

CLOSTRIDIUM DIFFICILE ACTION PLAN

Action plan to address the rise in cases of *Clostridium difficile* (*C.diff*) at Sheffield Teaching Hospitals NHS Foundation Trust

ACTION		KEY MILESTONES	PERSON RESPONSIBLE	RISK ASSESSMENT	COMMENTS
1	Reducing Contamination on High Risk Wards				
1.1	Identify the wards that have had the highest incidence of <i>C.diff</i> in the previous 2 years.	31 May 2011	Director of Infection Prevention and Control	Low	Achieved
1.2	Produce a phase 1 deep clean programme to deliver a deep clean to the high risk wards at the Northern General Hospital, to be done bay by bay.	31 May 2011	Deputy Chief Nurse	Low	Achieved
1.3	Produce a phase 1 deep clean programme to deliver a deep clean to high risk wards at the Royal Hallamshire Hospital using a decant ward.	30 June 2011	Deputy Chief Nurse	Low	Achieved
1.4	Building on the existing deep clean team, recruit further staff to enable the deep clean programme to be delivered at the Royal Hallamshire and Northern General Hospitals using the Cambridge model.	30 November 2011	Hotel Services Director	Medium	The Cambridge model has a team which perform functions currently undertaken by our Domestic Services, Estates and Infection Control Team. Increase of 16 WTE planned.
1.5	Reconfigure services to enable a vacant ward to become available at the Northern General Hospital site to be used as a decant ward for the deep clean programme.	30 September 2011	Deputy Chief Operating Officer	High	Work is actively progressing to achieve this, but decant ward not likely to be available until 31 October 2011
1.6	Produce a phase 2 deep clean programme.	30 June 2011	Deputy Chief Nurse	Low	Achieved and ongoing, remaining flexible to the pattern of infections.
1.7	Produce a definition for a high incidence ward and the action to be taken as a result of being categorised as a high incidence ward.	30 June 2011	Deputy Chief Nurse	Low	Achieved.
1.8	For each of the quarter 1 high incidence wards to be visited by representatives of Estates to assess whether there are any environmental issues which could be impacting on infection control that need resolving.	30 June 2011	Estates Director	Low	Achieved and ongoing.

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1.9	10 additional Housekeepers to be recruited to work across 9 high incidence wards identified since April.	30 November 2011	Deputy Chief Nurse	Low	Staff to be in post by November 2011.
1.10	Increase capacity to the Rapid Response cleaning teams across the Trust but to be particularly available to the Assessment Units / A&E.	30 November 2011	Hotel Services Director	Low	
1.11	Optimise the admission process so that where appropriate, patients transfer directly from A&E and patients staying on Assessment Units are either discharged or transferred to the appropriate ward in a timely manner.	30 September 2011	Deputy Chief Operating Officer	High	
1.12	Remove all radiator covers on inpatient wards and clean the radiator and cover prior to heating being turned on for winter.	31 October 2011	Hotel Services Director	Low	Programme began 5 September 2011
2	Optimising Infection Prevention and Control Practice				
2.1	All areas across the Trust to undertake monthly commode and <i>C.diff</i> care bundle audits.	30 April 2011	Deputy Chief Nurse	Low	Achieved
2.2	For high risk wards, an infection prevention and control review is to be completed for each month and a score of higher than 85% to be achieved.	31 May 2011	Deputy Chief Nurse	Low	Achieved
2.3	An audit of the cleanliness of commodes is to be undertaken weekly and submitted centrally to the Infection Prevention and Control team. Standard to be achieved is 100%.	31 May 2011	Deputy Chief Nurse	Low	Achieved
2.4	A statement on the importance of hand hygiene and adhering to the rules on 'bare below the elbow' to be prepared and disseminated from the Medical Director's Office.	30 June 2011	Medical Director	Low	Achieved
2.5	Commodes on every ward in the Trust to be inspected by the Infection Prevention and Control team and any commodes felt to be unsuitable to be condemned and replaced.	31 July 2011	Deputy Chief Nurse	Low	Achieved
2.6	Every ward area to be cleaned in all areas using Chlorclean during the first week of each month.	30 April 2011	Deputy Chief Nurse	Low	Achieved
2.7	For high risk wards, Chlorclean to be used as standard for cleaning.	30 June 2011	Deputy Chief Nurse	Low	Achieved

