

Healthcare-Acquired Infections in the UK: Could accreditation help?

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Many thanks
for the
opportunity to
speak at this
meeting

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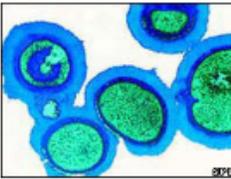
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Last Updated: Thursday, 11 February 2005, 11:25 GMT

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MRSA 'superbugs'
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Each year, at least 100,000 people who go into hospital gets an infection there.



MRSA is one example of this.

What is MRSA?

Staphylococcus aureus is a family of common bacteria.

Many people naturally carry it in their throats, and it can cause a mild infection in a healthy person.

MRSA stands for methicillin-resistant aureus, but is shorthand for any Staphylococcus bacteria which is more conventional antibiotics.

Experts have so far uncovered 17 differing degrees of immunity to the antibiotics.

Two particular strains, clones 15 and 22, are more transmissible than the other 96% of MRSA bloodstream infections.

At present, these strains are thought to be common in some countries, but are spreading.

Antibiotics are not completely powerful against MRSA, but patients may require a course over a much longer period, or the use of a different antibiotic to which the bug has less resistance.

What are the symptoms?

MRSA infections can cause a broad range of symptoms depending on the part of the body that is infected. These may include surgical wound infections, skin abscesses, eye, skin and blood.

Infection often results in redness, swelling, tenderness at the site of infection, and pus. Some people may carry MRSA without having an infection.

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Hospital bug deaths 'scandalous'
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The deaths of 90 hospital patients from clostridium difficile are "scandalous", Health Secretary Alan Johnson has said.



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Kent police have launched an investigation into whether the Maidstone and Tunbridge Wells NHS Trust should be prosecuted for the deaths.

The commission found countless examples of dirt.

A spokesman said a "litany" of errors in the trust's care led to the "avoidable tragedy".

The trust had not been prepared for "an outbreak of this magnitude" but had learned lessons.

Some staff said nurses at the trust were overwhelmed and left patients to lie in their beds.

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ESBL E-Coli Superbug Claims over 57 Lives

ESBL E-coli
08/01/2007

Government experts are investigating whether the deadly new superbug that has caused over 57 deaths in the UK may be linked to British farms.

The form of e-coli, known as ESBL e-coli, was found in sick calves last year on a dairy farm in Wales, since then similar forms have been found on nine farms across Britain. The bug is also known to exist in other countries world wide.

It is thought that the bug may be caused by using certain antibiotics that are intended to kill e-coli in animals. As a side-effect the animals have developed resistant strains of the bug that cannot be destroyed.

It is possible that the infection can spread to humans through meat and milk. It can be carried in the gut of humans and is a particular risk to the vulnerable such as the elderly. The government alleges that the strain found in animals is different to that in humans. However the Soil Association suggests this may be due to a mutation of the bug.

28 people in Shropshire have died from ESBL e-coli and over 200 in the area infected. Another 29 deaths have occurred in Southampton and other cases have been revealed across the country. Given the number of fatalities there are concerns the new superbug could become as serious as MRSA.

If you or someone you know has been affected by food poisoning such as ESBL e-coli, our experts can help. Fill in our [online claims form](#) for free legal advice.

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For many of these patients there may well have been a good chance that they would have recovered if all steps had been taken

Heather Wood
Report author
Q&A: Clostridium difficile

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HEALTH COMMISSION REPORT ON C. DIFFICILE AT MALDSTONE AND TUNBRIDGE WELLS NHS TRUST

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Health Commission report on C. difficile at Maldstone and Tunbridge Wells NHS Trust (17/2/2008)

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£5million for Leslie Ash - more than all MRSA awards since 2002

By JAMES MILLS
Last updated at 09:49 17 January 2008

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'Cut down in her prime': Leslie Ash has won £5million in compensation after she nearly died from a hospital superbug

Leslie Ash is to receive a record £5million damages for the hospital superbug which wrecked her career.

The compensation deal - signed by her lawyers yesterday - is ten times the £500,000 she was initially reported to have been awarded.

But !!!

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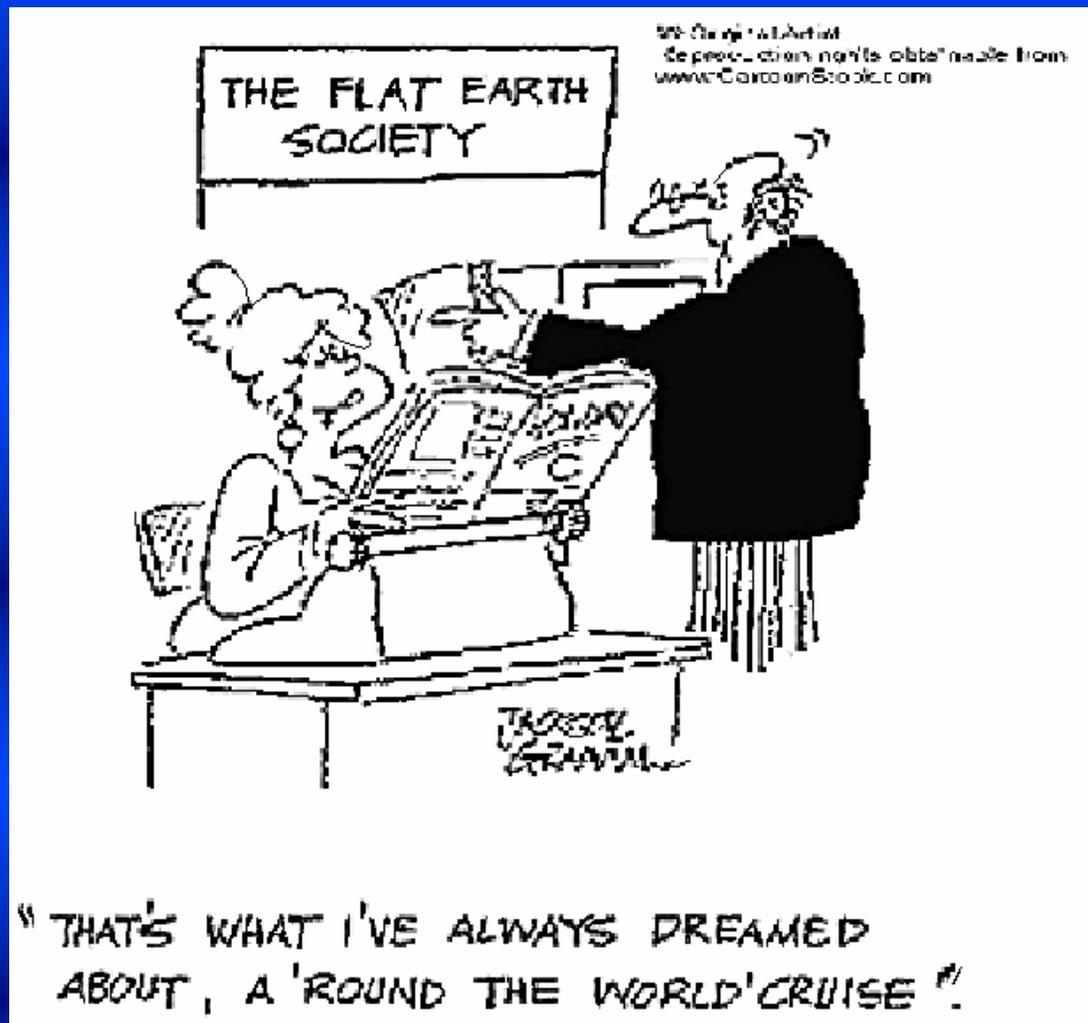


