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1. Introduction

- Approximately 59% of all Gram Negative Blood Stream Infections (GNBSI) are healthcare associated and therefore could potentially be avoided.
- *Escherichia coli (E coli)* make up 55% of the GNBSI's. 75% of these cases are community onset and therefore a whole health economy approach is required to bring about a reduction in line with national ambition.

2. Methods

The Infection Prevention and Control teams across both CCG and Foundation Trust have a history of working together to address many issues. A steering group was developed to include representation from local primary care, CCG and Acute Trust which audited the data, identified the key issues, and produced a clear action plan.

Including:

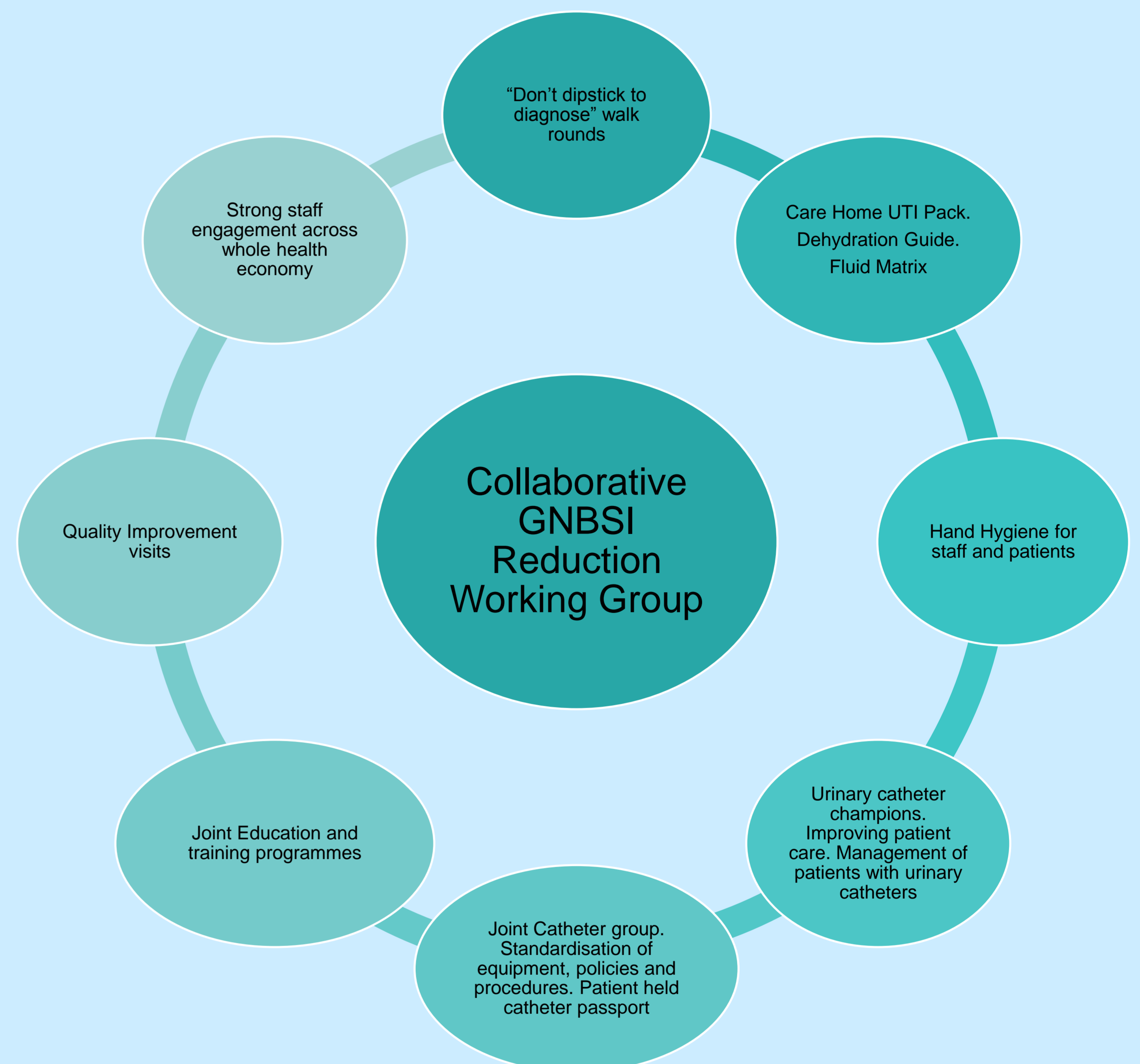
- Don't Dipstick to Diagnose' walk rounds and primary care protocol for diagnosis/management /treatment of UTI
- Care home UTI resource pack, dehydration guide, fluid matrix and top tips.
- Quality improvement visits to wards and care homes
- Joint education programmes for all staff in all settings
- Joint catheter group:
 - Standardisation of equipment, policies and procedures.
 - Introduction of patient held catheter passports
 - Catheter Champions ,
 - Audit and surveillance
 - Case note review

“As Executive Director of Nursing and Director of Infection Prevention and Control and on behalf of the Foundation Trust Board; I can say we are very supportive of the collaboration between the Foundation Trust and CCG teams, in their aim of reducing HCAI infections specifically GNBSIs. We cannot achieve this reduction by working in isolation. The team demonstrate strong leadership and vision to drive this agenda forward, to achieve improved health outcomes and better experience for all our patients across the whole health and social care sector. We look forward to widening this collaborative working across the region”

DON CDDFT

“As a health economy we are working very closely together on this agenda to make sure that the changes we make are agreed, understood and implemented across primary, community and secondary care. Our Boards and Governing Bodies have been involved from the start and receive regular updates and are very supportive of the staff engaged in this important work”

DON CDD CCG



3. Results

- The group has delivered key improvements in care homes, primary and secondary care and across the health economy resulting in;
 - raised awareness among healthcare workers,
 - promotion of optimum patient safety
 - positive contribution to the issue of antibiotic resistance associated with inappropriate treatment.
- This collaboration has resulted in;
 - A reduction in antibiotic use
 - 5% reduction of total number E.coli BSI cases
 - 34% reduction of Trust apportioned cases

4. Discussion

Achievement has been attained by the CCG and Trust IPC teams' collaborative approach, supported by Trust and CCG boards, demonstrating strong leadership and vision to drive this agenda forward, achieving improved health outcomes and experience for all our patients.