

Infection Prevention and Control Plan for 2009 – 10

Progress Update: July 2009

Saving Lives Actions

| Deliverable | Report Number | Comments |
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| 1. MRSA Screening | 09/50 09/51 | <ul style="list-style-type: none"> ▪ Work continues. See report for details of patients screened ▪ Problem continues with screening day surgery patients who do not attend POA clinics ▪ Temporary fall in compliance on Mercers ward due to leadership issues ▪ Patients with # NOFs now being screened weekly ▪ DIPC submitted case to business planning group – case refused. To continue to ensure samples are obtained and sent to lab promptly |
| 2. MRSA Suppression therapy | 09/50 | <ul style="list-style-type: none"> ▪ Improving. See report for details ▪ Matrons to reinforce that non-compliance or non recording on prescription for full 5 days is a drug error |

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| 3. Prevention of Surgical Site Infections | 09/52 09/54 09/51(HI14) | <ul style="list-style-type: none"> ▪ New guideline developed ▪ Surveillance officer now in post to support work streams ▪ Link between HI14 and Patient Safety First needs clarifying and strengthening ▪ "Chloraprep" to be piloted in theatres from September 09 |
| 4. Reduce prevalence of urinary catheter associated UTIs | 09/51(HI12) | <ul style="list-style-type: none"> ▪ Working group tasks completed, including procedure, care plan and patient information. Head of Nursing now leading delivery of practice ▪ Training programme for nursing and midwifery staff needs to be agreed ▪ VLT to audit urinary catheter prevalence and possible UTIs from 27th July onwards ▪ Training and competency assessments introduced for FY1 Drs ▪ Sticker now available recording details of catheterisation including rationale |
| 5. Prevent false positive blood culture results | 09/51 Best Practice Objective | <ul style="list-style-type: none"> ▪ Blood culture training/competency assessment provided to majority of relevant clinical staff in post ▪ Training has been delivered for new cohort of FY doctors ▪ Nurses IV Study Day amended to include blood culture training ▪ Decontamination rate less than 2% in August 2009 |

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| 6. Peripheral Cannulae Management | 09/51 (HII2) | <ul style="list-style-type: none"> ▪ July audit showed 13% of lines audited had been in situ for > than 72 hours. Matrons and VLT to re-enforce correct practice ▪ Next VIPS audit due in September ▪ Training on use of new equipment in place and will be ongoing ▪ Training/competency assessment tool developed for FY1s and delivered ▪ Documentation available recording details of insertion including rationale ▪ Procurement to be involved in topping up clinical areas with new equipment |
| 7. Isolation Practice | 09/51 Best Practice Objective | <ul style="list-style-type: none"> ▪ Policy updated ▪ Audit added into VLT programme ▪ Joint teaching agreed between ICT and Site Management Team |
| 8. Central venous catheters management | 09/51 (HII1) | <ul style="list-style-type: none"> ▪ Following Patient Safety First recommendations including continuous monitoring ▪ Recent ongoing measurement show less lines being used in the trust and better compliance with recommended central line attachments ▪ Next formal audit due September 2009 ▪ Need formal insertion care bundle documentation to be introduced (draft agreed) |

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| 9.Reduce ventilator associated pneumonia | 09/51 (HII5) | <ul style="list-style-type: none"> ▪ Following Patient Safety First recommendations ▪ Repeat audit planned for September 09 ▪ Need formal VAP care bundle documentation to be agreed |
| 10. Antimicrobials given in accordance with the Antimicrobial policy | 09/53 09/51 Best Practice Objective | <ul style="list-style-type: none"> ▪ Results of April 2009 audit finalised and reported on – report to be presented at Sept ICC ▪ Agreed that future audits will target high risk areas ▪ Urology specific guideline developed ▪ Need to agree Gastroenterology specific guidelines ▪ RCA undertaken on every case of post-48 hours c diff ▪ Training included in induction of junior Drs and pharmacists |
| 11. Participation in the HPA's Surgical Site Surveillance Scheme | 09/55 | <ul style="list-style-type: none"> ▪ Surveillance officer now in post and work progressing – see report ▪ Surveillance being undertaken in caesarean sections as part of national pilot and in orthopaedics ▪ Improved NOF infection rates of 2.7% noted (April-June 2009) ▪ Vascular and large bowel to commence in October |

Hygiene Code Actions

| Deliverable | Report Number | Comments |
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| 1 Meet all recommendations from the 2008 – 09 inspection | 09/42 | <ul style="list-style-type: none"> ▪ Endoscopy Decontamination Unit on target to open in August ▪ All other recommendations in place and being regularly monitored to ensure continue compliance |
| 2. Comply with 2009-10 criteria | 09/43 | <ul style="list-style-type: none"> ▪ New criteria issued, and evidence to be collected to demonstrate compliance |

Governance

| Deliverable | Report Number | Comments |
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| 1. Full RCAs to be carried out for all MRSA Bacteraemia cases and outbreaks of c difficile | 09/49 | <ul style="list-style-type: none"> ▪ Identified actions captured in rolling RCA plan – see report ▪ RCA Policy for investigating IC incidents developed and approved ▪ Saving Lives Audit H117 now being carried out for all post-48 hour cases of c. difficile (agreed with PCT) |
| 2. Develop and use dashboard of IP&C indicators | 09/46 | <ul style="list-style-type: none"> ▪ Dashboard developed ▪ Work needs to be undertaken to develop a |

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| | | process for ongoing population and sharing of dashboard information |
| 3. Develop multi-professional patient documentation for recording patients IC status and care | | <ul style="list-style-type: none"> ▪ Documentation developed and is being piloted |
| 4. IP&C agenda and action plan reflect progress and outstanding work | 09/44 | <ul style="list-style-type: none"> ▪ IP&C plan identifies corresponding reports |