

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 October and November 2010.

2. New Developments

2.1. Patient Safety Open Day. We took part in the inaugural hospital Patient Safety Open Day on October 16th 2010.



This day was aimed at the general public and we promoted the ways in which our patients and visitors can contribute to keeping themselves safe, as well as showing the systems that we have in place.

2.2. Cleanest Hospital Award.

Our hospital has been voted 'cleanest hospital' in the Healthcare Excellence and Leadership (HEAL) Awards 2010.

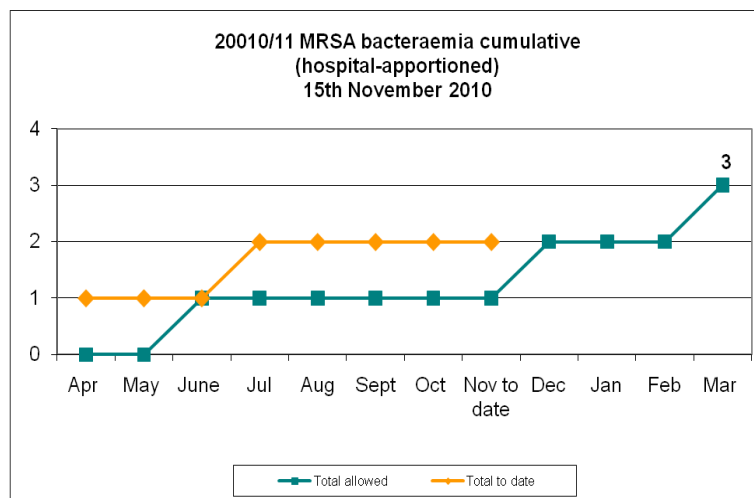
We were nominated for the award by patients, healthcare colleagues and members of the public. Out of 400 other hospitals nominated, Bedford Hospital was selected in the final shortlist of award nominees by MRSA Action UK, the leading charity fighting MRSA and all healthcare infections. A public vote secured the award for the hospital.



Eiri Jones, DIPC, accepts the Cleanest Hospital Award from Derek Butler, Chairman of MRSA Action UK.

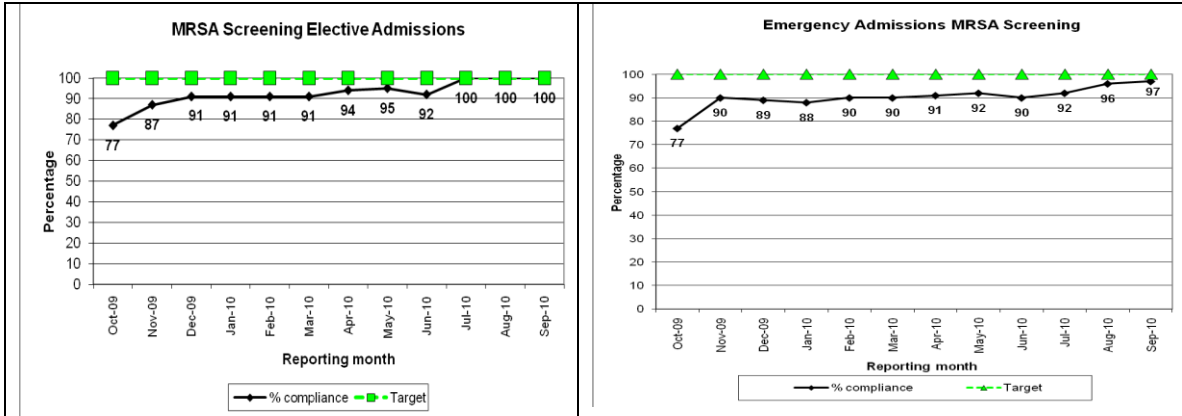
3. Performance

3.1 MRSA Bacteraemia



3.2 MRSA screening.

In September, we recorded our best compliance rates yet for MRSA screening of elective and emergency admissions, 100% and 97% respectively. We must be 100% compliant with emergency admission screening by 31st December. Work is progressing well to achieve this.

