Annual Infection Prevention & Control Report

2013 - 2014

‘Infection Prevention & Control is everyone’s business’
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Executive Summary

This report produced by our Infection Prevention & Control Committee outlines the main activities which were implemented to tackle healthcare–associated infections during 2013 - 2014. This has remained a high priority for the South Eastern HSC Trust. We continued to work towards the objectives set out in our Strategy for the Prevention and Control of Healthcare-associated Infection (HCAI) 2011 - 2014 and other infection prevention and control initiatives this year.

Integrated within our management structures, a continued emphasis is placed on Infection Prevention & Control (IPC) being everyone’s responsibility. Our Trust Board takes an active interest in this work and over the year received regular updates on HCAI, environmental cleanliness and other related issues. Leadership walk-rounds were undertaken; Directors and senior managers had the opportunity to visit departments and talk to staff about IPC and other Patient Safety & Quality Initiatives. This has helped maintain a focus on what additional elements need to be introduced to further reduce HCAIs across our organisation.

The Trust did not meet the Department of Health Social Services and Public Safety (DHSSPSNI), targets set for Meticillin-resistant Staphylococcus aureus blood stream infections and those set for Clostridium difficile Infections (CDI), this year. However with the implementation of IPC and antimicrobial prescribing programmes a continuous and sustained reduction in CDI year on year has been maintained since the formation of the Trust in 2007.

From 2009 to 2013 - 2014 there has been a steady rise of 9%, in the number of patient admissions requiring acute care, against this, there has been a continuous reduction in MRSA infections with a marginal two case rise in 2013 - 2014.

As part of a Regional Infection Surveillance Programme orthopaedic and caesarean section wound infection surveillance is undertaken in the Trust. In addition, within the Critical Care Unit the incidence of ventilator-associated pneumonia; central venous and urinary catheter device-related infections are monitored. It is positive to note that the incidences of infections are low.

Although a number of private care homes within the Trust’s catchment area were affected with Norovirus outbreaks, overall, a significant reduction in outbreaks of this infection was noted this year compared to previous years. This was very welcome as the Trust continues to experience pressures for acute beds.

Infection Prevention & Control Committee members along with our Capital Development and Clinical teams have been actively involved in the design of the new hospital on the Ulster Hospital site. The buildings will be commissioned and operational by 2016 - 2017.

Hand hygiene remains the single most important infection control measure. This year our Hand Hygiene Compliance Programme continued to meet the standards set.

The IPC mandatory staff training programme has continued and it is positive to note that there has been a steady uptake over the last two years. Funding from the Public Health Agency has been used to further develop e-learning and other IPC learning programmes.

This summary overview gives details of the ongoing work that has been taken forward this year in order to reduce HCAI. Further details of these IPC Performance activities are outlined in this report.

Thank you to all who have contributed to this important work which is core to ensuring a safe, positive and quality experience for those who use our services.

Nicki Patterson
Director of Primary Care Older People & Nursing
Lead Director for Infection Prevention & Control
Surveillance and Healthcare-associated Infection (HCAI) Reduction Targets

The DHSSPSNI set targets for a regional 23% reduction in MRSA Bacteraemia and *Clostridium difficile* infections in Northern Ireland (NI), based on those reported in 2012 - 2013.

The target set for the Trust was to reduce the number of MRSA bacteraemia to 9 and *Clostridium difficile* infections to 55 over the year 2013 - 2014. A total of 15 MRSA bacteraemia infections and 56 *Clostridium difficile* infections in patients 2 years and over were reported.

Although the target for MRSA infections was breached each infection was scrutinised closely and the trend from previous years has changed. 33% of the MRSA blood stream infections detected were taken from patients presenting with infections on admission.

The overall trend in MRSA infections from 2007 show a continual reduction until this year, with an increase of 2 compared to 2012 - 2013. However, there has been over 50% reduction in the number of MRSA infections this year as compared with 2008 - 2009. The MRSA figures are illustrated in Graph 1 below which also shows the increasing trend of hospital admissions with a 9% rise from 2009.