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2.8	To trial the use of a new cleaning solution, DIFFICIL-S® .	31 August 2011	Deputy Chief Nurse	Low	Trial commenced in July 2011 and ongoing currently.
2.9	Temporarily expand the Infection Control Nursing team to help to monitor and audit Infection Prevention and Control practice across the Trust and support the Deep Clean Team by providing HPV support.	31 July 2011	Deputy Chief Nurse	Low	Infection Control nursing team expanded. Additional support to the deep clean team for HPV is provided through agency staff.
2.10	For the enhanced <i>C.diff</i> ward Matron to visit every high risk ward and provide support to the Ward Manager.	31 July 2011	Deputy Chief Nurse	Low.	Achieved.
2.11	All high incidence wards to have an Infection Control Nurse work clinically on the ward.	30 June 2011	Deputy Chief Nurse	Low	Achieved and ongoing.
2.12	All high incidence wards to have a named Infection Control Nurse linked to them.	31 July 2011	Deputy Chief Nurse	Low	Achieved.
3	Evidence Based Prescribing				
3.1	Ciprofloxacin to be removed from inpatient areas, except for a very few clinically appropriate areas.	30 June 2011	Medical Director	Low	Achieved
3.2	Antibiotic prescribing will be audited quarterly as part of the Infection Control Accreditation.	31 July 2011	Director of Infection Prevention and Control	Low	Antibiotic prescribing Care Bundle issued early August for immediate use in high risk areas and quarterly audit throughout from September
3.3	The inpatient prescription chart is to be amended to include a specific section on antibiotic prescribing.	31 August 2011	Director of Pharmacy	Low	Achieved
3.4	Guidance will be issued to the Medical Assessment Unit to reduce the use of Co-amoxiclav, except in those places where it is clearly indicated.	31 July 2011	Director of Infection Prevention and Control	Low	Evidence reviewed. Information to be included on a credit card size card and given to Junior Doctors in August.

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3.5	Implement guidelines on the prescription and rationalisation of proton pump inhibitors.	31 July 2011	Medical Director	Low	Proton pump inhibitors suppress the production of acid in the stomach and are therefore sometimes associated with <i>C.diff</i> infections. Guidance issued 27 July 2011
4	<i>C.diff</i> Case Follow Through and Actions				
4.1	Any case of <i>C.diff</i> to be followed by an extended clean of the bed space, toilet, dirty utility rooms and nurses' station.	30 June 2011	Hotel Services Director	Low	Achieved
4.2	IPC Team to produce Root Cause Analysis tool for clinical areas to use following cases of <i>C.diff</i> .	30 June 2011	Director of Infection Prevention and Control	Low	Achieved and ongoing.
4.3	Lessons learnt disseminated across the organisation.	30 September 2011	Director of Infection Prevention and Control	Low	
4.4	Cases of <i>C.diff</i> to be subject to a department based Root Cause Analysis to be returned centrally.	31 July 2011	Director of Infection Prevention and Control	Low	Achieved and ongoing.
4.5	A review of the cases from quarter 1 to be undertaken to try to identify and trends or recurring patterns.	31 August 2011	Deputy Chief Nurse	Low	Achieved and the results fed back to the weekly CEO summit
5	Further Raising the Profile of Infection Prevention and Control				
5.1	A series of <i>C.diff</i> summits will be held, chaired by the Chief Executive and involving Nurse Directors, Clinical Directors, Lead Nurses, Matrons and Ward Managers for the high risk ward, to outline the current situation and the plans required to improve performance on <i>C.diff</i> .	30 June 2011	Chief Executive	Low	First summit held on 8 June 2011. Second summit held on 4 July 2011.
5.2	Internal communication strategy will be developed and implemented.	31 July 2011	Communications Director	Low	Achieved and ongoing.

