

INFECTION CONTROL UPDATE

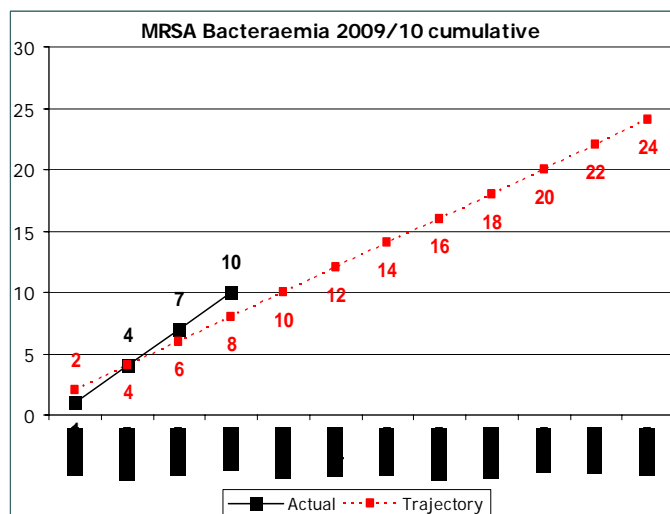
**Report of: Dr Jag Ahluwalia, Medical Director, Director for Infection Prevention & Control
Dr Basil Matta, Associate Medical Director - HCAI
Dr Nicholas Brown, Infection Control Doctor/Consultant Microbiologist
Mrs Angela Thompson, Assistant Director of Nursing**

Introduction and Key Actions

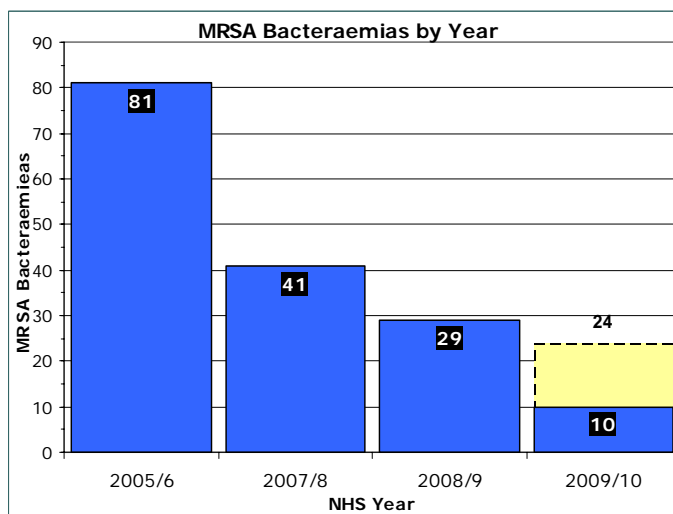
- It should be noted that there had been 12 cases of MRSA bacteraemia reported to the end of July 2009. However, there has been one complex patient who has had three *S. aureus* bacteraemias (one in each of April, June and July). The first and third bacteraemia isolates were reported by the HPA staphylococcal reference lab in Colindale as an unknown type, probably a sporadic community strain. The second isolate appeared similar to typical hospital MRSA strains. On further testing, the reference lab has reported that the first and third isolates are not true MRSA strains, as they do not possess *mecA*, the gene coding for methicillin-resistance. These two episodes have therefore been removed from the MRSA bacteraemia database. The Trust is therefore reporting 10 MRSA bacteraemia to the end of July 2009.
- The Trust HCAI ward accreditation programme will commence as a pilot on four prioritised wards from 1st September (D6 Neurosciences and Haematology, F5, C8 and MSEU).
- The Aseptic Non-Touch Technique (ANTT) Policy has been re-enforced and the communications refreshed throughout the Trust in July.
- The Senior Clinical Nurses continue with the weekly high impact intervention audits and patient experience audits, actioning issues in real time.
- All consultants received a letter in July reiterating the importance of antibiotic prescribing, the documentation of the clinical reason for starting IV antibiotic therapy and the documentation of the stop/review date.
- The point prevalence audit of IV cannulae care has been brought forward from November to mid-September 2009.
- A review of the time to isolation was undertaken and presented to the Board of Directors in July, including issues and actions.
- The deep clean programme continues and four wards have been decanted and deep cleaned in July as part of our prioritisation programme: A5, Lewin/R2, D7, IDA.
- On 30 July Emily Hoban the DH Cleaning Specialist visited the Trust to advise on the Trusts equipment cleaning programme. The feedback report from the DH commented on *"the obvious pride in the Trust shown by staff which is reflected in the cleanliness of the wards and public areas. The commitment ward staff demonstrated in providing clean safe care will assist in the further development of a standard procedure for documenting equipment cleaning and provide you with the assurance you require."*
The report included a number of recommendations which will be taken forward including:
 - Review the process for the tracking and cleaning of loaned therapy equipment
 - Develop a standard procedure for equipment cleaning on each ward
 - Develop a cleaning manual for each ward as an easy reference guide
 - Implementation of daily cleaning schedules for ward staff
 - Review the placement of equipment cleaning products to ensure easy access
 - Review the training clinical staff receive in basic cleaning techniques

