



Integration Joint Board
Clinical and Care Governance Committee

23rd April 2018

This Report relates to
Item 12 on the Agenda

Healthcare Associated Infection Report

Paper presented by Elaine Ross

For Noting

Approved for Submission by	Eddie Docherty, NMAP, Executive Director
Author	Elaine Ross, Infection Control Manager
List of Background Papers	
Appendices	

SECTION 1: REPORT CONTENT

Title/Subject:	Healthcare Associated Infection Report
Meeting:	Clinical and Care Governance Committee
Date:	23 rd April 2018
Submitted By:	Eddie Docherty
Action:	For Noting

1. Introduction

- 1.1 This Healthcare Associated Infection surveillance and harm reduction activity report supports the implementation of the Healthcare Quality Strategy.

2. Recommendations

2.1 The Clinical and Care Governance Committee is asked to:

- **Note in particular the position of NHS Dumfries & Galloway with regards to the Staphylococcus Aureus Bacteraemia (SAB) and Clostridium Difficile Infection (CDI) Local Delivery Plan targets.**

3. Background

- 3.1 There are two HAI local delivery plan targets, SAB and CDI and mandatory surveillance of a number of other key infections including *E.coli* Bacteraemia and Surgical Site Infections. This report covers the period ended 31st December 2017.

The move to the new DGRI was successfully achieved without incident over a 3 day period 8-10 December.

The ICPT were involved in patient assessment prior to transfer and overseeing equipment decontamination.

The change to 100% single rooms has brought benefits and challenges.

2 wards in DGRI were affected by Norovirus. Once the initial cases had presented there was no onward transmission.

There have been large numbers of community acquired cases of flu A & B which have presented to and in many cases, required admission to DGRI.

Castle Douglas, Moffat and Newton Stewart hospitals have been closed due to Influenza acquired whilst in hospital.

Cases of *Clostridium difficile* have reduced to target levels; however, an increase would not be unexpected following antibiotic treatment of respiratory infections over winter months.

Staphylococcus aureus bacteraemia cases remain slightly above target levels but remain comparable with other NHS boards

4. Main Body of the Report

4.1 Staphylococcus aureus (including MRSA)

There has been a drop in number of cases of SAB seen over the year however we remain above our LDP target.

In November and December there were 7 new SAB. 5 of these were skin and soft tissue infections and 1 in a patient with a peripheral vascular cannula and another following a chest infection.

Invasive devices will be a focus for improvement work in the coming year.

