

Trust Plan to Prevent and Control Health Care Acquired Infections April 2008 – 2009

Aim	Actions Required	Lead	Review by ICC Date	Progress/Comments
Clinical Factors				
1.Investigation of MRSA Bacteraemia and C Dif outbreaks				
To ensure that RCAs are undertaken for all MRSA Bacteraemia and c.dif. outbreaks, and that they follow a robust process and lessons are identified, shared and learned	 Root Cause Analysis to be undertaken for all MRSA bacteraemia and c.dif. outbreaks Improvements identified from RCAs to be taken forward and monitored via action plans RCA investigation tool to be reviewed and adapted to ensure it is robust and user friendly Work with PCTs to develop a joint pathway for carrying out and learning lessons from pre-48 hours cases Hold RCA workshops to ensure all key staff are skilled in the process 	V M Shaw	July 2008	 RCA summaries reported at executive team, HMB, ICC and Trust Board Rolling action plan commenced June 2008 Working with NHS London to develop a universal RCA tool based on NPSA guidelines – now agreed Joint forums with both local PCTs set up to agree and implement streamlined processes for investigations RCA Training workshop held 8.7.08

2. Hand Hygiene All staff working in clinical areas to meet a minimum of 90% compliance against standard	 Deliver hand hygiene training for all staff on an annual basis Carry out ongoing monthly audits to monitor compliance Feedback and report on compliance by ward and speciality Hold ward managers and consultants to account for non compliance Implement "Clean your hands" campaign for 2008 	Visible Leadership Team	July 2008	 Training sessions rolled out trust-wide Monthly audits undertaken by senior nursing team as part of Visible Leadership Initiative, and to transfer to local level from June 2008 Results of audits shared at executive and local level, and reported to ICC Developing reports for Trust Board, HMB, and local level showing corporate, divisional, ward performance as appropriate Campaign launched with poster displays and championed by Matron for Emergency Care
3. Adherence to Saving Lives High Impact Interventions All high impact interventions to be carried out in accordance with the relevant Saving Lives Care Bundle Guidance, in the following areas of practice: -	 Provide bi-monthly trust-wide report on compliance against Saving Lives Interventions All RCAs to include assessment against Saving Lives Interventions 	P Folan	July 2008	 Bi-monthly progress reports on compliance with Saving Lives provided All RCAs include assessment against Saving Lives
 Central Venous Line Management Care of Intravenous Lines Prevention of Surgical Site Infections Surgical Site Infection 	 Carry out ongoing monthly audits to monitor compliance with all relevant Saving Lives Care Bundles Feedback findings to ward teams 	Visible Leadership Team	July 2008	 Monthly audits undertaken by senior nurses as part of the Visible Leadership Initiative DOH Observation of Care Team carried out audits of hand hygiene, peripheral and central

 Ventilation and Tracheostomies Urinary Catheter Care Clostridium Difficile Management – see separate action 	 Hold ward managers and senior consultants to account for non-compliance Continue ongoing training programme Performance management of persistently non-compliant staff 			line management and urinary catheter management on 16.05.08 Non – compliant staff members identified and given additional training and support, followed by warning letters and possible disciplinary action
4. Management of Clostridium Dificile				
Patient with c dif to be managed in accordance with the Saving Lives Guidance	 Antibiotics to be prescribed in accordance with national and local policies to minimise the use of broad spectrum microbials Prescribing practice to meet a minimum of 90% compliance with policy Agree local policies for specific clinical areas, e.g. oncology Provide ongoing training for junior Drs Ward Pharmacists to check and challenge prescribing practice Carry out ongoing 6 monthly audits to monitor compliance with Policy 	M Kelsey Ai-Nee Lim	September 2008 September 2008	introduced for ED, Surgery and FY1/2 Drs • Needs re-enforcement – Substantive DIPC to take forward on her return

