

**PUBLIC BOARD OF DIRECTORS  
INFECTION PREVENTION AND CONTROL:  
HEALTHCARE ACQUIRED INFECTION 2007/08 SUMMARY**

**APRIL 2008**

**A – MRSA BACTERAEMIA**

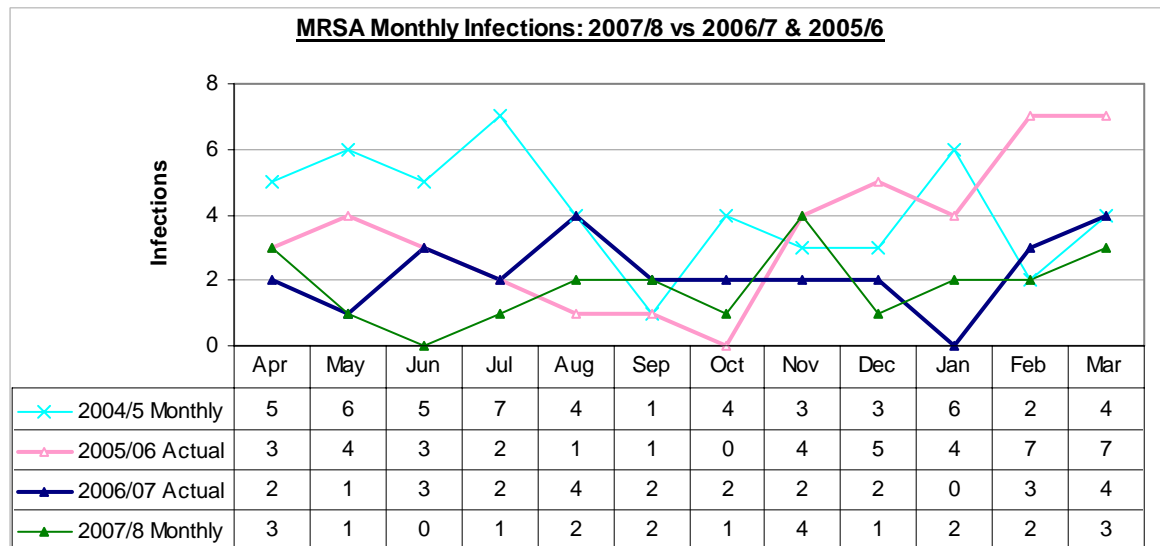
**1.0 INTRODUCTION**

The target for 2007/8 was to have no more than 12 cases of bMRSA, hospital and community combined. This is a shared hospital and community target and we are working closely with Great Yarmouth & Waveney Primary Care Trust (PCT) to ensure that every reasonable measure can be taken within the hospital and the community to prevent cases of bMRSA.

**2.0 END OF YEAR POSITION**

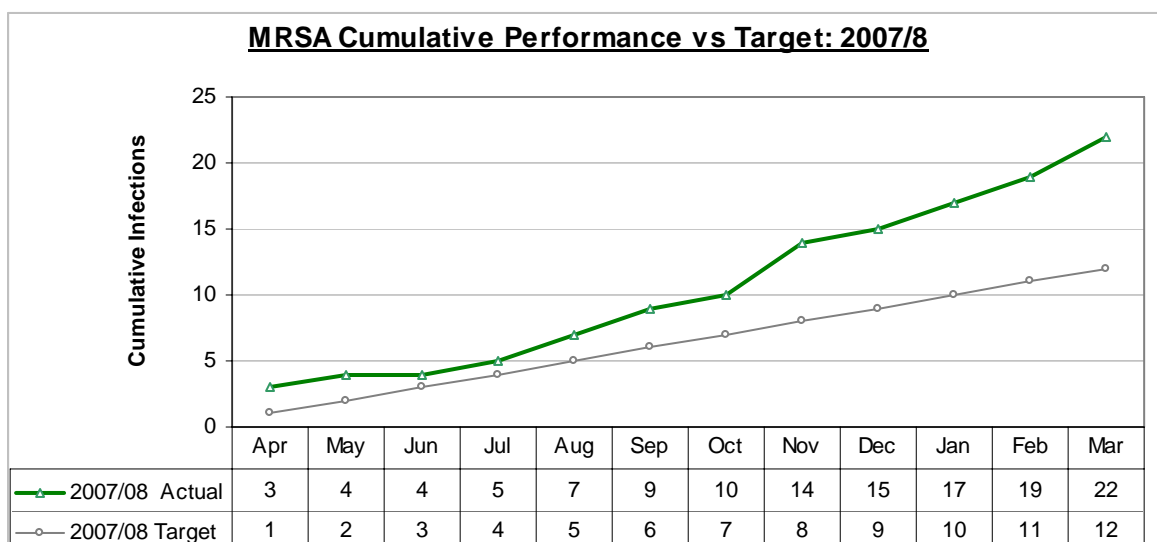
2.1 We had 22 cases of bMRSA. This is reflected in Table (a) bMRSA Monthly Infections, which also shows the previous 3 years.

