

Trust Public Board 21 February 2008

Infection Control – Monthly Performance Report

to receive a report from Graham Ramsay on current performance

Report by: Graham Ramsay

1. Introduction

This report updates the Board on the current performance with respect to both MRSA and Cdiff infection rates. It invites the Board to comment on the current levels of infection and to seek assurance that everything that is required in relation to actions to reduce and prevent the opportunities for infection becoming a serious threat to patient safety are being taken.

2. Current Performance

For the year to date the total MRSA bacteraemias have now reached 31 (as at the end of January 2008). The target for the year was 18 and the Trust has therefore breached its trajectory. There were 5 bacteraemias reported in January, 4 were pre 48 hour cases whilst 1 was post 48 hours.

Actions taken to tackle previous high rates of Cdiff continue to prove effective. For the month January 2008 the Trust reported 16 cases of hospital acquired Cdiff in the cohort of patients 65+ (the national benchmark indicator), this compares with 12 in December 2007 and is in line with an expected rise during the winter months.

3 Practice Performance

In view of the low incidence of Cdiff at WGH, the isolation ward operated as an MRSA ward. In total during January 2 Cdiff positive patients were transferred from WGH to HHGH. Disappointingly, there has been a rise in the number of cases of Cdiff within WGH. This has meant that Letchmore Ward has been returned to an isolation ward for Cdiff patients only.

The November compliance for hand hygiene for January was 93%. This compares with 92% reported in December.

Root Cause Analyses (RCA) continue to be undertaken on all MRSA bacteraemia. Attached at appendix A is a summary of the key themes identified from these RCAs. Whilst RCAs continue to be undertaken for all Cdiff cases work is being undertaken to improve to process. Once this has been completed a similar summary of the themes will be available for the Board.

Work has been completed on ensuring that the Trust wide decontamination policy is now compliant with the NHS Litigation Authority (NHS LA) requirements and will be submitted as part of the evidence for the NHS LA assessment in March.

Attached at appendix B is the list of current initiatives in place to ensure that reducing health care acquired infection remains a high priority and at the forefront of how people practice.

4. Environmental Performance

WHHT are on target to achieve the deep clean program by March 2008. In addition to this we continue to implement a number of actions to support 'the national specifications for cleanliness in the NHS ~ April 2007' and reduce hospital acquired infections. These include

- Recruiting additional staff so that deep cleans can be carried out at weekends and evening.
- Ward managers now responsible for the monitoring of their areas in conjunction with Medirest with additional back up by Facilities Monitoring Officer.
- A review of storage continues to help reduce clutter on wards and corridors.
- The approval of funds by the Capital Planning Group in February to move forward with the project to install a central washing facility for mattresses and electronic beds at WGH
- Work continues on the SACH bed wash ~ the area has been allocated and is currently being made fit for purpose and will be complete by March 2008.
- Refurbishment programme has now started. Further reports on progress will be included in future reports.
- Environmental Improvement Group met for the first time on 30th January. Priorities for action are being identified. Further updates will be made to the Board in future reports.

In January 62 ward inspections took place with a 2% failure rate. Of these inspections 38 were carried out by the wards, and 24 by the Facilities Monitoring Officer.

5. Actions Required

The Board is asked to note the current performance and actions taken and to assure itself that all possible actions are being taken to achieve the required improvements and sustain current good practice.

Graham Ramsay
Medical Director
February 2008

MRSA Bacteraemia Themes for the Three-Month Period November 2007 – January 2008

Introduction

During the three-month period of November 2007 - January 2008, a total of 11 MRSA bacteraemias were identified within the Trust.

An analysis of the Root Cause Analyses has identified the following:

- **Ages:** ranged from 69-92 years (mean 81 years)
- **Sex:**
 - 7 (64%) Males
 - 4 (36%) females
- **Where patient was admitted from:**
 - 7 (64%) - own home
 - 2 (18%) - nursing/residential homes
 - 1 (9%) - rehabilitation unit
 - 1 (9%) - another hospital
- **Blood cultures taken pre/post 48 hours:**
 - 7 (64%) were taken pre-48hours
 - 4 (36%) were taken post-48hours

Table 1.

