

Trust Board Update on Actions to Reduce the Incidence of *Clostridium difficile* at Airedale NHS Foundation Trust (ANHST).

The initial report in June 2012 highlighted actions undertaken to reduce the incidence of *Clostridium difficile* at Airedale NHS Foundation Trust (ANHST) and provided details on assurance.

To date ANHST have had **8** Trust apportioned cases against a threshold of **9** (de minimis limit of 12). Table 1 below provides detail of cases.

Progress:

- All existing key work streams detailed in initial report are ongoing.
- Meeting held with community colleagues around antibiotic prescribing in the community. This was with Dr. Phil Pue from the CCG and Mike Horsley Infection Prevention Nurse from the PCT. We endorsed an antibiotic policy to use in Primary Care and in the emergency "attenders" to the out of hours service.
- Root Cause Analysis meetings pending for the recent *Clostridium difficile* cases.
- 2 cases found to have the same ribotype. These were 070 ribotypes in 2 patients who had both been in the BRI, but may have spread in Airedale, having both been on Ward 2 at the same time. 1 case currently an inpatient on Ward 1 is ribotype 027 strain.
- Following the mattress audit, new mattresses and covers have been put in place as indicated. Plans agreed for protocol regarding enhanced management of mattresses – care and storage.
- Awaiting final costings from Bioquell company representative for potential decontamination of ward 1 in light of current isolated case of 027 strain.
- Dr Catto request that Dr Godwin completes a benchmarking exercise is underway.

Progress and outcomes on key actions continue to be monitored by the Infection Prevention Team and are detailed in the 'Action Plan to Reduce the Incidence of Healthcare Associated Infections 2012-2013'. The Matron for Infection Prevention updates the plan on a monthly basis and progress will be discussed at the Infection Prevention Implementation Group and the Infection Control Committee in July 2012.

Current Infection Prevention and Control recommendations:

- Specific yearly mandatory training for clinical staff on MRSA and *Clostridium difficile*.
- All patients 65 years and over who have a stool type 5 or above are to have a sample sent within 48 hours of admission for *Clostridium difficile* testing. Those in hospital longer than 48 hours are to be referred to the Infection Prevention Team for review.

Table 1: CDI Cases Quarter 2 2012/13

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|---|------|------|----------|----------|----------|---|
| 6 | Home | 15→7 | 12/07/12 | 12/07/12 | 18/07/12 | <ul style="list-style-type: none"> • Prolonged antibiotic therapy • Over 65 years • Prolonged hospital admissions from January 2012. • PPI therapy • Poor nutritional status. |
| 7 | Home | 15→6 | 29/07/12 | 02/08/12 | 02/08/12 | <ul style="list-style-type: none"> • Long term antibiotic therapy via GP. • Over 65 years • Patient co-morbidities. • PPI |
| 8 | Home | 15→6 | 20/08/12 | 21/08/12 | 23/08/12 | <ul style="list-style-type: none"> • Over 65yrs • Laxatives • Antibiotic history <p>Note: This patient has currently been readmitted with a relapse of <i>Clostridium difficile</i>. The ribotype was confirmed as 027 on original sample from 23/08/12. This current episode is been treated as potentially the same strain.</p> |

Bernadette Tate, Infection Prevention and Control Nurse, September 2012