

Report from the Director of Infection Prevention and Control to the Weekly Executive Board August 2015

Performance targets

| Indicator | Month agreed target | Current month (July) | YTD agreed target | YTD performance | Actions/Comments |
|--|---------------------|----------------------|-------------------|-----------------|---|
| MRSA bacteraemia (trust assigned) | 0 | 0 | 0 | 2 | |
| C.difficile (trust assigned) | 2 | 1 | 21 | 4 | 2 avoidable 2 unavoidable |
| MSSA bacteraemia (post admission) | 1 | 0 | 12 | 3 | |
| E.coli bacteraemia (post admission) | 3 | 3 | 29 | 12 | The probable source in all cases was urinary tract with one patient having a catheter |
| MRSA screening (electives) | 95% | 96.78% | 95% | 97% | May validated data |
| Central line associated blood stream infections (Rate per 1000 cvc days) | 1.5 | 0.7 | 1.5 | 0.7 | |
| ANTT Competency assessments (doctors) | | | 95% | 69.4% | On-going training being provided and increase in number of assessors. |
| ANTT Competency assessments (nursing and AHP) | | | 95% | 75.3% | All FY1 have been competency assessed. |
| Hand hygiene | 95% | 99.65% | 95% | 99.66% | |

Quality Indicators

| Indicator | Current month (July) | YTD performance | Comments |
|---------------------------------------|----------------------|-----------------|----------------------------|
| MRSA screening (emergency) | 90.55% | 90/75% | June validated data |
| Isolation breaches | 12 | 74 | |
| Blood cultures Competency assessments | | 54.3% | Data only available for RN |
| Cleanliness | 97.42% | 97.3% | |

HCAIs/Areas of Concern/Outbreaks

- **Isolation breaches** recorded by the Infection Control Team during July were 12, compared to 17 in June. Of these 12 isolation breaches,
 - All 12 of the breaches occurred in the medical division, 7 at HRI and 5 at CRH

- **MRSA acquisition** – there was 2 cases of hospital acquired MRSA identified in July; one on ICU CRH and one on 5AD. There have been 8 cases in total since April.
- **MRSA bacteraemia** – there was one pre 48 hour case that has been attributed to the Trust following the PIR investigation. Care of the patient was provided by the District Nursing and Intermediate Care teams in Calderdale.

There was one post admission case in July; the summary of the case is below.

| Case details | Summary of C.difficile case | Key issues identified from RCA |
|--|--|---|
| 13.07.15 HRI 4 MESS 423979 Datix 221890 | Patient has a history of incurable pancreatic cancer and admitted on 9 th July from respite care following being found on the floor, history of not opening bowels for 5 days, treated for ?UTI and prescribed IV antibiotics, but these were stopped as raised inflammatory makers were attributed to pancreatic cancer. First episode of type 6 on 13 th July, patient isolated immediately. | <ul style="list-style-type: none"> • Agreed as an unavoidable case • Gaps in documentation – stool chart not fully complete |

Quality Improvement Audits

- Six Quality Improvement Audits were performed in July (only 5 fully reported)
 - HRI Haematology Outpatient – Scored Green (97%)
 - Small panel on fire door needs painting
 - Small piece of grit on waiting room floor
 - 2 blood collection bottles out of date
 - HRI Phlebotomy – Scored Green ()
 - Wall protection required in some areas
 - Sky lights need cleaning
 - 2 ceiling tiles need replacing
 - High level dust on 2 shelves
 - HRI ward 20 – Scored Green (92%)
 - Some patient chairs need replacing
 - Microwave condemned – plastic coating peeling away
 - High and low level dust
 - Some painting required in various areas of the ward
 - HRI ward 8 – Scored Amber (89%)
 - Some minor wall and floor damaged noted
 - Dusty noted on the shelving units in the clean utility
 - High and low level dust
 - CRH Theatres – scored Green
 - Evidence of trolley mattress checking need to be in place.
 - The drug fridge was unlocked
 - Low level dust

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