

## 1. Purpose

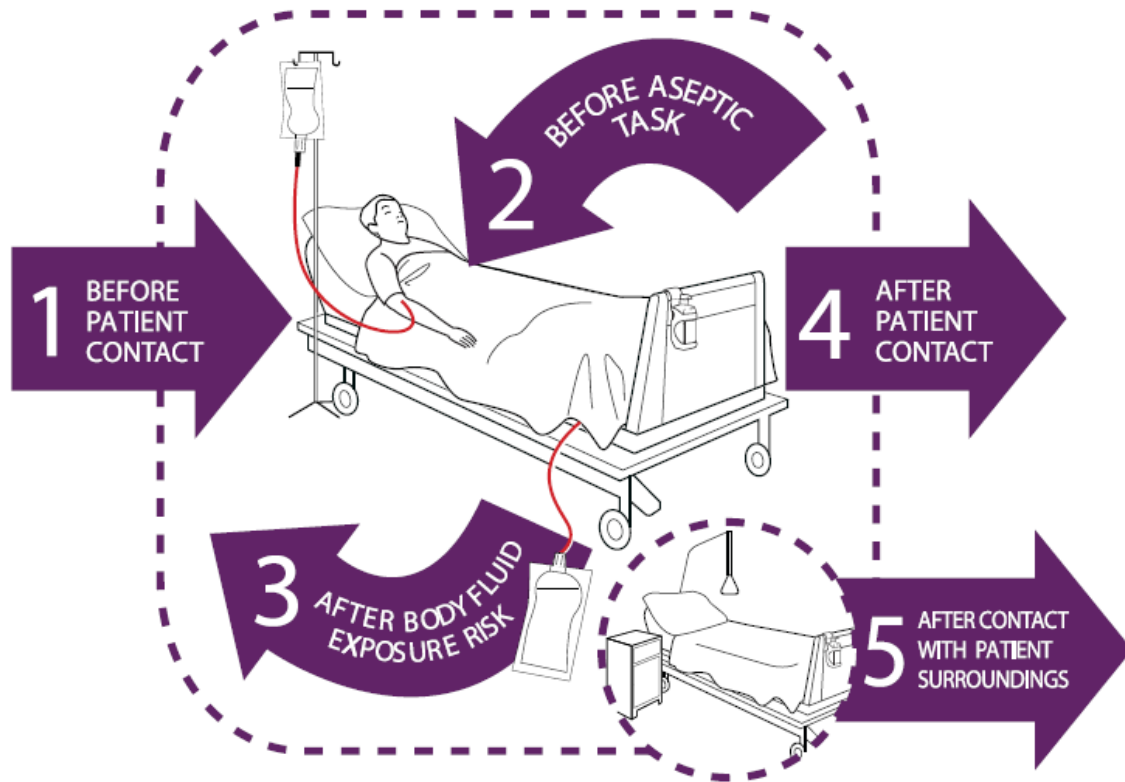
1.1 The purpose of this paper is to inform on the position of the Trust in relation to infection prevention and control during April and May 2010.

## 2. New Developments

2.1 The hospital took part in the annual international hand hygiene day, five moments on 5<sup>th</sup> day of 5<sup>th</sup> month. This day was a great success, and reiterated the message of when and how to clean the hands to staff, patients and visitors.



*Colette Thomas, Infection Control Nurse, demonstrates hand hygiene technique*



*The critical moments for hand hygiene "My Five Moments" (World Health Organisation)*

