

Revised East Kent Hospitals University NHS Foundation Trust C. difficile Recovery / Action Plan – April 2014

Background


The C.difficile objective for EKHUFT in 2013 – 2014 was 29 cases and in April 2013, the IP&CT developed a plan of actions and innovations in order to support a reduction in cases, with new actions being added throughout the year. The target was exceeded by 20 cases (year-end total of 49 cases).

The C. difficile objective for 2014-2015 is 47 cases. The Recovery / Action Plan developed in April 2013 has been reviewed and updated in April 2014

Key Areas of Focus from April 2014

- Each case of C.difficile will be assessed at Root Cause Analysis (RCA) to determine whether the case was linked with a lapse in the quality of care provided to patients (NHS England 2014). The types of issues which would result in the infection being considered to be associated with a lapse in care could be any case where there was evidence of transmission of C.difficile in hospital such as via ribotyping, indicating the same strain is involved, where there were breakdowns in cleaning or hand hygiene, or where there were problems identified with choice, duration or documentation of antibiotic prescribing
- The C.difficile trust policy has been revised to incorporate all new initiatives and a sustained focus on prevention of C.difficile will be continued, working in collaboration with the Divisions.

	Actions	Date Implemented	By Whom	Update April 2014
1	Ongoing RCAs for every C. difficile case, reported on Datix including prompt completion of actions and sharing Trust wide where appropriate	April 2013	IPCT	Ongoing; new RCA tool developed; focus for 2014/15 to include focus on identifying “lapses in the quality of care”.
2	Root Cause Analysis to extend to Consultant PII (2 or more cases in 28 days including GDH antigen positive cases in Surgical Services)	April 2013	IPCT	Ongoing
3	C. difficile Policy review and sign off	January 2014	IPCT	Policy approved at the ICC 10 th April 2014
4	100 New commodes on order	March 2013	IPCT	Following the annual trust wide commode audit undertaken by the IPCT, 87 new commodes were ordered in March 2014.
5	Assurance of effectiveness of current systems to prevent C. difficile, i.e. toilet teams being managed correctly etc. Retraining of toilet teams with IPCT involvement.	April 2013	Hospital Manager	Ongoing
6	Business case for additional ward Pharmacists which will support the monitoring of antibiotic prescribing.	Approved July 2013	Marion Clayton, Divisional Director for Clinical Support Services Division	Recruitment / appointment ongoing
7	Increasing awareness and challenge by nurses regarding antibiotic prescribing, i.e. stop dates, no indication etc	24 th May 2013	Heads of Nursing	Ongoing
8	Communication and training for medical staff on antimicrobial prescribing – Grand Rounds, auditing of use by antimicrobial pharmacists, removal of certain antimicrobials from ward stock	Ongoing	DIPC	Ongoing
9	Reinforce communication of Trust Policy and new	Completed	IPC Nurse	Ongoing

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	initiatives with ward nurse/support staff at site based meetings led by DDIPC and Deputy Lead Nurse – mandatory attendance by Ward Managers and Matrons	April 2013 and November 2013	Specialists/Deputy DIPC	
10	Revised Diarrhoea Assessment Tool together with '10 Important Points for Achieving the C. difficile Target' signed off by all relevant nursing staff (10 Important Points were further revised September 2013 – attached)  10 key points C difficile target Sept 21	April 2013	IPCT	Continued emphasis on the use of the Diarrhoea Assessment Tool.
11	Developing stickers and a stamp for affected patients' notes to act as a prompt for ward staff	May/June 2013	IPC Nurse Specialists	In use by the IP&C Specialist Nurses
12	Ward disinfectant change to FUSE (Chlorine Dioxide), used routinely in wards commonly affected with C. difficile	Trust wide August 2013	Hospital Managers	Ongoing
13	Mandatory use of hand wipes before meals	Ongoing	Nutrition Matron	Ongoing
14	Ongoing education on C. difficile prevention and management for link practitioners	Ongoing at quarterly meetings	IPC Nurse Specialists	Ongoing
15	Extension of the use of Flexiseal (bowel management system) beyond ITU into the wards for the management of immobile patients with uncontrolled diarrhoea – to reduce environmental contamination for C. difficile cases	November 2013	IPCT	Ongoing
16	The development and implementation of the "Record of Stool Specimen Collection Sticker" to reduce any ambiguity as to whether stool specimens have been sent or not	October 2013	IPCT	Ongoing
17	Implementation of VitalPAC IPC Manager	November 2013	IPCT	Ongoing

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	(electronic near patient monitoring system) which will alert the IPC Nurse Specialists to patients experiencing diarrhoea so that they can ensure appropriate management of cases			
18	Revisit key actions for wards to implement regarding the prevention and management of C. difficile cases, with ward managers and matrons on each hospital site. This will be covered in an education session during October to further promote engagement at the point of care	November 2013	DDIPC/Deputy Chief Nurse & Deputy Director Of Quality	“7 Important Points for the Management of Diarrhoea / C.difficile” issued.
19	Undertake a pilot of the use of hydrogen peroxide vapour systems utilising the products provided by the two market leaders	October 2013	DDIPC	
20	Compliance data for the weekly commode audits will in future be collated using the Meridian system which will help improve compliance in undertaking this important audit	December 2013	DDIPC	Ongoing
21	<p>Actions are been taken to ensure that the standard of ward cleaning is consistently high by:</p> <ul style="list-style-type: none"> • Promoting the Trust wide involvement of Matrons and Ward Managers in the National Cleaning Standards audits undertaken by Serco • Reporting non compliance via the help desk • Working with the Hospital Managers to ensure that robust contract cleaning remains a high priority 	October 2013	IPCT/Matrons/ Heads of Nursing	Ongoing

	New Actions/Innovations (January 2014)	Date Implemented	By Whom	Update April 2014
1	An external review team led by Public Health England have been invited to undertake a review of systems in place to manage the reduction of Clostridium difficile	Held on 8 th January 2014 - awaiting Report	DIPC	Awaiting Report
2	Development of an “EKHUFT Alternative Stool Chart” to: <ul style="list-style-type: none"> Assist staff and patients with identifying “stool types” - to be used in conjunction with the Bristol Stool Chart 	February 2014	IPCT	Outstanding but in progress
3	Option appraisal is being conducted to identify the most suitable version of Hydrogen Peroxide Vapour (HPV) system to implement during the coming year	April 2014	IPCT	Business Case to be developed (June 2014)

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(on behalf of the Infection Prevention and Control Team)

16th April 2014