

Reducing Gram negative bacteraemia cases

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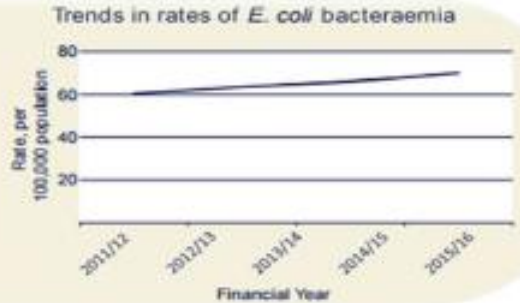
- In May 2017 Government announced an ambitious plan to halve health care associated Gram negative bacteraemia by 2021
- Initially to achieve 10% reduction in E. coli BSIs during 2017/18
- Focus is on reducing E. coli bacteraemia which cause 55% of Gram negative bacteraemia infections
- E. coli BSIs have increased in number year on year (20% increase in last 5 years)
- As approximately three-quarters of E. coli BSIs occur before people are admitted to hospital, reduction requires a whole health economy approach.

Benefits of reducing GNBSIs

- Improved patient safety through reduced infection rates, mortality, length of stay and appropriate antimicrobial prescribing
- Improved patient experience through the prevention of avoidable infections and reduced length of inpatient stay
- Improved population health through reduced antimicrobial resistance
- Potentially between £900-£2400 per patient saved for each *E.coli* BSI prevented (data from European study and NHS reference costs)

Overall rate

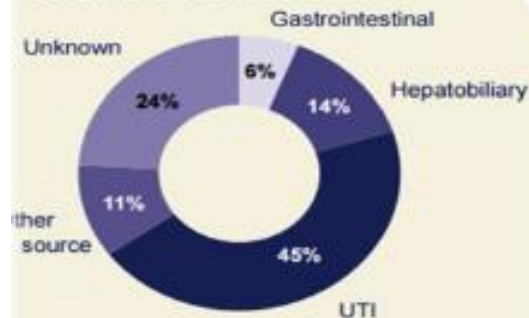
70 people out of every 100,000 will acquire an *E. coli* bacteraemia