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There is so much more to HCAI-related risk & prevention than just MRSA, *C. difficile*, *E. coli* et al!

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Thousands of patients told of HIV risk after visiting 'dentist with dirty instruments'

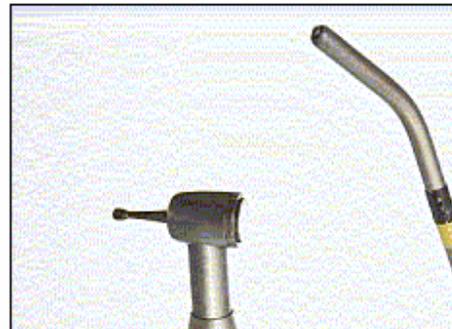
By DAILY MAIL REPORTER

Last updated at 2:53 PM on 01st June 2009

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Thousands of people have been told they could be at risk of infections such as HIV or hepatitis because of a dentist's poor hygiene measures.

Patients in Bristol and Bournemouth have been sent letters alerting them to the potential risk of blood-borne infections after a dentist was found to have been operating poor infection control measures.



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From Times Online
January 4, 2008

Hospitals close wards after norovirus infections spread

*List of hospital closures below



(Nick Ray/The Times)

Closing wards seems like a radical way to contain the infections, but health experts say it is the most effective method

Nigel Hawkes, Health Editor of The Times

Dozens of hospital wards all over England are being closed to new admissions in order to control a highly infectious winter vomiting disease.

The closures offer the quickest way of controlling the outbreak of norovirus infections, which although seasonal, has started sooner than usual and could involve more cases than in previous years.

The virus causes a short-lived infection with symptoms such as vomiting, diarrhoea, and fever and can spread quickly, costing the NHS more than £100 million a year.

The infective dose is very small, so anybody looking after a sufferer is in danger of catching the illness. Scrubbing hands with antiseptic

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Health / Infectious diseases

3rd Cyprus baby dies of Legionnaires' disease

11 infants infected at private clinic; tests find bacteria in maternity ward

Associated Press updated 21:23 p.m. ET Jan. 7, 2009

NICOSIA, Cyprus - Officials say a third baby has died from an outbreak of Legionnaires' disease at a private clinic in the Cypriot capital.

A total of 11 babies were infected, and one is on a respirator in critical condition at the state-run Makarios Hospital, according to Andreas Hadjdemetriou, a doctor there.

One baby died Wednesday and two others last week. The other seven are out of danger.

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Baby units in TB scare

A TB SCARE erupted at Tameside Hospital's maternity unit after a woman with the disease shared a ward with new mums and their babies.

The infected patient was admitted to the unit earlier this month. Neither she nor hospital staff knew she had tuberculosis.

It was only discovered she had the disease and could have exposed others to the illness after she was discharged.

One mum, who asked not to be named, said she and her baby son have been told to take antibiotics for the next three months as a precaution.

"My baby's got to take medication, he's not had the best start in life being premature and it's not just my baby in there," she said.

"The midwives said they've been there for 30 years and they've never known anything like it. They've had to get a specialist in who works for the trust."

"I've asked for my baby to be moved as I don't want him in the same room as the infected woman's baby, but they say there's no space. None of it is the midwives' fault. The woman wasn't screened, they only found it by accident when she'd gone home, not while she was on the ward."

"I don't know why (she wasn't screened), it's only a blood test."

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A patient infected with malaria at a hospital ward is believed to have died of the disease after being discharged.

An inquest into the death of 22-year-old Gavin Sebborn opened and adjourned on Tuesday.

It is believed that Mr Sebborn, who lived at Karbu House, a hostel for the homeless in Nottingham, died from malaria although he had been admitted for treatment to Nottingham City Hospital for another condition.

It emerged on Monday that two other patients contracted malaria while they were inpatients on the infectious disease ward at the hospital - only the second time there has been an outbreak of the tropical disease in a British hospital.

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Last updated: Monday, 21 February, 2005, 16:25 GMT

Two die in German rabies outbreak

Two people have died in Germany after receiving organs from a donor infected with rabies.

The donor was a 26-year-old woman who is thought to have spent time in India.

The latest victim was a 70-year-old man who had a kidney transplant, a clinic at Hannover's Schumann in northern Germany said.

A woman who received a lung from the donor died at the weekend, while a third patient who received a pancreas and a kidney is seriously ill.

However, three other recipients of organs from the donor have so far shown no signs of the disease.

The donor herself died of a heart attack in December.

The donor's lungs, cornea, kidneys, pancreas and liver were removed after her death and used for patients in several German regions.

The German Organ Transplant Foundation said the woman had shown no clear symptoms for rabies, and her organs had been thoroughly tested for bacteria, viruses and tumours before the transplants.

Symptoms

Rabies can be transmitted to humans through animal bites and is nearly always fatal. A quick vaccination can generally prevent the outbreak of the disease.

The virus infects the central nervous system. Symptoms include fever and headache and can progress to partial paralysis, hallucinations and fear of water. Death usually occurs within days of the symptoms appearing.

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Four Transplant Recipients Contract H.I.V.

Four transplant recipients in Chicago have contracted H.I.V. from an organ donor, the first known cases in more than a decade of the virus being spread by organ transplants.

