

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)

April 28, 2009

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



Background

- Infection control is everyone's business
- Improvements can 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



There is no distinction
between hospital and
community



- Bugs know no boundaries
 - Clostridium difficile*
 - Norovirus
 - (MRSA)
 - Other alert organisms

A Care home



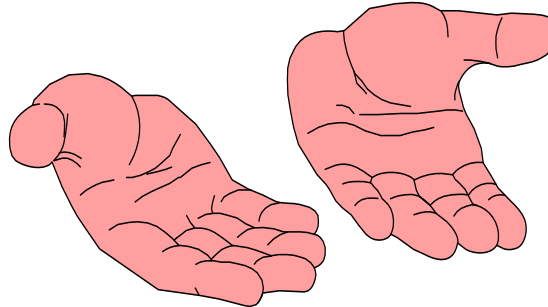
- A care home is not a hospital
- Don't have to do everything
- But there are essential things that must be done!!!
 - Hand hygiene
 - Keeping the environment clean
 - Its everyone's job
 - Making it a habit – making it routine

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

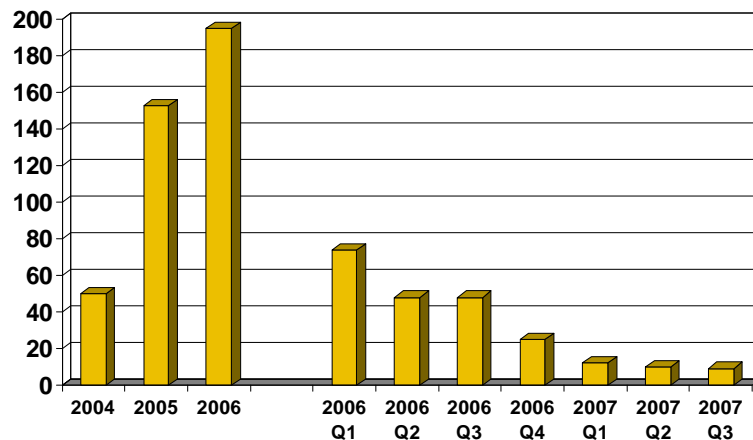
Don't get left behind



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**

Measurement is important

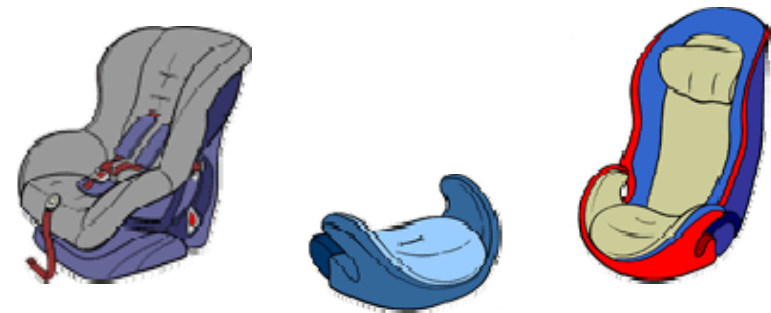
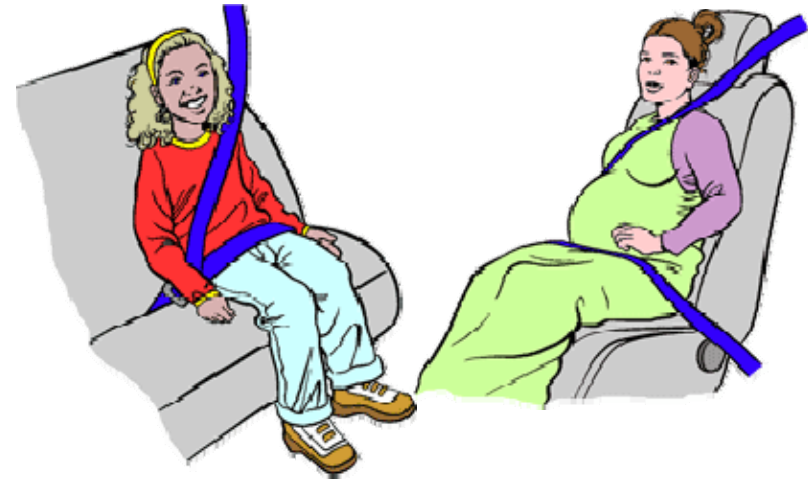
www.bbc.co.uk

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



- ***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.

