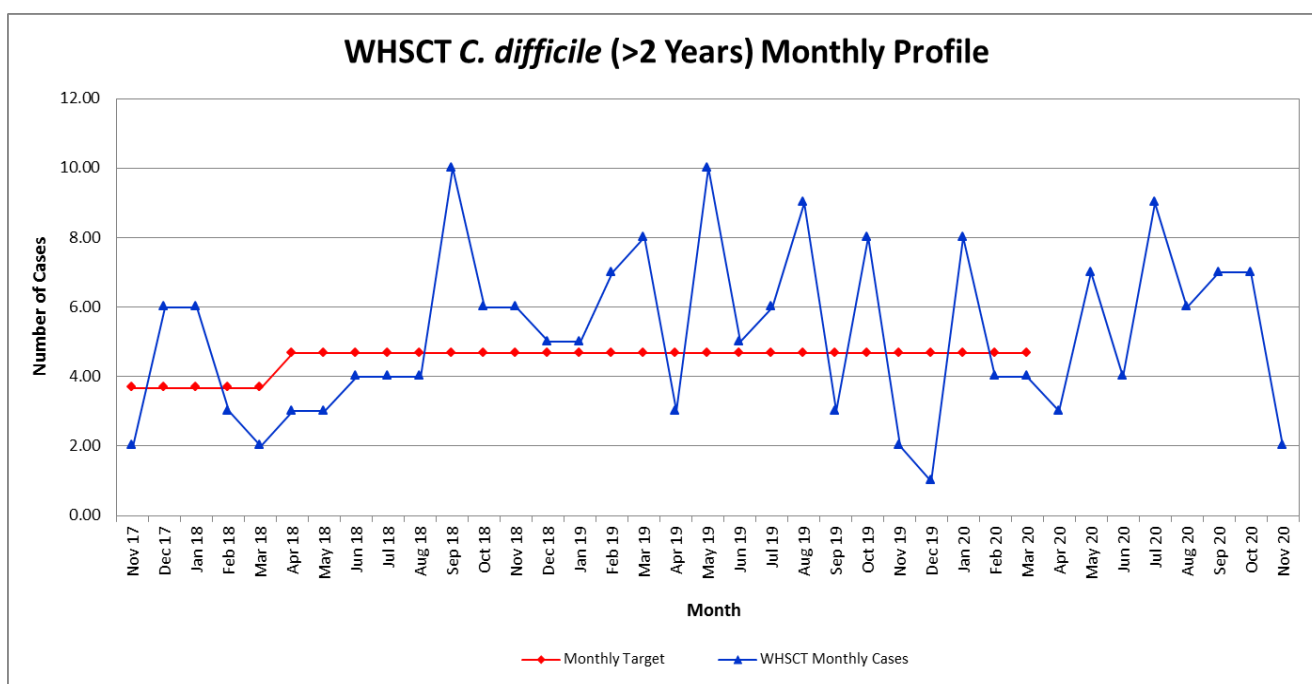
As of 25th November 2020, the total number of days since the last Trust hospital-associated MSSA bacteraemia is as follows:

Altnagelvin – 50 days	(Last recorded case was in Ward 41 AGM)
SWAH – 21 days	(Last recorded case was in Ward 2)
OHPCC – 1136 days	(Last recorded case was in the Rehab Unit)

