

Select Committee on Health and Adult Social Care (HASC) – 20th November, 2008

Report of the Dudley Group of Hospitals

Infection Prevention and Control

This report is to inform the OSC of the latest situation with infection prevention and control with respect to:

- 1) The Trust's position with regards to Department of Health targets;
- 2) The work it is and has undertaken to reduce the risk of infection;
- and;
- 3) Its future plans.

1. POSITION AGAINST TARGETS

A. Clostridium Difficile (C.diff)

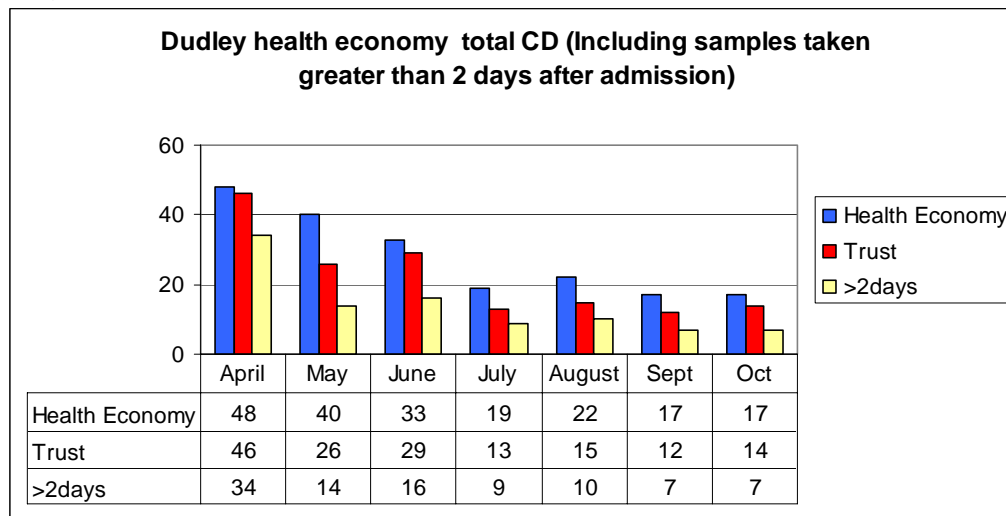
Reporting period: April 08– March 09 Target for hospital acquired infections: 299

The target applies to positive C.diff cases taken more than 2 days after admission.

Month	Hospital numbers	
	Actual	Target
April	34	25
May	14	25
June	16	25
July	9	25
August	10	25
September	7	25
October	7	25
November		25
December		25
January		25
February		25
March		24
Total		299

Data for the whole of the Dudley area is also available: Overleaf, the 'Health Economy' figures are the total numbers found positive from the whole community i.e. nursing/residential home and GP samples as well as those tested within the hospital, the 'Trust' figures include those who are tested at

any time within the hospital, including out patients while the '>2 days' figure is those tested positive after 2 days, the figure against which the hospital is judged by the Department of Health.



B. MRSA Bacteraemia

Reporting period: April 08– March 09 Target for the Health Economy: 12

Month	Actual	Target
April	1 (pre 48)	1
May	4	1
June	1 (pre 48)	1
July	1 (pre 48)	1
August	1	1
September	2 (1 pre 48)	1
October	0	1
November		1
December		1
January		1
February		1
March		1
Total		12

Time period	Dudley	Wolves	Walsall	Sandwell /West Bham	QE	Shrps.	Worcs
2007/8	20	15	10	43	77	35	27
Apr-Aug 08	8	10	7	5	17	5	3

C. Norovirus

Although there are no government targets for this infection, the West Midlands had a severe outbreak of Norovirus in September with a number of wards at Sandwell, The City Hospital, Redditch, Worcester and North Stafford having to

close to patients. The Trust remained on guard and distributed appropriate notices for visitors across the hospital and just one isolated case was reported.

Commentary:

With regards to Clostridium Difficile, it can be seen that the Trust's figures are both reducing and considerably within the target set by the government.

With regards to MRSA Bacteraemia the whole Health Economy is off target, with 4 of the 10 cases identified within 48 hours of admission, indicating these are community acquired. It is useful to put these figures in the context of the surrounding local economies, although different population sizes and varying sizes and types of services provided make direct comparisons difficult.

It is suggested that these figures indicate both improvements and issues still to be tackled. The rest of the paper outlines present and future work planned that has and will have an impact on these figures.

2. Actions taken and being taken to reduce these infections.

The Trust has taken a number of actions to reduce infections. These include:

- Antimicrobial prescribing policy revised
- Antimicrobial Pharmacist in post
- Increased the seniority of some of the nurses in the Infection Control Team
- Facility for Clostridium Difficile (C5 isolation)
- Infection Control 'Champions' in each of the clinical areas, who support staff and undertake regular audits of practice.
- New uniform policy which includes 'bare below the elbow'
- Improved working with the PCT, particularly with regards to GP prescribing of antibiotics
- Cleaners training package approved and cleaning schedules placed in the public domain
- Thorough investigation into each case which has resulted in a) an increased focus on equipment cleaning including removing and discarding of contaminated cushions and foot rests from commodes b) development of a barrier nurse audit tool and c) increased focus on the pace of isolation of patients with diarrhoea.
- Advertised for two further consultant microbiologists
- Training of staff in the management of intravenous cannulae
- Raising publicity of Infection Control e.g. Infection Control Week in October, IC issues on front page of hospital intranet and in monthly staff newsletter.
- 'Back to Basics' course commenced for nurses, which includes: Infection control principles, Catheter Care, Aseptic Technique, Documentation
- Trust Board receives monthly updates on Infection Control

- Set up an MRSA screening taskforce to ensure the Trust complies with the government requirement of screening all patients on admission by April 2009
- Introduction of Cleanliness Support Workers to support and assist staff in infection control and housekeeping issues

3. Planned actions to be taken to reduce these infections.

The Trust realises it can still do more to reduce these infections and the following actions are planned for the near future:

- Advertise for a consultant nurse to head the Infection Control Team
- Business case to introduce MRSA molecular screening for high risk intra hospital transfers submitted
- Business case to introduce MRSA screening to pick up remaining elective procedures to reflect national guidance in progress
- Use of Chlorclean
- Use of Hydrogen Peroxide 'Fogging'
- Updated prescription chart so that all antibiotics have to be reviewed after 7 days.

4. Conclusion

The Trust remains vigilant in the need to ensure good infection control and reduction. In early 2008, as part of its desire to ensure it was undertaking all it could, it requested a team from the Department of Health to visit for advice and suggestions. Around the same time the Trust had its yearly mandatory inspection from the Healthcare Commission on the Hygiene Code (Health Act 2006) and had a successful outcome. The Department of Health team visited again on 29th October 2008 and the outcome was positive with the team being impressed by all the work undertaken and it has advised the Trust there is now no need for further visits. Despite these positive results, the Trust continues to develop its practices as the planned actions above indicate.

Report from: Denise Mc Mahon, Director of Nursing