Infection prevention and control report
Trustboard September 2009

Current progress with the trust-wide healthcare associated infection (HCAI) plan for 2009/10 is attached for discussion (appendix A). A small implementation group meets monthly and progress is also reviewed at the bi-monthly Infection Control Committee.

There have been 4 MRSA bacteraemia episodes so far in 2009/10, all in April. Three episodes were pre-48 hour and one post 48-hour. There has not been an MRSA bacteraemia since 22nd April (140 days as of 8th September 2009). As at the end of August, the trust therefore had a total of four cases against a target maximum of seven.

Each MRSA episode has a full root cause investigation meeting where the root causes and actions for improvement are determined. Actions for improvement outstanding include improvements in MRSA status documentation, agreement on gastroenterology antimicrobial prescribing policy and placement/movement of patients.

Clostridium difficile cases are also below trajectory with 18 cases year to date against a trajectory of 35 as of the end of August 2009. Each case is followed with a High Impact Intervention audit to ensure that there has not been a breakdown in infection prevention practice.

Repair of fractured neck of femur surgical site infection rates from the last quarter (April-June 2009) were 2.7%, which is a reduction from 9.6% in last quarter and is below the national benchmark for the first time since Q2 (July-September) 2006/7. Hip and knee implant, colorectal and vascular surgery infection rates are also all below national benchmarks from recent active surveillance projects. A pilot caesarean section surgical site surveillance is due for completion and the results will form part of the DIPC report at the end of October 2009.

MRSA screening of emergency adult patients in the Emergency Department continues with compliance of 92.5% in August 2009. Compliance with elective patient MRSA screening has reduced to 57.9% in August from 72% in May 2009. MRSA suppression audits trustwide show an upward trend with 100% of patients receiving suppression and 69% completing full 5 days of therapy in August 2009.

There was a decline in compliance with antimicrobial prescribing policies demonstrated in the trustwide audit carried out in May 2009, with increased unjustified intravenous antibiotics for longer than three days and increased use of restricted antimicrobials without discussion with microbiology. These results have been presented to pharmacists and foundation year 1 and 2 doctors; further junior doctor education sessions are planned for late September 2009.

Results of hand hygiene, environmental scores and High Impact Saving Lives audits have been presented to all ward managers from September 2009 as part of a ward balanced scorecard. The balanced scorecard will bring together joint audit work carried out by the infection control team, visible leadership team, facilities, ward managers and infection control link staff. Example of a current balanced scorecard is included appendix B.

Refresher hand hygiene training has now been incorporated into the clinical and new non-clinical yearly mandatory updates. Practical procedure competency assessment, including blood culture training, peripheral cannula insertion and urinary catheter insertion, took place in August 2009 for FY1 doctors. Refresher sessions for FY2 and CMT doctors will take place in September 2009. Aseptic technique is included in practical procedures course for specialist trainee doctors.

Over 450 staff have now received blood culture training and competency assessment and in future this will be included in the intravenous study day. There has been over 50% reduction in blood culture contamination rates.

The trust changed to non-ported safety peripheral cannulae and needle-free access devices in July 2009. These carry a lower risk of infection through the cannula, and will also reduce the incidence of needlestick injuries to staff. Training is ongoing and implementation has been successful apart from supply issues on some wards. The current glass syringes for resuscitation drugs are incompatible with the new equipment, but these are being replaced with plastic syringes in conjunction with the resuscitation team.

Bed occupancy figures are satisfactory at present with no winter pressure wards open.

Pandemic flu plans are discussed in a separate paper.