Figure 1- Local data

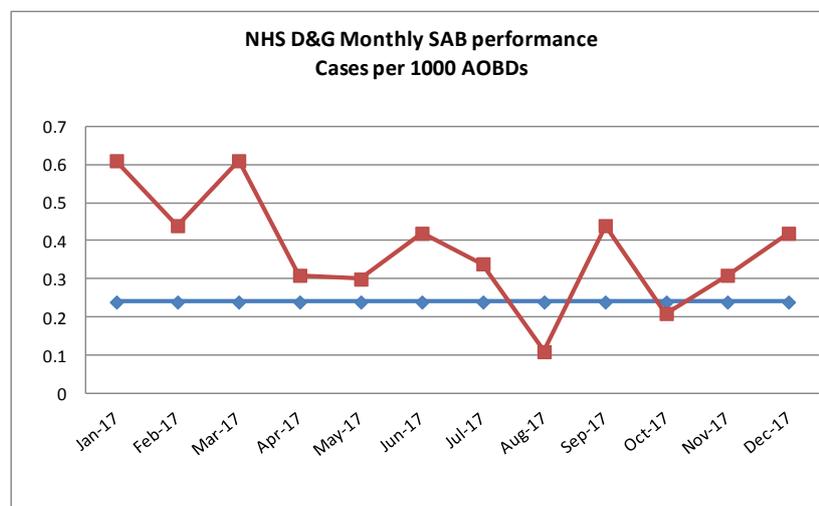


Figure 2- Local data- Performance against LDP target

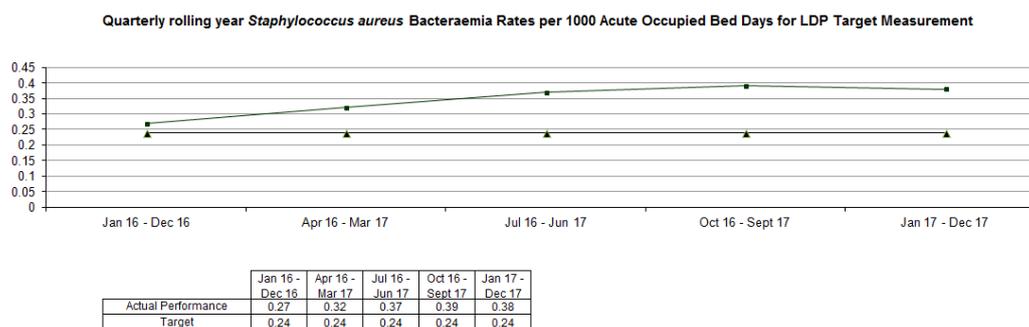
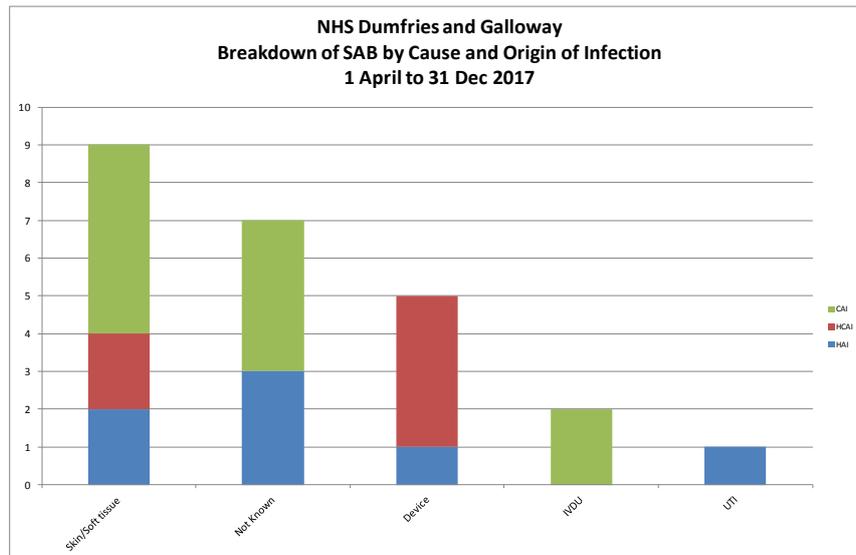


Figure 3- Local data



4.2 Clostridium Difficile

There has been a reduction in the number of case of CDI following the actions previously presented to board following the C. Diff summit meetings.

A decision to re introduce Tazocin as part of the local acute antimicrobial prescribing policy in October and a focus on Co amoxiclav use in primary care may have had an impact on number of cases, though these are just part of multiple other actions taken.

We would expect to see an increase in cases related to antimicrobial treatment for chest infections during the winter and we will continue to monitor the situation closely.