**Graph 1. South Eastern HSC Trust’s MRSA Blood Stream Infections 2007 - 2014**

In relation to *Clostridium difficile* infection the Trust has continued to achieve year on year reductions since 2007. There was a 70% reduction in the numbers this year (2013 - 2014) as compared with 2008 - 2009.
Graph 2 shows the downward trend in *Clostridium difficile* infections across the Trust from 2007. Mandatory reporting of *Clostridium difficile* infection in inpatients 2 years and over commenced in 2009. Samples are sent for further analysis (to determine similarities). None of these were linked to transmission within the hospitals or Trust community healthcare settings.

Graph 2. *Clostridium difficile* cases in Trust Hospitals 2007 - 2014

**Root Cause Analysis and Shared Learning**

A post infection review was carried out on *Clostridium difficile* and MRSA infections this year. These were undertaken within Directorates by clinical and the IPC teams. Any outcomes which could contribute to learning and future patient management were presented at relevant Directorate meetings.

This information was shared across the organisation and submitted to the Lessons Learned Committee.
Surveillance of Infection within the Critical Care Unit

The Critical Care Unit continued to participate in a Regional Infection Surveillance Programme which commenced in June 2011. Ventilator-associated pneumonia, central venous and urinary catheter device-related infections are monitored. It is positive to note that no central venous or urinary catheter-related infection has been reported to date. The last ventilator-associated pneumonia was reported in November 2012.

This information illustrated in Graphs 3 to 5 appears in Public Health Agency’s publications and has been used with their permission.

Graph 3. Catheter–related Urinary Tract (CAUTI) Infections within the Critical Care Unit from April 2013 to the end of March 2014

Ulster Hospital

Zero CAUTI recorded to date

[Graph showing no CAUTI recorded from April 2013 to March 2014]
Graph 4. Central Line-Associated Blood Stream Infections (CLABSI) within the Critical Care Unit from April 2013 to the end of March 2014

The graph above shows that there was no central venous catheter-related blood stream infections reported during the year.

Graph 5. Ventilator-associated pneumonia infections within the Critical Care Unit from April 2013 to the end of March 2014.

Graph 5 above illustrates that there has been no ventilator-associated infection reported since 2012.
**Caesarean section wound infection**

The Trust has monitored caesarean section wound infection as part of the Public Health Agency’s (PHA) Mandatory Surveillance Programme. The overall rate for C-section wound infection in inpatients from January 2013 to December 2013 equated to 0.12% (compared to the Northern Ireland average 0.4% for the same period). PHA data demonstrated that post discharge infection rates across Northern Ireland last year were 8.4%. The rate for the Trust in comparison was 11%. More work is planned in 2014 - 2015 to ensure accurate detection and management of caesarean section wound infection post-discharge.

**Orthopaedic wound infection**

We continue to monitor orthopaedic wound infections. Surveillance data was forwarded to the Public Health Agency for analysis. From January – December 2013 the overall infection rate was 0.3%. This has fallen from the previous year. (The Northern Ireland average for the same period was 0.3%).

**The Trust’s Tuberculosis (TB) working group**

The Trust TB group has continued to progress work across a wide range of services. This has been integrated into prison health, while health visitors and the School Health Service have established neonatal BCG vaccination and migrant screening programmes into their roles (this involves working with the homeless and other community groups). This compliments other strands of TB management within acute care settings namely, follow up of staff and patients via clinical teams, occupational health and hospital infection prevention and control staff in the treatment of people with TB and close contact tracing.

In the past year the Trust has worked hard to obtain resources and as a result, a nurse has been appointed to follow-up tuberculosis cases and their contacts. This is a shared post covering the South Eastern and Belfast HSC Trust areas.

A bid has also been submitted for approval for a part time (18.75 hours) post within the South Eastern HSC Trust to take forward new immigrant screening for Tuberculosis.

Policies and Guidelines are being reviewed to support these initiatives.

