

 Working in partnership with the MOD

# Director of Infection Prevention and Control

# Annual Report 2011-2012

# Executive Summary

**Dr Ian Fry**

**Director of Infection Prevention and Control**

**Frimley Park NHS Foundation Trust**

**Introduction**

The Director of Infection Control (DIPC) is required to produce an Annual Report and release it publicly as outlined in “*Winning Ways: Working together to reduce Healthcare Associated Infections in England”* using the template contained within the document (The Health and Social Care Act, 2008. *Code of Practice on the Prevention and Control of Infections and related guidance*, Revised 2010).

The DIPC must:

1. Have corporate responsibility for infection, prevention and control throughout the Trust as delegated by the Chief Executive.
2. Provide leadership to the infection, prevention and control programme in order to ensure a high profile for infection prevention & control across the organisation
3. Be responsible for the Infection Prevention & Control Team within the healthcare organisation
4. Challenge inappropriate clinical hygiene practice as well as antibiotic prescribing decisions
5. Assess the impact of all existing and new policies and plans on infection and make recommendations for change
6. Oversee Trust Infection Prevention & Control policies and their implementation.
7. Act on legislation, national policies and guidance ensuring effective policies are in place and audited
8. Be an integral member of the organisation’s clinical governance and patient safety teams and structures, reporting directly to the Chief Executive and the Board
9. Produce an annual report on the state of Healthcare Associated Infection in the organisation for which he is responsible and release it publicly.

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**Executive summary**

Trust performance in 2011/12:

* The Trust reported 2 (“post 48 hour”) cases of MRSA bacteraemia. This was a 30% reduction in “post 48 hour” cases from 2010/11. The Trust target for the year was no more than 2 MRSA bacteraemias, with no “avoidable” cases.

100% of cases were reported on time using the Department of Health Mandatory Enhanced Surveillance System. The Trust complied with the guidance to report this case as a Serious incident requiring Investigation (SIRI) and full root cause analysis was completed at a formal meeting chaired by the Director of Infection Prevention and Control.

The Trust is committed to a “zero tolerance” culture to avoidable hospital associated MRSA bacteraemias. There were no avoidable cases this year.

* None of the 6 “pre 48 hour” MRSA bacteraemia cases (these do not count against this Trust’s trajectory) were due to blood culture sampling contamination (i.e. all MRSA bacteraemias were clinically significant).
* Monthly MRSA screening surveillance showed compliance with Department of Health guidance was above 96% for both elective and non elective admissions from May 2011. This has demonstrated improvement with MRSA screening compliance for all admissions scoring 99% each month from November onward.
* The Trust Infection Control Team took part in the NOW (National One Week) study- a national independent audit of MRSA screening commissioned by the DH (England).This was a review of the implementation, clinical and cost-effectiveness, and impact on patient management of the national MRSA screening programme. This review is supported by the Department of Health, the British Infection Association, the Infection Prevention Society, the Hospital Infection Society, the NHS Confederation and the patients’ group National Concern for Healthcare Infections. Results are due to inform future policy and should be available in May 2012.
* The Trust reported 15 “post 72 hour” cases of *Clostridium difficile* infection against a contractual target of 28. This was a 46% reduction in “post 72 hour” cases from 2010/11. The rate of 8.11 per 100 000 bed days was the lowest for Acute Trusts in the South East Coast. 100% of cases were reported on time using the Department of Health Mandatory Enhanced Surveillance System. Full root cause analyses at formal meetings chaired by the Director of Nursing, Medical Director or Director of Infection Prevention and Control were completed on each case.
* A hydrogen peroxide dry fog cleaning robot has been used to decontaminate all single rooms where patients who have tested positive for *Clostridium difficile* infection have been nursed.
* There were no ward closures due to norovirus during 2011/12
* Monthly hand hygiene audits (monitoring compliance with the World Health Organisations “My 5 moments for hand hygiene”) carried out by the Infection Prevention and Control Team showed Trust wide compliance climb continually from 97% in April 2011 to 100% in February 2012
* Monthly Hospital Infection Control Committee meetings were maintained, and included the Annual review and approval of the Terms of Reference and Membership.
* The reporting schedule to the Board by Clinical Matrons and Clinical Directors continued. The schedule was reviewed in this year so that reports are given monthly, and only one Clinical Director attends at any meeting.
* A formal programme of twice – monthly meetings to agree monthly Central Venous Line infection numbers, and to agree the “patient line days” denominator is in place. The Central Venous Catheter infection rate for Critical Care is below the target set for “Matching Michigan” at 1.3 per 1000 patient line days, and for the Trust (excluding Critical Care) is 1.8 per 1000 patient lines days.
* The Infection Control Update Bulletin (now in it’s 6th year) was made available to all staff monthly via a global email link.
* The Infection Prevention and Control Link Representative programme has 76 members (from all clinical areas including Occupational Therapy, Radiology, and Physiotherapy) who attend quarterly educational meetings. The Link Representatives act as resource for Infection Control information in clinical areas, help to maximise communication of best practice, carry out audits, and alert the Infection Control Team to areas of concern.
* The Infection Prevention and Control Team have carried out 301formal training sessions for Trust staff since April 2011. In addition to mandatory annual Patient Safety training for nursing staff, corporate induction and IV study days (over and above those trained in the 301 formal sessions), an additional 378 people have been trained in clinical and ward based educational sessions (including 44 doctors). 30 people have also shadowed the Infection Prevention and Control Nurses for 2 hours during clinical work.
* PEAT audits were carried out quarterly during 2011/12 with results ranging from good to excellent.
* The programme of Clinical Hand washing sink installation has been completed apart from one outstanding mixer tap installation. All dirty utility/sluice rooms now have a hand washing sink exclusively for clinical hand washing that is separate to the sink used for equipment/bed pan cleaning.
* The monthly programme of ward staff auditing compliance with the Department of Health Saving Lives Care Bundles has continued and has now been in place for 5 years at this Trust.
* A Built Environment Group is now in place to monitor environmental issues including water testing for *Legionella, Pseudomonas*, washer disinfector test results and theatre ventilation. The group is chaired by J. King and Dr A Guyot (Infection Control Doctor) is a member.
* Patients in Critical Care continue to be screened for *Stenotrophomonas* on admission and then weekly. Water testing identified a possible source of the bacterium in the water filter of a water cooler in the unit staff room, this has now been replaced and there have been no further cases of the Frimley specific FRIM04 strain since November 2011. Ongoing monitoring is in place and is reported as an agenda item at monthly HICC meetings.

