INFECTION CONTROL TEAM

ANNUAL REPORT

APRIL 2003 - MARCH 2004
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THE INFECTION CONTROL TEAM

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The infection control Nurses are available on bleep 246
SUMMARY

It has been another challenging year for the Infection Control Team. (ICT).

Infection Control has been high on the agenda at a national level with a major report from the Chief Medical Officer, 'Winning Ways' (Dec 2003), aiming to direct infection control services across the England and Wales. This document highlights the importance of addressing the sources of infection in the healthcare system, preventing their spread and introducing auditing systems with the aim of reducing the number of Health Care Acquired Infections (HCAI). Many of these recommendations are already in place within Essex Rivers. The Infection Control Committee recommended to the Board of the Trust that Dr Elston be appointed as Director of Infection prevention and Control with the aim to oversee the implementation of the 'Winning Ways' strategy within Essex Rivers Healthcare NHS Trust.

The ICT has been working closely with Trust Facilities Management team and Ward Managers in the successful implementation of the role of the 'Ward Housekeeper' as outlined in the NHS Plan.

The ICT continues it programme of audits in clinical areas. These have highlighted areas of good practice and assisted in improving practice where required.

"Alcoholic hand rub at the foot of each bed" has been rolled out throughout the Trust and the increased usage of the product would indicate that there is an increased compliance with hand decontamination by both staff and visitors.

The national mandatory reporting of MRSA and Staphylococcus aureus Bacteraemia indicated that Essex Rivers Healthcare NHS Trust (ERHCT) compared extremely favourably with other Trusts.

Dr Tony Elston
Consultant Microbiologist & Infection Control Doctor
1. HOSPITAL INFECTION CONTROL COMMITTEE

Meetings were held every two months. An attendance record is given as requested by the Trust Clinical Risk Committee.

Out of 5 meetings held, attendance is given as follows:

Chair: Infection Control Doctor/Consultant Medical Microbiologist 5/5
Infection Control Nurses 5/5
Chief Executive 3/5
Director of Nursing and Operations/Deputy Director of Nursing 4/5
Facilities Manager 5/5
Head of Facilities 5/5
Occupational Health representative 3/5
Pharmacy representative 5/5
Risk Management representative 3/5
Women & Children’s Directorate Representative 4/5
Medical Directorate Representative 4/5
Surgical Directorate Representative 3/5
OPTIMA Directorate Representative 4/5
Cancer Services Representative 2/5
Clinical Governance Manager 2/5
CCDC 5/5

Most of the discussion points are picked up elsewhere in this report. Concern continued to be expressed frequently about the standard of cleanliness of the hospital and has remained as a standing agenda item. The Trust and Facilities Management have been through a re-tendering process for both the Soft and Hard Facilities Management contracts, which will run from July 2004. The Infection Control Team worked with the Trust Facilities Management through the re-tendering process. The Infection Control Team will continue to support Facilities management to press for further improvements.

The Committee agreed the Infection Control objectives for the year. These were to;

- To continue to improve hand hygiene awareness and to ensure the widespread availability of alcohol hand rub
- Rejoin the SSIS scheme and relay results to our surgical colleagues
- Be involved in the planning stages of new hospital build

These objectives were largely met, as outlined in the rest of the report.
2. EDUCATION & STUDY DAYS

**General**
The Infection Control Team continues to expand the provision of Infection Control training to as many staff groups as possible within the Trust. Ongoing regular sessions are delivered to the following groups.

- Induction for Health Care Workers
- Induction for Trained Nurses
- All facilities staff - Housekeeping, Estates, Portering and Catering
- Health Care Workers undertaking NVQ training at both APU and Colchester Institute
- Leg Ulcer Course ERHCT
- Intravenous Therapy Training ERHCT
- Induction Fayre for incoming medical staff
- Teaching for senior and junior medical staff
- Induction for NHS Professionals

The Maternity Services have introduced mandatory multi-disciplinary study days. Infection Control are contributing to these days and this enables the team to deliver an annual infection control update to all staff within Maternity Services.

