Essential Steps and Care Bundles within a care home setting

Improvement Foundation:
Learning Workshop Two
Corus Hotel – Solihull – West Midlands

Thursday 30th April 2009

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Health Protection Agency (HPA)
Regional Microbiology Network (RMN)
Agenda for today

- Background
- Improvements made
- Care homes strategy
- Essential steps
- Care bundles
- As simple as driving a Car – as simple as making a cup of tea
- DH Checklists
- HPA Care homes
Infection control is everyone's business

Improvements can be made

Basic infection control can be taught, observed and adhered

Communication can be improved

Zero tolerance

With dignity
Hospital and nursing home interaction

It’s a continuum

Bugs know no boundaries

- *Clostridium difficile*
- Norovirus
- (MRSA)
- Other alert organisms

There is no distinction between hospital and community
A Care home

- A care home is not a hospital
- Don’t have to do everything
- But there are essential things that must be done!!!
  - Hand hygiene
  - Keeping the environment clean
  - Its everyone’s job
  - Making it a habit – making it routine
Make it a habit

- Behaviour
- Looking left, looking right, looking left
- Must be done 100% of the time

- Wet hands
- Take soap
- Rub well
- Wash hands
- Dry hands
Zero tolerance can we get to low levels?

- can we eliminate Healthcare associated infections
- We can reduce it significantly
- We can achieve very low levels
- Don’t get left behind

What does Zero tolerance mean?

When a patient gets a HCAI is that a failure of healthcare delivery?

Yes and don’t let anyone tell you otherwise
What can be achieved?

What is possible?
What is realistic?

- Can do
- Everyone can do
- Organisations can do
- Individuals can do
- Individuals can do
- Individuals can do
The new Science
Quality and Improvement

Japanese built Hitachi Javelin train

Reduces travel time from SE
England
- 83 minutes to 37 minutes
- 119 minutes to 84 minutes
- 112 minutes to 74 minutes
- 102 minutes to 61 minutes

www.bbc.co.uk
Successful campaigns

- There have been many national campaigns
- Please name some campaigns your recall?
- ???
- ???
- ???
- ???
- ???
Clunk click every trip

Courtesy of ROSPA
National Campaigns

- Drink drive
- Smoking in public places
- Front seat belts
- Rear seat belts
- Saving lives
- Clean hands
- Clean and safe environments
Community Infection Control

- Hand hygiene
- Aseptic techniques
- Wound care
- Catheter Care
- Tracheostomy Care
- PEGastrostomy Care
- Nasogastric tube Care
- Ulcer management
- Tissue viability
- OPAT (Line Care)

- Reduce infection
- Prevent transmission
- Two way communication between hospital and community

*Preventing falls campaign* - preventing pressure sores
Essential Steps to safe, clean care
Introduction and guidance notes

Reducing healthcare associated infection (HCAI) in primary care trusts, mental health trusts, learning disability organisations, independent healthcare, care homes, hospices, general practices and ambulance services.

Essential Steps to safe, clean care is intended to be used in ways that will support local success. Its tools and products encourage organisations to assess their current position in preventing and managing infection and then decide for themselves which elements they need to use. It is not expected that all organisations will involve the same staff grades or roles, as the tools can be adapted locally.
Key Essential Steps
- if implemented within organisations, should significantly reduce levels of infection;
- review tools to assist individuals/teams in monitoring compliance and to record continuous compliance or improvement;
- certificates for staff, to recognise their progress in performing safer practice;
- posters to provide simple safety messages to both staff and visitors; and
- a CD that includes a self-assessment tool and future action.
Preventing spread of infection

To reduce the risk of microbial contamination in everyday practice and to ensure there is a managed environment that minimises the risk of infection to patients, clients, staff and visitors

Risk elements

- Hand hygiene
- Use of personal protective equipment
- Aseptic technique
- Safe disposal of sharps
Preventing spread of infection

Essential steps to safe, clean care
Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.
Preventing the spread of infection

Aims
To reduce the risk of microbial contamination in everyday practice and to ensure there is a managed environment that minimises the risk of infection to patients, clients, staff and visitors

