

**East Kent NHS Trust  
Infection Control**

**end of year report  
April - 2006-07**

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## Topics for discussion

- Restructuring Infection Control
- Clostridium difficile
- MRSA bacteraemia (DH targets)

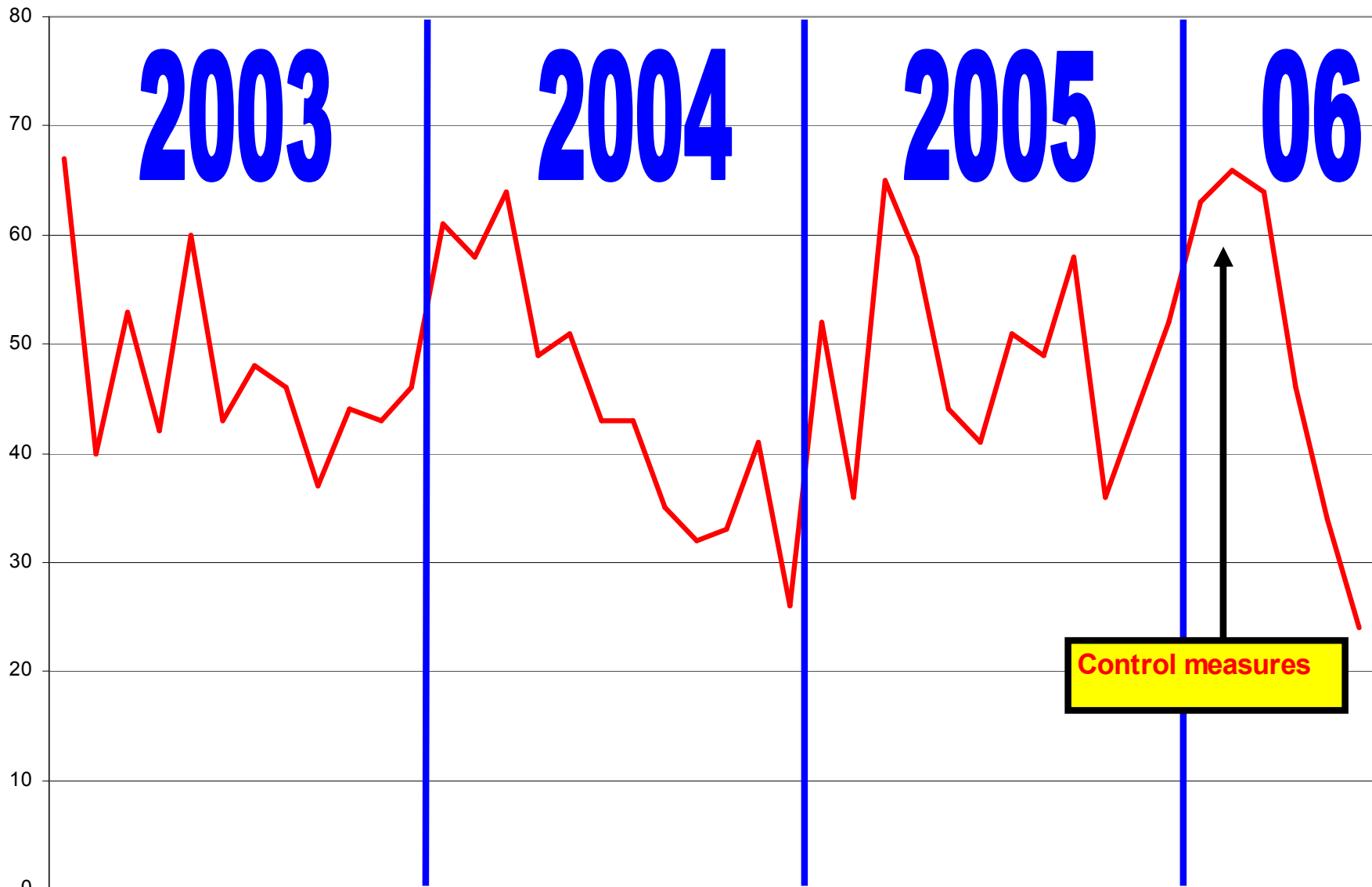
# Clostridium difficile

- Important cause of diarrhoea and colitis
- Mainly in patients receiving antibiotic therapy
- Elderly hospital patients vulnerable
- The new hypervirulent strain (O27)

**Clostridium difficile**  
EKHT Annual report of 2005-06

- Increased rate of C difficile Jan-Feb 2006
- O27 strain reported locally
- New infection control measures required
- **Objectives for 06-07**
  - Establish control over prescribing
  - Reduce rates of C difficile to < 15 cases/month/site

