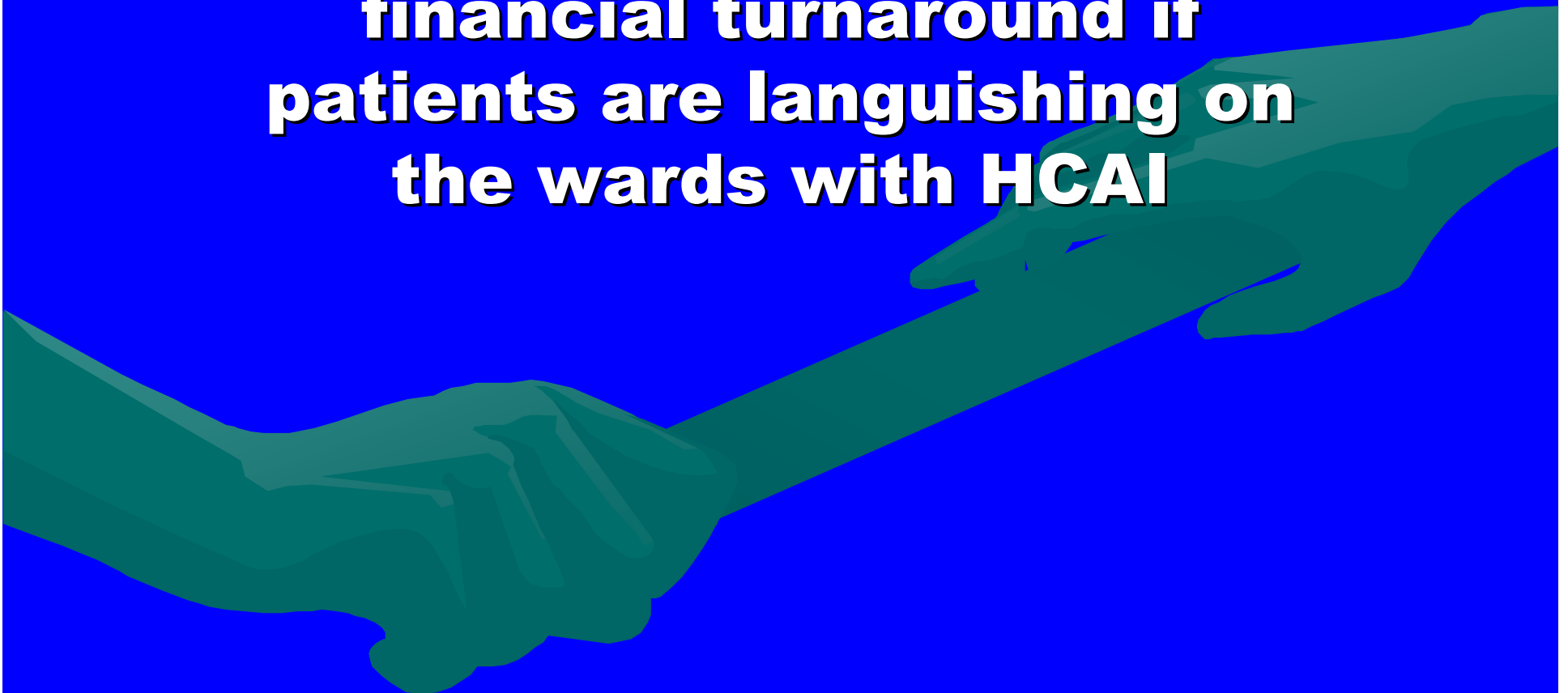


# Reducing MRSA

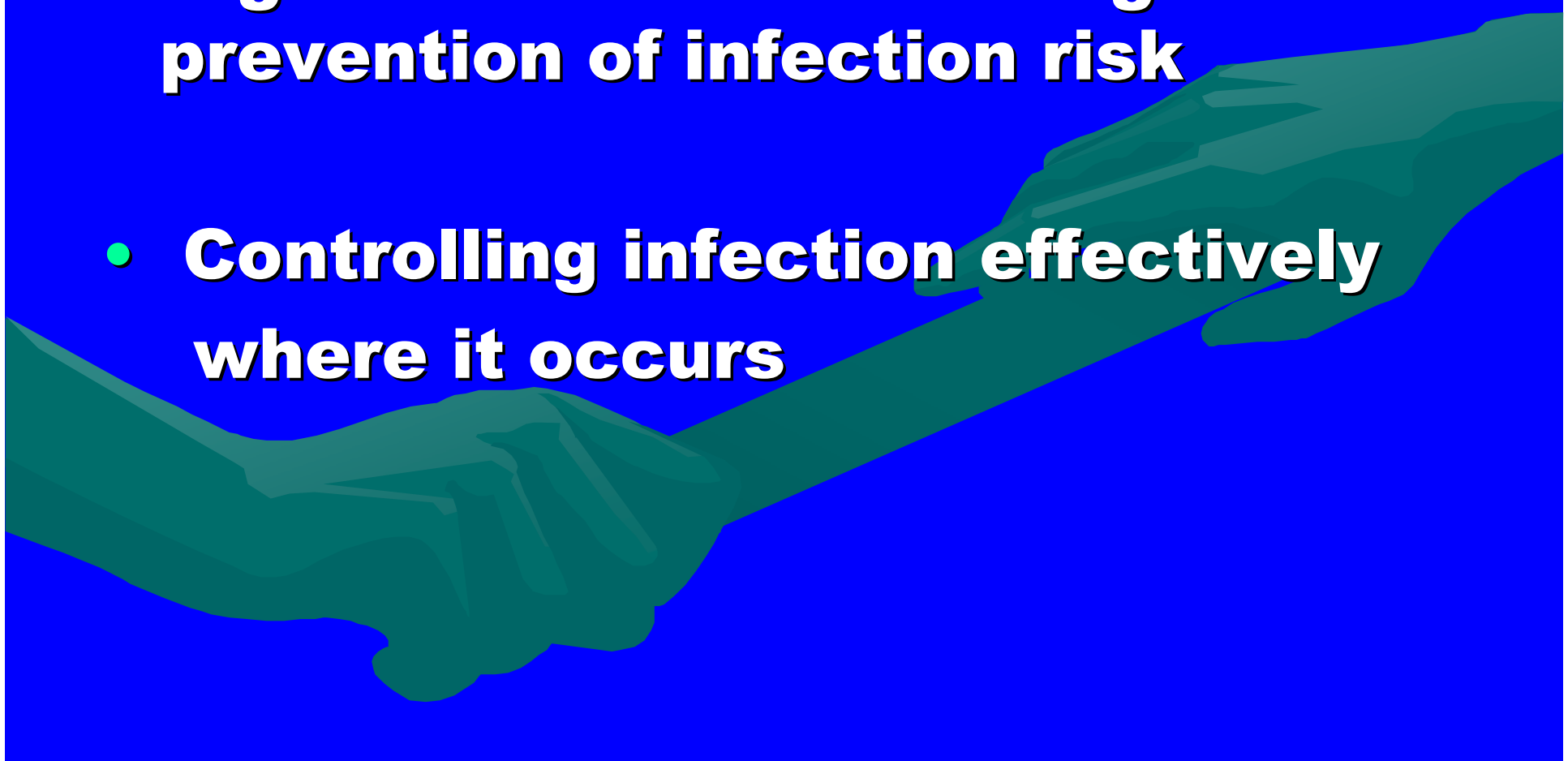
- **HCAIs are a disgrace**
- **Does your CE know about HCAIs as quickly as 4 hour wait or waiting list breaches?**

