NHS EDUCATION SOUTH CENTRAL PERIPHERAL LINE PROJECT

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

Fay Summers, Sophie Macadie, Nick Purkis and Claire Higginson
Clinical Skills Facilitators
Integrated Directorate of Education and Learning
MRSA/MSSA BACTERAEMIA

AUGUST 2008 – MAY 2009
SOUTHAMPTON GENERAL HOSPITAL

CLAIRE HIGGINSON
Data collection for peripheral line training project

- Information received from Infection Prevention Team
- Look at number of MRSA/MSSA cases and separated any paediatric cases
- Obtain information
- Collect bed occupancy data for the Trust
- Collect staff training figures
- Collate all this information and complete form
What information?

- Division/department when blood cultures were taken
- Bed occupancy at time
- Length of stay when blood cultures were taken (before or after 48 hours)
- Site of infection
- Age of patient
What areas?

- 22% from the Emergency Department
- 20% of cases were on Medical Wards
- 12% from the Acute Medical Unit
- 11% from the Cardiac Department
- 11% from the Surgical Division

Gopal Rao et al (2007) concluded that there is a high MRSA colonization rate among emergency admissions, especially those with risk factors including previous MRSA positives, advanced age, increased hospital admissions and residential care homes.
Before or after?

- After – 47%
- Before – 53%

Wyllie et al (2005) found a high proportion of MRSA bacteraemia among patients on admission to hospital. These bacteraemia were not necessarily acquired in the community, nearly all these patients had previously stayed in hospital, where they could have been exposed to MRSA.
Sources of MRSA and MSSA

- Respiratory
- Urinary
- Skin and wounds
- Abcesses and collections
- Unknown & contamination
- CVC & Peripheral lines
- Inserted devices
- Sporadic CJD
- Endophthalmitis
- Endocarditis
- Bilary sepsis
References


Doctor’s Cannulation Audit

Southampton General Hospital

2009

Fay Summers, Sophie Macadie, Nick Purkis
Clinical Facilitators
Rational

- According to the Darzi report (2008) and Grady et al (2002) the peripheral insertion of intravenous cannulae is a process having the potential for causing infection.

- Concerns were identified that doctors cannulation training was inadequate, and competencies were not being maintained in clinical practice.

- Therefore a Trust wide audit was conducted at Southampton General Hospital.
Methodology

- Random sample group of 159 doctors from four Divisions within the hospital.

- Experience ranged from Foundation Year 2 to Consultant level.

- The audit consisted of a short questionnaire which could be completed in minutes.
When did you do your cannulation training?

- Within 2 years: 18%
- 3 - 5 years: 7%
- 6 - 10 years: 19%
- Over 10 years: 22%
- No Formal Training: 34%

Southampton General Hospital 2009
Where did you do your cannulation training?

- SUHT: 24%
- UK: 55%
- Overseas: 14%
- No Formal Training: 7%

Southampton General Hospital 2009
Have you received a cannulation update?

- Yes: 17%
- No: 83%

Southampton General Hospital 2009
Conclusion and Recommendations

- Standardising Doctors and Registered Nurses Cannulation Training

- Revise Doctors Cannulation Assessment Criteria and Documentation

- Updates for doctors through either an E-learning package or a more didactic approach

- Re-audit 2010
References

- Department of Health. High Quality Care For All. The Stationary Office 2008