Progress Report from the Chief Nursing Officer
Prof. Dame Christine Beasley, Department of Health
A Webber Training Teleclass

Aim of today

To
• Share progress nationally
• Describe how progress has been made
• Share features of differing organisations
• Describe the elements that drive improvement

Quarterly national MRSA bacteraemia cases April 2005 to December 2007

As at December 2007 the national quarterly number of MRSA bacteraemia cases was still higher than the national Local Delivery Plan trajectory reduction.

National quarterly C. Difficile (CDI) cases April 2006 to December 2007

The national quarterly number of CDI cases indicated a further reduction for October to December 2007, although reductions should be treated with caution at this early stage of monitoring.

Looking back – to move forward

• HCAI domain of IC teams
• Infection happens...
• Over use of antibiotics – hence resistance & rise of C. diff
• Lack of recognition of impact on quality & productivity
• Clinical training not focused on IC for years
• Lack practical skills training with assumed competence
• Belief it is just a clinical issue
• Reducing HCAI requires major cultural, organisational and behavioural change – so plan has to be multi-faceted

A National Strategy – England

• High Profile Leader – CNO – number one priority
• Government endorsement
• Made a national target
• National Board – key senior stakeholders
• Legislation – Hygiene Bill Code of Practice
• Regulation – Health Care Commission
• Visits/conferences/launches across country
• Communications Strategy

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Action for Improvement - A multifaceted approach

Reform

- Choice
- Regulation
- Commissioning
- Finance

Targets make subject organisational/board priority

- Reporting up, focuses management attention

Tools and advice

- Pull together available evidence
- Designed it in way to enable Trusts to
  - Baseline where they were
  - "Traffic light" and priorities
  - Develop plans to improve
- Provide High Impact Interventions to improve reliability of clinical procedures
  - Lines
  - Wounds
  - Catheters
  - VAPs

National Improvement Team

- Set up team to provide different levels of support
- Team sponsoring director, microbiologist, Infection control nurse, pharmacist, Facilities, supported by Programme manager
- Team undertake diagnostic review – look at data, interview staff, walk around Trust meet staff, observe
- Provide report and make recommendations
- Trust develop delivery plan
- Team provides on-going support as required
- To date worked with 130 Trusts

Why are some Trusts still struggling

- Belief system – "this is impossible"
- Still arguing about unfairness of target rather than impact on patients
- Not part of strategic intention or perceived by staff as a priority
- Senior leadership have not properly grasped agenda
- Implementation plans without clear outputs, outcomes, time scalable, lead
- Accountability not devolved – still heavy reliance on IPC teams to "sort out"
- There are no consequences for non-compliance
- Benefits of Root Cause Analysis not understood or exploited
- IPC Teams – not out there! – not rethought how role(s) might need to be different.

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The Power of Three............

BELIEF

BEHAVIOUR

BE SURE

SO.........WHAT HAVE WE LEARNED?

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Features of successful organisations

- Belief system: ‘we can do this’
- Absolute priority: ‘zero tolerance’ philosophy & message
- Led and championed by CEO & execs
- Board see how HCAI fits with quality, effectiveness & efficiency
- Core Value to reduce harm
- High profile microbiologist and Infection Prevention team
- Real understanding of issues for their organisations
- Effective use of information & data with action plans: ‘focus, pace, grip’
- Every case is used to learn, feedback & improve
- Clear accountability with consequences at every level

Clinical Practice

- Often mismatch between intention & action!
- Variation in compliance to protocols / guidelines
- Lots of training, less assurance about competence
- Assumed level of competence to perform ‘basic procedures’ e.g. blood, line insertion, aseptic technique...
- Staff too embarrassed to ask about ‘basic care’
- Staff reluctant to give feedback & challenge colleagues
- ‘Rose-tinted’ compliance data

Clinical Practice

- MRSA
  - Hand hygiene
  - Screening & decolonisation
  - Indwelling devices
  - Wounds
  - Antibiotics
- C.difficile
  - Hand washing
  - Antibiotics
  - Prompt isolation
  - Cleaning

Headlines…..

MRSA

- Hand hygiene
- Screening & decolonisation
- Indwelling devices
- Wounds
- Antibiotics

C.difficile

- Hand washing
- Antibiotics
- Prompt isolation
- Cleaning

Clinical Practice

The journey to safe clean care

Clear Vision

- Leadership
- Accountability

Assurance

Measurement

Competence

Headlines…..

MRSA

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Clinical Practice

The journey to safe clean care

Clear Vision

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- Accountability

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Competence

Clear Vision

- Leadership
- Accountability

- Part of trust intention to improving quality & safety
- Culture of ‘zero tolerance’ & belief achievable
- Ambition / stretch
- Avoidable infections insult our patients
- Objectives: underpinned by output-based plans – ‘focus, pace, grip’
- At every level with Board & CEO drive
- Executive leadership crucial
- Medical & Nurse Directors need to devote time
- Implementation lead for delivery plan
- Identify champions!
- From Infection Control Committee to Infection Prevention Board

Accountability

- All staff
  - Understand what is expected of them
  - What they will be held to account for
  - Will have the authority & responsibility to drive improvement

This will require

- Responsibility for HCAI prevention explained clearly in
  - job descriptions
  - personal objectives (which are agreed and monitored)
  - discussed at appraisal
- Consequence of non-delivery understood and acted upon
- Rewards, incentives understood
- Observe and feedback on what they see

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Compliance

- Training
  - Induction for all
  - In mandatory updates for all staff (quarterly/yearly)
  - Delivered in different ways (e-learning)
- Development/Supervision
  - IPC team given support, development to maximize impact on organization
  - Links professionals given time/support to champion improvement in work areas
- Assessment of competence
  - Don’t assume/check staff skills regularly (aseptic technique, inserting lines, wound care, taking blood cultures etc.)

Measurement

- KPIs at board and directorate level & reviewed
- Compliance data used – HI use of care bundles (process measures)
- Root Cause Analysis done well, used to focus action and training
- Make link to clinical indicators – mortality rates, outcome measures
- Change culture through language and intelligence
- Use information and analysis (visually)
- Track changes (visually) so confidence and assurance can be gained

Assurance

- Be confident that organizations, policies, and people are operating in a way that is effective in driving the delivery of objectives
- Integral to risk & clinical governance
- Clear about risks to both business and patients with plans to mitigate
- Effective systems in place to improve reliability

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The front line of communication

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What have we achieved......?

- Profile & importance of HCAI never been higher
- Requirement to reduce HCAI – statute
- Cleanliness continues to improve
- Recognition "every one’s responsibility"
- Language “zero tolerance” emerging
- MRSA numbers – a major reduction
- A 50% reduction is achievable
- C. difficile numbers – rise stemmed
  early signs of improvement

Evidence for Preventing Infection

Professor Stephan Harbarth
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