

BOARD OF GOVERNORS

INFECTION CONTROL UPDATE

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

Visit by HCAI and Cleanliness Division, DH – 18 May 2009

To help the Trust continue to improve on its reductions in HCAI rates, representatives from the Department of Health HCAI and Cleanliness Division were invited to visit the Trust on 18 May 2009 to review practices and policies in relation to HCAI. During their visit the DH Team visited wards and departments, talked to staff about their awareness of Trust policies, undertook observations of practice and reviewed documentation within patient records.

The DH Team reported that their overall impression was that the organisation was undertaking the correct actions but an assurance that this is being done all day by all staff is where our systems could be strengthened. The DH have provided helpful feedback and recommendations on a number of issues, themed into leadership, delivery and assurance. CUHFT had already developed plans for many of the DH recommendations and these will be implemented during 2009.

Infection Control Annual Report 2008-09

The [Infection Control Annual Report for 2008-09](#) is now available. This report outlines the activities of the Trust relating to infection control for the year 2008-09. As in previous years, it is presented to explain how the Trust has arrangements to allow the early identification of patients in hospital with infections and takes measures to reduce the spread of infections to others. It also reviews accountability arrangements, policies and procedures relating to infection control, audit, surveillance and education.

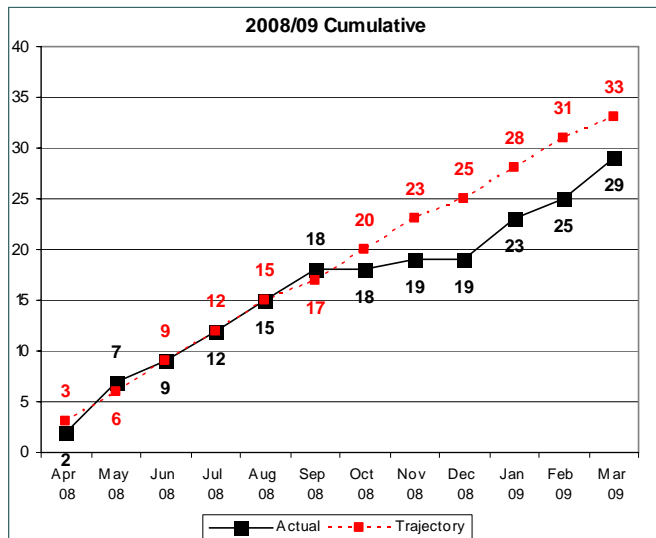
Future Plans for 2009-10

Tackling infections is a key priority for Cambridge University Hospitals NHS Foundation Trust and our goal is that not a single preventable infection is allowed to develop.

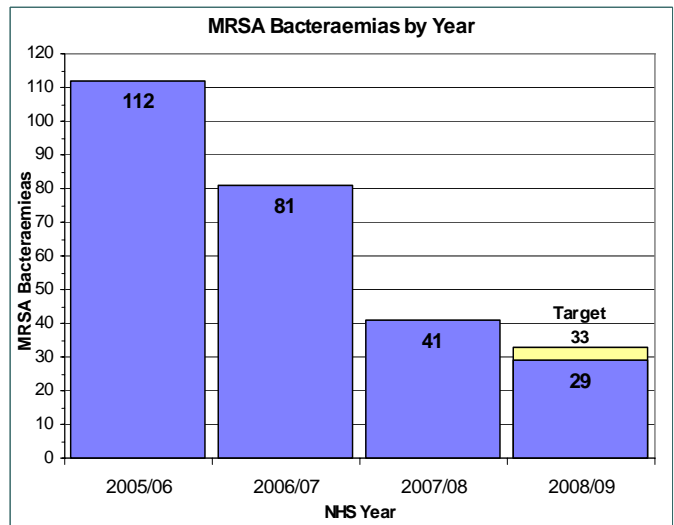
- Divisional Directors are responsible for achieving the targets set for their Clinical Departments and performance against Trust and Divisional targets is monitored within the monthly Infection Control performance reports at Trust and Divisional meetings. In addition Divisional HCAI scorecards are being developed for discussion at Divisional Directors meetings.
- The Trust is currently planning a detailed education and training programme for the year which will provide wards with an accreditation status for infection control practices.
- Funding has been identified for a pilot of the 3M Clean-Trace ATP cleanliness system. The Clean-Trace system uses adenosine triphosphate (ATP) bioluminescence to rapidly measure all organic matter on small surface areas. This means that frequently touched objects and surfaces at risk for cross-contamination can be tested to ensure that proper cleaning has taken place. The pilot of the Clean-Trace system is due to commence in July 2009.

