The Whittington Hospital NHS Trust

Infection Prevention and Control Action Plan 2009 -10

The key overarching infection prevention and control targets are: -

1. To have no avoidable cases of MRSA Bacteraemia
2. To have no more than 92 cases of hospital acquired clostridium difficle
3. To achieve a compliance rate of 95% or above for the environment audits
4. To achieve a compliance rate of 95% or above for hand hygiene audits

The action plan sets out the work required to achieve these targets. The timescales have been set to correspond with the dates of Infection Control Committee meetings, as this is the committee that will monitor the implementation of the plan. Actions have been based on the Saving Lives High Impact Interventions (DH, 2007) and the recommendations from the Hygiene Code inspection Report (HCC, 2009).

All infection control policies referred to are available on the Trust's intranet.

The executive director with overall accountability for the delivery of the plan is the Deborah Wheeler, Director of Nursing and Clinical Development. The Director of Infection and Control is Dr Julie Andrews.

Saving Lives High Impact Interventions

Deliverable	Outcome	Actions	Review Date	Lead / contributor	IC Support	Evaluation/ Assurance
1. Every adult patient admitted either as an emergency or electively will be screened in ED, POA Clinic or on admission to the ward	All adult elective and emergency admissions are screened for MRSA Results for key patient groups are available on the same day	• All adult patients admitted via ED to be screened in ED • Receiving ward staff to check screen has been undertaken as part of admission procedure, and if not, take it • All adult elective patients to be screened in the pre-operative assessment or outpatient clinic • Ensure all relevant staff are aware of which patients are to be screened when and how • DIPC to submit business case for introduction of PCR based rapid MRSA testing to the Microbiology Laboratory • Monthly compliance	May 2009	Julie Teahan Maggie Pratt	Patricia Folan *IC Link Practitioners*	Monthly compliance audits

		audits to be undertaken by ICT				
2. Every MRSA positive patient will have suppression therapy prescribed and given for 5 days	All MRSA positive patients receive full suppression therapy at the correct time	• When result is positive, suppression therapy to be prescribed via the pre-printed prescription, by relevant Drs or nurses • Suppression therapy to be given for 5 full days at the correct time • Failure to administer full course to be treated as a drug error	May 2009	Camilla Wiley *Matrons*	Patricia Folan	Monthly compliance audits
3. Every surgical patient will receive optimal peri-operative care as set out in Saving Lives HII 4	Surgical site infection rates in patients will be below the national benchmark	• Ensure work is linked to the Patient Safety First Campaign • All recommendations to prevent surgical site infection to be implemented as per Saving Lives guidance, and monitored via patient safety check list		Mrs Celia Ingham-Clark Juliana Celaire *Jenny Johnson*	Dr Julie Andrews	Check list to be used as audit tool
4. The trust's clinical staff all comply with best practice in urinary catheter care as set out in the Saving Lives HII 6 Care Bundle	The prevalence of urinary catheter associated UTIs will reduce The trust will have an up to date, user-friendly	• Set up a "task and finish" urinary catheter working group, supported by the DH HCAI Improvement Team, to identify and plan the actions	July 2009	Camilla Wiley *Tina Jegede*	Patricia Folan	• Working group established • Monthly insertion and management audits by Link Practitioners

	clinical policy on urinary catheter insertion and management, supported by a care plan and patient information.	required to comply with the Saving Lives Care Bundle • Incontinence and Urology Nurse Specialists to train all new staff in insertion and management of urinary catheters • Practice Development nurses to assess non-medical staff every 3 years to ensure they maintain their competence • Junior Drs to receive training via the post graduate medical centre • All relevant medical staff are trained and competency assessed in the insertion and management of urinary catheters • IC Link Practitioners to carry out regular audits to ensure compliance with the care bundle		Jene Camilosa and Fernado Garcia Practice Development Team Dr Anna Kurowska Link Practitioners		• Bi-monthly management documentation audits by VLT • Bi–monthly review of number of patients with urinary catheters in situ and numbers of catheter associated infection • Competency assessment records available for all relevant staff
5.The trust's clinical staff all comply with best practice in the taking of	No false positive blood culture results	• Establish training programmes to ensure that all staff that take	July 2009	Dr Julie Andrews Carol Lincoln	Dr Julie Andrews	• Audits of numbers of contaminants