Concerns

* From January 2010 a higher rate than is usual for Frimley Park NHS Trust was noted for the mandatory surgical site surveillance for elective knee replacement surgery. The Health Protection Agency (HPA) Centre for Infections sent letters in response to high SSI rates for July-Sept 2010, Oct-Dec 2010 rates), and Jan-Mar 2011 (NB surveillance takes place for 12 months post surgery). Surveillance for 2011 shows a reduction in SSI rates for both hip and knee replacements when compared with 2010 so far, Multidisciplinary work continues with an aim to gain improvement through the use of root cause analysis with the orthopaedic surgeons.
* Although refurbishment has resulted in an improvement in access for patients to bathrooms and toilets (which are now sited within the patient bays) in G2, and the G3 ward stroke unit, there has been no increase in *en suite* single rooms during the year. While all patients with potentially infectious diarrhoea are always placed in single rooms, audit demonstrates that an additional 30 are required to allow them to be available for all patients who require single rooms for both “infection control” and “non infection control” reasons. Side room capacity needs to be high on the agenda in all refurbishments and rebuilds.
* The Clinical Lead attendance at HICC has improved this year to an average of 59% (compared to 49% last year) but still falls below the target of 75% attendance.
* No real improvement has been demonstrated in quarterly antibiotic audits with regards to stop and review dates. A plan to introduce local, short-timeframe audits (with immediate feedback to prescribing clinicians) to commence in April 2012. Junior doctor performance will be measured
* A rolling programme of Mandatory Infection Control Updates is provided to Medical Staff at Educational/Audit Half days. Additional sessions and one to one follow-up has been used to train those unable to attend theses sessions. Consultant attendance although improved from last year at 78%, remains below the target of 95%. In order to address this, an online educational package to be used in addition to continuing the programme of face to face sessions on the Audit Half Days has been prepared to roll out in April 2012.

Future challenges

* The target reduction for MRSA bacteraemia for 2012/13 is challenging allowing only one “post 48 hour” case with no “avoidable” cases.
* The target reduction for *Clostridium difficile* infection for 2012/13 is challenging allowing only 14 “post 72 hour” cases. This is likely to be made more challenging as a DH letter (Feb 2012) asks for a change in reporting to include not only stools that test positive, but also cases with no stool specimen, but where *Pseudomembranous colitis* is revealed by lower gastro intestinal endoscopy or computed Tomography.
* A robust process is in place to alert the Infection Control Team to any death certificate when MRSA or CDI is recorded as a Primary or Secondary Cause of Death. This will need to be extended to include other Healthcare Associated Infections in the future.