

**THE CONTROL AND PREVENTION OF HEALTHCARE ASSOCIATED INFECTION  
February 2012**

**1 Aim**

The following paper aims to update the Board on progress with the control and prevention of healthcare associated infection (HCAI).

**2 Healthcare Associated Infection Surveillance Report for January 2012**

**2.1 *Clostridium difficile***

2.1.1 The total number of episodes of *Clostridium difficile* infection (CDI) diagnosed in GHNHSFT inpatients in January will be confirmed after lockdown of the data on 14<sup>th</sup> February.

**2.1.2 *Clostridium difficile* Testing**

The Department of Health has issued draft guidance on which it is seeking approval from ministers. Effectively it proposes that EIA should be the basis of reporting which matches the recent decision of the Board. The date of implementation would be from April 2012 and no retrospective change of data for 2012/13 will be allowed.

**2.2 Meticillin resistant *Staphylococcus aureus* (MRSA) Bacteraemias**

The last post-48 hour bacteraemia was reported 8<sup>th</sup> February 2012. There has been a total of 2 post 48hour bacteraemias from April 2011 to February 2012. A root cause analysis will be undertaken.

**2.3 Meticillin sensitive *Staphylococcus aureus* (MSSA) Bacteraemias**

The total number of cases reported in January will be confirmed after lockdown of data on 14<sup>th</sup> February.

**2.4 *Escherichia coli* Bacteraemias**

The total number of cases reported in January will be confirmed after lockdown of data on 14<sup>th</sup> February.

**3 Hand Hygiene**

3.1 Trust-wide hand hygiene compliance for January was 98%. The return rate for the hand hygiene audits was 99%. This was an improvement compared to December.

3.2 In January the only area that failed to make two hand hygiene returns was Alstone ward however, due the cross auditing that takes place it was Dixton ward that failed to undertake the audit on Alstone ward. This has been followed up by the Surgical Division.

3.3 Hand hygiene awareness will continue in 2012 and an action plan to refresh the approach to awareness of hand hygiene has been developed (Annex A). Reliability auditing will also be undertaken to ensure the results being reported reflect what is happening in practice.

#### **4 Outbreaks**

There have been outbreaks in inpatient clinical areas (whole wards) closed in January across the Trust due to confirmed Norovirus. The details will be included in the January surveillance report.

#### **5 Training of Doctors New to the Trust**

New doctors who joined the Trust in February have been sent a letter by the Medical Director welcoming them to the Trust and informing them that as part of our infection control campaign they are expected to complete their mandatory infection control e-learning ; blood culture e-learning and blood culture practical within the first 4 weeks in post. The blood cultures e-learning is available in the learning tree of the new doctors and additional practical blood culture sessions will be made available.

#### **6 MRSA and *C difficile* Objectives for 2012/13**

- 6.1 The SHA have now released the objectives/ambitions for 2012/13 and have requested that completed trajectories were uploaded onto Unify2 by 20<sup>th</sup> January. The total numbers Countywide for *C difficile* is 182 with a target of 73 post 48 hour cases for GHNHSFT. The total number of MRSA bacteraemias countywide is 4 with a target of 1 post 48hour case for GHNHSFT.
- 6.2 The Department of Health (DH) has commissioned a study, to review the effectiveness of the available types of *C. difficile* testing kits, and to identify the combination of tests for the most accurate results. The results of this study have been considered by a subgroup of the Advisory Committee on Antimicrobial Resistance and Healthcare Associated infections (ARHAI). The findings from the study have been used to assist DH and ARHAI develop updated guidance to promote more effective and consistent testing, diagnosis and so management of *C. difficile* infection by healthcare providers.
- 6.3 The draft, updated guidance recommends a testing algorithm involving the use of a two test protocol comprising glutamate dehydrogenase (GDH) enzyme immunoassay (EIA), or toxin gene nucleic acid amplification test, followed by a sensitive toxin EIA. The Trust is currently using option 2 of the guidance Nucleic acid amplication test (ie PCR) followed by toxin testing by EIA (using a sensitive EIA method).
- 6.4 The DH is seeking ministerial clearance to publish the updated DH/ARHAI Guidance on the diagnosis and reporting of *C. difficile* in time for implementation in the NHS by April 2012.