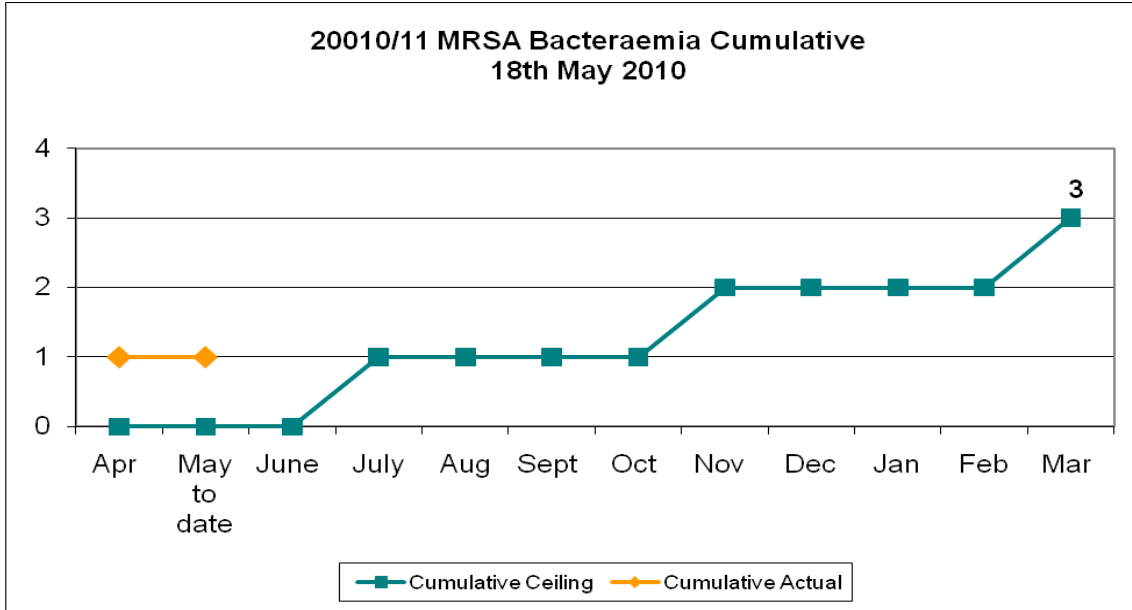
### 3. Performance

#### 3.1 MRSA Bacteraemia

We recorded one hospital onset bacteraemia in April.

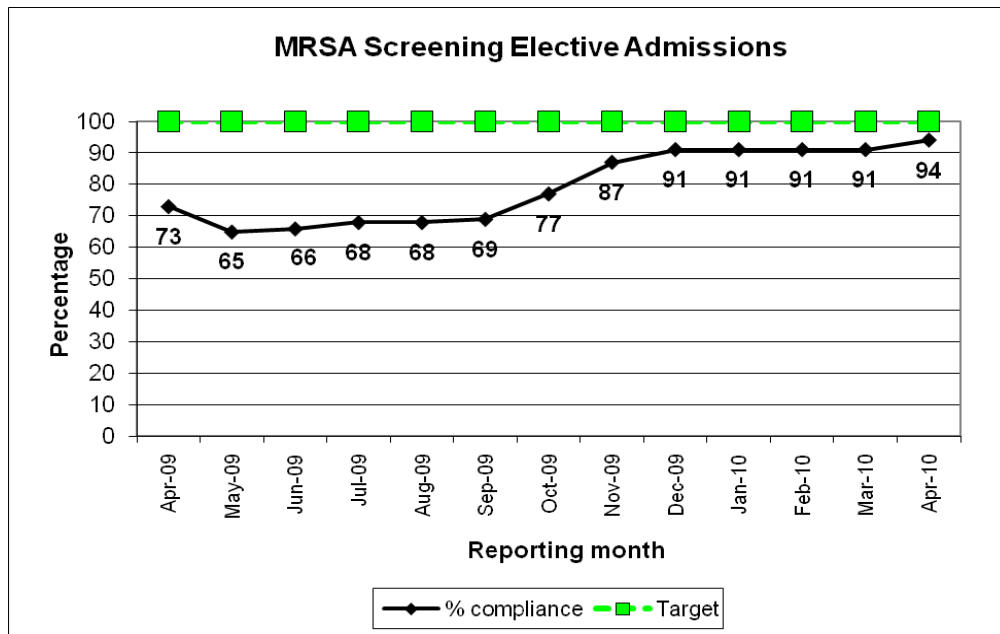
The root cause analysis meeting for this case revealed that the event was probably caused by a pre-existing collection of infection and on the episode in which the bacteraemia was detected it was deemed unavoidable. This is a complex case and further investigation is underway across four trusts to establish whether there were any points at which the bacteraemia could have been prevented. No care defects were noted on the current admission to our hospital.