**How can a Trust succeed in  
financial turnaround if  
patients are languishing on  
the wards with HCAI**

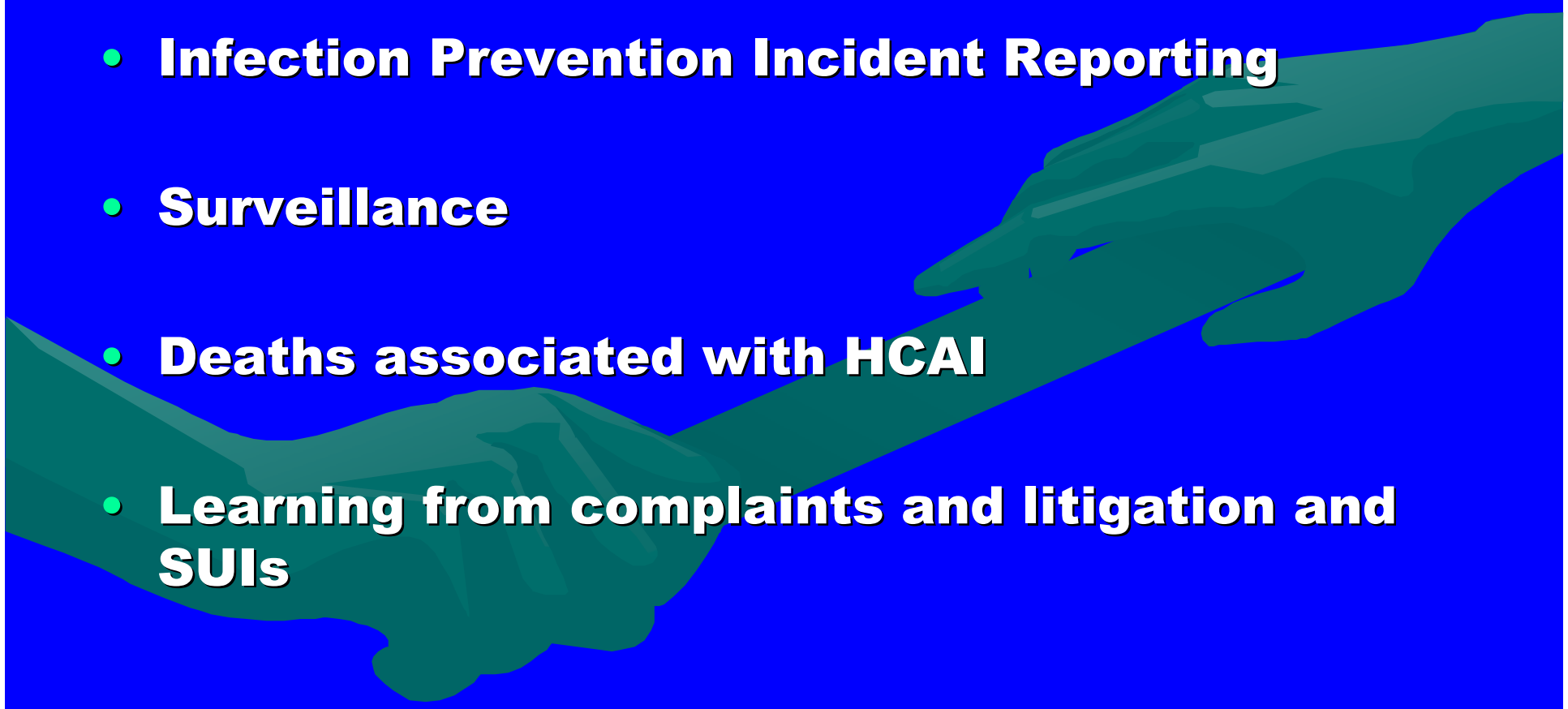


## **Trusts are required to have Assurance Processes that:**

- **organisation is minimising prevention of infection risk**
- **Controlling infection effectively where it occurs**



# Tools

- **Risk Assessment of all admissions**
  - **Infection Prevention Incident Reporting**
  - **Surveillance**
  - **Deaths associated with HCAI**
  - **Learning from complaints and litigation and SUIs**
- 
- A stylized illustration of two hands shaking, rendered in shades of green and teal, positioned diagonally across the lower half of the slide. The hands are rendered with a low-poly, blocky aesthetic.

