

Primary Care Trust

Agenda Item No: 7

Public Board Meeting – 12th March 2008

Title of Report:	Infection Control Annual Report
Author:	Helen Clarke, Assistant Director of Nursing Kath Gough Infection Control Nurse Specialist Julie O'Malley Infection Control Nurse Melanie Foy, Administrative Assistant
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Presented by :	Helen Clarke
Recommendations :	The Board is asked to note the content of the report
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Summary of Report, Content and Purpose:	The report is a summary of work undertaken by the PCT Infection Control Team in 2007.
	Much of this work has been undertaken in close

Control of Health Care Associated Infections

collaboration with the Infection Control Team and Senior Managers, Matrons and Clinicians at the Royal Bolton

The purpose of the report is to provide assurance to the

Health Act 2006 Code of Practice for the prevention and

Board that the PCT is meeting its duties under the

Hospital.

View of the Professional Executive Committee

The Professional Executive Committee were specifically consulted regarding the MRSA screening protocol in the light of findings from MRSA Bacteraemia Root Cause Analysis. The view was that compliance with High Impact Interventions, particularly for medical patients would be the crucial factor in the prevention of further bacteraemia cases.

The Professional Executive Committee noted the marked reduction in the incidence of Clostridium Difficile cases, which appears to be directly related to the modification of the RBH antibiotic policy in 2007.

View of patients, carers or the public, and the extent of their involvement The Lord Darzi review of the NHS has identified the prevention and control of infection to be one of the over-riding concerns of patients and the public, resulting in interim review recommendations that Health Care Associated Infections should remain one of the top 4 priority target areas for the NHS

Resource/Legal Implications:

The PCT Infection Control work programme is fully resourced.

There are resource implications with regard to the requirement to screen all elective patients for MRSA from March 2009 and to screen all emergency admissions from 'as soon as possible within the next 3 years'.

Outcome:

Good Infection Control systems and processes improve outcomes in terms of patient experience, wound healing, length of stay and duration of recovery.

Equality Impact Assessment [EIA] :

Indicate how the outcome of the EIA has influenced the development of the content and recommended outcomes in this report The very old and the very young are the most susceptible to Health Care Associated Infections. Cases of MRSA Bacteraemia tend to occur in individuals with complex co-morbidities. Nationally, men over 65 years make up 43% of all bacteraemia cases (15% of admissions)

C.Difficile is particularly associated with antibiotic prescribing for the over-65 population.

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Impact on Health Inequalities

Areas of the borough with higher levels of deprivation are associated with more non-elective admissions. In Bolton, non-elective medical admissions account for the majority of cases of MRSA Bacteraemia

Clinical Quality Implications:

Actions taken to prevent and control the spread of infection improve the patient experience by reducing length of stay and preventing needless pain and discomfort caused by infection.