The organs also gave all four patients hepatitis C, in what health officials said was the first reported instance of the two viruses being spread simultaneously by a transplant.

Though exceedingly rare, this type of transmission highlights a known weakness in the system for checking organ donors for infection: the most commonly used tests can fail to detect viral diseases if they are performed too early in the course of the infection. Officials say the events in Chicago may lead to widespread changes in testing methods.

"There are important policy implications," said Dr. Matthew Kuehnert, director of the Office of Blood, Organ and Other Tissue Safety at the federal Centers for Disease Control and Prevention, which is investigating the incident. "Clearly, the organ transplant community is going to think about the issues raised by this, and we look forward to being involved in those discussions."

The cases were first reported today by The Chicago Tribune. Two patients were infected at the University of Chicago Medical Center, and one each at Rush University Medical Center and Northwestern Memorial Hospital. The transplants were coordinated by an organization called the Gift of Hope, in Elmhurst, Ill. Officials would not say what organs were transplanted, but a transplant expert not connected with the case said they were most likely the kidneys, liver and either the heart or lungs. Only four organs, and no other tissue, were taken from the donor.

The University of Chicago said that the operations took place in January, and that the donor was an adult who died in a Illinois hospital three days after traumatic injury. Neither the donor's age nor sex were disclosed. The other hospital declined to discuss what happened, except to confirm that each had an infected patient.

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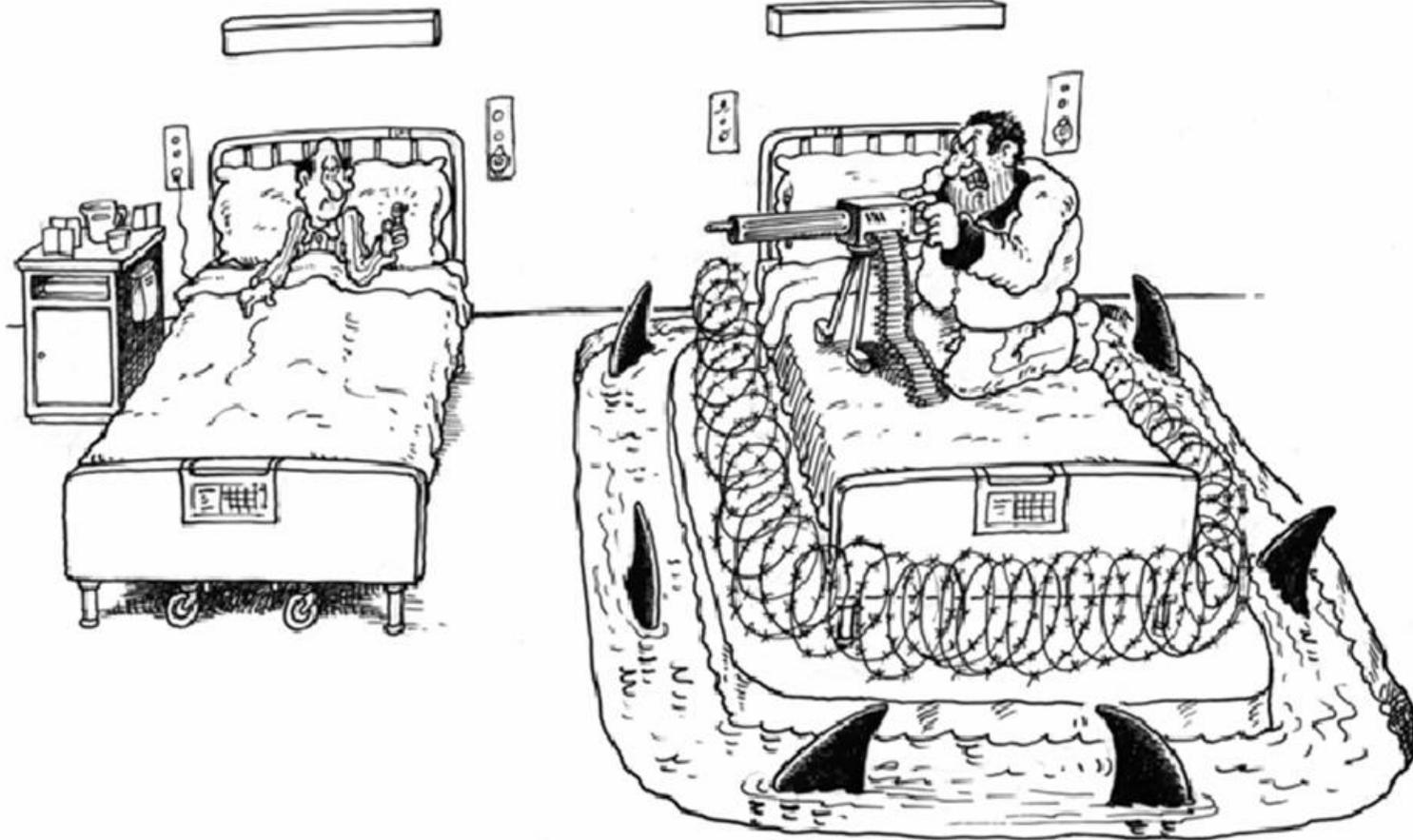
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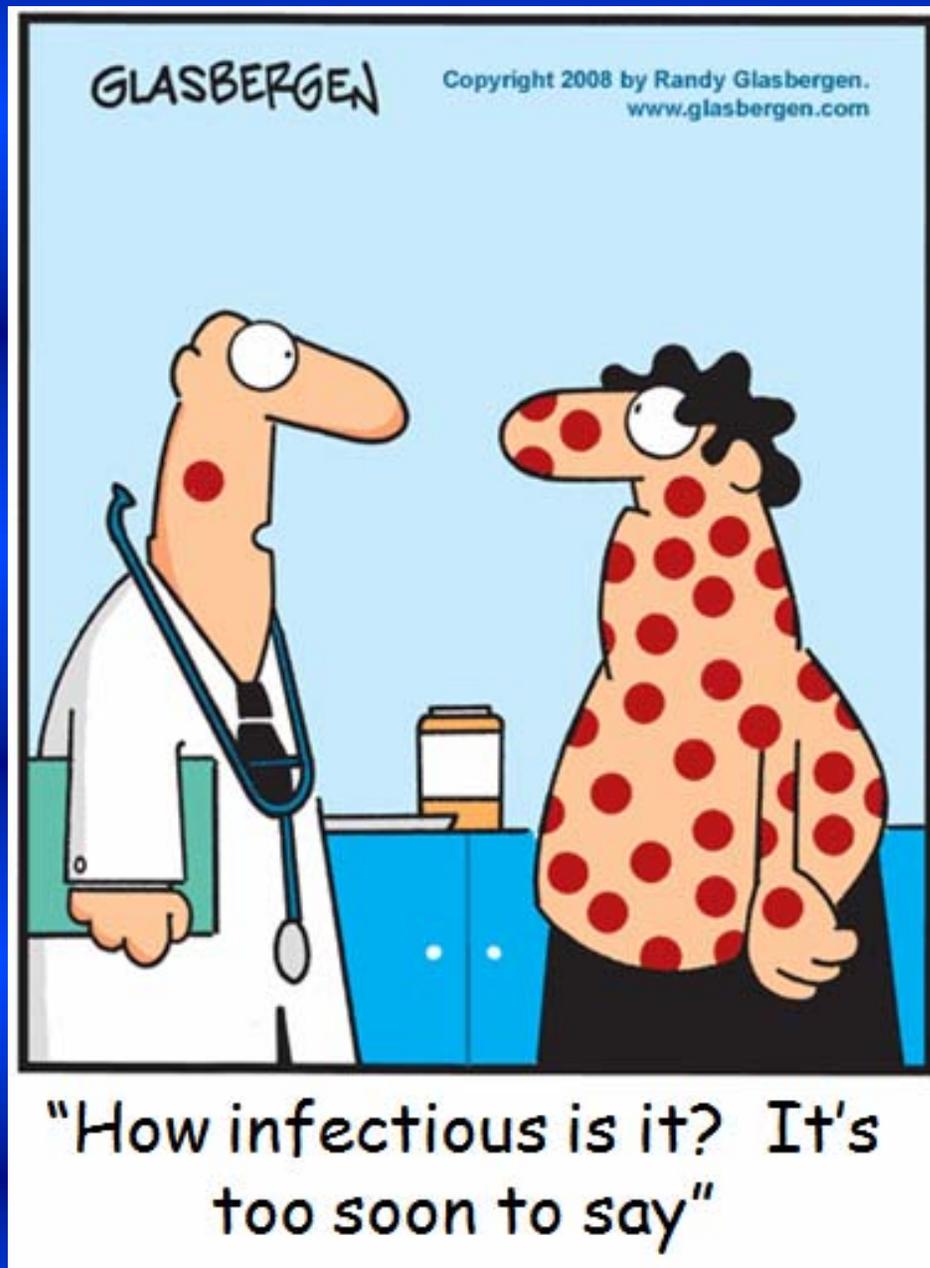
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So just what is the public to make of it all?