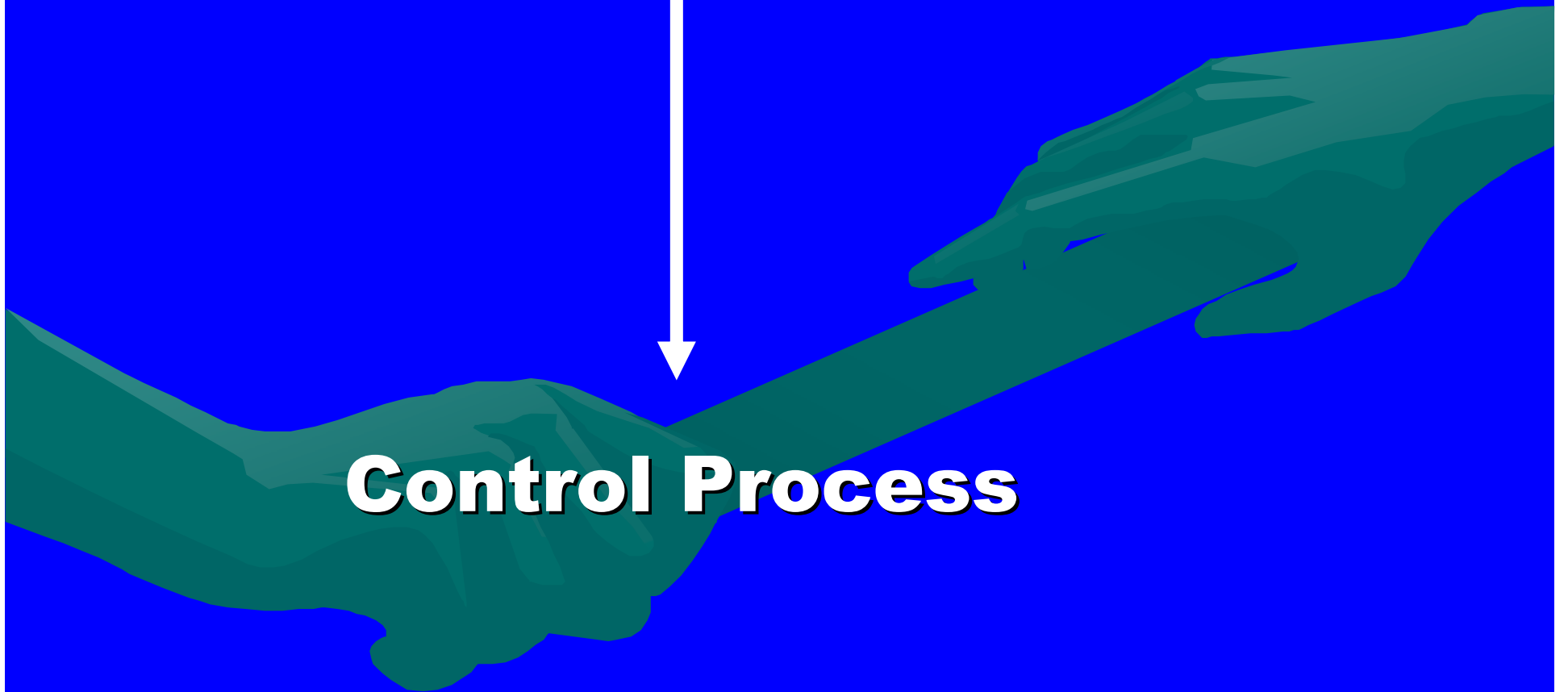
# Risk Assessment

- **Known to be MRSA positive**
- **From a nursing home / residential home**
- **Has been a patient in any hospital in last 6 months**
- **Any healthcare worker – community or acute setting**
- **Renal dialysis patient**
- **Patient with long term invasive device e.g. urinary catheter**