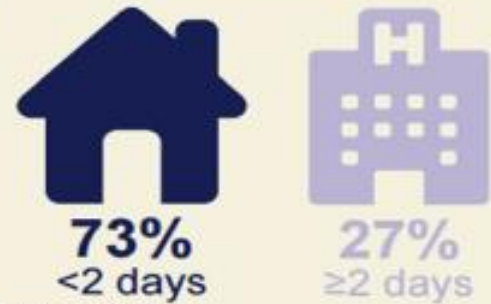
Risk greater among elderly



Most common source of infection

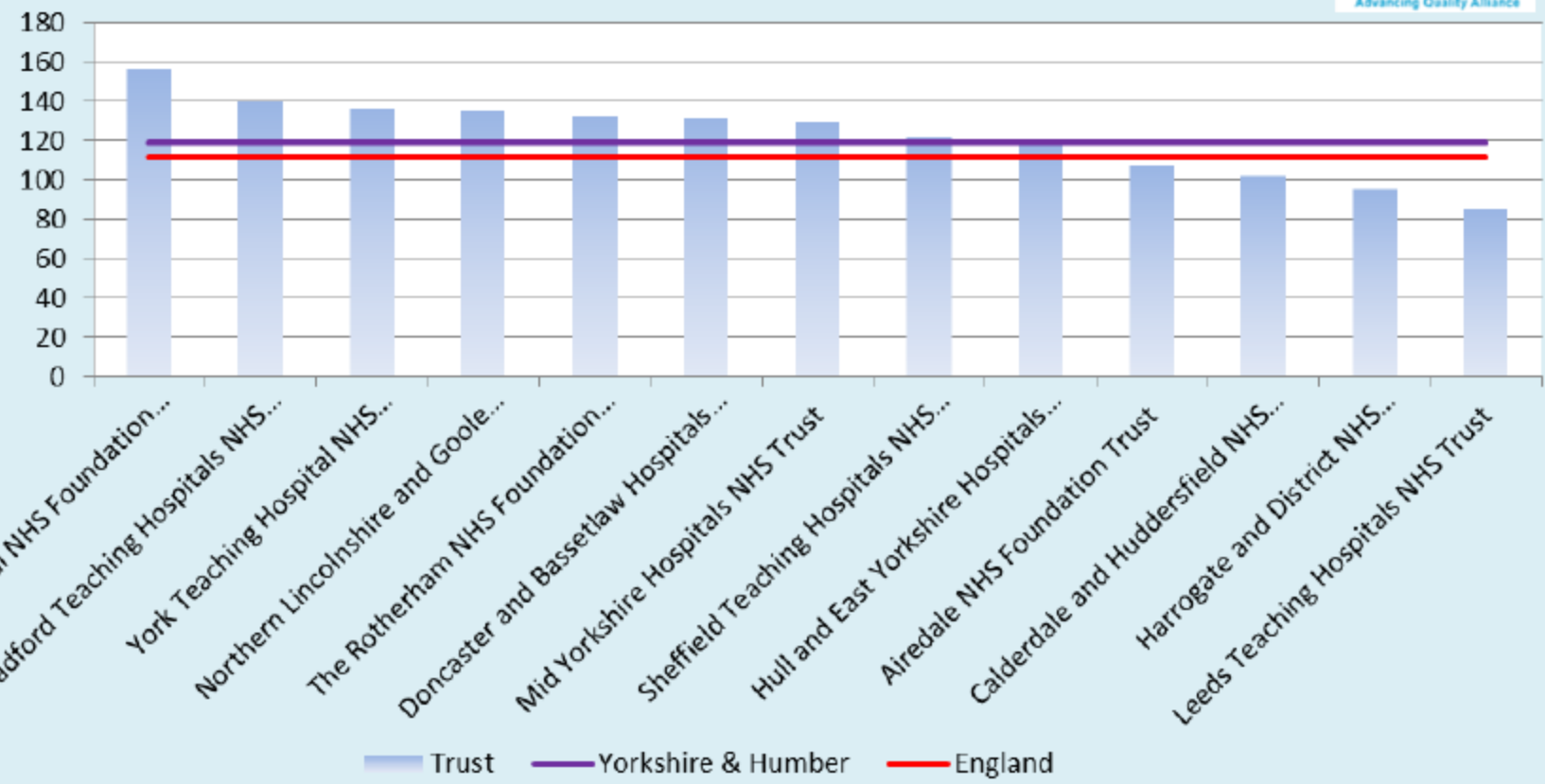


Most cases are community onset



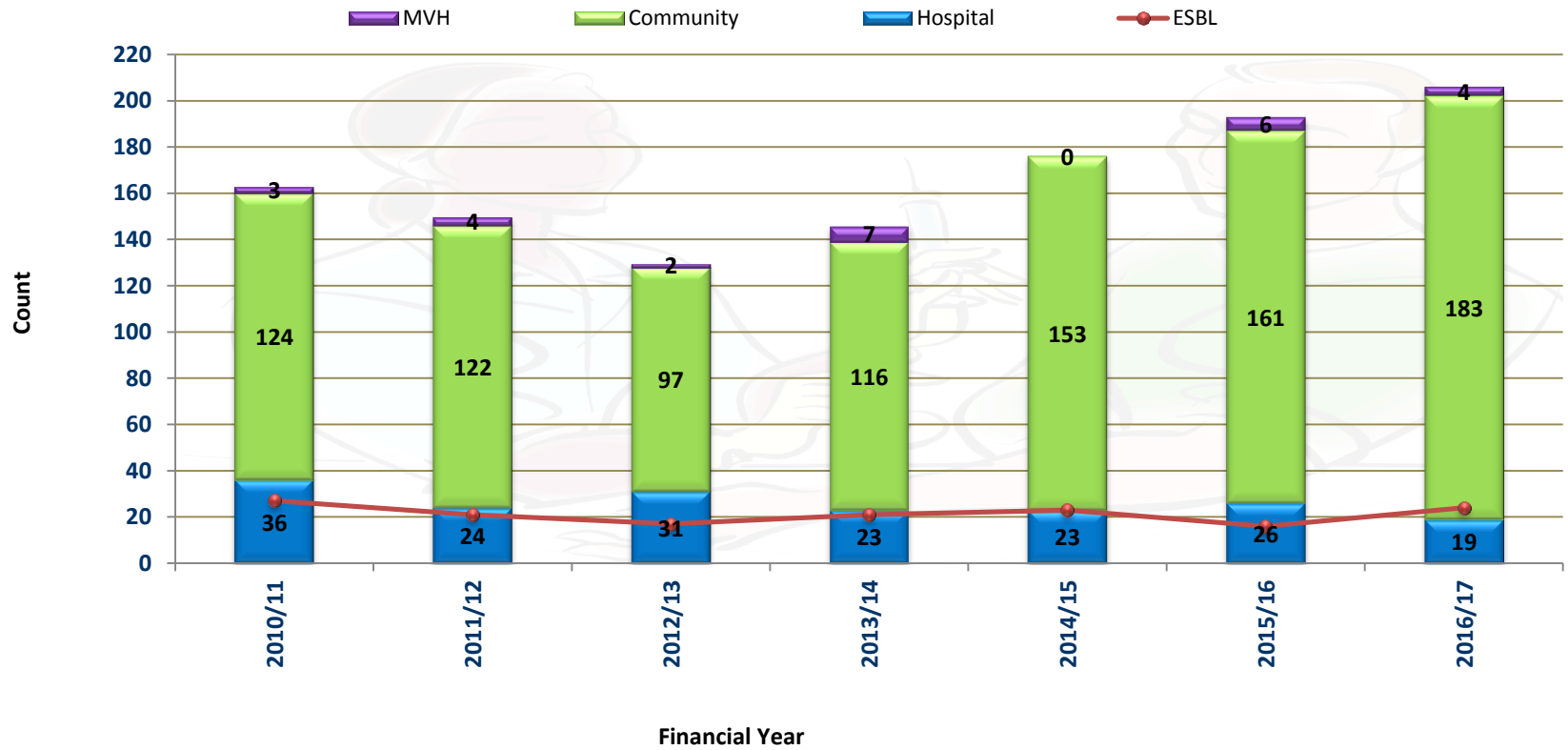
For full report, please see <https://www.gov.uk/government/statistics/mrsa-mssa-and-e-coli-bacteraemia-and-c-difficile-infection-annual-epidemiological-commentary>

