

**PRIORITIES FOR REDUCING HCAI 2007/8
ACTION PLAN – updated Jan 2008**

PRIORITY	LEAD	ACTION	TIMESCALE/PROGRESS	LINKS TO
1. Clostridium difficile management				
1.1 Ensure all wards have access to adequate levels of core equipment for patients in isolation	Gretta O'Toole (infection Control Nurse) Camilla Wiley (Head of Nursing)	<ul style="list-style-type: none"> List of basic equipment to be agreed for every sideroom/patient on transmission precautions Audit of equipment to be undertaken on every ward 	Jan08: completed – equipment purchased	
1.2 Root cause analysis of every patient with C diff infection (introduced July 2007)	Julie Andrews (DIPC) Caroline Mitchell (Senior IC Practitioner)	<ul style="list-style-type: none"> RCA tool to be completed by each ward manager/clinician within 2 weeks Summary produced for every ward after 5 RCAs completed 3 month follow-up on action plans 	Sept 07: report to ICC on RCA findings. Need to improve completion of action section by wards. Nov 07: DH review tool to be used for every with C diff infection & analysed monthly by DH team	
MRSA management				
1.3 Review MRSA screening protocols	Dr Mike Kelsey (Consultant Microbiologist)	<ul style="list-style-type: none"> Expand current screening programmes to include all elective patients Consider options for screening all emergency admissions 	<i>July 2007</i> Commenced 2.7.07 <i>September 2007-</i> Jan 08: screening of every patient admitted to Mary Seacole ward (MAU) commenced in December	Saving Lives
1.4 Continue root cause analysis (RCA) of MRSA	Dr Julie Andrews (DIPC) Debbie Clatworthy (Asst)	<ul style="list-style-type: none"> RCA undertaken within 5 days of positive blood culture 	<i>April 2007 & ongoing</i> Jul07: RCA now	MRSA recovery plan

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bacteraemia	Director of Nursing)	<ul style="list-style-type: none"> 3 month follow up of action plans Ward managers to be skilled in RCA to be able to complete process Policy to be drafted on management of patients with MRSA in theatres 	undertaken on all MRSA bacteraemia by ward managers & relevant clinicians. Reported to every ICC. <i>October 2007</i> Nov 07: policy being drafted	
2. Intravenous devices				
2.1 Good management of peripheral cannulae	Dr Julie Andrews (DIPC) Debbie Clatworthy (Asst Director of Nursing)	<ul style="list-style-type: none"> revised nursing documentation audit of practice 	<i>April 2007</i> Jul07: completed and now in use <i>July 2007</i> Sept07: audit completed & reported to Sept ICC. Shows improvement in practice Jan 08: audit to be repeated on 14.1.08	MRSA recovery plan Winning Ways Saving Lives
2.2 Good management of intravenous feeding lines	Kyri Shiamtanis (Clinical Nutrition Manager)	<ul style="list-style-type: none"> project plan to be in place by June 	<i>June 2007</i> Nov 07: outline report to ICC. Full audit report to Jan08 ICC	Winning Ways
2.3 Review of central line management and insertion	Dr Julie Andrews (DIPC) Dr Tim Blackburn (consultant anaesthetist)	<ul style="list-style-type: none"> nursing documentation to be revised detailed guidelines to be drafted on insertion of central lines audit of central line placement and patient outcomes <p>additional actions</p> <ul style="list-style-type: none"> procurement of standard central line insertion packs 	<i>July 2007</i> completed <i>July 2007</i> Jul07: draft policy with Dr Andrews <i>May 2007</i> Nov 07: audit completed – report to go to ICC in Jan 08 Jul07: bid completed – awaiting financial assessment	Winning Ways Saving Lives

