



Essential Steps to safe, clean care

**Working together to reduce healthcare associated infection (HCAI)
(including meticillin-resistant *Staphylococcus aureus* (MRSA))
A strategy for local health economies**

Objective

All healthcare settings work collaboratively to reduce the risk of HCAI (including MRSA bacteraemia starting less than 48 hours after hospital admission).

(Healthcare settings include all NHS and independent sector organisations that contribute to the individual care of people.)

Purpose

This document presents a strategy that will assist local health economies to be mutually supportive in the commitment to reduce HCAI (including those due to MRSA).

(Health economies include all NHS, independent sector and social services which, as part of a patient's journey, contribute to the care and well-being of patients.)

Since the changes regarding inclusion of mandatory data on *C.difficile*, it should be noted the framework contained within this document can also be used for investigation of contributing factors in the instance of, for example *C.difficile* related deaths.

1. Confirmation of MRSA *Clostridium difficile* bacteraemia

Patients with confirmed MRSA bacteraemia should be managed according to good clinical practice for the purposes of treatment and to reduce the risk of transmission. Any patient diagnosed with MRSA bacteraemia should be reported appropriately through the Health Protection Agency (HPA) surveillance system and as an adverse incident through local clinical governance arrangements.

A root cause analysis should be commenced within 12 hours of identification of all MRSA bacteraemia. The root cause analysis tool – devised by the National Patient Safety Agency (NPSA) in conjunction with the Department of Health – is designed specifically for analysis of infections. It takes the user through the patient journey with prompts to enable identification of gaps or omissions in care that may have contributed to infection. Identifying where these problems and challenges lie enables specific actions to be taken and lessons shared. A robust process should be in place for the commencement of the root cause analysis and to feed back the lessons identified into the organisation's locally agreed clinical governance processes.

Action points

All acute trusts should review their reporting mechanisms for MRSA bacteraemia to ensure that they:

- **inform the primary care trust (PCT) performance leads;**
- **commence root cause analysis within 12 hours of confirmation;**
- **for pre-48-hour bacteraemia (MRSA bacteraemia diagnosed less than 48 hours after admission), complete root cause analysis in partnership with healthcare providers in the community setting within 10 days of confirmation;**
- **notify the board chief executive officer through the appropriate governance structures; and**
- **input cause and contributory factors into the HPA Mandatory Enhanced Surveillance System (MESS) (www.hpa.org.uk).**

For more information

Screening for Meticillin-resistant *Staphylococcus aureus* (MRSA) colonisation: a strategy for NHS trusts – a summary of best practice

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/DH_063188

The delivery programme to reduce healthcare-associated infections (HCAI) including MRSA

www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/

HealthcareAcquiredInfection/HealthcareAcquiredGeneralInformation/

ThedeliveryprogrammetoreducehealthcareassociatedinfectionsHCAIincludingMRSA/index.htm

Learning through action to reduce infection

www.npsa.nhs.uk/display?contentId=5222

www.hpa.org.uk

2. Pre-48-hour MRSA bacteraemia

A pre-48-hour MRSA bacteraemia is defined as an MRSA bacteraemia of a patient who has been in hospital for less than 48 hours. A system should be in place to inform the appropriate organisation with the responsibility for infection control in the non-acute setting (for example, the community infection control team or HPA) to enable further investigation.

The process of data collection with the root cause analysis tool (ie the initial reaction and recording) may start in the acute setting and be forwarded to the appropriate community infection control team or HPA (dependent on local arrangements).

Note: Where patients have been admitted from an independent organisation or home, they should be approached to enable participation in the root cause analysis with their feedback included in the learning process.

3. Implementation of root cause analysis within the non-acute setting

The complexity of care within the non-acute setting poses a challenge for practitioners working in infection prevention and control. It is essential for the community infection control team (CICT)/health protection unit (HPU) to have effective communication networks with the diverse providers of non-acute healthcare. Healthcare organisations are responsible, as far as is reasonably practicable, for ensuring that their staff, contractors and others involved in the provision of healthcare meet their obligations in respect to patient safety. Their collaboration with a root cause analysis investigation will show commitment to this responsibility. CICTs/HPUs are the vehicles through which pre-48-hour MRSA bacteraemia patient information from the acute setting may flow and are the channels through which further investigation and appropriate actions may continue. The CICTs/HPUs are the key in determining the patient journey within the non-acute setting and in identifying the deliverers of care to enable further information gathering and appropriate actions to be taken.

A pre-48-hour MRSA bacteraemia is to be reported as an adverse incident and reported through the organisation's own governance structures. A robust process within the non-acute healthcare organisation for the use of the root cause analysis may clarify responsibilities during the investigation. The investigation within the non-acute setting will need to involve the appropriate care managers for that particular setting; for example, PCT clinical lead, care home manager, social services care manager.

Following the investigation by the CICT/HPU, an update/report should be shared with the acute trust infection control lead within 10 days. This collaboration will facilitate all cases of MRSA bacteraemia being reviewed through the appropriate method and enable lessons to be learned to prevent future infections.

Action points

- **A pre-48-hour bacteraemia should be reported as an adverse incident through the organisation's own governance structures.**
- **All healthcare providers will review their structures to ensure that all MRSA bacteraemia are investigated and reported within 10 days of receipt of confirmation.**
- **This information should be fed back within the local governance structures and ultimately reported to the acute trust lead for reporting to their chief executive.**

For more information

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www.npsa.nhs.uk/display?contentId=5222

4. Working together

The benefits of working together across the health economy are:

- faster identification and initiation of the immediate local actions; and
- more efficient identification and relay into local clinical governance structures of any valuable lessons to be learned.

The interface between acute and non-acute healthcare settings is essential to ensure that the health economy works together to reduce the risk of HCAI. Links with acute and non-acute care settings should be robust, and themes identified following root cause analysis should be utilised to inform the relevant infection control programme and trust improvement programmes.

Evidence of collaborative working will demonstrate to healthcare commissioners the priority and commitment to reduce HCAI throughout the local health economy.

Action points

- Following completion of the MRSA root cause analysis, the report to the acute trust chief executive should be forwarded to the director of infection control within the commissioning body (PCT) for sign off.
- Avoidable infections should be reviewed.
- This information should then be forwarded to the strategic health authority (SHA) lead director for HCAI.

Root cause analysis (RCA) – every case counts

Framework for action