Essential Steps



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



NHS



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

DH Department of Health

□ 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
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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.

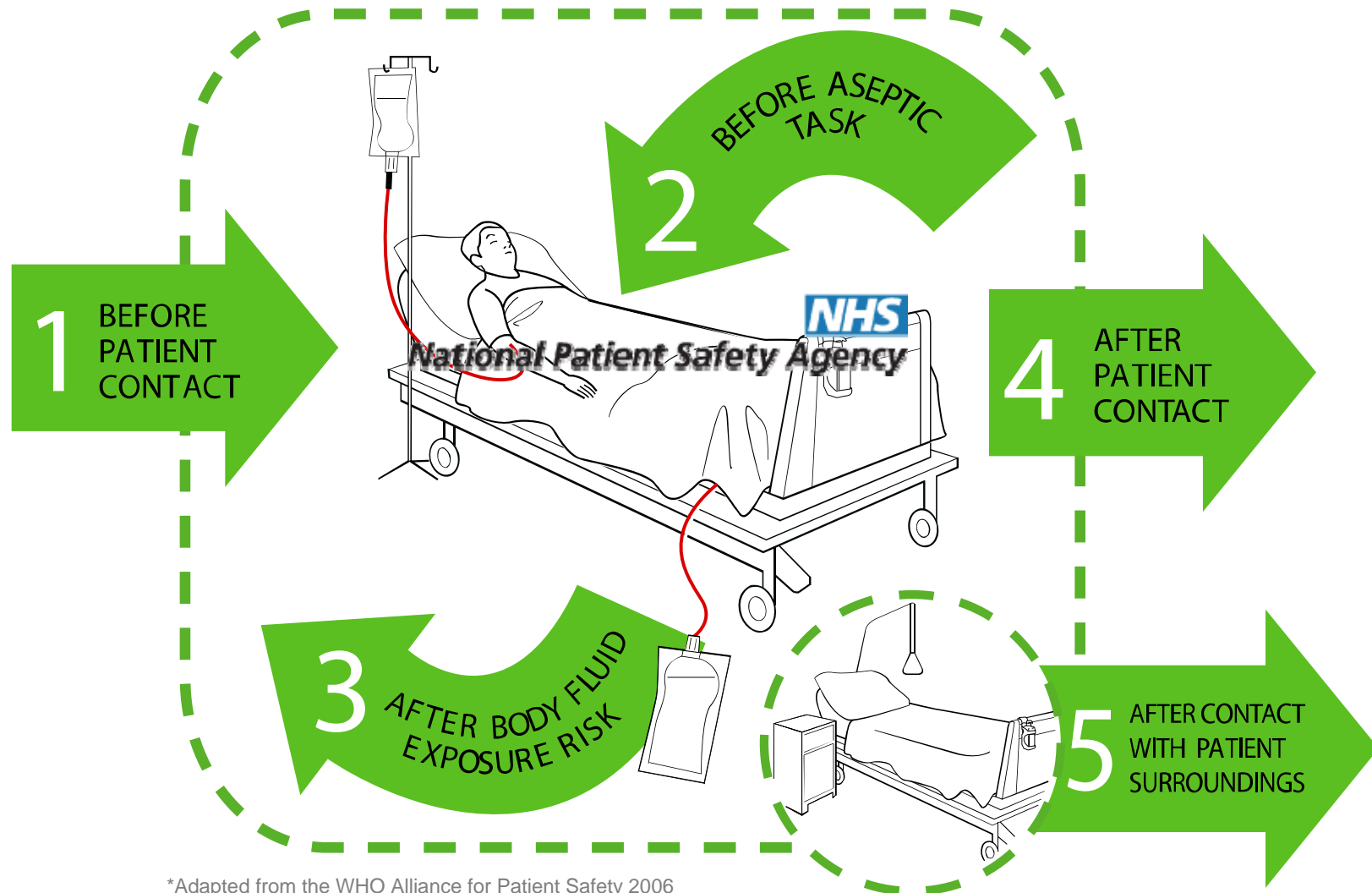


5. Rotational rubbing of right thumb clasped in left palm and vice versa.



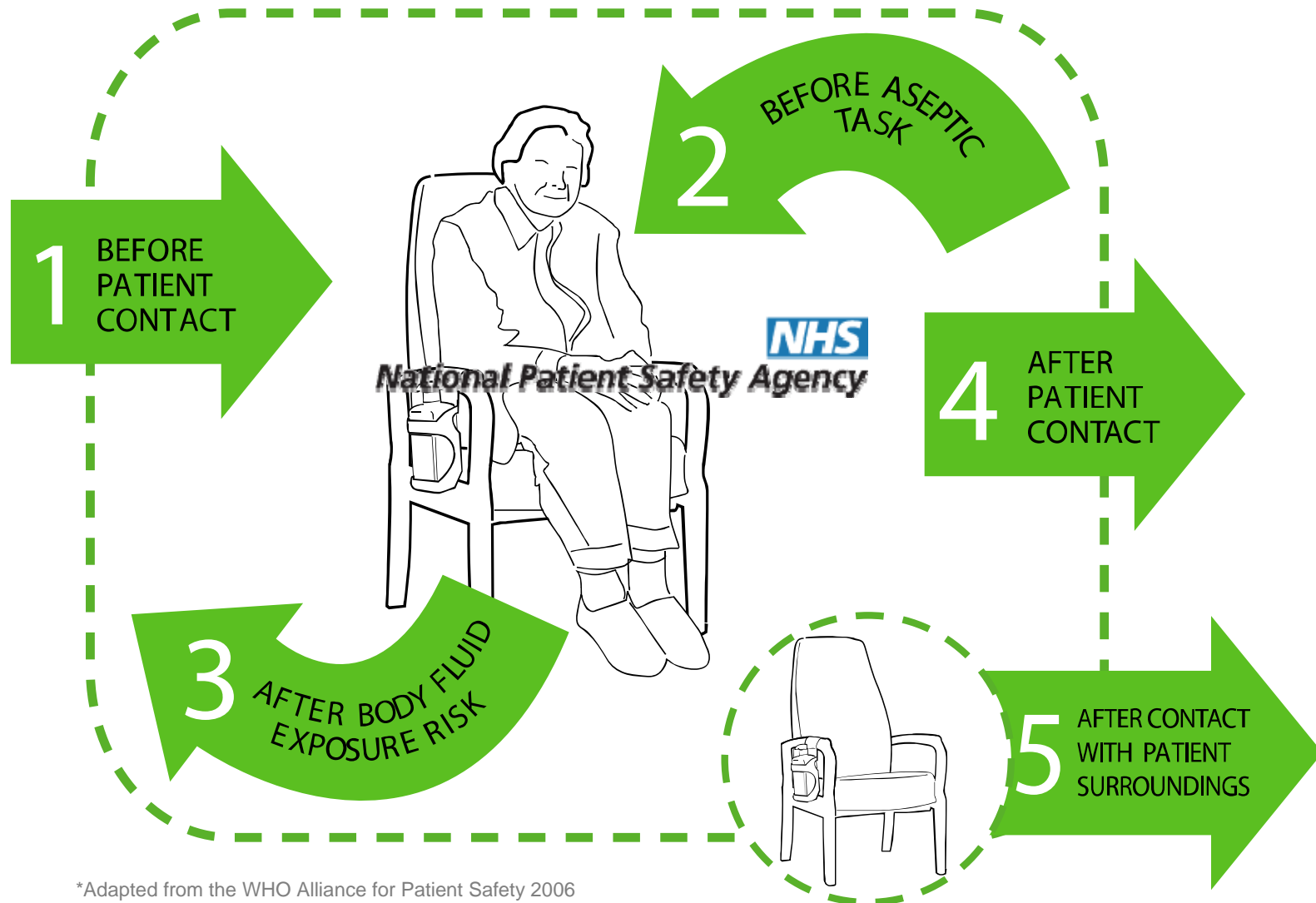
6. Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa.