**Table (a) MRSA Monthly Infections**



2.2 Table (b) Cumulative Performance vs. Target 2007/8 reflects the current position against target.

**Table (b) Cumulative Performance vs. Target: 2007/8** - We are currently 10 cases above target to the end of March and have breached our annual trajectory target position of 12. However, we have continued our year on year improvement, and currently have our lowest ever number of MRSA bacteraemia.



### 3.0 SUMMARY

#### 3.1

<b>Summary of Cases</b>	
Possible community related	6
Possible contaminants	2
Double counts	2
Possible hospital related	12
<b>TOTAL</b>	<b>22</b>

### 4.0 2008/09 TARGETS

4.1 From our Root Cause Analysis (RCA) we are focussing on the care and removal of intravenous peripheral catheters (cannulae) in the hospital and urinary catheters in the community. We have implemented a Chief Executive led review of every case amongst a range of other measures to ensure that numbers are reduced

4.2 2008/9 bMRSA targets have been set at 11 cases. However, internally we are setting a target of having no more than 9 cases which we believe is achievable when reviewing RCAs.

4.3 The figure of 9 is broken down by Division and community as follows:-

Emergency Division	5
Elective Division	1
Core Clinical/Women & Child	0
Community	3

4.4 Divisions and the Community will be held to account in the following ways:-

- i) Through Management & Executive Team Performance Management Framework
- ii) Joint Chief Executive accountability meeting with each divisional/ community team to discuss the Root Cause Analysis of cases when they occur and receive details of actions taken to prevent further occurrence.
- iii) Root Cause Analysis will be reported at Board level
- iv) Divisions will be expected to carry out and report on 'Saving Lives' work in full, supported by the Infection Prevention Teams and Nurse Education.

## **5.0 ACTION PLAN**

5.1 A joint Health System Action Plan has been developed and will be monitored at joint monthly bacteraemia monitoring meetings with the PCT.

## **6.0 'SAVING LIVES'**

6.1 The October 2007 revised 'Saving Lives' template has been re-completed and the resulting action plan is being discussed by divisions. Whilst the graphical evidence shows a positive return, the RCAs on bacteraemias do show the need to focus on clinical practice, with a particular emphasis on peripheral intravenous catheter insertion and care. 'Saving Lives' implementation is being monitored through Nurse Education and the Audit Department.

## **8.0 STRATEGIC HEALTH AUTHORITY (SHA) INFECTION CONTROL REVIEW VISIT**

8.1 We have agreed with the PCT that we will invite the SHA team to visit us on 9<sup>th</sup> May 2008 to support our bacteraemia reduction programme. The programme will start with a meeting with the Executive Team and a series of interviews and walk about with a large group feedback session at the end. We are keen for this visit to happen as the Team will be able to share the learning from sites where absolute numbers of cases of bacteraemias are lower than our own.

## **9.0 CONCLUSION**

9.1 Whilst the 22 bacteraemias is our best ever position and is a very significant improvement on our position 3 years ago, it is not good enough. From our RCAs it is clear that improvement in clinical practice can be made both in the hospital and the community that will help make further significant reductions and improve the quality of care for our patients. The target of having less than 11 cases is achievable.

