

Trust Plan to Prevent and Reduce Health Care Acquired Infections April 2008 - 2009

Aim	Actions Required	Lead	Review Date	Progress/Comments
<p>1. Leadership</p> <ul style="list-style-type: none"> To ensure that effective infection prevention and control practice is embedded trust wide To develop visible, proactive, appropriately trained practitioners who lead the IC agenda 	<ul style="list-style-type: none"> Link Practitioners to have relevant education & training Link practitioners role to be integrated with IC team 	DIPC DON	30.06.08	<ul style="list-style-type: none"> IC Study Day programme commissioned from Middlesex University for Link Practitioners Bi-monthly joint meetings established for Link Practitioners and IC Team New post of IC Matron to support ward managers to implement and embed best practice at local level
<p>2. Investigation of bacteraemias and c.dif cases</p> <p>To ensure that RCAs are undertaken for all MRSA and c.dif cases, and that they follow a robust process and lessons are identified and learned</p>	<ul style="list-style-type: none"> Root Cause Analysis to be undertaken for all MRSA bacteraemias and c.dif outbreaks Where outcomes of RCAs identify improvements, action plans to be put in place, delivered, monitored and sustained Process/documentation used for RCAs to be reviewed to ensure it is robust and user friendly and in line with NHS London requirements Work with PCTs to develop a joint pathway for carrying out and learning lessons from pre-48 hours cases Hold RCA Workshops to ensure all 	DON DIPC	30.06.08	<ul style="list-style-type: none"> RCA undertaken for post-48 hour bacteraemias in April 2008. Action plans in place – to be monitored through ICC Meeting held with NPSA adviser in May to review RCA forms and process Meeting arranged with Islington PCT to discuss pathway for completing pre-48 hour RCAs

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	key staff are skilled in the process			
3. Cleaning All clinical areas to meet a minimum standard of 90% compliance against national cleaning standards	<ul style="list-style-type: none"> Monthly cleanliness audits to be carried out in all clinical areas 	DON Director of Facilities	30.06.08	<ul style="list-style-type: none"> Audit tool based on national standards developed, & monthly audits taking place on an ongoing basis. Reported to ICC Last audit (March 2008) showed 7 wards below 80% (07/08 target) Business plan drawn up to fund replacement curtains following discharge Feasibility of clean bed exchange following discharge being examined
4. Hand Hygiene All staff working in clinical areas to meet a minimum of 90% compliance against standard	<ul style="list-style-type: none"> Deliver hand hygiene training for all staff on an annual basis Carry out ongoing monthly audits to monitor compliance Develop league tables of compliance by ward and speciality Hold ward managers and consultants to account for non compliance Implement "Clean your hands" campaign for 2008 Publicise good hand hygiene to patients and visitors 	DON DIPC MD	30.06.08	<ul style="list-style-type: none"> Training sessions rolled out trust-wide Monthly audits undertaken by senior nursing team as part of Visible Leadership Initiative, and to transfer to local level from April 2008 Results of audits shared at executive and local level, and reported to ICC. April audit showed 85% compliance overall, with 8 individual wards below 90% Developing reports for Trust Board, HMB, and local level showing corporate, divisional, ward performance as appropriate Campaign launched with poster displays and championed by Matron for Emergency Care

