Appendix 4 of Infection Control Update Report for IPCC

Infection Related Incident Reporting in Datix



caring for each other working together always improving

Current Datix codes for patient infection related incidents

Tier 2

- Antibiotic Prophylaxis Processes/Procedures
- Device, Product, Medication, Fluid Associated Infections
- Environmental Cleaning and Hygiene Processes/Procedures
- Hand Hygiene Processes/Procedures
- Infection Diagnosis
- Infection Outbreak
- Infection Source
- Infestation
- Isolation Processes/Protocols for Handling of Body Fluids/Tissues
- Isolation Processes/Protocols for Immunocompromised Patients
- Isolation Processes/Protocols for Infected Patients
- Performance of Clinical Procedures (protocols/bundles/guidelines)
- Safe Injection/Sharps Disposal Processes/Procedures
- Sterilisation Processes/Procedures
- Test Results/Reports
- Treatment Procedure

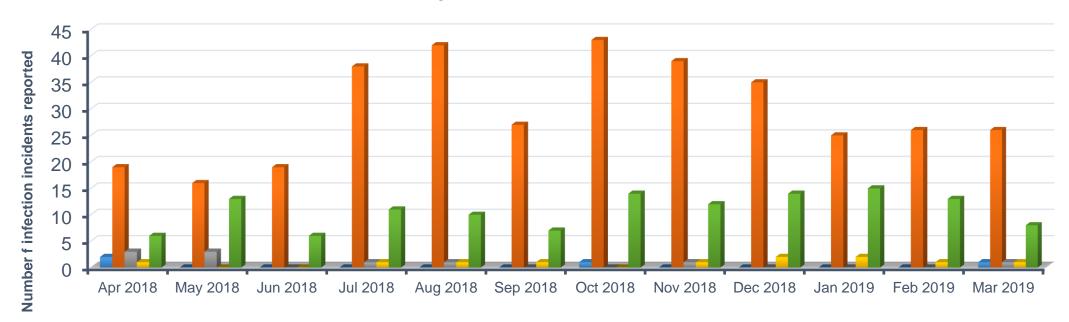


Examples of Current Datix codes for patient infection related incidents

Tier 2	Tier 3	
Infection Diagnosis	Delayed diagnosis	
	 Incorrect diagnosis 	
	 Failure to diagnose 	
 Infection Outbreak 	 Major outbreak 	
	Minor outbreak	
Infection Source	 Community acquired 	
	 Hospital infection 	
	Cross infection	
	Wound	
 Infestation 	 Major infestation 	
	 Minor infestation 	

Infection Control Incidents Report Exported from Datix

Infection Control Incidents reported for Swansea Bay UHB Delivery Units, April 2018 - March 2019



- Mental Health and Learning Disabilities Delivery Unit
- Neath Port Talbot Hospital Service Delivery Unit
- Singleton Hospital Service Delivery Unit

- Morriston Hospital Service Delivery Unit
- Primary and Community Services



Proposed changes to Datix Codes for Patient Infection Related Incident

Patient

Incident Type Tier 1

Infection Related Incident

Incident Type Tier 2

- Bacteraemia ≤48 hours of admission
- Bacteraemia >48 hours of admission
- Catheter associated urinary tract infection ≤48 hours of admission
- Catheter associated urinary tract infection >48 hours of admission
- Diarrhoea +/- vomiting ≤48 hours of admission
- Diarrhoea +/- vomiting >48 hours of admission
- Diarrhoea +/- vomiting following discharge from hospital
- Infestation
- Pneumonia >48 hours of admission
- Surgical Site Infection
- Wound infection (non-surgical) ≤48 hours of admission
- Wound infection (non-surgical) >48 hours of admission



Proposed Patient Infection Incidents to be started by IPCN on Datix

Incident Type Tier 2

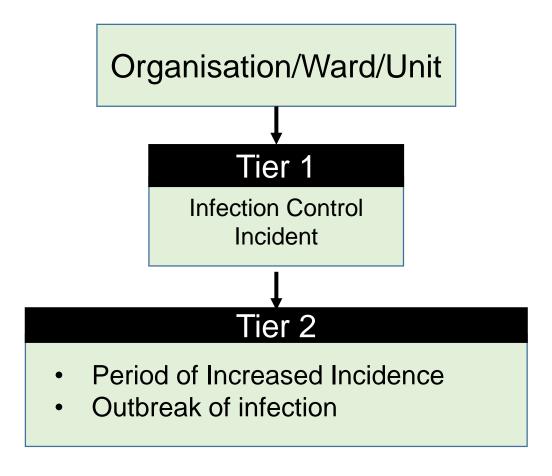
- Bacteraemia ≤48 hours of admission
- Bacteraemia >48 hours of admission
- Diarrhoea +/- vomiting ≤48 hours of admission
- Diarrhoea +/- vomiting >48 hours of admission
- Diarrhoea +/- vomiting following discharge from hospital

Patient Infection Incidents to be started by IPCN on Datix

Incident Type Tier 2

- Bacteraemia ≤48 hours of admission (SABSI, EcBSI, Klebsiella BSI, Ps. aeruginosa BSI)
- Bacteraemia >48 hours of admission (SABSI, EcBSI, Klebsiella BSI, Ps. aeruginosa BSI)
- Diarrhoea +/- vomiting ≤48 hours of admission
 (C. difficile toxin positives)
- Diarrhoea +/- vomiting >48 hours of admission
 (C. difficile toxin positives)
- Diarrhoea +/- vomiting following discharge from hospital (C. difficile toxin positives)

Proposed changes to Datix Codes for Outbreak/Period of Increased Incidence



All Wales Datix User Group

- The proposed changes to the Datix Codes for reporting infection related incidents have been approved by the All Wales User Group on 24th June 2019.
- The proposed changes to infection incident Datix codes will be amended for pilot following approval by Swansea Bay UHB's Infection Prevention & Control Committee.



Recommendation

The Infection Prevention & Control Committee is asked to:

- approve the proposed changes to the Datix Codes for reporting infection related incidents
- approve the proposal that the Infection Prevention & Control Team will commence the incident reporting incidents for Clostridium difficile toxin positives, bacteraemia caused by Staph. aureus, E. coli, Klebsiella spp. and Pseudomonas aeruginosa, outbreaks and periods of increased incidence of infection