These include:

- Management of Suspected/Confirmed TB Cases
- Prevention of Tuberculosis: Risk Assessment, Screening and Vaccination Programmes
- Prevention and Control of Tuberculosis among Health Care Workers
- Development of Management Pathways within the Prison Health Service.

The policies will be issued in 2014.

TB guidance has been issued by NICE (National Institute for Clinical Excellence). The Trust is progressing well against these standards and aims to achieve full implementation in 2015.
Outbreaks and increased incidences of significant microorganisms

Enterococci

This year a cluster of Glycopeptide Resistant Enterococci (GRE) was identified from laboratory samples. (Enterococci are bacteria which reside in the gut). There were no transmission links identified. However awareness was increased in respect of prudent antimicrobial prescribing and heightened IPC measures were put in place.

Norovirus

Overall outbreaks of Norovirus affecting Trust services have fallen this year, (even though there was an increase in the incidences of vomiting and diarrhoea circulating across the province and local care homes were affected). One ward in Lagan Valley Hospital was partly closed in November 2013 and another ward was closed in Lagan Valley Hospital during the same time, for a period of eight days. Norovirus was identified as the causative organism.

All appropriate measures were introduced. Staff adhered to the strict use of personal protective equipment, hand hygiene and environmental cleaning regimes. Patient experience teams worked with clinical teams to ensure all affected areas were cleaned effectively on termination of the outbreak.

Influenza A

The Rehabilitation Ward in Lagan Valley Hospital was closed to admissions in March 2014 for 10 days due to an outbreak of influenza. Ten patients were affected. They received appropriate antiviral treatment and any patient contacts (those without symptoms), were offered antiviral prophylaxis. Appropriate precautions were put in place with additional cleaning. The situation settled quickly.

Group A Haemolytic Streptococcal infections

A marked increase in Group A Streptococcal infections were identified from laboratory samples (April 2013 - March 2014). Overall the number of infections caused by this bacterium has risen steadily across the region. As part of the Trust’s alert Organism Surveillance Programme cases were reviewed and reported as required to the Public Health Agency. This process enabled any patients with invasive infections to be managed in accordance with National Best Practice Guidelines.

No cases were associated with transmission in hospitals.
Panton-Valentine Leukocidin (PVL), Meticillin-Sensitive Staphylococcus Aureus (MSSA)

An unusual strain of MSSA was identified during this year. This bacterium PVL MSSA can cause skin and soft tissue infections although blood stream and other more serious infections can develop. This cluster appeared in the community affecting people in their own home environment. A specific strain PVL-MSSA spa-type 417 was found to be the causative organism. A number of patients requiring care (either colonised or infected with the bacterium), were managed within our community and hospital settings.

Further collaborative work was undertaken in conjunction with the Public Health Agency to manage cases.

Monitoring practices to reduce HCAI

High Impact Interventions (HIIs) are nationally agreed key elements of practice which when integrated as part of patient care can contribute to a reduction in infection. These mainly relate to hand hygiene practice and correct management of invasive devices.

Across the Trust hand hygiene compliance and practice relating to the care of urinary and peripheral venous catheters was monitored closely. This information was collated weekly at clinical level and electronically analysed. This data was presented at each Directorate’s performance and governance meetings this year to improve patient outcomes. Monthly update reports were provided for Trust Board and discussed at the Trust’s HCAI Steering Group and Infection Prevention and Control Committee meetings.

Illustration 1 and 2 taken from the HCAI Electronic Dashboard shows compliance against the standards set for HIIs in the year 2013 - 2014

Illustration 1 below taken from the Electronic Dashboard shows compliance against the standards set for HIIs from accumulative data in the year 2013 - 2014
Illustration 2 below shows compliance with HIIs in March 2014 across the Trust.

The picture below outlines some of the information currently displayed for patients and the public.

In 2014 - 2015 there are plans to enhance the electronic reports produced. Details will be displayed to assist in communicating how well we are doing for patients and the public. This will include details of the standards of ward cleanliness and other IPC related information.
Patient Experience Services

Cleaning

It is important that all members of cleaning staff, have a clear understanding of their responsibilities to prevent the spread of infection, and are familiar with any infection prevention and control policies and procedures, that are in place.

