

ITEM: 08/188

DOC: 9

Meeting: Trust Board
Date: 17 December 2008

Title: Infection control update

Executive Summary: The attached report outlines the current situation with regard to the infection control priorities for the trust.

No new MRSA bacteraemia were reported in November, with the performance year-to-date remaining at 15 cases, which is the full year target. The enclosed graph shows that the Whittington is now an outlier on bacteraemia rates per 10,000 bed days for the last three quarters, when compared to the London and England average rates. Current cases numbers indicate, however, that the rate for October to December 2008 will drop below the national average

Significant focus remains on the management of intravenous cannulae, as outlined in the paper. There is evidence of improvement in clinical practice.

C. difficile rates remain very low, with the cumulative position for the year significantly below trajectory. There is currently a review of the national reporting of *C difficile* cases for 2007/8, which may result in an adjustment of the 2010/11 target for the Whittington.

Work is underway to screen all patients in the Emergency department as soon as the decision is made to admit them to hospital. This will significantly improve the current screening rates for emergency admissions, which is at 67%. The DH requirement is for all patients to be screened on admission from April 2009.

Surgical site infections continue to be monitored, with a particular focus on trauma and orthopaedics. Between April and June no patients having a hip or knee replacement developed an infection, however 37% (three of eight) patients having surgery for fractured neck of femur had wound infections. This is significantly higher than the national average of 3.6%, although is based on relatively low numbers. The data for July to September has improved, with 2 out of 45 patients (4.4%) developing infections.

Compliance with hand hygiene policy deteriorated in October and November, but improved back to 96% at the beginning of December. All senior nursing and medical staff have been reminded of the need for strong leadership in ensuring good hand hygiene and compliance with the "bare below the elbows" policy.

Ward cleanliness standards remain generally good. Recognition, in the form of a letter of appreciation and a tea party, is being arranged for the domestics working in wards that have consistently achieved 90% over the last 6 months. The standard of the clinic environments was also reviewed on 17 November, and gave cause for concern. Further work is being undertaken to ensure that they are of an equal standard to the wards.

Action: For information

Report from: Julie Andrews, Director of Infection Prevention & Control Deborah Wheeler, Director of Nursing & Clinical Development
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Financial Validation Lead: Director of Finance	Not applicable
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Compliance with statute, directions, policy, guidance Lead: All directors	Reference: NHS Operating framework (National targets) Health Act 2006 (Hygiene Code)
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Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	Reference: C4a, C21
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Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	Reference:
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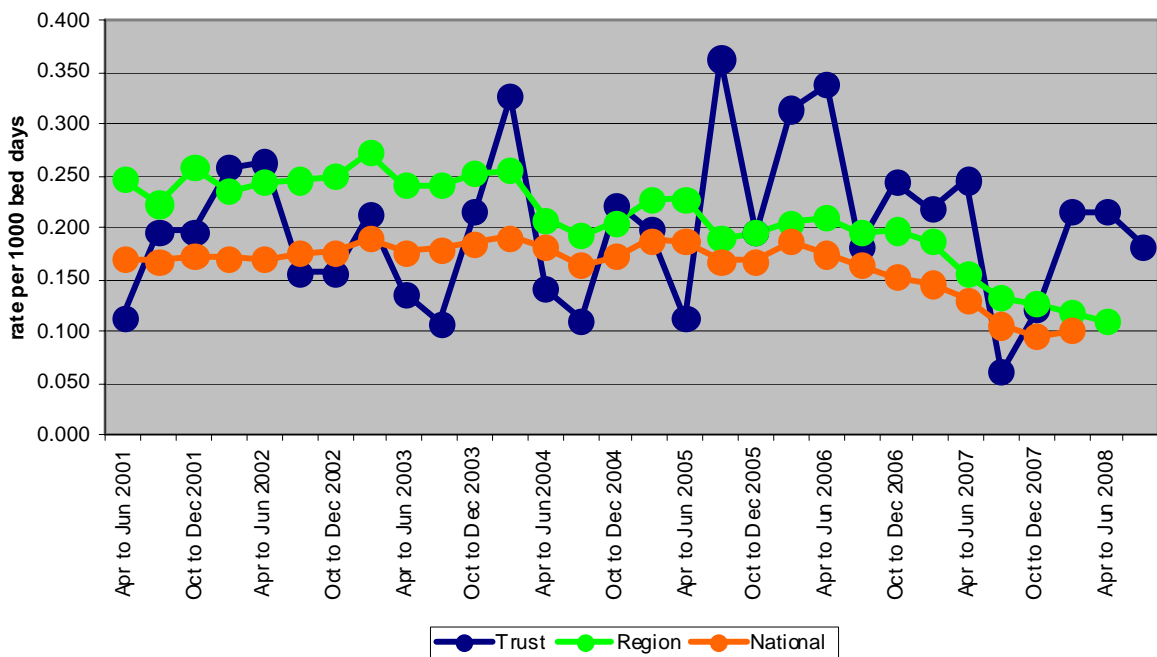
Evidence for self-certification under the Monitor compliance regime Lead: All directors	Compliance framework reference:
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1. Infection control targets

Monthly performance against the MRSA bacteraemia and *Clostridium difficile* targets is outlined in the performance dashboard report.

We have had no further MRSA bacteraemia episodes since the November Trust Board meeting; November was the first month this year with 0 new cases. We are still on 15 MRSA bacteraemia episodes in the Trust since April 2008 and therefore we have reached our target for the year. The 15 cases divide into 9 post 48 hour cases and 6 pre 48 hours cases. 14 cases have been in medical patients and 1 case in a surgical patient. The rates per 1000 bed days for the Trust compared to the national and London SHA rates are presented below.