# East Kent C difficile monthly totals Jan 2003-June 2006

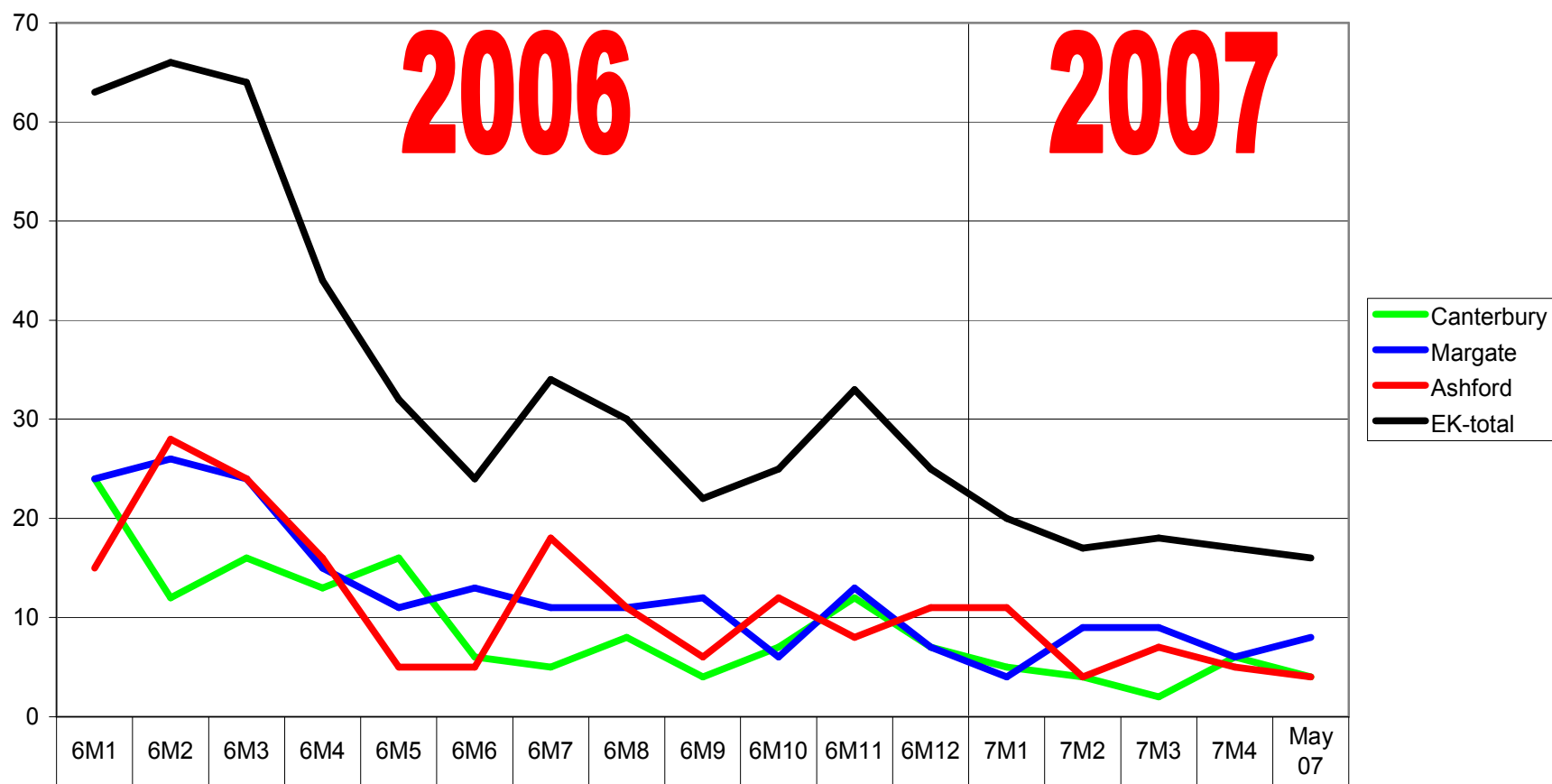


— Total	67	40	53	42	60	43	48	46	37	44	43	46	61	58	64	49	51	43	43	35	32	33	41	26	52	36	65	58	44	41	51	49	58	36	44	52	63	66	64	46	34	24
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# Sustained fall in 2007:

C difficile rate < 1.3 /1,000 bed days (NHS Average 2.4)