Mr Jones took the risk of cross-infection very seriously!

And what about the welfare of the staff who are caring for the patients?



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Doctor Infected With H.I.V. Blames Her Training by Yale

Published Sunday, October 7, 1999

Seven weeks into her medical residency at Yale-New Haven Hospital in 1988, a 25-year-old doctor was asked to put a catheter into an artery of a terminally ill AIDS patient.

Then a not uncommon accident occurred: the doctor pricked her thumb when extracting the needle. She later tested positive for H.I.V., the virus that causes AIDS.

Now, in a civil trial that started on Tuesday in New Haven Superior Court, the doctor contends that the needle puncture does not represent an unavoidable medical hazard but is instead the result of faulty training and supervision by Yale University, which is affiliated with the hospital.

[In court on Friday, a nurse recalled the moment that the doctor pricked herself. "All she said was, 'There goes my life,'" the nurse, Jack D'Ambrosi, testified.]

The doctor, who is not identified in court papers to protect her medical career, says she was given incorrect information about how to insert an arterial line and was not adequately supervised during the procedure, having done it successfully only once before.

Michael P. Koskoff, her lawyer, said medical schools are sometimes criticized for teaching residents too quickly, a situation that is summed up in the phrase "See one, do one, teach one."

"This is, 'See one, do one,'" Mr. Koskoff said after a court session. "She saw it done once, she did it once, and now she's going to do it on her own."

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Dr. Carlo Urbani of the World Health Organization dies of SARS

29 March 2003

Dr. Carlo Urbani, an expert on communicable diseases, died today of SARS. Dr. Urbani, worked in public health programs in Cambodia, Laos and Viet Nam. He was based in Hanoi, Viet Nam. Dr. Urbani was 46.

Dr. Urbani was the first WHO officer to identify the outbreak of this new disease, in an American businessman who had been admitted to a hospital in Hanoi. Because of his early detection of the disease, global surveillance was heightened and many new cases have been identified and isolated before they infected hospital staff. In Hanoi, the SARS outbreak appears to be coming under control.

"Carlo was a wonderful human being and we are all devastated," said Pascale Brudon, the World Health Representative in Viet Nam. "He was very much a doctor, his first goal was to help people. Carlo was the one who very quickly saw that this was something very strange. When people became very concerned in the hospital, he was there everyday, collecting samples, talking to the staff and strengthening infection control procedures."

Dr. Urbani was married and the father of three children.

Dr. Urbani received his medical degree from the University of Ancona, Italy, and did post-graduate work in malaria and medical parasitology. He was an expert in the parasitic diseases of schoolchildren. He was also a president of Médecins Sans Frontières-Italy.

"Carlo Urbani's death saddens us all deeply at WHO," said Dr. Gro Harlem Brundtland, WHO's Director-General. "His life reminds us again of our true work in public health. Today, we should all pause for a moment and remember the life of this outstanding physician."

1: Lancet, 1980 Nov 1;2(8201):939-41.

Congo/Crimean haemorrhagic fever in Dubai. An outbreak at the Rashid Hospital.

Suleiman MN, Muscat-Baron JM, Harries JR, Satti AG, Platt GS, Bowen ET, Simpson DI.

A hospital outbreak of haemorrhagic fever took place in Dubai in November, 1979. The index case died in the casualty department shortly after admission. There were five secondary cases among hospital staff, two of whom died. When, 3 months after this outbreak, a patient with symptoms characteristic of haemorrhagic fever was admitted, immediate barrier nursing prevented further secondary cases.

PMID: 6107588 [PubMed - indexed for MEDLINE]

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Saturday, 28th March 2004

Rabies victim bit nurses in despair

Published: 19 December 2003

By JIM MCBETH

A DISTURBING insight into the final days of the first Briton to die from rabies in 100 years was revealed yesterday by the doctor who fought for more than a week to save David McRae.

