

# Infection Control



Infection control has maintained its high profile with the public and within the NHS over the past year. It remains a cornerstone of clinical governance and risk management, in the assurance of high quality patient care. Principles of infection control are of fundamental importance to a wide range of activities within the Trust, and multidisciplinary working, strategic planning and expert advice are some of the key roles of infection control practitioners.

The establishment of an Infection Control Executive Committee, meeting monthly to address operational issues, has streamlined administrative processes and expedited the strategic working of the Infection Control Committee. 2002-3 also saw the development of the Infection Control Nursing Strategy, in line with the Trust Nursing Strategy. This was supported by an Infection Control Team Building Day, held in April. Unfortunately, during the year, the

department experienced staffing difficulties due to maternity leave, resignations and problems in recruiting related to a national shortage of suitably qualified staff. The remaining staff are to be congratulated and thanked for their goodwill, commitment and extraordinary hard work in maintaining the service while a recruitment action plan was developed.

## Education and training

Education in infection control remained a core activity for the team and it was therefore chosen as one of the departmental Performance Indicators. Over the period of a year, 160 educational sessions (187 hours) were provided and attended by a total of 2486 healthcare workers of all types and grades. In May 2002, 150 delegates from the Northern Region attended an Infection Control Study Day held in the Education Centre at the Freeman Hospital. During the year, the link personnel training programme was strengthened across the Trust. Continued education and personal development are encouraged for all members of the team and an appraisal scheme is in place for medical, nursing and ancillary staff.

## Strategic planning and advice

Collaborative working is pivotal to the success of the service, and in the past year, team members continued to liaise effectively and act as expert advisors for many wards, departments, specialties and agencies both within and outwith the Trust. This has been of particular importance for the Newcastle Strategic Review and the Private Finance Initiative (PFI) process where the incorporation of good infection control design considerations into the new facilities is of paramount importance.

## Policies and guidelines

The extensive programme of policy development and review continued in 2002-3. Important new topics addressed included the management of Whooping Cough and suspected cases of Severe Acute Respiratory Syndrome (SARS), and emergency planning

for the future in the event of the deliberate release of biological agents such as Smallpox. Progress was made towards the launch of an Infection Control web page and training programme on the Trust Intranet.

## Audit and controls assurance

In addition to participation in multi-disciplinary clinical audit, other audit-related activities included the development of an equipment cleanliness audit tool for application by the modern matrons and audits of the effectiveness of the infection control link personnel programme and compliance with the Legionella policy. Sluice facilities at the RVI site were re-audited. Three performance indicators were monitored during the year: the incidence of *Clostridium difficile*; the availability of single-room accommodation for infection control indications and infection control education. The department also provided evidence for the Trust's successful application for level II of the Clinical Negligence Scheme for Trusts.

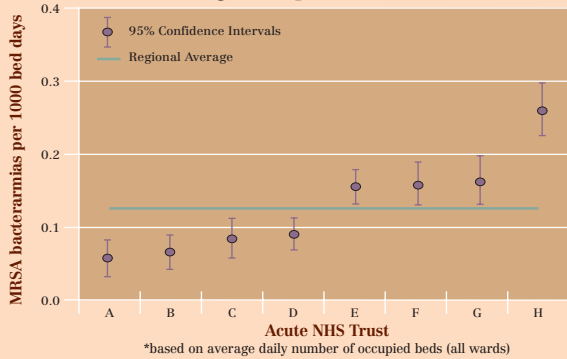
## Surveillance

As in previous years, alert organism and condition surveillance was performed. The Trust's results for the mandatory reporting of *S.aureus* and MRSA bacteraemias continued to compare favourably with those of many similar hospitals in England and Wales. In addition, a six-month programme of laboratory based ward liaison surveillance of nosocomial infection was carried out in ITUs and HDUs across the Trust.