- **Patient with chronic skin breaks, to include pressure sores**
- **Chronic diabetic patients**
- **Close contact with horses**

**Risk Assessment**



**Control Process**



# Control Process

**Directive - telling people what they are to achieve**

**Preventive - Stopping unwanted actions**

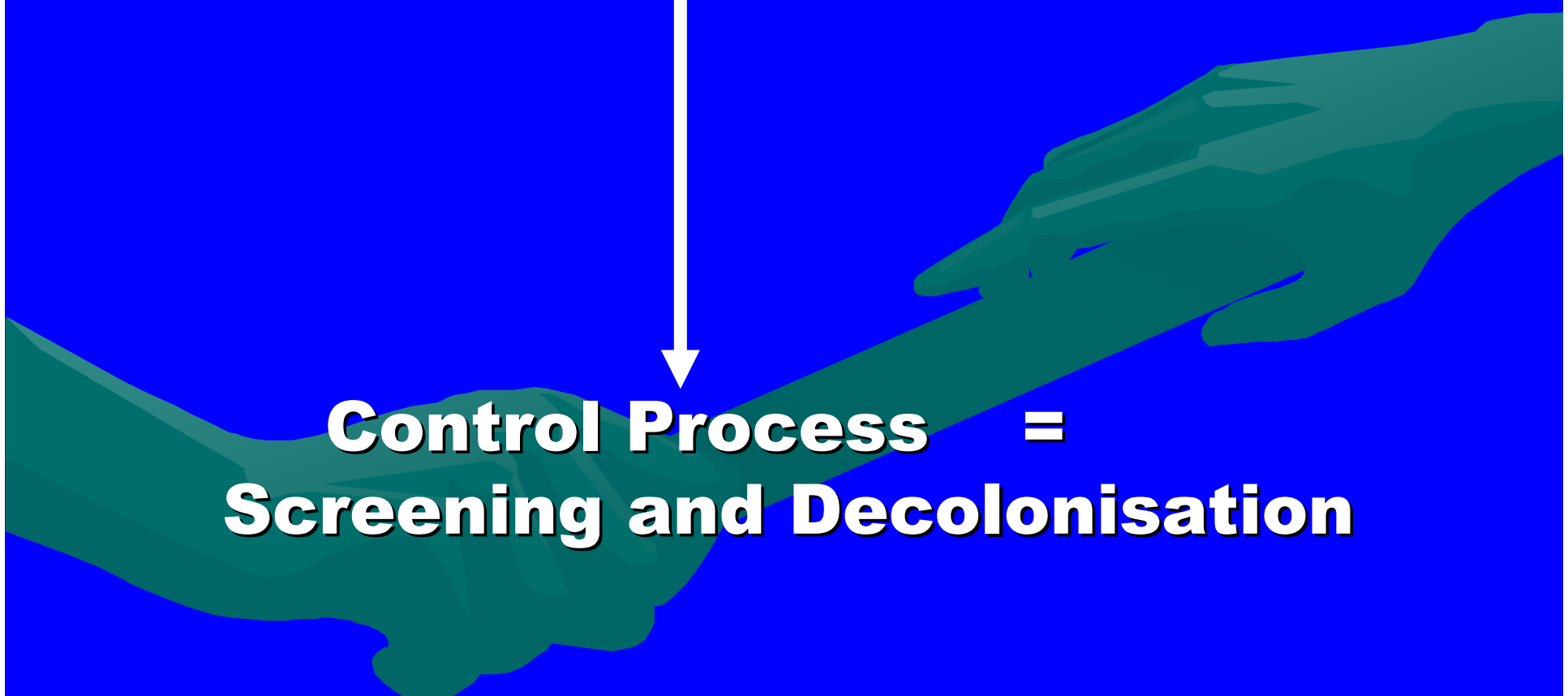
**Detective - Alerting of unwanted actions**



