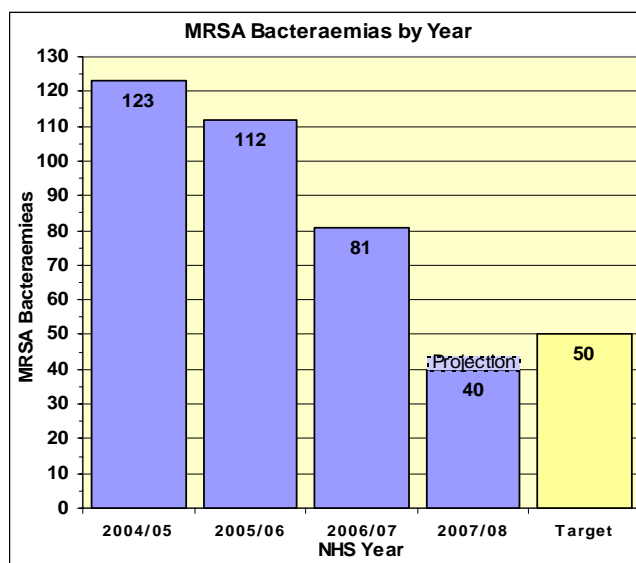
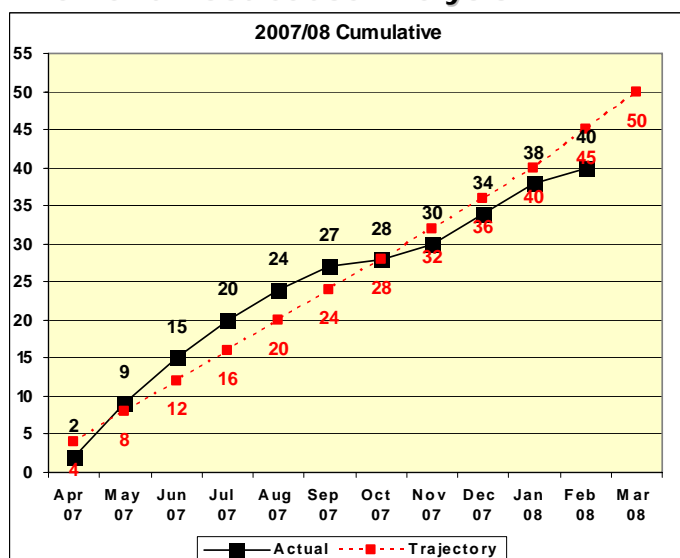


BOARD OF GOVERNORS

INFECTION CONTROL UPDATE

Report of: Dr Jag Ahluwalia, Medical Director, Director for Infection prevention and Control
Nicholas Brown, Infection Control Doctor/Consultant Microbiologist
Angela Thompson, Assistant Director of Nursing

MRSA and Root Cause Analysis



40 cases of MRSA blood stream infections to end February 2008 against a year-end trajectory of 50.

▪ **MRSA RCA Summary (April 2007 – February 2008):**

- 7/40 (17%<) central line related
- 6/40 (15%<) cause uncertain
- 6/40 (15%<) urinary tract/urinary catheter related
- 6/40 (15%<) peripheral line related
- 4/40 (10%>) chest infection
- 3/40 (7.5%<) IV drug user
- 3/40 (7.5%>) other
- 2/40 (5%=) infected wound/prosthesis
- 2/40 (5%=) contaminant
- 1/40 (3%=) respiratory tract

Of these:

- 25/40 (63%=) previously known MRSA positive
- 29/40 (73%>) transferred from other healthcare establishments/previous hospital admission*
- 12/40 (30%<) pre-48 hour
- 3/40 (7.5%<) avoidable in augmented care (target nil)

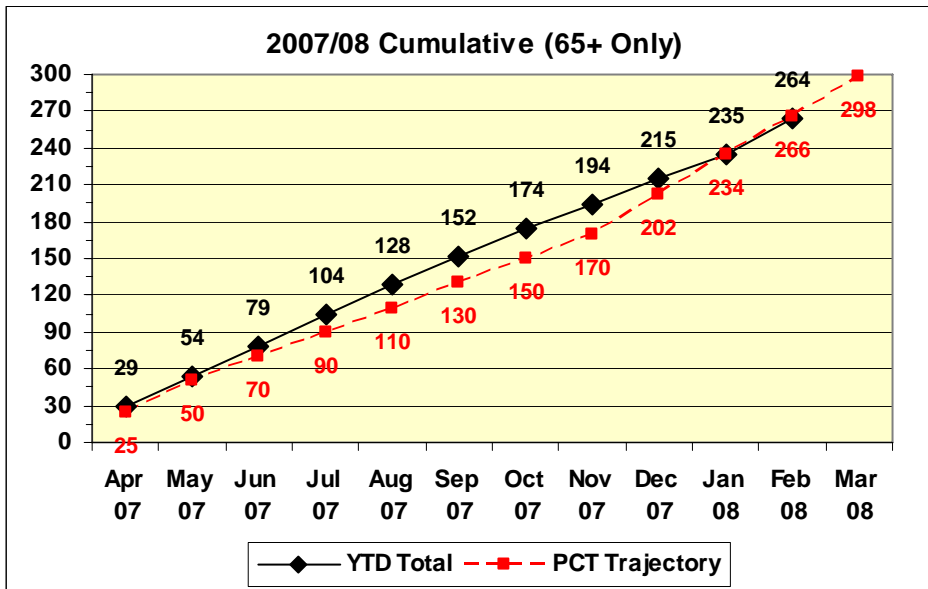
- Each RCA case continues to be discussed at a fortnightly meeting and actions identified.