blood cultures as set out in the Saving Lives guidance		blood cultures are trained and competent to do so, and follow trust's clinical policy • Develop and introduce a dedicated section in patients health records to ensure that when a blood culture sample is taken that is clearly documented		Camilla Wiley		• Policy developed and approved at March ICC • Competency assessment record available for all relevant staff
6.The trust's clinical staff all comply with best practice in peripheral intravenous cannula care as set out in the Saving Lives HII 2 Care Bundle	No peripheral cannulae management issues identified by MRSA RCA investigations	• Ensure all relevant new clinical staff are trained and competency assessed to deliver the actions in the care bundle • Ensure current staff receive updates and maintain their competency • Switch from ported to non-ported cannulae and needle free access devices across the trust • Carry out initial 2 weeks of intensive pre-use training prior to introduction of the non-ported cannulae • Carry out monthly audits using the	July 2009 July 2009 July 2009 May 2009	Camilla Wiley and Dr Ahmed Chekairi Lisa Smith *Practice Development Team* Camilla Wiley B Braun Visible Leadership Team	Gretta O'Toole	• Documentation audits including VIPS scores • Cannula site audits • Training reports • Competency assessment records available for all relevant staff

		Saving Lives Audit tool – same tool to be used by all auditors • Incorporate VIPS score into check list • Update peripheral line policy to incorporate new equipment and ANTT		and Link Practitioners		
7. The trust complies with best practice with regard to isolation of patients, as set out in the Saving Lives Guidance	Patients who arew subject to transmission precautions are always isolated in side rooms or cared for in cohort bays with patient with similar conditions	• Ensure all site managers understand and use the LIPS, and allocate known and potentially infected patients to single rooms, or cohort nursing accordingly • Ensure that transmission precautions are in place and followed at all times • Ensure that transfer and movement of patients is kept to a minimum • Ensure that correct decontamination of equipment and the environment is carried out where patients have infections • Undertake audits to	May 2009	Tisenia Alambro Matrons Steven Packer *Housekeepers* Visible	Patricia Folan	• Isolation Policy audits • Audits of compliance with Outbreak Management Policy

		ensure compliance • Reduce the number of patients in 6 bedded JKU bays to 4, when cohorting is in operation • Update the Isolation Policy • Introduce Outbreak Management Policy		Leadership Team and Link Practitioners		
8. Clinical staff in critical care areas all comply with best practice in central venous catheter care as set out in the Saving Lives HII 1 Care Bundle	No CVC related staphylococcus aureus bacteraemia cases	• Ensure all new critical care staff are trained to deliver the actions in the care bundle • Ensure current staff receive updates and maintain their competency • Introduce CVC insertion care bundle documentation to Critical Care areas • Carry out regular audits using the Saving Lives Audit tool	May 2009	Dr Tim Blackburn Camilla Wiley	Dr Julie Andrews	• Bi – annual audit of insertion and maintenance of CVCs • Ongoing audits of central line insertion care bundle documentation
9. The critical care staff all comply with best practice in caring for ventilated patients as set out in the Saving Lives High Impact Intervention 5 Care Bundle	Reduce the prevalence of ventilator associated pneumonia	• Ensure work is linked to the Patient Safety First Campaign • Ensure all new critical care staff are trained to deliver the actions in the care bundle • Ensure current staff receive updates and	May 2009	Mrs Celia Ingham- Clark Dr Andrew Badacsonyi	Tracey Quinn	Bi-annual audits of compliance with guidance

		maintain their competency • Carry out bi-annual audits using the Saving Lives Audit tool • Measure prevalence of VAP regularly				
10. The trust's medical and relevant pharmacy staff all comply with best practice with regard to antimicrobial prescribing, as set out in the Saving Lives guidance and trust's Antimicrobial Policy	Every patient receives antimicrobials in accordance with the Antimicrobial Policy	• Ensure all relevant medical and pharmacy staff understand and follow the anti-microbial prescribing guidance • Carry out a rolling programme of monthly audits at ward level to ensure compliance	May 2009	Ai-Nee Lim Dr Lok Yap	Dr Julie Andrews	• Audits of compliance with the Antimicrobial Policy • HII7 audits undertaken on every case of post-48 hour c dif
11. The trust collects and supplies data as required to the Health Protection Agency's Surgical Site Surveillance Scheme	The trust participates in the Surgical Site Surveillance Scheme to obtain baseline data	• Data to be collected on vascular, large bowel, caesarean section and orthopaedic joint surgery • Develop and introduce a Reducing Surgical Site Infection based on NICE Guidelines	May 2009	Mr Omar Haddo/ Mr H Charalambides Mr Hasan Mukhtar Miss Gaye Henson	Dr Julie Andrews	• Monitor surveillance returns and findings • HPA reports • Baseline data used to develop actions for improvement