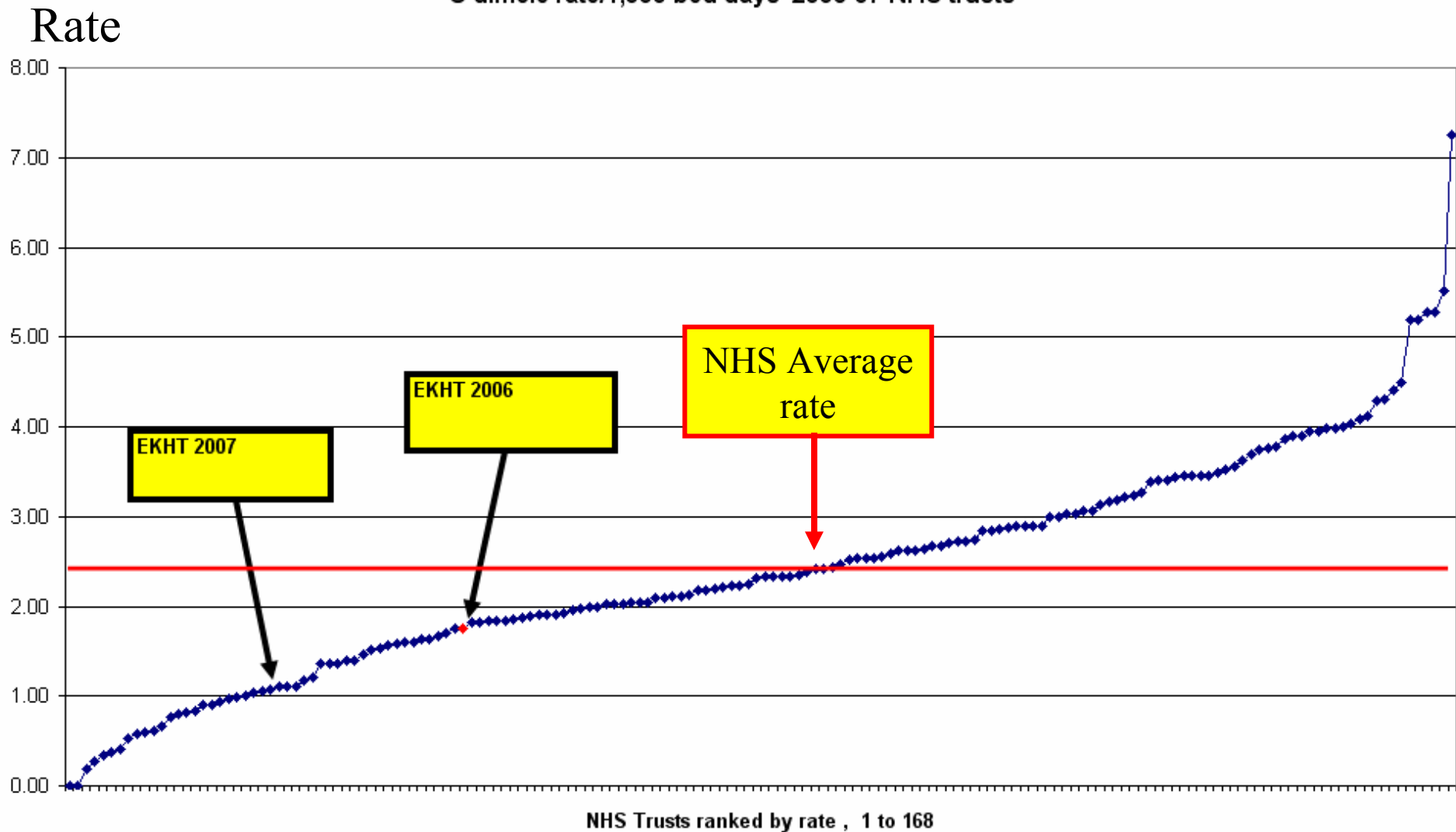
EKHT C difficile by hospital New cases by month and site May 2007



	6M1	6M2	6M3	6M4	6M5	6M6	6M7	6M8	6M9	6M10	6M11	6M12	7M1	7M2	7M3	7M4	May 07
Canterbury	24	12	16	13	16	6	5	8	4	7	12	7	5	4	2	6	4
Margate	24	26	24	15	11	13	11	11	12	6	13	7	4	9	9	6	8
Ashford	15	28	24	16	5	5	18	11	6	12	8	11	11	4	7	5	4
EK-total	63	66	64	44	32	24	34	30	22	25	33	25	20	17	18	17	16

EKHT C difficile rates were below the NHS average during 2006 and have fallen further during 2007

