

HCAI update for Trust Board



Quarter 1 2011/12

Putting
Patients
First

Honesty
And
Integrity

Being a
Clinically-Led
Organisation

Working and
Collaborating
Together

Encouraging
Individual
Ability and
Creativity

Taking Pride
in our Work
and our
Organisation

Patients who acquired C difficile in SaTH Quarter 3 2010-11

Roland D
Age 75
Cdiff 9/11/2010

Winifred B
Age 70
Cdiff 6/11/2010

Anne G
Age 92
Cdiff 14/12/2010

James J
Age 64
Cdiff 27/12/2010

Kiera T
Age 2
Cdiff 4/12/2010

Dorothy J
Age 86
Cdiff 13/12/2010

Raymond F
Age 77
Cdiff 19/12/2010

Edward R
Age 77
Cdiff 12/10/2010

Patricia P
Age 78
Cdiff 15/10/2010

Jean C
Age 70
Cdiff 21/12/2010

Dorothy M
Age 82
Cdiff 15/12/2010

Eric R
Age 76
Cdiff 20/10/2010

Samuel M
Age 86
Cdiff 29/11/2010

Dorothy R
Age 80
Cdiff 5/12/2010

Helen W
Age 39
Cdiff 6/12/2010

Ivy P
Age 69
Cdiff 14/12/2010

Johann S
Age 85
29/12/2010

Philip D
Age 57
Cdiff 28/11/2010

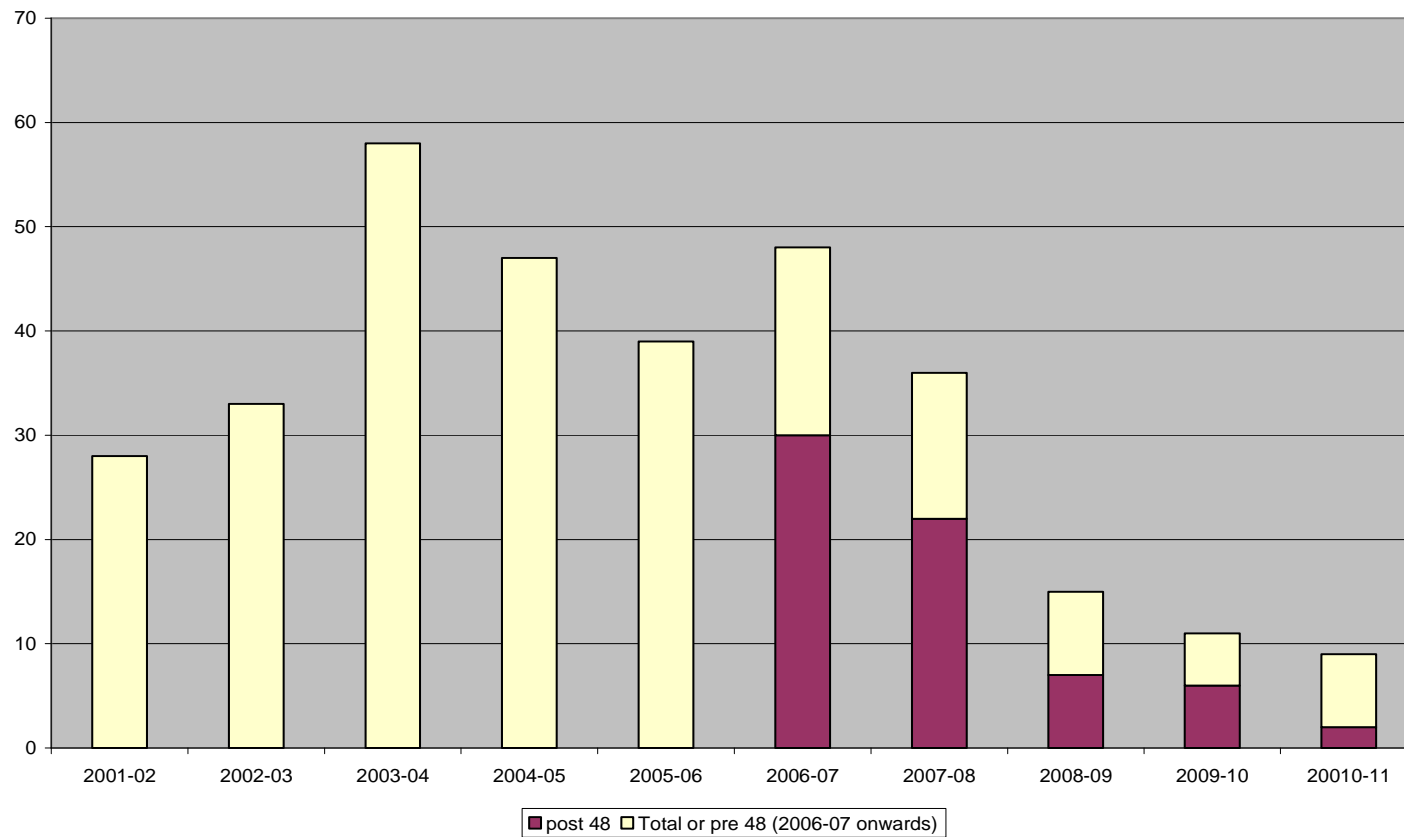
Jane M
Age 70
Cdiff 9/10/2010

Patients who acquired C difficile in SaTH Quarter 4 2011

Aline H Age 89 Cdiff 03/01/2011	Laura J Age 96 Cdiff 05/01/2011	Ivy T Age 89 Cdiff 16/01/2011	Alan S Age 67 Cdiff 25/02/2011
Thomas R Age 50 Cdiff 22/02/2011	Peter W Age 67 Cdiff 31/03/2011	Margaret C Age 76 Cdiff 12/02/2011	Elizabeth H Age 64 Cdiff 28/03/2011
Eileen H Age 85 Cdiff 10/03/2011	Michael I Age 79 Cdiff 30/03/2011	Thomas H Age 93 Cdiff 16/03/2011	Ivy N Age 85 Cdiff 04/03/2011
	Nicola T Age 2 Cdiff 29/03/2011		Toby B Age 12 Cdiff 24/03/2011