Your 5 moments for hand hygiene at the point of care*



*Adapted from the WHO Alliance for Patient Safety 2006

Your 5 moments for hand hygiene at the point of care*



*Adapted from the WHO Alliance for Patient Safety 2006

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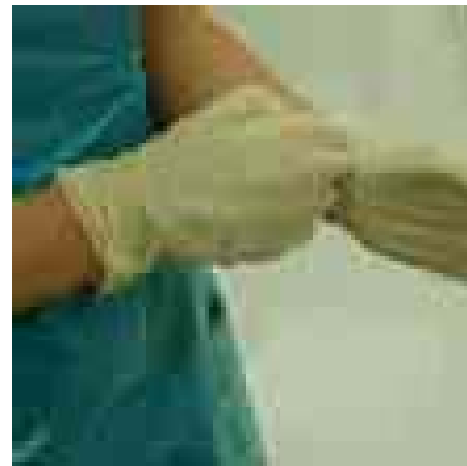
Risk elements

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

DH Department of Health

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.



Preventing spread of infection



NHS



Essential steps to safe, clean care

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DH Department
of Health

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).



Preventing spread of infection



NHS



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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Risk elements

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- Aseptic technique
- Safe disposal of sharps

DH Department of Health

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.

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.

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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

Preventing the spread of infection Review tool

Name:
Role (of person completing form):

Period of time over which the review was conducted:

		Risk elements				
		Hand hygiene (prior to patient contact)	PPE	Aseptic technique	Sharps	Have all elements been completed? Yes/No
Observations	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance for each risk element Target: 100%		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

275533A8 1p 30K Jun 06 (Repl) © Crown copyright 2006

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



Green	100%	Full compliance
Low amber	71–99%	Action required
High amber	50–70%	Urgent action required
Red	<50%	Organisational priority

Urinary Catheter care



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

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



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1. Urinary catheter care, catheter insertion

Assess the need for catheterisation

- Avoid if possible.

Clean the urethral meatus

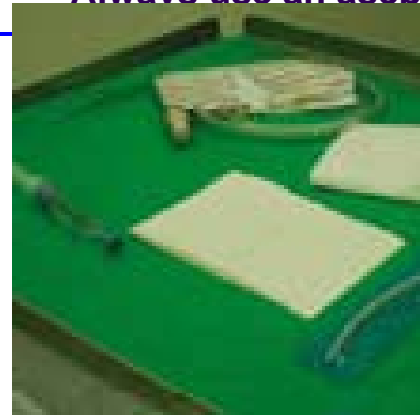
- Clean the urethral meatus prior to insertion of the catheter.

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.



Urinary Catheter care



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Continuing care

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



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

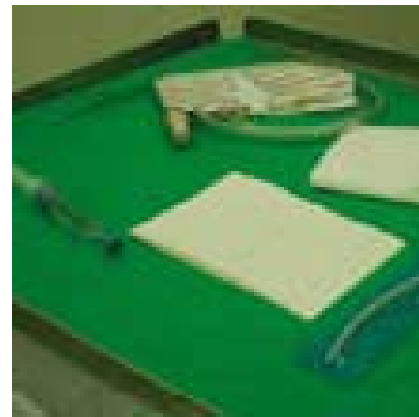
- Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve.
- A link system should be used to facilitate overnight drainage, to keep the original system intact.
- Healthcare personnel should ensure that the connection between the catheter and the urinary 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

- Refer to the Essential steps to safe, clean care: Preventing the spread of infection.
- Always use an aseptic technique.