C difficile rate/1,000 bed days 2006-07 NHS trusts

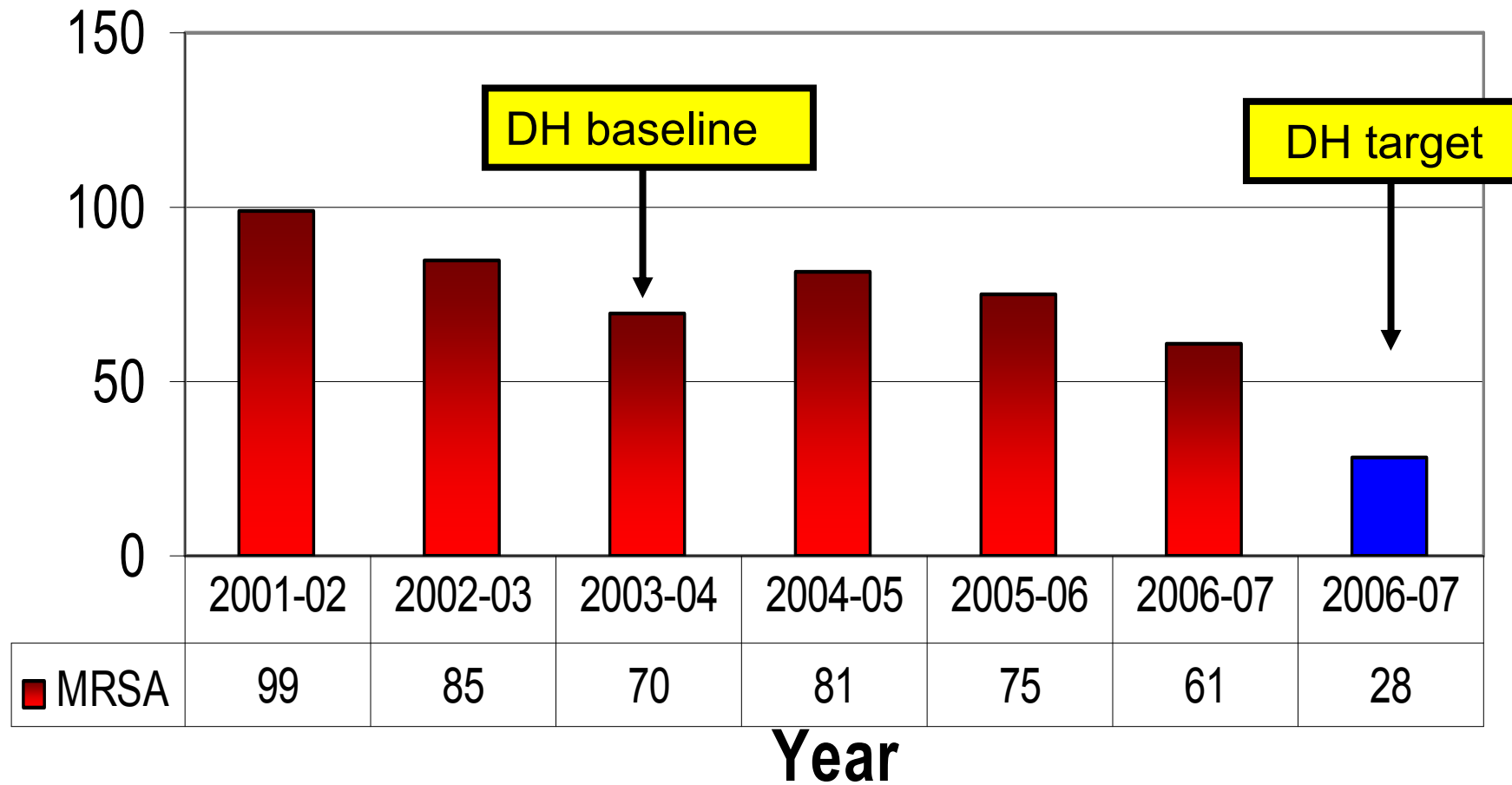


## MRSA blood stream infections

- DH target is 60% reduction on figure for 2003-04

# EKHT MRSA 2001-02 to 2006-07

## Reduction from 99 to 61



# South East versus National rates

Ascending rates of MRSA bacteraemias by Trust in England October 2005 to March 2006

