# REPORT SUMMARY SHEET

<table>
<thead>
<tr>
<th>Meeting:</th>
<th>Trust Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>29th August 2019</td>
</tr>
<tr>
<td>Title:</td>
<td>Infection Prevention and Control HCAI Report</td>
</tr>
<tr>
<td>Lead Director:</td>
<td>Medical Director – Dr M O’Kane</td>
</tr>
<tr>
<td>Corporate Objective:</td>
<td>Safe, high quality care</td>
</tr>
<tr>
<td>Purpose:</td>
<td>For assurance</td>
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## Summary of Key Issues for Trust Board

### High level context:

Ten key elements within the SHSCT IPC Strategy 2018-2021 will enable progress and sustained improvement in infection prevention & control & HCAI incidence across the Trust

### Key issues:

1. **C. difficile infections**: 2018/19  
   1st April 2019 - August 2019  
   - 48 cases  
   - 23 cases

2. **MRSA bacteraemia**: 2018/19  
   1st April 2019 - August 2019  
   - 4 cases  
   - 2 cases  
   - (1 preventable (in community))

3. **MSSA bacteraemia**: 2018/19  
   1st April 2019 - August 2019  
   - 48 cases  
   - 22 cases (2 preventable)

### Key risks for discussion:

- CDI Incidence –
- Viral Haemorrhagic fever
Summary of SMT challenge/discussion:

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HCAI Performance 2018/19 (01 April to 08 August 2019)

HCAI PfA targets for the Southern Health & Social Care Trust (SHSCT) are set by the Public Health Agency, with the anticipation that Trusts will put systems and processes in place to reduce incidence of infection year on year. Targets are based on similar health care organisations experience and the incidence of infection rates within the United Kingdom.

Table

Patients presenting to health and social care facilities including acute hospital today are presenting with often very complex clinical needs and co-existing clinical needs, therefore - despite every effort to keep CDI and MRSA bacteraemia incidence low - an irreducible minimum will always remain.

Southern Trust Performance MRSA bacteraemia 2019/20

2019/20 year to date (August 2019) there has been 2 MRSA bacteraemia considered non-preventable

<table>
<thead>
<tr>
<th></th>
<th>TARGET 2018-20</th>
<th>No. of cases per month</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total Number of MRSA Cases 2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA Bacteraemia Preventable</td>
<td>4</td>
<td>0.333</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>(1)</td>
</tr>
<tr>
<td>Total (2018/19)</td>
<td>(4)</td>
<td>(0.333)</td>
<td>(0)</td>
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<td>(0)</td>
<td>(3)</td>
<td>(1)</td>
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</table>

Southern Trust MRSA Episodes Cumulative

1st April 2019 – 31st March 2020
Southern Trust Performance *Clostridium difficile* 2019/20

2019/20 year to date (August 2019) there have been 23 *C. difficile* cases.

<table>
<thead>
<tr>
<th></th>
<th>TARGET 2019-20</th>
<th>No. of cases per month</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total Number of C.DIFF Cases 2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C Diff</strong></td>
<td>50</td>
<td>4.16</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>0</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td><strong>Total (2018/19)</strong></td>
<td>(50)</td>
<td>(4.16)</td>
<td>(3)</td>
<td>(3)</td>
<td>(4)</td>
<td>(1)</td>
<td>(6)</td>
<td>(3)</td>
<td>(4)</td>
<td>(2)</td>
<td>(4)</td>
<td>(4)</td>
<td>(7)</td>
<td>(45)</td>
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</tr>
</tbody>
</table>

Southern Trust Clostridium difficile Episodes Cumulative

1st April 2019 – 31st March 2020

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Southern Trust Performance MSSA *bacteraemia* 2019/20 (01 April to 08 August 2019)

The SHSCT is unique in its approach to MSSA surveillance, the Trust decided to monitor MSSA infections rates to evidence good practice and identify areas for improvement.

To facilitate on-going surveillance of MSSA bacteraemias during 2019/20; MSSA target data for 2018/19 is used as a comparison.

