



<b>Paper No. SET/33/19</b>	
	<b>Tick One ✓</b>
For discussion	
For approval	
For information/noting	✓

**Date of Trust Board Meeting:** Wed 29th May 2019

**Confidential or Public Agenda:** Public

**Agenda item:** 2018/19 Health Care Associated Infection (HCAI)  
Performance & Antimicrobial Consumption

## 1 Introduction

The Public Health Agency (PHA) issued the monthly target monitoring report for the 18/19 year for SET on 16/04/019.

The report format has been updated to give **regional comparisons** including Clostridium Difficile and MRSA bacteraemia surveillance ( in place since 2018) and new surveillance in 2018/19 of Gram negative bacteria (GNB) namely E. Coli, Pseudomonas aeruginosa and Klebsiella spp.

There is also new target reporting of Antimicrobial Consumption (AMC). Reduction targets have been set for:

- Total consumption
- Reduction Pip-Taz antibiotic usage,
- Reduction in usage of the Carbapenem group of antibiotics
- % of total antibiotics consumption from AWARE category.

## 2 Background information

A new regional reporting dashboard has been established by the PHA called 'HI-Surv' where the above data can be reviewed down to the level of directorate and ward to examine all antibiotic use.

Reviewing and improving antibiotics prescribed aims to influence the prevalence of *C difficile* infection and also aims to manage antibiotic resistance.

*E. Coli* nationally is the most common organism identified in Bloodstream infections and it is anticipated that more detailed monitoring will help to understand better risks and contributing factors. The reporting differentiates between those identified 48hrs or more after admission and those pre hospitalisation which are endogenous.

### 3 Brief summary of key points contained in the paper/s

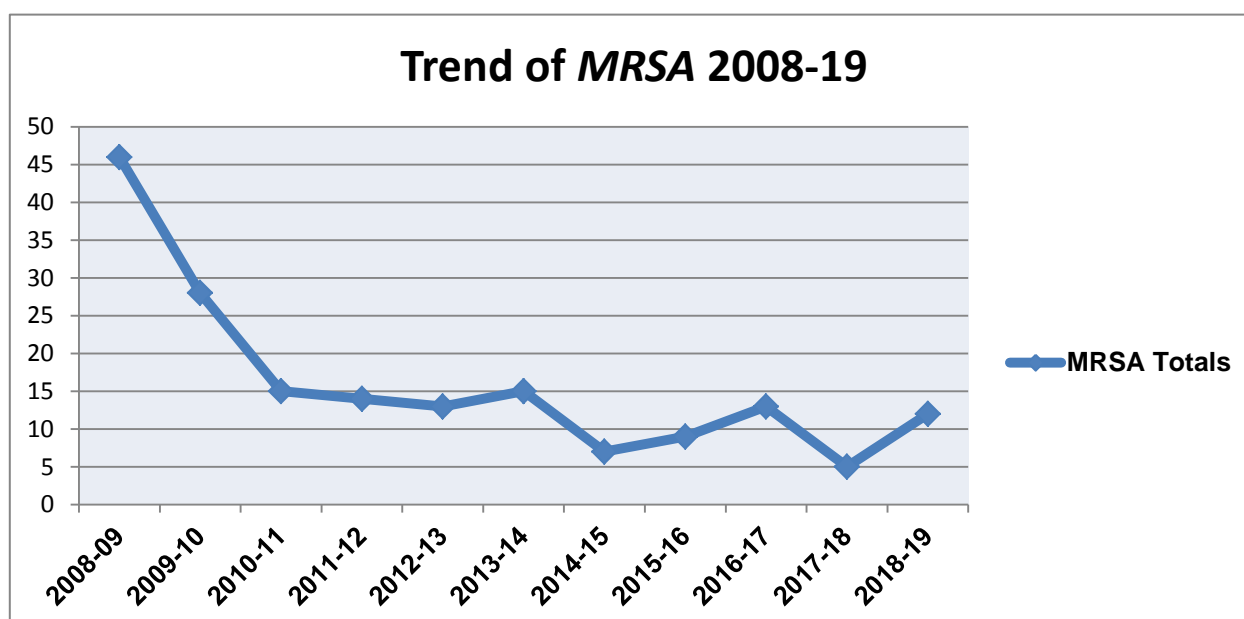
**MRSA:** Page 2 of attached report.

**Target** for the Trust in 2018/19 was to have no more than **5** cases.

**Actual** number of cases in 2018/19 was **12**.

It is however important to note that of the 12 cases only **4** were identified greater than 48hrs after admission and therefore, by the PHA's own definition, likely associated with current hospital stay.

The graph below sets the 18/19 figures in the context of the downward trend over the past 10 years when activity has been increasing year on year.