# **Risk Assessment**



**Control Process =  
Screening and Decolonisation**





# Directive

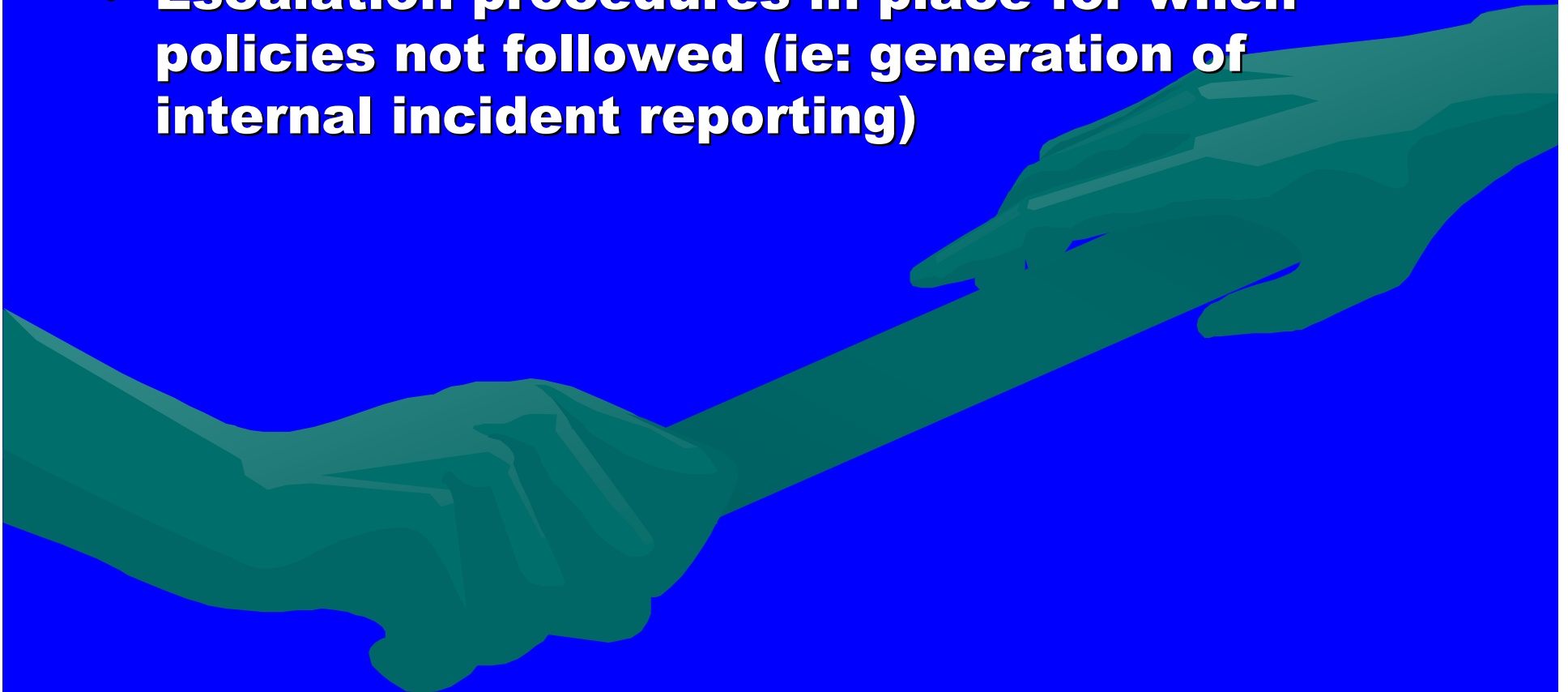
- **Screening policy in place stating level of screening expected**
  - **Decolonisation policy in place stating actions required, including community follow up**
- 

# Preventive


- **PAS Alerts of MRSA status to remind staff of screening requirements**
  - **Identification of 'revolving' door patients**
- 

