Infection Control – Everybody’s Business
Chris Beasley, Chief Nursing Officer, NHS
A Webber Training Teleclass

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

Patients and the Public
- 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

What are we trying to do?
1. To significantly reduce MRSA and other Healthcare Associated Infection rates in the NHS
2. To increase public confidence by ensuring that hospitals are clean and safe

National picture
- Trusts that have remained the same or improved
- Trusts that have worsened

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Setting the context for delivery

Front Line Staff
- Don’t own the issues
- Mixed knowledge - what to do
- Basic Procedures - Very mixed compliance
- Varied leadership

Management
- 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
- Technical experts
- Limited exposure to “change management thinking”
- Seen as “responsible” for Infection Control
- Often not involved in Trust business – strategic thinking

Directors Infection Prevention & Control
- 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, BAMM

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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 mgmt
- 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

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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