**CDI:** Page 3 of attached report

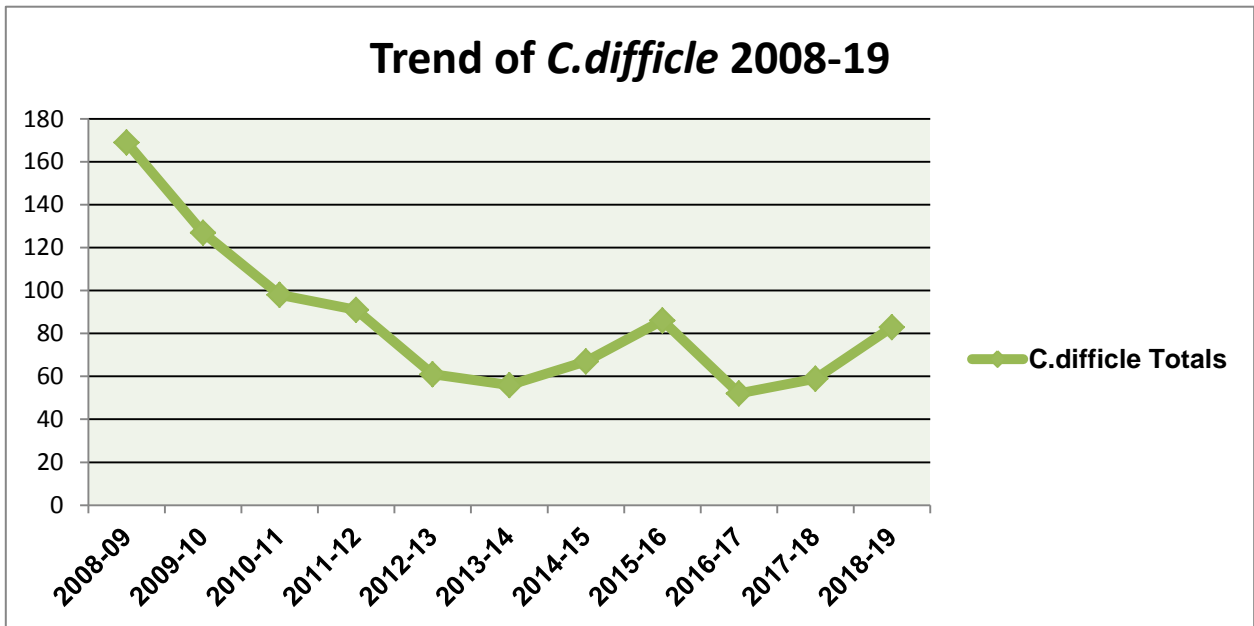
**Target** for the Trust in 2018/19 was to have no more than **55** cases.

**Actual** number of cases in 2018/19 was **84**.

**45** of these 84 cases were identified greater than 72 hrs after admission and therefore, by the PHA's own definition, likely associated with current hospital stay.

There were **no** episodes of hospital transmission through the year. The spike in cases in June 2018 (15) triggered in-depth case reviews which provided assurance that there is a high level of compliance with the Trust's first line empirical antibiotic prescribing guidelines and IPC related practice when managing CDI patients and carriers in hospital.

The graph below sets the 18/19 figures in the context of the downward trend over the past 10 years when activity has been increasing year on year.



**GNB: Page 4 of the attached report**

**Target** for the Trust in 2018/19 was to have no more than **39** hospital acquired cases. **Actual** number of hospital acquired cases in 2018/19 was **58**.

**Actions for 19/20**

The Trust’s 2019 – 2022 IP&C Strategy will cover any actions required.

In relation to MRSA: learning opportunities from post infection reviews which include:  
 Reducing the threshold for MRSA screening especially of regularly returning patients and patient with a longer admission episode

Removing infrequently use devices and ensuring flushing is undertaken

Seeking to reduce the risk of infection in patients who are at risk of inadvertently tampering with their invasive devices

Continuing to improve insertion and management of all types of invasive devices.

In relation to CDif: ongoing actions will include maintaining awareness and focus on IPC measures with all cases of diarrhoea, CDif infections or carriers.

In relation to reducing antimicrobial use the wider IPC Team (inclusive of Nurses, Consultant Microbiologists and Antimicrobial pharmacists) have developed and are implementing, through QI methodologies, a comprehensive five year Antimicrobial Improvement Plan (AMIP).

#### **4 Recommendation/s for the Trust Board**

To note this update and continue to take an active interest in IP&C within the Trust as a key element of the safety, quality and experience agenda.

**Lead Director:** Nicki Patterson

**Designation:** Director of Nursing, Older People & Primary Care & Lead Director for Infection Prevention & Control

**Date:** 29<sup>th</sup> May 2019

Cover Sheet for Trust Board \_June 2015