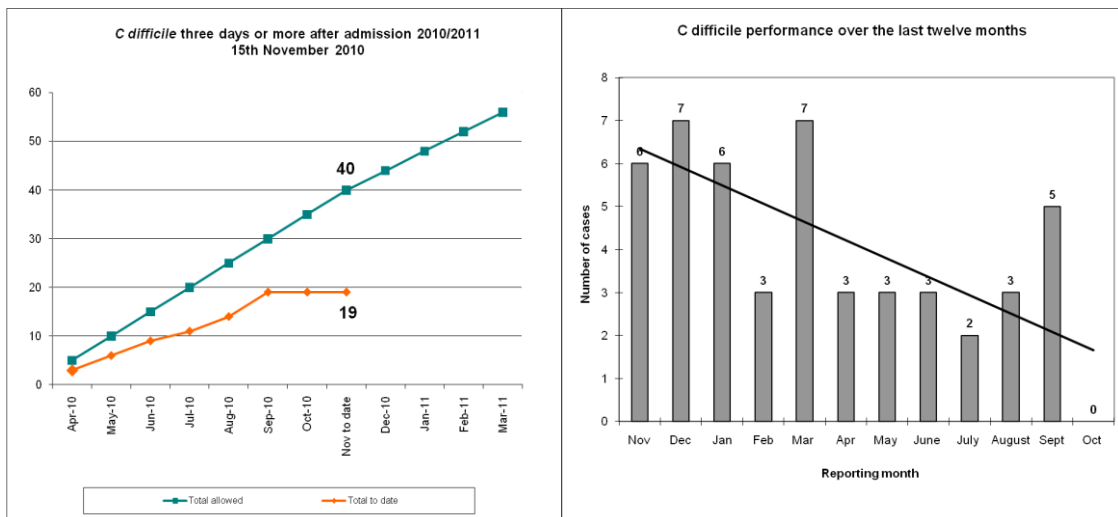


3.3 Clostridium difficile

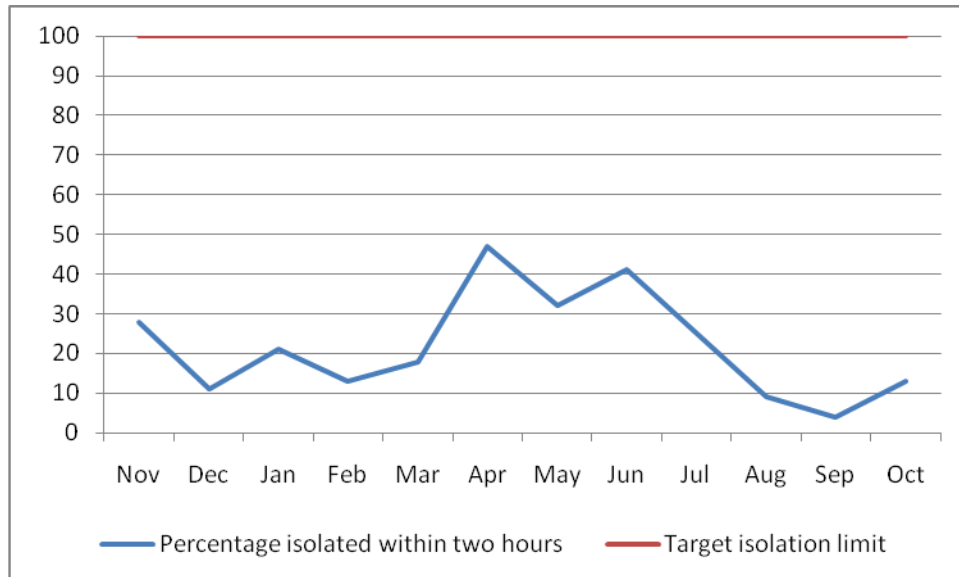
Our incidence of patients developing *Clostridium difficile* associated disease has fallen significantly so far this year. We have a ceiling of **56** cases for 2010/11, and until the end of October, we had recorded **19** cases against a ceiling of 35. Our twelve-month projection, based on the last twelve months, is **48** cases. At time of writing, we have had fifty-four days with no hospital apportioned *C difficile* cases.

