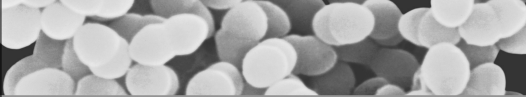


Progress Report from the Chief Nursing Officer

Prof. Dame Christine Beasley, Department of Health

A Webber Training Teleclass

Progress Report from the Chief Nursing Officer



Professor Dame Christine Beasley, CBE
Chief Nursing Officer, England
Department of Health

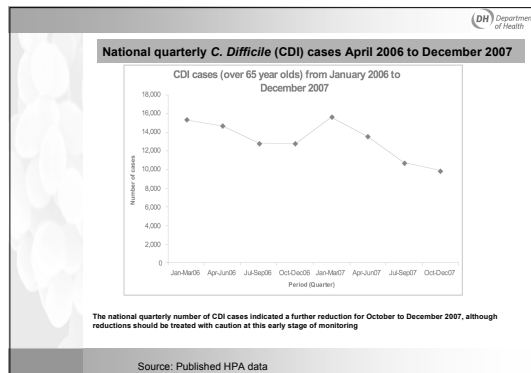
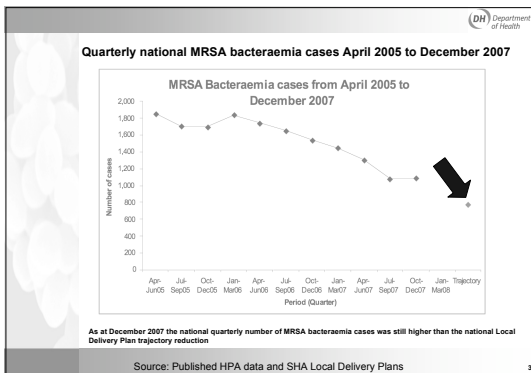
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Aim of today.....

To

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



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 focussed on IC for years
- Lack practical skills training with assumed competence
- Belief it is just a clinical issue

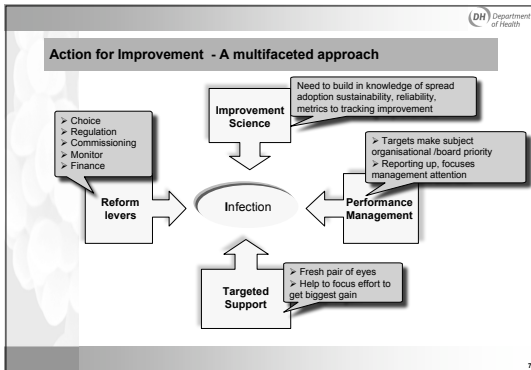
- Reducing HCAI requires major cultural, organisational and behavioural change – so plan has to be multi -faceted

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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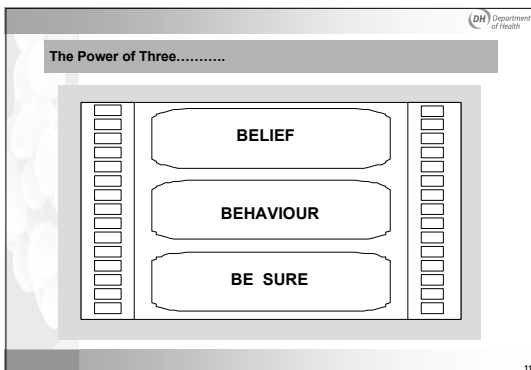


Tools and advice

- Pulled together available evidence
- Designed it in way to enable Trusts to
 - Baseline where they were
 - "traffic light" and prioritise
 - 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

SO.....WHAT HAVE WE LEARNED?



- 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 gripped agenda
 - Implementation plans without clear outputs, outcomes, timescales, 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 Team – 'not out there!' – not rethought how role[s] might need to be different.

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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 and execs
- Board see how HCAI fits with quality, effectiveness and efficiency
- Core Value to reduce harm
- High profile microbiologist and Infection Prevention team
- Real understanding of issues for their organisations
- Effective use of information and data with action plans – ‘focus, pace, grip’
- Every case is used to learn, feedback & improve
- Clear accountability with consequences at every level

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Clinical Practice

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



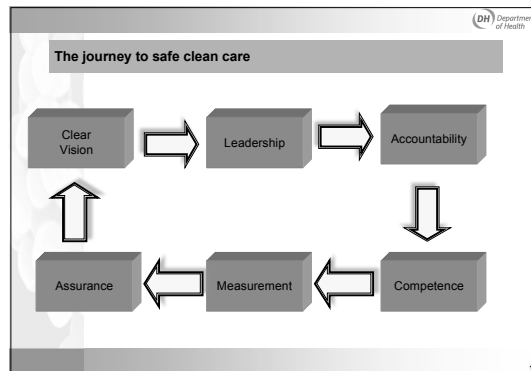
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Headlines.....