MRSA bacteraemia

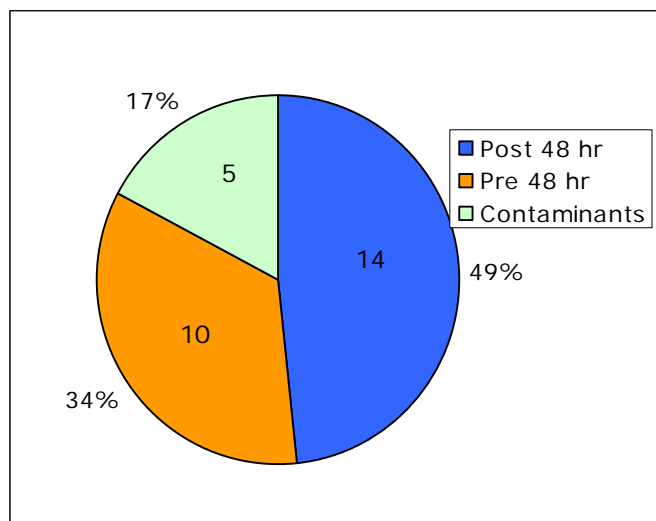
Cumulative MRSA 2008-09



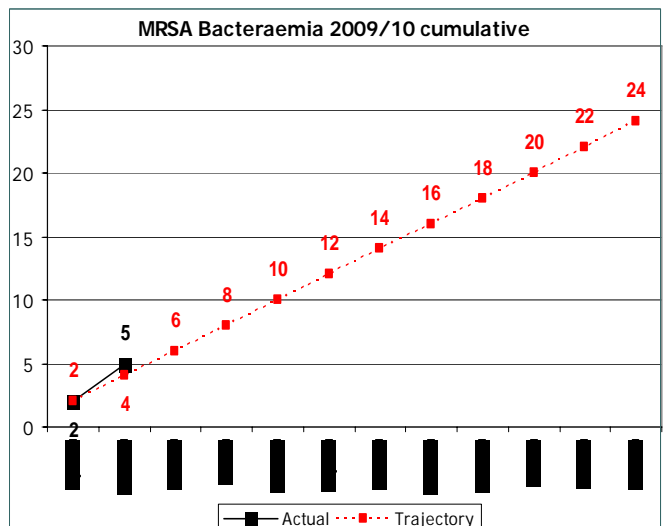
MRSA bacteraemias by year 2005/06 – 2008/09



MRSA Breakdown 2008-09



MRSA bacteraemia April – May 2009



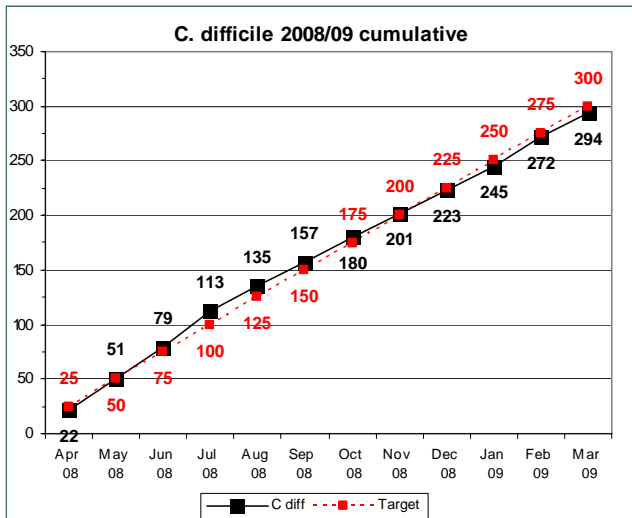
Key Issues:

