Bolton Hospitals NHS
NHS Trust

Infection Control – Briefing

The Trust recognises public concern regarding hospital acquired infections [HCAI]. While this presents a challenge to all Hospitals, Bolton Hospitals NHS Trust has made improvement in the management of infection control. It is essential however that this is seen as a health economy issue and that MRSA [a form of bacteria resistant to the common antibiotics] whilst have a high media and national profile is essentially a small element of the infection control issues that the NHS and Bolton health economy are facing.

A higher proportion of the public are a risk from clostridium difficile, E Coli [both presenting a diarrhoea] and MSSA [this is a more treatable form of the bacteria which is not resistant to common antibiotics] which are more often than not community acquired but have less pubic awareness. The Trust therefore while accepting the public concern on MRSA its links to clean environments and hand washing are looking to combat all HCAI's.

Reducing Healthcare Acquired infections [HCAI] is a key priority for the Trust and we have taken a number of national initiatives forward to improve infection control practice across the Trust, they are

- 'Winning Ways' – the national policy for HCAI improvement
- 'Saving Lives' – High impact clinical changes and self assessment challenges
- Reducing Hospital Mortality programme

Accountability

The Director of Nursing & Performance Improvement has the role of Director of Infection Prevention and Control [DIPC] and divisional accountability for infection control lies with the Associate Medical Director, Clinical Leads, Divisional Nurses and the Head of Therapies support them. Our work is to ensure the reduction of all HCAI's and instil public and patient confidence in the hospital. We have seen effective containment of all Diarrhoea and Vomiting outbreaks in 2005/6 and a significant reduction in the requirement to close beds over the winter period compared with 2004/5. This has not been the case across Greater Manchester and demonstrates effective infection control practice.

MRSA

Colonisation is not a robust indicator of MRSA as a HCAI, in that a large proportion of the community will carry this and other bacteria without it causing any detrimental effect to them. However in the young, elderly and vulnerable [i.e. those undergoing surgical intervention or with chronic disease] MRSA can compromise health, recovery and be life threatening.

The Trust reports MRSA bacteraemia on a national database and while it appeared that we may have seen an upward trend in the last quarter of 05/6 this was within normal seasonal

variation. As Board members are aware there is a national target to reduce MRSA bacteraemia for each hospital of a fixed number of infections calculated from a baseline in 03/4. This target does not take into account increasing patient numbers or activity and has been the cause of much debate in professional arenas and while 05/6 saw a decrease in the numbers of MRSA bacteraemia we missed our trajectory of 28 by 6. Our target for 06/7 is a total 21 bacteraemia and includes the reduction of 6 from last year. By 2008 the target is 15 cases. From a national perspective we are seen as an improving Trust although we missed our trajectory, as we have a reducing rate against an increasing activity and reduced bed base, and which has caused increase in other hospitals.

It also needs noting that nationally on average 21% of patients with MRSA bacteraemia are community acquired, Bolton has a similar pattern. The Department of Health has recently produced guidance for PCT's and it is expected that similar monitoring of performance will be in place as for hospitals. Both the Trust and the PCT are committed to joint working, MRSA is a health community issue and without joint action will not be effectively combated.

Assurance

2005/6 also saw 2 external assurance assessments for our management of infection control practices within the Trust. The Trust volunteered for a pilot review with the Department of Health , the outcome of which identified good practice within the Trust and has been subsequently used in the latest Department Guidance 'Going Further Faster'. The Greater Manchester SHA also undertook an assessment with the Trust in November 2005 and we are identified as 'Green' overall.

PEAT environmental assessments are undertaken regularly within the Trust but also externally assessment we have achieved the highest scores.

Continuing Improvement

We are implementing a framework for infection control performance improvement and aim to provide improved monitoring information for divisions and wards. We are also ensuring that clinical engagement and accountability is at every level in the organisation and are working with non clinical colleagues to ensure we inform and equip them with the knowledge to work effectively in a health care environment.

Actions taken 06/7 -

- The clinical effectiveness team have recently undertaken an audit of the visitor's response and awareness within the hospital to our infection control posters at the entrances to the hospital.
- We are linking the Winning Ways action plan [the infection control improvement programme] directly to the Reducing Hospital Mortality Programme and operational objectives such as further reducing our Length of Stay for patients.
- Reviewed the membership of both the Infection Control Committee and the Wining Ways sub group.
- Gained approval for the creation of an Infection Control Nurse Consultant post which is due to be advertised

- Updated and reassessed progress on 'Winning Ways' reviewed and incorporated 'Going Further Faster' into an updated action plan [appendix 1]
- Corporate objective of 95% compliance for all divisions for hand washing compliance in clinical areas achieved

Actions in progress-

- Undertake Saving lives reassessment July 06 and repeat January 07
- Identify and Introduce performance management framework for infection control

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