Year to date (01 April to 08 August 2019) there have been 22 MSSA cases (2 cases considered preventable).
### Southern Trust MSSA Episodes Cumulative

1st April 2019 – 31st March 2020

<table>
<thead>
<tr>
<th></th>
<th>TARGET 2019-20</th>
<th>No. of cases per month</th>
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<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Total Number of MSSA Cases 2019/20</th>
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<tbody>
<tr>
<td>MSSA</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Preventable</td>
<td>34</td>
<td>2.8</td>
<td>(1)</td>
<td>(0)</td>
<td>(0)</td>
<td>(1)</td>
<td>(0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(2)</td>
</tr>
<tr>
<td>Total (2018/19)</td>
<td>(34)</td>
<td>(2.8)</td>
<td>(4)</td>
<td>(6)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(3)</td>
<td>(6)</td>
<td>(6)</td>
<td>(4)</td>
<td>(3)</td>
<td>(5)</td>
<td>(2)</td>
<td>(48)</td>
</tr>
</tbody>
</table>
2 Update on Infection Prevention & Control Issues

Clostridium difficile infection (CDI) in SHSCT

The PfA target for CDI incidence 2019/20 has been agreed with the PHA:

- CDI – 50 cases

From 1st April 2019 to 8th August 2019 there have been 23 cases of CDI across clinical areas in the SHSCT. CDI incidence is rising and this is concerning to the extent that communications between IPC and others have been ongoing - at all levels within the organisation and at various clinical platforms IPCT have been engaging and supporting staff. The focus is to help provide continuous up to date information regarding CDI incidence and to ensure confidence and assurance for senior management and the public that safety is up held at all times. IPC resources continue to work with staff, patients and families to help prevent incidence of CDI and to help ensure all CDI cases are managed effectively, efficiently and appropriately.

- Where CDI incidence is identified there is immediate follow up by the IPCN at ward level in relation to the infection, patient journey and patient management. Monitoring continues daily until patient discharge
- CDI Trigger is alarmed if there is a second case within 30 days leading to increased IPC and antimicrobial stewardship (AMS) actions
- Antimicrobial stewardship rounds (focused on areas of increased incidence) and review of prescribing
- Increased Audit of Environment, hand hygiene and commodes (both self and independent audit)
- Increased environmental and other IPC precautions are recommended and reviewed as required
- Post infection reviews are used to identify good practice and to highlight areas for learning and improvement as shared learning
- Matters beyond resolution at the ward level are now routinely escalated to Strategic Forum for consideration

To date this year there have been no proven transmissions of C.difficile in areas of increased incidence within the hospital.

Following a trigger of increased incidence on 4N and a subsequent investigation that showed a substantial increase in antibiotics prescription over the past year it was agreed that a microbiologist and an antimicrobial pharmacist would round the regular ward round in 4N once a week and this has begun.
**SHSCT IPC Strategy 2018-2021**

This IPC Strategy is made up of 10 core basic elements and ownership, accountability and responsibility for its implementation is based on a collective leadership model.

Progress is monitored and reported to the Medical Director/Director for IPC by all key stakeholders indicated within the Strategy across the organisation.

### 10 Points of the IPC Strategy 2018-2021

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Leadership - Senior Management Team to prioritise infection prevention and control throughout the Trust, ensure the implementation of the strategy, seek assurance and address poor practice</td>
</tr>
<tr>
<td>2</td>
<td>Culture - A culture of excellence of preventable infections is evident throughout the Trust.</td>
</tr>
<tr>
<td>3</td>
<td>Communication and candour - Clinical staff communicate effectively with patients and their relatives</td>
</tr>
<tr>
<td>4</td>
<td>Clean Hands - Hand Hygiene Policy and ‘Bare below the elbow’ are strictly observed.</td>
</tr>
<tr>
<td>5</td>
<td>Clean Place - Trust Board to receive regular updates of Environmental cleanliness performance measured against regional standards</td>
</tr>
<tr>
<td>6</td>
<td>Antibiotics are used safely and effectively</td>
</tr>
<tr>
<td>7</td>
<td>Isolation - Prompt decisions based on clinical risk assessments are made on the isolation of patients in line with the Trust’s isolation protocol</td>
</tr>
<tr>
<td>8</td>
<td>Learning</td>
</tr>
<tr>
<td>9</td>
<td>Audit</td>
</tr>
<tr>
<td>10</td>
<td>Closing the loop - Frequent feedback from ward to Trust Board to provide assurance that Board decisions are being effectively implemented and continuous improvement is achieved. Frequent feedback within clinical and managerial teams to ensure learning is achieved and continuous improved is sustained</td>
</tr>
</tbody>
</table>

Some areas of progression against the plan include:

**Recruitment and development of the IPCT - Investment in the IPCT has occurred**

Additional IPCN’s appointed – 3. A Band 7 is to be recruited following a retirement. A Band 7 is currently acting up as a Band 8A given staff ill health and the need to ensure continuity of service in the future. Recruitment of Microbiology staff is progressing, the 3rd consultant microbiologist is to commence in first week of Sept 19. The 4th consultant post has been approved and is to be interviewed on the 12th Sept. A Specialty Doctor is to commence in Nov 19

Leadership walks continue with Lead Nurse, Snr IPCN & Ward Manager, action plans are developed following the walks

Antimicrobial pharmacists and 1 Band 4 administrator have been recruited. 1 Band 4 administrator remains to be recruited.

