ANALYSIS

**Wipe it Out** – the RCN’s campaign to combat healthcare-associated infections will raise awareness and offer the latest research

**RCN CALLS TIME ON MRSA**

By Colin Parish

You would not be surprised if you opened tomorrow’s newspaper to read: ‘Nurses in plea for action over £115m hospital superbugs.’ But that headline has been published before, in a 1996 edition of the Daily Mail. It accompanied a story about a resolution at RCN congress calling for a nationwide surveillance scheme to monitor antibiotic-resistant infections.

Now, with an election looming, the political bunfight over who is to blame for the rise in methicillin-resistant *Staphylococcus aureus* (MRSA) infections and why effective measures have not been put in place to remedy the situation is continuing.

And healthcare-associated infections (HAIs) are big news again. History seems to be repeating itself because this week the RCN, backed by *Nursing Standard*, the Infection Control Nurses Association and Kimberly-Clark Health Care, is launching a fresh campaign to combat HAIs. It is calling on the four UK governments to sign up to ten minimum infection prevention and control standards (see box far right).

The campaign is not the first by nurses on the issue. In 1992 *Nursing Standard* launched its own campaign calling for a national monitoring system for HAIs and a clean-up of the nation’s hospitals. The aim of *Operation Clean Up* was not just to remove dirt, but to make hospitals safer places for patients, visitors and staff. All the major political parties endorsed the campaign but it was not until 1997 that national monitoring of infections such as MRSA was put in place – and even then it was voluntary.

**Surveillance system**

Despite such campaigns, the proportion of all *Staphylococcus aureus* infections that are resistant to antibiotics has continued to rise from around 5 per cent in the early 1990s, to its current rate of around 40 per cent. The government’s surveillance system, mandatory since 2001, monitors only blood-borne MRSA infections. While these type are most likely to be fatal, wound infections are thought to be far more prevalent.

The Health Protection Agency’s (HPA) latest statistics, collected on behalf of the Department of Health, show the overall number of such blood-borne bacteraemias has fallen for the first time from 3,598 in the six-month period to September 2001 to 3,519 in the equivalent period in 2004. But there is not yet enough data available to determine whether the fall is a trend or just a blip.

The statistics show that specialist trusts tend to have the highest rates of blood-borne MRSA infections. The HPA says this is not surprising because such hospitals have patients who are likely to be more vulnerable than in other trusts and the treatments they receive are likely to be higher risk.

The HPA has produced a league table with the ‘best’ and ‘worst’
straightforward as it could, each year as a result of HAIs. Says approximately 5,000 people die constant for many years. The NAO hospital, a figure that has remained infection that they acquired in one time, 9 per cent of patients have an Audit Office (NAO) says that at any time, 9 per cent of patients have an infection that they acquired in the trust in which it appears. And hospitals with high numbers of surgical beds and vulnerable patients are likely to have a higher number of infections than those that have a high proportion of maternity beds, and so on.

The ‘worst’ trust – an ordinary trust in just about every respect – has a prevalence of 0.38 infections per 1,000 bed days. That equates to about one for every 263 patients per day.

It is difficult to judge from these basic figures if that is a lot. But for every patient who has acquired an HAI it is at best an inconvenience, for many it is a painful and prolonged nuisance and, for some, a tragedy. The National Audit Office (NAO) says that at any one time, 9 per cent of patients have an infection that they acquired in hospital, a figure that has remained constant for many years. The NAO says approximately 5,000 people die each year as a result of HAI.

But surveillance is not as straightforward as it could be, performing trusts listed in order. But if ever a league table only showed part of the story, this is it. There are so many variables a straightforward list cannot convey that it must be viewed with caution. For example, the MRSA infection might not have been acquired at the trust in which it appears. And hospitals with high

'It has taken media hysteria and public concern to galvanise the government into action'

the campaign will feature a website for RCN members with all the latest research on infection control.

Mr Hayward says the material on the website will provide a short cut to best practice for nursing staff. ‘By making this guidance available we are enabling nurses to have access to the best information at the click of a mouse.’

Ms Wiseman is concerned about the politicisation of MRSA. ‘People have got hung up on MRSA and forgotten about other important things, such as proper antibiotic prescribing and handwashing.’

In February 1992 the HPA published a communicable diseases report about MRSA that included the prophetic sentence: ‘The cost of isolation facilities appears high but the added costs of treatment, and prolongation of hospital stay when an MRSA becomes endemic in a hospital often greatly exceed the costs of prevention and control.’

Effective infection control measures such as handwashing are essential for preventing the spread of antibiotic-resistant organisms according to RCN health protection adviser Sue Wiseman. She says more effort and technological backup are needed to make surveillance as good as it can be. ‘More surgical site infection surveillance is needed – but we require more resources to do it.’

But despite the relentless rise of MRSA, the RCN believes we are now at a crossroads. The college’s acute nursing adviser Mike Hayward says that the issue is being taken seriously at last. ‘Unfortunately it has taken media hysteria and grave public concern to galvanise the government into action.’

The RCN’s Wipe it Out campaign has a two-pronged approach. In part it is an awareness campaign for nurses, other hospital staff, patients and the public. But perhaps more importantly

The RCN’s ten standards

The RCN’s Wipe it Out campaign sets ten minimum infection prevention and control standards that the college says should be in place in all healthcare settings. They are:

- Mandatory infection control training at the time of induction for all UK health and social care staff, with mandatory updates.
- Standardised infection prevention and control education to be included in all multiprofessional pre-registration programmes.
- Matrons, senior nurses and sisters/charge nurses to have power, authority and protected time to ensure the environment is clean in line with UK standards.
- 24-hour availability of rapid deployment cleaning in all acute healthcare facilities, especially in intensive care and emergency.
- Nursing staff to have a sufficient number of uniforms and access to onsite changing facilities. All acute healthcare services must provide laundering arrangements.
- Ward housekeeper role to be established across the UK.
- Employers to introduce systems that allow patients, visitors and staff to report poor practice involving infection control.
- Advice by infection control teams or senior clinical nurses must be paramount in determining how MRSA and other healthcare-associated infections are managed.
- Government should re-emphasise its commitment to ensuring £5,000 ward environment budgets, promised for England in 2000, are paid across the UK.
- Appropriate evidence-based infection control policies should be available, including easy guidance for patients and visitors.