Risk elements
• Hand hygiene
• Use of personal protective equipment
• Aseptic technique
• Safe disposal of sharps

1. Palm to palm.
2. Right palm over left dorsum and left palm over right dorsum.
3. Palm to palm and fingers interlaced.
4. Backs of fingers to opposing palms with fingers interlocked.
5. Rotational rubbing of right thumb clasped in left palm and vice versa.
6. Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa.
Your 5 moments for hand hygiene at the point of care*

1. BEFORE PATIENT CONTACT
2. BEFORE ASEPTIC TASK
3. AFTER BODY FLUID EXPOSURE RISK
4. AFTER PATIENT CONTACT
5. AFTER CONTACT WITH PATIENT SURROUNDINGS

*Adapted from the WHO Alliance for Patient Safety 2006
Your 5 moments for hand hygiene at the point of care*

1. BEFORE PATIENT CONTACT
2. BEFORE ASEPTIC TASK
3. AFTER BODY FLUID EXPOSURE RISK
4. AFTER PATIENT CONTACT
5. AFTER CONTACT WITH PATIENT SURROUNDINGS

*Adapted from the WHO Alliance for Patient Safety 2006
Preventing spread of infection

Personal protective equipment

• Staff should wear personal protective equipment (PPE) if at risk of exposure to blood and bodily fluids.
• These may include gloves, aprons, masks and goggles/visors.
• Gloves and aprons should be used as single-use items.

Essential steps to safe, clean care

Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.

Preventing the spread of infection

Aims
To reduce the risk of microbial contamination in everyday practice and to ensure there is a managed environment that minimises the risk of infection to patients, clients, staff and visitors

Risk elements
• Hand hygiene
• Use of personal protective equipment
• Aseptic technique
• Safe disposal of sharps
Preventing spread of infection

A clean and safe (aseptic/aseptic non-touch) technique as appropriate
• Sterile equipment should be used.
• Staff should always use aprons and sterile gloves for invasive devices and wound care (as appropriate).

Essential steps to safe, clean care
Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.
Preventing the spread of infection

Aims
To reduce the risk of microbial contamination in everyday practice and to ensure there is a managed environment that minimises the risk of infection to patients, clients, staff and visitors.

Risk elements
• Hand hygiene
• Use of personal protective equipment
• Aseptic technique
• Safe disposal of sharps
Preventing spread of infection

Safe disposal of sharps
- A sharps container should be available at the point of use.
- Whoever uses the sharp must dispose of it themselves.
- Staff should not remove the needle from the syringe before disposal into the sharps bin.
- Staff should never resheath needles.
- Staff should not pass sharps from hand to hand.
- Staff should not overfill sharps containers.

Essential steps to safe, clean care
Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.

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Essential steps to safe, clean care
Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.
Preventing the spread of infection

Hand hygiene
- Staff should always clean their hands before and after each care activity.
- Staff should use correct hand hygiene procedure.

Personal protective equipment
- Staff should wear personal protective equipment (PPE) if at risk of exposure to blood and bodily fluids.
- These include gloves, aprons, masks and goggles/visors.
- Gloves and aprons should be used as single-use items.

A clean and safe (aseptic/aseptic non-touch) technique as appropriate
- Sterile equipment should be used.
- Staff should always use aprons and gloves for invasive devices and wound care.

Safe disposal of sharps
- A sharps container should be available at the point of use.
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Eye of the Needle
United Kingdom Surveillance of Significant Occupational Exposures to Bloodborne Viruses in Healthcare Workers
November 2008

HepB  HepC  HIV

Health Protection Agency
Department of Health

DH Department of Health

Health Protection Scotland
## Preventing the spread of infection Review tool

**Name:**  
Role (of person completing form):  
Period of time over which the review was conducted:

### Risk elements

<table>
<thead>
<tr>
<th>Observations</th>
<th>Hand hygiene (prior to patient contact)</th>
<th>PPE</th>
<th>Aseptic technique</th>
<th>Sharps</th>
<th>Have all elements been completed?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>5</td>
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</tbody>
</table>

**Compliance for each risk element**  
Target: 100%

### How to use the review tool

**Step 1** All staff have had the opportunity to look at the review tool and supporting evidence. They have had time to ask questions and understand why it is being used.

