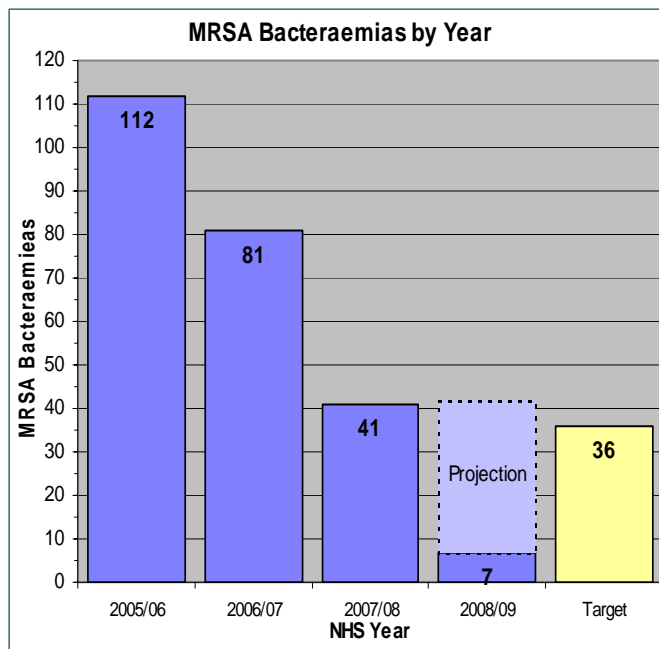
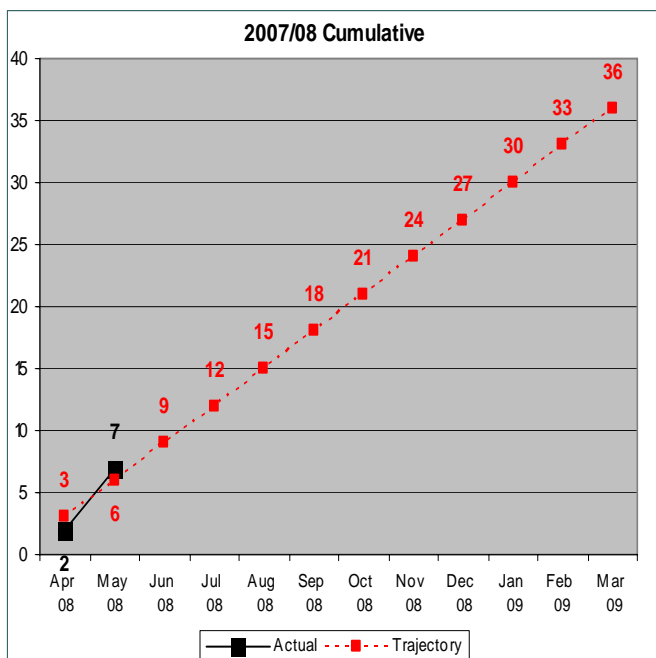


BOARD OF GOVERNORS

INFECTION CONTROL UPDATE

Report of: Dr Jag Ahluwalia, Medical Director, Director for Infection Prevention and Control
 Dr Basil Matta, Associate Medical Director - HCAI
 Dr Nicholas Brown, Infection Control Doctor/Consultant Microbiologist
 Mrs Angela Thompson, Assistant Director of Nursing