The Infection Control Team also provides numerous tailor-made teaching sessions for Wards/Departments within Essex Rivers on request. A total of 27 such sessions have been provided between 1st April 2003 and 31st March 2004 with a total of 219 attendees the main subjects covered included:

- Basic infection control principles
- Intravenous therapy Training
- *Clostridium difficile*
- MRSA
- Hand Hygiene
- Outbreak Management
- Maternity Multidisciplinary Team Study Days
- Pharmacy Staff

**Annual ERHCT Infection Control Conference**

The Conference was held on November 4th 2003 and was attended by 94 delegates from the Trust. The conference was supported by a large exhibition and the day was extremely well received. The day was oversubscribed again and this year’s conference has been organised for 2nd November 2004.
3. **AUDIT AND QUALITY INSPECTION**

3.1 **Infection Control Audits within clinical departments**

Infection Control audits continued to be undertaken with 56 clinical areas audited compared to 39 the year previously. It is believed that all clinical areas have been audited this past year and it is hoped, resource dependent, to maintain this level of auditing.

The overall score for Essex Rivers Healthcare NHS Trust was 86% in 2003/2004 as compared to 87% in 2002/2003.

There are a total 11 standards audited against.

The aspects to note:

**Hand Hygiene**
The availability of alcoholic hand rub has improved significantly throughout the Trust and the usage has improved.

**Environment**
The standards of cleanliness within the hospital environment remains an issue with an overall Trust score remaining at 74% for the past two years.

A comparison of the scores for each standard is listed in the table overleaf for the past 3 years.
<table>
<thead>
<tr>
<th>Overall Score</th>
<th>Sharps</th>
<th>Equipment</th>
<th>Waste</th>
<th>Kitchens</th>
<th>Environment</th>
<th>Laundry</th>
<th>Hand Hygiene</th>
<th>Urinary Catheter Care</th>
<th>Respiratory Equipment</th>
<th>IV Cannulae Care</th>
<th>Isolation</th>
<th>Clinical Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>82%</td>
<td>89%</td>
<td>84%</td>
<td>81%</td>
<td>66%</td>
<td>72%</td>
<td>88%</td>
<td>80%</td>
<td>94%</td>
<td>92%</td>
<td>81%</td>
<td>79%</td>
</tr>
<tr>
<td>2002</td>
<td>87%</td>
<td>83%</td>
<td>80%</td>
<td>87%</td>
<td>83%</td>
<td>74%</td>
<td>88%</td>
<td>86%</td>
<td>94%</td>
<td>93%</td>
<td>91%</td>
<td>83%</td>
</tr>
<tr>
<td>2003</td>
<td>86%</td>
<td>83%</td>
<td>77%</td>
<td>85%</td>
<td>84%</td>
<td>74%</td>
<td>89%</td>
<td>91%</td>
<td>94%</td>
<td>90%</td>
<td>87%</td>
<td>90%</td>
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4. **SURVEILLANCE**

Alert organisms continued to be monitored and control strategies are supported throughout the Trust by the ICT.

Following the appointment of a Surveillance/Audit Nurse the ICT were able not only to participate in the mandatory surveillance but to undertake targeted surveillance. The targeted surveillance was undertaken with the Health Protection Agency Surgical Site Infection Surveillance system, which is a recognised national system. The system allows for comparison at a national level. There is data for large and small bowel surgery for 6 months, vascular surgery and abdominal hysterectomy surgery for 3 months. The results of the findings are shown below;

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<tbody>
<tr>
<td>Large Bowel</td>
<td>9.10%</td>
<td>No figures</td>
<td>18.80%</td>
<td>16.70%</td>
<td></td>
</tr>
<tr>
<td>Small Bowel</td>
<td>9.80%</td>
<td>No figures</td>
<td></td>
<td>11.60%</td>
<td>16.30%</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>6.70%</td>
<td>7.10%</td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Abdominal Hysterectomy</td>
<td>2.00%</td>
<td>No figures</td>
<td></td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>

![Results from Surgical Site Infection Surveillance undertaken in 2003 within ERHCT](image)
MRSA/\textit{Staphylococcus aureus} Bacteraemia

The year 2003/2004 was the third year for Healthcare Associated Bacteraemia Surveillance \textit{Staphylococcus aureus} and Methicillin resistant \textit{Staphylococcus aureus} scheme. ERHCT has compared extremely favourably this past year and 3 out of 4 quarters the MRSA bacteraemia rates have been the lowest in eastern region.