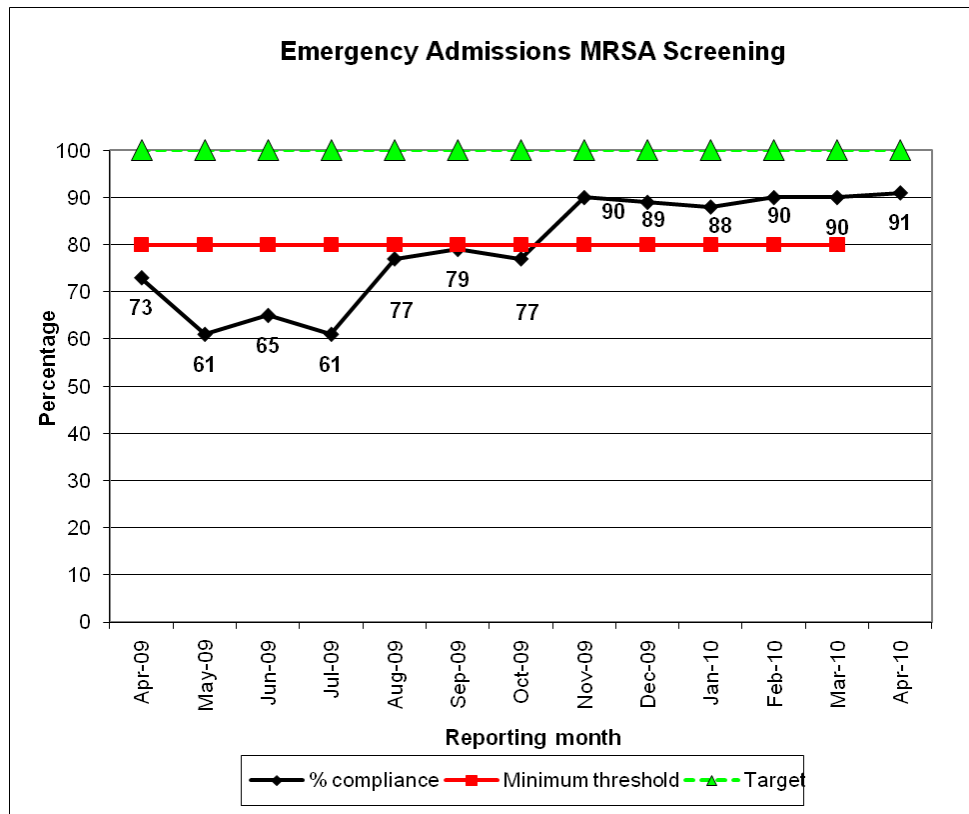
The trajectory shown below is provisional and may change (although the ceiling will stay at three):



### 3.2 MRSA screening.

MRSA screening performance continues to improve for elective admissions. The Commissioning Framework for 2010/11 stipulates that screening for all emergency admissions must be in place by the end of March 2011.



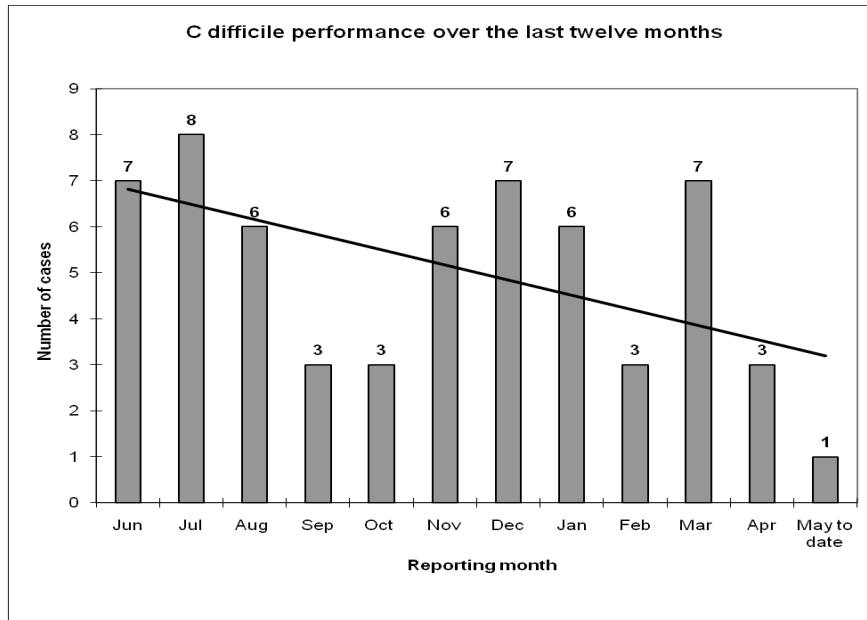
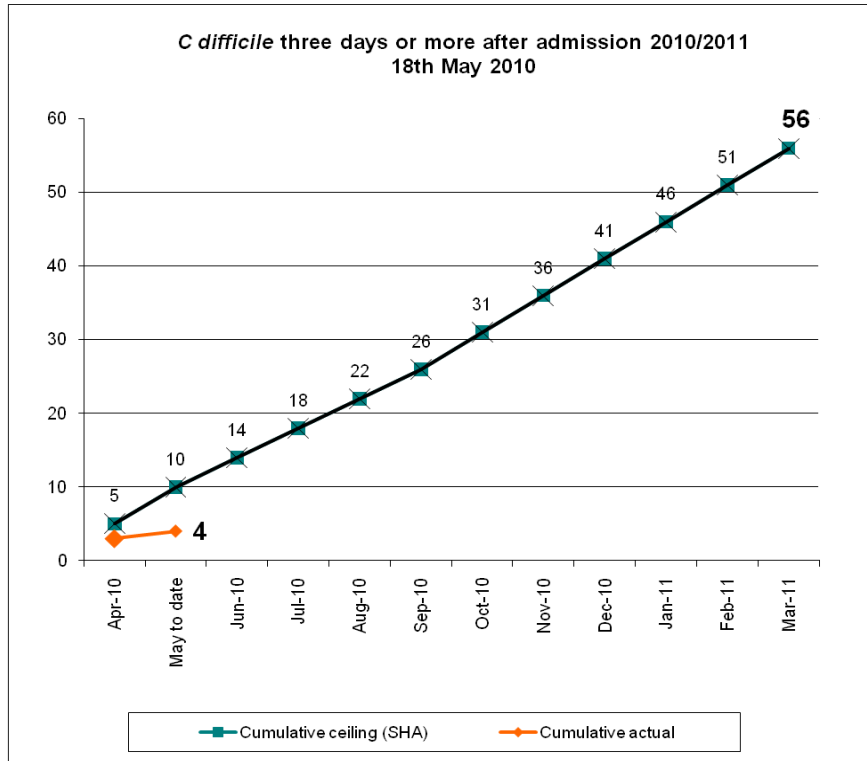