- Central Venous Access Team in place ensuring a 'gold-standard' service for the insertion, care and assessment of patients with complex vascular access needs.
- Introduction of silver coated urinary catheters has reduced rates of urinary tract infections.
- Centralised purchase of additional bladder scanners for wards to avoid unnecessary urinary catheterisation and subsequent infection risks.
- Competency assessment for all staff taking blood cultures to avoid blood culture sampling contamination
- Regular audits of surgical site infections and ventilator care bundles.
- Root cause analysis undertaken on all MRSA bacteraemias and individual cases discussed at fortnightly multi-disciplinary meetings with PCT representation. Introduction of daily facilitated meetings on wards.
- Use of MRSA Integrated Care Plan
- The Trust is compliant with the Department of Health MRSA screening guidance and, in advance of the target date, has been screening all emergency admissions as well as all day cases and

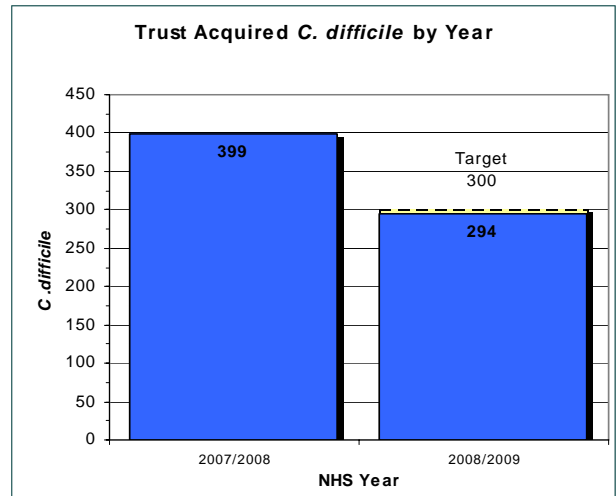
pre-elective admissions. The Board's declaration of compliance and MRSA Policy is available to staff and the public via the internal and external web sites.