MRSA	C. difficile
<ul style="list-style-type: none"> ▪ Hand hygiene ▪ Screening & decolonisation, ▪ Indwelling devices ▪ Wounds ▪ Antibiotics 	<ul style="list-style-type: none"> ▪ Hand washing ▪ Antibiotics ▪ Prompt Isolation ▪ Cleaning

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Clear Vision

- Part of trust intention to improving quality and safety
- Culture of ‘zero tolerance’ & belief achievable
- Ambition / stretch
- Avoidable infections insult our patients
- Objectives underpinned by output-based plans – ‘focus, pace, grip’

Leadership

- 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

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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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Competence

- Training
 - induction for all
 - included in mandatory updates for all staff (quarterly / yearly)
 - delivered in different ways (e-learning)
- Development / Supervision
 - IPC team given support, development to maximise impact on organisation (both as team & individuals)
 - Link professionals given time / support to champion improvement in work areas
- Assessment of competence
 - Don't assume / check staff skills regularly re aseptic technique, inserting lines, wound care, taking blood cultures etc.

Measurement

- KPIs at board and directorate level & reviewed
- Compliance data used – HII 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 organisations systems, 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.

Launched today

www.clean-safe-care.nhs.uk
The front line of communication

All staff have a duty to provide clean, safe and reliable care. The Clean, Safe Care website is an information resource designed to enhance your knowledge of good practice and give you access to the latest research and available tools.

What's online?
Information on reducing HCAI
For use from Board to ward.
Shared learning
From colleagues across England and beyond.
Monthly e-bulletins
Sign up to receive the official HCAI news bulletin, packed with the latest information on how to reduce infection.
Get involved
Online
Want to make a difference to the healthcare policies that affect your trust and its patients? You can upload case studies and information from your trust at www.clean-safe-care.nhs.uk as well as view other examples of good practice.
In person – Performance Improvement Network (PIN) meetings
The Performance Improvement Network meets quarterly to discuss and share information on reducing healthcare associated infections and improvements in best practice.
If you would like to be part of the PIN, please email reducinghca@dh.gov.uk to register and receive event information.
www.clean-safe-care.nhs.uk

Hospitals winning war on superbug
Superbug cases finally dropping
Hospital starts to win battle against MRSA

fewer patients contract MRSA for third successive time
Number of superbug cases fall at hospital

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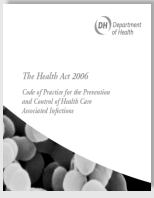
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What have we achieved.....?

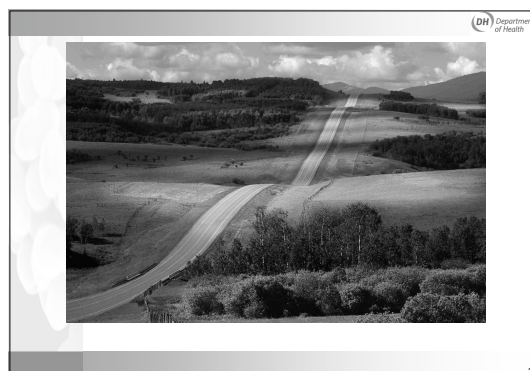
- Profile & importance of HCAI never been higher
- Requirement to reduce HCAI – statute
- Cleanliness continues to improve
- Recognition “every ones responsibility”
- Language “zero tolerance” emerging
- MRSA numbers – a major reduction
- A 50% reduction is achievable
- C.difficile numbers – rise stemmed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


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The Health Act 2006
Code of Practice for the Prevention and Control of Health Care Associated Infections



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INFECTION PREVENTION 2008
Microbes Prevention Society (incorporating the ICI)

Inform Promote Sustain

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Live broadcast from the Harrogate International Centre
September 22
Free Registration

Evidence for Preventing Infection

Professor Stephan Harbarth
Geneva University Hospitals
Geneva, Switzerland

**Hosted by Maria Bennallick maria@webbertraining.com
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