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5.3	Targeted support will be made available to clinical areas requiring support with infection control issues from the Chief Executive, Medical Director and Chief Nurse / Chief Operating Officer.	31 August 2011	Deputy Chief Nurse	Low	CEO visit to high incidence wards on 29 June 2011. Achieved and ongoing
5.4	Infection control to be discussed in the first hour of the following Trust meetings: - Board of Directors - Healthcare Governance Committee - Trust Executive Group - Clinical Management Board - Operational Board	31 July 2011	Trust Secretary	Low	Achieved and ongoing.
5.5	Weekly C.diff meetings will be held by the Chief Executive or Chief Nurse / Chief Operating Officer in his absence, to consider the previous week's performance on C.diff and the root causes of any cases, determining what further support or actions are required to further reduce incidence of C.diff.	31 July 2011	Chief Executive	Low	First meeting held on Monday, 11 July 2011. Achieved and ongoing.
5.6	Weekly C.diff operational group comprising Deputy Chief nurse, Director of Infection Prevention and Control, Hotel Services Director and Estates to be held to ensure progress with the action plan and to address any operational issues.	31 July 2011	Deputy Chief Nurse	Low	First meeting held on Tuesday, 5 th July 2011. Achieved and ongoing
5.7	A series of meetings to be held for Domestic Services staff highlighting the reasons why effective cleaning is so important, led by the Infection Control Team.	30 September 2011	Hotel Services Director	Low	Meetings taking place during the week commencing 5 th September 2011. Meetings have been well attended.

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6	Monitoring				
6.1	A weekly email will be sent to Clinical Directors, Medical Infection Prevention and Control leads, Nurse Directors, Matrons and Lead Nurses from the Director of Infection Prevention and Control regarding the number of <i>C.diff</i> cases recorded each week.	31 May 2011	Director of Infection Prevention and Control	Low	Achieved and ongoing.
6.2	A daily email will be sent from the Director of Infection Prevention and Control to the Chief Executive, Chief Nurse / Chief Operating Officer and Deputy Chief Nurse for onward dissemination to Clinical Directors, Medical Infection Prevention and Control leads, Nurse Directors, Matrons, Lead Nurses and Ward Managers for any wards affected.	30 June 2011	Director of Infection Prevention and Control	Low	Achieved and ongoing.
7	Learning from others				
7.1	Visit Cambridge University Hospital's NHS Foundation Trust to understand how they have reduced their <i>C.diff</i> rate.	31 July 2011	Deputy Chief Nurse Hotel Services Director	Low	Deputy Chief Nurse and Director of Infection Prevention and Control visited on 28 June 2011. Hotel Services Director visited on 22 July and report provided.
7.2	Consider whether the Health and Safety Laboratory can offer any help with improving <i>C.diff</i> rates through their human factors work.	31 July 2011	Deputy Chief Nurse	Low	Deputy Chief Nurse and Director of Infection Prevention and Control met representatives from the Health and Safety Laboratory on 30 June 2011.
7.3	Speak to other Trusts who have either low rates of <i>C.diff</i> or have been challenged by <i>C.diff</i> performance previously and identify any additional actions they have implemented which could be implemented at STHFT.	31 July 2011	Deputy Chief Nurse	Low	Deputy Chief Nurse has spoken to senior staff at Hull and Chesterfield during July 2011. DIPC and Lead IPCN met with Lead IPCN from UHL in August.
7.4	Commission on external review of the Trust's performance on <i>C.diff</i> and associated action plan.	31 August 2011	Chief Nurse / Chief Operating Officer	Low	Review completed on 23 August 2011, revised report received and comments returned, final report awaited.
7.5	Meet with representatives of the Yorkshire and Humber Strategic Health Authority and South Yorkshire cluster PCTs to determine whether any further actions should be taken.	30 September 2011	Chief Nurse / Chief Operating Officer	Low	Meeting scheduled for the 9 September 2011.