# Detective

- **Escalation procedures in place for when policies not followed (ie: generation of internal incident reporting)**



# Infection Control Incidents

- **Failure to communicate infection control risk**
  - **Failure to comply with IVI device policy**
  - **Failure to isolate patients with infection**
  - **Failure to comply with Hand Hygiene Policy**
  - **'Attire'/clothing not fit for purpose**
  - **Failure to communicate presence of HCAI to patient**
  - **Decontamination failure**
  - **Failure to comply with MRSA Pathway**
  - **Failure to comply with cleaning policy**
  - **Failure to comply with Antibiotic Policy**
  - **Delay in laboratory reports of results**
  - **Failure to comply with primary/secondary care transfer arrangements**
- 
- A stylized illustration of two hands shaking, rendered in shades of green and teal, positioned on the right side of the slide. The hands are shown in a firm grip, symbolizing agreement or partnership.

**A defined reporting process with use of standardised definitions**



**There should be an analysis of patterns and trends across all reported incidents**



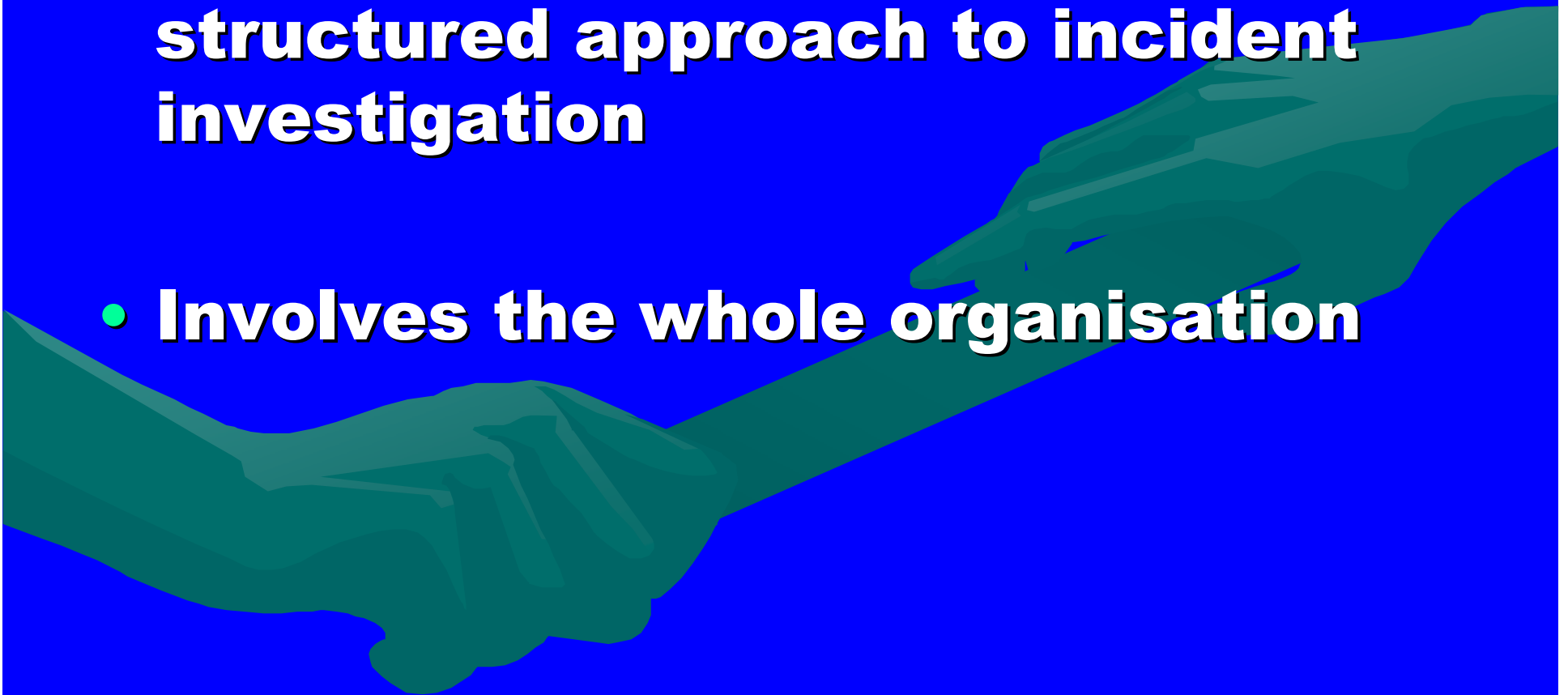
**An investigation method appropriate to level of investigation required, e.g. root cause analysis**



**Changes should be made to improve practice as a result of above**

# Root cause analysis

- **Root cause analysis (RCA) is a structured approach to incident investigation**
- **Involves the whole organisation**



