The times they are a changing...

Dr. Evonne Curran, Health Protection Scotland

Broadcast live from the 2014 Infection Prevention Society conference

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CONFESSION 1

CONFESSION 2

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In the presentation...

• How every part of the system has changed and is changing
• Reflections on our current approach for a safer going forward

The key messages

• The goal does not change – but the how, what, where and the why does
• Be mindful of changes and their consequences
• Stop, reflect and change your MO
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The times they are a changing…

- But it has *aye been*
  - Pathogens, patients, healthcare, environments, media, politicians, guidance, science, care facilities, IPCTs (and budgets)
- We don’t recognise
  - the changes in real-time
  - how change has made us resilient / weak

When you are finished changing
– you are finished

Benjamin Franklin

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We were very good at measuring things that went up
ICM colleague on IPaC in the 1990s

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FIGURE 1: Reports to SCIEH of *S. aureus* bacteraemias and all MRSA infections, 1995-2000


Source: HPA


CPE
If we are not having GNOs outbreaks now....

Why not use our knowledge on outbreak epidemiology ....

Endoscopes
Transplant units
NICUs

Cannon ball got stuck here
People who stood around here got dead
Explosion here

Implications – lost the battle / war / men / Queen not very happy

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What changed
• Investigation for individual blame
  – Descriptive data who did what / what happened
• Investigation of system malfunction
  – What provoked this / how do we make sure this never happens again here or anywhere else

Don’t wash dusters in wash-hand basins or baths!
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Guidance – 1 case of MRSA 1986

"All other patients and staff must be screened and isolated and treated if any samples are positive. Medical, nursing, paramedical (particularly physiotherapists and phlebotomists) and domestic staff should be screened. It may be necessary to close wards to new admissions, particularly to surgical or intensive care patients."

(Recon. 1986)

Outbreak column 12 JIP

Admission assessment

Does evidence on transmission merit a change in SICPs? including WHO 5 moments?

Does the evidence merit a change in TBPs?

Modify SICPs

Modify TBPs

New organism / resistance pattern / emerging threat

Protect all those in the care environment from infections arising from cross-transmission, and from their own flora

Protect HCWs and patients from BBVs and other exogenous pathogens

Protect HCWs from BBVs

Universal precautions

Protect all those in the care environment from infections arising from cross-transmission, and from their own flora

Protect HCWs and patients from BBVs and other exogenous pathogens

Protect HCWs from BBVs

Universal precautions

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plus ça change, plus c'est la même chose?

Or

The only constant is change
(Wiggesworth)

Current threats to our patients NOW

• Standard Precautions – not standard
• Outbreak threat - ever present
• Alert organisms - considered job done
• Invasive devices – risk recognition
• CPE – Screen, find, isolate – not enough
• Vulnerability of the people we care for

Regret, Reason, Remedy

• Regret: Apologies about being a brain-dumpaholic
• Reason: Seemed like the right thing to do at the time
• Remedy:
  – Keep it simple
  – Make it doable
  – Make sure it needs doing

McFarlane – Drop the pink elephant

McFarlane – Drop the pink elephant

Five moments for hands
For infection prevention
Essential for all

A HAND HYGIENE HAIKU

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The times they are a changin'
(what, where, why and how)

What stays the same is the goal:

To prevent, prepare for and manage outbreaks wherever care is delivered

Our vision is that no person is harmed by a preventable infection

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