

ВОА	RD SUMMARY SHEET
Title	Monthly Infection Prevention Performance Report
Submitted by	Sue Hardy
Prepared by	Fiona Barnes
Date of meeting	4 th October 2010
Corporate Objectives Addressed	To develop and embed measures for quality and clinical outcomes to achieve the highest standards

SUMMARY OF CRITICAL POINTS

Monthly update on reportable HCAIs

PATIENT IMPACT

High – review of incidents and trend analysis of HCAIs is paramount to improving patient safety and quality of care.

STAFF IMPACT

High – review of incidents and trend analysis of HCAIs is paramount to improving patient safety and quality of care and also impacts on staff safety and wellbeing.

FINANCIAL IMPACT

Will be identified as required

EQUALITY AND DIVERSITY IMPACT

Applicable to all

LEGAL IMPLICATIONS

The Board has a statutory obligation to ensure appropriate infection prevention and control mechanisms are in place.

RISK ASSESSMENT

Failure to review infection prevention and control would be considered to be high risk.

RECOMMENDATION

The Board is asked to consider the content of this report.

Northampton General Hospital MHS

NHS Trust

Introduction

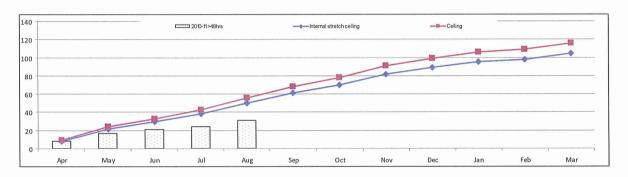
The Board is aware of its duty to ensure appropriate infection prevention and control mechanisms are in place to promote patient safety and quality of care. This report provides the assurance required by the Board to satisfy its statutory requirements by providing an update as to the current situation in relation to Healthcare Acquired Infections (HCAIs) within the Trust.

MRSA Bacteraemia (Appendix 1)

This Board is aware the Trust is now measured on the number of MRSA bacteraemias cases per 10,000 bed days based on a bed base of 575. The Trusts ceiling for MRSA bacteraemias is 6 cases. In July there were no >48hrs MRSA bacteraemias, however in August there was 1>48hrs MRSA bacteraemia. A full RCA is currently being undertaken and key learning points will be presented at the Hospital Management Group. Our year to date number of >48hrs MRSA bacteraemias is 2 which is currently 0.23 / 10,000 bed days.

MRSA Colonisation (Appendix 2)

During July there were 15<48hrs and 3>48hrs cases of MRSA colonisation in August there were 10<48hrs and 7>48hrs cases of MRSA colonisation.



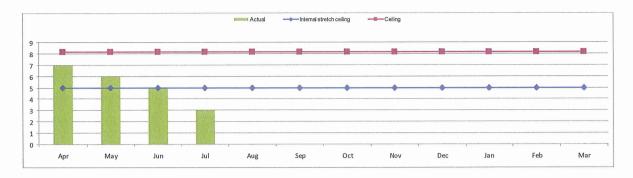
Internal patient verified data identifies 99.39% compliance for the screening of elective admissions during July and 98.5% in August. The compliance rate for emergency screening was 94.8% in July and 95.2% in August. Operational teams continue to work to reach 100% but this has to be risk assessed against the matched census approach, where we achieved 146% for elective screening.

Clostridium Difficile (C Diff) (Appendix 3)

As previously identified for MRSA bacteraemias, the measurement basis for C Diff is reported in numbers and bed day rates, currently by 1,000 bed days (HPA data). The Trust has a ceiling target of 95 C. Diff. cases with an internal stretch ceiling of 60 cases.

During July the Trust identified 2 < 3 day and 3 > 3 day cases of C Difficile and in August 3 < 3 day and 0 > 3 day, which equates to a cumulative of 0.24 / 1,000 bed days.

Clostridium Difficile - Post 48 Hrs]										
Monthly	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2010-11
Internal stretch ceiling	5	5	5	5	5	5	5	5	5	5	5	5	60
Ceiling	8	8	8	8	8	8	8	8	8	8	8	8	98
Actual	7	6	5	3	0	0	0	0	0	0	0	0	21
Cumulative	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Internal stretch ceiling	5	10	15	20	25	30	35	40	45	50	55	60	
Ceiling	8	16	25	33	41	49	57	65	74	82	90	98	
Actual	7	13	18	21	21	21	21	21	21	21	21	21	1



NHS East Midlands HCAI Overall Performance

NHS East Midlands has reported on its first quarter for the year. The first table shows the MRSA data and the second table demonstrates the C. Diff. This data was requested from the SHA as cases per bed but this was not available. We have been informed the data will be represented 'per bed day' in the next quarter.

Commissioning PCT	PCO YTD Jun 10	Acute Trust	Trust YTD Jun 10
NHS Bassetlaw	1/2	DBFT	1/2
NHS Derbyshire County	7/6	CRHFT	0/1
NHS Derby City	3/2	DHFT	3/2
NUC Nowthomptonobire	2/2	KGHFT	1/1
NHS Northamptonshire	3/3	NGH	1/2
NHS Nottingham City	3/3	NUH	3/6
NHS Nottinghamshire	6/7	SFHFT	0/1
NHS Lincolnshire	6/6	ULHT	3/3
NHS Leicester City	4/0	UHL	6/3
NHS Leicestershire County & Rutland	6/3	UNL	0/3
NHS EAST MIDLANDS	39/32		17/19
NATIONAL			

Commissioning PCT	PCO YTD Jun 10	Acute Trust	Trust YTD Jun 10
NHS Bassetlaw	11/9	DBFT	13/35
NHS Derbyshire County	64/114	CRHFT	11/26
NHS Derby City	30/22	DHFT	28/33
NUC Nouthamptonohira	67/07	KGHFT	9/32
NHS Northamptonshire	67/87	NGH	18/24
NHS Nottingham City	36/30	NUH	54/48
NHS Nottinghamshire	81/76	SFHFT	16/15
NHS Lincolnshire	73/78	ULHT	30/36
NHS Leicester City	38/36	UHL	68/71
NHS Leicestershire County & Rutland	102/84	Uni	00//1
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Hand Hygiene Audit

Information from the Hand Hygiene Observational Tool (HHOT) shows that overall compliance within the Trust was 97.6% in July and 99.3% in August which was our highest compliance rate this year.



Visitors Hand Hygiene Compliance

On a quarterly basis the Infection Prevention Team audit various wards across the visiting period to ascertain the visitors compliance with Trust wide hand hygiene procedures and use the foaming hand sanitizer before and after visiting patients.

	Directorate	Number of visitor	Number of	Percentage of
	audited	opportunities	compliant	compliant visitors
		observed	visitors	
May	Surgery / T&O			
2010	Hawthorn, Rowan	51	24	47%
	& Cedar			
August	T&O			
2010	Abington &	50	37	74%
	Collingtree			

Although the results for August have improved, the Infection Prevention Team will be working with our Communication Team to raise public visitor awareness of the importance of good infection prevention practices. We will also use this opportunity to heighten the awareness of precautions that the public need to consider as we move towards the winter months.

Recommendation

The Board is asked to discuss the content of this report.

Sue Hardy Director of Nursing, Midwifery & Patient Services DIPC

Appendix 1 MRSA Bacteraemia Incidence by Ward

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Appendix 2 MRSA Colonisation Incidence by Ward

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Appendix 3 Clostridium Difficile Incidence by Ward

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