Figure 4- Local data

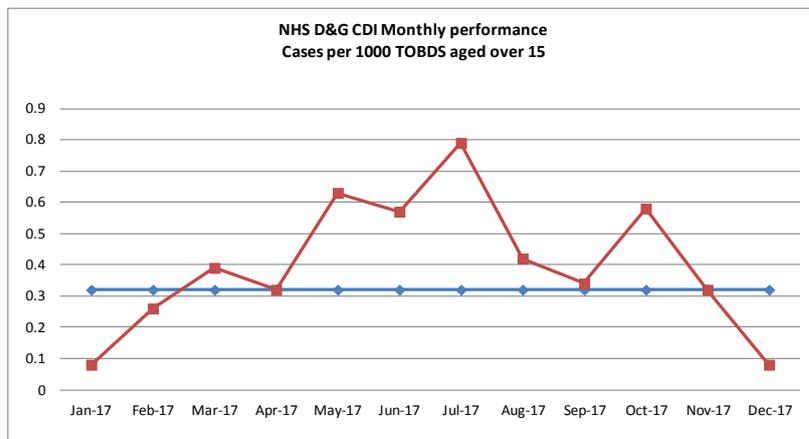


Figure 5- Local data- CDI cases by origin

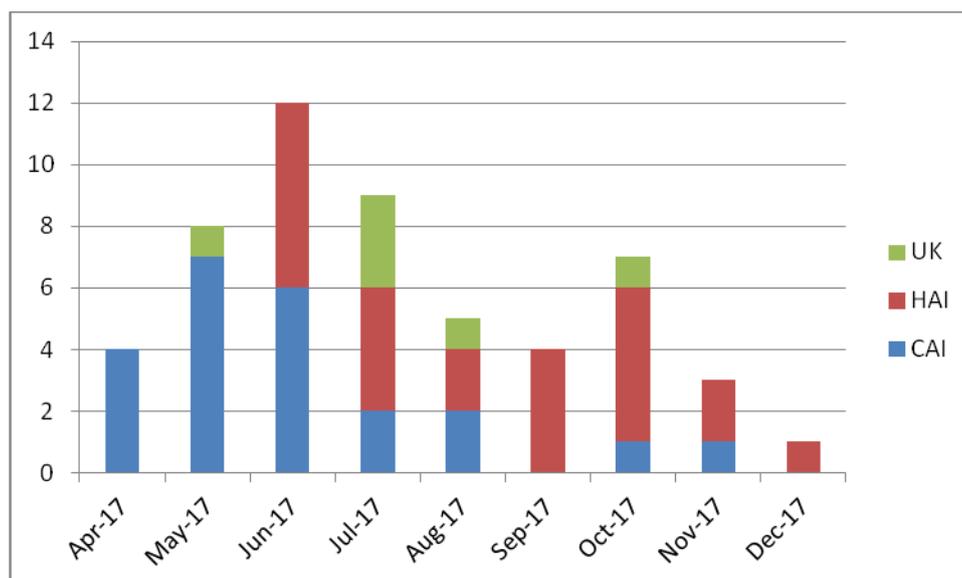
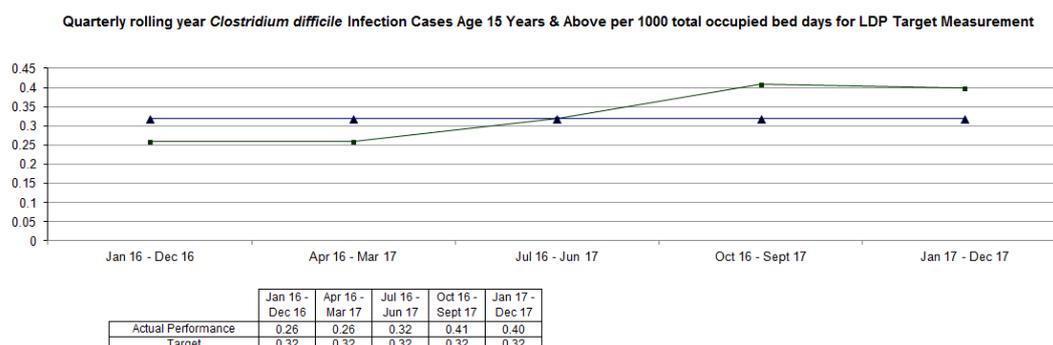


Figure 6- Local data- Performance against LDP target



4.3 Norovirus

Ward B2 experienced a confirmed outbreak of Norovirus affecting 9 patients and 6 staff. This ward was closed overnight but no beds were blocked and it was possible for the ward to function normally throughout the rest of the outbreak.

Ward C4 had a confirmed outbreak of Norovirus affecting 4 patients and 3 staff. The ward remained open and functioning normally throughout the outbreak.

In both cases the outbreaks were contained and there was no onward transmission to patients.

This is testament to excellent application of infection prevention precautions. Single rooms have a part to play in reducing the spread of infection but without the consistent application of hand hygiene and cleaning the impact of these would be limited.

4.4 Influenza

Influenza A & B are extremely prevalent in the community and we are now seeing large numbers of patients requiring admission to DGRI with approximately 6-8 new cases a day being admitted at the time of writing. This does not include patients being seen at ED and GPs.