**Step 2** A short period of time to conduct the series of observations is determined. The number of observations needed is determined by the team or individuals involved.

**Step 3** Following direct patient/client contact or procedure, complete the review tool horizontally. Indicate ‘yes’ when a risk element has been performed or is considered not applicable and ‘no’ when it has not been performed.

**Step 4** When each observation has been completed, identify whether all risk elements have been performed.

**Step 5** The aim is for all risk elements to be completed within the care process. When this is not being achieved, score the risk elements vertically on the review tool. This will help to identify which risk elements are not being performed.

**Step 6** Timely feedback should be given, and a change in actions or practice should be implemented to progress improvement. Refer to the risk elements and safety actions in the leaflet for evidence to support the change in action.

---

Number of yes scores ÷ Number of observations × 100 = % Compliance for each risk element  
In this example another quick way to score is to allocate 20 points to every yes answer, which will give you a % compliance for each risk element.
## Setting Standards and measurements of compliance

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>100%</td>
<td>Full compliance</td>
</tr>
<tr>
<td>Low amber</td>
<td>71–99%</td>
<td>Action required</td>
</tr>
<tr>
<td>High amber</td>
<td>50–70%</td>
<td>Urgent action required</td>
</tr>
<tr>
<td>Red</td>
<td>&lt;50%</td>
<td>Organisational priority</td>
</tr>
</tbody>
</table>
Urinary Catheter care

Aim
To reduce the occurrence of urinary tract infections related to indwelling urethral catheters

Risk elements
Catheter insertion
- Assess the need for catheterisation
- Clean the urethral meatus
- Selection of catheter drainage options
- Preventing the spread of infection

Continuing care
- Sterile sample of urine
- Maintaining a closed drainage system
- Drainage bag position
- Preventing the spread of infection
Urinary Catheter care

1. Urinary catheter care, catheter insertion
   Assess the need for catheterisation
   • Avoid if possible.
   Clean the urethral meatus
   • Clean the urethral meatus prior to insertion of the catheter.

Selection of catheter drainage options
• Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve.

Preventing the spread of infection
• Refer to the Essential steps to safe, clean care: Preventing the spread of infection.
• Always use an aseptic technique.
2. Urinary catheter care, continuing care

Sterile sample of urine
- Urine samples must be obtained from a sampling port, using an aseptic technique.

Maintaining a closed drainage system
- Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve.
- A link system should be used to facilitate overnight drainage, to keep the original system intact.
- Healthcare personnel should ensure that the connection between the catheter and the urinary drainage system is not broken, except for good clinical reasons (for example changing the drainage bag in line with the manufacturer's recommendations).

Drainage bag position
- The drainage bag should be above floor level but below bladder level, to prevent reflux or contamination.

Preventing the spread of infection
- Refer to the Essential steps to safe, clean care: Preventing the spread of infection.
Essential steps to safe, clean care
Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services
Urinary catheter care, catheter insertion

Assess the need for catheterisation
- Avoid if possible.
- Education of patients/clients, their carers and healthcare personnel should be integral to all risk elements.

Clean the urethral meatus
- Clean the urethral meatus prior to insertion of the catheter.

Selection of catheter drainage options
- Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve.

Preventing the spread of infection
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- Refer to the Essential steps to safe, clean care: Preventing the spread of infection.
### Review Tool

<table>
<thead>
<tr>
<th>Observations</th>
<th>Clean urethra meatus</th>
<th>Sterile drainage system</th>
<th>Preventing the spread of infection</th>
<th>Have all elements been completed?</th>
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### Compliance for each risk element

\[
\text{Number of yes scores} \times \text{Number of observations} \times 100 = \% \text{ Compliance for each risk element}
\]

*In this example, another quick way to score is to allocate 20 points to a yes answer, which will give you a % compliance for each risk element.*
High Impact Intervention No 6
Urinary catheter care bundle

Aim
To reduce the incidence of urinary tract infections related to indwelling urethral catheters

Context
The Health Act 2006 Code of Practice states that NHS organisations must audit key policies and procedures for infection prevention. This high impact intervention helps trusts achieve this aim by providing a focus on elements of the care process and a method for measuring the implementation of policies and procedures.

