

Infection Control – Everybody’s Business

Chris Beasley, Chief Nursing Officer, NHS

A Webber Training Teleclass

(DH) Department of Health

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Chief Nursing Officer

Hosted by Maria Bernallick
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Patients and the Public

- Public and media believe that HCAI and hospital cleanliness are closely linked
- Widespread belief that most hospitals are dirty, and that most infections can (and should) be prevented

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MRSA..THE FORGOTTEN MASSACRE

OUR SQUALID HOSPITALS

The deadly superbug that puts Britain’s hospitals to shame

THE PLAGUE 2004


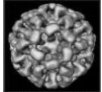
Filthy NHS wards kill 5,000 a year

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MRSA is not the only bug

- UK now leads in HCAI surveillance
- Hospital Infection Society undertaking third national prevalence study of HCAI - due for completion in 2006
- As data becomes available on other infections, this will be published



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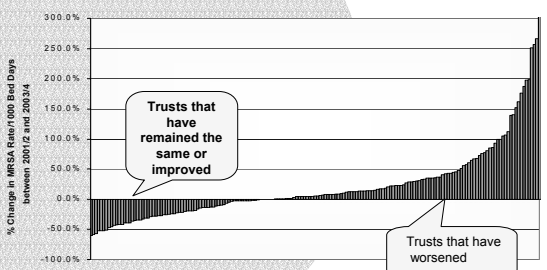
What are we trying to do?

- To significantly reduce MRSA and other Healthcare Associated Infection rates in the NHS
- To increase public confidence by ensuring that hospitals are clean and safe

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National picture



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Setting the context for delivery


| Front Line Staff | Management |
|---|--|
| <ul style="list-style-type: none"> ▪ Don't own the issues ▪ Mixed knowledge - what to do ▪ Basic Procedures - Very mixed compliance ▪ Varied leadership | <ul style="list-style-type: none"> ▪ No links made to other Trust issues ▪ Mixed interest ▪ Not clear about contribution ▪ Not part of "every day business" ▪ Trust Boards – lack clarity |






Setting the context for delivery

| Infection Control Teams | Directors Infection Prevention & Control |
|---|---|
| <ul style="list-style-type: none"> ▪ Technical experts ▪ Limited exposure to "change management thinking" ▪ Seen as "responsible" for Infection Control ▪ Often not involved in Trust business – strategic thinking | <ul style="list-style-type: none"> ▪ Mixed skill set ▪ Technical experts – limited leadership development ▪ Leadership roles – limited technical expertise |







Good Practice

- Guidance very familiar to IC Teams
- Plethora of information to deal with
- Located in various places
- Varied evidence base
- National Resource for IC


Q..."What needs to be done to make the biggest impact?"






Focus on what can be done now..

- Making it everyone's business
- Keeping it simple
- Make doing the right thing "easy"
- Role models/ example setters
- Patient/carer role
- Improve compliance of clinical interventions







The Challenge for successful delivery

Changing behaviour, but also...


Sustaining the change...





The Saving Lives programme

- **Self Assessment tool** focusing on nine key challenge areas
- **Learning resources** to inform action planning
- **High Impact Interventions** to increase clinical reliability
- **Endorsed** by RCN, HIS, ICNA, HeFMA, HPA, BAMB



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High impact interventions

- No1: Preventing the risk of microbial contamination,
- No2: Central venous catheter care,
- No3: Preventing surgical site infection
- No4: Care of ventilated patients (or tracheotomy)
- No5: Urinary catheter care

More work planned on *C.diff* for end of year

Saving Lives

- A programme to make infection prevention and control everyone's business
- Everyone understands the contribution they can make
- Integrate best practice, change & performance mgt
- Recommendations from Winning Ways etc integrated
- Packages clinical interventions to achieve high reliability
- Enables Trusts to assess their performance & focus on risk areas
- Signposts staff to information/advice

Saving Lives

- Reducing MRSA requires us to tackle **all HCAI**
- It requires the same focus and effort as any other target
- Must be championed by Clinicians
- Resources to be targeted at high risk areas
- Trusts need comprehensive & prioritised plans
- Integrate infection control with IPR/appraisals

So does cleaning matter?

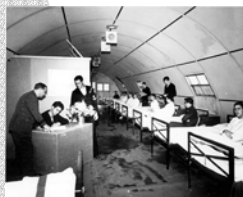
- Some scientific evidence – but we know it makes sense
- Cleanliness and HCAI are linked in the public's mind



DANGER

Why does it matter?

- The first thing a patient will see is the building - often long before they meet a clinician
- If the building gives a poor first impression, clinical staff have to spend time undoing that damage before they can begin to build a therapeutic relationship



Buildings speak to people...

- A spa hotel says "relax"
- A supermarket says "buy"
- A hospital should say "you are in safe hands"
- What does your hospital say?



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For more information e-mail paul@webbertraining.com