Figure 7: Comparison with national and regional trends for MRSA bacteraemia rate



The rates within the trust are very variable. The estimate for October to December 2008, based on current case numbers, is that the Whittington rate will fall to 0.07 per 100 bed days, dropping back below the current national and London rates.

The root cause analysis of the 15th MRSA bacteraemia is awaited from Islington PCT and UCLH and the results of this will be fed back to infection control committee as soon as it is available.

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

The trust-wide central line audit is about to finish; early results are promising showing a reduction in the total number of central lines inserted throughout the Trust and greater compliance with recommended aseptic techniques. 15 junior doctors have recently completed a trust-wide peripheral line audit and compliance with lines staying in no longer than 72 hours was 100%. Final results from peripheral line compliance with aseptic technique are still awaited but on first analysis also look promising. Further audit on peripheral line documentation and use was performed by Visible Leadership team in October 2008 and again results have shown continued improvement compared to previous months. Further peripheral line refresher sessions for all relevant qualified nurses and midwives have occurred and now 65% of staff have attended these sessions.

MRSA suppression protocol is now recommended by clinician to clinician conversation for all patients who are found to be MRSA positive on screening. Audit is currently taking place on compliance with suppression therapy following screening for elective surgery and this will be presented to infection control committee in January 2009.

Clostridium difficile figures are still low with four further cases in November, taking us to total of 36 cases against the target of 80 cases to date. We have seen a 48% reduction in *C. difficile* cases compared to last year. The focus remains on ward cleaning and prudent antimicrobial prescribing.

The *C. difficile* mandatory reporting database for 2007/8 held at the HPA is currently being reviewed by every trust, to ensure that all data entries hold full and correct details for each patient, including date of admission to hospital. There is national concern that missing data fields has resulted in inaccurate allocation of pre- and post-48 hour cases to trusts to set the 2010/11 target reduction in *C difficile*. The Whittington's data is currently being reviewed to ensure that the data entry is complete. This will be done by 15 December, following which the national target reduction will be recalculated for each organisation and reissued.

2. MRSA screening

MRSA screening of elective surgical patients compliance is running at 92%. Emergency admission patient MRSA screening is only 65%, however, as to date only patients admitted via Mary Seacole Ward (acute admissions unit) and Isis Ward (ED clinical decision unit) have routinely been screened. The responsibility for MRSA screening has moved to ED from December, with the bed managers requiring positive confirmation that a screening swab has been taken before the patient is allocated a ward bed. Admitting wards will then need to ensure that they check for the results of the screening swab.

MRSA screening of high risk obstetric patients and Day Treatment Centre elective patients commences in January 2009, in line with Department of Health guidance.

3. Surgical site surveillance

The trust has been participating in the national surveillance scheme for surgical site infections hosted by the Health Protection Agency for several years. Trauma and orthopaedic data was submitted for the first two quarters of 2008/9 (April to June and July to October). Colorectal and vascular data is being collected for the current quarter (October to December), and trauma and orthopaedics will be repeated for quarter 4

The quarter 1 results have been received and were reviewed at the last infection control committee. There were no infections in hip replacements or knee replacements, but three out of eight patients (37%) having a hemiarthroplasty (partial joint replacement for a fractured neck of femur) developed an infection. This is significantly higher than the national benchmarked rate for this procedure, but the data should be treated with caution due to the small numbers. The DIPC has been working closely with the orthopaedic surgeons to review these cases; a high focus remains on good hand hygiene within orthopaedics, good management of pre-operative antibiotic prophylaxis, and ensuring a good standard of pre-operative personal hygiene for these patients. Consideration is also being given to automatic MRSA suppression therapy for all trauma patients requiring urgent surgery.

The benchmarked data report for quarter 2 will be published at the beginning of February. There is a time delay in receiving these reports, as all patients are reviewed for signs of infection 30 days following surgery, which means that October data is not submitted until early December, following which the national data is then all collated and analysed. The initial data submission from the Whittington for patients having surgery for fractured neck of femur looks much better, with two infections out of 45 patients.

4. Hand hygiene

Hand hygiene compliance again demonstrated a drop in November to 85% (from 97% in September, 88% in October) with ED, Reckitt and Mary Seacole again showing less than 50% compliance amongst all staff groups. These results have been feedback directly to the wards concerned. Encouragingly, compliance in the December audit had risen to 96%.

5. Ward cleanliness

The visible leadership team repeated the monthly audit of ward cleanliness on 17 November, and were also able to review the condition of outpatient clinics. The wards in the main remain at a consistent standard, however there were serious problems noted in most of the clinics. Following this, the Directors of Facilities and Nursing, with other senior staff from their teams, undertook an environment review in level 4 clinics on the evening of Monday 24 November. This has highlighted a number of priorities for action. A review of level 3 and level 1 clinics will also be undertaken over the next few weeks. Consideration is being given to the inclusion of clinic areas in the ward deep clean programme.

Several wards have achieved 90% on each of the cleaning audits carried out over the last six months. In recognition of this, the domestic and housekeeping staff on the wards are being written to by the Director of Facilities and Director of Nursing to thank them for their hard work in maintaining the standards. A tea party will also be arranged for them in the New Year. It is proposed to do this every six months, so that the contribution of those staff who work “behind the scenes” is recognised.

6. Other issues

The Trust will be inspected over 2 days unannounced between 1st January 2009 and 31st March 2009 by the Healthcare Commission against certain aspects of the Hygiene Code, including antimicrobial use.

Antimicrobial use against policy re-audit occurred trust-wide on 27th November and results will be presented to infection control committee and hospital management board in January 2009.