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<p>5. Care of Intravenous Lines</p> <p>All peripheral lines to be inserted in accordance with agreed procedure</p> <p>Line care to meet a minimum of 90% compliance against standard</p>	<ul style="list-style-type: none"> • Carry out ongoing regular monthly audits to monitor compliance with peripheral cannula care plan and policy • Hold ward managers and senior consultants to account for non compliance • Performance management of non-compliant staff members 	<p>DON MD</p>	<p>30.06.08</p>	<ul style="list-style-type: none"> • Monthly audits undertaken by senior nursing team as part of Visible Leadership Initiative, and to transfer to local level from April 2008. Reported to ICC • DH audit support team visiting trust on 16 May to review practice on insertion of intravenous cannulae Non-compliant staff members identified and given additional training & support, followed by warning letters and possible disciplinary action
<p>6. Bed Management</p> <p>Spaces between beds to comply with national specification</p>	<ul style="list-style-type: none"> • Reconfigure beds to separate elective and emergency patients, & reduce bed numbers in bays non compliant with specification • Trust-wide roll out of "Bedweb" 	<p>DOps DON</p> <p>D of IM&T</p>	<p>30.09.08</p> <p>30.06.08</p>	<ul style="list-style-type: none"> • Reconfiguration of beds underway • Beds in surgical bays reduced for 6 to 4 • April 2008 - Bedweb roll out commenced
<p>7. Isolation</p> <p>All patients with infections to be isolated where possible</p> <p>Isis Ward to be extended to provide additional isolation facilities</p>	<ul style="list-style-type: none"> • Prioritise the need for isolation using LIPS • Point prevalence study to commence April 2008 in order to establish information on capacity and demand for isolation rooms • Non-isolation of patients with a HCAI to be reported as clinical incidents • 	<p>DIPC DON</p>	<p>30.06.08</p>	<ul style="list-style-type: none"> • LIPS being used to prioritise patients • IR s on lack of isolation rooms reported to ICC & HMB

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<p>8. Antibiotic Prescribing</p> <p>Prescribing practice to meet a minimum of 90% compliance against policy</p>	<ul style="list-style-type: none"> • Agree local policies for specific clinical areas, e.g. oncology • Provide ongoing training for junior Drs • Carry out ongoing 6 monthly audits to monitor compliance with Policy • Ward Pharmacists to check and challenge prescribing practice 	<p>DIPC MD</p>	<p>30.09.08</p>	<ul style="list-style-type: none"> • Prescribing training sessions introduced for ED, Surgery and FY1/2 Drs • Audit carried out March 2008 showed good compliance with prescribing policy • Needs re-enforcement – Substantive DIPC to take forward on her return
<p>9. Screening</p> <ul style="list-style-type: none"> • 100% of elective patients to be screened for MRSA • 100% of emergency patients to be screened for MRSA 	<ul style="list-style-type: none"> • Extend Trust Screening Protocol to include all emergency patients • Ensure positive results are communicated and acted upon • Carry out quarterly audits to monitor screening rates with feedback to relevant areas 	<p>DIPC MD</p>	<p>30.09.08</p>	<ul style="list-style-type: none"> • All emergency patients admitted via Mary Seacole Ward screened • Still to be rolled out to other emergency patients admitted via A/E, Clinics and GP Direct Access
<p>10. Information Management</p> <p>To agree set of IC indicators for all clinical areas, for divisions and for whole hospital</p>	<ul style="list-style-type: none"> • Audit against agreed indicators and trust trajectory and feedback to execs weekly, and to HMB and TB monthly • Set divisional and ward targets in line with 08/09 national targets • Identify dedicated analyst time to support IC data management 	<p>DIPC DON</p> <p>D of IM&T</p>	<p>30.05.08</p>	<ul style="list-style-type: none"> • Report format for HMB and TB being developed • D of IM&T looking at providing dedicated info analyst hours to Nursing Directorate

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<p>11. Partnership Working</p> <p>To ensure an integrated cross community approach to prevention and control by working collaboratively with local PCTs</p>	<ul style="list-style-type: none"> • Confirm 08/09 SLA Targets for Infection with IPCT • Work in collaboration with both local PCTs to develop pathways for management of patients with HCAs across the health economy • Identify and collaborate on pre 48 hours bacteraemias and c.dif cases 	<p>DON MD DIPC</p>	<p>30.06.08</p>	<ul style="list-style-type: none"> • HCAIS now standing agenda item on Joint Nursing Partnership Committee • Formal alert process in place for pre 48 hours cases • Joint participation in RCAs where appropriate
<p>12. Organisational Development</p> <p>To ensure that the trust has an effective and proactive IC team</p>	<ul style="list-style-type: none"> • Infection Control Team to attend Kings Fund Leadership Programme 	<p>DIPC DON</p>	<p>30.08.08</p>	<ul style="list-style-type: none"> • Programme commenced in April