There has been a large amount of press interest with a particular interest in the impact of single rooms. Whilst the single rooms have greatly assisted patient placement and containment of droplet spread of infection, the high bed occupancy rate has meant it has been a challenge to get these rooms terminally cleaned due to the lack of availability of an empty room to move a patient to once they are no longer infectious. This results in isolation precautions being used for longer than they are strictly necessary.

Castle Douglas hospital has been closed due to an outbreak of confirmed Flu B affecting 7 patients.

Moffat hospital has been closed due to an outbreak of confirmed Flu A affecting 5 patients.

Newton Stewart hospital has been closed due to an outbreak of confirmed Flu A affecting 8 patients.

PCR testing has been extremely useful in enabling swift diagnosis and prescription of Tamiflu, either as treatment or prophylaxis for at risk individuals.

There have been 2 cases of HAI flu in DGRI. This means they have contracted flu whilst inpatients in DGRI and we will never be certain of the origin of infection as both patients received visitors and will have been cared for by a large number of staff.

This is a very low number given the current prevalence of flu. Again, this is testament to the excellent work by staff and the advantage of single rooms.

4.5 E.coli Bacteraemia (ECB)

E.coli is a leading cause of sepsis and is now the most prevalent infection in hospitals according to the 2016 Scottish HAI and AMR point prevalence survey report. The challenge is that most of these infections requiring hospital admission originate in the community as figure 8 illustrates.

Figure 7- Local data

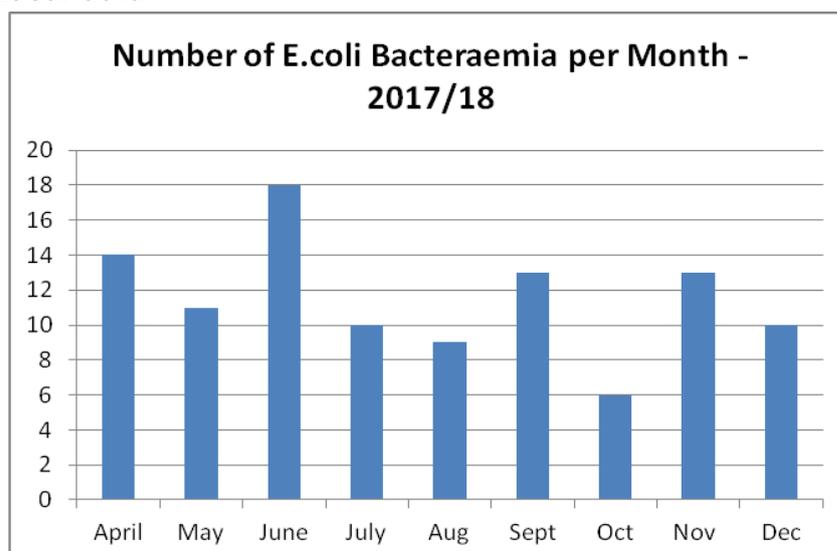
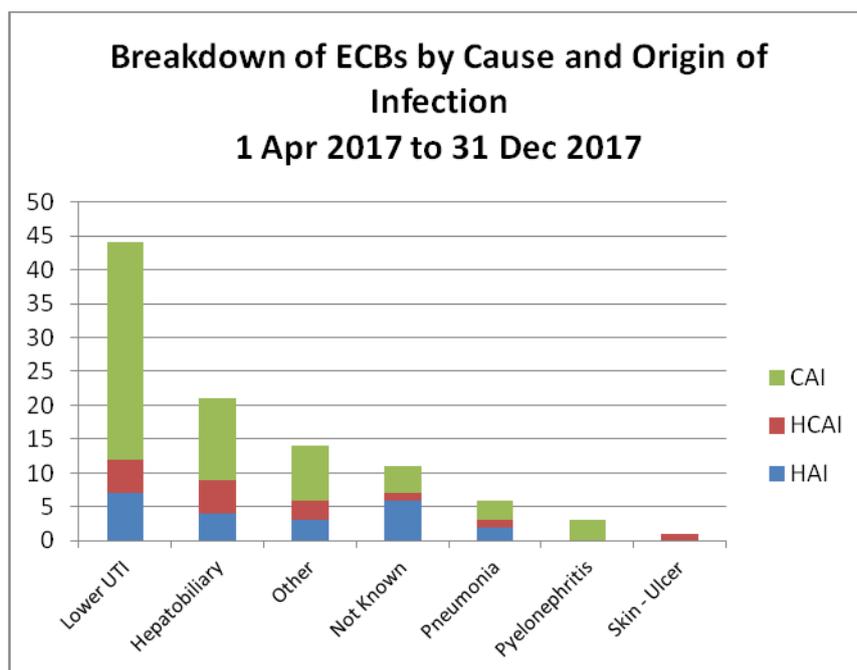


