

TRUST BOARD

Date of Meeting: 28/05/2013	Agenda Item No: 6.6	Enclosure: 9
Intended Outcome:		
For noting	For information	For decision ✓
Title of Report: Service Improvement Plan : Clostridium difficile		
Aims: To update the Board on those measures identified as necessary take to reduce the incidence of Clostridium difficile at North Cumbria University Hospital in order to achieve our trajectory for 2013-14.		
Executive Summary:		
<p>As of the 20th May 2013 we have had 4 apportioned <i>Clostridium difficile</i> cases.</p> <p>Update against the action plan is given below, the principle concern is a delay in implementing a rolling programme of HPV cleaning.</p> <p>A repeat visit by the TDA identified issues with the Elm Pavillion.</p> <p>A revised and updated IP committee will commence this week with a revised Terms of Reference which will give a much clearer accountability structure moving forward.</p>		
Overview of key areas for consideration or noting:		
<p>Reduction in CDI cases in April and May (compared to previous months).</p> <p>Need to ensure robust mechanisms of cleaning, hand hygiene and antibiotic use are in place to make certain that this is sustained.</p>		
Specific implications and links to the Trust's Strategic Aims:		
We deliver excellent clinical outcomes along closely integrated pathways		✓
We provide excellent patient-centred services		
We deliver excellence in safety, quality and regulatory compliance		
We deliver efficient care and work within budgets		
Recommendations: The Board are requested to approve this report		
Prepared by: Dr Clive Graham Business Unit Director Clinical Support Services	Presented by: Dr Clive Graham Business Unit Director Clinical Support Services	

Update Regarding *Clostridium difficile* cases

As of the 20th May 2013 we have had four Trust Apportioned *C. difficile* cases, these are described in brief below along with key findings of RCA.

April

74yrs, male – 21/04 – Elm C – previous CDI, relapse during norovirus outbreak (norovirus positive) – lesson - sample need not have been processed for CDI

91yrs, female – 29/04 – Maple D – no significant findings from RCA

49yrs, male – 26/04 – Honister, admitted 22/04, symptomatic from 24/04 – delay in documentation and incomplete stool diary identified in RCA furthermore antibiotic choices will alter as CAP policy updated

May

74yrs, female – 4/05 – Willow C – significant issues from RCA were delay in isolation when identified as CDI positive, low hand hygiene scores on ward in previous month, need for rolling programme.

Update regarding Action Plan

An update in relation to the action plan is given in the table below, the main area of concern is the rolling programme of deep clean using HPV particularly on the CIC site. This has been delayed due to an incident on the CIC when HPV was used in a bay area and HPV leaked out from the canopy (this incident is being investigated and managed by the Trust Health and Safety Officer).

Repeat visits have been made by the TDA to Honister Ward where staff were praised for their hard work in delivering the action plan previously identified, concern was raised regarding Elm pavilion and the lack of progress being made (this related both to Estates issues and some of the practices encountered).

A repeat action plan has been drafted and this will be monitored through the weekly HCAI meeting.

It is also acknowledged that further work needs to be done regarding standardisation of cleaning, hand hygiene products and antibiotic use (across the new organisation).

Furthermore concern has been raised by the TDA in relation to the Health Economy approach to Infection Prevention and Control which mirrors our own concerns regarding the lack of a community IP team.

We also need to re-launch hand hygiene across the Trust.

Infection Prevention and Control Action Plan 2013/14

May 2013

Action	Specifics	Responsible person(s)	Target date	On-going developments	Risk status
Cleaning & decontamination	Cleaning Programme Development of robust deep cleaning programme	Val Wright	Jun-13	Teleconference held with Northumbria to better understand there rolling programme, awaiting checklist and schedule	High
	Commode cleanliness Ensure clean commodes throughout Trust	ICT, ward staff, modern matrons	Weekly audit	Audit tool agreed. Should be implementing at beginning of June.	Mod
	Macerator cleanliness Ensure clean macerators throughout the Trust and documentation complete	ICT, ward staff, modern matrons	Monthly audit	Need to check with Northumbria regarding monitoring of Macerator cleanliness	Mod
	HPV Ensure HPV cleaning performed following discharge of C.difficile positive patients and on identification of cluster of cases	Alan Davidson	April-13	HPV cleaning commenced post discharge; some operational difficulties in bays on CIC site	High

