

ITEM: 09/078
Doc: 07

Meeting: Trust Board
Date: 20 May 2009

Title: Infection Prevention and Control update

Executive Summary: Performance against the two national targets for reducing MRSA bacteraemia and *Clostridium difficile* infections is attached.

We have had 4 cases of MRSA bacteraemia already this year, 3 pre and one post 48 hours.

MRSA screening figures are presented; emergency admission compliance is at 92%, elective inpatient at 95% and overall elective attendances (including day treatment centre) at 70%. MRSA suppression result show we are still not giving suppression in a timely manner to all patients, although the figures have improved since the last report.

Blood culture training has started with 30% of relevant staff covered.

Hand hygiene, environmental results and bed occupancy are discussed.

The 2009/10 infection control action plan is also attached. This will be led by the director of nursing & clinical development, supported by the DIPC, to ensure that it is embedded into clinical practice

Action: For information and support

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

<p>Compliance with statute, directions, policy, guidance</p> <p>Lead: All directors</p>	<p>Reference: Saving Lives National MRSA & <i>Clostridium difficile</i> target reduction Health Act 2006 Hygiene Code</p>
--	---

<p>Compliance with Healthcare Commission Core/Developmental Standards</p> <p>Lead: Director of Nursing & Clinical Development</p>	<p>Reference: C4a, C21</p>
--	--

<p>Evidence for self-certification under the Monitor compliance regime</p> <p>Lead: All directors</p>	<p>Compliance framework reference: Risk rating for quality</p>
--	--

Infection Prevention and Control report **Hospital Management Board – May 2009**

1. Infection control targets

Attached is the summary report data on MRSA bacteraemia and *Clostridium difficile* infections, as of 8th May 2009 (Appendix A, Infection control flash report).

There have been 4 MRSA bacteraemia episodes in the Trust since April 1st 2009. Three were pre-48 hour cases and the fourth was a post 48 hour case.

The first 2 pre-48 hour cases were both diagnosed on 7th April. Both patients came in with clear evidence of sepsis and had no recent relevant contact with the Whittington; they are therefore currently being investigated by Islington PCT.

The 3rd MRSA bacteraemia was diagnosed on 21st April 2009 in a known MRSA positive urology patient, following catheterisation. This was a pre 48-hour bacteraemia episode, but was investigated here as the patient had recent Whittington contact.

The 4th MRSA bacteraemia was diagnosed in a 90 year old patient on Reckitt ward. This occurred 16 days following admission and the patient has since died. The root cause analyses for both the last two cases are being discussed at the infection control committee on 15 May.

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 older people's wards.

The quality of documentation needs to be addressed by the Trust more widely than just in relation to MRSA and invasive devices. The ICT are developing new documentation tools in conjunction with members of the visible leadership team and the Department of Health HCAI improvement team.

MRSA suppression therapy rates are now also being monitored. In February, 60% of MRSA positive patients started on the MRSA suppression protocol, of whom only 16% completed the 5 days of suppression, with a mean time for commencing suppression of 6 days.

Additional work has been undertaken with matrons, ward staff and junior doctors to reinforce the importance of these protocols. The data for April has shown that 83% of MRSA positive patients commenced suppression therapy, with 40% completing the five day course. The mean start time had reduced to one day.

As poor blood culture technique had been highlighted in previous RCAs, 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 30% of our staff currently trained.

Similar competency training and assessment needs to be organised for urethral catheterisation for our medical staff.

Ward based antimicrobial audits have started weekly as a collaboration between ward pharmacists, the lead pharmacist for antimicrobials and DIPC. The aim of these would be to contribute to Infection prevention balanced scorecard for wards.

Clostridium difficile figures are also shown in the flash report. We have had 7 cases of post 48 hour *C. difficile* so far this month. No cases have been found to be connected. Antimicrobial prescribing audits have commenced on individual wards to try to deliver targeted antimicrobial advice. Spending on antimicrobials has increased over the last year after 3 years of reduced spending. Further analysis of this work is required. An antimicrobial steering group has been set up.

2. MRSA screening

MRSA screening for elective attendances (including all elective inpatients, surgical DTC patients and haematology-oncology patients) has improved; compliance for March 2009 was 70% (up from 60% in January). 75% of DTC patients who attended pre-assessment clinic were screened, but less than 10% of those DTC patients who were not pre-assessed were screened. The general manager for diagnostics and outpatients and the matron for surgery are leading on improving this compliance. The target from the DoH was to reach 100% compliance for all elective attendances by the end of March 2009.

Emergency admission MRSA screening compliance increased to 92% in March (up from 91% in February). Ward level MRSA screening and suppression compliance is presented at ward managers meetings.

3. Hand hygiene and environmental cleaning

The visible leadership, infection control and practice development teams have delivered refresher hand hygiene and sharps handling sessions for all staff. So far about 60% of staff have received training and the feedback has been very positive. The domestic staff and portering staff have received dedicated training on dress policy, sharps disposal, hand hygiene and use of Acticlor plus for cleaning.

The actual numbers of staff who have received refresher training is being confirmed through the trust training database. Consideration will then be given to arranging additional sessions for those staff who have failed to attend

the first set. This cannot commence until the current blood culture refresher training is completed.

Observed hand hygiene compliance in April was 94%. The April environmental cleaning audits had an overall trust score of 96%. The trust board has now set the monthly “acceptability score” for each ward or department at 95%, to reflect the continuing improvement in standards and expectations.

4. Bed occupancy

Apart from a 48 hour period in late March, Reckitt link ward remains open with no direct access to a sluice and has been open since early December. IT is expected to remain in use for the rest of the year.

Bed numbers on Victoria and Coyle (surgical wards) were increased again for several days in April, but these have now all been removed from the wards again.

5. 2009/10 infection control action plan

The agreed action plan for the coming year is also attached.

The director of nursing & clinical development is accountable for the plan, with clear clinical leads for each action, who are taking responsibility for their delivery. The infection control team are acting in a support and advisory role to the plan, to ensure that it is fully bedded in clinical practice. It will be monitored through a small implementation, led by the director of nursing & clinical development, supported by the DIPC.

The plan has set four overarching objectives for the trust:

- No avoidable MRSA bacteraemia
- No more than 92 cases of hospital acquired clostridium difficile infection
- 95% compliance rate for ward environment audits
- 95% compliance rate for observed hand hygiene