SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

B

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS – 20 MARCH 2013

Subject	Infection Prevention and Control (IPC) Update
Supporting TEG Member	Professor Hilary Chapman, Chief Nurse / Chief Operating Officer
Author	Mr Chris Morley, Deputy Chief Nurse
Status[1]	N

PURPOSE OF THE REPORT

This paper provides the Board of Directors with:

1) The performance against the local Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia plan for 2012/2013 for February 2013.
2) The performance against the local Clostridium difficile (C.diff) plan for 2012/2013 for February 2013.
3) The performance on Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia.
4) The performance on E.Coli bacteraemia.
5) Strategic issues related to Infection Prevention and Control (IPC).

KEY POINTS

- The Trust has had 3 MRSA bacteraemia (year to date) which means it has breached the Department of Health threshold for 2012/2013.
- C.diff performance remains below threshold against the C.diff plan.
- Strategic IPC issues.

IMPLICATIONS[2]

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board of Directors is asked to note the contents of this report.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	20 March 2013	
Clinical Management Board	15 March 2013	
Healthcare Governance Committee	25 March 2013	

[1] Status: A = Approval
A* = Approval & Requiring Board Approval
N = Note

[2] Against the three pillars (aims) of the STH Corporate Strategy 2008-2012

1. INTRODUCTION

This report provides the Board of Directors with information on the current performance against the MRSA bacteraemia plan for 2012/2013 and also the C.diff plan for 2012/2013. Information is also included on the number of cases of MSSA and E.Coli bacteraemia. In addition, attention is drawn to a number of key IPC issues.

2. 2012/2013 MRSA PERFORMANCE

2.1 MRSA thresholds for 2012/2013

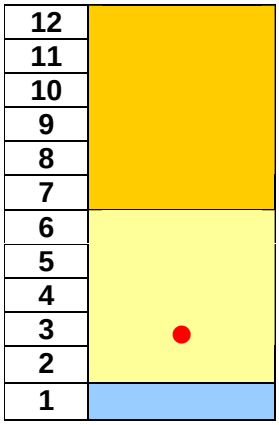
Bacteraemia are either classified as Trust attributable or community acquired. Community acquired cases are bacteraemia that are identified on either day 0 or day 1 of the patient's stay. Any bacteraemia identified after that are considered to be Trust attributable. The Trust has been set different thresholds for MRSA by different organisations as follows:

National (Department of Health): 1
Monitor (de-minimus): 6
Contract (penalties apply): 12

2.2 MRSA performance for February 2013

There has been 1 case of MRSA bacteraemia for the month of February however this was detected on admission to the Trust and so is classified as community acquired.

The year to date performance is 3 cases of MRSA.



2012/2013 Thresholds	
National (Department of Health): 1	
Monitor (de-minimus): 6	
Contract (penalties apply): 12	
Actual number of cases: 3	●
Days since the last Trust Atrributable MRSA Bacteraemia (up to 28th February 2013)	150

2.3 MRSA screening

January MRSA screening figures were 118%. Screening figures for February are not available at this time.

The MRSA screening figures are calculated using the number of screens processed by the laboratory for the month divided by the number of admissions for the month. This is used as a proxy measure as the Trust information systems are not able to reconcile individual screens with individual patients. A figure of over 100% will indicate that the volume of screens being undertaken is in line with all patients being screened for MRSA as per Trust policy.

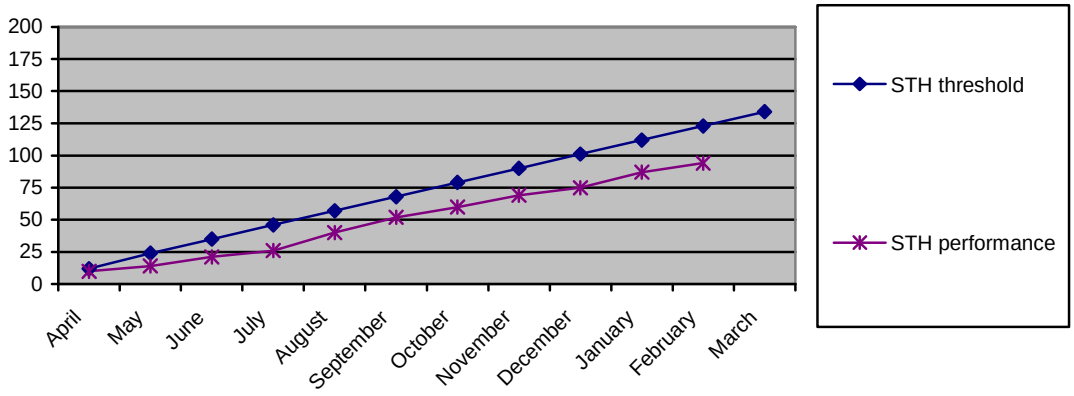
To ensure that MRSA screening protocols are being followed at ward and department level, the Infection Control Programme specifies that the IPC team will undertake MRSA screening compliance audits in each area each year.