# Establishing the Issues

- **Care-service timeline**
- **Fishbone – talk to all involved**
- **Five Whys**

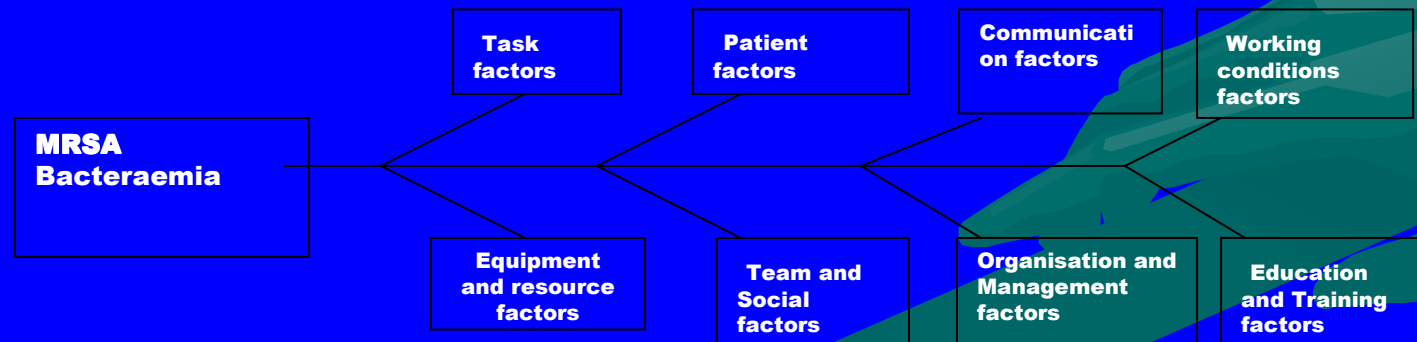


# Timeline

<b>10 Dec</b>	<b>Emergency Admission via A and E</b>
<b>10 Dec</b>	<b>MRSA screen neg</b>
<b>13 Dec</b>	<b>Operation</b>
<b>21 Dec</b>	<b>Discharged well</b>
<b>26 Dec</b>	<b>Re - admitted MRSA bacteraemia</b>



# Fishbone



# **The NPSA fishbone model explores eight domains as shown below**

- **Domain 1: Patient factors – Very unwell with poor hygiene**
- **Domain 2: Working Conditions - Rapid turnover of patients, staff shortages, ?? taking short cuts such as failing to comply with Trust hand hygiene policy**
- **Domain 3: Task factors- audit results shows hand hygiene at 54.5 % compliance**
- **Domain 4: Communication factors- A and E failed to communicate the presence of an intravenous device**

- **Domain 5: Team and social factors- role models, standard setting**
- **Domain 6: Education and training factors- supervision, availability (eg Hand Hygiene, ANTT)**
- **Domain 7: Equipment and resources factors- eg. disposable tourniquets, alcohol wipes for stethoscopes**
- **Domain 8: Organisational and Management – Clarity of standards**



# Issues

- **Inadequate Hand Hygiene - Audit results show 42% compliance with hand hygiene, allowing MRSA to potentially spread from other patients**
- **No evidence that the patient's bed and bed space was adequately cleaned between the last patient**
- **Failure to adequately decontaminate all items of equipment between patients such as blood pressure cuffs, tourniquets and stethoscopes**