Urinary tract infections are the second largest single group of healthcare-associated infections in the UK, amounting to 19.7% of all hospital acquired infections.1

The presence of a urinary catheter, and the duration of its insertion, are contributory factors to the development of a urinary tract infection. Some 60% of healthcare-associated urinary tract infections are related to catheter insertion.2 In 2000, a National Audit Office (NAO) report indicated that revised urinary catheter management policies could lead to a decrease in the number of urinary tract infections. However, a later review carried out by the NAO found that 40% of the infection control teams who responded felt that urinary catheter guidelines had been adopted only by parts of their trusts, with a further 10% of trusts not having adopted guidelines at all. The extra financial cost of urinary infection has been estimated at £1,322 per patient.3

The Department of Health commissioned the EPIC team at Thames Valley University to produce a set of guidelines for preventing healthcare-associated infection, which includes the insertion and management of short term indwelling urinary catheters in acute care.4 The Infection Control Nurses Association audit tool has a section on urinary catheters,5 and NHS Quality Improvement Scotland has produced a catheter care guideline.6
Enteral feeding

Aim
To reduce the risk of infection associated with enteral feeding

Risk elements
• Preparation and storage of feeds
• Administration of feeds
• Care of insertion site and enteral feeding tube
• Preventing the spread of infection
Enteral feeding

The risk elements are divided into three distinct interventions:

• Preparation and storage of feeds
• Administration of feeds
• Care of insertion site and enteral feeding tube
Enteral feeding

Preparation and storage of feeds

- Feeds should be stored according to manufacturers’ instructions and, where applicable, food hygiene legislation.

Administration of feeds

- Minimal handling and an aseptic non-touch technique should be used to connect the feed container administration system and enteral feeding tube.

Essential steps to safe, clean care

Enteral feeding

Aim
To reduce the risk of infection associated with enteral feeding

Risk elements
- Preparation and storage of feeds
- Administration of feeds
- Care of insertion site and enteral feeding tube
- Preventing the spread of infection
Enteral feeding

Care of insertion site and enteral feeding tube

- The stoma should be washed daily with water and dried thoroughly.
- The enteral feeding tube should be flushed with fresh tap water before and after feeding or administrating medications. Enteral feeding tubes for patients who are immunosuppressed should be flushed with either cooled freshly boiled water or sterile water from a freshly opened container.

Preventing the spread of infection

- Refer to the Essential steps to safe, clean care: Preventing the spread of infection.
Essential steps to safe, clean care

Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.

Enteral feeding

Preparation and storage of feeds
- Feeds should be stored according to manufacturers' instructions and, where applicable, food hygiene legislation.

Administration of feeds
- Minimal handling and an aseptic non-touch technique should be used to connect the feed container administration system and enteral feeding tube.

Care of insertion site and enteral feeding tube
- The stoma should be washed daily with water and dried thoroughly.
- The enteral feeding tube should be flushed with fresh tap water before and after feeding or administering medications. Enteral feeding tubes for patients who are immunosuppressed should be flushed with either cooled freshly boiled water or sterile water from a freshly opened container.
- Education of patients/clients, their carers and healthcare personnel should be integral to all risk elements.

Preventing the spread of infection
- Refer to the Essential steps to safe, clean care: Preventing the spread of infection.
Enteral feeding Review tool

Name:
Role (of person completing form):

Period of time review was conducted in:

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Ulcer and wound care

www.nhs.uk
### Inter-healthcare infection control transfer form

<table>
<thead>
<tr>
<th>Patient/client details (insert label if available)</th>
<th>Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>GP:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>NHS number:</td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td></td>
</tr>
</tbody>
</table>

| Current patient/client location:                   |            |

| Transferring facility – hospital, ward, care home, other: |            |
| Contact no:                                               |            |

| Is the ICT aware of transfer? Yes/No |            |

| Receiving facility – hospital, ward, care home, district nurse | Is this patient/client an infection risk? Please tick the most appropriate box and give confirmed or suspected organism |
| Contact no:                                                    | Confirmed risk Organism: |
|                                                               | Suspected risk Organism: |
|                                                               | No known risk |

| Patient/client exposed to others with infection eg D&amp;V | Yes/No |

| If patient/client has diarrhoea illness, please indicate bowel history for last week (based on Bristol stool form scale, see previous page) |
| Is the diarrhoea thought to be of an infectious nature? Yes/No |

| Relevant specimen results (including admission screens – MRSA, glycopeptide-resistant enterococcus SFR, C. diffcile, multi-resistant Acinetobacter SFR) and treatment information, including antimicrobial therapy: |
| Specimen: |
| Date: |
| Result: |

| Treatment Information: |

| Other Information: |

| Is the patient/client aware of their diagnosis/risks of infection? Yes/No |
| Does the patient/client require isolation? Yes/No |

| Should the patient/client require isolation, please phone the receiving unit in advance. |

| Name of staff member completing form: | |
| Print name: |
| Contact number: |

**For further advice, please contact your infection control team adviser.**
Scenario 1

Mr Smith is 75 years old; he suffered from a mild stroke five years ago, but has recovered well and lives in a residential care home where he is generally independent. He has recently been to see the consultant surgeon at the local hospital and it has been identified that he needs a hernia repair. Prior to admission Mr Smith has numerous investigations and is routinely swabbed for MRSA. The result indicates that Mr Smith has MRSA colonising (as opposed to infecting) his nose. To reduce the possible complications of infection after surgery, the hospital infection control team advise the appropriate decolonisation treatment and recommend when the swabbing is to be repeated.

There are no special requirements that the home needs to implement. Mr Smith can be cared for in the same way as other clients; standard infection control precautions should be appropriately used for all clients all of the time, thus reducing the risk of cross-infection. He should be allowed to continue to mix with other clients and visitors as normal. There are no special requirements in relation to the cleaning of his room, laundry or crockery.

The hospital infection control team advises when Mr Smith can safely have his operation and a date for surgery is given.

When transferred into hospital, the care home is to complete a transfer form, which indicates Mr Smith’s previous results and treatment.

On discharge from hospital, the staff will complete a transfer form indicating if Mr Smith has any further infection concerns.

Mr Smith will not require further screening or treatment unless he needs further admissions or at the request of the infection control team.
- **Scenario 2**

- **Mrs Taylor** is a 70-year-old lady who lives in a nursing home; she is only partially mobile and needs assistance in most of her care. She shares a room with another lady, **Mrs Dixon**, 82 years old, who is mainly confined to her bed due to a degenerative neurological disease. Mrs Dixon is fed by a gastrostomy tube and has a urinary catheter in situ.

- Mrs Taylor has had a venous leg ulcer in her lower left leg for sometime, which was proving difficult to treat. Her ulcer was redressed weekly with compression bandaging, which stayed intact with no exudate breakthrough. Recently her condition deteriorated; Mrs Taylor was more lethargic than normal and started with a low-grade temperature. The ulcer and the surrounding area appeared more inflamed and pus was evident; her left leg was also more painful.

- The nursing staff obtained a wound swab from Mrs Taylor’s ulcer site and it was confirmed as being infected with MRSA.

Although Mrs Taylor has an infected wound, unless the bandages are being changed, the site of infection is continuously covered, therefore providing a barrier. The risk of cross-infection will be reduced by the appropriate use of standard infection control precautions. Therefore, Mrs Taylor should be able to mix with other clients and visitors. However, consideration should be given to the sharing of a room with Mrs Dixon, who is at greater risk of infection due to the invasive devices breaching her natural bodily defences. Further advice may be sought from the infection control nurse. There are no special requirements in relation to the cleaning of her room, laundry or crockery.
DH Documents for Acute Trusts

- Getting ahead of the curve,
- Winning ways: working together to reduce care associated infection in England
- Towards cleaner hospitals and lower rates of infection: a summary of action
- Clean, safe care – reducing infections and saving lives,
- Saving lives: a delivery programme to reduce care associated infection including MRSA and
- Essential steps to safe clean care: reducing care-associated infections provide
Essential steps to safe, clean care
Reducing healthcare associated infections in Primary care trusts; Mental health trusts; learning disability organisations; Independent healthcare; Care homes; Urgent care; GP practices and Ambulance services.