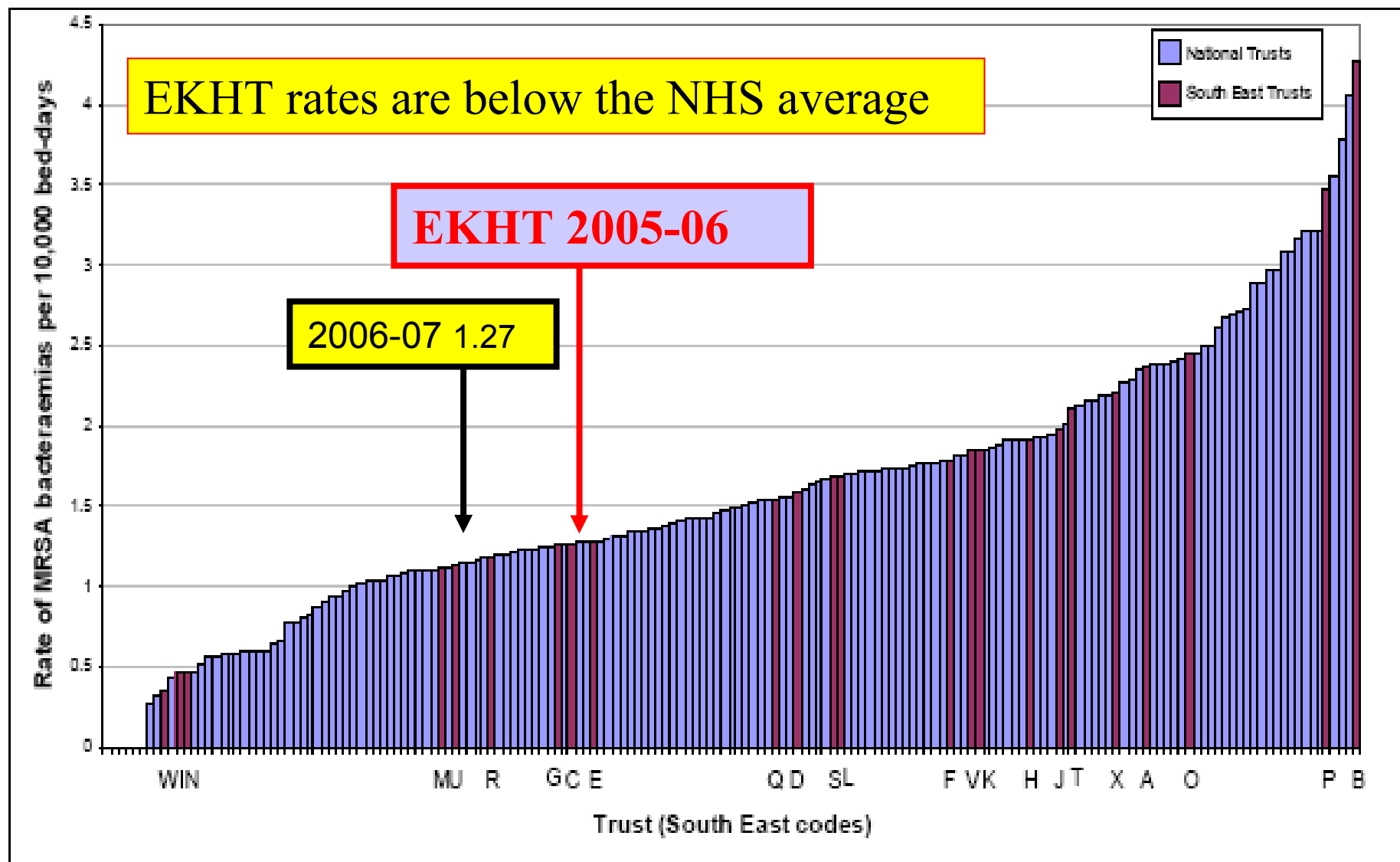


Figure 1: Ascending rates of MRSA bacteraemias per 10,000 bed-days by Trust in England from October 2005 to March 2006. South East NHS Trusts are a different colour and have their respective anonymisation code. Source: HPA MRSA bacteraemia 6-monthly data April 2001 – March 2006.<sup>6</sup>

## MRSA EKHT

- MRSA rate is below average and falling
- But needs to fall further .....

# MRSA control

## lessons from Root Cause Analysis Jan-March

- **Improved IV line care required**
  - standardised IV line policies to be re-launched
  - improved training of junior hospital doctors
- **MRSA screening lapses**
  - Screening compliance to be performance managed at ward level
- **False +ve results due to contamination**
  - Blood culture collection protocols to be revised + improved training for staff

## Summary

- Infection control has been restructured
  - “ownership” now at a ward level
  - Clinical infection control leads in place
  - Root Cause Analysis being used to identify why infections occur
- C difficile and MRSA rates below national average and continuing to fall