3. 2012/2013 C.DIFF PERFORMANCE

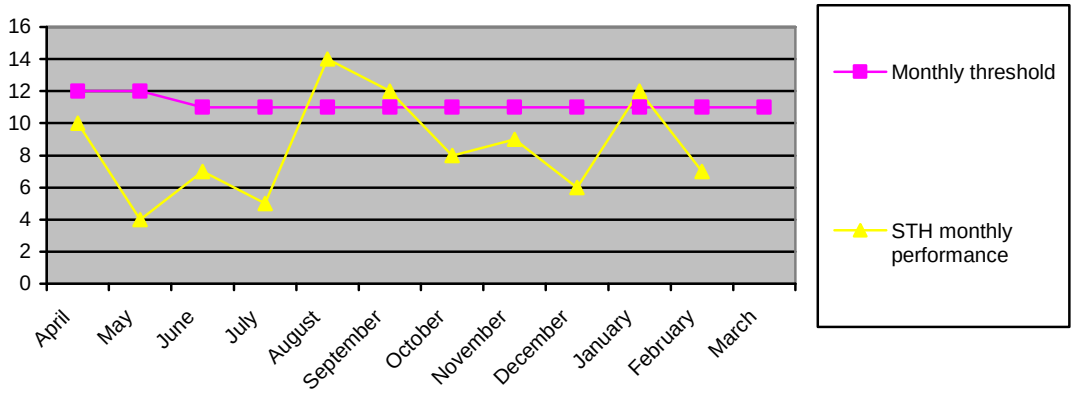
STHFT has recorded 7 positive samples for February. The year to date performance is 94 cases of C.diff against a contract year to date threshold of 123. The Department of Health, Monitor and Contract threshold for the year is 134.

The health community performance is always one month in arrears to allow for the allocation of cases in Sheffield residents treated in other hospitals. The position in January was year to date performance of 198 cases against a year to date threshold of 159 cases.

C.diff year to date performance



C.diff monthly performance



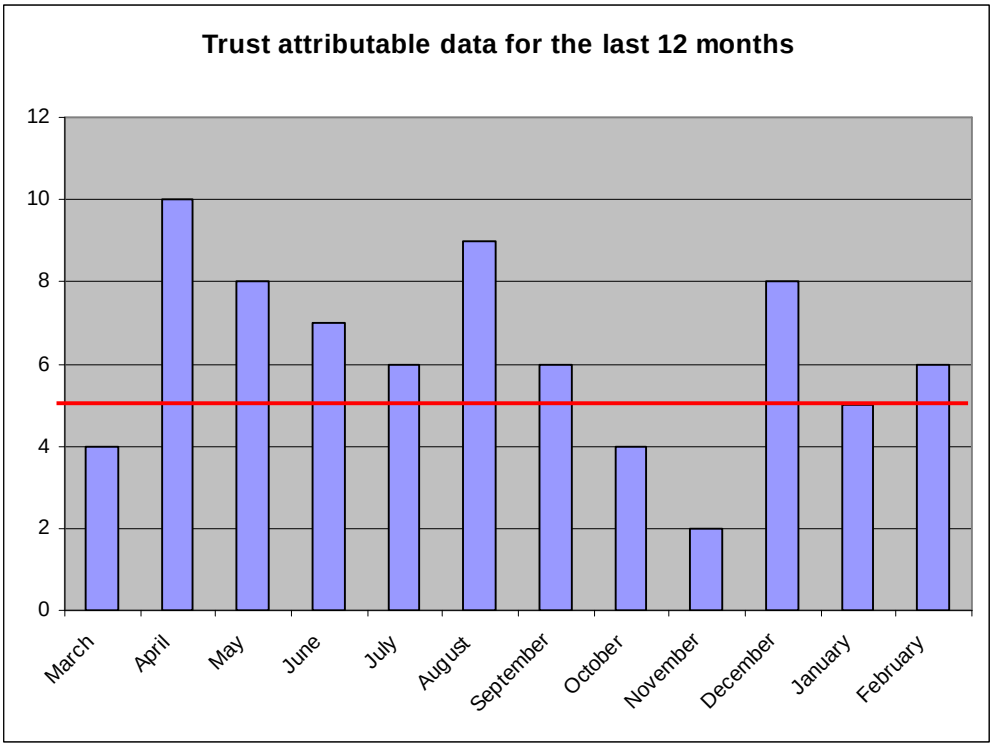
3.1 Surveillance

O Day Ward at the RHH is currently under surveillance for C.diff, having had at least 2 episodes of C.diff within a 28 day period. It is good practice to consider carefully any areas which experience more than 1 episode of C.diff within a 28 day period. The positive samples are tested to see if they are the same ribotype which may indicate that cross infection has taken place. A series of audits are undertaken by the IPC team to check performance on essential infection control standards such as commode cleanliness and hand hygiene regardless of whether the episodes of C.diff are thought to be linked or not.