There does tend to be seasonality with *Clostridium difficile*, with higher numbers during the winter months. This is probably due to a combination of an increase in antibiotic use for treatment of chest infections, overcrowding/high bed occupancy, and the likelihood of outbreaks of viral gastroenteritis, which increases sampling.

Vigilance must continue for *Clostridium difficile* management in order to protect patients from contracting this infection.



Time to isolation



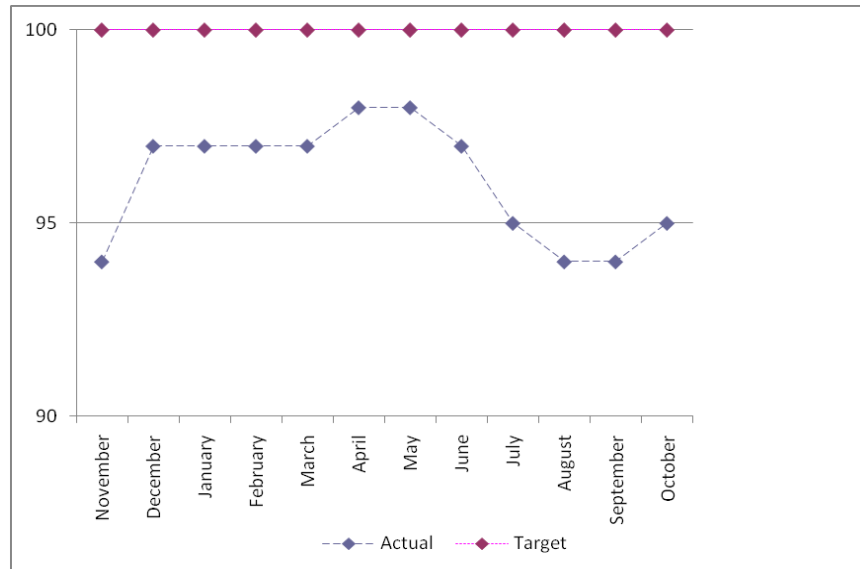
The performance in October was only **13%** of patients isolated within two hours; this is a significant cross-infection risk for the trust, and is on the risk register scoring **16**.

The key barrier to achieving better compliance with prompt isolation is bed occupancy, particularly in the medical division. High bed occupancy means that there is unlikely to be a single room already available for the patient, and a series of moves of patients and high-cleans must take place to enable isolation. There is often no bed for the person no longer needing a single room to move to, and this further delays isolation of the infected patient.

To increase the likelihood of a patient isolated within two hours, the following needs to be considered:

- It needs to be a priority for the medical division
- Reducing bed occupancy in the medical division
- Increasing “special cleans” capacity to speed up high-cleans
- Commitment to and resources for MRSA cohort bays

3.4 Hand Hygiene



Our hand hygiene audit is based on the World Health Organisation (WHO) “My Five Moments for Hand Hygiene”. We are registered with the WHO SAVE LIVES global hand hygiene campaign.

Last month we reported the results of an international audit against moment one “before patient contact”.

