Healthcare Commissions Report on Infection Outbreak at Stoke Mandeville Hospital

Report to: Trust Board on 26th September 2006

Report from: Judy Gillow, Director of Nursing
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Sponsoring Executive: Judy Gillow, Director of Nursing

Summary:
In July this year the Healthcare Commission published a report which detailed its investigation into outbreaks of clostridium difficile (c-difficile) at Stoke Mandeville Hospital.

• The recommendations were far reaching and focused on the key conclusions from the report which were as follows:

The hospital – wide outbreak was a consequence of
o Poor environment for caring for patients
o Poor practice in the control of infection
o Lack of facilities to isolate patients
o Insufficient priority being given to the control of infection by Senior Managers.

• This paper reviews the recommendations against the current practice and approach by SUHT and identifies what further actions need to be implemented.

Purpose of report:
For Board Members to:

• Be appraised of key issues arising from the Health Commission review.
• Approve the action plan and monitoring framework,

1. Background:
1.1 Between 2003 and 2005 there were two major outbreaks of C.difficile at Stoke Mandeville Hospital. 174 new cases were identified and 19 deaths were reported in the first outbreak. It was noted that 16 of these patients had almost certainly acquired the infection at the hospital.

1.2 The second outbreak also recorded 19 deaths from 160 new cases and 17 of those who died again almost certainly acquired the infection in the hospital.

2. Factors contributing to the outbreaks:
2.1 Old, poor condition buildings meant that the control of infection was particularly difficult. There were few side rooms which made it difficult to isolate patients.

2.2 Lack of hand washing facilities and antiquated bedpan washers was identified alongside poor cleaning standards in some areas.

2.3 Other factors included shortages of nurses, poor hand washing practice, low adherence to infection control policies and slow collection of waste and linen.

2.4 No effective action was taken to stop the movement of patients even though clinical staff repeatedly raised concerns. It was noted that achievement of waiting time targets appeared to compromise implementation of good infection control practice.

3. Management of the outbreaks:
3.1 The infection control team were praised for their response to the outbreaks but managers were criticized for not giving the outbreaks the priority required to address the contributing factors.

3.2 It was documented that at the most senior level of management there was a lack of effective leadership and accountability and non-executive directors did not seem aware of reported clinical concerns.
3.3 The Governance framework was also noted to be weak as highlighted ongoing problems were not discussed at the Governance Committee or the Board.

4. Lessons identified:

4.1 All Trusts must ensure they have mechanisms to support
- Rapid isolation of patients with diarrhoea
- Restricting the movement of infectious patients between wards
- Rapid identification and notification of outbreaks
- Establishment of a multi-disciplinary outbreak committee which meets regularly until outbreak managed
- Communication with patients, staff and outside agencies
- Close monitoring of the management of outbreaks including decontamination, cleanliness, patient environment and antibiotic regimes

5. SUHT Perspective:

5.1 Encouragingly SUHT has explicitly identified at Trust Board level that prevention and control of infection is a top priority and the Chief Executive, Director of Nursing and Medical Director are all proactively engaged in leading the Trusts Infection Prevention activity.

5.2 In Appendix A there are recommended actions for SUHT to further develop and improve the Trusts response to the management of Clostridium difficile.

5.3 Key local risk areas identified include:
- Lack of side room facilities due to old estate
- Inconsistent adherence to the isolation policy
- Revision of bed management policy to clarify the management of patients with diarrhoea
- Increase infection control knowledge of Trust Board members particularly non-executive directors and ensure detailed reporting on outbreaks
- Guidance on movement of patients to be clearly stated in the bed management policy
- Complete ward staffing review to ensure sufficient nurse staffing levels in all areas
- Written information for patients and visitors to be provided during outbreaks of infection
- Routine curtain changing programme needs to be introduced and chlorine-based cleaning as a standard protocol to be used for patients with potentially infective diarrhoea

6. Conclusions:

6.1 This paper has summarised the key findings and recommendations from the report. (Board members can access the full comprehensive version from the Healthcare Commissions website).

6.2 SUHT can demonstrate strong leadership and organisational priority to prevention and control of infection.

6.3 On review of the report several areas have been identified for further development and improvement which have been identified in Appendix A.

6.4 The Infection Control Strategy Group and the Trust Healthcare Governance Committee will monitor the timely delivery of the action plans and quarterly reports on progress will come to Trust Board.

6.5 Trust Board members are asked to approve the action plan.
APPENDIX 1: SUHT ANNUAL INFECTION CONTROL PROGRAMME 2006-2007

CLOSTRIDIUM DIFFICILE ACTION PLAN

This action plan and monitoring framework has been produced as an addition to the actions on *Clostridium difficile* listed in the core Trust infection prevention plan, in response to the Healthcare commission report on Stoke Mandeville Hospital.