MRSA Bacteraemia 2001-11

All cases MRSA Bacteraemia diagnosed by SaTH

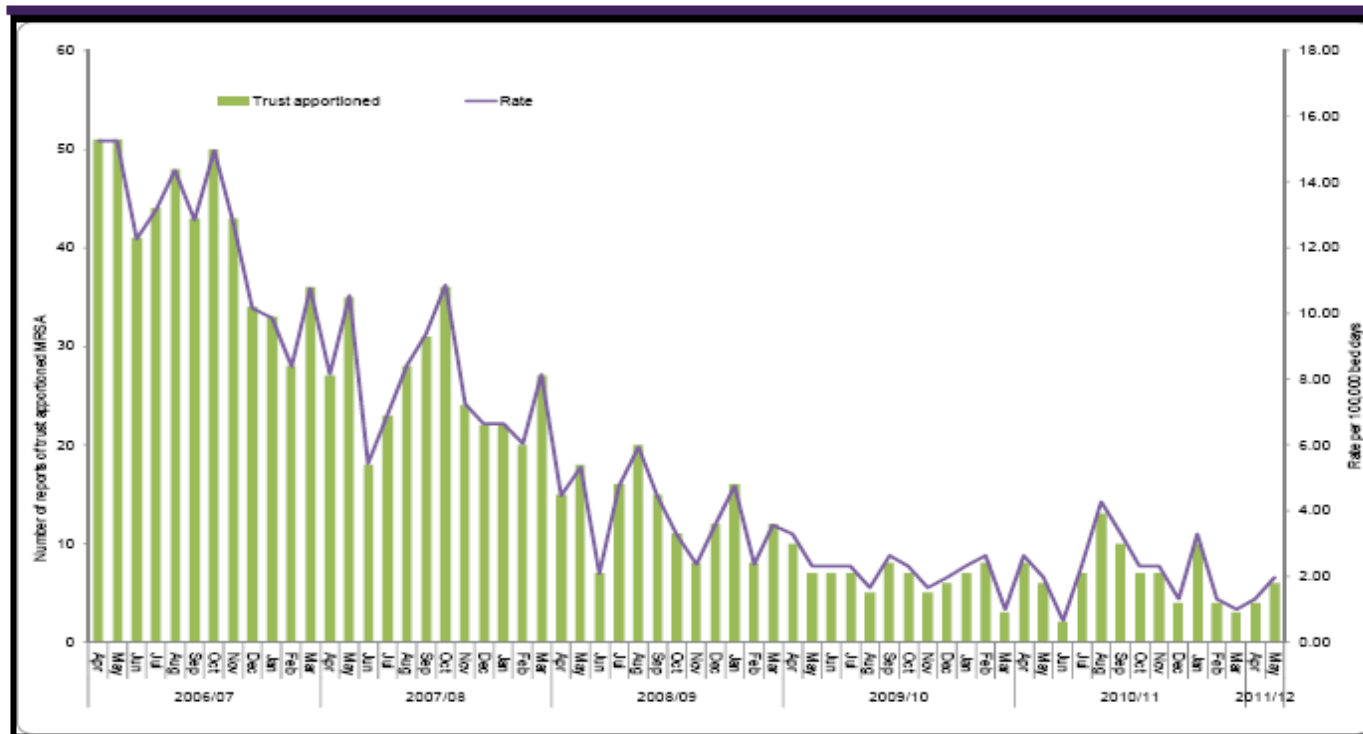


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MRSA Bacteraemia WM

1. MRSA bacteraemia

Figure 1
Acute-Trust apportioned MRSA bacteraemia
Monthly counts & rates per 100,000 bed days of trust apportioned MRSA bacteraemia reports from April 2006 to May 2011 based on data from the HCAI Data Capture System.



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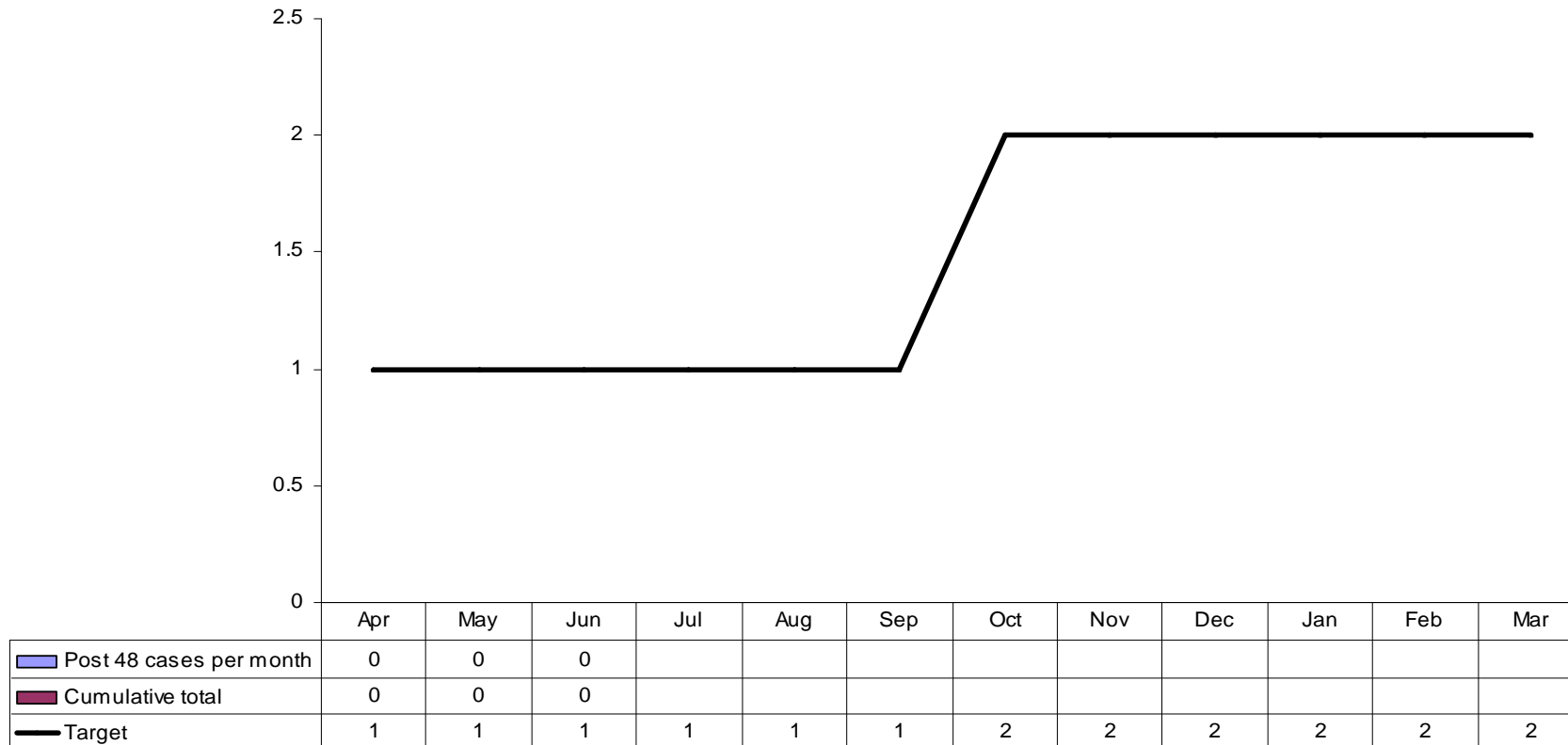
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MRSA Bacteraemia 2011/12

SATH MRSA Bacteraemia Cases 2011/12



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MRSA

- There have been no Trust apportioned cases of MRSA bacteraemia in Q1 2011
- This year's target has been set as not more than 2 MRSA post 48 hr bacteraemias in the year
- We are now monitoring MRSA by new cases acquired in each ward (NOT bacteraemia but localised infections or colonisation)
- Compliance with emergency admission screening continues to be over 90% at 93.9%
- Most ward with low percentage compliance had very few admissions and missed very few cases