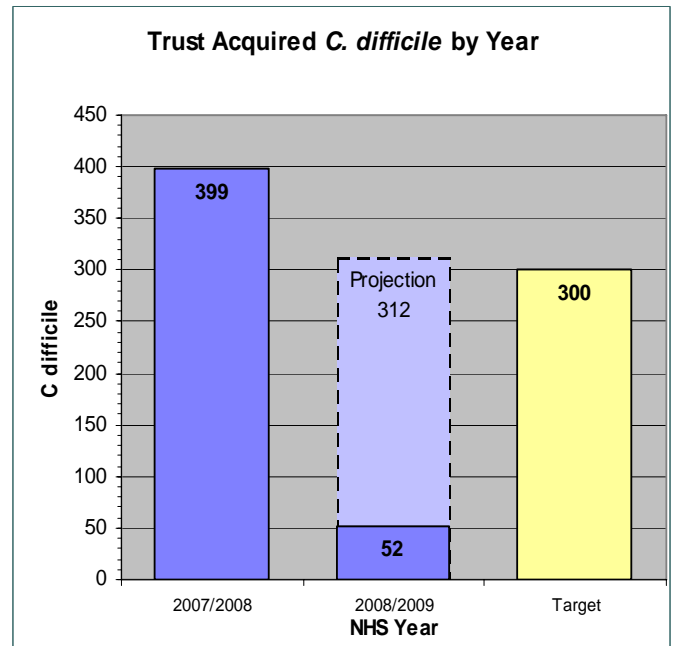
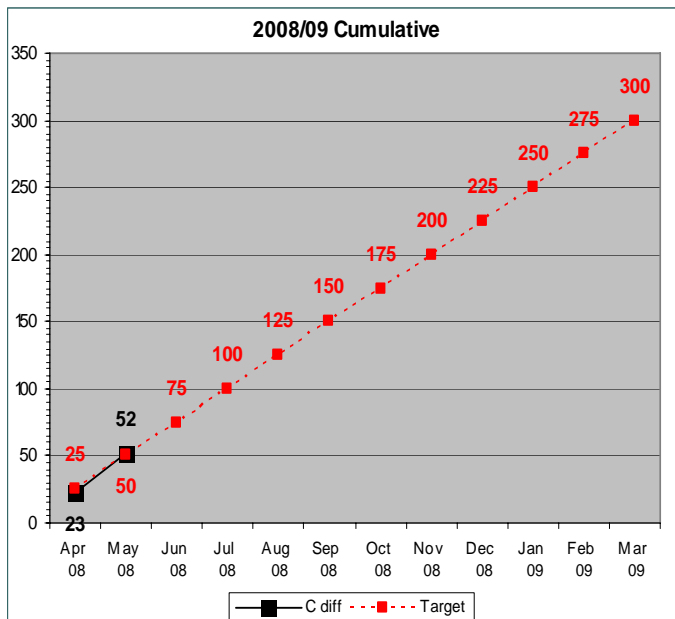
MRSA and Root Cause Analysis



Key Actions/Issues Relating to MRSA

- The use of Octenisan washes for all patients is being rolled out across wards with high risk patients, including Level 8, C5 and C6.
- It has been reiterated that all patients being admitted with an expected stay of > 23 hours must be screened for MRSA. A new target of 98% compliance has been set for patients admitted via ED, with 100% compliance where a patient has been admitted from another healthcare facility including care homes.

Clostridium difficile



Key Actions/Issues Relating to Clostridium difficile

- Citroxx a new non-toxic cleaning product is being trialed on six wards across the Trust including Citroxx vapour. The benefits of Citroxx are that, as well as being non-toxic it is antibacterial, antiviral, antifungal and antisporicidal.
- Ward K3 is now fully functioning as the *C. difficile* isolation ward
- Changes have been made to the Trust's antibiotic policy, in line with the strategic health authority infection control team recommendations, following their visit at the end of January.
- Key changes to *Clostridium difficile* testing have been implemented, this should provide a quicker result.

Take Five Standards for Infection Control – Evaluation Report 2007-08

- The full evaluation report is available on request from the Assistant Director of Nursing (Standards) (e-mail angela.thompson@addenbrookes.nhs.uk or Tel: 01223 586583).
- With effect from June 2007 audits of the following areas of practice were undertaken: -
 - Hand hygiene compliance
 - Personal protective equipment use
 - Care of the patient with an intravascular cannula
 - Care of the patient with a urinary catheter
 - Care of the patient with *Clostridium difficile* (new audit tool – audited by Directorate)



- The evaluation report includes:-
 - Take Five Audit Results (2007-08)
 - Hand Hygiene Compliance
 - Evaluation Strategy for the Take Five Initiative
 - Feedback from Evaluation – Staff and Patients/Relatives/Visitors
 - Actions

Key Messages from the Take Five Evaluation Report:

- 74% of staff responding report that this audit programme has resulted in practice improvements in the last year.
- 81% of staff responding agreed that there was sufficient training and education for staff in relation to infection control and the Take Five initiative.
- Patients reported that the majority of staff groups had good or adequate standards of hand hygiene. 6% of patients reported poor compliance with hand hygiene across all staff groups.
- Of the patients who reported that it was relevant, 75% reported that staff were good at offering hand washing facilities after using the toilet and 55% reported that staff were good at offering hand washing facilities before meals. The Senior Clinical Nurses will lead on improving compliance with offering hand washing facilities.
- This year there was a 17% increase in the number of patients reporting that the cleanliness of the toilets and washing facilities was only adequate or poor. Medirest have implemented a 24-hour cleaning programme for toilets and washing facilities from June 2008 on nine wards with a planned roll-out programme to further wards.
- The majority of patients were happy with the cleanliness of wards and bed areas. There were many positive comments. Any negative comments received relating to cleanliness in identified ward areas were immediately followed up with Medirest and the Senior Clinical Nurse.

Recommendations

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