Essential steps to safe, clean care

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Urinary catheter care, continuing care

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Preventing the spread of infection

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





Review tool	Name: Role (of person completing form):	Period of time over which the review was conducted:
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1. Catheter insertion risk elements

	Assess need	Clean urethral meatus	Sterile drainage system	Preventing the spread of infection	Have all elements been completed? Yes/No
Observations					
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance for each risk element Target: 100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name: Role (of person completing form):	Period of time review was conducted in:
--	--

2. Continuing care risk elements

	Sterile sample of urine	Maintaining a dosed drainage system	Drainage bag position	Preventing the spread of infection	Have all elements been completed? Yes/No
Observations					
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance for each risk element Target: 100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Number of yes scores ÷ Number of observations × 100 = % Compliance for each risk element
In the 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.

Saving Lives: reducing infection, delivering clean and safe care

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 Practice¹ 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.²

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) report³ 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 NAO⁴ 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 £1,122 per patient.⁵

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.⁶ The Infection Control Nurses Association audit tool has a section on urinary catheters,⁸ and NHS Quality Improvement Scotland has produced a catheter care guideline.⁷

Enteral feeding

NHS



Essential steps to safe, clean care Enteral feeding

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

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

Aim

To reduce the risk of infection associated with enteral feeding

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Enteral feeding



Essential steps to safe, clean care Enteral feeding

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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

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



Essential steps to safe, clean care Enteral feeding

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To reduce the risk of infection associated with enteral feeding

Risk elements

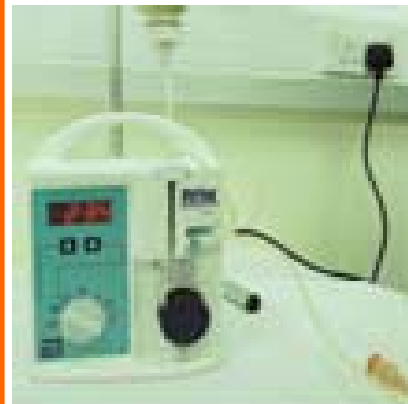
- Preparation and storage of feeds
- Administration of feeds
- Care of insertion site and enteral feeding tube
- Preventing the spread of infection

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.



Enteral feeding



Essential steps to safe, clean care Enteral feeding

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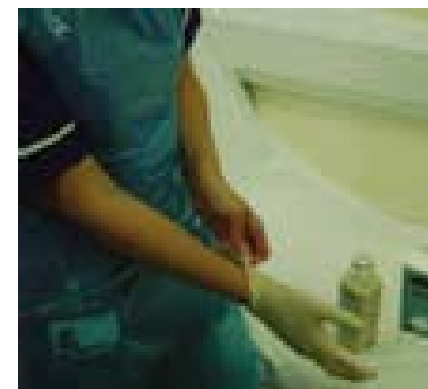


Care of insertion site and enteral feeding tube

- 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.

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

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Enteral feeding

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

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

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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:

Risk elements

Z71553AD Ip 20K Jun 06 (BBL) - © Crown copyright 2006

	Preparation and storage of feeds	Administration of feeds	Care of insertion site and enteral feeding tube	Preventing the spread of infection	Have all elements been completed? Yes/No
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance for each risk element Target: 100%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

