

# Kent Local Involvement Network (LINK)

Community Engagement Event

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# This presentation

- Healthcare Associated infection
  - National Headlines
  - Local Headlines
- East Kent Hospitals University FT
  - Evolution of Hand hygiene policy
  - Next Steps
- Q&A session

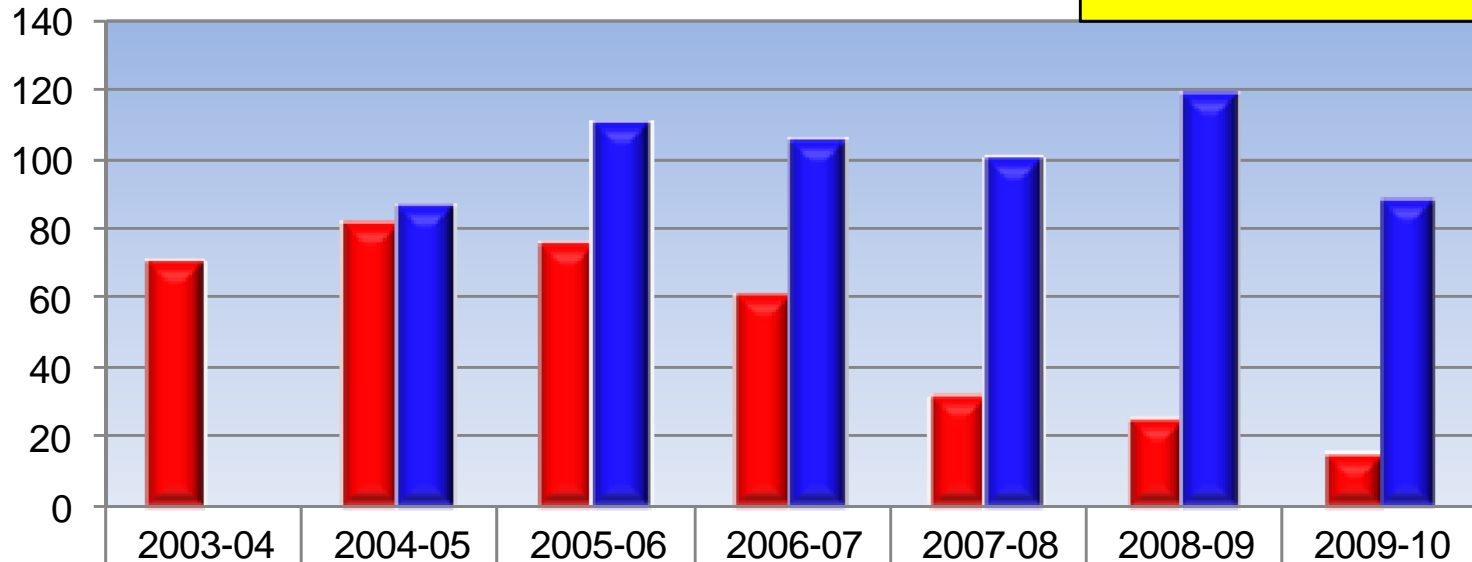


## Infection Control - National Picture

- MRSA blood stream Infections 2009-10
  - 1,898 cases = 35% reduction
- C difficile diarrhoea 2009-10
  - 25,604 cases = 29% reduction
- Major reductions in HCAI since 2003-04