<table>
<thead>
<tr>
<th>Issue identified</th>
<th>Activity</th>
<th>Responsibility</th>
<th>ICT Lead</th>
<th>Timescale</th>
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<tr>
<td>1. Lack of single room facilities due to old estate</td>
<td>All new builds should conform to national guidance on the minimum number of single rooms. This should commence with review of existing plans for new builds. To develop a three year programme to increase number of single rooms. The Estates Department to review the list of backlog maintenance items, and report to the Strategic Infection Control Group any issues that may impact on the prevention of infection.</td>
<td>Estates &amp; Capital Development Derek Chaplin Keith Dowell, Fiona Dalton, Judy Gillow</td>
<td>TY/TC TY/TC TC</td>
<td>To commence by end September 2006 Report to SICG 20th September 2006. Plan to be agreed by March 2006</td>
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<td>2. Inconsistent adherence to the isolation policy</td>
<td>Audit usage of single rooms, and management of patients with potentially infective diarrhoea. Report results back to care groups and divisions and make recommendations for improvement. Each division to review audit results and the way it manages cases of diarrhoea, to put in place contingency arrangements for establishment of cohort bays when single room isolation is not possible. An action card to be produced to act as an aide memoire for staff to support care of these patients. An appendix is to be added to the isolation policy specifically regarding the care and isolation of patients with diarrhoea and</td>
<td>Infection Control Team Divisional Management Teams Infection control Team</td>
<td>JK ICN care group leads AS FM</td>
<td>Commenced in Unscheduled care 5th September 2006. To be achieved in all relevant areas by end December 2006. Review to take place within 2 weeks of receiving audit report within division. Plans to be in place within 4 weeks of receiving report. For issue by 2nd October 2006</td>
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<td><strong>3. Bed management policy on the management of patients with diarrhoea.</strong> This must include clear guidance on the movement of patients with diarrhoea.</td>
<td>CDAD. This should include cohorting cases of diarrhoea/CDAD, and adverse event reporting when isolation or cohort care is not possible.</td>
<td>Bed management policy to be reviewed, and the Trust should set as a standard that no patient with potentially infective diarrhoea will be cared for in a bay alongside patients who are unaffected. The Site Co-ordination Team and the Infection Control Team to review how decisions about bed closures are recorded and communicated to out-of-hours staff.</td>
<td>Bed Management/Site Co-ordination Team Paul Chamberlain TC/TY 13th October 2006</td>
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<td><strong>4. Increase infection control knowledge of Trust Board members, particularly Non-Executive directors, and ensure detailed reporting on outbreaks.</strong></td>
<td>It is recommended that the Trust include a Non-executive Director as a core member of the Strategic Infection Control Group, in order to ensure they have a detailed knowledge of the infection control issues and challenges facing the Trust. The information reaching the Board is to be strengthened, with specific information about outbreaks included routinely. This mechanism and format is to be agreed by the Director of Nursing, Governance and the Infection Control Team. Key issues from the notes of the Infection Control committee meeting will be reported via the HCGC, and key exception reports from HCGC are reported onwards to the Board. This system must ensure that key issues from outbreaks are not ‘lost’ as part of this process.</td>
<td>DIPC Clare Winson TC/TC 13th October 2006 Implement at meeting 12th December 2006</td>
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<td><strong>5. The need to ensure safe staffing levels in all areas.</strong></td>
<td>Complete the ward staffing review to ensure safe nurse staffing levels in all areas.</td>
<td>Judy Gillow TC 13th October 2006</td>
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<td><strong>6. Mechanisms for outbreak management, including provision of written information for patients during an outbreak.</strong></td>
<td>It is recommended that the Trust endorse continuation of the current system of outbreak management, with the ICT calling outbreak meetings based upon their expert assessment of the situation, scale of the problem and success of control measures. Information on outbreaks to be reported more comprehensively at</td>
<td>TMB/Trust Board Clare Winson TC 13th October 2006</td>
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<td>Outbreak</td>
<td>each Strategic Infection Control Group quarterly meeting, and then to the Governance Committee, TMB and the Board. Review written information currently available for patients and visitors during outbreaks of infection. Produce additional written information as identified from the review.</td>
<td>Infection Control Team/PALS</td>
<td>TC</td>
<td>Complete review by 13th October. Additional literature to be approved by 30th December 2006</td>
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<td>7. Basic good practice not achieved</td>
<td>Routine curtain changing programme to be introduced, in line with national cleanliness guidance</td>
<td>Peter Holloway</td>
<td>AR</td>
<td>30th December 2006</td>
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<td>Chlorine-based cleaning to be introduced for environmental cleaning when patients have potentially infective diarrhoea</td>
<td>Peter Holloway</td>
<td>JK</td>
<td>30th September 2006.</td>
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<td>Ward and department managers to continue to ensure provision of alcohol hand gel in all clinical areas for use by staff. To be monitored as part of the existing SUHT infection prevention/MRSA reduction plan. The collection of both waste and linen should be audited and results reported to the Strategic Infection Control Group. Action plan to be monitored by SICG.</td>
<td>Ward/Dept leaders</td>
<td>MF</td>
<td>Formal monitoring quarterly.</td>
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<td>Peter Holloway</td>
<td>TC</td>
<td>Audit complete by 17th November 2006. Action plan to SICG 12th December 2006</td>
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<td>8. Reporting</td>
<td>C-difficile rates to be reported as part of the monthly infection control performance monitoring report.</td>
<td>Jayne Hayward</td>
<td>TC</td>
<td>October 2006</td>
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**Monitoring Delivery**
Delivery of this plan, and achievement of outcomes will be reviewed monthly by the DIPC, through the Divisional reviews and quarterly by the Strategic Infection Control Group. An exception report as required will be made to TMB following each Strategic Infection Control Group meeting.

20th September 2006