

ITEM: 08/166
Doc: 5

Meeting: Trust Board
Date: 19 November 2008

Title: Infection Control update

Executive Summary: This report contains a summary of recent performance against the key infection control indicators.

Performance against the two national targets for reducing MRSA bacteraemia and *Clostridium difficile* infections is attached. We have now had 15 MRSA bacteraemia episodes in the Trust since April 2008 and therefore we have reached our target for the year. We are the only Trust in London that is in this position.

The focus for preventing further MRSA bacteraemia cases remains on best practice around peripheral and central line management and MRSA suppression.

Clostridium difficile figures are still low with one case in October and one case to date in November (as at 7.11.08) taking us to total of 33 cases against the target to date of 70. It is important for board members to note we are entering winter months where we tend to see more cases than during summer.

Hand hygiene compliance demonstrated a drop in October to 88% (from 97% in September). Results from the October cleaning audit showed most clinical areas were over 90% compliant.

Point prevalence work on isolation and cohorting continues every two months and will provide collated data by the end of the year. Antimicrobial use re-audit is planned trust wide in early November, following a successful pilot.

Surgical site infection surveillance of colorectal and vascular cases commenced on 1st October and Caesarean section wound infection surveillance is due to commence January 1st 2009.

MRSA screening of elective surgical patients is running at 90%; emergency admission patient screening is lower, with 84% of medical and 25% of emergency surgical patients being screened. This is because screening of emergency patient has been focused on Mary Seacole and Isis wards. From December 2009 this will change, so that all emergency patients for admission are screened in ED. MRSA screening of high risk obstetric patients and those having elective Caesarean sections commences in January 2009.

Also attached is the Director of Infection Prevention and Control annual report for the last financial year.

It highlights all the work undertaken in the last year across the whole hospital, and demonstrates the "Board to ward" approach that is in place. Key achievements include:

- Appointment of infection control matron
- Reduction in numbers and rate of MRSA bacteraemia, although the target was not achieved

- Reduction in cases and rate of C difficile
- Improvements in hand hygiene compliance
- Improvements in cleanliness of ward environments
- Improved PEAT assessment score

The work that was undertaken in the last year enabled the trust to declare compliance with the Healthcare Commission's core standards on reducing infections, managing decontamination and maintaining standards of cleanliness.

Action: For information and support

Report from: Dr Julie Andrews, Director of Infection Prevention and Control
Deborah Wheeler, Director of Nursing & Clinical Development

Financial Validation

Not applicable

Lead: Director of Finance

Compliance with statute, directions, policy, guidance

Lead: All directors

Reference:

Saving Lives
National MRSA & *Clostridium difficile* target reduction
Health Act 2006 Hygiene Code
NHSLA risk management standards

Compliance with Healthcare Commission Core/Developmental Standards

Lead: Director of Nursing & Clinical Development

Reference:

C4a, C4c, C21

Compliance with Auditors' Local Evaluation standards (ALE)

Lead: Director of Finance

Reference:

Evidence for self-certification under the Monitor compliance regime

Lead: All directors

Compliance framework reference:

Risk rating for quality

1. Infection control targets

Attached is the summary report data on MRSA bacteraemia and *Clostridium difficile* infections, as of 7 November 2008 (Appendix A).

We have now had 15 MRSA bacteraemia episodes in the Trust since April 1st 2008 and therefore we have reached our target for the year. We are the only Trust in NHS London that is in this position. We are still awaiting a decision from the HPA on the MRSA bacteraemia that was appealed in June 2008.

The first bacteraemia in October (14th in the Trust) was diagnosed in an 89 year old man who had been discharged from the Whittington at the beginning of August 2008. He was admitted from a nursing home on 9th October and MRSA bacteraemia was diagnosed from blood cultures taken in our ED. As this is a pre-48 hour event we performed an initial root cause analysis (RCA) and then informed Islington PCT who are undertaking the completion of the RCA.

