CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
ADDENBROOKE'S HOSPITAL

BOARD OF GOVERNORS – 15 APRIL 2010

PATIENT SAFETY UPDATE

Report of: **Dr Jag Ahluwalia, Medical Director, Director for Infection Prevention & Control**
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Introduction

This report provides an update to the Board of Governors on key patient safety issues:
1. Infection Control
2. Venous Thromboembolism (VTE) Risk Assessment
3. Patient Falls

1. Infection Control

1.1 Code of Practice

The new Code of Practice for health and adult social care on the prevention and control of infections and related guidance was published in December 2009 and comes into effect from 1 April 2010. The Code of Practice outlines the criteria that the Care Quality Commission will use to assess compliance with the registration requirement for cleanliness and infection control. There are now 10 Criteria. The main change is the addition of Criteria 4 : 'Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.' The previous Code of Practice only applied to the NHS but, in accordance with the Health and Social Care Act 2008, the Code of Practice will apply to independent healthcare and adult social care providers from October 2010, dental care and private ambulance providers from April 2011 and primary medical care providers from April 2012.

1.2 HCAI accreditation programme

The Trust HCAI ward accreditation programme was piloted on four prioritised wards in September 2009 (D6 Neurosciences and Haematology, G6, C8 and MSEU). The programme includes five core assessments:

- Insertion and management of PVCs
- Insertion and management of urinary catheters
- Aseptic dressing technique
- Personal protective equipment and barrier nursing
- Accessing and managing central venous access devices

The programme is now being rolled-out on all wards throughout the Trust with adaptations to the assessment tool for neonates and paediatrics. A breakdown of the number of staff assessed as competent in elements of the HCAI Assurance Programme is shown below [data source: MAPS as at 11.3.10]:

IC 1 - PPE & Barrier Nursing	= 622	
IC 2 - Insertion of PVC	= 239	
IC 3 - Management of PVC	= 564	
IC 4 - Management of CVC/PICC	= 418	
IC 5 - Insertion of urinary catheter	= 393	
IC 6 - Management of urinary catheter	= 560	
IC 7 - Aseptic Wound Dressing	= 479	
IC 8 - Trainers for Infection Control	= 103	**Total** = **3378**

1.3 MRSA bacteraemia

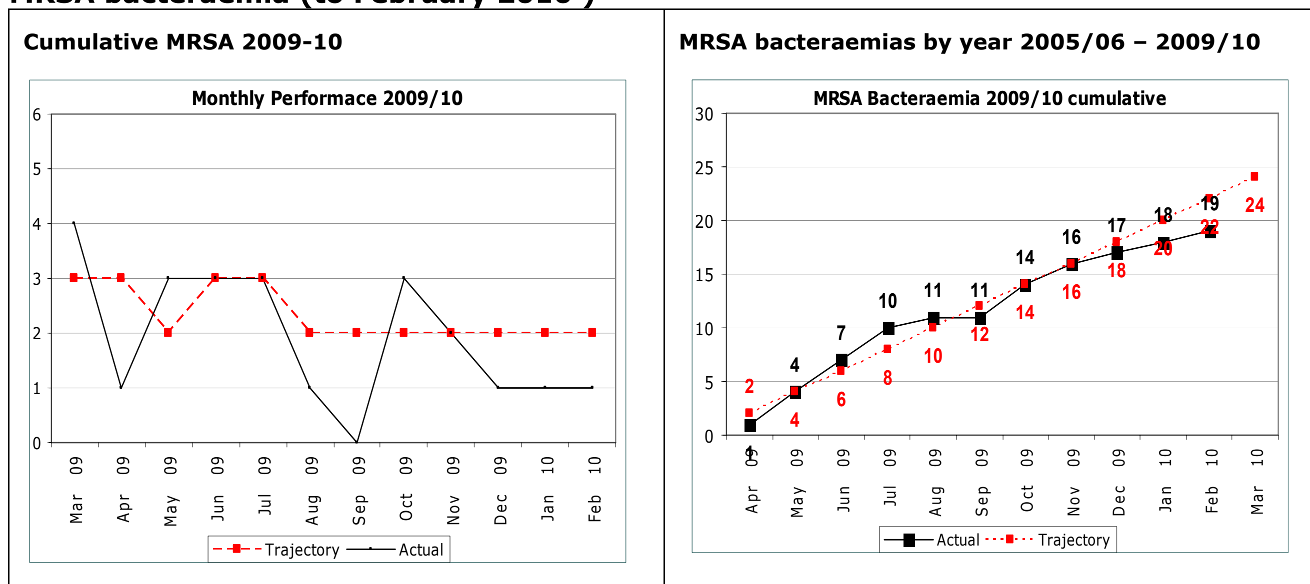
There have been **19** cases of MRSA bacteraemia reported to the end of February 2010.