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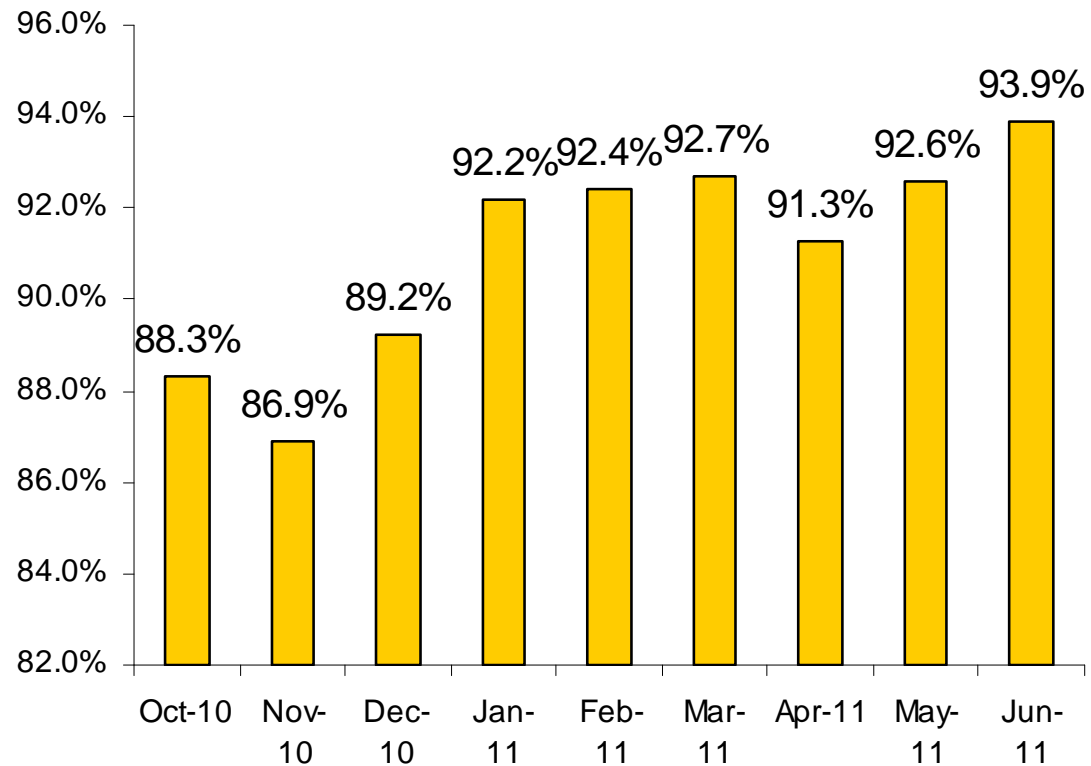
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SaTH Emergency Admission Screening Compliance



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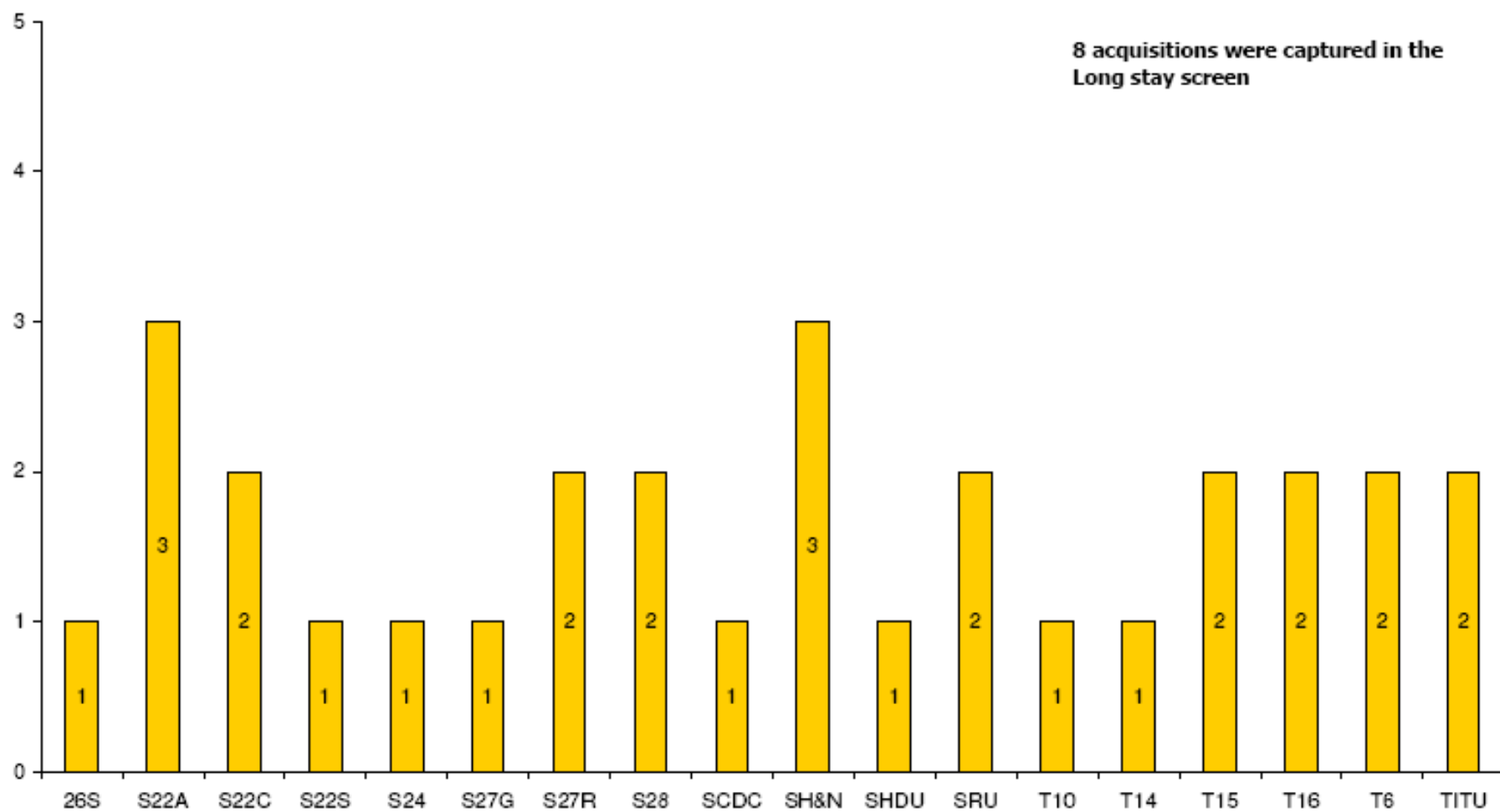
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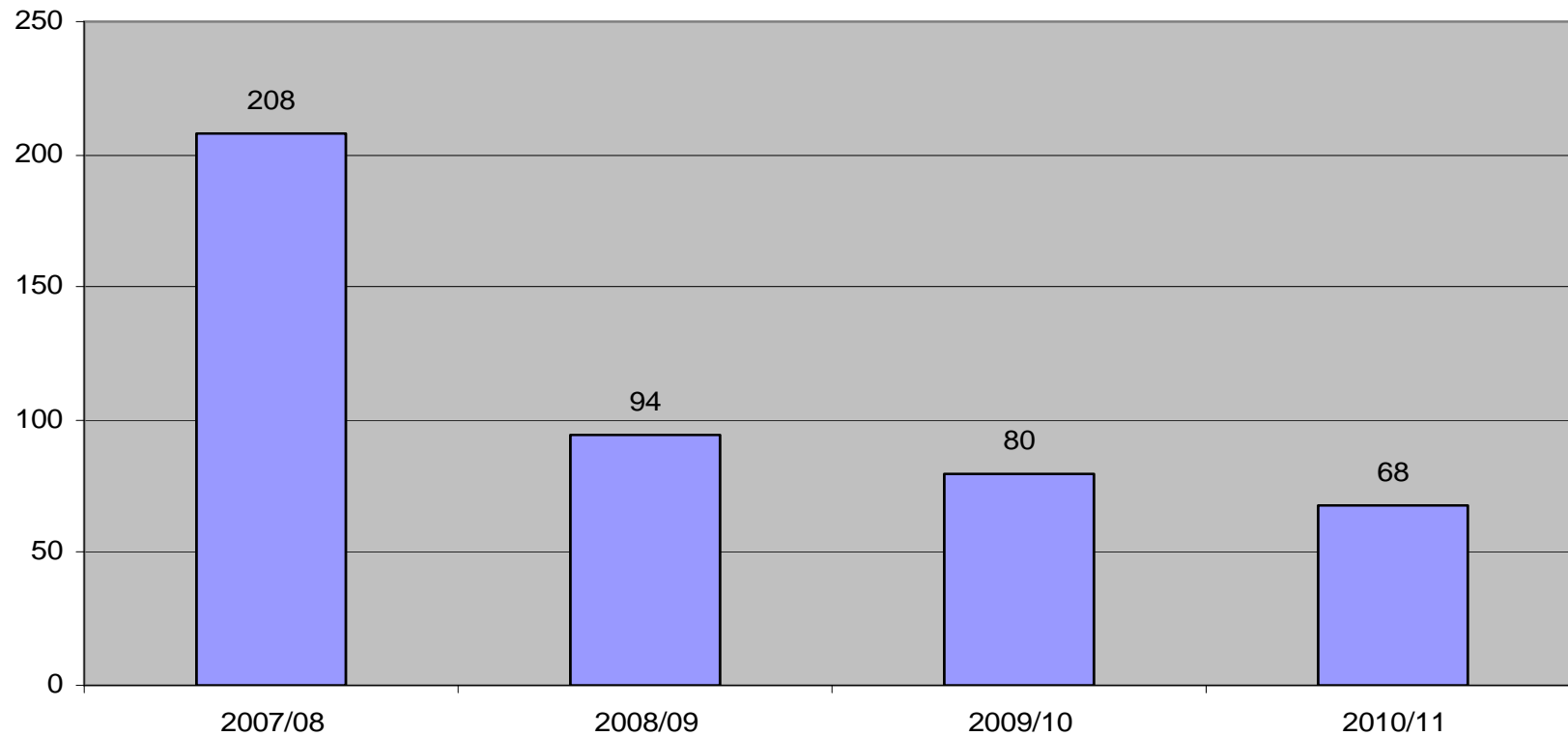
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SaTH MRSA Acquisitions April to June 2011



