Overview & Scrutiny Committee

Health Care Infection Update

MRSA Bacteraemia

(See attached appendices)

The action plan is now fully implemented further review of the work to date has been undertaken.

The graph demonstrations some fluctuation however the number of pre – 48 hour bacteraemia (i.e. patients admitted with infections and therefore unavoidable) was responsible for 40% cases.

The Medical Division have made significant impact on the reducing number of avoidable infections. This work has been led by Dr. J. Bene.

Within Anaesthetics & Surgery orthopaedics is clearly an area where there appears to have been problems. The clinical team have now implemented screening and treatment patient's coming in for elective patients. Emergency trauma patients meeting high risk criteria (e.g. age, previous hospital admission, nursing home/residential homes are also screened.

The Trust has been able to demonstrate with the exception of orthopaedics a reduction in avoidable MRSA bacteraemia, further reductions in orthopaedics is expected. We are above trajectory target but we have still had less bacteaemias than last year and having treated more patients.

Clostridium Difficile (C diff)

The Trust normally expects between 35-40 C.diff infections per month.

C.diff occurs in 3 ways:-

a) As an unavoidable complication of appropriate antibiotic treatment.
b) As an avoidable complication of inappropriate broad spectrum antibiotic use
c) Cross infection by patients, carers, and staff.

The Trust has had an action plan in place in the main concentrating upon antibiotic use. However we are now also working with Primary Care colleagues because this is an issue across the Health economy.

January did seen an increase in C.diff more than 70 patients affected all of the above 3 reasons were causative factors and caused us to close wards to manage the situation. The Medical Director is leading the review of the cases in January. The Trust will agree with the PCT a percentage reduction in 07/08 but it must be a joint target, with good antibiotic use and management in the community.

Norovirus

This is the 'winter vomiting disease' and normally resolves within 48 hours and passes easily between people. The hospital has treated a number of patients who have been admitted with vomiting & diarrhoea which subsequently caused further ward closures.

Further Work

1. We will be introducing restricted visiting it does appear to be the only way we can ensure public compliance with reducing infection control practices (i.e. limited number of visitors, at times when staff can monitor hand-washing etc). It is also something that we have been told the public wish to see. Clearly there will be flexibility on individual. Patient's basis to support their support needs and where travelling/visiting time needs to be flexible for carers. We will be introducing

visiting times in April.

2. We have been successful in appointing a 2nd microbiologist and a nurse consultant. These two senior posts will further support the surveillance and training issues in infection control.

3. We have self assessed ourselves against the New Code of Practice, we do meet the Code requirements. I enclose for your information the Trust Board updated action plan.

4. We have reviewed the level of cleaning support to wards and departments. We have identified a further 3 areas for 24 hour coverage (already available in A&E) plus provide a cleaning team at night. The 3 areas are our high patient throughput areas:
   - Clinical Decisions unit (D1)
   - Medical Admissions Unit (D2)
   - Surgical Admissions Unit (f3)

   We have put in a bid for funding to be made available from April.

Central Investment

5. The Trust was invited to bid for £300,000 of funding to assist in H.C.A.I.'s we bid for silver nitrate bedside curtains for every ward which was supported. We anticipate the curtains will be in place by end April.