Driven to despair by the disease, caused by a bite from a bat, the dying man injured two nurses by biting and scratching them.

"It was not his fault, but there was concern for the staff," said Dr Dilip Nathwani, a consultant in infectious diseases at Ninewells hospital, Dundee.

Speaking for the first time since the death of the renowned artist, climber and scientist in November last year, Dr Nathwani told a meeting of colleagues at Ninewells of his desperate, and vain, race against time to identify the illness.

Later, he said: "I have asked myself if we could have done more, but we did all we could. It is unlikely we will ever see another such case."

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MMWR Weekly

December 18, 1998 / 47(49):1073-6,1083

Fatal Cercopithecine herpesvirus 1 (B Virus) Infection Following a Mucocutaneous Exposure and Interim Recommendations for Worker Protection

On December 10, 1997, a 22-year-old female worker at a primate center died from Cercopithecine herpesvirus 1 (B virus) infection 42 days after biologic material (possibly fecal) from a rhesus macaque (*Macaca mulatta*) splashed into her right eye. This report summarizes the clinical features of her illness and the subsequent investigation by CDC in response to a technical assistance request from the Occupational Safety and Health Administration (OSHA) and presents interim recommendations to prevent ocular splash exposures. This investigation documented the hazard of ocular splashes and indicated that dendritic corneal lesions, such as herpetic skin vesicles, are not always present in B virus infection (1).

Friday, 29 May 2009

New killer virus found in Africa

New killer virus found in Africa



Scientists have identified a lethal new virus in Africa that causes bleeding like the dreaded Ebola. The so-called "Lujo" virus infected five people in Zambia and South Africa last autumn. The virus comes from a family of viruses found in rodents.

Four of the five people infected died. It is not clear how the first person became infected.

Dr Ian Lipkin, a Columbia University epidemiologist in the US, said: "This one is really, really aggressive." A paper on the virus by Dr Lipkin and his collaborators was published online in PLoS Pathogens.

The outbreak started in September, when a female travel agent who lives on the outskirts of Lusaka, Zambia, became ill with a fever that quickly grew much worse. She was airlifted to Johannesburg, South Africa, where she died.

A paramedic in Lusaka who treated her also became sick. He was transported to Johannesburg and died. The three others infected were health care workers in Johannesburg.

Investigators believe the virus spread from person to person through contact with infected body fluids.

"It's not a kind of virus like the flu that can spread widely," said Dr Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, which helped fund the research.

The name Lujo stems from Lusaka and Johannesburg, the cities where it was first identified.



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The 12 MPs who plan to stand down at the next election in the wake of revelations over their expenses will cost the taxpayer more than £1 million.

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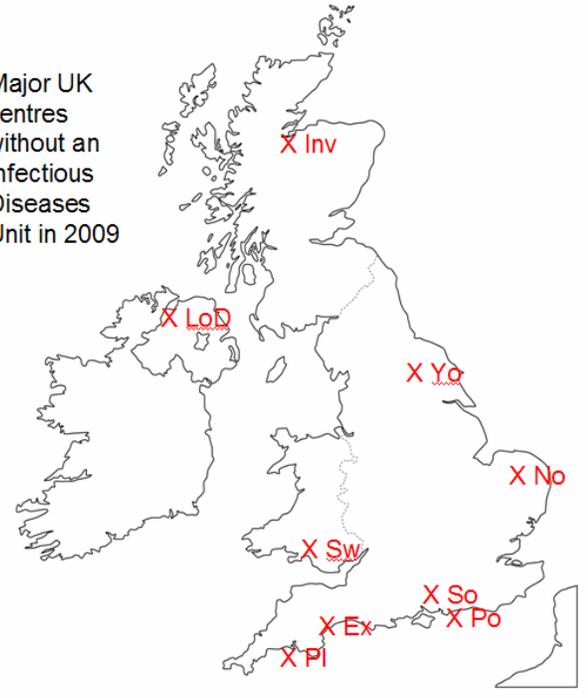
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"An ounce of prevention is worth a pound of cure."

Benjamin Franklin (1706-90)
American Polymath



Cleaning & sanitation are certainly vital

But.....





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- CPD
- Occupational Health

Antibiotic Policy Travel Health Sexual Health Vaccination Policy Etc etc etc

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On Air
BBC News
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Help

Health
Fears over antibiotic policy

Monday, June 22, 1999 Published at 23:41 GMT 00:41 UK

Bacteria are becoming resistant to drugs

A huge difference in the use of antibiotics by European countries poses a major threat to health, according to new research.

The disparity in policy is making attempts to combat antibiotic resistance extremely difficult, it warns, raising the spectre of drug resistant bacteria for which no effective treatment can easily be found.

The new research follows a report by the House of Lords Science and Technology Committee earlier this year that warned the worldwide overuse and misuse of antibiotics would promote resistance among the bacteria which cause serious disease.

For the first time in 50 years, bacteria are appearing which are resistant to all existing antibiotics.

Health Contents

- Background Briefings
- Medical notes
- Relevant Stories
 - 19 May 99 | Food Safety: [Animals and antibiotics: the benefits](#)
 - 19 May 99 | Food Safety: [Animals and antibiotics: the dangers](#)
 - 13 May 99 | Sci/Tech: [New antibiotics to beat the bugs](#)

Internet Links

- [House of Lords report on antibiotics](#)
- [Increase in antibiotic resistance](#)
- [Antibiotics - are they losing their power?](#)

The BBC is not responsible for the content of external internet sites.

In this section

- [Disability in depth](#)
- [Spotlight: Bristol inquiry](#)
- [Antibiotics: A fading wonder](#)
- [Mental health: An overview](#)
- [Alternative medicine: A](#)

NHS choices Your health, your choices

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Medical advice | Find services | Health A-Z | Live Well | Carers Direct | News | Tools | Video | Blogs | Links | Patient choice

You are here: [Medical advice now](#) / [Common health questions](#) / [Immunisation](#) / [General immunisation advice](#) / What is the pneumococcal vaccine and who needs it?

What is the pneumococcal vaccine and who needs it?

Pneumococcal disease is an infection caused by a type of bacteria called Streptococcus pneumoniae. When these bacteria invade the lungs, they cause the most common kind of bacterial pneumonia and can then invade the bloodstream (bacteremia) and/or the tissues and fluids surrounding the brain and spinal cord (meningitis). Another common complication is infection of the middle ear (otitis media).

