Implications for compliance – Can we do it?

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Health Protection Agency

Key Questions

Who is responsible for what?

What part of the Code is specific to Care Homes?

What are they doing well already?

Where are the gaps?

What is challenging (impossible?) to meet?

Who needs to be involved?

Care home owners and staff

Care Quality Commission

PCT Community Infection Control teams

HPA Infection control teams

Commissioners – PCT and Social Services

Residents, carers and general public

What does the Code demand?

Management and systems

Protocols and practice

Environment and equipment

Staff training and protection

Clear information to residents, visitors and staff

How can homes comply?

Risk assessments

Recognising problems – outbreaks,

Cleaning and Decontamination

Hand hygiene – sinks, towels, alcohol gel

Resident transfers – isolation, restriction

What is going well?

Information to staff, owners and public

Links to CQC, ICNs and HPUs

Training resources – self learning, DVD, audit packages

Feedback from inspections, audits

Hand hygiene

Waste disposal

Some potential problems

Training - staff turnover, educational level, language

Audit – protocols and practice

Buildings – cleanliness, plumbing, isolation

Equipment – disposables, uniforms

Staff protection – immunisation, screening

Resources – funding, staffing

Infection Control Teams

HPA or PCT? – Framework agreement

Neither see care homes as their "main job"

Private v NHS organisations

Traditionally not included in commissioning

Where are the gaps?

Community Infection Control Questionnaire

Survey in East Midlands

HPA & Community I.C.T. gathered information on resources available in each PCT area.

Why?

To assist in developing an equitable infection control service across the Region

To identify good practice & developments

To identify gaps

Aims

Disseminate results back to PCTs

Assist in Commissioning Infection Control Services

Develop a Commissioning toolkit for Core Standards

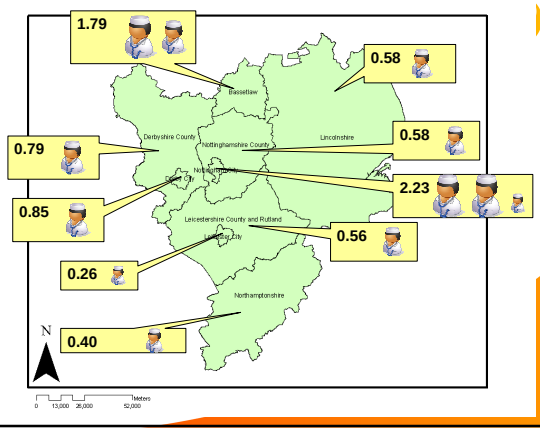
Provide agendas for Workshops & Study Days

Non NHS Premises requiring Infection Control Input

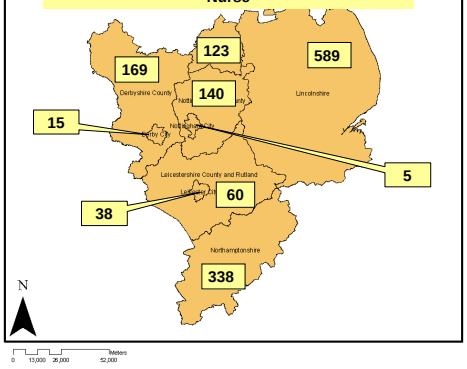
Residential Homes
Disability Homes / Hostels
Social Services Staff
Home Care Workers
Home Helps
Nurseries / Child Minders
Dentists
GPs
Private Hospitals
Private Clinics
Private Agencies Health Care Staff
PCT Operational Staff
Local Authorities
Schools
Prisons
Homeless Hostel / Drop-in centres
Funeral Directors
Tattooists / Body Piercing Salons

Etc.