**Team development**

Specific IPC training has been provided to the IPCT with a 2 day IPCT workshop including specialist training provided the Dr Brown and Dr Damani – topics included

- Basic Concepts in Microbiology
Additional training is being planned to help meet the needs of a developing specialist IPCT these include:

- Systems analysis to support the post infection review process
- Other specific Infection Prevention and Control topics
- Leadership and coaching

**Training for clinical teams**

ANTT training continues with 60 staff trained to date and these staff will be trainers

- IPC master classes continue to provide senior staff with information and skill to assist with infection prevention
- IPC Toolkit continues to be embedded in clinical practice- available on the Trust intranet

The communications strategy including signage has been completed

Clinical Guidelines are being updated

Antimicrobial ward rounds are ongoing and being further developed

**SHSCT Outbreak Plan to be reviewed.**

The outbreak plan remains under review, the IPCT are working with Operational Directorates to update the communication strategy section of the plan.

**Norovirus & Influenza Update**

IPCT continue with proactive collaborative working providing information & knowledge relating to seasonal infections such as Norovirus. The traffic of patients to and from institutionalised care into acute and non-acute facilities in the Trust is ongoing and is inherent with risk regarding possible transmission of infection.

**Norovirus**

There has been no significant norovirus activity as yet within the SHSCT

**Influenza** -
Each year, the influenza virus changes and different strains can circulate in the population. Particular subtypes of influenza can affect different groups of the population more than others. Depending on the susceptibility of the population, the subtypes that are circulating and the changes to the virus itself, the influenza season can be very different year to year.

Australia saw high levels of influenza and influenza-like illness activity over the inter-seasonal period. However, influenza and influenza-like illness activity is currently lower than average for this time of year compared to previous years, and is consistent with past activity following a peak in notifications.

Use of hospital beds in Australia
In the past fortnight, 2.7% of beds available in FluCAN hospitals were occupied with patients with confirmed influenza, compared to 4.7% in the previous fortnight and a high of 6.0% in late June and early July. This is within the range of the rate of influenza admissions per 1000 available hospital beds in the past 5 years. However, it is likely that a number of hospitals may have a backlog of cases, and it is expected that numbers for the past fortnight may be revised upwards. It is noted that (6.6%) of patients admitted to hospital required Intensive care admission.

The Chief Medical Officer has written to Trust to inform them that the 2019/2020 seasonal influenza vaccination programme for at risk groups and frontline health and social care workers will officially begin on 1 October 2019 and run until the 31 March 2020.

The IPCT will continue to work with staff offering advice and support in managing patients identified with influenza or an influenza-like illness to help prevent transmission within the health care setting. The influenza plan will be updated as required following the publication of the annual national guidance.

SHSCT /RQIA Augmented Care Programme
The SHSCT are unique in having an augmented care sisters meeting held quarterly. This allows for the shared learning and education for senior nursing leaders within augmented care areas. With this approach collaborative working with IPCT & augmented care will help to minimise infection rates.
A program of Aseptic Non-Touch Technique (ANTT) learning has been arranged and is being rolled out during 2019-20 for clinical staff who work in the SHSCT. The next session is being held in September 2019. To date 3 sessions have been completed with the maximum number of 60 staff (20 per session). This is a train the trainer training and there are additional session planned.

Following the completion of external RQIA audits, where outcomes for the SHSCT were exemplary. RQIA mandated Trusts now to self-audit in augmented care areas, using 3 different audit tools annually. The IPCT are supporting units with this self-audit, completing audits and helping develop action plans.

Blood culture contamination rates are reported in augmented care areas with a goal of below 3% contamination, sisters are supported by the IPCT to develop and implement action plans to reduce contamination rates and thus possibly prevent inappropriate antibiotic prescribing.

**Water Safety Group**

The water safety group continues to meet, water results continue to be closely monitored and escalated as appropriate. There is regular contact between the Water Safety Officer and the IPCT.

**SHSCT Viral Haemorrhagic Management Plan**

On 1st August 2018, the Ministry of Health in the Democratic Republic of the Congo (DRC) declared a new ebola outbreak in North Kivu Province and subsequently spread to the Ituri Province. On 17th July, 2019 WHO Director-General Dr. Tedros Adhanom Ghebreyesus declared the Ebola virus disease outbreak in the Democratic Republic of the Congo (DRC) a Public Health Emergency of International Concern (PHEIC).