#### **7 Water Sources and Potential for *Pseudomonas aeruginosa* Infection**

The DH has issued a letter regarding Water Sources and Potential for *Pseudomonas aeruginosa* Infection from taps and water systems – updated advice for augmented care units. All healthcare providers and their infection prevention and control teams, in cooperation with estates & facilities departments and the Responsible Person (Water), are reminded of the need to carry out regular and thorough risk assessments to establish if water that may have direct or indirect patient contact (e.g. is used for hand washing, patients' personal hygiene and cleaning or maintaining equipment that has patient contact) is contaminated with *Pseudomonas aeruginosa* and minimise any risks that are identified. Particular attention should be given to the water systems in augmented care units. Trust are required to follow best practice relating to the use of hand wash stations, assessing and managing the risks. Technical guidance will be available at end of March 2012 on:

- Sampling, testing and monitoring aspects;
- What action to take in event of a problem and
- Advice which can be drawn on to help inform local water safety action plans.

## 8 Countywide Healthcare Associated Infection

The countywide group met in January and the 2011/12 action plan was updated. A summary of the key points are listed below:

- A draft care pathway for the management of *C difficile* patients is now available for consultation following input from the gastroenterologist and dietitians.
- The root cause analysis tool for the investigation of *C difficile* cases has been reviewed and a countywide tool developed.
- Feedback on antibiotic compliance to medical staff will be given on the grand round in March which will include the use of a case study.
- A countywide review of routine urine dipstick testing will be undertaken to ensure diagnosis of urinary tract infection is based on clinical symptoms and not urine stick results.
- Guidance on the treatment of UTIs has been updated and will be included in the antibiotic guidelines based on European Urology Guidelines. A flowchart has been circulated to clinicians (Annex B).
- Reduce the number of missed MRSA screens and increase the number of previous MRSA positive patients commencing decolonisation therapy on admission to hospital.
- Improve communication to GPs and community nurses regarding infection and ongoing treatment needs of infection on discharge.

## 9 Key Actions for February

- Continue the implementation phase of the detailed capital programme for prioritised dead leg removal for Legionella control.
- Divisions to follow up areas that have not submitted two hand hygiene audits and provide information on the action taken.
- Divisions to assist in improving compliance with antibiotic prescribing to reduce risk of CDI.
- The amended testing and reporting algorithm for *Clostridium difficile* infection will be introduced.
- Guidance on the treatment of UTIs will be circulated to clinicians.  
To review the guidance from DH in relation to Water Sources and Potential for *Pseudomonas aeruginosa* Infection.

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**CLEAN YOUR HANDS AWARENESS WEEK 2012**

<p><i>Monday</i> 30<sup>th</sup> April</p>	<p>Screensaver Divisional ICNs visit wards with glow boxes for general hand hygiene update focusing on wards and departments in CGH</p>
<p><i>Tuesday</i> 1<sup>st</sup> May</p>	<p>Update CYH champions meeting for approx 2 hrs - agenda to be finalised- will include general update, reliable auditing and thanks for their hard work , discussion re yellow cards; discuss champions opportunity to shadow ICNs, quiz</p>
<p><i>Wednesday</i> 2<sup>nd</sup> May</p>	<p>Divisional ICNs visit wards and departments in GRH with glow boxes</p>
<p><i>Thursday</i> 3<sup>rd</sup> May</p>	<p>CGH – Stands with support of CYH champions , students</p>
<p><i>Friday</i> 4<sup>th</sup> May</p>	<p>GRH – stands with support of CYH champions , students AM OPD PM Lifts tower block</p>