

**ITEM: 09/060**  
**Doc: 06**

**Meeting:** Trust Board  
**Date:** 15 April 2009

**Title:** Infection control update

**Executive Summary:** There have been two further MRSA bacteraemia reported in March; one case was diagnosed more than 48 hours after admission, and the second case was identified in the Emergency Department (pre 48 hours). The total number of cases in the trust for 2008/9 has therefore been 23, which is above the target maximum of 15 cases.

Compliance with MRSA screening for emergency patients has significantly increased to 91% in February. Elective screening rates require further work at 65%, especially for patients having day surgery. The focus is now also moving to ensuring that emergency inpatients complete suppression therapy, if diagnosed as MRSA positive on screening. Refresher training for staff who take blood cultures will commence in April.

There were 6 new cases of *Clostridium difficile* infection in March, taking the full year total to 66, against the target of 124 cases. This is almost a 50% reduction on the March 2008 out-turn of 130 cases.

Hand hygiene compliance in March was 90%. Approximately 67% of staff have attended hand hygiene refresher training; further sessions will need to be arranged.

Ward cleaning scores averaged 97%. Trust Board are asked to agree an increase in the cleaning acceptability score for 2009/10 to 95%, in recognition of the improved standards and expectations across the trust.

**Action:** For information, and to agree the cleaning acceptability score of 95% for 2009/10.

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

**Compliance with statute, directions, policy, guidance**

Lead: All directors

**Reference:**

NHS operating framework targets for MRSA bacteraemia and C. difficile  
Hygiene Code  
Saving Lives

**Compliance with Healthcare Commission Core/Developmental Standards**

Lead: Director of Nursing & Clinical Development

**Reference:**

C4a, C21

## **Infection Prevention and Control report April 2009**

### **1. Infection control targets**

Attached is the summary report data on MRSA bacteraemia and *Clostridium difficile* infections, as of 27<sup>th</sup> March 2009 (Appendix A, Infection control flash report).

There have been two further MRSA bacteraemia episodes since the last board meeting in March. The trust has therefore had **23** MRSA bacteraemia episodes since April 1<sup>st</sup> 2008 and therefore we have exceeded our target of 15 bacteraemia episodes for the year.

The 22<sup>nd</sup> MRSA bacteraemia was diagnosed on the 10<sup>th</sup> March 2009 in a 77 year old surgical patient on Victoria ward. This is a post 48-hour bacteraemia and the RCA meeting occurred on 13<sup>th</sup> March. The source of the bacteraemia was probably a chronic leg ulcer.

The 23<sup>rd</sup> MRSA bacteraemia was diagnosed in a 53 year old intravenous drug user with chronic liver disease from the community, who had no recent contact with the Whittington. His blood cultures were taken in ED on the 23<sup>rd</sup> March prior to his admission to Critical Care. Islington PCT are completing the RCA for this patient.

To summarise the current position we have now had 13 post 48-hour cases and 10 pre 48-hours cases. 20 cases have been in medical patients and 3 cases in surgical patients.

The focus for preventing further avoidable MRSA bacteraemia cases remains on best practice around peripheral and central line management, urinary catheter care, MRSA screening and suppression. Ongoing work to decrease risks of transmission of MRSA between inpatients is occurring, particularly on wards with high MRSA prevalence, such as the JKU (older peoples wards).

Standards of documentation are being addressed by more widely than just in relation to MRSA and invasive device documentation. The infection control team are developing new documentation tools in conjunction with members of the visible leadership team and the Department of Health HCAI improvement team.

Audit data from February 2009 has shown that 100% of patients on JKU who had a positive MRSA screen started MRSA suppression therapy, however only 12% completed the five day course. On the surgical wards, the compliance for starting suppression therapy was 80%, average time to start suppression was 9 days, and compliance with finishing was only 50%. These results and plans for improvement have been discussed with Modern Matrons and ward managers.

As blood culture technique has previously been highlighted as an issue MRSA bacteraemia root cause analysis, refresher and competency training has been

arranged for all relevant medical and nursing staff based on local blood culture taking policy. The delivery of this has commenced with two “training the trainer” sessions, and the main training sessions will commence in April.

*Clostridium difficile* figures continue to be below trajectory with 6 cases in March, taking us to a total of 66 cases against the full year target of 124. This represents almost a 50% reduction on the position of 130 cases in the 12 months to March 2008. The target maximum cases for 2009/10 is 92, however, NHS London have asked for consideration to be given to a further reduction on that figure.

## **2. Hand hygiene and environmental cleaning.**

Observed hand hygiene compliance in March was 90%. The visible leadership team, infection control team and the practice development nurses have been delivering refresher hand hygiene and sharps handling sessions for all staff. By the end of March, approximately 67% of staff had received training and the feedback has been very positive. Further sessions will need to be arranged in April/May, in order to ensure that all staff have attended. The facilities services assistants and portering staff have received additional dedicated training on dress policy, sharps disposal, hand hygiene and use of Acticlor plus.

The March ward environment cleaning audits averaged 97% across the trust.

It has been clear from discussion with the ward staff that they now regard cleaning scores below 95% as indicating that they have further work to do in their area. We would therefore propose to Trust Board that the cleaning acceptability score, which was increased to 90% in April 2008, should increase to 95% from April 2009, to reflect the improved standards and expectations across the hospital.

## **3. MRSA screening**

Elective attendance MRSA screening (including all elective inpatients, surgical day treatment centre patients and haematology-oncology patients) has improved; compliance for February 2009 was 60% (up from 28% in January). 65% of pre-assessed day treatment centre patients were screened, but less than 10% of non pre-assessed day surgery patients were screened. Jon Green, General Manager for Diagnostics and Outpatients, and Maggie Pratt, matron for Surgery, are leading on improving this compliance. The target from the Department of Health is 100% by the end of March 2009. We are unlikely to reach this target, but other trusts around us are also reporting non-compliance.

Emergency admission MRSA screening compliance increased to 91% in February (up from 88% in January). Ward level MRSA screening compliance data is presented at ward managers meetings.

#### **4. Bed occupancy**

Despite being recently closed, Reckitt link ward has been re-opened following high admission rates. Eddington Ward also remains open.

Beds on surgical bays on Coyle and Victoria have reduced back to 4 from 6, following a 10 week period in response to the high numbers of emergency admissions.