Self-assessment tool for Care home

Name of person completing the tool:

Date:

Organisation:
Introduction

The self-assessment tool provides a framework to assist organisations in embedding good infection prevention and control throughout the health and social care setting.

The self-assessment tool consists of seven key challenges.

Under each challenge, there are a series of questions with supporting evidence. Examples of evidence have been provided, but there is space for users to input their own local examples.

Completion of the self-assessment tool and scoring of the challenges will produce a balanced scorecard and will enable organisations to identify any areas for improvement. The tool provides space for users to state future actions and set a review date to monitor progress against the key questions and challenges.

This tool can be used as a discussion guide or benchmarking system at board, task group or senior management level.

The useful resources section at the end of each challenge signposts evidence, policy and practice documents that relate to that particular challenge.

Contents

Challenge 1 p. 3
Challenge 2 p. 13
Challenge 3 p. 21
Challenge 4 p. 27
Challenge 5 p. 33
Challenge 6 p. 41
Challenge 7 p. 51
Useful websites p. 55
Total score for the self-assessment tool p. 56

Engage staff throughout the care home to promote and secure the implementation of best practice in the prevention and control of infection.
Engage staff throughout the care home to promote and secure the implementation of best practice in the prevention and control of infection.
Review the service user journey in order to reduce the risk of transmission of infection.
Ensure that written policies, procedures and guidance for the prevention and control of infection are implemented and reflect relevant legislation and published professional guidance.
Ensure effective auditing of infection-control practices in the care home through monitoring and implementation of new findings.
Ensure care home has a programme of education and training for infection-control that is tailored to the needs of care delivery.
Ensure that healthcare environments reflect best practice design for infection-control and effective cleaning services are available.
Challenge 7

Implement a policy/procedure for the decontamination of re-usable medical devices and equipment.
## Guidelines vs Bundles

### What is a bundle?

- **Guidelines:**
  - Long, all inclusive and confusing
  - Potential interventions are supported by some evidence
  - Difficult to translate into action often ignored by clinicians

- **Bundles**
  - Few key actionable interventions, supported by strong evidence, culled from guidelines
  - Grouping of best practices that individually improve care but when applied together result in substantially greater improvement
  - It’s a science – **standard of care**
  - Compliance can be measured
  - All or none
Isolation of infected patients
Enhanced environmental cleaning
Prudent antibiotic prescribing
Hand hygiene
Personal protective equipment

Those most at risk of CDAD are older patients and those who have had a recent (within the last four weeks) course of antibiotics. Five main factors have been identified as being necessary to reduce the incidence of CDAD, which if rigorously applied using a ‘care bundle’ approach would contribute to a reduction.

- Prudent antibiotic prescribing
- Hand hygiene
- Enhanced environmental cleaning
- Isolation of infected patients
- Personal protective equipment

 patient safety – Quality in healthcare delivery – Zero tolerance
Role of managers

1. Engage with staff throughout the organisation, to promote and secure the implementation of best practice in the prevention and control of infection.

2. Review the patient/client journey, to reduce the risk of transmission of infection.

3. Ensure that written policies, procedures and guidance for the prevention and control of infection are implemented and that they reflect relevant legislation and published professional guidance.

4. Ensure effective auditing of infection control standards across care providers through monitoring and implementation of new findings.

5. Ensure the organisation has a programme of education and training for infection control that is tailored to the needs of care delivery.

6. Ensure that healthcare environments reflect best practice design for infection control and that effective cleaning services are available.

7. Implement an organisation-wide policy/procedure for the decontamination of reusable medical devices including, but not limited to, surgical instruments.
Create a culture in the care home

- Team effort
- Everyone must do it
- Ensuring systems are in place
- Everyone knows what must happen
- Trained workforce
- Improving standards
Thank you for listening

Patient Safety  Community Safety

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PLEASE WASH YOUR HANDS

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