

Infection Prevention and Control Annual report (year to date 2011/12)

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This report covers data from the start of the financial year 1st April 2011 to the current date.

1. MRSA bacteraemia

There has been 1 Trust attributable (post 48-hour) MRSA bacteraemia episode identified on 29th July 2011 against an objective of 2.

The patient was an orthopaedic inpatient on Coyle ward for 21 days prior to MRSA bacteraemia diagnosis. Maggie Pratt, Matron for Surgery, undertook a full RCA. Learning was widely shared and outstanding actions completed. The source of the bacteraemia was not determined but the main critical issue was reduced hand hygiene compliance on the ward. This patient was part of a wider MRSA acquisition outbreak on Coyle ward during July 2011.

There have been 2 pre 48-hour MRSA bacteraemia episodes identified on 05/05/11 and 07/10/11 respectively. A RCA has been completed on the episode in May and initiated for the episode in October.

All outstanding actions are held on a RCA plan held by Jennie Williams, Assistant Director of Nursing.

2. C. difficile diarrhoea

There have been ten Trust attributable (post 48-hour) *C. difficile* associated diarrhoea (CDAD) cases to date in 2011/12 against an objective for year overall of 34. The cases have been on a mixture of both surgical and medical wards and none of the cases are connected in time or place. Each case is audited and the latest results of the last 6 months data will be presented to the ICC in October. 3 out of 10 cases were isolated only when *C. difficile* diarrhoea was confirmed. All antimicrobial prescribing was deemed appropriate.

There have been 15 cases of pre 48 hour /CDAD cases in this period.

3. Surgical site infection surveillance

The Whittington data is compared to national infection rates in the table below.

Category	Whittington rate Q4 2010/11	Whittington rate Q1 2011/12	National rate
Repair of fractured neck of femur surgery	2.9% (1 deep infection out of 35 procedures)	0%	2%
Hip implants	0%	0%	1.7%
Knee implants	0%	0%	2.7%

CQUIN surgical site infection surveillance rates were 0%, 0%, 0%, 11.1% and 0% for abdominal hysterectomy, gastric, spinal, small bowel and long bone respectively compared to the national benchmarks of 2.1%, 6.3%, 1.2%, 8.1% and 2.1%. There were 3 superficial and 1 organ space infections for the small bowel category in quarter 4, January-March 2011 (total number of operations 36).

Q2 data (July-September 2011) is currently being collected.

The Whittington is a national outlier for surgical site infection rates in patients undergoing repair of fractured neck of femur surgery. A bimonthly orthopaedic meeting has been set up to look at ways of reducing infection rates. MRSA screening, direct admission to Coyle and correct wound dressing management are issues that can be easily remedied. The orthopaedic department would like all implant surgery to take place in a laminar flow theatre system. This would require major capital investment.

4. Outbreaks

The IP&C team investigated a case of measles and chickenpox (VZV). Contact tracing has been performed. To date there has been no secondary cases.

Six patients acquired MRSA on Coyle ward in July 2011. This was discovered as part of routine MRSA screening of all fractured neck of femur patients. A number of outbreak meetings were organised with outbreak measures instituted immediately. HPU and our community colleagues were notified. This has been reported to DATIX and STEIS and the investigation has been completed. No further MRSA cases were identified. It is thought that reduced hand hygiene compliance contributed to this outbreak.

There have been no diarrhoea and vomiting outbreaks since 1st April 2011.

5. IPC dashboard

All IPC audits are presented as an IPC dashboard that are sent out widely each month.

Full Compliance (green) has reduced from 92% in April 2011 to 80% in September 2011.

Key non-compliances include:

Hand hygiene – ED and Isis scored the lowest compliance in the Visible leadership audit performed in October. Doctors were the lowest scoring staff group. All areas that score below 95% compliance, have daily hand hygiene audits repeated until 3 consecutive days are achieved above this score. A program of hand hygiene updates for all staff is planned for October 2011.

MRSA protocol – Only 50% of patients commencing MRSA protocol finished the 5 day protocol.

6. Training

Mandatory clinical and non-clinical training continues each month. FY1 doctors received practical procedures training during induction.

Junior doctors have antimicrobial and Infection prevention training scheduled.

A trustwide hand hygiene refresher session is planned for November 2011. The roll out of this programme needs clarifying with senior nursing staff.

7. Staffing

There is a backlog in administration issues in the IPC department due to long term sick leave. This needs to be urgently addressed to ensure deadlines are not breached.

Tracey Quinn ICN is due back from maternity leave in November 2011.

Line management and roles and responsibilities of the wider Infection prevention and control team need to be clarified to ensure efficient use of time and personnel.

8. Antimicrobial prescribing

Weekly trustwide ward based antimicrobial prescribing audits will recommence in November 2011. Recent *C. difficile* audits have not shown prescribing non-compliances.