Division Where Blood Culture Taken

Division	Number of patients
A&E	2 (18%)
Medicine	4 (36%)
Elderly Care	3 (27%)
Surgery	1 (9%)
ITU	1 (9%)

Table 2.

Possible Cause of MRSA Bacteraemia

Possible cause	Number of patients
Intravenous access	2 (18%)
Wound	2 (18%)
Catheter	3 (27%)
Osteomyelitis	1 (9%)
Residual bacteraemia	1 (9%)
Contaminant	1 (9%)
? Joint ? Endocarditis	1 (9%)

Table 3.

Emerging Themes identified in

Themes	Number of times identified
Care plans not maintained	4 (36%)
MRSA screening not initiated as per Trust protocol	2 (18%)
Decolonisation therapy not commenced as per Trust MRSA policy	2 (18%)
Trust guidelines followed	3 (27%)

RCA's

There are four main themes emerging (table 3) from the three months data:

1. 'Care plans not maintained':

- Inadequate documentation in MRSA care plans
- Incomplete documentation by both nursing and medical staff in intravenous care plans

2. 'MRSA screening not initiated as per Trust protocol':

- Not all high risk patients were screened for MRSA as per Trust protocol

3. 'Decolonisation therapy not commenced as per Trust MRSA policy':

- Failure to commence topical treatment

4. 'Trust guidelines followed':

- Trust protocols were adhered to with the remaining three bacteraemias and no obvious cause could be identified.

Table 4.

Action Plan on Themes Identified

Themes Identified	Person(s) responsible	Actions taken
Care plans not maintained	Ward Sisters Matrons Infection Control Nurse	Ward sisters / matrons informed of findings to take back to ward staff Ward sisters have highlighted issues to staff on individual basis and during ward/departmental meetings (medical and nursing) The importance of documentation is raised in all education/training sessions Awareness of documentation is now discussed at all link nurse meetings Intravenous nurse audited areas and training given Standardised documentation recirculated Record keeping audits in place

MRSA screening not initiated as per Trust protocol	Ward Sisters Matrons	Individual cases discussed with ward sisters - informed of findings to take back to ward staff Awareness of screening is discussed at all link nurse and sisters meetings
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Themes Identified	Person(s) responsible	Actions taken
Skin decontamination not commenced as per Trust MRSA policy	Ward Sisters Matrons	Ward sisters reminded of the importance to initiate immediate skin decontamination as per policy The importance of decontamination is raised in all education training sessions

Conclusion

RCA's for MRSA bacteraemias will continue to be completed and discussed at the weekly Infection Control Group and at the Monthly Infection Control meeting. Themes identified will continue to be discussed at relevant Divisional meetings.

Frances Stratford
Acting Lead Nurse, Infection Control

February 2008

Recent Infection Control Initiatives Undertaken by West Herts NHS Trust

In an attempt to continue raising awareness of the importance of infection control within the Trust, a number of initiatives have been implemented. These include:

- Yellow badges for all clinical staff stating ' Please ask me if my hands are clean'
- Large banners situated in main entrances reminding visitors of the importance of infection control practices
- Posters (on order) to be displayed on glass doors in main entrances asking visitors to gel hands prior to entering wards
- All wards have a designated infection control notice board
- Weekly Lewisham hand hygiene observation audits undertaken by the wards & the results for the whole Trust are displayed on the departmental infection control notice boards
- Weekly 'walk-about' in clinical areas by Trust directors
- Weekly 'walk-about' in clinical areas by director of nursing
- Link person in place for each clinical area
- Bi-monthly infection control link persons meetings involving attendance by the director of nursing for question & answer session
- Continuing involvement in the clean~~your~~hands campaign
- 'Bear arms' posters to encourage short sleeves and removal of watches for all clinical staff
- Infection control stands and involvement in 'Think clean' days
- Red arrows on floor outside all clinical areas pointing to hand gel
- Dress code implemented for doctors