Lesley Doherty

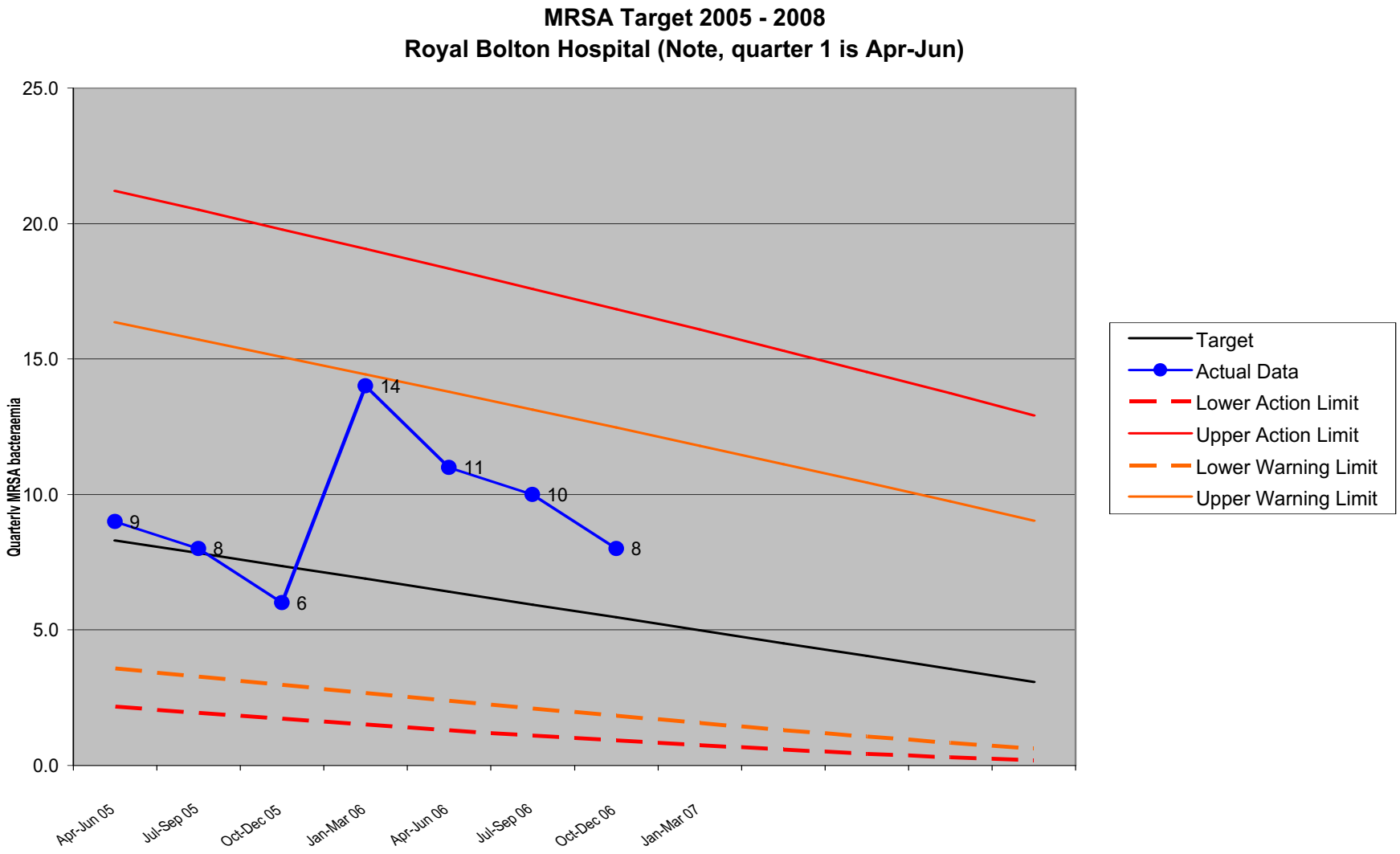
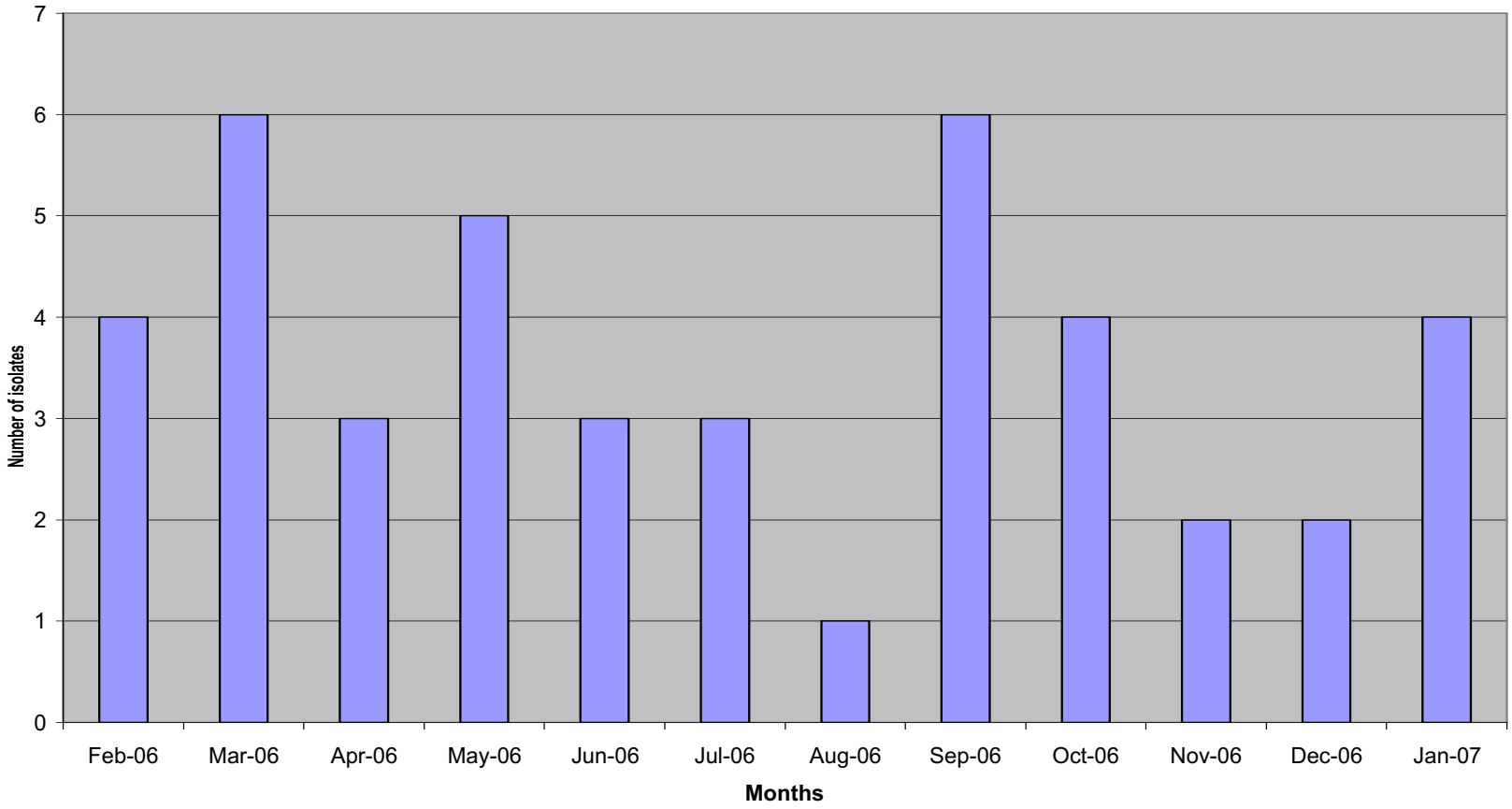
DIRECTOR OF NURSING & PERFORMANCE IMPROVEMENT