Overall, more than 300 facilities from 47 countries submitted data to WHO on or around 5th May 2010. From these, over 76000 opportunities were included in the analysis. Overall compliance with Moment 1 was **51%**. Nurses demonstrated the highest compliance (**64%**) and doctors the lowest (**48%**). We did not submit data due to a technical issue with the website. However, we have analysed our Moment 1 data between April and September (denominator 3869 observations) and our results are as follows:

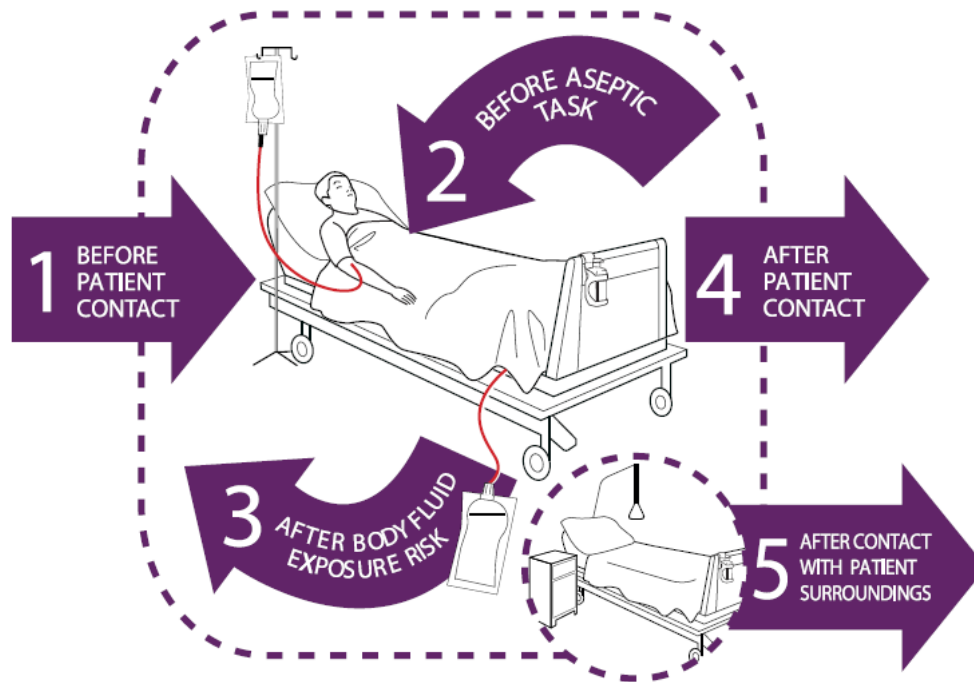
Overall compliance = 99%

Nurses’ compliance = 99%

Doctors’ compliance = 97%

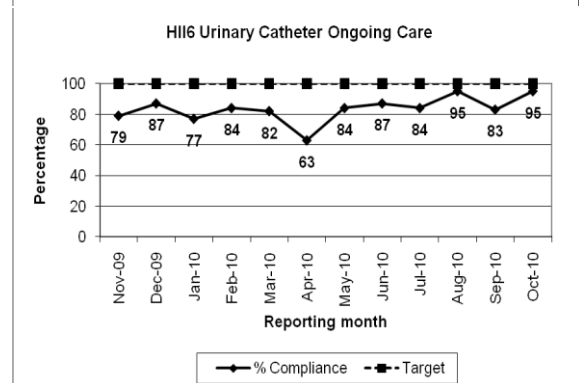
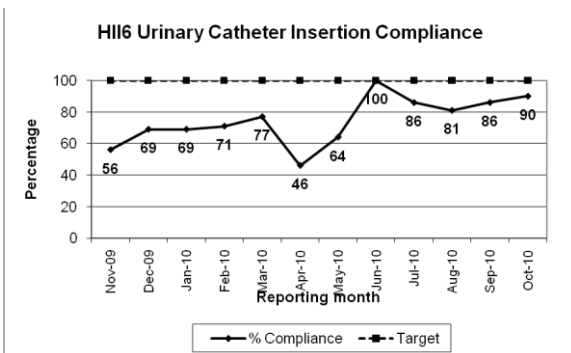
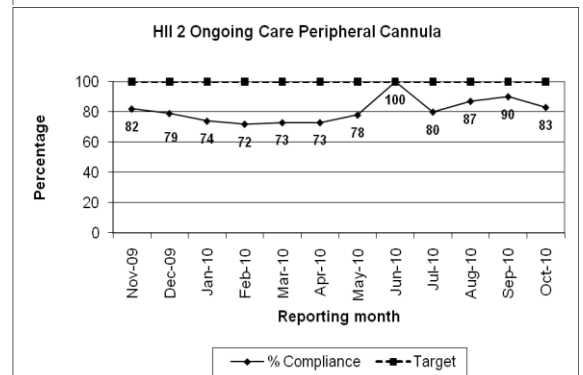
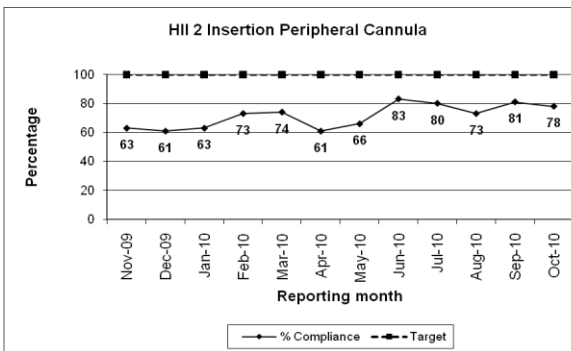
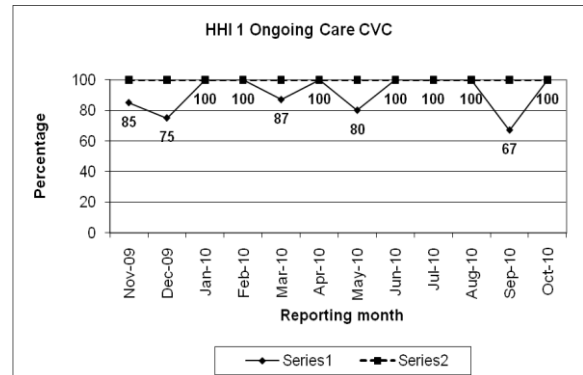
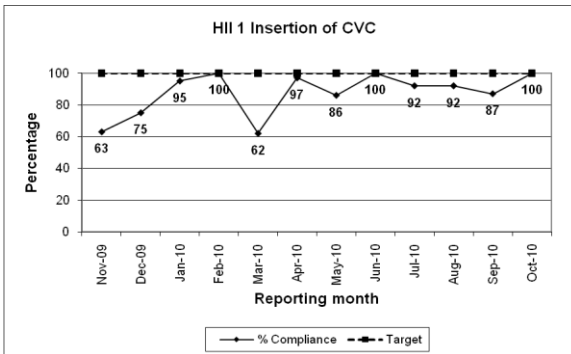
We have analysed our compliance against the other four moments for hand hygiene and noted that compliance with each moment is >97%. The opportunities least likely to be taken are after contact with the patient and after contact with the patient’s surroundings. This provides important information for teaching.

Your 5 moments for hand hygiene at the point of care



1	BEFORE PATIENT CONTACT	WHEN? Clean your hands before touching a patient when approaching him/her WHY? To protect the patient against harmful germs carried on your hands
2	BEFORE AN ASEPTIC TASK	WHEN? Clean your hands immediately before any aseptic task WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the healthcare environment from harmful patient germs
4	AFTER PATIENT CONTACT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side WHY? To protect yourself and the healthcare environment from harmful patient germs
5	AFTER CONTACT WITH PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving - even if the patient has not been touched WHY? To protect yourself and the healthcare environment from harmful patient germs

4. High Impact Interventions



Current Actions:

- Only 6 monitoring forms were received from wards and departments for October; this must be improved. This sample size is probably non-representative.
- Urinary catheter incidence is part of the “High Impact Action” project and focuses on reducing the number of catheters used