Pneumococcal polysaccharide vaccine (PPV)

If you are over the age of 65 you can now have the pneumococcal polysaccharide vaccine (PPV) (known as the 'pneumo jab') to protect you against serious forms of pneumococcal infection. You won't need it each year and for most it's a one-off vaccination. If you haven't already been sent an appointment and would like more information, contact your local GP surgery.

You can also have this vaccination if:

- you don't have a spleen, or if your spleen doesn't work properly,

More about Immunisation on NHS choices

- [Health A-Z: travel immunisation](#)
- [Health A-Z: pneumococcal immunisation](#)
- [Live Well: childhood immunisation](#)
- [NHS immunisation information](#)
- [Guide to immunisations at 12-13 months](#)

Worcestershire **NHS**
Primary Care Trust

Press release
Date: 17 October 2007

Syphilis outbreak in Worcestershire

13 new cases of infectious syphilis have been diagnosed in Worcestershire so far this year. This compares to eight in the same period last year (a rise of 63%). Several of the cases are linked, which demonstrates that the infection has been transmitted within the county.

Royal College of Physicians and Surgeons of Glasgow

The College | Membership | Education | Examinations | Faculties | Personal Pages | Triennial Conference | Careers at RCPSG | Search

Home > **Travel Medicine Faculty**

About the Faculty of Travel Medicine
Admission to the Faculty of Travel Medicine
Travel Medicine Board Structure
Diploma in Travel Medicine
Faculty of Travel Medicine Photographs
Faculty of Travel Medicine minutes
Journal of the Faculty of Travel Medicine

Faculty of Travel Medicine

Welcome to the Travel Medicine area of the College website

Using the navigation menu on the left, you can browse all areas of the website that provide information for our Travel Medicine Members. Over the coming months, we will gradually increase information available to our Members. Below, you will find key announcements. Please visit regularly for updates as they arise.

Hospital & environmental design



“The patient in the next bed is highly infectious. Thank God for these curtains.”

Indeed, infection control should become a way of life in hospitals and clinics!



"You have to get your mind and heart in the right place..... If you know the protocols required to avoid infection, if you follow them precisely every single time, then zero infections are possible. When you're talking about something that can cost people their lives and zero is possible, no other benchmarks make sense..."

- Alan Johnson MP, Secretary of State for Health, January 2008

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*"You have to get your **mind and heart** in the right place..... If you know the protocols required to avoid infection, if you follow them precisely every single time, then zero infections are possible. When you're talking about something that can cost people their lives and zero is possible, no other benchmarks make sense..."*

- Alan Johnson MP, Secretary of State for Health, January 2008

How does one most effectively capture "Minds and Hearts"?
(1)

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Keyword search

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Who we are

What we do

- Registration and enforcement
- Improving health and social care
- Reporting health and social care information
- Activities we regulate

How we do it

Jobs at CQC

Home > About CQC > What we do

What we do

We regulate health and adult social care services in England, whether they're provided by the NHS, local authorities, private companies or voluntary organisations. And, we protect the rights of people detained under the Mental Health Act.

We make sure that essential common quality standards are being met where care is provided and we work towards the improvement of care services. We promote the rights and interests of people who use services and we have a wide range of enforcement powers to take action on their behalf if services are unacceptably poor.

Our work brings together independent regulation of health, mental health and adult social care. Before 1 April 2009, this work was carried out by the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection. These organisations no longer exist.

Our main activities are:

- Registration of health and social care providers to ensure they are meeting essential common quality standards
- Monitoring and inspection of all health and adult social care
- Using our enforcement powers, such as fines and public warnings or closures, if standards are not being met
- Improving health and social care services by undertaking regular reviews of how well those who arrange and provide services locally are performing and special reviews on particular care services, pathways of care or themes where there are particular concerns about quality
- Reporting the outcomes of our work so that people who use services have information about the quality of their local health and adult social care services. It helps those who arrange and provide services to see where improvement is needed and learn from each other about what works best.

Find out more about:

- Registration and enforcement
- Improving health and social care
- Reporting health and social care information
- Activities we regulate

Strong emphasis on regulation & enforcement

How does one most effectively capture "Minds and Hearts"? (2)



Through regulation & enforcement?



Through leadership, guiding & teaching?

- Social care
 - Information about healthcare services
 - Overall performance
 - Search for organisation
 - Gloucestershire Hospitals NHS Foundation Trust
 - Quality of services
 - Use of resources
 - Information for patients
 - Making care safer
 - Medicines management
 - Buildings and equipment
 - Training and supporting staff
 - Protecting vulnerable people
 - Patient self harm and violence
 - Reporting and learning
 - Infection prevention and control
 - Patient survey
 - Focus on services
 - Download centre
 - Compare organisations
 - Focus on NHS services
- Mental health service reports

Home > Find care services > Information about healthcare services > Overall performance > Search for organisation > Gloucestershire Hospitals NHS Foundation Trust > Making care safer > Infection prevention and control

Gloucestershire Hospitals NHS Foundation Trust 2007/2008

▶ Making care safer infection prevention and control

Gloucestershire Hospitals NHS Foundation Trust met 5 out of 6 of the assessments that relate to infection prevention and control .

Hide the 5 assessments met ▼

Clostridium difficile data quality

The quality of information for recording and reporting cases of people infected by clostridium difficile was satisfactory.

Infection control

Systems were in place to reduce the risk to patients, staff and visitors of acquiring infections, such as MRSA.

Decontamination of re-usable medical devices

Systems were in place to ensure that medical devices which can be re-used were properly cleaned in well-run decontamination facilities.

Choice of food which has been prepared safely

Systems were in place to make sure that patients were given a choice of food, which had been prepared safely and provided a balanced diet.

Surroundings are well designed, maintained and cleaned

The organisation provided care in surroundings that were well designed and maintained and met national standards of cleanliness.

Hide the 1 assessment not met ▼

MRSA bacteraemia

The number of MRSA blood infections reported by the trust was not in line with the planned reductions for 2007/2008.

CQC &
Infection
Control in
the field

Could this
be
extended
further?

In what direction is the CQC focussed ?

- Can the CQC really act both as "poacher" and "gamekeeper"?
 - Is there potential for conflict-confusion between regulatory-enforcement vs advisory-mentoring-improving roles?
- Is there currently any element of "ownership" by healthcare staff of the quality & safety improvement process?
 - Value of professionalism, ethics & integrity
 - Multidisciplinary team & collaboration
 - Peer conduct of assessment procedures



Webster's Dictionary

Regulation:

A rule or order issued by an executive authority or regulatory agency of a government and having the force of law.

