

MRSA - reducing the risk

In July, the NHS paid damages to a patient who contracted MRSA after the Princess of Wales Hospital in Bridgend, South Wales, accepted that it had not followed its own guidelines on infection control. How can hospitals minimise the risk of similar claims?

MRSA cannot be eradicated it can only be controlled. The increased use of antibiotics and extended stays in hospital mean that treatment costs can escalate dramatically. It is therefore vital that efforts are made to prevent the disease from spreading.

Legislation

The government is planning new legislation in an attempt to tackle the problem. There are four key components to the new proposals: (1) There will be a Code of Practice on the prevention and control of infections associated with healthcare. (2) NHS bodies will be under a duty to follow the Code, while the Healthcare Commission (HC) will have a parallel duty to assess compliance with it. (3) The HC will have a discretionary power to issue an improvement notice. (4) Those who breach the Code may be given directions for improvement; or sanctions may be imposed. Plans for criminal penalties for breaches of the new Code have been abandoned.

MRSA claims

It is worth remembering that, despite all the media attention given to the superbug, there have only been a limited number of successful MRSA cases. Apart from the case involving the Princess of Wales Hospital, there are no other reported cases where the primary allegation has been the claimant patient contracting the infection as a consequence of inadequate hospital procedures.

The main reason for this dearth of legal authority is that MRSA-related claims are hard to get off the ground. Even if a patient can show that the hospital is in breach of its duty of care and that appropriate procedures were not in place, he or she must then show (on a balance of probabilities) that the breach of duty caused the infection. This is difficult. The claimant has to establish that the MRSA originated in the hospital and developed as a consequence of the hospital's failure to follow local protocols.

Investigating MRSA claims can be costly. A hospital will need to provide infection control evidence showing the processes that are in place to avoid MRSA and that it has complied with infection control protocols. It may also need to produce:

- evidence of infection rates in the hospital generally and in relation to a particular ward;
- details of the location of MRSA cases;
- evidence of decontamination procedures in relation to infected patients and staff;
- hygiene inspection records; and
- documentary evidence of compliance with an appropriate infection control protocol.

Best practice

Leading microbiologists have made the following recommendations for hospitals:

- appoint a multidisciplinary infection control team;
- screen patients (especially those admitted to high-risk units) and staff;
- treat MRSA patients and carriers in single occupancy units with separate staff, who are trained in controlling infections;
- avoid moving patients to maximise bed usage,

which spreads MRSA - patients of individual medical and surgical teams should be kept together; • restrict movement of staff; • implement laundry contracts in accordance with the 1970 guidelines for keeping soiled and clean laundry separate; • continue training in the principles of infection for all staff, including agency nurses; • issue clear infection control guidelines/ protocols; • control hand washing and cleaning (although this alone will not prevent the spread of MRSA); and • develop antibiotics to treat infected patients.

Need for government lead

The implementation of some of the above recommendations will have far reaching cost consequences, in particular, for hospitals without the capacity to keep MRSA patients and carriers separate from others. Patients and staff are constantly moved from ward to ward to maximise bed capacity and a departure from this way of operating would be a colossal change in NHS practice. The lead and momentum for change, which improves infection control, will need to be government led for any real change to take place in the NHS.

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