Figure 8- Local data



Much is being done to address the causes of ECB both locally and nationally. Locally many of the actions that were taken to address device related SAB are the same as those required to address ECB. These include work on peripheral vascular cannula and central lines and work to address Catheter Associated Urinary Tract infection (CAUTI).

It is interesting to note from figure 8 above that CAUTI is not a cause of ECB in NHS Dumfries & Galloway.

Nationally, a public and health and social care facing hydration campaign is being prepared to help to prevent the lower urinary tract infections (UTIs) that affect people in the community and contribute to the development of ECB. This is an excellent initiative as it may yield additional benefits in reducing falls, confusion, improved oral health and skin integrity.

4.6 **Cleaning**

Our domestic services teams have worked tirelessly both prior to the DGRI move, during and afterwards. The cheerful 'can do' attitude they have demonstrated during periods of exceptional pressure is to be commended and their efforts are appreciated by the IPCT as they work closely with us to ensure the environment is safe and clean and available for patient care.

There are no audit figures available electronically due to technical difficulties which Health Facilities Scotland are aware of and are working to address. Audits are being completed on paper at present and will be included in the next report.

4.7 **Conclusion**

NHS Dumfries and Galloway have been through a time of unprecedented change in terms of location and service delivery. This has then been followed by extreme demand for services due to winter pressures including respiratory illness.

The co location of the IPCT within the DGRI building and close to the Acute and Diagnostic management teams has facilitated close working and collaborative decision making that has to be of benefit to safe effective patient care.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

5. Resource Implications

5.1. No additional resource required.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1 A statement regarding how the subject links with/contributes to the local integration 9 national outcomes, principles (refer to the IJB Strategic Plan 2016-2019) and also links with any national or local policy.

Provides evidence towards delivery of local integration outcomes:

- Outcome 7 – “People using health and social care services are free from harm”
- Outcome 8 – “People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide”

The paper links to policy direction:

- Demonstrates implementation of the national HAI Taskforce at NHS Board level. This HAI harm reduction activity supports implementation of the Healthcare Quality Strategy.
- Meets the Scottish Government requirements for reporting of key Healthcare Associated Infection (HAI) data, including performance against HAI Delivery Plan targets for *Staphylococcus aureus* bacteraemia (SAB) and *Clostridium difficile* infection (CDI).

7. Legal & Risk Implications

7.1. There is a risk to public perception and confidence in the Service if local delivery plan targets are not met.

8. Consultation

8.1. No formal consultation has taken place as this is regular update paper which is made publicly available on the NHS D&G website and is discussed with our Local Infection Control Public Involvement Group.

9. Equality and Human Rights Impact Assessment

9.1. None required.

10. Glossary

AOBD	Acute Occupied Bed Days
CAUTI	Catheter Associated Urinary tract Infection
CDI	Clostridium difficile Infection
CAI	Community Acquired Infection
ECB	Escherichia coli Bacteraemia
HAI	Healthcare Associated Infection
HPS	Health Protection Scotland
HEI	Healthcare Environment Inspectorate
MSSA	Meticillin Sensitive Staphylococcus Aureus
MRSA	Meticillin Resistant Staphylococcus Aureus
IPCT	Infection Prevention and Control team
IVDU	Intravenous Drug User
LDP	Local Delivery Plan
SAB	Staphylococcus aureus bacteraemia
UTI	Urinary Tract Infection
TOBD	Total Occupied Bed Days