There is not a CQUIN for MRSA screening for the current year, and hence the lower threshold has been discontinued since April.

### 3.3 *Clostridium difficile*

The reduction target for this year is challenging with a ceiling of fifty-six cases, but must be achieved to ensure that the hospital has parity with other trusts in the region and nationally. Key messages remain recognition of possible cases, time to isolation and antibiotic stewardship.

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 Infection Prevention and Control  
 May 2010



### Time to isolation

The standard time limit set by the Strategic Health Authority for isolation of patients with alert organisms or infections is two hours.

The results for April and May to date (excluding most patients on wards closed for outbreaks of norovirus and the Harpur Cohort) were:

Number of isolation requests = 21

Number of these patients isolated within 2 hours = 10 (47%)

Number of these patients isolated within 2 – 4 hours = 2 (10%)

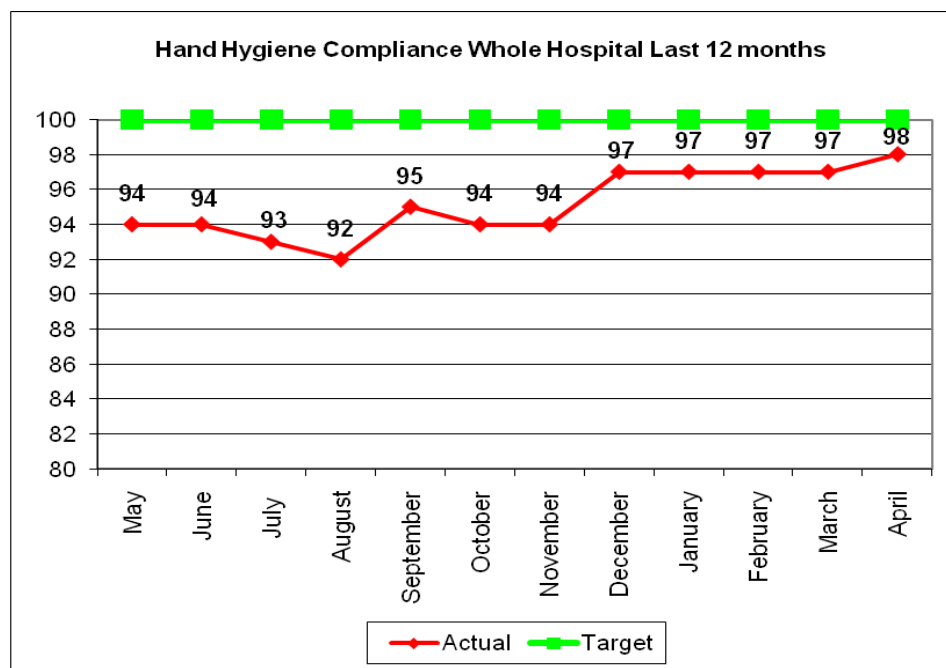
Number of these patients isolated within 4 – 6 hours = 0 (0%)

