

**JAMES PAGET HEALTHCARE NHS TRUST**  
**Operating as a Shadow NHS Foundation Trust**

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**Report to:** James Paget Healthcare NHS Trust Board of Directors  
**Date:** 28th July 2006  
**Title:** **Infection Control Update - MRSA**  
**Report of:** Director of Nursing & Patient Care  
**Report for:** Information

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**SUMMARY:**

This report is presented to update the Board of Directors on the current position.

**RECOMMENDATION:**

The Board of Directors is asked to note the report.

**MRSA**

**Background and Introduction**

MRSA is grouped in to 3 categories:

- **Colonisation** – *is present on the skin*
- **Infection** – *is present in a wound*
- **Bacteraemia** – *is present in the blood stream*

It is the MRSA bacteraemia (blood stream) that the Trust reports on externally and these are the figures that are available in the public domain.

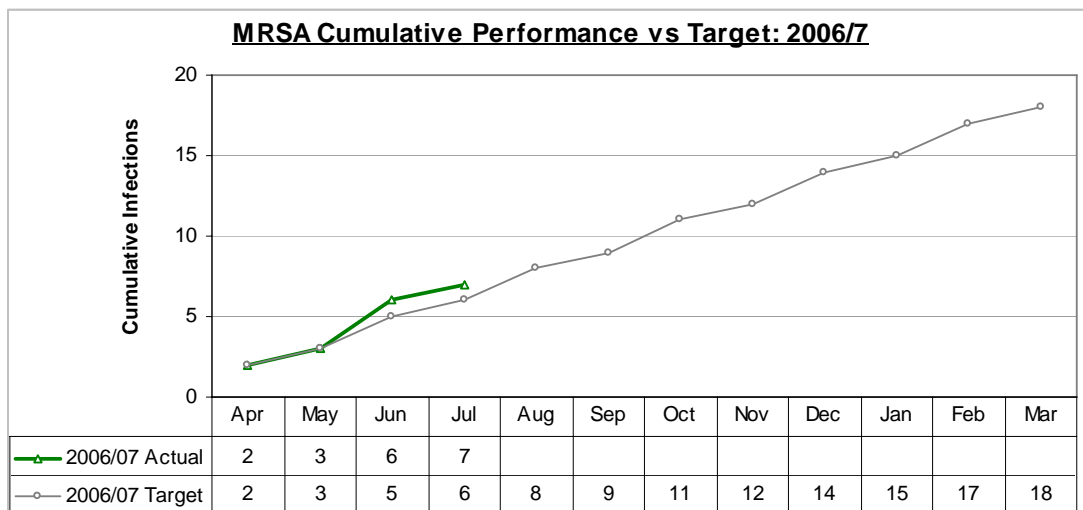
This is now the 3<sup>rd</sup> year of formally monitoring on the rate of MRSA in the blood stream and whilst we have not quite made the rate of improvement that we initially hoped for the Trust are continuing to improve year on year. 2005/6 for example saw an 18% improvement on 2004/5.

This year so far the Trust appears to have made a significant improvement in the first 4 months compared with the last 2 years and are currently very close to the difficult target set for ourselves of having no more than 18 cases over the year (see table 1)

**Table 1: MRSA Bloodstream cumulative figures**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2004/05 Actual	5	11	16	23	27	28	32	35	38	44	46	50
2005/06 Actual	3	7	10	12	13	14	14	18	23	27	34	41
2006/07 Actual	2	3	6	7								
<b>2006/07 Target</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>6</b>	<b>8</b>	<b>9</b>	<b>11</b>	<b>12</b>	<b>14</b>	<b>15</b>	<b>17</b>	<b>18</b>

