

# Core brief

Wednesday, 25 October 2017

## Introduction

This issue is a message to all clinical staff from the acute infection control committee.

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To all clinical staff on behalf of the Acute Infection Control Committee

### ***Increase in healthcare associated Staphylococcus aureus bacteraemia (SAB) and vascular access devices - Alert***

SAB is a severe life-threatening infection often occurring in our most vulnerable patients. We have been performing well against national rates of Staphylococcus aureus Bacteraemia infections (SABs) but the trend recently has been upwards with a significant proportion of cases associated with infected vascular devices.

Medical Director Dr Jennifer Armstrong, presenting the Healthcare Associated Infection Reporting Template, informed the board that while we were "still in the pack with the national targets" we had previously been recording better than target results.

In May 2017, the antimicrobial management and infection protection control teams issued additional guidance regarding the prevention and prompt management of SABs emphasising the importance of identifying and tackling the underlying source of infection and ensuring the correct duration and route of administration of antibiotic therapy

In the month of September, 78% of SABs were hospital acquired. In more than half of these harm was avoidable as the SAB arose as a result of an infected vascular device. At least 15% of our hospitalised patients receive IV antibiotic therapy. IV antibiotic therapy review in down-stream wards is poorly documented and many patients are suitable for switch to oral therapy.

The PVC care plan states that the reason for the PVC remaining in situ must be justified using DRIFT<sup>1</sup> criteria and documented. Every patient contact/treatment decision is an opportunity to consider removal (ward rounds, review of fluid status and IV antibiotic review). Reducing risk of infection by timely PVC removal (or avoidance of routine placement when appropriate) is of major importance and is an organisational priority. All members of the clinical team are responsible for this essential, harm preventing aspect of care.

## ACTIONS

### 1. Communicate

Vascular device and IV antibiotic review is to be incorporated into every ward safety brief/ board round review/huddle/handover with immediate effect.

### 2. Clinical Review

The need for IV therapy (including fluids) should be reviewed daily by medical staff and immediate removal of the vascular device should be considered and continued placement justified. Early IV to oral switch of antibiotics (see IVOST Guidance) should be considered and reason for continuation of IV antibiotic therapy beyond day 3 must be documented in the medical records. Following IVOST, the duration of oral antibiotic therapy must be recorded on the Kardex.

### 3. Challenge

All members of the clinical teams are strongly encouraged to challenge the need for a PVC in the absence of clear documentation (DRIFT criteria). Discussing need for ongoing IV access and considering opportunities for oral therapy must be routine practice within teams.

Providing safe and effective care, while avoiding harm remains our primary objective and the above measures are the most effective way to achieve this.

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Chief of Medicine

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Footnote: DRIFT: The DRIFT (Diagnosis, resuscitation, IV medication, fluids and transfusion) mnemonic must be used daily to facilitate decision making about insertion and removal of PVCs. This will promote decision making to ensure only appropriate PVCs are in place.

Further information - NHSGGC resources, including video, to support good practice in PVC insertion are available from this link <http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/education-training/pvc-insertion-good-practice-video/>

You can also refer to the SOPs for Invasive Device (CVC / PVC / Urethral Urinary Catheters) which you will find in the Prevention and Control of Infection Manual (accessible from the above link.)

**Are your contact details up-to-date? [Click here](#) to check**