4. C. difficile Performance

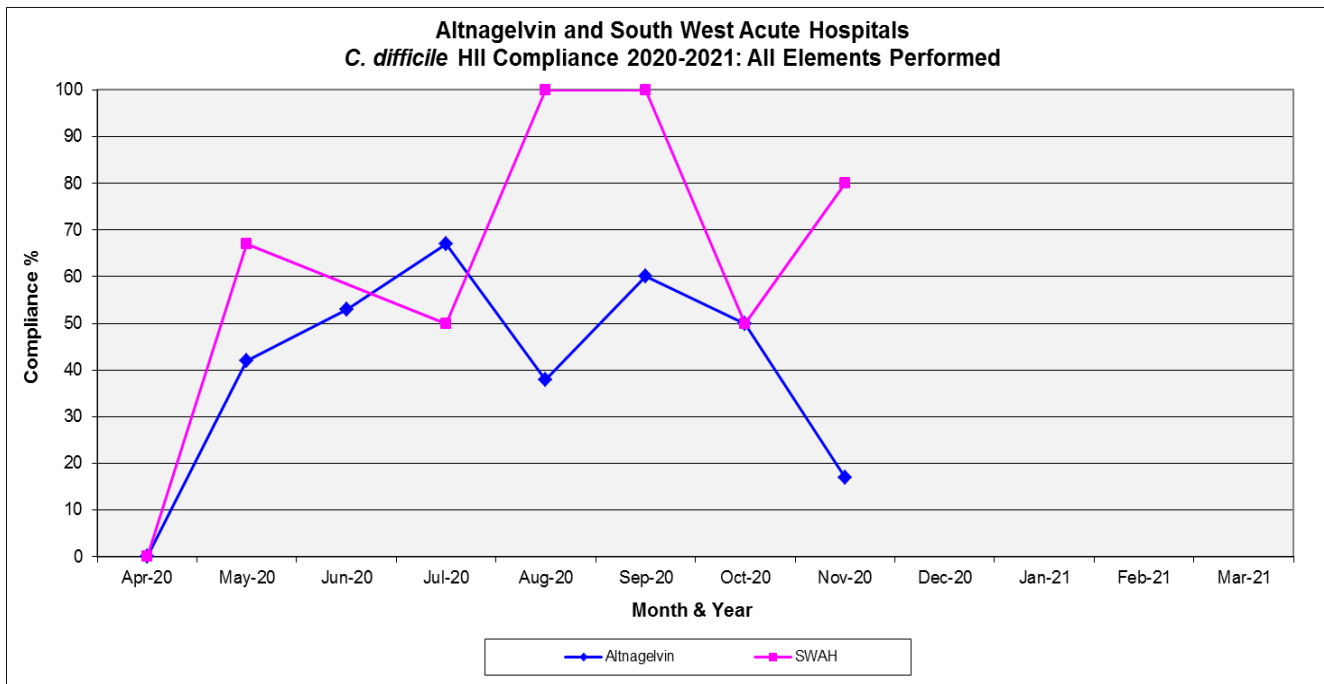
The new 2020/21 reduction target for *C. difficile* (≥ 2 years) has not yet been issued.

Since the beginning of April 2020 45 cases have been reported, with 24 of those being categorised as community-associated.



A breakdown of the cases by hospital site and acquisition type is given in the chart below.

