



Infection Control Update June 2007

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Medway NHS Trust



MRSA Target

- The Trust has breached this target for 2006-7 we had 43 bacteraemias -Target was 29
- The target for 2007- 8 is **19**
- There is a comprehensive plan to achieve this for the coming year, as this includes patients admitted with infections this requires close collaboration with the PCT.

Key Actions to Reduce Infections include

- Compliance with hand Hygiene
- Infection Control training for all staff
- Compliance with the MRSA policy, including screening, isolation and treatment.
- Review of the management of all invasive devices and removal of IV,CVP urinary catheters ASAP
- Compliance with Antimicrobial guidelines
- Use of Central and peripheral line insertion packs to maintain asepsis and appropriate skin disinfection.
- Saving Lives High Impact Interventions to be applied to all relevant patients.

Root Cause Analysis (RCA)

- Investigation is undertaken for all MRSA bacteremias. This is lead by the clinical team. Lessons learned are then reported.
- The PCT undertake the RCA for those samples taken within 48 hours of admission if there has been no previous admission the past month.

Commissioners

1. **SHA:**
daryl.robertson@southeastcoast.nhs.uk
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2. **PCT:**
 Medway:
martin.reiley@medwaypct.nhs.uk
 Eastern Coastal:
Sally.Allum@ekcpct.nhs.uk

Primary Care

Send RCA form Part A and patient demographics

1. Medway PCT
chris.greener@medwaypct.nhs.uk
 2. Eastern & Coastal PCT
sue.baldwin@shepwaypct.nhs.uk

PCT undertake community RCA and complete Part B of RCA form within 5 working days

Pre 48 hours Bacteraemia

Confirmation of MRSA bacteraemia. Root cause analysis (RCA) to commence within next working day. Infection Control Team to inform the following:

Post 48 hours bacteraemia

Clinical team complete RCA and return findings to ICT in 5 working days

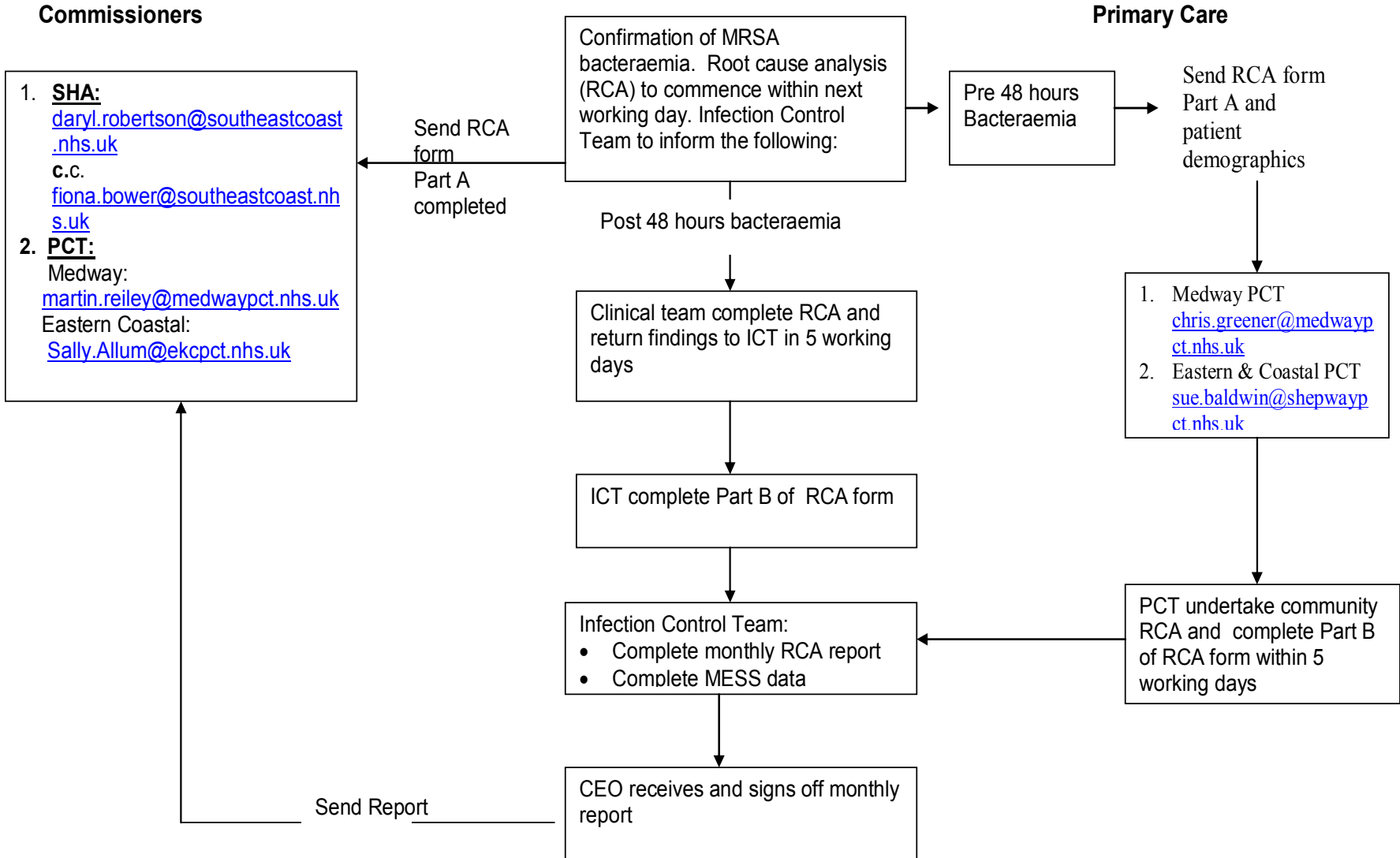
ICT complete Part B of RCA form

- Infection Control Team:
- Complete monthly RCA report
 - Complete MESS data

CEO receives and signs off monthly report

Send RCA form Part A completed

Send Report



Clostridium difficile Toxin (CDT) Target

- New target set for CDT.
- Current rate of CDT for mandatory reporting is 1.99 per 1000 bed days.
- New target 1.75 per 1000 bed days
- This mandatory reporting includes people 65 years and over from all samples received in microbiology. Hence this includes GP and Community specimens.

Mandatory Reporting of Clostridium difficile Toxin Diarrhoea Cases (Hospital and Community)

Year	2005/06												2005/06
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of <i>Clostridium difficile</i> in period	30	23	18	18	15	12	14	22	16	18	23	28	237 (2.20)

Year	2006/07												2006/07
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of <i>Clostridium difficile</i> in period	14	15	20	15	15	20	25	17	15	22	14	23	215 (1.99) to date

Year	2007/08 Trajectory												2007/08
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of <i>Clostridium difficile</i> in period - Trust	12	10	10	8	8	10	11	11	12	12	11	10	125
A&E and Community	6	6	4	4	4	6	5	5	6	6	5	6	63
Total	18	16	14	12	12	16	16	16	18	18	16	16	Overall Total = 188 (1.75)

Year	2007/08 Actual Figures												2007/08
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of <i>Clostridium difficile</i> in period - Trust	10	14											
A&E and Community	6	10											
Total	16	24											Overall Total =

Actual Data 2005/07

Projected Data 2007/08

Actual Data 2007/08

Medway NHS Trust rate of 1000 bed days:

January – December 2004 2.29
January – December 2005 2.33
January – December 2006 1.92

N.B. This is the same figure as the HPA mandatory reporting all patients 65 years and over, this is all samples sent to Microbiology including all community samples repeat samples on patients are counted again after 28 days. The rate is based upon 1,000 bed days using activity figure of 107,564 for 2004 (as per HPA).

February 2007

CDT Action Plan

- Prudent antimicrobial prescribing
- Updated antimicrobial guidelines /restricted antibiotics
- Excellent hand hygiene Using soap and water for CDT patients NOT Alcohol hand rubs.
- Isolation of all cases in single rooms and adherence to IC precautions
- Treatment of cases with Metronidazole as first line treatment.
- Environmental cleaning and equipment cleaning to a high standard using Chlorine based product