C difficile SaTH Apportioned Cases

Annual cases apportioned to SaTH to end Mar 11



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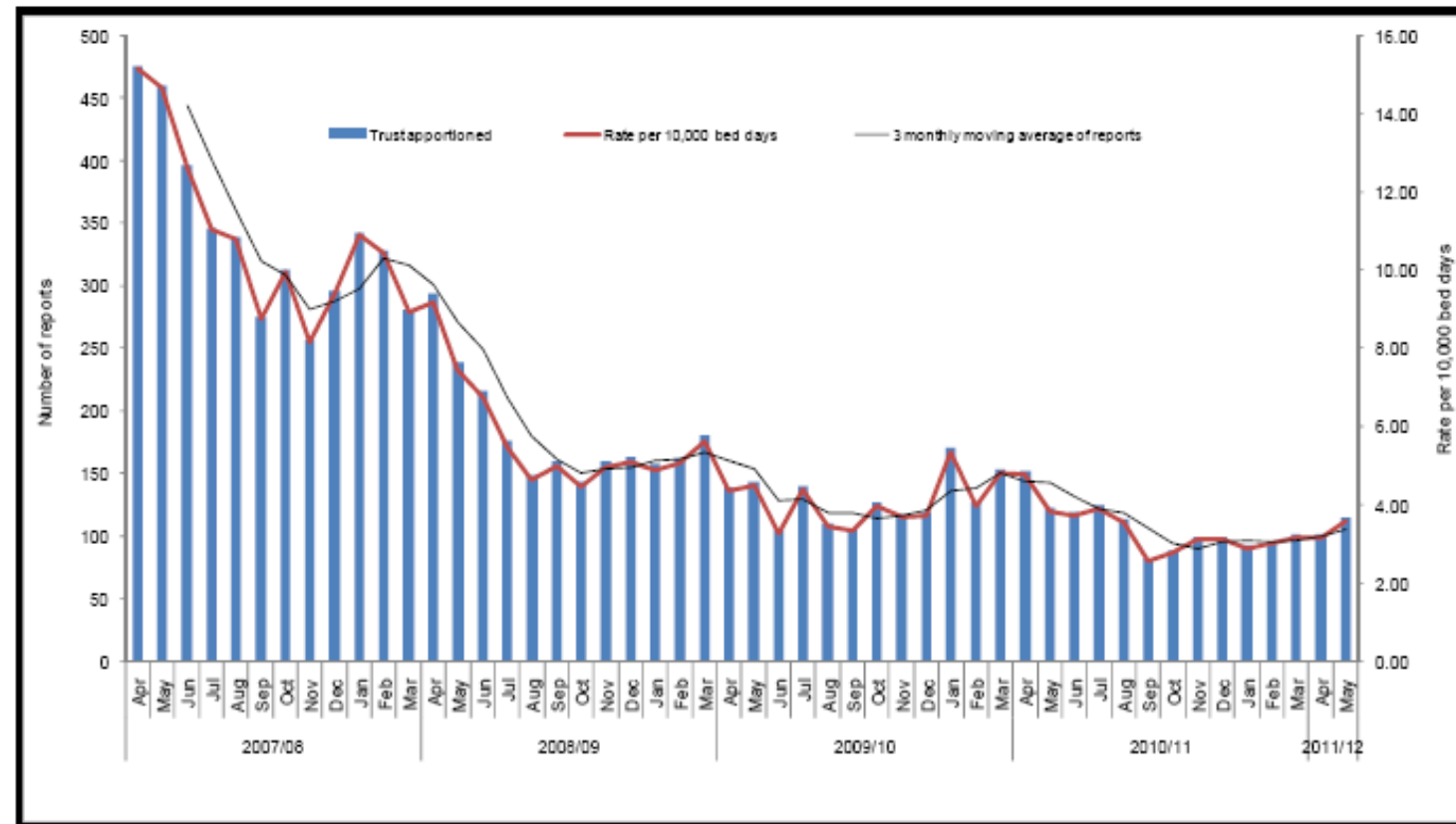
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WM Regional Picture C difficile