*Does this truly
promote
ownership?*



Accreditation: A Powerful Tool for
Healthcare Quality and Safety

Prof. John F. Helfrick, Houston, Texas
Prof. Bruce Barraclough, Sydney, Australia
International Society for Quality in Healthcare - ISQua

Webster's Dictionary

Regulation:

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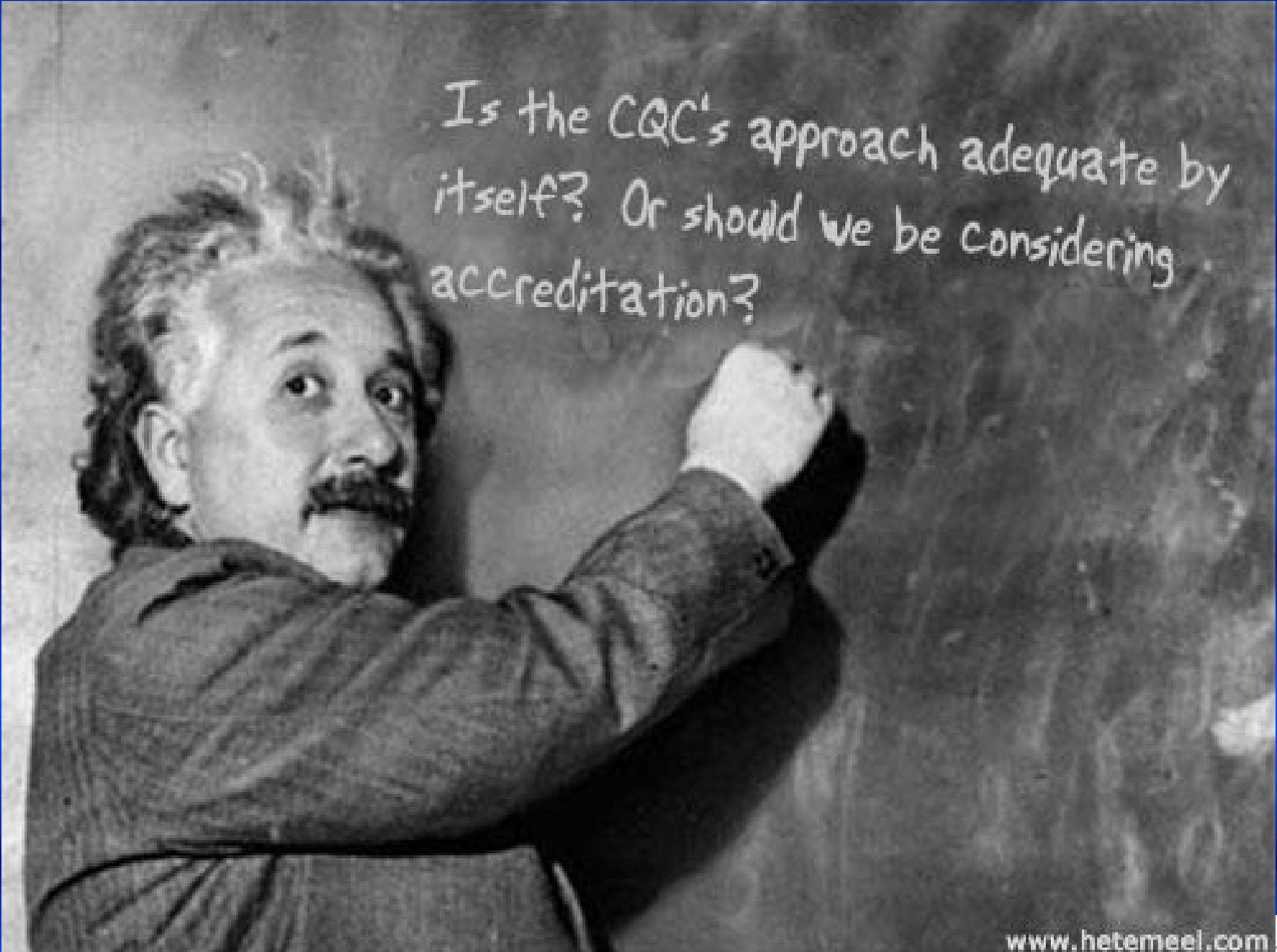
Accreditation:

To recognize or vouch for as conforming with a standard.



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Is the CQC's approach adequate by itself? Or should we be considering accreditation?

Galileo Galilei (1564-1642)

"You cannot teach anybody anything. You can only help them discover it within themselves."



[Registration](#)

[Social care](#)

[Healthcare](#)

▸ [NHS Staff](#)

▸ [Guidance for independent staff](#)

▾ [All healthcare staff](#)

▾ [Improving clinical quality](#)

▸ [How we assess clinical care](#)

▸ [Clinical accreditation](#)

▸ [Developing better metrics](#)

▸ [Our use of NICE guidance](#)

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Accreditation of services

Because they are designed to assure the quality of clinical services, accreditation schemes that are developed suitably could be an important aid to how we assess clinical care in the future. This page gives a brief overview of our work to help clinicians' professional bodies develop accreditation schemes in England.

The accreditation process

The main purpose of accreditation is to assure quality and to drive improvement in standards. Accreditation of clinical services involves expert clinicians assessing the quality of a service, using standards developed from best practice and knowledge that is based on the highest level of evidence available and an understanding of the needs of patients.

Developing more schemes

There are only a few clinical accreditation schemes in England. However, several of the medical royal colleges, working with other professional groups and patients' representatives, are developing schemes for the clinical disciplines they represent. There is a potential link here with the development of standards for professional revalidation of individual clinicians.

We are working with the Academy of Medical Royal Colleges and other clinical groups to promote consistency between these emerging schemes. Data from some schemes are already helping to inform our work. We think that in the future accreditation could support and complement our assessment work, as well as helping those who commission clinical services in their decision-making.

To find out more about accreditation schemes for healthcare services, click on the links opposite.

Useful sites

- [Accreditation schemes run by the Royal College of Psychiatrists \(opens in new window\)](#)
- [Clinical Pathology Accreditation \(opens in new window\)](#)
- [Radiology accreditation \(opens in new window\)](#)

What is Accreditation?