The Patient Experience Department has in place a task training manual which is a detailed, easy-to-follow, step-by-step document demonstrating the correct way to clean and gives details of cleaning materials and equipment (and maintenance of equipment) needed to help achieve the highest possible standards of cleanliness. It includes sections that cover the prevention and control of infection, health and safety, risk assessment and training. It provides detailed methods for general cleaning (furniture, fixtures and fittings and walls), floors, kitchens, washrooms and sanitary areas.

519 patient experience staff received update training during 2013 - 2014.

Environmental Cleanliness Developments in 2014 - 2015

As part of our programme of cleanliness monitoring across the Trust, a weekly report detailing departmental compliance scores has been developed and will be cascaded to governance leads, infection prevention and control and domestic managers in the forthcoming year.

Access to timely information to key stakeholders will facilitate rapid remedial action by highlighting functional areas that fall below the required cleanliness standards.

Food Safety

The Food Safety Committee has worked with the Environmental Health Officers to review food safety protocols. A rolling programme of Food Hygiene Awareness Training was provided for nursing staff in clinical areas this year and this will continue to be rolled out next year.

There has been substantial work undertaken to promote public awareness of the foods which they should avoid bringing into hospital for patient consumption.

Within Patient Experience a total of 201 staff attended Food Safety Training ranging from Food Safety Awareness to Level 2, Level 3 and 4 in Food Safety.

Water Safety Committee

In the past year, two new energy centres and hot and cold water systems have been installed to comply with new recommendations around water safety. The overall cost was estimated to be around £500k. A new bore-well plant designed to improve water supply resilience for the Ulster Hospital site and bring economic benefits was commissioned following all relevant safety checks.

An electronic computer software system was introduced in 2012 and has enabled continued Trust-wide checking of the systems that are in place to maintain water safety.
Across the Trust (at an estimated cost of £100k), other remedial actions included replacement of all showers throughout the Care of the Elderly wards. A programme of six-monthly maintenance of the Trust’s 5,000 showers and thermostatic mixing valves continued to be implemented at a cost of approximately £10k per month.

Routine monitoring for *Pseudomonas aeruginosa* with the NIPHL (Northern Ireland Public Health Laboratory) service continues across all five of the Trust’s augmented care areas.

Refurbishment is planned to replace all of the aging plumbing and sanitary systems within one of the children’s wards. This will commence next year.

## Capital Development

The Infection Prevention and Control Committee has once again been actively involved with Capital Development and the clinical teams in order to progress and sign off plans for the new hospital blocks on the Ulster Hospital site.

Construction of the new Inpatient Ward Block has commenced, with handover and commissioning planned for 2016 - 2017. (The pictures below show progress of the construction of the new hospital).
Community Services Report

Efforts have been made to integrate infection prevention initiatives into the services which provide healthcare in community settings. This will be important as further services will evolve to care for more people in their own homes in the future.

Within Adult Disability Services an Infection Prevention Control Group has been established. The group meets on a quarterly basis. Nominated representatives from each facility attend within Adult Disability Services who take a key role for infection reduction control. This Group monitor activities and this includes:

• A Progress update for each facility on a quarterly basis
• Monitoring of staff training at induction and mandatory training in infection prevention control and hand hygiene
• Reporting of compliance with hand hygiene and environmental cleanliness audits
• Completion of an annual hygiene survey and environmental hand hygiene audit for each facility.

There has been continued good practice and outcomes for year 2013/2014 with no noted issues of concern.

Further work has also been undertaken in conjunction with our staff working in primary care and community settings to highlight and implement the standards set out in the NICE (National Institute of Clinical Excellence), Clinical guideline (2012). ‘Prevention and Control of healthcare-associated infections in primary and community care’.