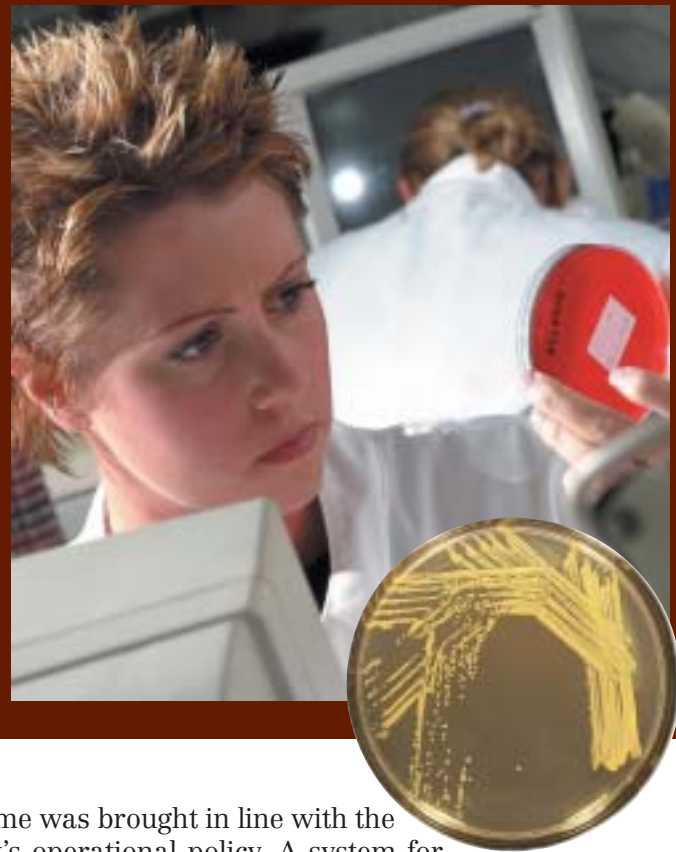
The Infection Control Team (ICT) was represented on the Healthcare Associated Infections Surveillance Scheme (HAISS) subgroup, tasked by the Department of Health to develop national surveillance schemes, and on the national *C. difficile* Standards Group, advising the Department of Health prior to the introduction of a national mandatory surveillance programme. The Trust was chosen as one of five pilot sites for a national Catheter Related Blood Stream Infection surveillance scheme, developed for adult intensive care units.

Favourable standards but more to be done

## MRSA bacteraemia rate\* by acute NHS Trust (North East Region: April 2001-March 2003)



- A South Tyneside Healthcare NHS Trust
- B Gateshead Health NHS Trust
- C North Tees & Hartlepool NHS Trust
- D Co. Durham & Darlington Acute Hospitals NHS Trust
- E Newcastle upon Tyne Hospitals NHS Trust
- F Northumbria Healthcare NHS Trust
- G City Hospitals Sunderland NHS Trust
- H South Tees Hospitals NHS Trust



## Research, publications and presentations

The ICT continued to participate in research activities, resulting in publications in peer-reviewed journals and presentations at international meetings. Research interests included MRSA and the design of an audit tool for use in the region, the development of a selective medium for its rapid detection and a study of its epidemiology on the Freeman site. Other achievements included research into the effect of white cell depletion of transfused red cells on post-operative infection rates in cardiac surgery, and a study of the survival of enterococci during hospital laundry processing. Members of the department were invited to run a workshop entitled 'Building design to reduce infection risk' on behalf of the Hospital Infection Society at the Society's 5th International Conference held in Edinburgh, in September 2002.

## Adverse incidents

In the past year, the ICT has been closely involved in the management and prevention of healthcare associated infections. In order to improve the quality of patient care, it is important that the Trust is able to learn from any adverse incidents that may arise. Following a successful pilot study, therefore, the departmental adverse event reporting

scheme was brought in line with the Trust's operational policy. A system for the reporting of serious untoward incidents was also developed. Last year, the Nurse Consultant in Infection Control assumed a lead role in the investigation and follow-up of complaints made to the Trust relating to infection control and standards of hygiene.

## Planning ahead

Following implementation of the action plan for recruitment to the department, the development of a flexible, integrated, Trust-wide infection control service will continue. In addition to the on-going commitment to current activities, it is intended to extend audit and surveillance to include participation in the national HAIS scheme, and mandatory reporting of glycopeptide resistant enterococcal bacteraemias and cases of *Clostridium difficile* associated diarrhoea. In the coming year, it is planned to continue to expand the educational programme, and to seek more patient involvement in the infection control service. It is also a priority to invest more time working with planners and users in the provision of expert advice for the new building developments that are being planned.

### Kathy Orr

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