

Governance Declarations

2007/08

Target / Core Standard: MRSA Year on Year Reduction

The Issue

MRSA Bacteraemia:

The DH trajectory for MRSA bacteraemias for the trust in the year is 18, or an average of 1.5 per month. The trust has reported a total of 31 bacteraemias since April 2007 and so has already breached the target level. There have been 5 cases during January. Four of these were pre 48 hour cases, 1 was a post 48 hour case.

Proposed Actions:

The Trust continues to work to the action plan put in place following visits from the DoH. It continues to be reviewed weekly and updated quarterly. Reports are made to the Board on a monthly basis identifying the current performance and the specific actions being taken together with details of compliance with relevant audits and RCAs. Attached is the analysis of the themes identified in respect of all bacteraemias between November 2007 and January 2008.

Next Steps:

The Trust is working with W Herts PCT and local primary care community to address MRSA and other Col issues.

The Trust has received advice and support from the DH support team. A further visit is planned to take place on 19th February.

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

Governance Declarations

2007/08

- 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

Governance Declarations

2007/08

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

Governance Declarations

2007/08

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%)

Governance Declarations

2007/08

Table 3.

Emerging Themes identified

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%)

in RCA's

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

1. 'Care plans not maintained':

Governance Declarations

2007/08

- 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)

Governance Declarations

2007/08

		<p>The importance of documentation is raised in all education/training sessions</p> <p>Awareness of documentation is now discussed at all link nurse meetings</p> <p>Intravenous nurse audited areas and training given</p> <p>Standardised documentation recirculated</p> <p>Record keeping audits in place</p>
MRSA screening not initiated as per Trust protocol	Ward Sisters Matrons	<p>Individual cases discussed with ward sisters - informed of findings to take back to ward staff</p> <p>Awareness of screening is discussed at all link nurse and sisters meetings</p>

Governance Declarations

2007/08

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.

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