This included bringing awareness of these standards to the private healthcare providers who work in partnership with the Trust in providing care to patients in their own home and other community settings.
Infection Prevention and Control Team (IPCT) Audits

The IPC team have an annual programme of audit which is both planned and responsive. The following is a summary of the audit activities undertaken in 2013 - 2014.

Table One: Infection Prevention and Control Team (IPCT) Audits

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<th>Audit</th>
<th>Details</th>
<th>Action</th>
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<tr>
<td>Regional MRSA Survey.</td>
<td>The aim of the survey was to provide data on the number of Meticillin-resistant <em>Staphylococcus aureus</em> (MRSA) cases and assess the effectiveness of eradication treatment.</td>
<td>The Infection Prevention Control Team are currently collecting the data. The Public Health Agency will collate the information and results will be forwarded to each Trust. The results will be used in future review of the MRSA screening/management guidelines.</td>
</tr>
<tr>
<td>Patient Equipment. Cleanliness of Patient Equipment.</td>
<td>Observational Audit to monitor the cleanliness of patient equipment against standards set.</td>
<td>Results were disseminated. New cleaning schedule/checklists were produced to evidence equipment cleaning.</td>
</tr>
<tr>
<td>Urinary Catheter Audit March 2014</td>
<td>A Urinary Catheter Audit to observe practice relating to urinary catheter management and measure compliance with evidence based practice.</td>
<td>Information on needleless devices for taking catheter samples of urine have been circulated. Overall the findings showed good compliance. A report is being produced and will be disseminated amongst the ward managers and clinical co-ordinators. A re-audit will be carried out following the publication of the report.</td>
</tr>
<tr>
<td>Food Safety at Ward Level</td>
<td>Compliance with Food Safety Policy and awareness of food safety at ward level.</td>
<td>Action was taken to ensure that all food brought in by relatives was labelled. Re-audit is planned in August 2014.</td>
</tr>
<tr>
<td>Independent Hand Hygiene Audits</td>
<td>To measure compliance with hand hygiene against Trust standards</td>
<td>Ongoing results were inputted onto the Electronic Dashboard System. Non-compliance was brought to the attention of the managers at the time of audit. Overall compliance was good.</td>
</tr>
<tr>
<td>Point Prevalence Survey of PVL <em>Staph. aureus</em> IPCT/Clinical teams/Lab staff.</td>
<td>To establish a baseline prevalence of this organism across the UK. Commenced June 2013 Plastic Surgery/Critical Care areas. Survey commenced Emergency Departments October 2013.</td>
<td>Final Report to be disseminated.</td>
</tr>
<tr>
<td><em>Clostridium difficile</em> Communication with patients and relatives. Recommendation of the <em>Clostridium difficile</em> Enquiry Northern Trust.</td>
<td>Senior Management had requested a further review of communication between clinical staff and patients/relatives.</td>
<td>No major issues identified. Review care pathway and policy.</td>
</tr>
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In addition the Infection Prevention and Control Team (IPCT) undertook monitoring of staff adherence to policies and guidelines, this included:

- Personal Protective Equipment
- Patient isolation
- Storage and correct use of equipment across all Trust Healthcare setting
- Decontamination of commodes, trolleys and equipment
- Point prevalence of isolation rooms
- Environmental cleanliness across all Directorates
- The IPCT assisted other multidisciplinary groups such as Patient Experience in the follow up of their environmental audits
- The IPCT shared the findings of an independent contractor Sharps Disposal Audit.

The picture above illustrates an audit being undertaken piloting the use of an electronic tablet for data collection.

## Training Programme 2013 - 2014

The table below reflects the ongoing high uptake of IPC training across Directorates in the organisation.

### Table Two: Number of staff attending IPC Training/Awareness Sessions

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<th>Period</th>
<th>Staff attendance at Ipc Training/Awareness Updates</th>
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<tr>
<td>April 2013 – March 2014</td>
<td>3910</td>
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Training Initiatives

The delivery of Infection Prevention and Control training/education was reviewed. This resulted in the production of an e-learning hand hygiene module for corporate, administration and clerical staff, (as hand hygiene training is a mandatory requirement for all Trust employees regardless of their job role). Early uptake has been successful with 302 members of staff availing of the module within the first two months of its launch. An e-learning module/DVD on the ‘Correct Use of Personal Protective Equipment within the Workplace’ has been produced. Filming has been completed in conjunction with the support of our Trust’s Head of Communications. This will be made available in the near future on the Trust’s intranet site.