<p>Frequently touched areas Ensure clean throughout the Trust and cleaning schedules in place</p> <p>Enhanced cleaning of patient areas Full cleaning and HPV to be undertaken for areas when C.difficile positive patient identified</p>	Alan Davidson	Mar-13		High
<p>Handwashing facilities To ensure adequate hand hygiene facilities for staff and that issues raised in staff survey adequately addressed</p> <p>To ensure patients have opportunity to wash hands prior to meals</p>	ICT	April 2013 and then monthly	<p>Any immediate problems identified would have been addressed at the time audit done. The audit complete CIC and WCH site.</p> <p>Hand Hygiene products need to be standardised across organisation.</p> <p>Roll out hand wipes for all patients for hand cleaning before meals. To be led by ward sisters/charge nurses on both sites. Catering Satisfaction Audit questionnaire "did you get the opportunity to wash your hands" for April, CIC 76%, WCH 96% positive results.</p>	High
<p>Domestic Cover Introduce and establish Trustwide system for monitoring domestic cover</p>	Carol Johnson	Mar-13	In progress	High
<p>Chlorine Dioxide Introduce Chlorine Dioxide based cleaning product for all routine cleaning in clinical areas on CIC site</p>	ICT Interserve Carol Johnson	May -13	<p>Widespread trial of both products on CIC site SMT business case approved Implementation of Difficil-S commenced on CIC site Still need to agree change order for Difficil-S and terminal cleans</p>	High

	<p>Chlorine Dioxide Review implementation of the above on the CIC site</p>		Sept -13		High
	<p>Decant area Decant area to be identified to allow deep clean and HPV</p>	Denis Burke/Alyson Raine	May-13	To be agreed by the Clinical Business Unit	High
Microbiology	<p>Procalcitonin testing Review appropriate antibiotic usage</p>	Dr Clive Graham	May-13	Review clinical utility of procalcitonin and if adequate evidence develop a business case to support its implementation	Mod
	<p>Specimen collection To ensure appropriate specimen collection</p>	ICT, ward managers, modern matrons	May-13	Red/Amber/Green Protocol agreed Need for appropriate sampling discussed at Senior Nurses Meeting, to be cascaded to nursing teams. COMPLETE	High
	<p>Isolation of patients Ensuring appropriate isolation of patients suspected of having infective cause of loose stools</p>	Ward staff	Monthly audit	Ward staff to isolate patients when collecting stool specimen if infective cause suspected. System now working much better - links with appropriate specimen collection. Still not robust. Plan to introduce system for monitoring breaches (> 2 hours) discussed at HCAI.	High

	Root cause analysis feedback All Cases	ICT and Clinical Teams	Monthly	ICT to communicate root cause analysis with weekly HCAI meeting group. Trends and themes communicated monthly	Mod
	SUI/RCA process Ensure appropriate reporting and investigation of C.difficile deaths	ICT, Clinical Governance Leads	Mar-13	If C.difficile documented on part 2 of death certificate, RCA investigation only. If documented on part 1, full SUI investigation to be carried out. System working well. SUI's fed back at C.diff steering group and local clinical governance Combined acute and community rapid review being reviewed	Low
Organisational	Ownership and Accountability Review membership and Terms of Reference of IPCC and associated Infection Prevention and Control Meetings	Dr Clive Graham	May-13	Membership and Terms of Reference redrafted and first IPCC to commence in May 2013	High
	Review all internal reporting arrangements to ensure risks are appropriately identified and highlighted Review IP Staffing Structure Review information systems to ensure they are compatible with Northumbria and safe from day 1 OD training for IPC team and organisational team	Dr Clive Graham	June-13	Information Analyst visited, given Honorary Contract and to develop information systems OD planned for 23 rd May 2013	High

Training & Development	C.diff training Service to provide C.diff training to Trust staff	ICT	Monthly audit	Ensure all relevant staff aware of changes in above process. Infection control training standards to exceed 90%.	Mod
Antibiotics	Compliance with prescribing standards	Clare Hamson/Jan Forlow	Quarterly audit	<p>Safe Antibiotic Prescribing Thermometer Commenced February 2013 on EA, BCD, Pillar/Patterdale, Overwater. Undertaken by ward pharmacy teams and displayed on ward. EA achieved 100% compliance on 21/3/13. Promotion via A3 posters on wards (displayed), screensaver and newsletter (sent to communications) Intensive antibiotic review week on admission wards by Microbiologist / Pharmacist (CIC April 9th, WCH April 29th) Antimicrobial stewardship presentations to Postgraduate Medical meeting (15th May, by visiting Consultant Pharmacist from York), Medical Grand Round (9th May), and Link Nurse Group (1st May) Feedback of audit results to clinicians and ward managers to encourage ownership and action Ward pharmacy teams to take active role in auditing prescriptions on their wards using AuditR</p>	Low
	Antimicrobial formulary / consumption Accessibility of NCUHT antimicrobial formulary on the Intranet Unrestricted use of cephalosporins (both within and out-with formulary indications) Point prevalence survey showed respiratory tract infections are the most	Clare Hamson/Jan Forlow	Quarterly audit	<p>Actions Antimicrobial formulary review in conjunction with Northumbria colleagues Restriction of cephalosporins (exceptions include paediatrics, maternity, meningitis) and revision of guidelines to include alternative recommendations Development of quick guides for antimicrobial prescribing for respiratory infections, sepsis, treatment indications, surgical prophylaxis to be visible in relevant clinical areas (wards, theatres, sepsis boxes) Benchmarking of antimicrobial consumption – pharmacy team to look into enrolling on national benchmarking scheme</p>	Mod

	frequent indication for antibiotics and co-amoxiclav is the most commonly prescribed antibiotic				
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