Actions/Issues Relating to MRSA

- Following the MRSA RCA meetings in February the following actions have taken place: -
 - PCT representative to look into use of urinary catheter care records in the community
 - Issues regarding identification of responsible consultant on HISS addressed with Director of Information Systems and Analysis
 - Member of medical staff competency reassessed for taking blood cultures
 - Need for 24-hour ward clerk availability to be followed up with Director of Operations
 - Issue of swabs being requested but not taken and lack of care records followed up in EAU.
 - Follow up change in protocol in dialysis all patients transferred from other hospitals to be given Vancomycin for prophylaxis before line insertion
 - Review of documentation to ensure only one prescription chart for inpatient dialysis patients.

- The intravascular catheter audit was undertaken during the week commencing 25 February 2008. The objectives of the audit were to ascertain clinical reason for the cannula, therapy being administered via cannula, completion of appropriate documentation and compliance with the Saving Lives HII. The audit results are currently being analysed and a report will be prepared.

Clostridium difficile



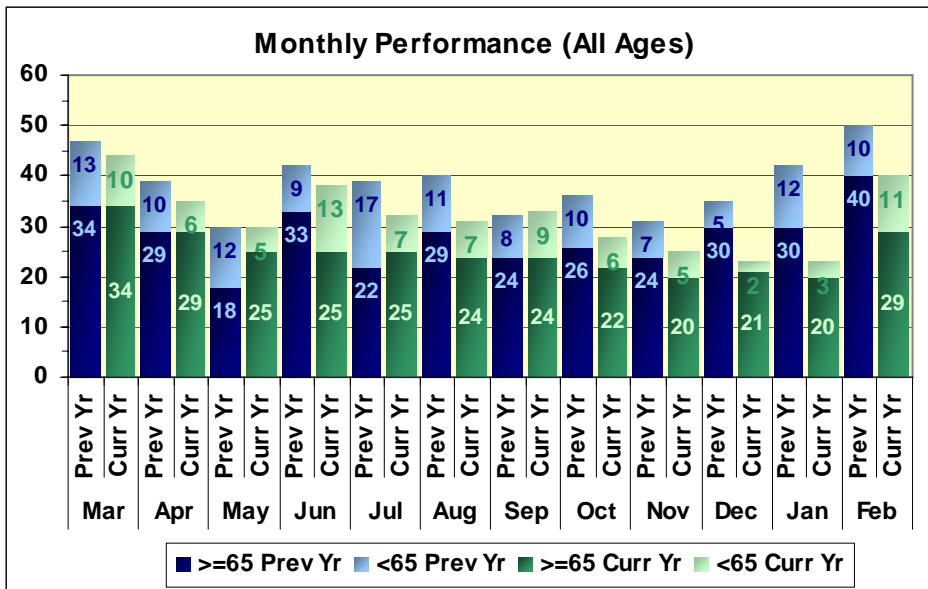


Table 1

| Trust Acquisition | | |
|--|---------------------------|---------------------------|
| | Feb 2008 | Feb 2007 |
| Total number of cases | 40 | 50 |
| No of patients >65 years (PCT target) | 29/40 (73%) | 40/50 (80%) |
| No of patients <65 years | 11/40 (27%) | 10/50 (20%) |
| No patients > 60yrs IP on cephalosporins | 0/40 | Not recorded at this time |
| Total no patients on antibiotics Total no patients on ciprofloxacin | 31/40 (78%) 9/31 (29%) | Not recorded at this time |
| Total no on Proton Pump Inhibitors (PPI) | 20/40 (50%) | 23/50 (46%) |