21/02/07

The Health Act 2006
Code of Practice for the Prevention and Control of Health Care Associated Infections
Self Assessment

	Current Potion	Gaps in Assurance	Action to be Taken
Management, organisation and the Environment		Assess against annex 1	
1. General Duty to protect patients, staff, and others from HCAI	a) Improvement Action plan in place b) Polices in place		
2. Duty to have in place appropriate management systems for infection prevention and control	Appropriate management systems in place via Winning Ways Group, Infection Control Committee and Infection Control Annual Plan & report. Reporting via Governance to Trust Board	d) BA to advise	
3. Duty to assess risks of acquiring HCAI and taking Action to reduce or control such risks	Improvement Action plan in place Polices in place		
4. Duty to provide and maintain a clean and appropriate environment for health care		g) need BA to confirm h) ? dress code for medical REH to advise mediclean staff – BA to advise	
5. Duty to provide information on HCAI to patients and public	Currently under review		ML/ Kath Lee to review requirement
6. Duty to provide information when a patient moves from one provider to another	In place	Audit of compliance	Include in audit plan
7. Duty to ensure cooperation	In place	BA to confirm for mediclean and contractors	

8. Duty to provide adequate isolation facilities	The Trust has limited facilities but does have polices and guidance for ensuring patients are cared for in appropriate settings Planning to reclaim side wards on some medical wards The Trust will have an ability to use N4 cohort ward in January if required for C Diff /Nowark		Operational policy for cohort ward being developed Silas Nicholls/ A Cogan – Dec 06 Costing for side ward reclaim – Nov 06
9. Duty to ensure adequate laboratory support	In place		
Clinical Care Protocols		Assess against annex 2	
10. Duty to ensure polices and protocols applicable to infection prevention and control	In place	Need to review against appendix 2 Need to review against document control policy format A Cogan /ICT	
Health Care Workers		Assess against annex 3	
11. Duty to ensure so far as is reasonable practicable, that health care workers are free of and protected from exposure to communicable infections and education in the prevention of HCAI	a-e in place for trust employees	d] BA to review for contractors e] need to review if recording of training robust – REH /AC/NE f] NE to review	Further work required by Dept Managers to ensure records kept on ESR – lead ESR group


MRSA Target 2005 - 2008
Royal Bolton Hospital (Note, quarter 1 is Apr-Jun)
Quarterly MRSA bacteraemia
25.0
20.0
15.0
10.0
5.0
0.0
9
8
6
14
11
10
8
Apr-Jun 05
Jul-Sep 05
Oct-Dec 05
Jan-Mar 06
Apr-Jun 06
Jul-Sep 06
Oct-Dec 06
Jan-Mar 07
Target
Actual Data
Lower Action Limit
Upper Action Limit
Lower Warning Limit
Upper Warning Limit

Royal Bolton Hospital MRSA
Bacteraemia Feb 06-Jan 07