MRSA bacteraemia (to July 2009)

Cumulative MRSA 2009-10

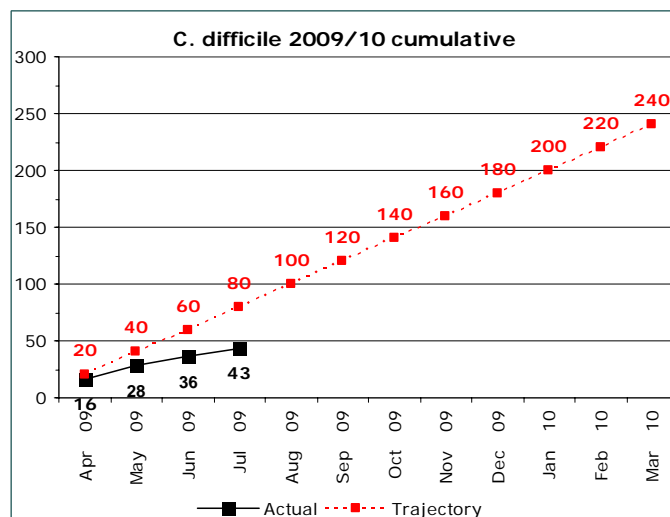


MRSA bacteraemias by year 2005/06 – 2009/10

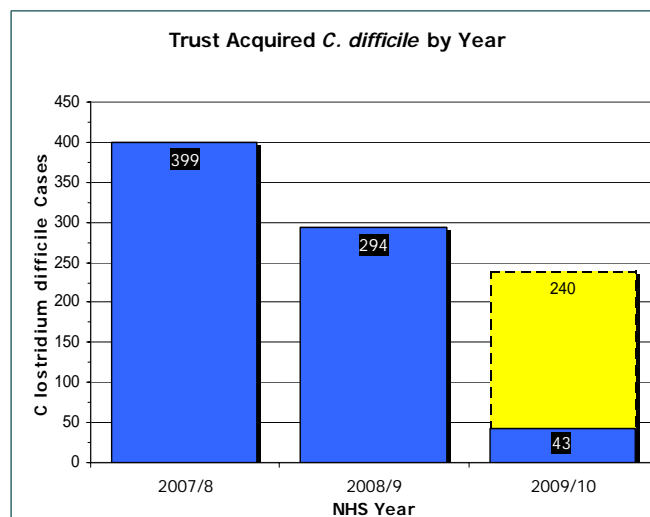


Clostridium difficile (to July 2009)