# Staphylococcus aureus bacteraemia 2003-04 to 2009-10 MRSA and MSSA

**MRSA decreased  
by 79% from  
2003-04 baseline**



■ MRSA	70	81	75	61	32	25	15
■ MSSA		86	110	105	100	119	88



**EKC difficile Hospitalised cases  
Apr 2005 - March 2010  
(Rate is for Hosp+PCT cases  $\geq 65$  yrs)**



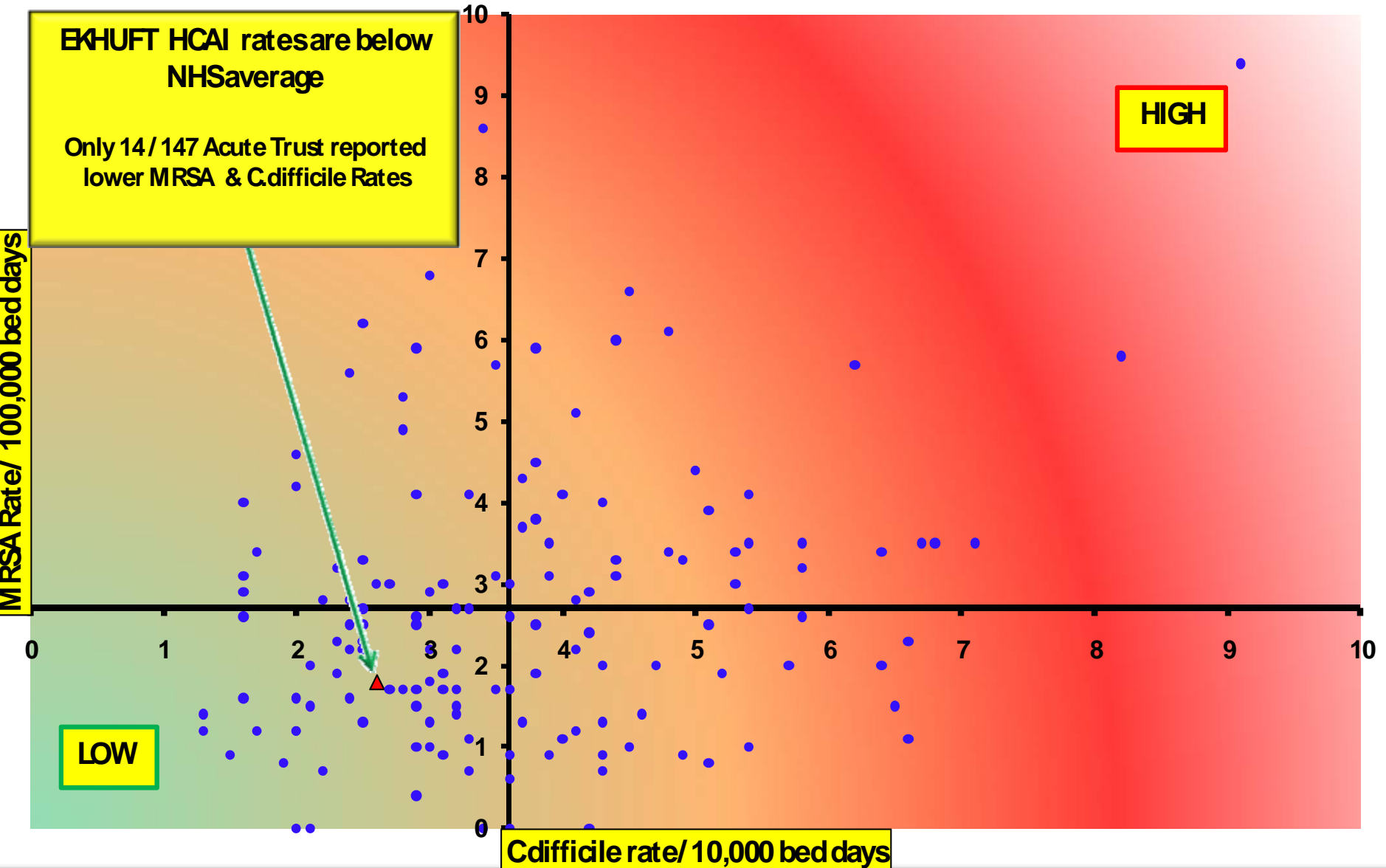
# Healthcare Associated Infection (HCAI)

- MRSA and C difficile DH & local stretch targets all met
- 4 consecutive years of year on year improvement
- National Trust "League" Tables to be published July 2010
- MRSA and C difficile targets for 2010-11 are based on rates adjusted for bed numbers and will only measure hospital acquired cases



# Acute Trust MRSA and C difficile rates 2009-2010

Horizontal and vertical axes represent NHS average MRSA and C difficile rates respectively



## How have improvements been achieved ?

- Evidence Based change in practice
- Hand hygiene campaign
- Improved IV site care
- Improved environmental cleaning
- Improved antibiotic prescribing
  
- Holding clinical teams to account
- Root Cause Analysis of HCAI events

# Hand Hygiene Audits - EKHUFT

- Weekly audits - all clinical areas (using the Lewisham hand hygiene observational tool recommended by the National Patient Safety Agency)
- Completed by nominated staff working within wards/departments.