- Well-recognised internationally
- Carried out by an independent "accreditation scheme"
 - Scheme is often non-governmental in basis (and therefore independent of political expediency)
- Hospital functioning compared with pre-agreed standards
 - Standards based on best available evidence and peer opinion
- Basis of accreditation process is a continuous & self-sustaining cycle of standards development, health facility auditing, and training and education
 - Puts in place a culture of continuous self-driven improvement within a hospital or clinic
 - Surveying takes place every two to three years
- Involves peer-to-peer review on a non-punitive basis
 - The best schemes use surveyors from medical, nursing, allied healthcare professions and management/clerical backgrounds

- Infection control is embedded into the standards, and the whole organisation is assessed longitudinally and in cross-section with respect to infection control performance
- If the accreditation scheme deems the hospital to be of adequate quality, it attests that that hospital or clinic is competent to function and "accredits it"
- In most of the world, accreditation has come to be thought of as a "stamp of approval" verifying the authenticity, quality and safety of the services provided by a hospital or clinic
- Ideally the accreditation scheme works to a not-for-profit ethos

Being surveyed



"You are aware of course that in our Trust Hospital we have no independent external assessment of quality and risk - we rely totally on trust"

Who does it? Examples of International Hospital Accreditation Schemes

TRENT
accreditation
SCHEME

UK

↑ Based within NHS
Non-profit
Surveyors all volunteers



USA

Joint Commission
INTERNATIONAL



ACCREDITATION CANADA
AGRÉMENT CANADA

Driving Quality Health Services
Force motrice de la qualité des services de santé

TRENT
accreditation
SCHEME



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Fax: +353 1 878 3845
email: info@isqua.org

The International Society for Quality in Health Care Ltd

ISQua, The International Society for Quality in Health Care, is a non-profit, independent organisation with members in over 70 countries. ISQua works to provide services to guide health professionals, providers, researchers, agencies, policy makers and consumers, to achieve excellence in healthcare delivery to all people, and to continuously improve the quality and safety of care.



Follow the above link to details about the 26th International Conference taking place in Dublin, Ireland from 11th - 14th October 2009. Sponsorship Guidelines and Call for Papers are now available.

Abstract submission Closing Date Extended

Details of how to submit your abstract for Dublin 2009 can be found by going to: [Dublin 2009](#). The Closing date for submissions is now 27th March 2009.

2009 Online Membership

You can join ISQua by either completing the
Go to: [Online Payment](#)

APHM - ASQua - ISQua International

We are proud to announce ISQua's first
ASQua v
'Applying Best Practice'
The Conference will be held in Kuala Lumpur
Pre-Announcement Br

World Health Organization

The WHO has published a Surgical Safety
[Surgical Safety Checklist](#). Other resources
Manual can be found

Linking you with the world of quality and safety in healthcare



United Kingdom Accreditation Forum



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Sharing Good Practice!

[History](#)

[UKAF Members](#)

[Resources](#)

The United Kingdom Accreditation Forum is an established network of organisations with the intentions of sharing experience good practice and new ideas around the methodology for such programmes, covering issues such as developing healthcare quality standards, implementation of standards within healthcare organisations, assessment by peer review and exploration of the peer

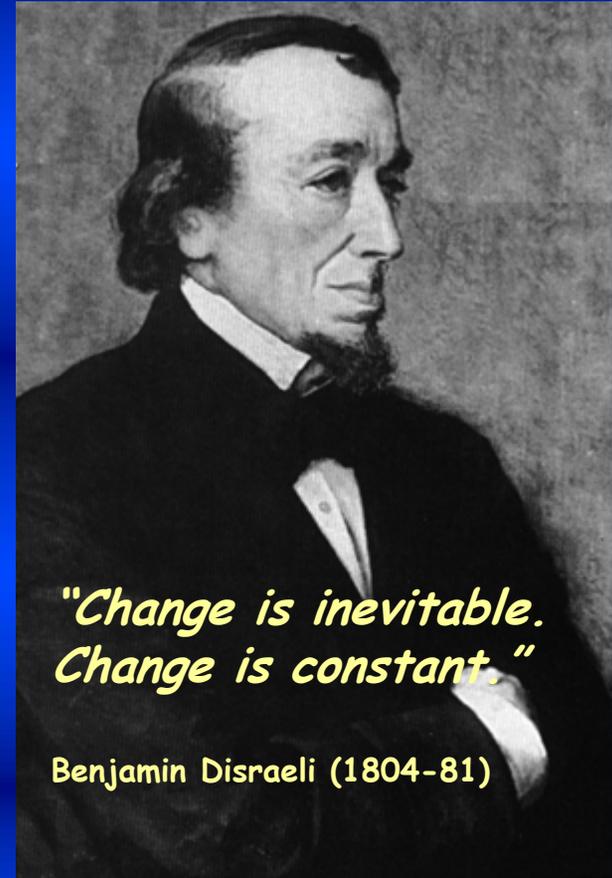
Is the accreditation process worth a passing thought?

*"People always fear change. People feared electricity when it was invented, didn't they?.....
There will always be ignorance, and ignorance leads to fear."*

Bill Gates (1955-)



"MBAs need their own version of the Hippocratic Oath."



*Nicholas Masoud Gilani, Investment Banker, Dubai, UAE
Quoted in the Financial Times
Friday 20th February, 2009*

Who knows
what's
coming next?



~~"Westminster hit by
new form of
bird flu - Daily Dross"~~
swine

Thank You



Why do we ever bother doing anything?



"Men fear thought as they fear nothing else on earth - more than ruin, more even than death."

Bertrand Russell
(1872-1970)

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Spanish Hep C anaesthetist jailed

A Spanish anaesthetist with hepatitis C has been sentenced to nearly 2,000 years in prison for infecting hundreds of patients with the virus.



Mr Maeso injected himself with morphine meant for his patients the rest on a patient.

Juan Maeso, 65, infected 275 people between 1988 and 1997, by injecting himself with a morphine syringe before using

Valencia's Provincial Court sentenced Mr Maeso, who is a morphine addict, to 1,933 years in jail.

However the most he can serve under Spanish law is 20 years.

He was also ordered to pay 500,000 euros (\$680,000) in damages to each of the victims or their survivors.

Mr Maeso is said to have infected patients when he worked in four hospitals in the Valencia area.

Four of those he infected with the virus have since died.

SEE ALSO

- Country profile: Spain 16 Jan 07 | Country profiles
- Hepatitis C 25 Oct 05 | Medical notes

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