HCAI update for Trust Board

Quarter 1 2011/12
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

Edward R
Age 77
Cdiff 12/10/2010

Patricia P
Age 78
Cdiff 15/10/2010

Raymond F
Age 77
Cdiff 19/12/2010

Eric R
Age 76
Cdiff 20/10/2010

Winifred B
Age 70
Cdiff 6/11/2010

Dorothy M
Age 82
Cdiff 15/12/2010

Edward R
Age 77
Cdiff 12/10/2010

Eric R
Age 76
Cdiff 20/10/2010

Dorothy M
Age 82
Cdiff 15/12/2010

Jane M
Age 70
Cdiff 9/10/2010

Helen W
Age 86
Cdiff 29/11/2010

Ivy P
Age 69
Cdiff 14/12/2010

Philip D
Age 57
Cdiff 28/11/2010

Jane M
Age 70
Cdiff 9/10/2010

Dorothy R
Age 80
Cdiff 5/12/2010

Johann S
Age 85
29/12/2010

Eric R
Age 76
Cdiff 20/10/2010

Samuel M
Age 86
Cdiff 20/10/2010

Helen W
Age 86
Cdiff 29/11/2010

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

Helen W
Age 86
Cdiff 29/11/2010

Ivy P
Age 69
Cdiff 14/12/2010
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

Toby B
Age 12
Cdiff 24/03/2011

Nicola T
Age 2
Cdiff 29/03/2011

Ivy N
Age 85
Cdiff 04/03/2011

Ivy N
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.
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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Taking Pride in our Work and our Organisation

SaTH Emergency Admission Screening Compliance

SaTH Emergency Admission Screening Compliance

Oct-10 Nov-10 Dec-10 Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11

88.3% 86.9% 92.2% 92.4% 92.7% 91.3% 92.6% 93.9%
SaTH MRSA Acquisitions April to June 2011

8 acquisitions were captured in the Long stay screen
C difficile SaTH Apportioned Cases

Annual cases apportioned to SaTH to end Mar 11

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>208</td>
</tr>
<tr>
<td>2008/09</td>
<td>94</td>
</tr>
<tr>
<td>2009/10</td>
<td>80</td>
</tr>
<tr>
<td>2010/11</td>
<td>68</td>
</tr>
</tbody>
</table>
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
## C diff cases WM by NHS Trust 2010-11

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

C difficile Q1 2011/12
Cases of C diff apportioned to SaTH Quarterly Figures - April 2007 to present

SaTH apportioned

Target

<table>
<thead>
<tr>
<th>Period</th>
<th>SaTH Apportioned</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr - June 2007</td>
<td>80</td>
<td>57</td>
</tr>
<tr>
<td>Jul - Sep 2007</td>
<td>51</td>
<td>57</td>
</tr>
<tr>
<td>Oct - Dec 2007</td>
<td>45</td>
<td>57</td>
</tr>
<tr>
<td>Jan - Mar 2008</td>
<td>32</td>
<td>57</td>
</tr>
<tr>
<td>Apr - Jun 2008</td>
<td>28</td>
<td>57</td>
</tr>
<tr>
<td>Jul - Sep 2008</td>
<td>16</td>
<td>57</td>
</tr>
<tr>
<td>Oct - Dec 2008</td>
<td>23</td>
<td>57</td>
</tr>
<tr>
<td>Jan - Mar 2009</td>
<td>27</td>
<td>57</td>
</tr>
<tr>
<td>Apr - Jun 2009</td>
<td>21</td>
<td>45</td>
</tr>
<tr>
<td>Jul - Sep 2009</td>
<td>22</td>
<td>45</td>
</tr>
<tr>
<td>Oct - Dec 2009</td>
<td>22</td>
<td>45</td>
</tr>
<tr>
<td>Jan - Mar 2010</td>
<td>16</td>
<td>45</td>
</tr>
<tr>
<td>Apr - Jun 2010</td>
<td>22</td>
<td>45</td>
</tr>
<tr>
<td>Jul - Sep 2010</td>
<td>11</td>
<td>41</td>
</tr>
<tr>
<td>Oct - Dec 2010</td>
<td>14</td>
<td>41</td>
</tr>
<tr>
<td>Jan - Mar 2011</td>
<td>13</td>
<td>13.5</td>
</tr>
<tr>
<td>Apr - Jun 2011</td>
<td>13</td>
<td>13.5</td>
</tr>
<tr>
<td>Jul - Sep 2011</td>
<td>13</td>
<td>13.5</td>
</tr>
<tr>
<td>Oct - Dec 2011</td>
<td>13</td>
<td>13.5</td>
</tr>
<tr>
<td>Jan - Mar 2012</td>
<td>13</td>
<td>13.5</td>
</tr>
</tbody>
</table>
WM C difficile 2011/12

Regional rates per 100,000 population for CDI and MRSA bacteraemia – May 2011

C difficile

MRSA

4.27

0.26
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.
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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MSSA cases 2011

Community App (Pre48)
Sath App (Post 48)
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
E coli Bacteraemia

E coli bacteraemia pre and post 48 hour cases

<table>
<thead>
<tr>
<th>Month</th>
<th>Pre48</th>
<th>post48</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Feb</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Mar</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Apr</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>May</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>June</td>
<td>19</td>
<td>1</td>
</tr>
</tbody>
</table>

Pre48: Pre 48 hour cases
post48: Post 48 hour cases
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 HCAIs, 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
Hand Hygiene to June 2011

Hand Hygiene Compliance - Trust totals

<table>
<thead>
<tr>
<th>NURSE</th>
<th>DR</th>
<th>HCA</th>
<th>OTHER</th>
<th>TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td>98%</td>
<td>91%</td>
<td>98%</td>
<td>93%</td>
<td>98%</td>
</tr>
</tbody>
</table>
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