

2.5 Deputy C.J. Scott Warren of St. Saviour of the Minister for Health and Social Services regarding reported incidents of 'Clostridium Difficile':

Would the Minister advise Members the number of reported incidents of Clostridium Difficile at the General Hospital during 2006 and 2007, whether this infection is currently a significant problem in Jersey and following the temporary closure of Corbière Ward to new admissions due to an increase in incidents of M.R.S.A. (Methicillin-Resistant Staphylococcus Aureus) whether a similar provision to Operation Deep Clean in the U.K. hospitals is considered necessary throughout the General Hospital?

Senator B.E. Shenton (The Minister for Health and Social Services):

Before I give the figures I had better just explain how they are calculated. The figures I will give out is for M.R.S.A.; it is the incidents per 10,000 bed days in hospital and for C-Diff it is the incidents per 10,000 bed days occupied by patients aged 65 years and over in hospital. These are the way the figures are calculated by the N.H.S. (National Health Service) and obviously for your calculating statistics you have to do it on a like-for-like basis. For C-Diff in 2006 the figure is 1.44 whereas in the U.K. it is 2.45. For 2007 it is 0.94 compared to in the U.K. of 2.38. M.R.S.A. 2006: there were no cases in Jersey in 2006. In England: 1.69. 2007: 0.69 Jersey; 1.67 in England. The figures are obviously good news and I am very grateful for our healthcare professionals in this area for producing such a good performance. In the U.K. the Department of Health issued an important strategic document, which I think the Deputy refers to, entitled *Clean Safe Care in Reducing Infection* in which a 3-year strategy aimed at improving infection control performance was highlighted. The Health Department will carefully consider this document and determine its insights of how best to implement some of the recommendations over here. It is very clear that hospital-acquired infections are transforming clinical practice in the spheres of cleaning, screening, germicidal gels in wards and departments, style and design of uniforms and the way in which patients are treated and cared for in our wards.

2.5.1 Deputy C.J. Scott Warren:

Would the Minister agree to look into the figures for M.R.S.A. for 2006 in Jersey as I do know that there was M.R.S.A.... I cannot honestly comment on internal M.R.S.A. but certainly skin - outer, M.R.S.A. - there were cases in Jersey during 2006. I would like him, if possible please, Sir, if the Minister could come back to me on that. I would like to ask, Sir, would the Minister agree that it is extremely important that everyone from consultants, doctors, nurses, to people working in whatever capacity on hospital wards, also hospital visitors, should always use Spirigel or wash their hands with soap and water upon entering or leaving a hospital ward?

Senator B.E. Shenton:

I will be happy to provide the Deputy with very detailed and comprehensive information regarding the 2006 figures and I would totally agree with her that these are issues that we need to address going forward, and that it is paramount that we maintain the highest standards within the hospital and in the other areas.

2.5.2 Deputy P.V.F. Le Claire:

I was informed by a friend of mine whose wife is a nurse that the incidents of M.R.S.A. in Jersey is appearing to be lower than the United Kingdom because nurses are not tested in Jersey for M.R.S.A. whereas in England they are. I am not an expert and I do not begin to propose to ask the Minister to do anything. I just would like to ask the Minister, based upon that piece of information that I received, would he look into the issue as to whether or not testing does occur in the United Kingdom for nurses and whether or not it does occur in Jersey and report back to the States with that information please?

Senator B.E. Shenton:

I can assure the Deputy that testing is undertaken in Jersey for nurses. What I will need to provide him with is the detail of when and how often and which nurses in particular are tested and the procedures therefore which I can provide him with separately.

Deputy P.V.F. Le Claire:

I am pleased. Thank you very much for that.

2.5.3 Deputy I.J. Gorst of St. Clement:

I thank the Minister for his answer. It seems slightly strange to me that we would be looking to how the U.K. operates its health service in a hospital, however, I appreciate that this is a strategic document and there might be issues that hospitals can pick up on. What I really wanted to ask the Minister is to give an undertaking that he keeps this extremely important issue under review and keeps the Assembly informed of the cases and the policies and procedures he is putting in place to minimise it.

Senator B.E. Shenton:

I can just assure the Deputy that this is a very important issue and we will do all we can to make sure communication flows to the Chamber and to the population at large is excellent.

2.5.4 Deputy S.C. Ferguson:

Would the Minister not agree that there are a few quick wins that could be adopted in this such as all long hair tied back and not drifting over the patient; uniforms only changed into in the hospital? I have seen people driving into work in their uniforms with a car full of children and dogs, or else walking around town in their hospital uniforms. I cannot think that is terribly good and I think it may be that you need to look at the cleaning policies and the way this is done. These are quick cheap easy wins. Will the Minister look into these?

Senator B.E. Shenton:

Obviously I am not an expert on infection control procedures but I will have a word with the relevant department to make sure that everything possible is being done. The general feedback about the cleanliness of the hospital is very good and I think with any large organisation there is always room for improvement no matter how hard you try. But this is, as I said before, a very, very important issue and it does take high priority at Health.

2.5.5 Deputy A.E. Pryke of Trinity:

Could the Minister advise if patients are swabbed for M.R.S.A. prior to admission to hospital or transfer from another hospital?

Senator B.E. Shenton:

Yes, they are and one thing I will say is the old style wards do not always lend themselves well to the treatment of M.R.S.A. and other infections. When you take a patient in sometimes it would be ideal to put them in an isolated inner room initially when they go in, and certainly moving forward I think you will find a change in the way wards are handled, the way wards are designed and we have to move forward on this. This is going to be a problem going forward and it is something that we have to handle with great professionalism and we have to have utmost care in this area.

2.5.6 Deputy C.J. Scott Warren:

Can the Minister inform Members whether Corbière Ward is currently receiving new admissions or whether it remains closed to new admissions?

Senator B.E. Shenton:

My understanding is that Corbière Ward is now operating as normal.

Deputy C.J. Scott Warren:

I thank the Minister for his answers.