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SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY: GOVERNORS' COUNCIL

13 SEPTEMBER 2011

Subject:	Clostridium difficile (<i>C.diff</i>) Action Plan
Supporting Director:	Professor Hilary Chapman, Chief Nurse / Chief Operating Officer
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Status (see footnote):	N

PURPOSE OF THE REPORT:

This report describes the current level of performance on *C.diff* and the actions that are being implemented to improve performance.

KEY POINTS:

- The Trust is not currently on the required trajectory to meet its *C.diff* target for 2011/2012.
- The target for the year is 134 and the Trust had recorded 109 cases by the end of August.
- There is no clear single cause for the higher rates of *C.diff* the Trust is currently experiencing. Contributory factors are environmental contamination, high occupancy rates, antibiotic prescribing and case mix.
- An action plan to reduce incidence is being implemented.

IMPLICATIONS:

Achieve Clinical Excellence	Need to maintain the Trust's reputation for high standards on infection control
Be Patient Focused	Important element of patient safety
Engaged Staff	Need to ensure that staff are aware of the current challenges regarding <i>C.diff</i>

RECOMMENDATION(S):

It is recommended that the Governors' Council note the current level of performance on *C.diff* and the actions that have been instigated to improve performance.

APPROVAL PROCESS:

Meeting	Presented	Approved	Date
Governors Council			12.09.11

Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

1. BACKGROUND

The Trust is not currently on the required trajectory to meet its *C.diff* target for 2011/2012. The *C.diff* target for 2011/2012 is 134 and the year to date position at the end of August was 109.

The purpose of this report is to describe the actions that are being taken by the Trust to reduce the incidence of *C.diff* within the Trust.

2. CURRENT POSITION

The year to date performance on *C.diff* has STHFT currently significantly over trajectory at the end of August against the target set for the Trust by the Department of Health. This target required a 27% reduction in the number of cases recorded within the Trust this year compared with last year. The Trust has not achieved this reduction in cases and has experienced a rise in the rates of *C.diff* during the first five months of the year.

3. CAUSES OF THE CURRENT LEVEL OF PERFORMANCE ON C.DIFF

There is no clear single cause for the higher rates of *C.diff* the Trust is currently experiencing. The following contributory factors are considered as having an impact:

3.1 Environmental contamination

In Trusts that are showing improvements on *C.diff* performance above that seen in STHFT, they have targeted environmental decontamination by implementing a deep clean programme. It is believed that over time the environment becomes contaminated and so transmission of infection is acquired from the environment, not from other patients directly or through healthcare workers. Although all of these Trusts employ normal standards of daily cleaning, they have found additional benefit from regularly emptying clinical areas and deep cleaning them.

3.2 High Occupancy Rates

At both sites, the hospital has a high level of bed occupancy, with occupancy levels at the Northern General Hospital at the higher level. Whilst high usage of inpatient beds can be cost effective, some down time is required to ensure adequate cleaning and preparation of the bed and bed space for the next patient.

3.3 Antibiotic Prescribing

The production of *C.diff* toxin is associated with the use of antibiotics. Some antibiotics in particular increase the likelihood of patients developing *C.diff*. A recent review has highlighted that there has been an increase in the use of one of these drugs, Ciprofloxacin which may have impacted on the increase in the number of cases.

3.4 Case Mix

Whilst changes will be subtle, it is clear that the patient population attending and being treated at STHFT will be increasingly prone to developing infections such as *C.diff*. This is due to a combination of their underlying condition, the aggressive treatment they may require such as chemotherapy or suppressants to their immune system, or frailty associated with age.

4. C.DIFF ACTION PLAN

In order to address the issues highlighted above and to raise the level and profile of infection prevention and control, a series of actions (Appendix 1) is being implemented under the following headings:

- Reducing Contamination on High Risk Wards
- Optimising Infection Prevention and Control Practice
- Evidence Based Prescribing
- *C.diff* Case Follow Through and Actions
- Further raising the profile of Infection Prevention and Control
- Monitoring
- Learning from others

5. GOVERNANCE ARRANGEMENTS

The following governance arrangements are in place to monitor compliance with the *C.diff* target:

- STHFT Board of Directors receives a regular monthly update on performance on infection prevention and control including *the C.diff* target.
- The Healthcare Governance Committee also reviews progress on infection prevention and control monthly including progress against the *C.diff* target. They also receive quarterly updates regarding the progress with the implementation of the infection control programme 2011/2012.
- Detailed discussion about the *C.diff* target, action plans, antibiotic prescribing and cleanliness takes place at the Trust Infection Control Committee held quarterly.
- The monthly operational meeting of the Infection Control team includes discussion regarding operational issues relating to the achievement of the target.
- A weekly operational meeting involving the Infection Control team, Domestic Services, Estates and the Deputy Chief Nurse is taking place specifically to monitor progress with and implementation of the *C.diff* action plan.

6. SUMMARY

The Trust is not currently on trajectory to deliver the *C.diff* target for 2011/2012, a series of actions has been instigated to reduce the prevalence of *C.diff* cases within the Trust.