Breakdown of Avoidable/Unavoidable MRSA Bacteraemias (since April 2009):

Month	Avoidable for Trust	Pre-48 hour/ Unavoidable	TOTAL
April 2009	0	1	**1**
May 2009	3	0	**3**
June 2009	1	2	**3**
July 2009	2	1	**3**
August 2009	1	0	**1**
September 2009	0	0	**0**
October 2009*	2	1	**3**
November 2009	2	0	**2**
December 2009	0	1	**1**
January 2010	1	0	**1**
February 2010	1	0	**1**
TOTAL	**13**	**6**	**19**

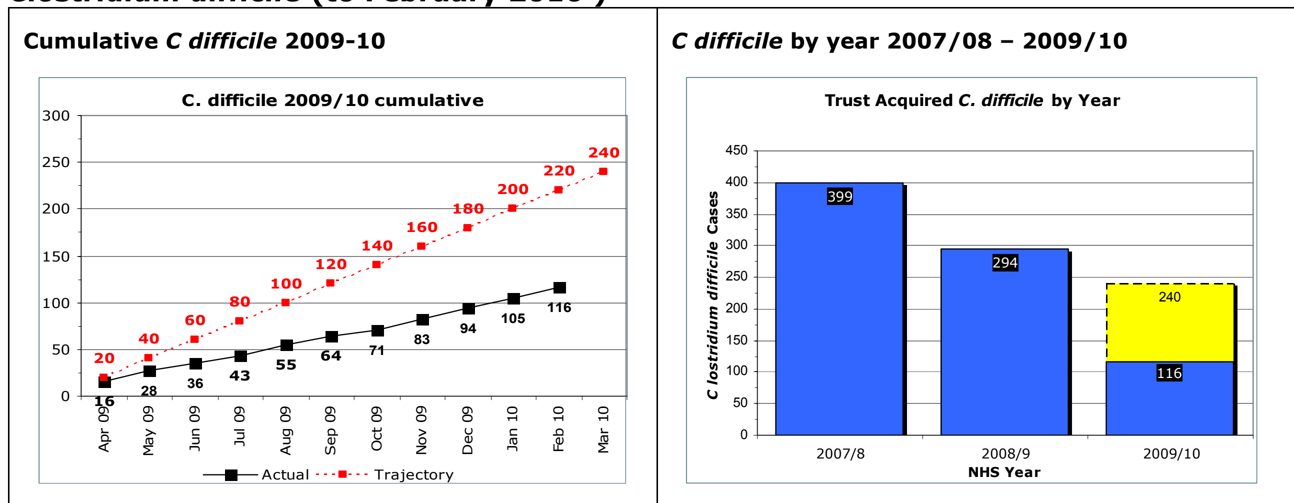
*1 pre-48 hour classified as avoidable for Acute Trust

MRSA bacteraemia (to February 2010)

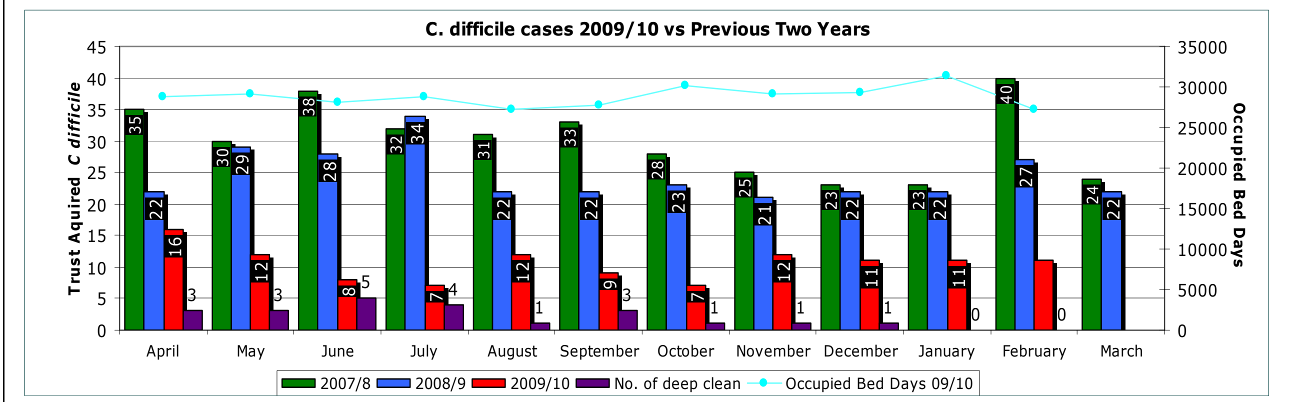


1.4 *Clostridium difficile*

***Clostridium difficile* (to February 2010)**



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



1.5 Hand Hygiene Compliance

Number of observations/compliance:

Period	**No. of observations**	**Compliance %**
April – June 2009	6,494	99%
July – September 2009	9,441	99%
October - December 2009	8,979	99%
January – February 2010 *[two months]*	6,146	99%

Between November 2009 – February 2010 the following wards/departments have reported less than 95% compliance:

Month	**Ward/Dept**	**Main Specialty**	**Compliance %**	**Staff Challenged**
Nov. 2009	Dialysis Unit	Dialysis	94%	2 Nurse/HCA, 1 Other*
	F3	DME	94%	1 Nurse/HCA
	JVF ICU	Adult intensive care	93%	1 Nurse/HCA, 3 Doctors
Dec. 2009	NCCU	Neuro critical care	90%	1 Nurse/HCA, 1 Doctor
Jan. 2010	NCCU	Neuro critical care	90%	2 Nurse/HCA
Feb. 2010	Camb Eye Unit	Ophthalmology	90%	1 Nurse/HCA
	M4	Urology	86%	2 Doctors, 1 Other*
	L5	Plastic/ reconstructive surgery	92%	1 Doctor, 3 Others*
	D6 Neuro	Neurosciences	92%	1 Nurse/HCA, 2 Other*
	D9	Clinical oncology	94%	2 Doctors, 1 Other*

***Others = healthcare workers, eg Porters/Ward Assistants.**

It should be noted that staff assessed as non-compliant on one ward may be visiting from other wards/teams. All staff challenged during the hand hygiene audit are followed up in accordance with the performance management section of the Trust's Hand Hygiene Policy.

2. Venous Thromboembolism (VTE) Risk Assessment Update

2.1 Introduction of VTE RAM

- The Chief Medical Officer wrote to all SHAs in 2008 to advise that all patients should receive a risk assessment for venous thromboembolism (VTE) on admission to hospital. To facilitate this a risk assessment template was published in September 2008, and NICE guidance published in January 2010, supported by a quality standard, will help to improve outcomes for patients as well a allowing clinicians to make a better informed judgement on courses of treatment.

- There are national CQUIN indicators for compliance with VTE.

- The Venous Thromboembolism (VTE) Risk Assessment Model was launched in the Trust on 1 October 2009. From that date it became mandatory for all adult patients (18 years and over) admitted for more than 24 hours, to be risk assessed for hospital-acquired thrombosis, using the new hospital **Risk Assessment Model (RAM)** and patients deemed to be at 'moderate' or 'high risk' given treatment to reduce their risk. Only obstetric patients are exempt from this risk assessment as they will be assessed differently.

2.2 Audit of Compliance

- It was agreed to pilot the inclusion of questions in the nursing audit tool from February 2010 to enable completion of VTE RAM to be audited weekly on every ward. Compliance will be reported within the monthly Nursing Quality Metrics.

- A Trust-wide audit took place on the 25 February 2010 to check that a VTE assessment form was evident in the case notes, that it had been completed and any drugs that were required were prescribed and administered appropriately.

  65% of notes had VTE RAM
  38% of notes had VTE RAM fully completed
  71% of patients had Clexane prescribed (excluding those with contra-indications)

  In summary patients are receiving appropriate prophylaxis but the assessment tool is not always completed. The Trusts Thromboprophylaxis Steering Group has received the audit results and has agreed the following actions:

  - Develop new drug chart for launch in June 2010 incorporating updated risk assessment

  - Results from Nursing Quality Metrics to inform Patient Safety and Clinical Governance Directorate meetings

  - Repeat Trust-wide audit in September 2010

3. Patient Falls

One of the High Impact Actions for Nursing and Midwifery is to ‘demonstrate a year on year reduction in the number of falls sustained by older people in NHS provided care.

There are also national CQUIN indicators for reducing falls.

Incidents:

Preventable inpatient falls on ward areas
In 2008/09 there were 1518 preventable patient falls on ward areas compared with 1354 for the year 2009/10. This shows a reduction year to date [2009/10] of 10.80%.

Preventable inpatient falls on ward areas resulting in harm
In 2008/09 there were 407 preventable inpatient falls on ward areas that resulted in physical harm compared with 299 for the year 2009/10. This shows a reduction year to date [2009/10] of 26.53%.

The data used in this summary is sourced from the Risk Management Information System [RMIS]. At the time of producing this summary the data was only available until the end of February 2010. Non-preventable falls are not included in this summary. Non-preventable falls are those that have a physiological cause e.g. faint or seizure.

Actions:

- The new Falls Management Policy for adult inpatients was published in October 2009.
- New falls risk assessment and care record piloted and submitted for final approval – to be available Trust-wide by end of March 2010.
- Patient Information leaflet sent to Reader Panel for comment.
- Monthly Falls Workshops organised from April 2010.
- Patient alert now active on HISS for patients who have recurrent falls.
- Falls Champions now in place on most inpatient clinical areas.