Key:
CAI Community-associated infection
HAI Hospital-associated infection



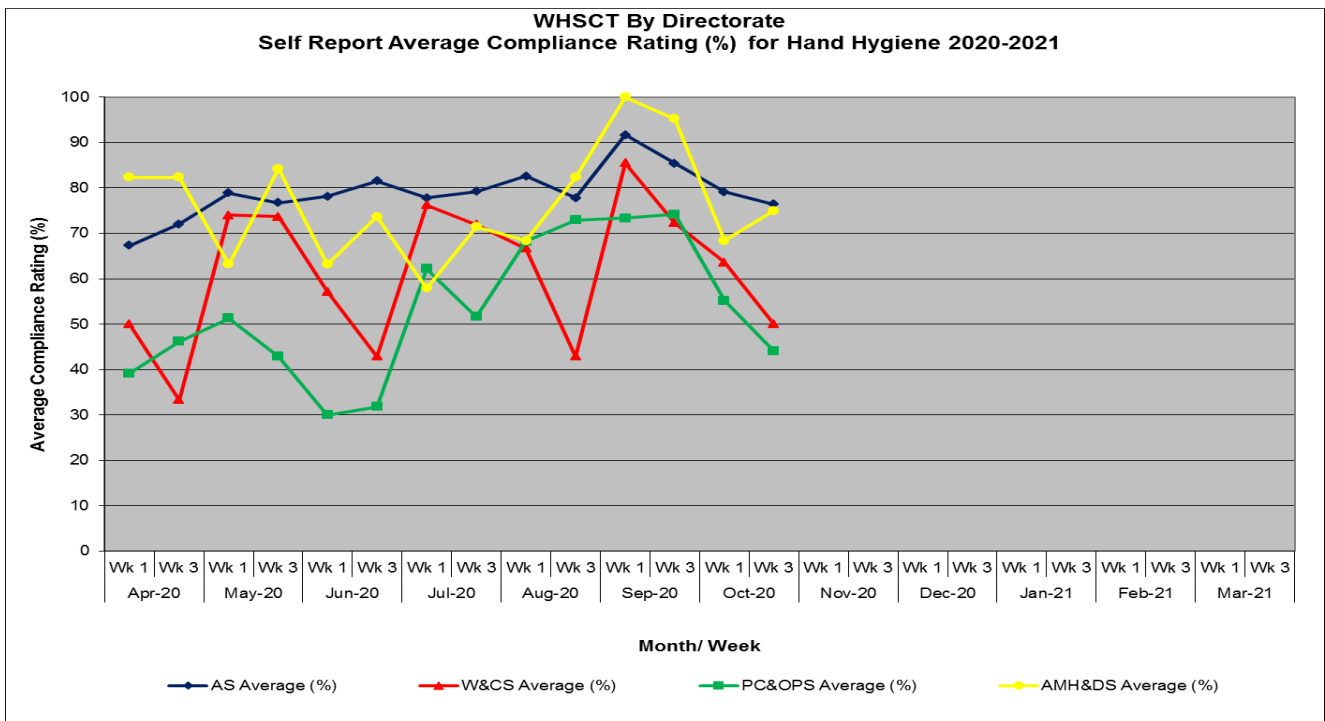
5. Hand Hygiene Compliance

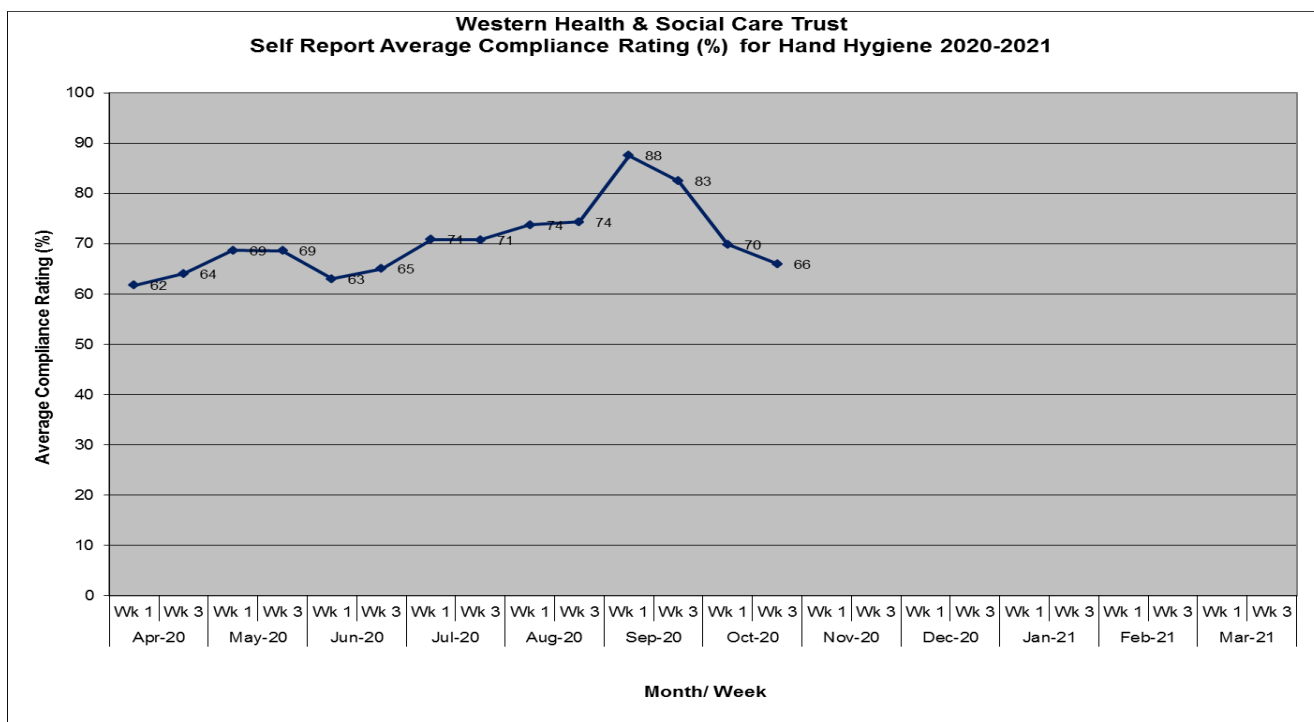
The Trust's overall self-reported hand hygiene scores are 68% when non-submission areas are included. These areas score an automatic 0%. 39 areas out of 194 applicable areas failed to submit scores for October 2020. They are as follows:

Site	Ward/ Department/ Facility
Altnagelvin	Ward 21 EOU Ward 24 AMU Ward 42 ACU Antenatal Clinic Cardiac Investigations CCU Emergency Department Fracture Clinic GUM Clinic Main Theatre 1 Main Theatre 2 Main Theatre 3 Main Theatre 4 Main Theatres Recovery OPALS South Wing Clinics
OHPCC	Cardiac Investigations Outpatients Department
Tyrone & Fermanagh Hospital	Asha Centre Elm Villa
Lakeview Hospital	Berryburn Centre
Residential Homes	Thackeray Place Residential Home
Day Care	Benbradagh Adult Training Centre Beragh Day Centre Creggan Day Centre Dromore Day Centre

	Drumhew Day Centre Foyleville Day Centre Gortin Day Centre Gortmore Day Centre Omagh Centre Strabane Day Centre Tempo Road Day Centre Thackeray Place Day Centre
Other Community	Avalon House The Cottages Adult's Respite The Cottages Children's Respite Crannog Intensive Treatment Team Donemana District Nursing

A number of areas also did not submit scores for the previous month. These are highlighted in yellow on the above table.





However, when adjusted for non-submission areas, the Trust’s overall self-reported hand hygiene scores improve to 100%.

The hand hygiene dashboard has been circulated to Directors for action through their governance arrangements.

It is important to note that scores from independent audits conducted by the IP&C Team and Lead Nurses tend to be lower than self-reported scores.