3. Clostridium difficile

Figure 5
Acute-Trust
apportioned *C. difficile* infection
Monthly counts & rates
per 10,000 bed days of
trust apportioned CDI
reports from April 2007
to May 2011 based on
data from the HCAI
Data Capture System



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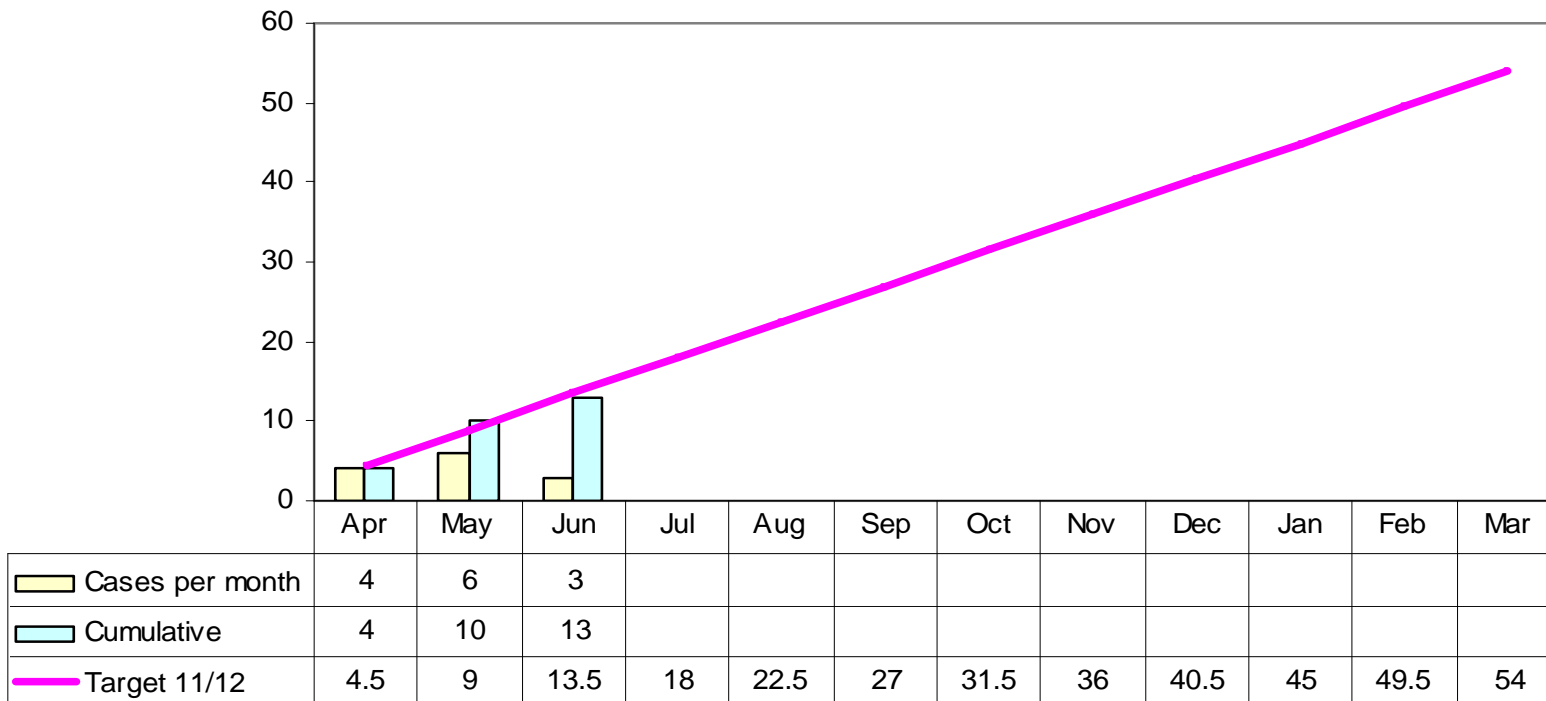
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C diff cases WM by NHS Trust 2010-11	April 2010 - March 2011		
	Trust Apportioned	Total	Rate per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)
Birmingham Women's	1	1	3.3
Robert Jones & Agnes Hunt Orthopaedic & District Hospital	2	2	3.6
Birmingham Children's Hospital	2	2	4.1
South Warwickshire	27	98	20.4
Burton Hospitals	29	61	21.8
Shrewsbury & Telford Hospital	68	184	25.3
The Royal Orthopaedic Hospital	9	9	26.0
Mid Staffordshire	35	83	27.7
University Hospitals Coventry & Warwickshire	104	205	28.6
Worcestershire Acute Hospitals	91	213	31.3
Heart of England	171	329	31.5
The Dudley Group of Hospitals	81	161	32.0
George Eliot Hospital	40	88	33.3
Wye Valley NHS Trust	30	101	33.7
Royal Wolverhampton Hospitals	80	144	36.1
Sandwell & West Birmingham Hospitals	121	240	39.4
University Hospital Birmingham	145	248	43.6
Walsall Healthcare	80	161	47.4
University Hospital of North Staffordshire	170	310	49.8
Total	1,286	2,640	28.4