The Infection Prevention and Control Team (IPCT) worked with the Organisation and Workforce Development Team this year to integrate mandatory IPC training into Trust’s corporate training days (these ran periodically through the year). Initial evaluation of this was very positive as staff could be released to attend most of their mandatory training in one day or drop in and out of sessions as required. Induction programmes for clinical teams also continued to run successfully throughout the year.

The team also linked up with the Nursing and Midwifery Learning and Development Facilitators and introduced an IPC half study day for Healthcare Assistants. This forms part of their ProQual Development Course leading to a recognised qualification.

An e-learning module (to be included in Corporate Induction) has been produced in the conjunction with the Information/Communications Technology Department. This will be launched in 2014 - 2015.

Antimicrobial Management

The Antimicrobial Stewardship Programme has undergone consolidation and further development throughout the year.

The multidisciplinary team comprising of a microbiologist, antimicrobial pharmacist and infection prevention and control nurse meet on a weekly basis to undertake a ward round to clinically review the treatment plans of all *Clostridium difficile* patients including those patients identified as *Clostridium difficile* carriers.

Multidisciplinary antimicrobial ward rounds have been successful at encouraging greater junior doctor engagement in review of antimicrobial regimens. These ward rounds provide clinical teaching opportunities and assurance of appropriate prudent antimicrobial prescribing.

The Trust in collaboration with Queens University Belfast and the Northern Ireland antimicrobial pharmacist network has led on an initiative to introduce standardised teaching on antimicrobial prescribing for all FY0’s (foundation year) doctors across the region.

Antimicrobial pharmacists have extended their clinical remit to include prompt review and follow-up of paediatric patients with bacteraemia and complex infections requiring prolonged antimicrobial therapy.

The recently updated pharmacy computer system allowed patient specific data to be inputted when a restricted antimicrobial was ordered. This facilitated the production of daily alerts identifying patients on high risk antimicrobials thus enabling timely review and audit.