## The key components of the tool are as follows:

- **Principle** - when touching patients or their environment healthcare staff have hand hygiene opportunities for cleaning hands eg before and after patient contact..
- Audit period 20 minutes/minimum of 5 staff observed

- Audits are carried out at point of care (NPSA recommendation)
- Observational tool compares hand hygiene opportunities with actual observed hand hygiene. Compliance is expressed as a percentage
- Feedback of performance to individuals – end of audit
- Hand hygiene audit results are discussed at regular ward/department meetings
- Staff groups are audited together and reported both collectively and separately (nursing/medical/AHP staff/others as appropriate to the Directorate)
- This data is submitted monthly for the CMB/board report

# Sample report

	Performance Metric				Anaesthetics	Cancer	Child Health	Strategic Development	General Surgery	Head and Neck	Medicine	Pathology	Pharmacy	Radiology	Therapies	T&O	Renal, Vascular, Urology and Interventional Radiology	Womens Health	Trustwide
	Apr - Jun Q1	July - Sept Q2	Oct - Dec Q3	Jan - Mar Q4															
	Annual Target	95%	95%	95%															
Overall	95%	95%	95%	95%	90%	96%	99%	91%	98%	97%	88%	97%		94%	95%	80%	99%	97%	94%
Medical	95%	95%	95%	95%	81%	70%	98%		95%	94%	94%					54%	100%	94%	87%
Nursing	95%	95%	95%	95%	93%	100%	100%		100%	100%	99%					100%	100%	96%	99%
AHPs	95%	95%	95%	95%			100%			100%	82%					67%	99%	100%	91%
Others	95%	95%	95%	95%	95%	100%	100%		100%	92%	76%					100%	99%	100%	96%
MRSA Screening Compliance	95%	95%	95%	95%	100%	100%			100%	100%	96%					92%	98%	100%	98%
Commencement of Decolonisation	80%	85%	95%	95%							88%						100%		94%
Mandatory Training Compliance	85%	85%	85%	85%	87%	80%	93%	93%	96%	68%	83%	83%	86%	83%	92%	75%	98%	81%	86%
Commode Audit Compliance					95%	100%	100%		96%	100%	97%			100%		100%	99%	100%	99%



In 2006, the NPSA published ***Flowing with the go*** as part of the clean**y**ourhands campaign stating the following:

“The campaign is designed to get staff to clean their hands more of the time, since **it is staff who play the key role in cross-infection – and therefore prevention**”.

“The issue is largely one of balance – and hospitals which have gone down the route of pushing hand hygiene by visitors as they enter wards may be giving mixed messages about what really matters in infection prevention”.

## NPSA advice cont..

“Ensuring that staff who care for patients have access to hand hygiene products at the point of patient care is the cornerstone of the campaign. **Focusing instead on hand decontamination at the entrance or exit to wards is missing the point.**”

It is important to ensure that all staff understand the reasoning behind this, and are encouraged to perform correct behaviour at the most relevant place and time”.

In 2008 the NPSA issued a patient safety alert  
**‘Clean Hands Save Lives’** included the following:

- “It is most beneficial to patient safety to place handrub dispensers at the point of care”
- “Placement at other sites is at the discretion of local trusts and should be based on an assessment of risk, of cross infection and risk of unintended use. Risk of ingestion is minimised when alcohol hand rub is at the point of care”

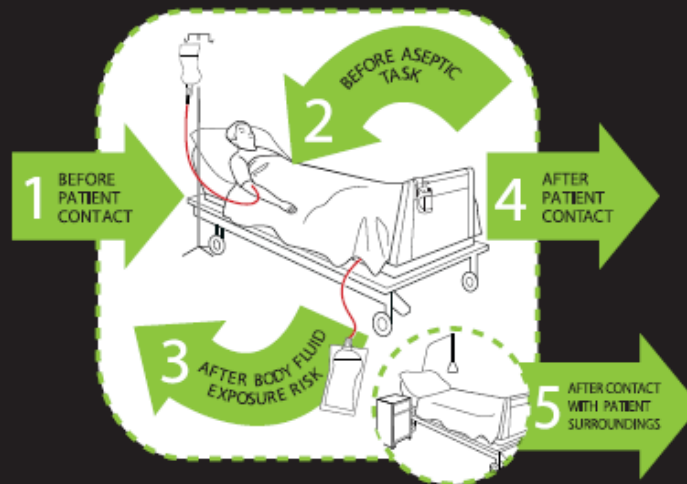
# Action for EKHUFT

- Improved updated signage for hand hygiene
  - visitors on entry/exit to wards/departments
  - Staff emphasis on point of care use
- Continued audit of staff at point of care
- Hand hygiene education programme to continue



**NHS**  
National Patient  
Safety Agency

## Your 5 moments for hand hygiene at the point of care



<b>1</b>	<b>BEFORE PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her <b>WHY?</b> To protect the patient against harmful germs carried on your hands
<b>2</b>	<b>BEFORE AN ASEPTIC TASK</b>	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>4</b>	<b>AFTER PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings when leaving the patient's side <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs
<b>5</b>	<b>AFTER CONTACT WITH PATIENT SURROUNDINGS</b>	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving – even if the patient has not been touched <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs

cleanyourhands®  
campaign



Putting patients first