

TRUST BOARD

Date of Meeting: 05/10/2010	Enclosure: 7
Agenda Item No: 8.3	
Title of Report: Interim Report for Infection Prevention and Control 2010-2011	
Aims: To inform the Board of the work of the Trust in controlling and preventing healthcare associated infections (HCAI) in 2010-2011 and to inform the Board on progress against the Infection Prevention Annual Programme of Work.	
Summary: High standards of Infection Prevention and Control are fundamental to the care of patients. Over the last six month we have been able to:- <ul style="list-style-type: none"> • Introduce emergency screening for Meticillin Resistant <i>Staphylococcus aureus</i> (MRSA) • Introduce a more sensitive and specific test for diagnosing <i>Clostridium difficile</i> infection • Review all our policies and ensure that we have a robust process for making sure they are all in date • Improve availability of cleaning staff at West Cumberland Hospital • Improve information on HCAI presented to Governance Committee • Perform a Point Prevalence Audit • Update our policy for the control and management of Norovirus infection <p>As a consequence we have noted:-</p> <ul style="list-style-type: none"> • A fall in the number of cases of MRSA bacteraemias with two Trust apportioned MRSA bacteraemia cases to date (target for year is six or less) • A fall in the number of Trust apportioned <i>Clostridium difficile</i> infections from 50 (April-Sept 2009) to 29* (April-Sept 2010) <p>* Correct at time report was written</p>	
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):	
Financial	No specific implications
Workforce	Ensure all staff comply with the required standards of infection prevention control
Other	Ensure that the Trust has in place a robust programme of work to support the reductions in HCAI to improve the safety of care given to patients
Recommendations: The Trust Board asked to accept this report.	
Document previously approved by: The figures reported in this document are submitted in a monthly report to Governance Committee	
Prepared by: Dr C Graham, Consultant Microbiologist	Presented by: Mrs C Platton, Acting Director of Nursing, Quality & Governance

**TRUST BOARD
INTERIM REPORT ON INFECTION
PREVENTION AND CONTROL
APRIL 2010 - SEPTEMBER 2010
OCTOBER 2010**

1. EXECUTIVE SUMMARY

High standards of Infection Prevention and Control are fundamental to the care of patients within NCUH Trust. Over the last six months in addition to our ongoing activities we have been able to:-

- Ensure that emergency screening for Meticillin Resistant *Staphylococcus aureus* (MRSA) was introduced
- Introduce a more sensitive and specific test for diagnosing *Clostridium difficile* infection
- Review all our policies and ensure that we have a robust process for making sure they are all in date
- Improve availability of cleaning staff at West Cumberland Hospital
- Improve information on HCAI presented to Governance Committee
- Perform a Point Prevalence Audit
- Draft a policy on the control and management of Norovirus infection
- Perform a SWOT analysis of current Infection Prevention and Control Structure
- Give advice and support to the New Build at West Cumberland Hospital
- Review and update policy for the control and prevention of CJD

As a consequence we have noted:-

- A fall in the number of cases of MRSA bacteraemias with two Trust apportioned MRSA bacteraemia cases to date (target for year is six or less)
- A fall in the number of Trust apportioned *Clostridium difficile* infections from 50 (April-Sept 2009) to 29* (April-Sept 2010)

Outstanding issues:-

- The Director of Infection Prevention and Control (DIPC) will be the Chief Nurse.
- Staffing – We are in the process of identifying a replacement consultant microbiologist.
- Staffing – We are working with colleagues in other local Trusts to develop a health economy approach to infection prevention and control.
- Surveillance – Proposed solutions appear not to offer a Health Economy approach to monitoring healthcare associated infections.
- We need to formalize antibiotic monitoring.

