Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
29th July 2010

TITLE	**MRSA Bacteraemia**
EXECUTIVE SUMMARY	The Trust has a target of 5 cases of MRSA for year 2010/11. Year to date the Trust has reported four cases which makes achieving this target challenging. The attached report gives a full account of each of these four cases showing the date, causational factors Root Cause Analysis and lessons learnt. The report also demonstrates our status in relation to appeal and at this stage none of our appeals have been upheld by the Health Protection Agency.
Trust Board ASSURANCE (Risk) / IMPLICATIONS	The purpose of this report is to give the Trust Board assurance that ASPH has conducted a thorough examination and root cause analysis on all the four MRSA cases and can demonstrate where there are lessons to be learnt these opportunities have been actively sort.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Not achieving our agreed target could affect the reputation of the Trust and the assessment from Monitor, our future regulator. The contents of the RCAs have been shared at appropriate groups and committees with lessons leant disseminated.
EQUALITY AND DIVERSITY ISSUES	Our prevention and infection control practices are applied equitably regardless of any patient, staff or visitors ethnic, social, age, religious, & sexual status.
LEGAL ISSUES	None Identified
The Trust Board is asked to:	Note this Report
Submitted by:	Mrs Caroline Becher Chief Nurse 29th July 2010

MRSA BACTERAEMIA 2010-2011

Subject	Date of incident	Incident Description	Action to be taken		Status
1. MRSA	26th April	Patient admitted with poor mobility and pressure sores 22/4/10 > Maple ward. Patient difficult to cannulate and comply with treatment. Blood culture requested within 48 hours of admission, but not undertaken as patient not pyrexial. On steroids ? masking temperature. History of MRSA colonisation from swab taken in March by GP. Patient had infected pressure ulcers on admission. Patient showed signs of sepsis. B/C taken 26/04/10. RCA: Soft tissue source	• Prompt blood culture taking of patients on admission where clinical indicated. • Blood culture taking competencies to be rolled out after agreement of format. Patient screened on admission and commenced decolonisation regime		Root Cause Analysis completed and submitted to PCT and SHA
2. MRSA	27th April	Patient admitted 11/03/10 from nursing home to Kestrel/May with aspiration pneumonia. Treated with antibiotics. Nutrition difficult. PEG inserted. Reported patient pyrexial temperature in fact 37.9. Blood cultures taken and found to be MRSA positive. PEG and screen found to be positive after initial blood culture result. RCA: Appeared to be a contaminant as follow up blood culture negative	• Competency and correct procedure to be rolled out Trustwide. • Training programme to be established. • Dedicated blood culture forms used in A&E to be rolled out Trustwide. MRSA screening for emergency admissions	.	Root Cause Analysis completed and submitted to PCT and SHA
3. MRSA	14th May	Patient transferred from Royal Surrey	• Ensure patients transferred from		Root Cause Analysis

Subject	Date of incident	Incident Description	Action to be taken		Status
		Hospital with E. coli in blood culture for antibiotic treatment. Admitted Falcon ward 27/4/10. Patient had aortic graft performed St. George's 2006 (sent to ASPH for specialist management). Responded to antibiotics. Consultant requested 5 consecutive days of blood cultures to be taken. Day 5th day blood culture taken and found to be positive: patient discharged home well that day. RCA: Presumed contaminant as patient well on discharge.	other hospitals are screened on admission. • Review blood culture taking procedures and techniques. Consultants who request daily blood cultures must discuss with Consultant Microbiologist		completed and submitted to PCT and SHA
4. MRSA	26th May	Patient admitted via A&E to Heron Ward 13/05 with abdominal pain. Taken to theatre 18/05 for anterior resection for obstruction. Post op > ITU. Spiked temperatures during time on ITU. Transferred to Kingfisher 25/05. Patient septic on arrival. B/C taken within an hour found to be positive. Patient screened in accordance with policy to ITU and found to be positive and commenced on decolonisation. Multiple risk factors long term urinary catheter, infected surgical wound and LRT.	• Surgical wounds to be reviewed regularly by the surgical team when on ITU and prior to transfer. • Wound swabs to be taken in ITU when appear infected. • MRSA screening for emergency patients to commence as soon as possible. • Review of SSI module for large bowel April – June when final results obtained. To review present action • plan from previous modules when results received.		Root Cause Analysis completed and submitted to PCT and SHA