

Exception report: Infection Prevention & Control

Description

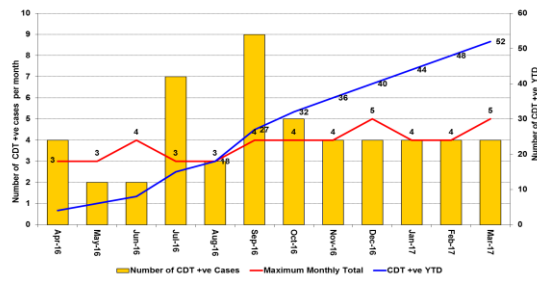
- 1. Annual target for Clostridium Difficile (CDiff) : 46 Performance by Feb 2017 : 50 cases
- 2. Hand hygiene compliance target : 98% Performance in Feb 2017 : 62

key issues

- 1. We failed the annual target. In February 2017, a review of Root Cause Analyses show that there were lapses in care in 50% of cases. The themes identified are:
 - i. Delay in isolating the patient after the onset of diarrhoea
 - ii. Hand hygiene scores below standard during the previous 3 months
 - iii. Cleaning quality scores below standard in the previous 3 months
 - iv. Delay in processing samples
- 2. Hand hygiene scores have remained largely unchanged since September 2016 (ranging between 62% and 68%). A SOP for hand hygiene was introduced in June 2016, followed by a small improvement in scores. Scores declined in September 2016 when a new, more comprehensive monitoring tool was introduced.

Action	Description	SRO	By when
1. Revised RCA process for Cdiff	All C Diff RCAs to be chaired by the Chief Nurse or Deputy Chief Nurse. To take place within 10 days of the result. Monthly reviews to follow up RCA learning and actions	Caroline Davies	April 1st 2017
2. Improve hand hygiene performance management	Weekly performance figures circulated, monthly review at Infection Prevention Meeting, Medical Director and Chief Nurse reinforcing disciplinary action	Helen O'Dell	April 1st 2017
2. Raise the profile of Hand Hygiene	Posters developed and displayed. Ward roadshows involving patients and using a lightbox, Practice Development Teams to increase training. Presentation to SMT. Letter from CN and CEO to all directorate teams.	Suzanne Morris	April 2017
		Helen O'Dell	April 2017

Colstridium Difficile 2016/2017



Hand Hygiene 16/17 % Compliance