# Root Cause Analysis Action Plan




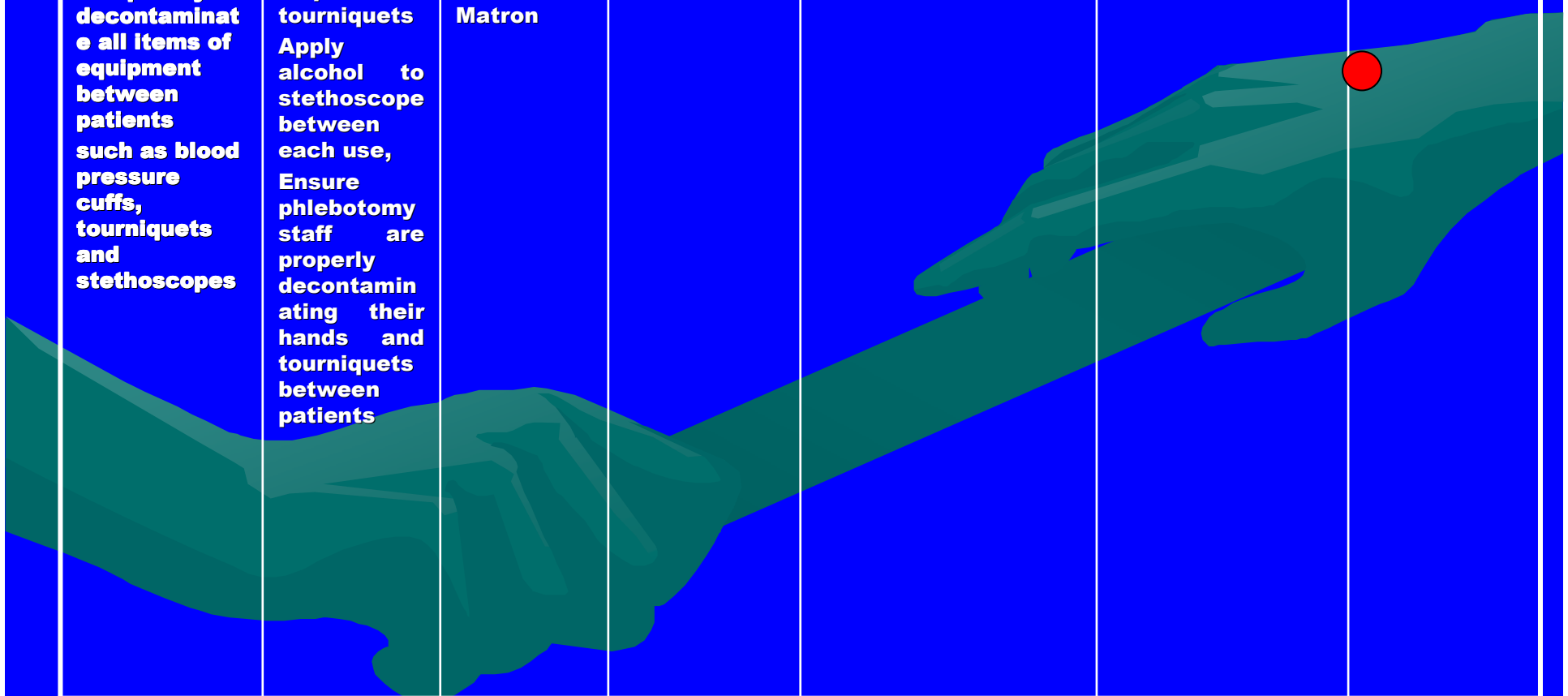
Issue	Action	By Whom	Target Date	Date Completed	Review/ Outcome	Traffic Lights
Inadequate Hand Hygiene	Zero Tolerance rule to apply	Matron	Immediately			<span style="color: red;">●</span>

# Root Cause Analysis Action Plan

Issue	Action	By Whom	Target Date	Date Completed	Review/ Outcome	Traffic Lights
<b>No evidence bed and bed space adequately cleaned between patients</b>	<b>Bed and Bed Space Standing operating Procedure to be implemented</b>	<b>Ward Sister</b>	<b>Immediately</b>			

# Root Cause Analysis Action Plan

Issue	Action	By Whom	Target Date	Date Completed	Review/ Outcome	Traffic Lights
<b>Failure to adequately decontaminate all items of equipment between patients such as blood pressure cuffs, tourniquets and stethoscopes</b>	<b>Introduce disposable tourniquets Apply alcohol to stethoscope between each use, Ensure phlebotomy staff are properly decontaminating their hands and tourniquets between patients</b>	<b>Ward Sister and Matron</b>	<b>immediately</b>			



## Summary of main learning points from MRSA RCA

- Continuing skin care for all MRSA positive patients across both primary and secondary care
- Optimal device management of patients colonised with MRSA
- Zero tolerance for failure to adequately decontaminate hands between patients
- Zero tolerance for failure to decontaminate all items of equipment between patients (including stethoscopes, tourniquets, beds and operating tables)
- Zero tolerance for failure to adequately decontaminate the patient environment between patients (bed spaces and theatre environment)



# **PCT Performance Management**

- **Formal performance management of issues identified against agreed parameters**

# **PCT Performance Management**

- **Sustained improvement in Hand Hygiene audit results**
- **Evidence of use disposable tourniquets**
- **Evidence of correct use of IVI documentation**
- **Evidence of continuing skin care for MRSA positive patients across primary and secondary care**

# Take Home Thoughts

- **Any HCAI is a disgrace**
- **The CE needs to know about cases of HCAI at least as quickly as breaches in the 4 hour wait**
- **If patients are languishing in hospital with infection, how can trusts possibly be delivering financial turnaround**
- **Every ward sister and every matron needs to know what cases of HCAI - colonised or infected they have at any time on their ward and be accountable for systems in place necessary to control**
- **Trusts need to make it clear to anyone not complying with HCAI systems that such behaviour is unacceptable**
- **Do Trusts have sufficient pace and urgency indicating to everyone the importance of the HCAI agenda ?**