4. MSSA

The Trust continues to return data on the number of cases of MSSA bacteraemia to the Health Protection Agency. Cases are labelled as either Trust attributable or community acquired. For February, 6 Trust attributable cases of MSSA bacteraemia were recorded, this is greater than the monthly trajectory that the Trust has set itself.

Performance on MSSA for the last 12 months is 75 cases; there have been 71 cases reported since April 2012. There is no threshold set for MSSA bacteraemia in 2012/2013. However, alongside the MSSA improvement plan, the Trust has set itself an initial target of having 5 or less cases per month as this would be an initial improvement on the current average MSSA rate of 6 cases per month.

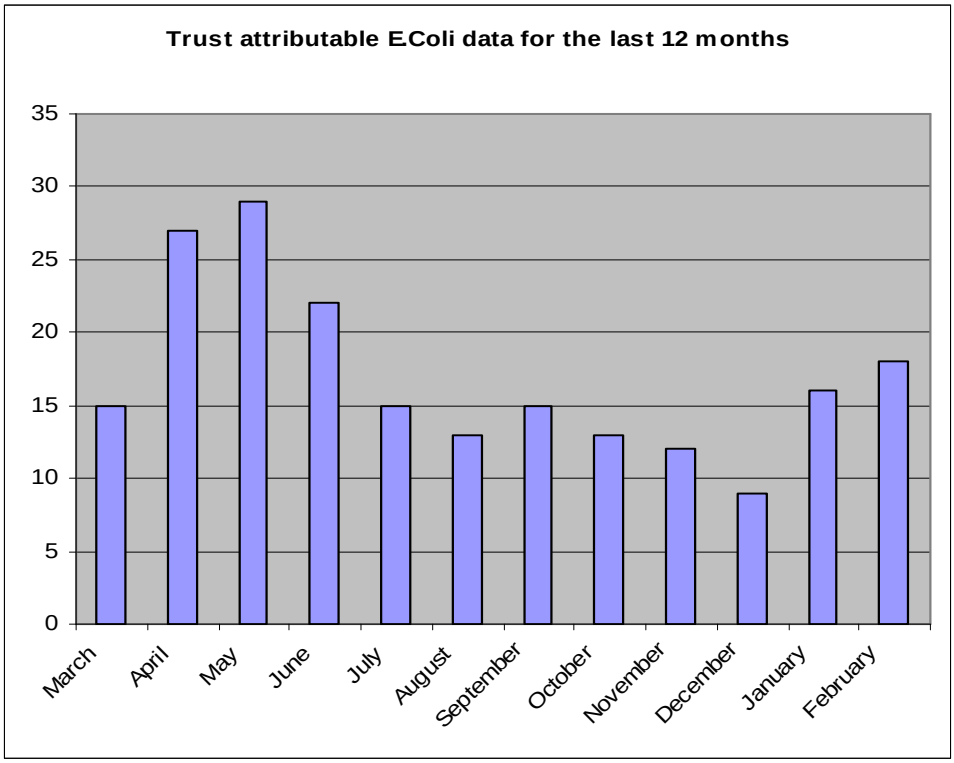


5. E.COLI

The Trust commenced returning data on the number of cases of E.Coli bacteraemia to the Health Protection Agency in June 2011. Cases are labelled as either Trust attributable or community acquired. For February, 18 Trust attributable cases of E.Coli bacteraemia were recorded.

Currently, it is not expected that the Trust will be set a reduction target for E.Coli bacteraemia as E.Coli bacteraemia is often not directly associated with healthcare.

After 12 months, the total Trust attributable cases of E.Coli bacteraemia stands at 204 cases.



There are currently no national benchmarks available to allow the Trust to compare its performance with that of other Trusts.

6. INFECTION PREVENTION AND CONTROL

6.1 Norovirus

The Trust has experienced minimal levels of norovirus during February which has had little impact on service delivery.

6.2 Guidance on the reporting and monitoring arrangements and Post Infection Review process for MRSA bloodstream infections from April 2013

This guidance has been published to support commissioners and providers of care to deliver zero tolerance on MRSA bloodstream infections.

The guidance sets out a requirement to institute a Post Infection Review in all cases of MRSA bloodstream infections and the purpose of the review is to identify how a case occurred and to identify actions that will prevent it reoccurring.

The outcome of the Post Infection Review will be to attribute responsibility for MRSA bloodstream infections. It requires all organisations involved in the patient's care pathway, to jointly identify and agree the possible causes of, or factors that contributed to, the patient's MRSA bloodstream infection.

7. CONCLUSION

The Board of Directors are asked to note the contents of this report.