![Graph showing MRSA Bacteraemias per 1,000 Bed Days for the East of England by Acute Trust from 1st January - 31st December 2003.]

MRSA remains an endemic problem in ITU, Surgery, Medicine and Care of the elderly wards. A policy for MRSA screening within Maternity services has been successfully introduced in order to reduce the risk factors for MRSA acquisition within this speciality.

The surveillance nurse is taking a period of maternity leave and the voluntary surveillance has had to be suspended until her return to work.

\section*{5. OUTBREAKS}

There have been no outbreaks to report this year.
6. **GENERAL**

The infection control team aim to be as accessible as possible with regular visits to as many clinical areas as possible on a regular basis. This has been helped by the recent move of the Infection Control Team on the Colchester General Hospital Site.

Members of the team are involved in the following committees:
- Hospital Infection Control Committee
- Drug and Therapeutic Drug and Dressings Committee
- Medicine Management Committee
- Dressings Sub Committee
- Clinical Product Review Group
- Matron Meeting
- Ward Managers Meeting
- Policies and Procedures
- OPTIMA Directorate meeting
- Women, Children & Families Directorate meeting
- PEAT group meetings
- Clinical risk monitoring committee
- Board of clinical practice
- Contract review meetings for facilities management
- Clinical Governance
- PFI meetings

**Link Nurses**

This has been the fourth year for the Link Nurse system. There are 49 link nurses or deputies with all clinical areas now represented, the attendance at the meetings is averaging 20 link nurses. There were 4 meetings in the past year where guest speakers have attended, or an educational session by the Infection Control Nurse followed by a general update.

**Hand Hygiene**

Hand hygiene remains high on the agenda and the Infection Control Team has continued to work with all staff to improve good hand hygiene practices.

**Alcohol Hand Rub**

Alcoholic hand rub at the end of every bed was rolled out across the Trust following on from the successful trial. Alcoholic hand rub usage continues to be monitored and is increasing, this is supports the view that hand decontamination is improving within staff and visitor groups.

**Induction Fayre**
The Induction Fayre for medical staff who are new to the Trust is an opportunity for the Infection Control Team to introduce the new medical staff to the up to date infection control guidelines.

INFECTION CONTROL ENQUIRIES

A total of 615 enquiries were received by the Infection Control Nurses as detailed in the chart below. This enquiry database does not capture all enquiries put before the Infection Control Team but gives a reasonable representation. MRSA remains top of the list for enquiries and continues to be the topic most requested in teaching sessions.
7. CONTROLS ASSURANCE - INFECTION CONTROL

Controls Assurance score – 96%. The area of deficiency is that of connectivity to and from the Board.

8. RESUME AND FUTURE STRATEGY

The Infection Control programme for the coming year will be predominantly focused to wards fulfilling the 'Winning Ways Strategy' here at ERHCT. This includes the following:

♦ Action Surveillance & Investigation
♦ Reducing the infection risk from use of catheters, tubes, cannulae instruments and other devices
♦ Reducing reservoirs of infection
♦ High standards of hygiene in clinical practice
♦ Prudent use of antibiotics
♦ Management and organisation
♦ Research & development

The Trust will be included in the National Patient Safety Association 'Clean Your Hands Campaign' first phase roll out programme, which aims to empower patients and staff in improving hand decontamination. The Infection Control Team will work with patients and all staff groups roll out the programme.

The team will continue to give their support to the planning stages of the new hospital build.