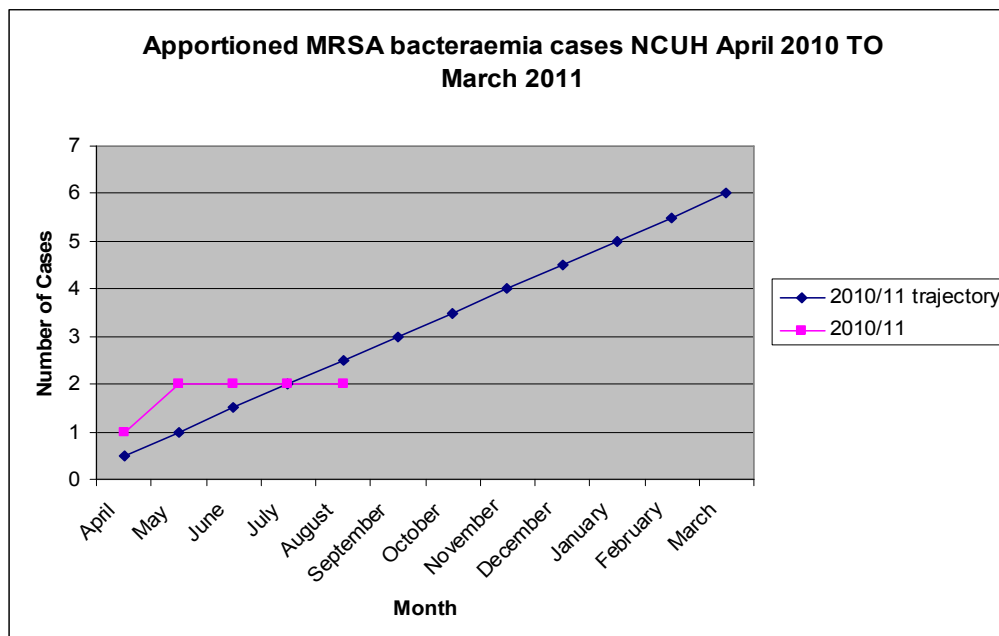
2. INTRODUCTION

This report is a brief description as to the current activities of the Infection Prevention and Control Team and Committee. It is split into 2 sections, the first will give a brief resume of statistical data to inform the Board, the second will provide a brief overview as to our progress to demonstrate ongoing compliance with the Health Act.

3. SURVEILLANCE AND RELATED DATA

3.1. Incidence of Health Care Acquired Infections

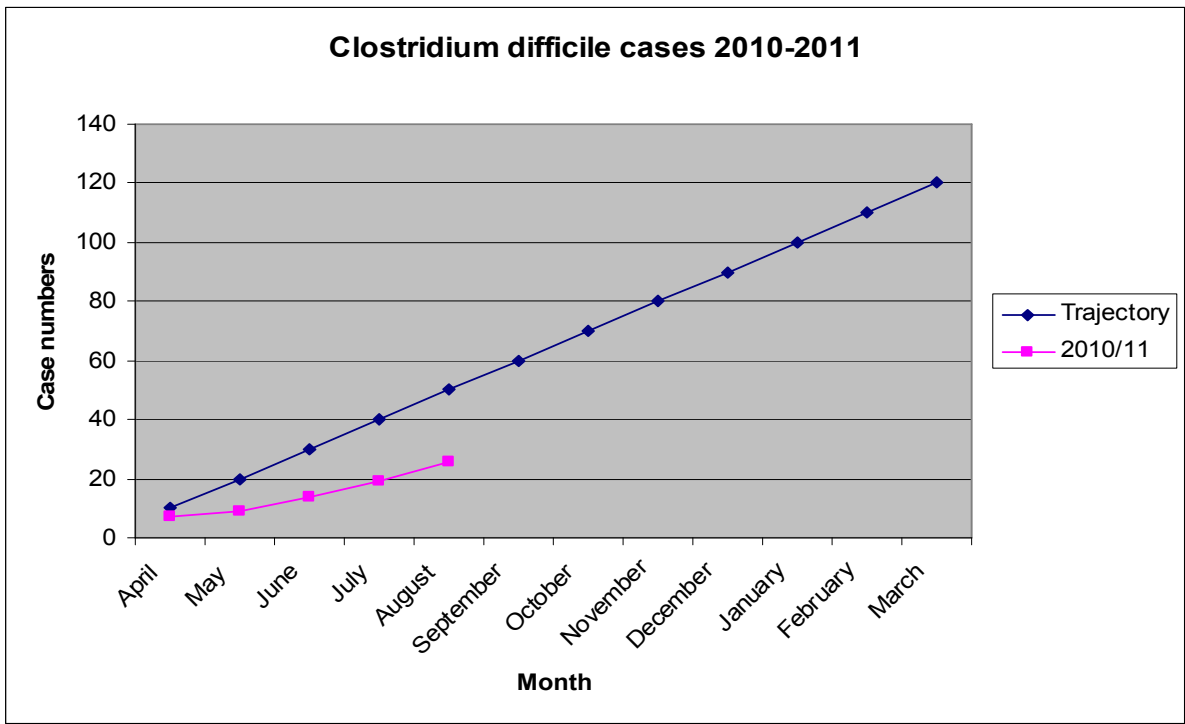
3.1.1 Meticillin Resistant *Staphylococcus aureus* (MRSA).



In accordance with the Department of Health's targets for reducing the incidence of MRSA bacteraemia the Trust has to achieve year on year reductions with the incidence of MRSA. The trajectory for 2010/11 is six apportioned cases. These are cases that occur 48 hours or more after admission to hospital, in the last 2 years we have had 7 apportioned cases each year. In September there were two MRSA bacteraemia cases, these were both apportioned to NHS Cumbria, NHS Cumbria are reporting they are one below trajectory for 2010-11.

3.1.2 *Clostridium difficile*

The incidence of *Clostridium difficile* infection (CDI) is now monitored by Cumbria Primary Care Trust and the Department of Health. As per previous report it is important that we reduce the number of CDI cases, we have produced our own trajectory that is lower than the one set by the SHA (120). This is lower than the total number of cases in 2009-2010 (130) and 2008-2009 (128). At the present time we have had 29 cases of CDI; if our trajectory was to match the national average we would have a target of around 70 cases of CDI a year.