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		<ul style="list-style-type: none"> policy on use of 2% alcohol chlorhexidine for skin wipes 	Nov 07: policy agreed at Sept ICC	
3. Leadership				
<p>3.1 Focus audit work and practice reviews on identified high risk wards:</p> <ul style="list-style-type: none"> - Coyle - Victoria - Meyrick - Cloudesley - Cavell - Reckitt 	Dr Julie Andrews (DIPC) Debbie Clatworthy (Asst Director of Nursing)	<ul style="list-style-type: none"> Targeted programme of training and audits to be agreed – to be led through Visible Leadership programme Rapid feedback of audit results (within 1 week of audit) 	<p><i>May 2007</i></p> <p>Nov 07: hand hygiene & infection control audits show improvement in practice. High risk wards doing additional hand hygiene audits.</p>	
3.2 Role of infection control link practitioners	Dr Julie Andrews (DIPC) Caroline Mitchell (Senior IC Practitioner) Debbie Clatworthy (Asst Director of Nursing)	<ul style="list-style-type: none"> Reinforce key elements of role Formalise the role with all ward managers Bi-monthly meetings of all link practitioners with infection control nurses 	<p><i>June 2007</i></p> <p>Jan 08: supported study programme for IC link practitioners agreed with Middlesex University</p>	
3.3 Project support for “Saving Lives” implementation	Caroline Mitchell (Senior IC Practitioner) Dr Julie Andrews (DIPC)	<ul style="list-style-type: none"> Outline specification for the role Initial 12 month appointment to test effectiveness Key leads identified for all High Impact Interventions 	<p><i>June 2007</i> completed</p> <p><i>July 2007</i> Caroline Mitchell now leading on this</p> <p>Jan 08: outline audit report to ICC</p>	Saving Lives FT Action Plan
4. Isolation policies				
4.1 Review surgical bed base	Gethin Hughes (General Manager for Surgery)	<ul style="list-style-type: none"> Review configuration of surgical beds to separate all elective activity from emergency Reduce bed numbers (in line 	<p><i>June 2007</i> Completed for orthopaedics</p> <p><i>June 2007</i> achieved</p>	

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		with planned projections) by reducing beds in each bay from 6 to 4		
4.2 Review of bed management policy	Julie Teahan (Matron for Acute Care) Matthew Boazman (General Manager) Caroline Mitchell (Senior IC Practitioner)	<ul style="list-style-type: none"> Ensure specific reference to management of infected patients on admission 	Nov 07: policy in draft & consulted on. To go to Nov ICC for comments & Dec HMB for approval. Bedweb system implemented Oct 07. Lewisham Isolation Priority System (LIPS) to be introduced Dec 07	Winning Ways
4.3 Increase isolation rooms	Phil lent (Director of Facilities)	<ul style="list-style-type: none"> Progress capital scheme to convert ward area into additional single rooms 	Sept07: revised plan agreed at July ICC – to be updated on progress at Sept ICC Nov 07: final plans to ICC for agreement	Winning Ways
4.4 Review and update all infection control policies	Julie Andrews (DIPC) Caroline Mitchell (Senior IC Practitioner)	<ul style="list-style-type: none"> Produce central list of all IC policies with review dates Review & update all those that are out of time 	Sept07: all policies reviewed – 70% updated. Remainder in final draft awaiting approval at ICC Nov 07: 85% of policies now ratified	
5. Cleaning				
5.1 Review cleaning procedures in all wards	Steven Packer (Asst Director of Facilities) Caroline Mitchell (Senior IC Practitioner)	<ul style="list-style-type: none"> Implementation of new cleaning directives using hypochlorite agents Introduce steam cleaning of large patient equipment, e.g. 	July 2007 Nov 07: update to ICC on programme to roll-out across all wards July 2007 Nov 07: project plan in place – installation	

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		<p>commodos</p> <ul style="list-style-type: none"> ▪ Review policy on ward curtains: frequency of changing/washing; consider use of disposable curtains <p>Additional action</p> <ul style="list-style-type: none"> • Monthly cleaning audits on all wards 	<p>likely in Q4 07/08</p> <p><i>July 2007</i> Nov 07: proposal to business planning group to fund additional curtains for increased number of changes</p> <p>Jan 08: monthly audits in all areas since September – scores showing upward trend</p>	
5.2 Renew and refresh ward cleaning SLAs in association with matrons and infection control	Steven Packer (Asst Director of Facilities)	<ul style="list-style-type: none"> ▪ Plan to be in place by June 2007 	<p><i>July 2007</i> Jan 08 – deep clean programme agreed & all areas will be cleaned by March 08</p>	FT action plan
5.3 Review role of ward housekeepers	Philip lent (Director of Facilities)	<ul style="list-style-type: none"> ▪ audit role of current housekeepers ▪ consider whether to extend role to other wards 	<p><i>September 2007</i> Jan 08: proposal to business planning group for housekeepers in maternity & ED has been agreed</p>	Winning Ways Saving Lives
6. Antimicrobial prescribing				
6.1 Continued enforcement of antimicrobial policies	<p>Dr Mike Kelsey (Consultant Microbiologist)</p> <p>Dr Julie Andrews (DIPC)</p> <p>Ai-Nee Lim (Antimicrobial Pharmacist)</p>	<ul style="list-style-type: none"> ▪ Enforce good prescribing practice of maximum of 7 days prescriptions ▪ Continue restricted prescribing of cephalosporins & quinolones ▪ Work with ward pharmacists to 	<p><i>May 2007 & ongoing</i> Jul07: summary cards for all staff who prescribe</p> <p><i>Ongoing</i> Use of ceftriaxone reviewed in orthopaedics</p> <p><i>Ongoing</i> Jul07: needs</p>	MRSA recovery plan Winning Ways Saving Lives