An extensive programme of antimicrobial audit both at local and regional level has been on-going throughout the year.
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<tr>
<th>Audit</th>
<th>Outcome</th>
<th>Action</th>
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<tr>
<td>Treatment of Skin and Soft Tissue Infections January - September 2013</td>
<td>The Trust participated in a regional audit of the treatment of skin and soft tissue infections. This retrospective nine month audit evaluated the trust adherence to guidelines for antimicrobial treatment of Skin and soft tissue infections compared to the overall regional compliance. Preliminary analysis identified failures in the correct diagnosis of skin and soft tissue infections. The Trust awaits the full report from the Northern Ireland Regional Antimicrobial Pharmacist Group.</td>
<td>The Trust guidelines for first line empirical antibiotic therapy for skin and soft tissue infections are to be reviewed. Education on the diagnosis and treatment of skin and soft tissue infections will continue to be reinforced at induction training.</td>
</tr>
<tr>
<td>Audit of the Prescribing And Monitoring Of Teicoplanin April - June 2013</td>
<td>A three month retrospective audit of teicoplanin prescriptions showed an improvement in the use of the glycopeptide sheet, 83% compliance vs. 38% in a previous audit. Teicoplanin dosing was correct in 76% of patients. Compliance with monitoring guidelines was 41%. This was a result of early sampling of teicoplanin levels in patients with normal renal function due to the guidance for monitoring in renal impairment being used in error. Only 38% of patients had appropriate action taken when levels were outside the target range.</td>
<td>The Trust guidance on teicoplanin prescription and monitoring is to be reviewed. Consideration will be given to adopting: 1. Initial teicoplanin level monitoring for all patients on day 7 2. Dose reduction post loading in patients with impaired renal function.</td>
</tr>
<tr>
<td>Northern Ireland Regional Healthcare-acquired Infection and Antimicrobial Point Prevalence Survey Residential Homes May 2013</td>
<td>The Trust participated in the 2013 Point Prevalence Survey on Healthcare-acquired Infections (HAIs) and on Antimicrobial Use within our residential facilities. This was coordinated by the Public Health Agency (PHA) and part of a European survey; the data was sent for analysis to a centre in Europe. Data collection took place across the Trust's Residential Care facilities in May. The Trust awaits the report from the Public Health Agency.</td>
<td>Feedback to care home managers, staff and executive management when results are published.</td>
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<td>Audit</td>
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<td>Renal Unit Antimicrobial Prescribing 2013</td>
<td>Documentation of indication on antimicrobial prescriptions for both renal inpatients and renal haemodialysis outpatients were 88% and 90% respectively. Allergy status was complete on medication kardexes for 97.5% of patients across the two patient groups. Stop/review date was recorded as 43% in the renal inpatient group.</td>
<td>An SQE dashboard is to be created to audit documentation for prescribed antimicrobials. Education sessions on antimicrobial stewardship are to be organised for the renal multidisciplinary team. Medical staff were encouraged to limit antibiotic course duration in line with Trust empirical antibiotic guidelines.</td>
</tr>
<tr>
<td>Care of Elderly Antimicrobial Prescribing Audit</td>
<td>An audit of 26 (33% of total inpatients) patients on antibiotics showed improved guideline compliance of 73% compared with 65% in 2010 audit. Documentation remains poor with only 37% of antibiotics having a stop date and half of patients with community acquired pneumonia having no documented CURB65 score. The majority of patients had clear evidence of infection but lack of appropriate microbiological specimens resulted in empirical (87%) rather than targeted (13%) treatment in most patients.</td>
<td>Feedback of results was undertaken at medical audit with education on current prescribing guidelines and best practice. Aim to encourage greater compliance with antimicrobial prescribing and documentation.</td>
</tr>
<tr>
<td>Neonatal Unit Antimicrobial Prescribing</td>
<td>Over a period of 6 months from October 2013 – April 2014 the antimicrobial pharmacist attended three Consultant led ward rounds in Neonatal Unit. All antibiotics prescribed were reviewed. Compliance with antimicrobial guidelines for the Neonatal Unit was 100% as in the previous point prevalence study (PPS 2012). Documentation of indication in medical notes for Neonatal Unit was 66.66% over the three audits.</td>
<td>The requirement for clear documentation of indication in the notes when antibiotics are initiated will be reinforced at induction and during Consultant ward rounds.</td>
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<tr>
<td>Audit</td>
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| Restricted Antimicrobial Audit | Audit work was on-going throughout the year to ensure best prescribing practice with regard to high risk and expensive antimicrobials.  
A Trust wide audit of unauthorised ward stock of restricted antimicrobials highlighted poor compliance with return of unused restricted stock when antimicrobials are discontinued.  
A series of one month surveys of selected restricted antimicrobials assessed the majority of prescriptions as appropriate with 86.7% of Ciprofloxacin prescriptions and 100% of Linezolid being judged compliant/appropriate. As with previous antimicrobial audits compliance with documentation of antimicrobial plan remains poor.  
A one month audit of Cefuroxime prescriptions on the Ulster site identified only one off-guideline prescription for surgical prophylaxis. | Results of the audits are to be disseminated to ward and pharmacy staff.  
The requirement for restricted antimicrobials to be returned to pharmacy will be reinforced at all training on antimicrobials.  
Prescriptions for restricted antimicrobials will continue to be audited on a weekly basis with periodic audit of selected agents. |
The List below shows the Current Status of South Eastern Trust IPC Policies and Guidelines not contained in the regional NI IPC Manual which are undergoing review, or have been reviewed and are published.