3.2 Compliance with Hand Hygiene and Saving Lives

3.2.1 Hand Hygiene Compliance

Hand hygiene is the single most important measure in reducing the incidence of health care associated infections. Audits covering all clinical areas should be performed on a monthly basis, if compliance falls below 95% then a re-audit should be performed and any actions agreed to deal with the fall in level of compliance. Compliance with hand hygiene is also monitored by the Primary Care Trust as part of the provider assurance framework on a monthly basis.

A summary of the audits from April-August 2010 is given below.

Hand Hygiene	April 10	May 10	Jun 10	July	Aug				
% of wards/ areas audited	96	96	93	100	98				
Average % compliance	100	97	100	100	100				

June displays 93% and this is due to fact that some ward areas failed to submit their audits by the submission date.

3.2.2 Saving Lives Compliance

Compliance with the High Impact Interventions included in the Saving Lives programme, are monitored through regular monthly audit. A summary of the audits from April-August 2010 is given below.

Saving Lives	April 10	May 10	Jun 10	July	Aug				
% of wards/ areas audited	85	96	92	98	100				
Average compliance %	96	98	98	98	97				

June displays 92% and this is due to fact that some ward areas failed to submit their audits by the submission date.

4. ENSURING COMPLIANCE WITH THE HEALTH AND SOCIAL CARE ACT

4.1 Criterion 1 – Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.

In accordance with our programme of work, a point prevalence audit has been performed, the results are summarised in Appendix 1.

The Infection Prevention and Control Nursing structure is being reviewed and a Health Economy meeting is being arranged in October so the proposals may be discussed more fully.

We are in the process of identifying a replacement consultant microbiologist.

Proposed solutions to the need for surveillance software appear not to offer a Health Economy approach to monitoring healthcare associated infections.

4.2 Criterion 2 – Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention of infection.

The number of cleaning staff have been increased at WCH and we should be able to provide 24/7 cover in the near future.

The Laundry policy has been updated and approved by IPCC

Outstanding items for this financial year include updating the Legionella and Pest Control policy.

4.3 Criterion 3 – Provide suitable accurate information on infection to service users and their visitors.

This will be incorporated into the proposed changes to the front of house at CIC site.

4.4 Criterion 4 – Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.

No actions required

4.5 Criterion 5 – Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.

No actions required

4.6 Criterion 6 – Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection

No actions required

4.7 Criterion 7 – Provide or secure adequate isolation facilities

No actions required

4.8 Criterion 8 – Secure adequate access to laboratory support as appropriate

No actions required

4.9 Criterion 9 – Have and adhere to policies, designed for the individual's care and provider organisations that will help prevent and control infections

The CJD, standard precautions and decontamination policies have all been updated and approved by the IPCC.

The Governance report has been updated to include other HCAI, hand hygiene audit results and saving lives audit results.

Due to improved testing, periods of increased incidence (of *C. difficile*) are better recognised and acted upon.

The updated waste policy has been circulated for comment.

Antibiotic audits are being carried out on a more regular basis, the IPCC are keen for such information to be included as a KPI.

The deceased persons policy is due to be updated later this year

Caesarean Section surveillance is to commence later this year.

4.10 Criterion 10 – Ensure as far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with health and social care

No actions required

APPENDIX 1

Healthcare Associated Infection (HCAI) Point Prevalence Audit NCUH

Summary of Results

The point prevalence audit was carried out the week beginning Monday 5th July – Friday 9th July 2010 using a locally devised audit tool which was based on the national audit tools used in 2006.

A total of 211 patients were reviewed and information regarding HCAI, invasive devices and antibiotic use was recorded.

106 patients from the West Cumberland Hospital (WCH)

95 from the Cumberland Infirmary (CIC)

There were a total of 13 HCAI cases making the overall prevalence of HCAI, 6% (7.5% WCH, 5.2% CIC). This result is similar to other recently published point prevalence audits.

There was a range of different infections on both hospital sites but it was noted that three of the eight cases of HCAI at WCH had respiratory tract infection and two cases of urinary tract infection. The 5 cases of HCAI at CIC covered 5 different infections.

Eleven of the thirteen cases of HCAI were in the over 75 year age group (84%).

There were 11 patients with diagnosed UTI (not all were included in the HCAI prevalence rate as some were pre 48 hours). Of these 11, 6 had a urinary catheter insitu, 55%.

A total of 187 patients surveyed had (currently or within previous 7 days) a peripheral cannula insitu. Only 50% had a PIVA form completed correctly.

In terms of antibiotic use, 43% of patients at WCH were on antibiotics, 35% at CIC (19% of these were on IV antibiotics on both sites). Again these results are similar to other published studies (e.g. 36.8%), the reasons for the higher use at WCH is not clear but may reflect the wards sampled.

In conclusion

At the time of the audit North Cumbria HCAI results were comparable with other Trusts.

The elderly must be seen as a target group for preventing HCAIs.

Respiratory and Urinary tract infection appear to be the most common and again should be targets for intervention.

We must continue to promote prudent antibiotic use and promote the use of documentation to identify device insertion and ongoing management.