**Table 2**



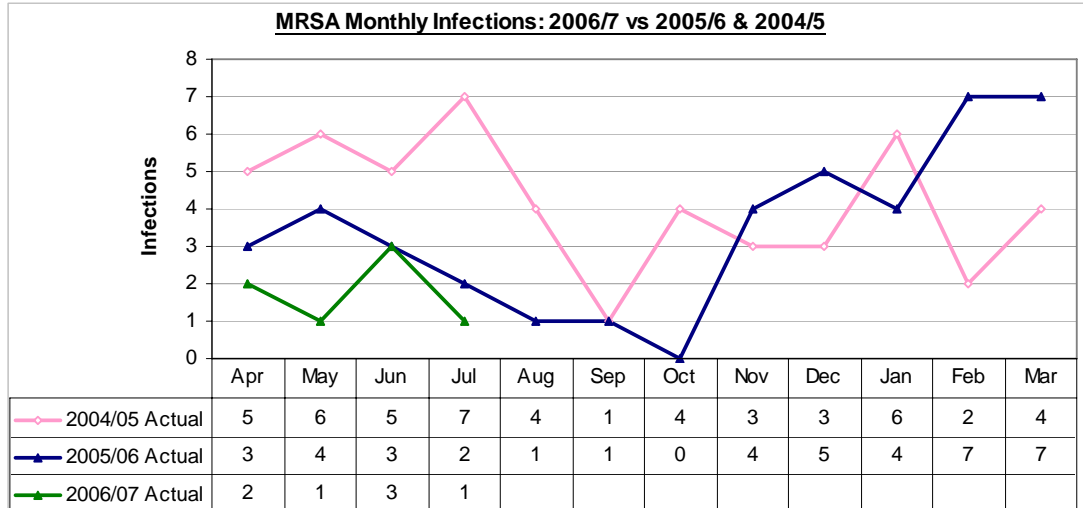
### Current Position and Previous Data

In 2004/5 we had 50 cases of MRSA bacteraemia

In 2005/6 we had 41 cases of MRSA bacteraemia

In 2006/7 we have had 7 cases of MRSA bacteraemia (April to July inclusive)

**Table 3**



A high number of our cases are ‘imported’ – this can be as many as one third in total in any one year. These cases are largely outside of our control. However we are now working closely with our partners in the community to ensure the risk is reduced as much as possible. This is being done through increased education and training and raising the level of awareness in the community. Each case is examined in detail and where we have imported a case these findings are shared with our colleagues in the community.

In addition in 2005//6 the Trust also had a problem with contaminated blood samples which indicated that the patient has an MRSA bacteraemia but had no clinical signs and symptoms. Therefore, it was more likely that the blood culture bottle was contaminated in some way, either from the patient’s skin or from whoever took the sample. This, along with imports, artificially inflated the figures and a lot of work has been undertaken to reduce contamination and other related problems.

### 2006/7 Position

At the time of writing this report there have been 7 cases, 3 of which are imports. Of the 3 imports, 1 is a repeat patient who was admitted, discharged and readmitted 6 weeks later. This patient is counted as a new episode under the current regulations.

Despite this anomaly in the system the Trust is still performing well against target and significantly well against previous years.

## **Current Approach**

At present the Trust is working with the Strategic Health Authority to introduce best practice from other hospitals that have been able to achieve more rapid improvements than ourselves. We have also now fully implemented the Department of Health Strategy around healthcare acquired infections known as 'Saving Lives' and are now performing very well against the targets set out in this document. We also have our own 70 point action plan and strategy which incorporates 'Saving Lives' and is well embedded into the culture of the organisation.

Each division also now has a performance target based on the Trust target and previous cases and each new case of MRSA bacteraemia has a root cause analysis carried out and action plan from the division in which it occurred

A new Director of Infection Prevention and Control (DIPC) is in post which has brought renewed energy and vigour to the team. In addition the additional Nursing resources that we gave to the team at the beginning of the year are also still in place.

## **Conclusion**

The methodologies used to assess a Trust's performance on MRSA bacteraemias have not always accurately reflected the improvements the Trust has been making at James Paget Hospital. At present the current methodology for measurement of performance is even more difficult. Known as the 'trajectory from target' it measures how far a Trust is away from its target. In our case in 2005/6 that would be -17. However this does not take into account the starting point – every Trust has set its own targets based on performance in 2003/4, which means that the higher the target set the 'easier' it may be to hit it.

Whilst we have difficulty with this methodology we have not allowed it to distract us from addressing the issues relating to MRSA bacteraemia and as a result are making excellent progress.