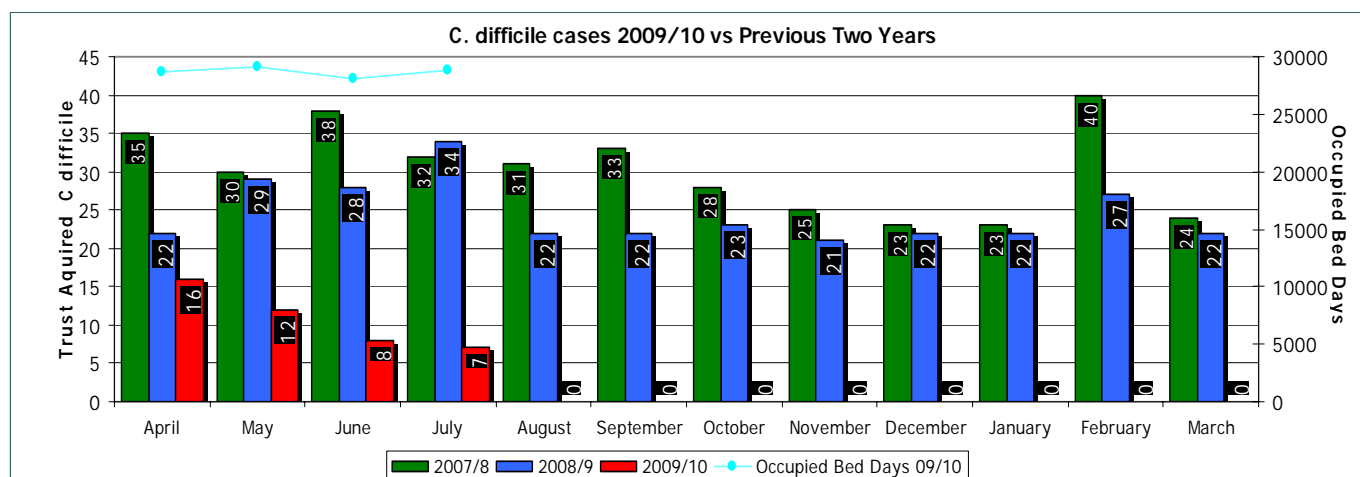
Cumulative C difficile 2009-10



C difficile by year 2007/08 – 2009/10



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

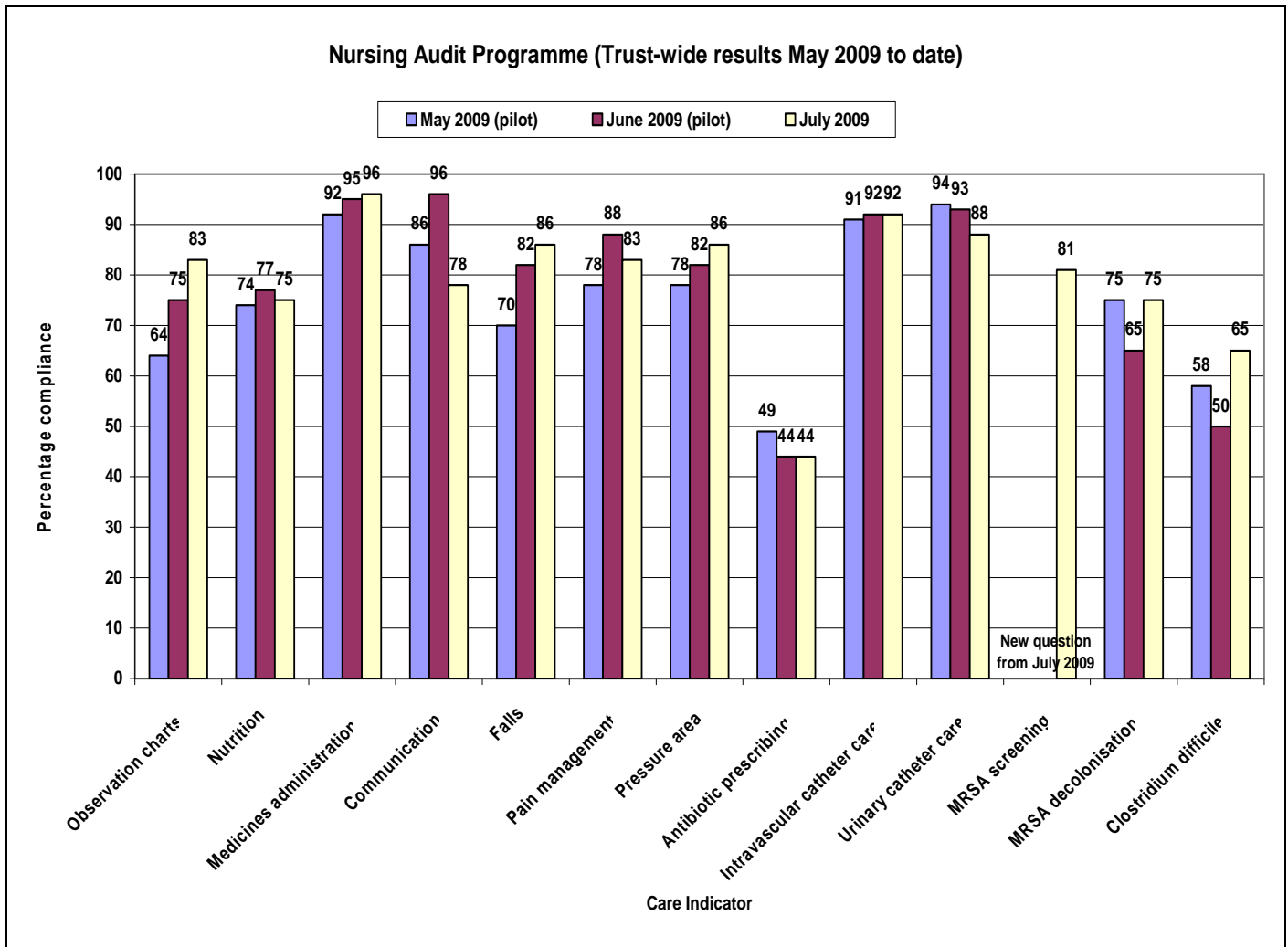


Nursing Audit Programme - Audit Results to July 2009

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

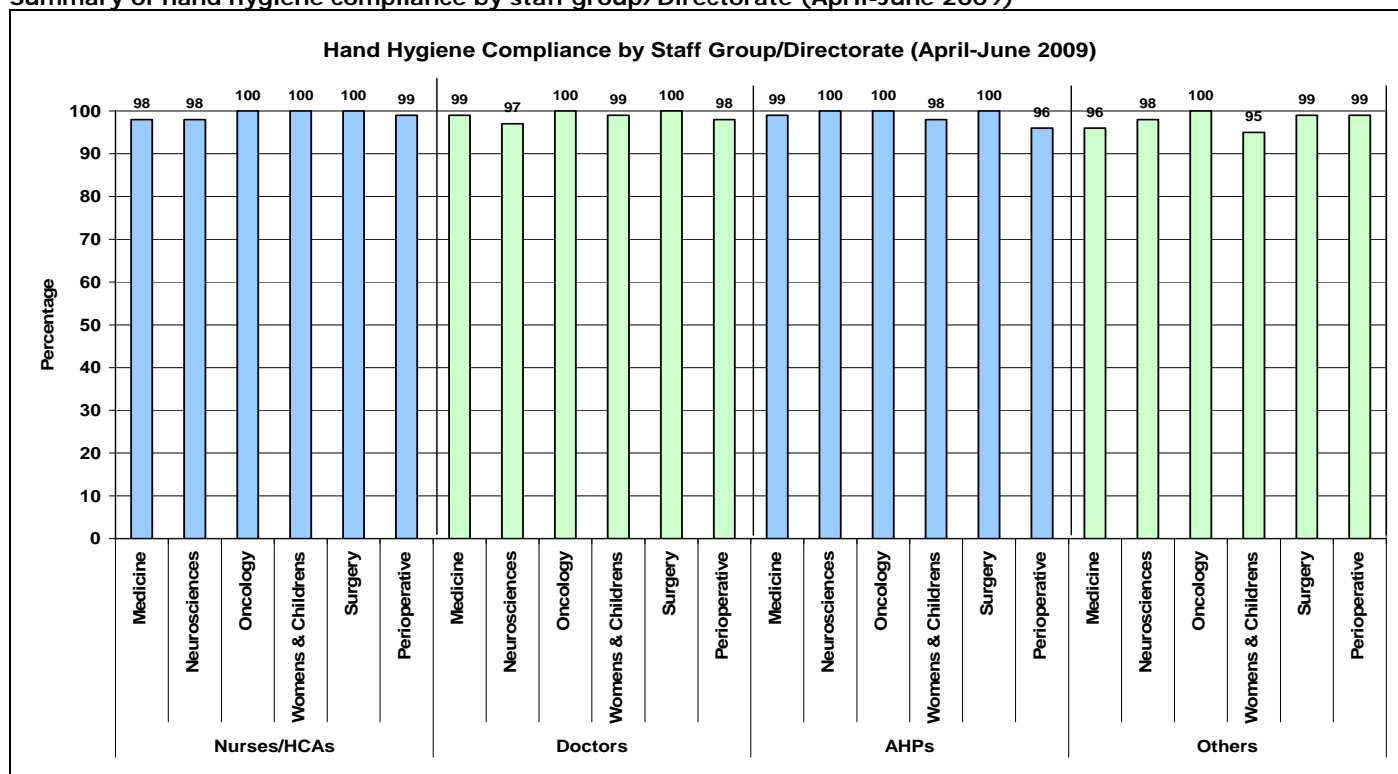
1. **Nursing Audit Tool** for patient care including observation charts, nutrition, medicines administration, pain management, communication/discharge planning, falls, pressure area care, antibiotic prescribing, intravascular catheter care, urinary catheter care, MRSA screening, MRSA decolonisation and *Clostridium difficile* care.
2. **Patient Experience Audit** including staffing, communication, privacy, dignity, pain management, nutrition, medicines administration and infection control.

Following the pilot audits in May and June the audit tools were reviewed and Trust-wide specific audit tools developed for specialty areas. The SCNs are undertaking the nursing audit and patient experience audit on five patients on each of their wards weekly. The nursing audit tool results for May and June (pilot audits) and July 2009 are shown below (a breakdown of audit results are reported within the monthly Nursing Quality Metrics report and in scorecards for each ward/Division):



Hand Hygiene Compliance

Summary of hand hygiene compliance by staff group/Directorate (April-June 2009)



From May 2009 hand hygiene observations are being reported weekly. During the period April-June 2009 6,494 hand hygiene opportunities were observed and the overall Trust compliance for the quarter was 99%. For the April-June 2009 quarter no areas reported less than 95% compliance with hand hygiene opportunities.

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.

- The Infection Control Annual Priorities and Audit Programme 2009-10 has been reviewed to incorporate recommendations from the DH Team visit to the Trust in May 2009. This sets out the Trust's objectives and priorities in relation to HCAI and outlines the infection control reporting and audit timetable for the year.
- 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. Divisional HCAI scorecards are being developed for discussion at Divisional Directors meetings.
- The pilot of the 3M Clean-Trace ATP cleanliness system commenced in July and will run to the end of August 2009. Preliminary results show the benefits of the deep clean programme on the environmental organism load.