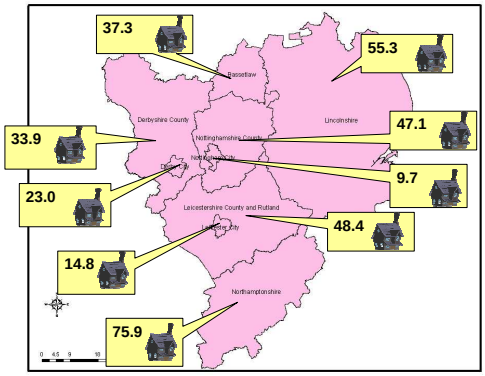
Infection Control Nurses per 100,000 Population



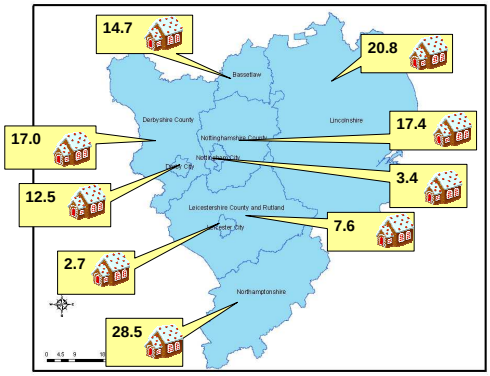
Square Miles Covered by each Infection Control Nurse



Care homes (without nursing cover) per ICN



Care homes (with nursing) per ICN



Given a value From 1 -3 on a level of Risk

1 -Green -
2- Amber -
3- Red -

Given a value From 1 -3 on a level of Importance

1 -Green -
2- Amber -
3- Red -

[redacted]

The Risk is Multiplied by the importance

PCT's by Rank order 1 being most advantaged - 9 the least advantaged

PCT	Population	Staff	Domiciliary care agencies	Nursing agencies	adult placement schemes	Care Homes Nursing)	Care Homes No Nursing)	AHEA Sq Miles	Ranking Points
Nottingham City PCT	3	1	3	3	3	2	1	2	18
Derby City PCT	2	7	5	5	1	4	3	3	30
Leicester City PCT	4	9	4	4	5	1	2	1	30
Derbyshire County PCT	9	2	1	1	2	6	4	8	33
Nottinghamshire County Teaching PCT	5	5	2	2	2	7	6	6	35
Leicestershire County and Rutland PCT	7	5	6	6	3	3	7	4	41
Bassetlaw PCT	1	7	8	8	3	5	5	5	42
Lincolnshire PCT	8	3	7	7	2	8	8	9	52
Northamptonshire Teaching PCT	6	6	9	9	4	9	9	7	59

Alerts for HPA/CICN

diarrhoea/vomiting outbreak e.g. norovirus

Classical HCAI e.g. C difficile, MRSA

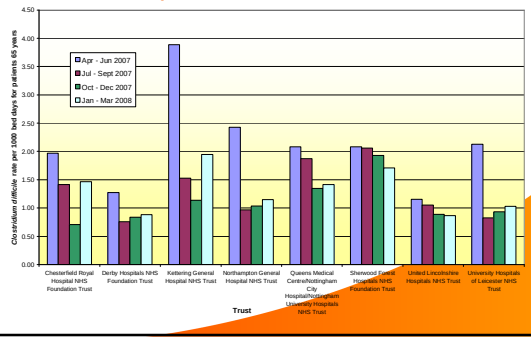
Care worker with TB, BBV

Resident with notifiable disease e.g. TB

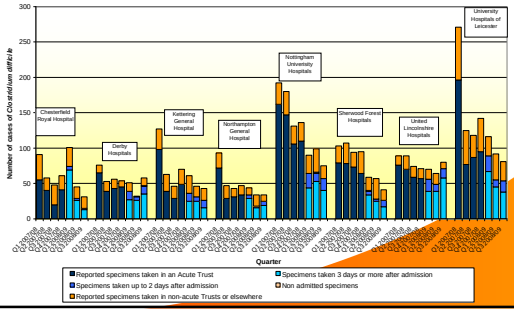
Legionnaires' disease

Unusual cluster of disease e.g. respiratory/flu

Rate of *Clostridium difficile* infection per 1000 bed days for patients aged 65 years and over in East Midlands NHS Trusts by quarter April 2007 to March 2008



Number of cases of *C. difficile* infection in patients aged 65+ years with split by specimen source for April 2007 to December 2008.



Which interventions work?

MRSA – lower rate related to hand hygiene & isolation

C diff disease – lower rate better cleaning & antibiotic prescribing

Mears A et al J. Hospital Infection 2009; 71: 307-313

HCC questionnaire

Can we do it?

Yes we (probably) can…..

But it may be difficult for some (smaller) organisations