

James Paget University Hospitals 
NHS Foundation Trust

Report to: Board of Directors
Date: 25th January 2008
Title: Infection Prevention and Control – Summary Document
Report of: Director of Nursing and Patient Services
Report for: Attention

SUMMARY

This paper summarises the current position of the Trust and Great Yarmouth & Waveney Primary Care Trust in relation to healthcare acquired infections.

RECOMMENDATION:

The Board of Directors is asked to note the current position and actions implemented.

BOARD OF DIRECTORS PUBLIC MEETING

INFECTION PREVENTION AND CONTROL

SUMMARY DOCUMENT

JANUARY 2008

1. HEALTHCARE ACQUIRED INFECTIONS (HCAIs)

Colleagues are reminded that MRSA is generally considered in 3 categories:-

- i) colonised i.e. on the skin
- ii) infected i.e. in a wound
- iii) blood stream (bacteraemia)

Nationally it is bacteraemias that are used to measure performance. As a Trust we were required to achieve a 60% reduction in numbers of bacteraemias against the 2003/04 position. This has meant that every healthcare system has had a different target over the last 3 years and it is that distance or trajectory from target (TFT) that has been measured. This is both confusing for healthcare providers and the public alike as comparisons are not absolute numbers and therefore difficult to make.

The targets and final position for JPUH & GYPCT have been as follows:-

	Target	Actual	Trajectory from Target
2004/5	30	50	-20
2005/6	24	44	-20
2006/7	18	27	-9
2007/8	12	15*	-3*

Whilst the TFT has remained as a minus position there has clearly been a very significant improvement in the last 3 years. All of our figures reflect hospital and community combined (all tests are undertaken in the JPUH laboratories but not all results are hospital patients.)

For 2007/08 we have had *15 bMRSA's to the end of December 2007. Of these 15 cases:-

- 5 are community related
- 2 are double counts (i.e. the same patient retested outside the 14 day period)
- 2 are possible contaminants (at the point of taking blood culture)
- 6 are hospital related.

It is disappointing to record 2 double counts and 2 contaminants as the true figure would have been 11; however we are rigorous as a system in terms of reporting.

We are delighted with this significant year on year drop in actual numbers and the improvements against the target. However, we will continue to leave no stone unturned in our quest to further reduce our bacteraemias including:-

- Ongoing implementation of the Department of Health Strategy "Saving Lives" (recently updated) focussing on specific high impact intervention such as care of cannula
- Relaunch of our aseptic non touch technique (ANTT) programme
- Detailed root cause analysis investigation of every patient reported directly to the Trust's Board of Directors, including interviewing the clinical team responsible for the patient
- Joint working and action plans with Gt Yarmouth & Waveney PCT.

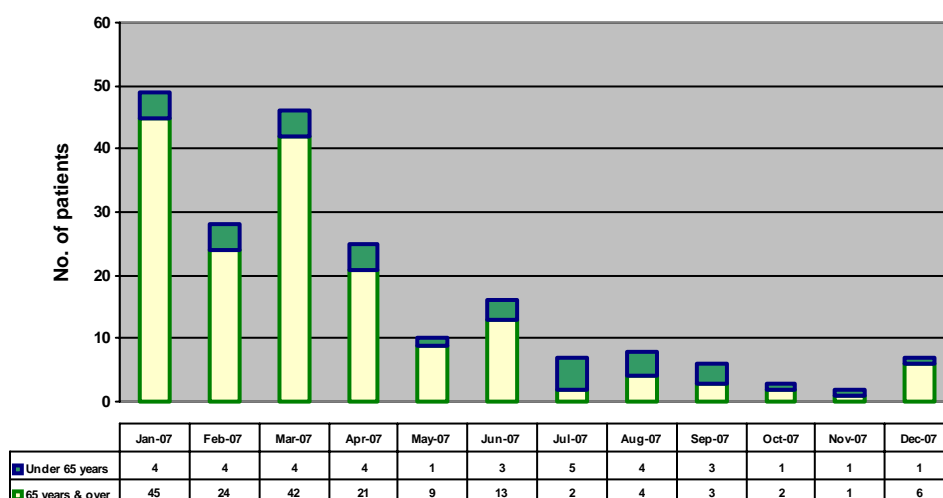
Overall we have performed well with regard to bMRSA and our performance is in line with other Trusts and systems in this region.

2. CLOSTRIDIUM DIFFICILE (C.diff)

JPUH and GY&WPCT are extremely proud of the very significant progress that has been made in regard to C.diff.

In early 2007 despite our overall numbers being slightly higher than national average, the healthcare systems had to deal with an outbreak of the hyper virulent, hypertoxic strain of C.diff. We successfully brought this outbreak under control in as short a time as is possible in these situations. Since then we have worked hard to ensure that we put measures in place to reduce C.diff to the lowest it could be across hospital and community. The graph below outlines that trajectory.

Clostridium difficile - JPUH Over & Under 65
January - December 2007



(These figures do not include community related cases)

We are currently having some of the lowest numbers of cases per month nationally and are seen as an exemplar Trust and healthcare system in terms of how to deal with an outbreak. Our experience is being utilised nationally and most local hospitals and healthcare systems are asking our advice in terms of dealing with C.diff.

In addition we have recently won the Golden Service Award as the cleanest hospital nationally, cleaned by an in-house team, of which we are extremely proud.

We have and are focussing on 4 areas in terms of C.diff – these are the ‘headlines’:-

- i) **Contact isolation** – over the last 9 months we have rigidly reinforced existing isolation policies and procedures and built a brand new £100,000 isolation/cohort facility. In addition we have reduced some wards from 6 bedded bays to 4 bedded.
- ii) **Disinfection and cleaning** – we have been ‘deep cleaning’ 10 core ward areas on a regular basis for some time and have plans in place to complete the hospital site by the end of March, subject to funding being made available.
- iii) **Antibiotics** – internally we have rigidly adhered to national guidance and are working closely with the PCT to ensure the same happens in the community.
- iv) **Decontamination** of hands with soap and water. In each of the CDAD categories we have many actions in place to address C.diff.

All of our actions are underpinned by a wide ranging audit programme.

In terms of regional performance to the end of December we are the best performing Trust with a total of 128 cases (all ages, across hospital and community combined) with the exception of Papworth and Hinchingbrooke.

It is important that we take the opportunity to publicise the very low rates of C.diff infection – some of the lowest in the country for a medium sized acute DGH – that we currently have in JPUH & GY&WPCT.

3. NOROVIRUS

The winter of 2007/08 has seen a well publicised increase in cases of norovirus since November. We have seen less norovirus so far this winter than in previous winters, however we have not been unaffected and have had wards closed to admission on occasions as a result.

4. DEPARTMENT OF HEALTH ANNOUNCEMENTS “NEW MONIES”

Despite the publicity we have not yet received any new monies as announced by the DoH in relation to the following:-

- i) Improving MRSA and C.diff rates
- ii) Deep Cleaning
- iii) Additional Matrons posts.

We will continue to monitor this with anxiety and interest.

Overall the position in relation to HCAs across our Health System, particularly C.diff, is one of which we should be proud and one we will be striving to maintain and improve.

Nick Coveney
Director of Nursing and Patient Services
January 2008