Hygiene Code

Deliverable	Outcome	Actions	Review Date	Lead / contributors	IC Support	Evaluation/Assurance
1. The trust implements all the recommendations from the HCC's report following their 2008–09 Hygiene Code inspection.	The trust is compliant with all duties of the Hygiene Code	• Develop a specific action plan to implement all the recommendations • Identify a responsible officer for the 2008 – 09 plan's delivery	May 2009	Deborah Wheeler Philip Ient	Patricia Folan	All actions completed
2. The trust continues to comply with all other duties throughout 2009/10	The trust is compliant with all duties of the Hygiene Code	• Ensure evidence to support compliance and to identify any possible breaches is available to support the next inspection	January 2010	Deborah Wheeler	Patricia Folan	External inspections find no breaches

Governance

Deliverable	Outcome	Actions	Review Date	Lead / contributors	IC Support	Evaluation/Assurance
1. A full RCA is carried out for every case of MRSA bacteraemia and outbreaks or death from post 48 hours cases of clostridium difficile	The trust has a robust RCA policy and processes, owned by the relevant operational clinical staff, that facilitates identification of the root causes of infections, and identifies and implements corresponding	• Establish a trust lead for the RCA process • Members of the IPC and Risk Team to	May 2009	Debbie Clatworthy	Dr Andrews	• DIPC, IC Matron & AD for Risk attended DH training on 25.3.09 • In-house training planned for 15.4.09 • Every RCA identifies the likely root causes and

	actions to reduce reoccurrence	undertake the DH's HCI RCA training • Visible Leadership team to undertake in-house RCA training • Develop a trust policy for carrying out RCAs				actions needed to improve practice • Quarterly audits of compliance with RCA Policy
2. The trusts develops and uses relevant clinical indicators to monitor IP&C performance	The trust has a dashboard of IP&C indicators to monitor performance and share with relevant internal and external staff groups and committee members	• Agree relevant IP&C indicators • Develop dashboard • Agree how and who will collect information to populate the dashboard	May 2009	Fiona Elliot *Elizabeth Whitehurst* Visible Leadership Team	Dr Julie Andrews	• Dashboard is standing agenda item at ICC, HMB, CG and audit committees • Shared at local level with ward managers and consultants
3. The trust develops and uses multi-professional documentation to record patients infection status and care	Every patient's infection status and subsequent care and treatment to be recorded	• Develop multi-professional patient records for IP&C • Develop MRSA Care Plan • Develop invasive procedures record	July 2009	Camilla Wiley	Patricia Folan	Documentation audits
4. The Infection Prevention and Control	The Infection Prevention and Control Committee agenda and	• Agenda to be drawn up	May 2009 onwards	Deborah Wheeler	Dr Julie Andrews	Monthly monitoring of delivery of actions as per IP&C Plan by

Committee agenda and action plan are reviewed	action plan reflect progress made, and identify work still needed	based on progress, priorities and any external requirements		*Veronica Shaw*		implementation group

Leads/Contributors

Name	Title
Tisenuia Alambro	Site Manager
Dr Andrew Badacsonyi	Consultant Anaesthetist
Dr Tim Blackburn	Consultant Anaesthetist
Jene Camelosa	Continence Nurse Specialist
Juliana Celaire	Theatre Sister
Mr H Charalambides	Orthopaedic Consultant
Dr Ahmed Chekairi	Consultant Anaesthetist
Debbie Clatworthy	Asst Director of Nursing for Risk Management
Fiona Elliot	Director of Planning and performance
Fernando Garcia	Urology Nurse Specialist
Mr Omar Haddo	Orthopaedic Consultant
Miss Gaye Henson	Consultant Obstetrician
Philip Ient	Director of Facilities
Mrs Celia Ingham-Clark	Medical Director
Tina Jegede	Matron for Medicine
Jenny Johnson	Matron for Theatres
Dr Anna Kurowska	Acting Director of Medical Education
Ai-Nee Lim	Anti-microbial Pharmacist
Carol Lincoln	Practice Development Nurses (corporate)
Mr Hasan Mukhtar	Consultant Surgeon
Steven Packer	Asst Director of Facilities
Maggie Pratt	Matron for Surgery
Veronica Shaw	Asst Director of Nursing & Clinical Development
Lisa Smith	Asst Director of Education and Training
Julie Teahan	Matron for Emergency Services
Deborah Wheeler	Director of Nursing & Clinical Development
Elizabeth Whitehurst	Senior Information Manager

Camilla Wiley	Head of Nursing
Dr Lok Yap	Consultant Physician

Infection Control Team

Name	Title
Dr Julie Andrews	DIPC
Patricia Folan	Infection Control Matron
Gretta O'Toole	Infection Control Nurse Specialist
Tracey Quinn	Infection Control Nurse Specialist

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