C difficile Q1 2011/12

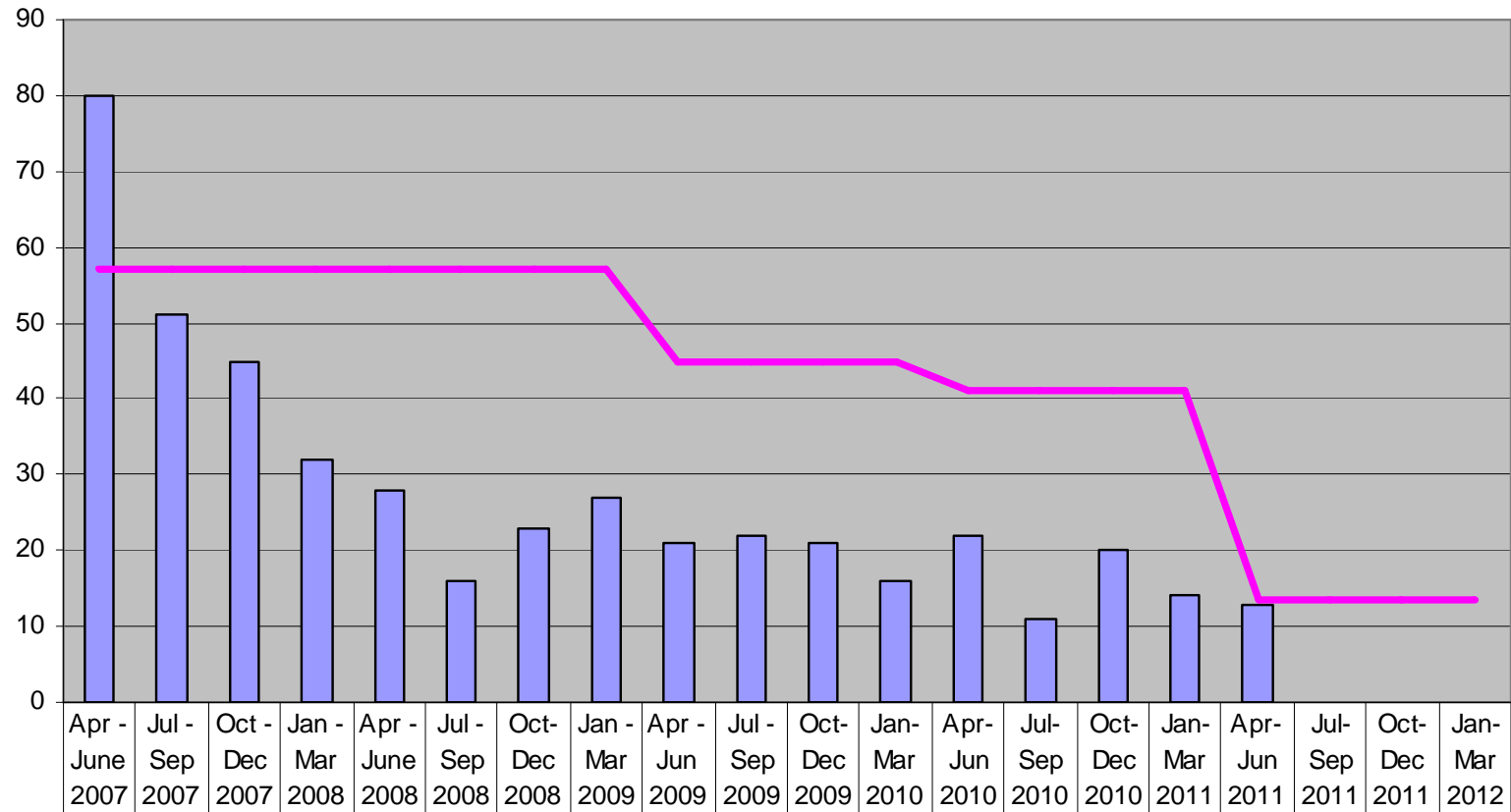
C difficile cases and recurrences over 2 yrs 2010/11 - SATH Responsible



Cases per month
 Cumulative
 Target 11/12

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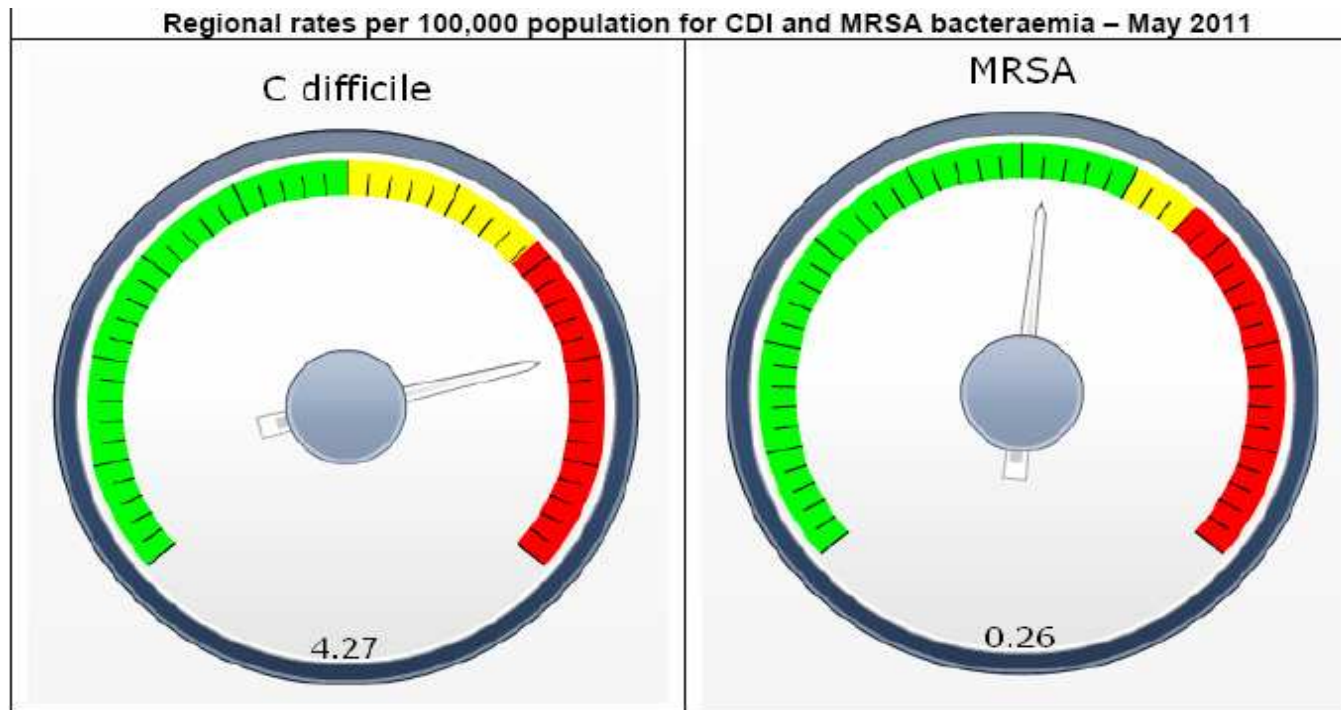
Cases of C diff appORTioned to SaTH Quarterly Figures - April 2007 to present



SaTH appORTioned	80	51	45	32	28	16	23	27	21	22	21	16	22	11	20	14	13			
Target	57	57	57	57	57	57	57	57	45	45	45	45	41	41	41	41	13.5	13.5	13.5	13.5

SaTH appORTioned
 Target

WM C difficile 2011/12



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C difficile Q1 2011/12

- In Q1 2011/12 – we have had 13 SATH responsible cases (post 72 hrs) vs target of not more than 54 (average 4.5 per month)
- We are now just within our trajectory. At this point last year we had had 22 cases
- No wards have had more than one case per month.
- Cause from RCA - Antibiotics from Sath 8 cases, Antibiotics from GP 2 cases. Not known 3. The prescribing was mostly appropriate
- The 13 cases (plus 1) ytd were acquired on the following wards: T7 2, T11 1, T10 1, S24 1, S23N 1, S21 3, SRU 1, SICA 1, S25CR 1, S27R 1, S28 1 (includes one dialysis patient not formally apportioned to SaTH)
- The 3 cases on ward S21 are all different ribotypes as were the 2 cases on ward 7.