As of the 3rd of August, 2019 there have been 2,753 cases (2,659 confirmed, 94 probable) and 1,843 deaths (1,749 confirmed, 94 probable).

On 11th June 2019, the Ministry of Health of Uganda declared the 6th outbreak of Ebola Virus Disease (EVD) in the country affecting Kasese district in South Western Uganda.

The IPCT are working with operational Directorates reviewing the potential patient journey from presentation to possible admission, including the IPC and operational requirements to facilitate safe patient care and staff protection. This will allow the updating of the SHSCT Viral Haemorrhagic Fever [VHF] Management Plan. When this scoping work is complete Dr Damani has agreed to review give expert advice on the plan.

The Trust will work collaboratively with the region as required.

New posters have been created for Emergency Departments which may prompt patients to inform staff of patients who have been had foreign travel in endemic areas of concern.

**IPCN involvement in procurement projects**

Considerable commitment is required to deliver specialist input to procurement groups. At present the Lead IPCN is involved in the following regional procurement groups.
3. IPC Independent Audit Activity

Hand Hygiene and Bare Below the Elbow Self Audit Scoring

The Southern Trust promotes good hand hygiene at the ‘point of care’. The point of care represents the time and place at which there is the highest likelihood of transmission of infection via healthcare staff whose hands act as mediators in the transfer of microbes. One of the best ways to measure hand hygiene compliance is observation audit and the Trust had an on-going programme of hand hygiene audit.

The compliance threshold for hand hygiene is 90% and areas that are non-compliant are required to re-audit daily until compliance is achieved.

Being ‘Bare below the Elbow’ is also an important factor for compliance with hand hygiene.

The dress code policy requires staff to have sleeves short or rolled up to the elbow in order to allow access to the wrist for good hand hygiene technique and remove jewellery, such as watches. The policy also prohibits staff from wearing nail varnish, false nails or gel nails.

Non-compliance is reported to the Trust Senior Management Team weekly and passed on to Operational Directors for corrective action to be taken.

The IPCT independent audit results are fed back immediately to the ward manager and on a monthly basis to Operational Directors for corrective action.

Trend data hand hygiene compliance by staff grouping February 2019 to July 2019

There is some variation in hand hygiene compliance; results are fed back to clinical teams to inform improvement initiatives. Continued audit and supervision is required continue to promote compliance.

<table>
<thead>
<tr>
<th>HH Compliance by Location (Acute Directorate)</th>
<th>Feb 19 - Jul 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Compliance</td>
<td></td>
</tr>
<tr>
<td>Feb-19</td>
<td>Mar-19</td>
</tr>
<tr>
<td>Craigavon Area Hospital</td>
<td>93</td>
</tr>
<tr>
<td>Daisy Hill Hospital</td>
<td>96</td>
</tr>
</tbody>
</table>
Compliance for the period on the Lurgan Hospital and South Tyrone Hospital sites exceeds the compliance threshold of 90%.

**HH Compliance by Location (OPPC Directorate)**

**Feb 19 - Jul 19**

(No Audits completed in Lurgan or South Tyrone in March 2019)

<table>
<thead>
<tr>
<th></th>
<th>Feb-19</th>
<th>Mar-19</th>
<th>Apr-19</th>
<th>May-19</th>
<th>Jun-19</th>
<th>Jul-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lurgan Hospital</td>
<td>95</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>91</td>
<td>100</td>
</tr>
<tr>
<td>South Tyrone</td>
<td>95</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
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</table>

**Hand Hygiene Compliance by Staff Grouping**

A review of compliance by staff group indicates a dip in compliance by medical staff. The Medical Director wrote to all doctors to stress the importance of hand hygiene and supported this with face to face presentations (with the Consultant Microbiologist) at the Trust Morbidity and Mortality meetings.
BBE / Nail Varnish-Extension Compliances February 2019 to July 2019

Bare Below the Elbow / Nail Varnish-Extension Compliance

Bare Below The Elbow
(Acute Directorate)
Feb 19 - Jul 19

<table>
<thead>
<tr>
<th>Month</th>
<th>Compliance %</th>
</tr>
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<tbody>
<tr>
<td>Feb-19</td>
<td>99</td>
</tr>
<tr>
<td>Mar-19</td>
<td>99</td>
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<tr>
<td>Apr-19</td>
<td>97</td>
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<tr>
<td>May-19</td>
<td>98</td>
</tr>
<tr>
<td>Jun-19</td>
<td>99</td>
</tr>
<tr>
<td>Jul-19</td>
<td>99</td>
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- Craigavon Area Hospital
- Daisy Hill Hospital