Number of these patients isolated in more than 6 hours = 4 (17%)

Number of outstanding isolation requests = 5 (24%)

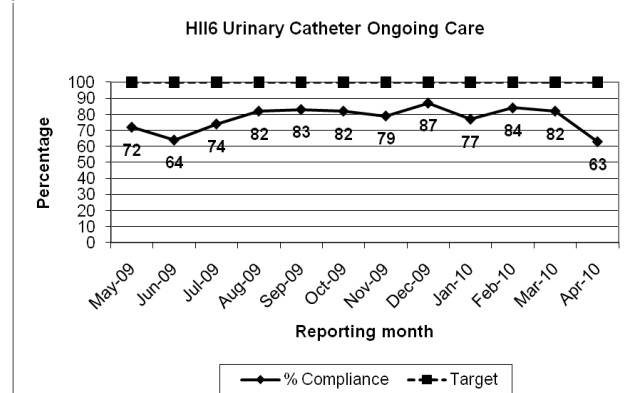
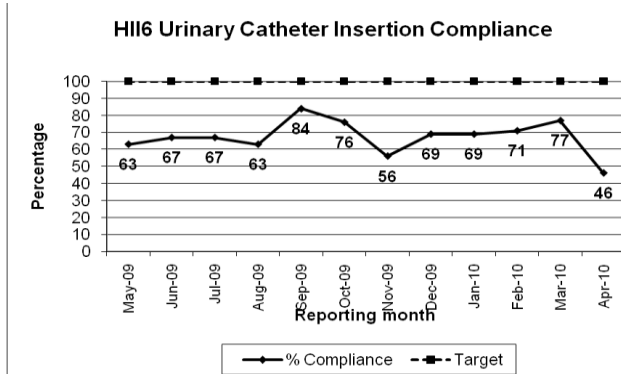
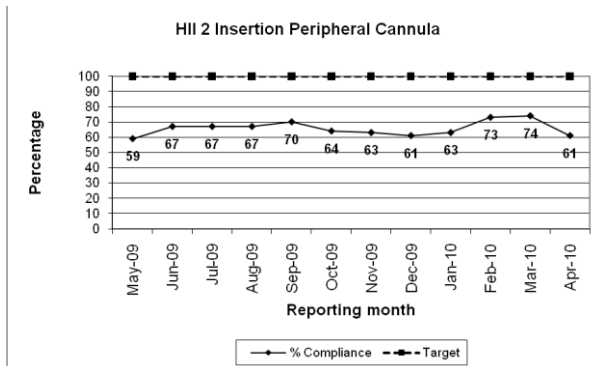
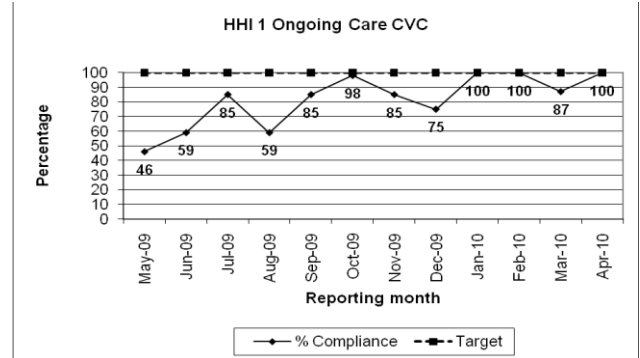
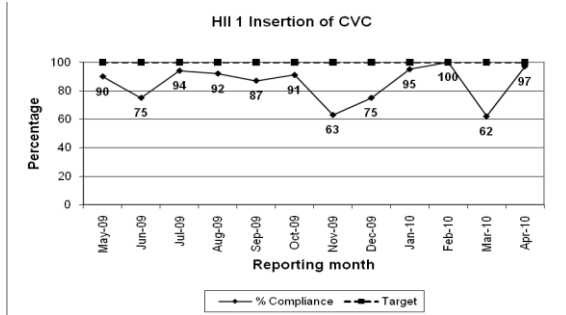
Most of these requests were in the medical division.

### 3.4 Hand Hygiene



The audit tool monitors the five moments for hand hygiene.

## 4. High Impact Interventions



Of note is the drop in the recorded compliance of peripheral cannula and urinary catheter insertion and ongoing care of urinary catheters. This is more likely to indicate that compliance with documentation dropped off in April than a decline in physical care given. Ongoing work is in place to reverse this trend.