The second bacteraemia in October (15th in the Trust) was diagnosed in an 83 year old man who had had no previous contact with the Whittington Hospital. He was recently discharged from UCLH after having hemiarthroplasty surgery complicated by post-operative MRSA pneumonia. Again we have alerted the PCT and they are initiating the RCA. Discussions are taking place to appeal for this case to be removed from our target trajectory.

The focus for preventing further MRSA bacteraemia cases remains on best practice around peripheral and central line management and MRSA suppression.

A multidisciplinary meeting occurred on 23rd October to discuss peripheral line strategy for the Trust and the following objectives were agreed:

- DIPC is writing a case to change in peripheral line attachment equipment from bungs (needlestick risk) and three way taps (unable to decontaminate) to needle free access devices. These are not currently available through the whole hospital. This will represent a cost pressure, which will be presented to business planning group.
- Trial of non-ported cannulae throughout trust; a proposal for this will be presented to clinical governance committee.
- Trustwide audit of insertion and maintenance to be carried out over two week period by FY1 junior doctors, starting on 1st November
- Further education concentrating on removal of peripheral lines, especially post surgery and on admission to Mary Seacole Ward.

Further audit on peripheral line documentation and use was performed by Visible Leadership team on 27th October and these results are awaited. One hour peripheral line refresher sessions were run for all qualified nurses over three weeks in September/October. Approximately 55% of the wards' registered nurses have attended this training, and further sessions are being run during November.

A central line insertion and maintenance audit is taking place throughout the Trust as part of Saving lives High Impact Interventions number 1, which is due to be completed

by the end of November 2008. Early results are promising and show a reduction in the number of central lines being inserted.

MRSA suppression protocol is now actively recommended by the infection control team, who contact the relevant clinical team for all patients who are found to be MRSA positive; a sticker has been designed to add to the medical notes to support this and pre-printed prescription forms are in place. Audit is currently taking place on compliance with interventions post screening for elective surgery and this will be reported to December Hospital Management Board.

Clostridium difficile figures are still low with one case in October, and one case to date in November (as at 7.11.08), taking us to total of 33 cases against the target to date of 70. Board members should note, however, that we are entering winter months where we tend to see more cases than during summer.

2. Hand hygiene

Hand hygiene compliance demonstrated a drop in October to 88% (from 97% in September) with ED, Reckitt and Mary Seacole showing only 50% compliance amongst nursing staff. These results have been fed back to the wards concerned, and warning letters issued to staff who were noted not to be complying.

3. Cleaning audits

The cleaning re-audit on 20 October covered 15 wards plus the ED and day treatment centre; all areas were over 90% compliant apart from Cavell and DTC. These results have been fed back to the Matrons covering these areas. Ifor Ward (paediatrics) has made vast improvement since the September audit.

4. Other issues

A further point prevalence audit on isolation and cohorting was undertaken on 10 November. Data from these bi-monthly audits will be available at the end of the financial year, to give sufficient information for robust planning about demand and capacity for isolation rooms.

Antimicrobial use re-audit is planned trust wide in early November, following a successful pilot. Further education of junior doctors with regard to antimicrobials and infection control has occurred since last Trust Board.

Surgical site infection surveillance of colorectal and vascular cases has commenced since 1st October. Caesarean section wound infection surveillance is due to commence January 1st 2009. Executive committee have approved the appointment of an additional post of surveillance officer into the infection control team, to support the additional workload for entering and analysing this data.

Compliance with MRSA screening of elective surgical patients is running at 90%. Screening of emergency admission patients is currently 84% for medical admissions and 25% for emergency surgical admissions, and occurring in Mary Seacole/Isis Wards, rather than in ED when a bed is requested. The infection control and bed

management teams are working on a project to move screening into the ED, before admission. MRSA screening of high risk obstetric patients and those having elective Caesarean section commences in January 2009.