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PRESS RELEASE

ONS Report on MRSA and Clostridium difficile

The Office for National Statistics survey of deaths involving MRSA and Clostridium difficile outlines 6 separate reasons why figures in the report should be interpreted with caution.

These figures are historical –dating back between 2 and 7 years.

The report does not show the most up to date figures for the Royal United Hospital in Bath which reveal that the number of deaths where Clostridium difficile has been recorded as either the primary cause, or contributory factor, are a fraction of those in recent years.

The Trust recorded 49 deaths in 2007 where Clostridium difficile was noted on the death certificate as either the primary cause, or contributory factor. Of those, 6 deaths were directly attributable to Cdiff. The figure of 49 is almost half that of 2006 when there were 94 deaths where Cdiff was either a primary cause or contributory factor in death. In 2005, it was 86.

This dramatic but sustainable improvement is directly linked to three main factors – the introduction of a system of isolating patients immediately after diagnosis, antibiotic prescribing and the implementation of a rigorous and regularly audited deep-cleaning and hand-hygiene campaign – targeting both the staff and the general public to raise awareness of bringing infections into the hospital.

In the recent Healthcare Commission Inpatient Survey, the hospital scored well in terms of hospital cleanliness....almost three quarters of the inpatients in the survey (72%) said that the doctors and nurses always washed their hands between dealing with patients. Cleanliness of the toilet facilities, wards and bays also scored well. 91% believed that the wards were very or fairly clean and 80% said the toilets and bathrooms they used were fairly or very clean.

In terms of MRSA figures, both in the report and for 2007, the RUH continues to attain a standard performance. According to the ONS report, between 2002 and 2006, there were 38 deaths – which as a percentage of the total number of deaths across that period, was 0.46%

The Trust's Medical Director, Mr John Waldron, said,

"The report says these figures should be treated with caution for 6 different reasons. We place much more emphasis on external independent data on hospital mortality, such as that published by Dr Foster. I am confident that the RUH is a safe hospital Through Dr Foster we, and everyone else, can compare how likely patients admitted to the RUH are to die by comparison with similar admitted to other hospitals in England. This is called standardised mortality index (SMI). Patients admitted to the RUH with acute illnesses are less likely to die than if they were admitted to many other hospitals in England. Using mortality statistics, then, the RUH is a safe hospital. "

The South West Regional Health Authority commented that the data released today from the Office of National Statistics could be misleading and we are very keen that it should not cause alarm among patients in the South West

The data only shows us where a patient has died, not where the infection was acquired or whether the infection was the primary cause of death. Therefore it is not a true reflection of the number of deaths from hospital infections in the NHS.

For this reason, the data could be misinterpreted.

Keeping our hospitals clean is an absolute priority and figures across the South West show that the number of cases of MRSA has reduced from 52 in April 2007 to 23 in March 2008.

The number of cases of C difficile has also reduced from 673 in April 2007 to 470 in March 2008.

Notes:

The average Standard Mortality Index (SMI) in the country is 100. Patients admitted to hospitals with SMIs greater than 100 are more likely to die than average. Consistently, the SMI at the RUH is less than 80. This means patients admitted to the RUH with acute illnesses are less likely to die than if they were admitted to many other hospitals in England. Using mortality statistics, then, the RUH is a safe hospital.

Ends

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