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Aims for 2011/12

- Monitor compliance with MRSA screening, providing local support to areas of poor performance
- Challenge existing assurance mechanisms & validate self assessment
- Follow up sub optimal standard of hand hygiene by small minority of medical staff. Clinical centres who do not achieve target score will be given further support
- Look in detail at root causes in order to reduce the annual number of post 48hr MSSA bloodstream infections
- Look in detail at root causes in order to reduce the annual number of post 48hr E coli bloodstream infections
- Focus on decontamination of instruments/equipment outside of CSSD
- Increase Infection Prevention & Control information to visitors, through improved signage & the development of additional information leaflets

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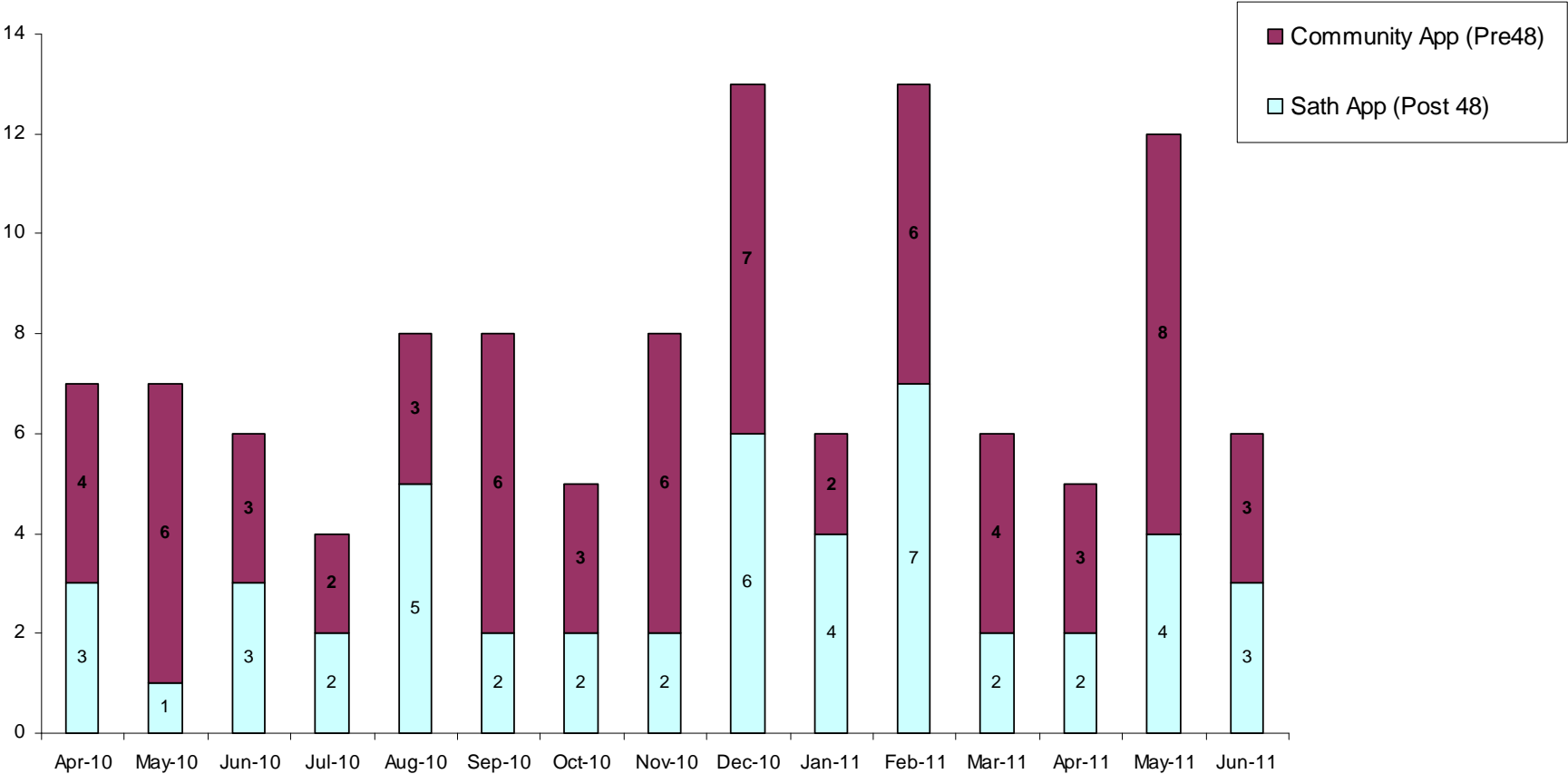
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MSSA cases 2011



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MSSA Bacteraemia

- We have been required to report all MSSA bacteraemias on the MESS database from 01/01/11
- MSSA is the commoner sensitive version of MRSA
- Common infection in the community, mostly associated with skin, soft tissue and bone infection, but it can be associated with health care
- There will not be formal targets this year. We are concentrating on having systems in place to collect and analyse the data
- There were 23 cases this quarter of which 9 were post 48 hours.
- Post 48 hour cases; 2 infected central IV lines, 1 infected peripheral line, 1 infected temporary pacing wire, 2 ventilator associated pneumonia, 1 infected urinary stent, 1 infected compound fracture, 1 infected PEG site