Clostridium difficile

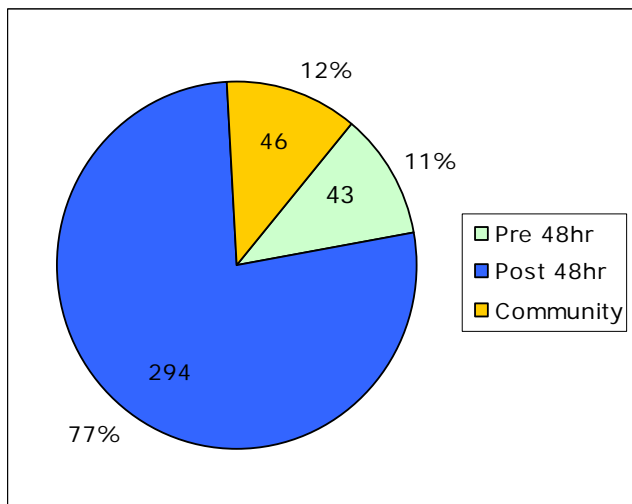
Cumulative C difficile 2008-09



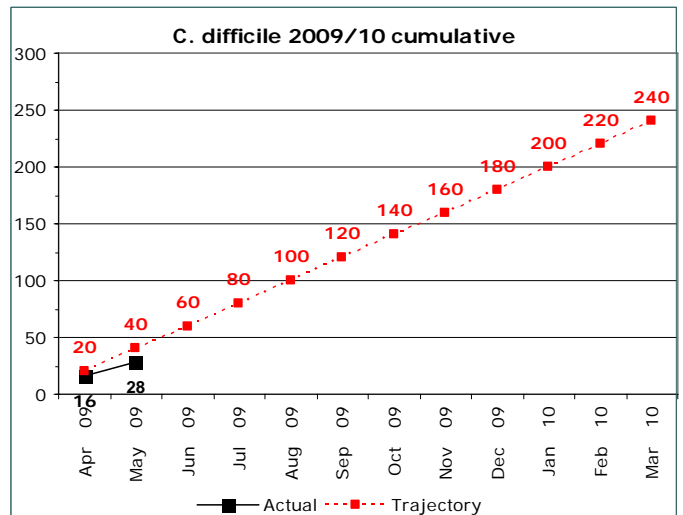
C difficile by year 2007/08 – 2008/09



C difficile Breakdown 2008-09

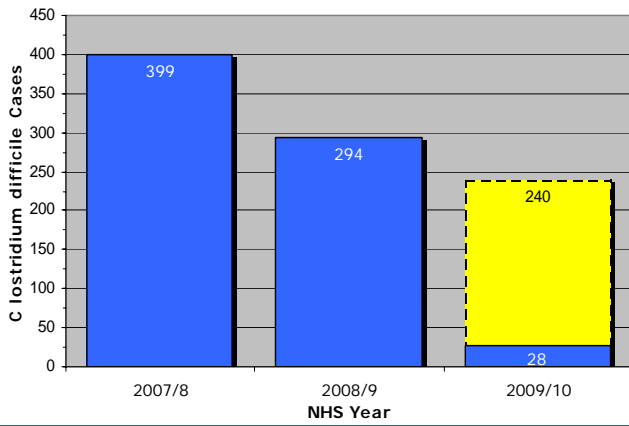


Cumulative C difficile April – May 2009

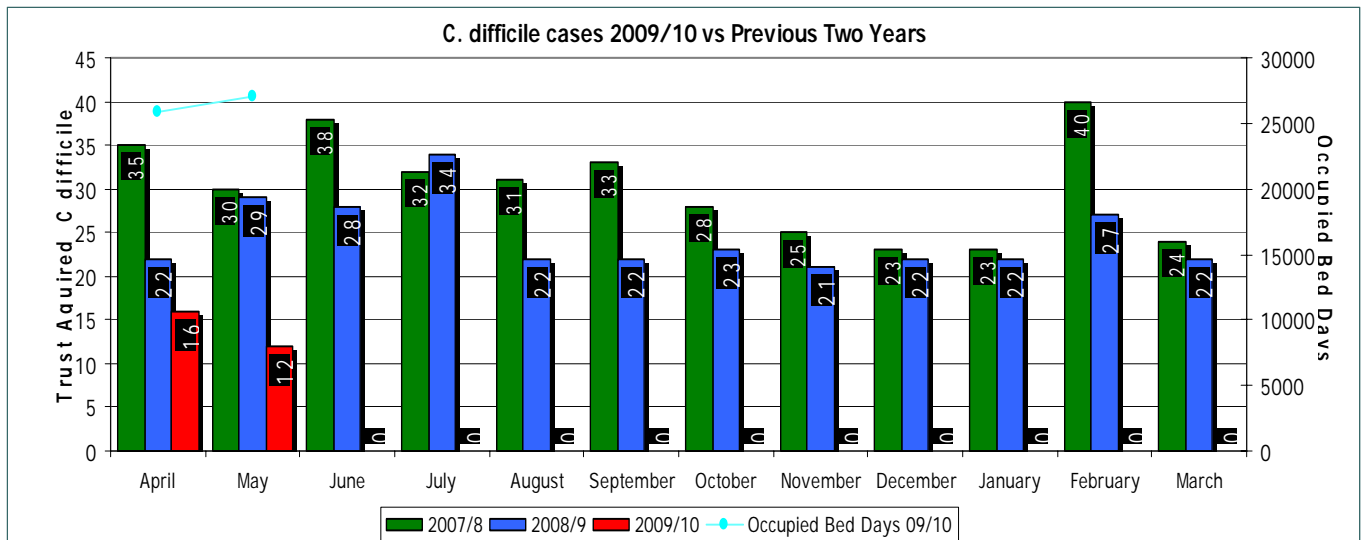


C difficile by year 2007/08 – 2009/10

Trust Acquired *C. difficile* by Year



C difficile cases 2009/10 –vs- previous two years



Key Issues:

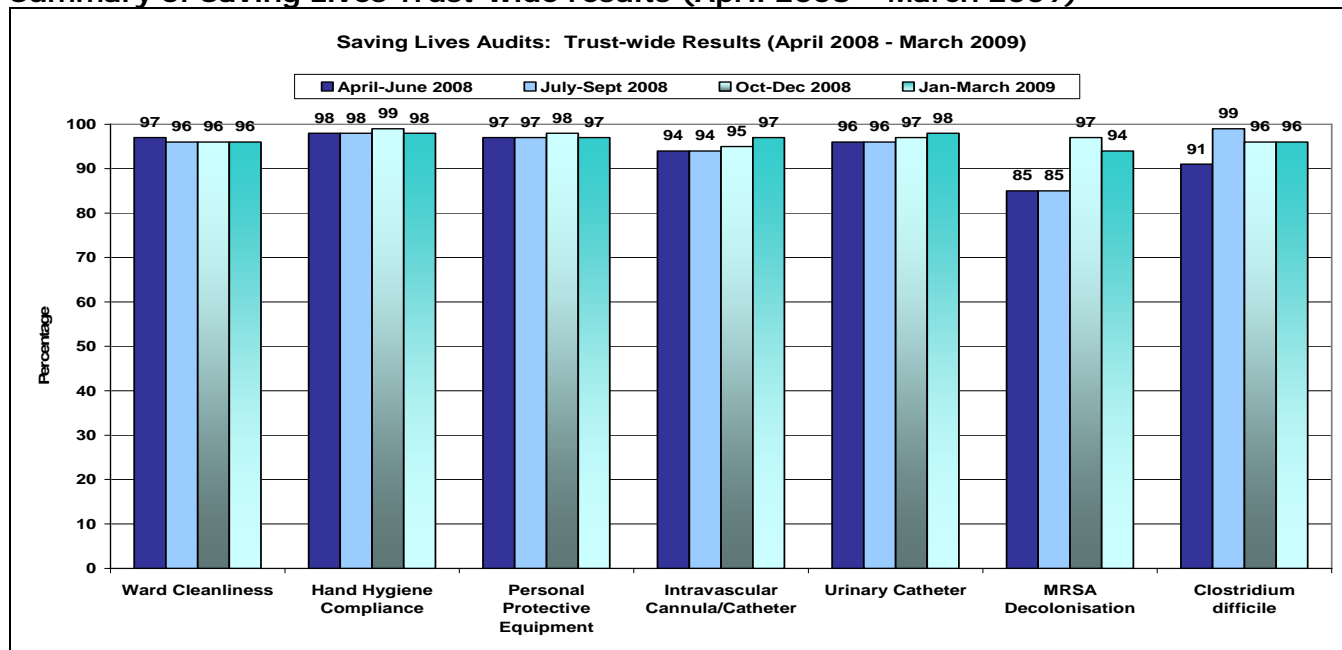
- Ward N2 opened as the *Clostridium difficile* isolation ward in January 2009 with 22 en-suite single rooms.
- Deep cleaning programme and rolling programme of refurbishment works, including the use of hydrogen peroxide vapour. An equipment washer has been installed and a rolling programme of equipment cleaning in place. Ward cleanliness visits are undertaken by senior staff and wards are audited a minimum of monthly, high dependency areas audited weekly.
- Use of *Clostridium difficile* daily care record, compliance with documentation audited in Saving Lives audits.
- Antibiotic Prescribing Policy in place to ensure judicious prescribing and to reduce the total antibiotic load, policy advocates minimising use of quinolones. Antibiotic Pharmacist and Antibiotic Microbiologist both with specific antibiotic remit. Documentation of 'start/stop' dates and 'reason for prescribing' antibiotics.
- Policy in place on use of proton pump inhibitors.
- Compliance with HCAI related policies audited and reported in monthly Infection Control Performance Reports.
- Comprehensive audit of time to isolation of patients with suspected *Clostridium difficile* associated diarrhoea; aim to isolate in two hours.
- *Clostridium difficile* root cause analysis produced for deaths on Part 1 of the death certificate, colectomies, clusters or outbreaks and discussed at monthly multi-disciplinary meetings with PCT representation.

Saving Lives: Reducing infection, delivering safe care – Audit Results to March 2009