5. Surgical Site Infection Surveillance Scheme Trust to participate in the Health Protection Agency's Surgical Site Surveillance Scheme	Agreed trust will report on orthopaedic joint surgery, vascular surgery, large bowel surgery and caesarean sections	P Folan	September 2008	 Staff from new areas receiving training Notes audit underway
6.Screening				
100% of adult surgical and medical patients to be screened for MRSA	 Extend Trust Screening Protocol to include all adult surgical and medical patients Use Kings Fund Leadership Programme to plan and implement work required as a project Ensure positive results are communicated and acted upon Carry out quarterly audits to monitor screening rates with 	P Folan	November 2008	 Elective patients screened at Pre-operative assessment 70% emergency patients admitted via Mary Seacole Ward screened Work plan being developed to roll out to all adult emergency admissions starting in October with aim of completion by end of December 2008
5. Death associated with HCAIs				
All death associated with HCAI should be checked to ensure that HCAI is accurately recorded as a cause of death or contributing to the patient's death. This is in line with the recommendations from the National confidential study of deaths following MRSA infection	 All patient deaths associated with HCAIs should be checked to ensure that the HCAI is accurately recorded as a cause of death or contributory factor Sample of death certificates to be audited 	P Folan	September 2008	

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Environmental Factors				
1. CleaningAll clinical areas to meet a	- Monthly algorithms and to to	Visible	July 2009	Audit tool based on national
minimum standard of 90% compliance against national cleaning standards	Monthly cleanliness audits to be carried out in all clinical areas	Leadership Team	July 2008	 Audit tool based on national standards developed, & monthly audits taking place on an ongoing basis. Reported to ICC Business plan for curtain exchange agreed and being implemented Feasibility of clean bed exchange following discharge being examined – discussed at Exec Committee and decided not to proceed at this time
2. Bed Management				
Spaces between beds to comply with national specification	 Reconfigure beds to separate elective and emergency patients Reduce bed numbers in bays non-compliant with specification Trust-wide roll out of "BedWeb" 	P lent	September 2008	 Reconfiguration of beds underway Beds in surgical bays reduced from 6 to 4 BedWeb rolled out

3. IsolationAll patients with infections to be isolated where possibleIsis Ward to be extended to provide additional isolation facilities	 Prioritise the need for isolation using LIPS Point prevalence study to commence June 2008 in order to establish information on capacity and demand for isolation rooms Non-isolation of patients with a HCAI to be reported as clinical incidents Isolation Policy to be reviewed and updated and to be reflected in Bed Management Policy by September 	P Folan	July 2008 September 2008	 LIPS being used to prioritise patients Point prevalence pilot study carried out on 9.6.08, and repeated 11.08.08 and 8.9.08 IR s on lack of isolation rooms reported to ICC & HMB
4. HCC Hygiene Code To implement all recommendations identified in the 2007 – 08 inspection report.	All actions identified in action plan to be implemented	As per action plan	November 2008	All actions implemented except re- wording of sector wide IC Manual and updating of Isolation Policy
To prepare for 2008 – 09 inspection	Identify duties of code and prepare evidence required to demonstrate compliance	D Wheeler	September 2008	Compliance framework developed and evidence assessment day set up

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Organisational Factors				
1. Leadership				
To ensure that effective infection prevention and control practice is embedded trust wide To develop visible, proactive, appropriately trained practitioners who lead the IC agenda	 Link Practitioners to have relevant education & training Link practitioners role to be integrated with IC team New post of IC Matron to support ward managers to implement and embed best practice at local level IC Team to carry out a minimum of weekly ward rounds of all infected patients 	P Folan	July 2008	 IC Study Day programme commissioned from Middlesex University for Link Practitioners Bi-monthly joint meetings established for Link Practitioners and IC Team Matron took up post March 2008
2. Information Management				
To agree set of IC indicators for all clinical areas, for divisions and for the whole hospital	 Audit against agreed indicators and trust trajectory and feedback to execs weekly, and to HMB and TB monthly 	V Shaw	July 2008	Weekly Flash Reports produced for executive committee
	 Set divisional and ward targets for c.dif in line with 08/09 national targets Identify dedicated analyst time to support IC data management 	P Folan G Winteringham	September 2008 July 2008	 Being developed D of IM&T agreed to provide dedicated info analyst hours to Nursing Division

3. Partnership Working To ensure an integrated cross community approach to prevention and control by working collaboratively with local PCTs	 Confirm 08/09 SLA Targets for Infection with IPCT Work in collaboration with both local PCTs to develop pathways for management of patients with HCAIs across the health economy Identify and collaborate on pre 48 hours bacteraemia 	V Shaw	July 2008	 HCAIS now standing agenda item on Joint Nursing Partnership Committee Formal alert process in place for pre 48 hours cases Joint pathways for conducting RCAs agreed Joint participation in RCAs where appropriate
4. Organisational Development To ensure that the trust has an effective and proactive IC team	 Infection Control Team are attending Kings Fund Leadership Programme 	D Wheeler	July 2008	Programme commenced June 2008