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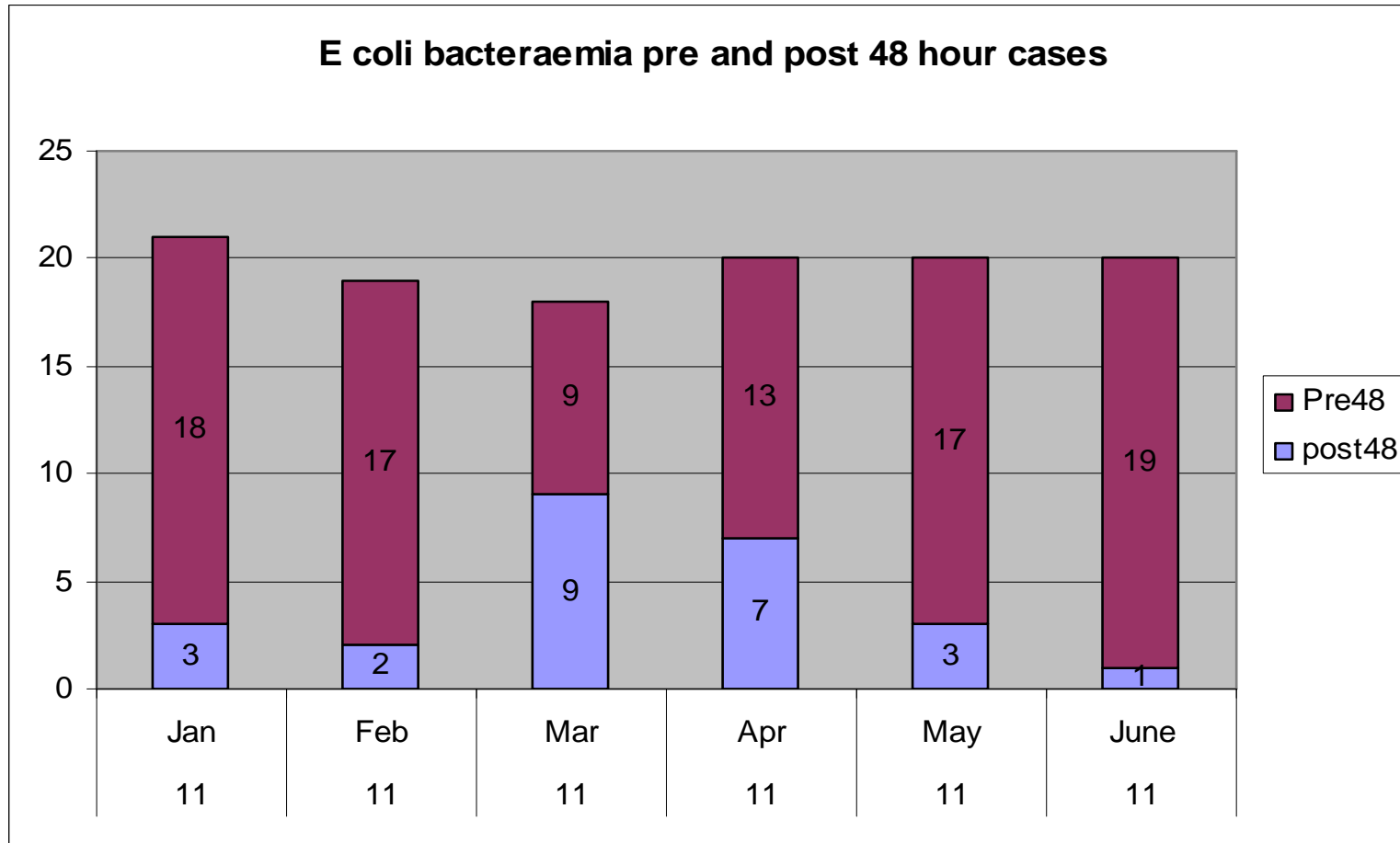
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E coli Bacteraemia



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E coli Bacteraemia

- We are required to report all E coli bacteraemias from 01/06/11 onto the HPA database
- E coli is a common infection in the community, mostly associated with urinary or abdominal infections, and is a common cause of severe sepsis (NB These are not food poisoning strains which are rare)
- As with MSSA no formal targets have been set this year, and the emphasis is on collection of data
- There were 20 cases in June. Only 1 was taken more than 48 hours post admission. This patient was admitted with a fractured hip and developed pseudo obstruction of the gut post op.
- 2 other patients were SaTH associated. One patient had had a prostate biopsy 3 days previously and the other had an infected biliary stent.
- 2 others were considered to be HCAs, 1 UTI from N/H, 1 ESBL catheter associated (community based care)
- Source: 10 UTI (1 catheter associated), 6 hepatobiliary, 2 other gut, 2 unknown

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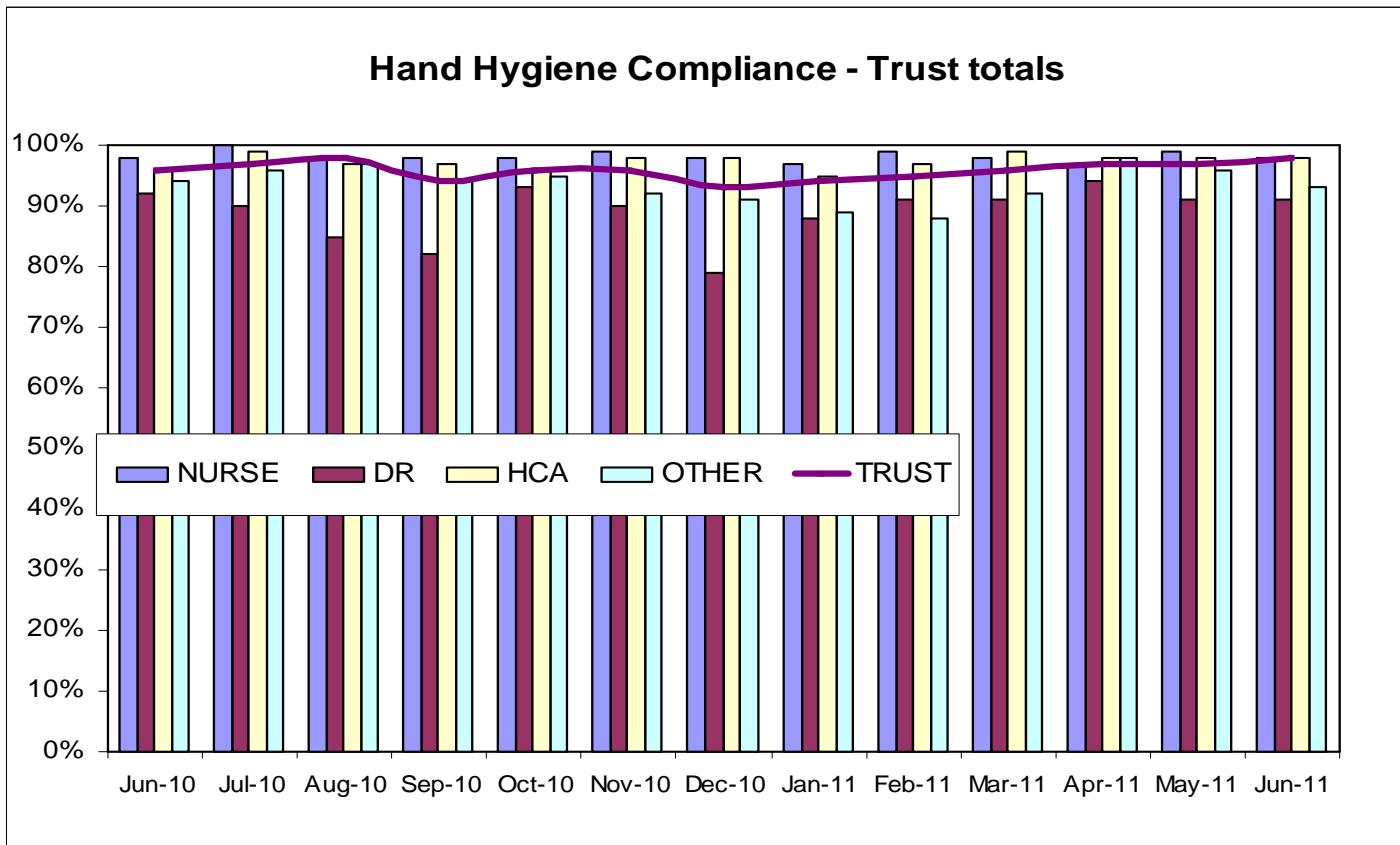
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Hand Hygiene to June 2011



NURSE	DR	HCA	OTHER	TRUST
98%	91%	98%	93%	98%



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