Nail Varnish / Extension Compliance
(Acute Directorate)
Feb 19 - Jul 19

<table>
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<tr>
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<tr>
<td>Feb-19</td>
<td>99</td>
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<td>Mar-19</td>
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<td>Apr-19</td>
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<td>May-19</td>
<td>100</td>
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<td>Jun-19</td>
<td>99</td>
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<tr>
<td>Jul-19</td>
<td>98</td>
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</table>

- Craigavon Area Hospital
- Daisy Hill Hospital
Bare Below the Elbow / Nail Varnish-Extension Compliance

Bare Below The Elbow (OPPC Directorate)
Feb 19 - Jul 19
(No Audits completed in Lurgan or South Tyrone in March 2019)

<table>
<thead>
<tr>
<th>Month</th>
<th>Lurgan Hospital</th>
<th>South Tyrone Hospital</th>
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<tbody>
<tr>
<td>Feb-19</td>
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<td>Mar-19</td>
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<td>May-19</td>
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<tr>
<td>Jun-19</td>
<td>74</td>
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<tr>
<td>Jul-19</td>
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Nail Varnish / Extension Compliance (OPPC Directorate) Feb 19 - Jul 19
(No Audits completed in Lurgan or South Tyrone in March 2019)

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<tr>
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<th>South Tyrone Hospital</th>
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<td>Jul-19</td>
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</table>
Antimicrobial resistance (AMR) is the ability of a microorganism (like bacteria, viruses, and some parasites) to stop an antimicrobial (such as antibiotics, antivirals and antimalarials) from working against it. As a result, standard treatments become ineffective, infections persist and may spread to others. AMR is an increasingly serious threat to global public health that requires action across all government sectors and society. Without effective antibiotics, the success of major surgery and cancer chemotherapy would be compromised.

The Public Health Agency sets targets, with the anticipation that Trusts will put systems and processes in place to reduce the use of antibiotics

**Public Health Agency Targets 2018-2019**
Taking 2017/18 as the baseline figures, secure in secondary care:

1. Reduction in total antibiotic use of 1%, measured in Daily Divided Doses (DDD) per 1000 admissions.
   March 2019 total antibiotic use had increased by 5%.
2. Reduction in carbapenem use of 3%, measured in DDD per 1000 admissions.
   March 2019, carbapenem use increased by 24%
3. Reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions.
   March 2019, piperacillin tazobactam use decreased by 5.5%
4. At least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe category -
   March 2019, 61% of total antibiotic use was from WHO Access category

**Public Health Agency Targets 2019-2020:**
Taking 2018-2019 as the baseline figures, secure in secondary care:

1. Reduction in total antibiotic use of 1-2%, measured in DDD per 1000 admissions.
2. Reduction in carbapenem use of 3%, measured in DDD per 1000 admissions.
3. Reduction in piperacillin-tazobactam use of 3%, measured in DDD per 1000 admissions.
4. At least 55% of antibiotic consumption (as measured in DDD per 1000 admissions) should be antibiotics from the WHO Access AWaRe category-

**The Trust Antimicrobial Stewardship Oversight group**

The Trust Antimicrobial Stewardship Oversight group continues to meet and the Terms of reference have been reviewed.

Work progresses to reduce the inappropriate use of antibiotics, this includes:

- Antimicrobial stewardship rounds are carried out on all acute wards across the Trust each month with reports fed back to consultants and at the monthly M&M meetings
• All antibiotic guidelines are being reviewed to reduce duration of therapy and remove Tazocin and Ciprofloxacin where possible.
• Carbapenems have been removed from all ward stock lists and antimicrobial pharmacists are alerted in real time to all patients prescribed a carbapenem. A review is then undertaken of each patient with a view to switching to an alternative agent.
• Antibiotic guidelines being updated to include recommendations for oral step down therapy for all indications
• The 'Antibiotic Review Kit' (ARK) Kardex to be implemented across NI as the new regional kardex
• All AMDs being given access to HiSurv which has Trust antimicrobial data

Public Health Agency Targets – Healthcare Associated Gram Negative Blood Stream Infections (HCAGNBSIs)
• The CMO has set a target of a 50% reduction in HCAGNBSIs (those occurring after 48 hours)
• The IPCT has held various preliminary meetings regarding this and is conducting a prospective audit into HCAGNBSIs to see what percentage of them are deemed preventable.
• The SHSCT has also tasked Dr Damani to conduct a series of audits into blood culture contamination, the completion of the urinary catheter, and peripheral and central venous catheters bundles and in the preventability of significant bacteraemias.
• The results of these audits are expected soon after which the IPCT and AMST will target education towards the areas identified as performing the least well.