Table 2

| Isolation Information | |
|---------------------------------|--|
| Number requiring isolation | 46 cases in the Trust of which 39 required isolation: + 6 patients discharged before positive result + 1 patient died before positive result |
| Number isolated within 4 hrs | 26/39 = 67% |
| Number isolated within 12 hours | 6/39 = 15% |
| Number not isolated | 7/39 = 18% |

Table 3

| Further breakdown of reasons for non-isolation | |
|---|------------|
| Number not isolated: | 7/39 = 18% |
| Two patients in C9HDU no isolation facilities. Continuing need for HDU care. One patient in IDA no isolation facilities. Continuing need for HDU care. Four patients no side room available of which three were communicated by Microbiology to ward staff out of hours | |

| Table 4 - Usage of Ward D10 | Week 1 | Week 2 | Week 3 | Week 4 |
|-----------------------------|--------|--------|--------|--------|
| Patients suitable for D10 | 7 | 7 | 8 | 8 |

| | | | | |
|--------------------------------------|---|----|----|----|
| Patients NOT suitable for D10 | 8 | 10 | 19 | 16 |
| <i>Reason not suitable for D10:</i> | | | | |
| - Requires specialist care | 3 | 4 | 6 | 4 |
| - Clinical need | | 3 | 4 | 1 |
| - Resolving | 2 | 2 | 7 | 6 |
| - Patient requires review | 3 | 1 | 2 | 2 |
| - Social reasons | | | | 3 |

Actions/Issues Relating to *Clostridium difficile*

- An audit was undertaken between November 2007-January 2008 of any patient who died during the spell and who had a confirmed *Clostridium difficile* toxin positive diagnosis. The audit is now complete and a summary of the full audit report is currently being prepared.
- At the beginning of February it was noted that the numbers of patients with *Clostridium difficile* and MRSA were higher than would be expected, particularly associated with patients from IDA and D7. There were six possible patients who could have acquired *C. difficile* during their admission. All of these were being appropriately barrier nursed in side rooms and none were acutely unwell. Ward D7 was closed and both IDA and D7 underwent a deep clean. The appropriate clinicians are undertaking RCAs on all *C difficile* cases.
- During February 2008 12 members of staff have been followed up following challenges during the hand hygiene observation audits.

Further initiatives relating to HCAI reduction in the last quarter

- Opening of Ward D10 as an isolation facility for patients with *Clostridium difficile* associated diarrhoea
- Implementation of silver coated urinary catheters
- Ongoing implementation of a probiotic supplement throughout the Trust
- Cleaning and Environment Training package developed for Ward Managers by Carin Charlton (Hotel Services Manager), to be introduced across the Trust from April 2008
- A self assessment was undertaken using the DH balanced score card to assess compliance against the National Code of Practice for healthcare Associated Infection. The Trust can report 100% compliance with ten of the eleven duties and 96% compliance against Duty 4 working toward 100% compliance by April/May 2008. This has been included in the Healthcare Commission Declaration.

SHA Intensive Support Team Visit

The Trust was visited by the Strategic Health Authority Healthcare Associated Infection Intensive Support Team on January 30th and 31st 2008. The purpose of the visit was to provide support and direction, the team have provided a report following their visit, which included the following:

Plaudits:

- Impressive organisational and financial commitment
- Good audit documentation and policies
- Operations Centre involvement
- Walk rounds (ward visits) by top managers and NEDs
- Good IC related governance information
- Central Venous Access Team
- Dress Code compliance
- Junior Doctor induction
- IC performance management
- Cleaning and disposable curtains
- MRSA Screening of elective and emergency patients
- Pharmacist IV to oral antibiotic switch and no Cephalosporins in >60's

Recommendations from Team:

- Medical support for the *C. difficile* isolation facility with identified Consultant Lead
- Restrict Cephalosporin use in the under-60's
- Remove quinolones and substitute alternatives
- Improve nursing/medical records documentation
- Isolate suspected *C. difficile* patients within two hours
- Report unnecessary bed moves in the Board report
- Put doors on identified number of ward bays and any used for cohort purposes
- Undertake a full RCA on every *C. difficile* case
- Clarify appropriate use of Personal Protective Equipment
- Include middle and junior managers in ward visits/walk rounds
- Clarify responsibility for cleaning clinical equipment
- Reconsider cleaning of crockery for infectious patients
- Implement checklists to ensure bed spaces have been properly cleaned
- Close the loop with incident reporting and RCA's
- Joint PCT/Acute Trust ward visits

In summary, the team were impressed by the progress the Trust are making and the degree of commitment at all levels. The key points to note are:

- Great progress
- Check systems to provide the assurance that good things are happening
- Improve the antibiotic policy
- Understand the isolation risks in more detail

The Trust is currently compiling an action plan in response to the recommendations.

Recommendations

The members of the Board are asked to note the contents of the report.