- Aseptic Non-Touch Technique (ANTT) Principles
- Laundry Management & Infection Prevention
- Safe Handling and Disposal of Sharps
- Spills of Blood and Blood Stained Body Fluids
- Screening of Patients for MRSA
- *Clostridium difficile* Management Policy
- Risk assessment of Surgical and endoscopy Patients for Known or Suspected Creutzfeld-Jacob Disease (CJD) or Variant Creutzfeld-Jacob Disease (vCJD)
- Guidance for the Prevention of Exposure to Aspergillus Spores associated with refurbishment and building work.
- Bacterial gastroenteritis
- Multi-resistant Gram Negative Bacterial Infections
- Clinical Management & Control of Legionnaires Disease
- Disinfection and Decontamination of the Care Environment and Equipment.
- Cleaning and Decontamination in Theatres
- Endoscopy, General Infection Prevention and Control Guidance
- Infection Prevention and Safe Management of Ice machines
- Mattress Management Guidance
- Guidelines to reduce the risk of Listeriosis in patients
- MRSA Screening and decolonisation Guidelines
- Guideline for Microbiological Commissioning and Monitoring of Operating Theatre Suites
- Guidelines on the Disruption of Water Supplies affecting wards/departments in Trust Facilities
- Patient Flow & Infection Prevention Control in Hospital; Appendix 1 to Policy for Patient Flow throughout Acute sites within SET
- Guidelines/policies around the care management of central venous access devices for children and young people (GAIN)
- Guidelines around the care management of central venous access devices adults
- Guidelines for the Management of Group A Haemolytic Streptococcal Infections
- Guidelines for the Insertion & Management of Adult Urinary Catheters
- Clinical Guideline for Peripheral Venous Cannula and Associated Intravenous Access Equipment.
- Guideline for the Prevention and Management of *Pseudomonas aeruginosa* in the South Eastern Trust’s Augmented Care areas.
- Guidelines for the management of Viral Haemorrhagic Fevers
- Blood Culture taking guidelines
- Guideline for first Empirical Antimicrobial therapy for Adult Inpatients
- Guideline for first Empirical Antimicrobial therapy for Intensive Care and High Dependency Unit
- Guideline for Initial Antibiotic Therapy in Paediatrics
Standards Planned for Implementation

- High Impact Intervention Standard for Peripheral Venous Cannulae Published
- Hand Hygiene Standard ver2 Published

Electronic surveillance software systems

The Trust hosted a regional presentation of electronic systems currently on the market which supported the collation of data around antimicrobial prescribing and the management of microbiologically significant bacteria. Systems that generate alerts to relevant staff could potentially prevent outbreaks. Public Health and colleagues from other Trusts were in attendance.

This was undertaken in order to scope what was available and the potential compatibility with all Trusts electronic systems.

It was concluded that any future developments would require funding and that the best option would be to take this forward regionally. Further work will be undertaken in the incoming year.

IPC Service Controls Assurance Accreditation 2013 - 2014

A baseline assessment of the service using the DHSSPSNI Controls Assurance standards was carried out. A score of 92% which is above the standard set was achieved. This was submitted to the Business Service Organisation (BSO) assessors.
IPC Plans for 2014 - 2015

- Continue to reduce healthcare–associated infections
- To contribute to the development of skills relating to the care management of vascular access devices
- To review the IPC Annual Training and Improvement Programmes
- To further develop the Trust’s Antimicrobial Prescribing Guidelines
- To further embed the care management of vascular access and invasive devices and reduce the incidences of false-positive blood cultures
- To ensure compliance with IPC Controls Assurance Standards is maintained through ongoing review and audit of the IPC service and other initiatives
- To work regionally to review MRSA screening programmes
- To work with Capital Development, Estates and Contractors in planning for the construction of new buildings and renovations across the Trust
- To work towards taking forward the Trust’s TB Action Plan
- To ensure IPC Policies and Guidelines are reviewed and updated
- To review the IPC Audit Programme in light of past findings and as part of continuous improvement
- To contribute to the Trust’s Water Safety Programme
- Continue to support and influence the development of Regional Electronic Surveillance systems.