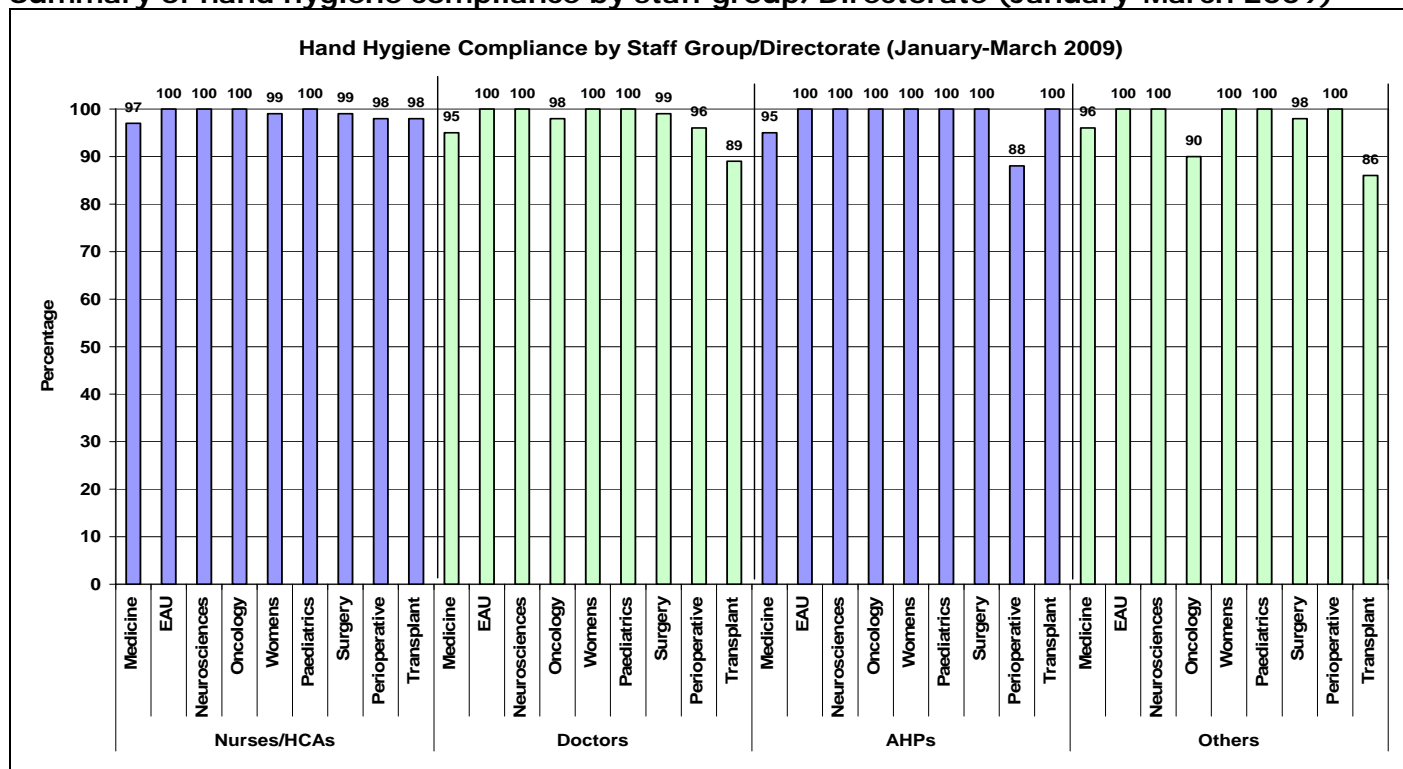
The following Trust-wide audits were undertaken during March 2009:

- Hand hygiene compliance
- Personal protective equipment
- Care of the patient with an intravascular cannula/catheter
- Care of the patient with a urinary catheter
- MRSA decolonisation (reported Trust-wide)
- *Clostridium difficile* (reported Trust-wide)

Summary of Saving Lives Trust-wide results (April 2008 – March 2009)



Summary of hand hygiene compliance by staff group/Directorate (January-March 2009)



Hand Hygiene issues:

The areas reporting less than 95% compliance with hand hygiene opportunities in the Jan-March quarter were: -

- Transplant/Doctors 89% (2/18) (The 2 doctors were visitors to the ward)
- Perioperative Services/AHP's 88% (4/32)
- Oncology/Others 90% (4/42)
- Transplant/Others 86% (1/7)

Overall compliance in these Divisions has improved as follows and audits are now being undertaken weekly:

	April	May
Perioperative Services	98%	98%
Oncology	100%	100%
Transplant	100%	100%

It should be noted that staff assessed as non-compliant on one ward may be visiting from other wards/teams.

Review of the nursing audit programme:

The nursing audit programme (strategic nursing audits, Essence of Care audits and Saving Lives infection control audits) have been combined the into one single audit programme. Two audit tools have been developed and these were piloted by the SCNs during May 2009.

1. **Nursing Audit Tool** for patient care including falls, pain management, nutrition, pressure area care, medicines administration, observations, communication and infection control.
2. **Patient Experience Audit** including staffing, communication, privacy, dignity, pain management, nutrition, medicines administration and infection control.

SCNs are undertaking the nursing audit and patient experience audit on five patients on each of their wards weekly. Audit results will be reported within the monthly Nursing Quality Metrics report and in scorecards for each ward/Division.

Recommendations

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