E-Coli Per 100,000 Bed Days: 2016/17 Q1&Q2



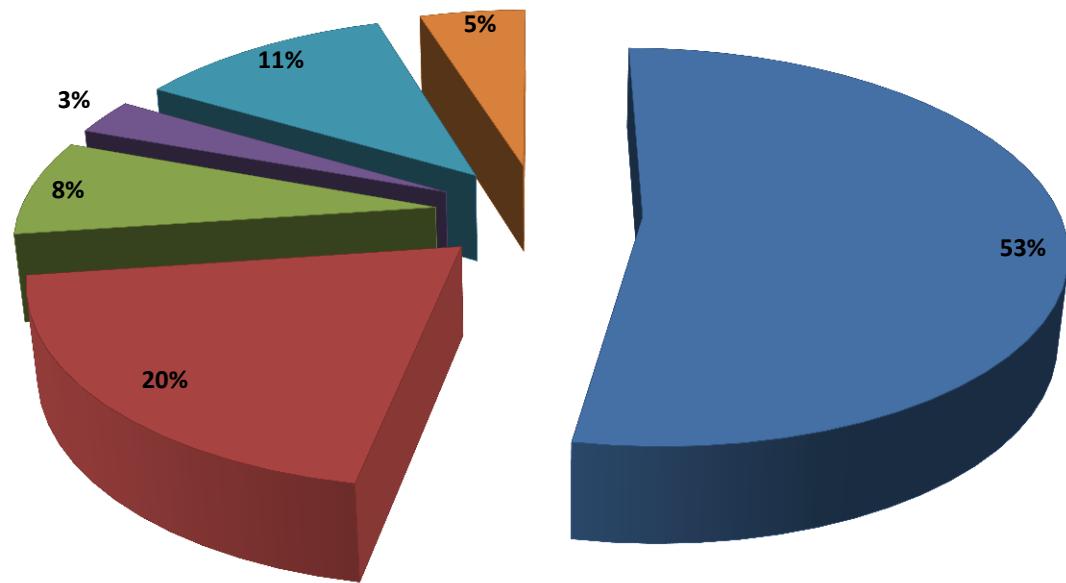
Created using data from the Healthcare Evaluation Data system

E. Coli Bacteraemia - Surveillance by financial Year



Most common source of infection 2017/18

■ UTI ■ Hepatobiliary ■ Chest ■ Skin and soft tissue ■ Other ■ Unknown



Risk factors for Gram negative bacteraemia

- Urinary catheterisation (insertion, in situ with or without manipulation, or removal)
- Indwelling vascular access devices (insertion, in situ, or removal)
- Other devices (insertion, in situ with or without manipulation, or removal)
- Invasive procedures (eg endoscopic retrograde cholangio-pancreatography (ERCP), prostate biopsy, surgery including, but not restricted to, gastrointestinal tract surgery)
- Neutropenia (<500/L at time of bacteraemia)
- Antimicrobial therapy within the previous 28 days
- Hospital admission within the previous 28 days

Actions to reduce Gram negative bacteraemia

- Local whole health economy discussion and agreement re reduction plan;
- Develop Improvement Plan to reduce GNBSI by 50% (by 2021) and *E. coli* BSIs initially by 10% or more during 2017/18;
- Review sample of patients (suggestion of 30 cases) with *E.coli* BSIs to identify common themes and subsequently priority areas for action;
- Develop improvement plan based on review of sample cases

Results to date (1)

- Random sample of 30 cases identified:
 - BHNFT 7; SWYFT 4; Primary care 19
- Hospital records reviewed for all GP cases (19); RCAs undertaken for Trust cases (11);
- Nursing Home residents - 6
- Catheterised patients - 8
- Post ERCP-1
- Post TURP- 2

Results to date (2)

Known / suspected source

- Urosepsis 11
- Hepato-biliary 7
- Chest sepsis 3
- Genital tract 3 (all 1/7 post-prostatic surgical procedure)
- Unsure 6
 - Chest / hepatobiliary 2
 - Chest / urosepsis 2
 - Urosepsis / skin 1
 - Not known source 1

What do we need from you?

- Support from GP practices in accessing relevant patient information for 28 days preceding positive result;
- There are 10 practices with 19 patients;
- Pro-forma has been devised together with guidance on requirements;

Future Actions

- Given results to date targeting detection and management of urinary tract infections (and including urinary catheter management) should have significant impact on reducing the total number of E. coli bacteraemia cases locally;