

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				
<p>1. Investigation of MRSA Bacteraemia and C Dif outbreaks</p> <p>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</p>	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

<p>2. Hand Hygiene</p> <p>All staff working in clinical areas to meet a minimum of 90% compliance against standard</p>	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
<p>3. Adherence to Saving Lives High Impact Interventions</p> <p>All high impact interventions to be carried out in accordance with the relevant Saving Lives Care Bundle Guidance, in the following areas of practice: -</p> <ul style="list-style-type: none"> • Central Venous Line Management • Care of Intravenous Lines • Prevention of Surgical Site Infections • Surgical Site Infection 	<ul style="list-style-type: none"> • Provide bi-monthly trust-wide report on compliance against Saving Lives Interventions • All RCAs to include assessment against Saving Lives Interventions • Carry out ongoing monthly audits to monitor compliance with all relevant Saving Lives Care Bundles • Feedback findings to ward teams 	<p>P Folan</p> <p>Visible Leadership Team</p>	<p>July 2008</p> <p>July 2008</p>	<ul style="list-style-type: none"> • Bi-monthly progress reports on compliance with Saving Lives provided • All RCAs include assessment against Saving Lives • 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

<p>5. Surgical Site Infection Surveillance Scheme</p> <p>Trust to participate in the Health Protection Agency's Surgical Site Surveillance Scheme</p>	<ul style="list-style-type: none"> Agreed trust will report on orthopaedic joint surgery, vascular surgery, large bowel surgery and caesarean sections 	P Folan	September 2008	<ul style="list-style-type: none"> Staff from new areas receiving training Notes audit underway
<p>6. Screening</p> <p>100% of adult surgical and medical patients to be screened for MRSA</p>	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
<p>5. Death associated with HCAs</p> <p>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</p>	<ul style="list-style-type: none"> All patient deaths associated with HCAs 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				
<p>1. Cleaning</p> <p>All clinical areas to meet a minimum standard of 90% compliance against national cleaning standards</p>	<ul style="list-style-type: none"> Monthly cleanliness audits to be carried out in all clinical areas 	Visible Leadership Team	July 2008	<ul style="list-style-type: none"> 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
<p>2. Bed Management</p> <p>Spaces between beds to comply with national specification</p>	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Reconfiguration of beds underway Beds in surgical bays reduced from 6 to 4 BedWeb rolled out

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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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Audit against agreed indicators and trust trajectory and feedback to execs weekly, and to HMB and TB monthly • Set divisional and ward targets for c.dif in line with 08/09 national targets • Identify dedicated analyst time to support IC data management 	V Shaw P Folan G Winteringham	July 2008 September 2008 July 2008	<ul style="list-style-type: none"> • Weekly Flash Reports produced for executive committee • Being developed • D of IM&T agreed to provide dedicated info analyst hours to Nursing Division

<p>3. Partnership Working</p> <p>To ensure an integrated cross community approach to prevention and control by working collaboratively with local PCTs</p>	<ul style="list-style-type: none"> • Confirm 08/09 SLA Targets for Infection with IPCT • Work in collaboration with both local PCTs to develop pathways for management of patients with HCAs across the health economy • Identify and collaborate on pre 48 hours bacteraemia 	<p>V Shaw</p>	<p>July 2008</p>	<ul style="list-style-type: none"> • HCAs 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
<p>4. Organisational Development</p> <p>To ensure that the trust has an effective and proactive IC team</p>	<ul style="list-style-type: none"> • Infection Control Team are attending Kings Fund Leadership Programme 	<p>D Wheeler</p>	<p>July 2008</p>	<p>Programme commenced June 2008</p>