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		<p>empower them to challenge prescribing practice</p> <ul style="list-style-type: none"> ▪ Re-establish antimicrobial pharmacist role (DS to lead) ▪ Enforce single dose prophylaxis in orthopaedics <ul style="list-style-type: none"> ▪ Additional education for junior doctors – rolling programme 	<p>further work – Dr Andrews leading <i>June 2007</i> achieved part time <i>Sept 2007</i> Sept07: prophylaxis protocol agreed with orthopaedics. <i>Ongoing</i> Jul07: further prescribing sessions introduced for ED, surgery & FY1/2 doctors</p>	
7. Training				
7.1 Review infection control training provided for all staff	Dr Julie Andrews (DIPC) Caroline Mitchell (Senior IC Practitioner)	<ul style="list-style-type: none"> ▪ Review content of training updates run by infection control nurses ▪ Target training at high risk wards ▪ Cascade training programme to high risk wards led by senior nurses as part of weekly clinical practice 	<p><i>July 2007</i> Jul07: completed in June</p> <p><i>June 2007</i> Jul07: specific programmes now run on high risk wards Nov 07: achieved – study days for 2008 planned</p>	FT action plan Winning Ways
7.2 Review use of Dept of Health e-learning tool	Lisa Smith (Asst Director of Education)	<ul style="list-style-type: none"> ▪ Clarify potential for further roll out across the Trust ▪ Decide whether to use for high risk groups of staff 	<p><i>July 2007</i> Sept07 report to ICC - agreed to use for mandatory study days and for IC link workers</p>	MRSA recovery plan FT action plan
7.3 Infection control handbook for facilities staff	Steven Packer (Asst Director of Facilities) Lisa Smith (Asst Director of Education) Debbie Clatworthy (Asst Director of Nursing)	<ul style="list-style-type: none"> ▪ Revise current handbook for facilities staff ▪ Ensure annual updating sessions provided 	<p><i>July 2007</i> Sept07: report to ICC Completed</p>	MRSA recovery plan Winning Ways

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8. Aseptic technique				
8.1 Review of aseptic technique policy and practice of all clinical staff	Jane Preece (Tissue Viability Nurse Specialist)	<ul style="list-style-type: none"> Policy to be reviewed 	<i>July 2007</i> Nov 07: policy ratified by Clinical Policy & Practice Committee Oct 07 Jan 08: policy circulated to all staff	MRSA recovery plan Winning Ways Saving Lives
9. Hand hygiene				
9.1 Hand hygiene audits	Debbie Clatworthy (Asst Director of nursing)	<ul style="list-style-type: none"> Monthly hand hygiene audits on all acute wards Fortnightly audits on high risk wards 	<i>April 2007</i> Nov 07: undertaken monthly as part of Visible Leadership programme. Next audit Dec 07. Report to Nov ICC. Oct audit showed increased compliance. Infection control link nurses trained to undertake audits on high risk wards, starting July.	
9.2 Clean your hands campaign	Julie Teahan (Matron for Acute Care)	<ul style="list-style-type: none"> Posters on wards Review provision of alcohol hand rub by each bed & in other clinical departments 	<i>All year</i> Jul07: in place <i>June 2007</i> Jul07: in place Jan 08: year three of campaign to be launched	Winning Ways Saving Lives FT action plan
10. Information management				
10.1 Agree core infection control indicators for all clinical areas	Dr Mike Kelsey (Consultant Microbiologist) Debbie Clatworthy (Asst Director of Nursing)	<ul style="list-style-type: none"> Ward accreditation programme Agree on information for clinical teams 	<i>Sept 2007</i> : Nov 07: ratified by ICC & Clinical Governance Committee. To commence Jan 08	MRSA recovery plan FT action plan

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10.2 Infection control outcome indicators to be agreed	Dr Mike Kelsey (Consultant Microbiologist) Deborah Wheeler (Director of Nursing)	<ul style="list-style-type: none"> ▪ Outcomes to be measured and reported on mortality and reducing length of stay of infected patients 	<i>November 2007</i>	FT action plan
10.3 Implementation of new IT system	Dr Mike Kelsey (Consultant Microbiologist) Caroline Mitchell (Senior IC Practitioner)	<ul style="list-style-type: none"> ▪ 	<i>? September 2007</i> Nov 07: update paper to ICC – system implemented.	FT action plan