Bolton Hospitals NHS
NHS Trust

HCIA Improvement Programme

Priorities for prevention of HCAI's

Reducing Hospital Acquired MRSA colonisation and MRSA bacteraemias to below trajectory

Plan –

1. MRSA Rapid Screening to be introduced to high risk patients elective patients
   a. Elective Orthopaedics to continue
   b. All non elective implant trauma patients
   c. All major elective vascular patients

   Action – Marie Digner to agree protocols with clinical teams. Steve Hodgson / Linda Woods, Mike Pantiledes/Vicky Welsby to support implementation. –look to implement ASAP

2. Consideration of pre-emptive eradication for elective orthopaedic patients in line with Leeds protocols to be reviewed and considered.
   Until that review taken place it is recommended by Microbiologist lead to provide pre –operative treatment for hemiarthroplasty patients [these patients presently have a higher than national post operative infection rate]

   Action
   - Initial pre –op prophylaxis for hemiarthroplasty – Steve Hodgeson/ LJ to agree protocol
   - Pre-emptive eradication - LED, Steve Hodgson/ Linda Woods to meet and discuss

3. Prophylactic Eradication for patients in areas with high levels of bacteraemia
   a. All patients - Critical Care areas
   b. Medical ward patients against criteria [likely to be patients over 65, previous history of MRSA or previous admissions within the last 3 months] with highest incident quarter 4 05/6 – D3,C4,C1
   c. TSU patients

   Action – LJ to agree specific protocols with Emma Wheatley, Jackie Bene, Steve Hodgson/Simon Stacey – look to implement ASAP

4. Daily reports are to be put in place for wards, matrons and department managers about the current and presumptive new MRSA status on wards. Copied to bed managers. Treatment of patients colonised with MRSA who are otherwise asymptomatic– eradication policy to be followed

   Action
   - Daily report mechanism to be agreed and implemented Peter Gray /Kath Lee
   - LJ/REH to agree protocol

LED/LJ

5. Implementation of Saving Lives High Impact Interventions [HII's] across Trust
    a. 2B –peripheral line care
    b. 5 - urinary catheter care

    Action
    - Policy for peripheral line care currently in draft form to go out for consultation /agreement ICT and Divisional Nurses – timescale 3/52 – implementation September 06
    - Urinary catheter care –Sue Ellis to corporately lead- to meet with Divisional Nurses to agree process –timescale 4/52 – implementation September 06
6. Next phase NPSA Clean your Hand Campaign

    Action – Infection control team to identify programme – leads Matrons clinical leads

Management of Clostridium Difficile

Plan

7. Implement Saving Lives High Impact Intervention No.6- CDiff management

    Action
    - to review escalation policy and plans for winter cohort ward conversion
    - To consider linking to a similar policy for Novo Virus outbreaks.
    - To also agree processes for direct admission to cohort ward.

    - leads Kath Lee /Leela Joseph/ Pat Graham
8. Adherence to antibiotic prescribing policy
    a. controlled use of ciprofloxacin and cefotaxime
    b. monitoring of antibiotic usage and intervention on non compliance
    c. link to HII number 2 for conversion of IV to Oral antibiotics

    Action
    - LJ has developed suggestions to be taken forward to consult with clinical leads and AMD's via D&T committee–lead REH
    - REH/LJ/P Gibson to agree to control mechanisms to be put in place i.e. consider that agreement for use via microbiology or pharmacy gate keeping only. – Agreement of process 3/52 implementation July 06 – lead REH
    - Monitoring of antibiotic usage and adherence to policy by specialities and individual medical staff by Drugs and Therapeutic staff.- Lead REH
    - Implementation of HII as item 4 – lead divisional nurses

Management of ESBL

Plan

The numbers of very resistant E Coli is seeing a significant rise within the Trust

9. Patient Management Protocol to be introduced

    Action
    - Consultation /Agreement of protocol by clinical leads and AMD's – lead REH

Environment / cleaning

10. Increase the cleaning of patient toilets on wards and commodes twice daily using chlorclean

    Action

    - Feasibility of increasing cleaning and cost implications [if any] – Lead Nigel Palmer
    - Twice daily cleaning of commodes - can this be linked to cleaning processes – and what if any cost implications – lead Nigel Palmer

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