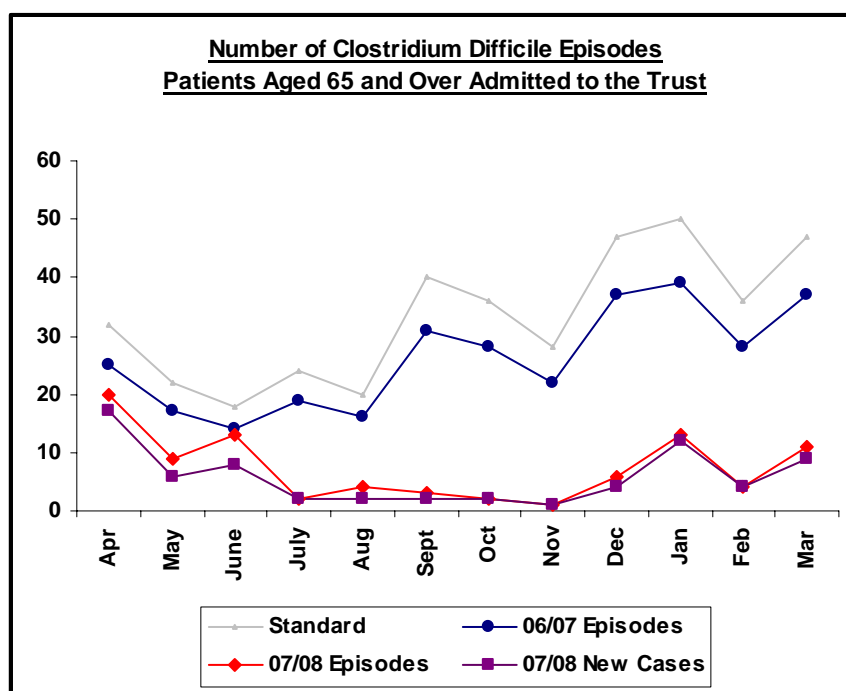
## B – CLOSTRIDIUM DIFFICILE (C.diff)

### 10.0 INTRODUCTION

10.1 For 2007/08 a new target was set with the PCT, in conjunction with the SHA, of having no more than 400 episodes of C.diff in patients who are 65 and over, hospital and community combined. Our performance against this target has been exceptional. The final figure is 138.

### 11.0 2007/08 END OF YEAR POSITION

11.1 The table shows the progress against the target for 2008.



11.2 The table below shows a breakdown of our figures for 2007/08 for patients 65 and over (Hospital and Community combined) which is the current Health Protection Agency (HPA) measure in the public domain.

	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Total
Target	32	22	18	24	20	40	36	28	47	50	36	47	400
Hosp	20	9	13	2	4	3	2	1	6	13	4	11	88
Community	6	6	8	4	6	2	4	2	1	5	3	3	50
<b>Total</b>	<b>26</b>	<b>15</b>	<b>21</b>	<b>6</b>	<b>10</b>	<b>5</b>	<b>6</b>	<b>3</b>	<b>7</b>	<b>18</b>	<b>7</b>	<b>14</b>	<b>138</b>

11.3 We remain one of the best performers regionally and nationally, despite having a very difficult winter, with slightly higher numbers of cases in total across the last quarter.

## **12.0 2008/09 TARGET**

The C.diff target, hospital only – all ages, for 2008/09 is to have no more than 96 cases.

## **13.0 OTHER INFECTION CONTROL NEWS – NOROVIRUS & “THINK PINK CAMPAIGN”**

### **13.1 Norovirus Activity**

This is currently causing us significant operational difficulties with large numbers of patients being admitted with norovirus symptoms, with some wards being closed to admissions as a result. This in turn impacts on operational activity. March 2008 has been particularly difficult in this respect.

### **13.2 Our signage upgrade programme is going well. As a reminder the information update programme includes:-**

- New surrounds for alcohol gel in magenta and black
- New information posters for visitors and relatives – already in place
- New posters and information in all patient and public toilets and bathrooms
- Public information in corridors about progress on infection control at JPUH
- Large posters of staff in action
- Floor inserts outside key clinical areas
- Formal launch day and “Clean Your Hands” day - 1<sup>st</sup> May 2008

The next stage will be to revise all leaflets for patients, relatives, visitors and contractors.

**Nick Coveney**  
**Director of Nursing and Patient Services**  
**April 2008**