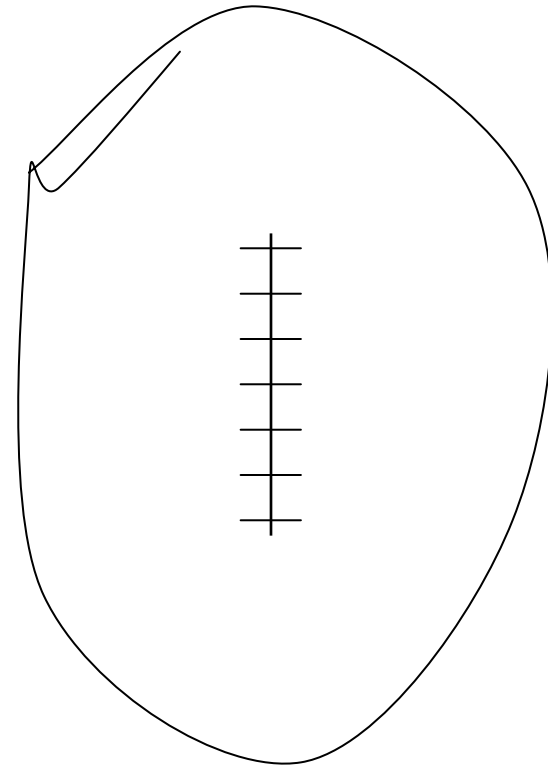
Step 5 The aim is for all risk elements to be completed within the care process. When this is not being achieved, score the risk elements vertically on the review tool. This will help to identify which risk elements are not being performed.

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.

Ulcer and wound care



www.nhs.uk



Essential Steps to safe, clean care

Inter-healthcare patient infection risk assessment form

This form is designed to assess the potential risk of patient/client infection. It should be completed by the transferring facility and supplied to the receiving healthcare establishment or the patient's/client's GP. In most cases, patients/clients will not present any infection control risks; however, it is essential to confirm this by completing the form in full.



Inter-healthcare infection control transfer form

Patient/client details: (insert label if available) Name: Address: NHS number: Date of birth:		Consultant: GP: 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 Contact no: Is the ICT/ambulance service aware of transfer? Yes/No		Is this patient/client an infection risk? <i>Please tick most appropriate box and give confirmed or suspected organism</i> <input type="checkbox"/> Confirmed risk Organism: <input type="checkbox"/> Confirmed risk Organism: <input type="checkbox"/> Suspected risk Organism: <input type="checkbox"/> No known risk Patient/client exposed to others with infection eg D&V Yes/No	
If patient/client has diarrhoeal 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 SPP, <i>C. difficile</i> , multi-resistant <i>Acinetobacter</i> SPP) and treatment information, including antimicrobial therapy:	
Specimen:			
Date:			
Result:			
Treatment information:			
Other information:			
Is the patient/client aware of their diagnosis/risk 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

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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; Hospices; 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.

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[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.

A large graphic consisting of a grey outer circle and a blue inner circle. The word "Challenge" is written in white, curved text along the top edge of the blue circle. A large white number "1" is centered in the blue circle.

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



Challenge
2

Review the service user journey in order to reduce the risk of transmission of infection.

Review the service user journey in order to reduce the risk of transmission of infection



Challenge
3

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



Challenge
4

Ensure effective auditing of infection-control practices in the care home through monitoring and implementation of new findings.

Ensure effective auditing of infection-control practices in the care home through monitoring and implementation of new findings.

A circular icon with a grey outer ring and a blue inner circle. The word "Challenge" is written in white, curved text along the top inner edge of the blue circle. A large white number "5" is centered in the blue circle.

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

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

A circular icon with a grey outer ring and a blue inner circle. The word "Challenge" is written in white, curved text at the top of the blue circle, and the number "6" is written in white in the center.

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

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



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

**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

High Impact Intervention No 7

Care bundle to reduce the risk from *Clostridium difficile*



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

**All five measures
100% of the time**

- Surveillance
- Compliance
- Whats happening
- Root cause analysis

Those most at risk of CDAD are older patients and those who have had a recent (within the last four weeks) course of antibiotics⁷. Five main factors have been identified as being necessary to reduce the incidence of CDAD^{2, 8} which if rigorously applied using a 'care bundle' approach would contribute to a reduction.

- Prudent antibiotic prescribing⁹
- Hand hygiene^{10, 11, 12, 13, 14, 15, 16, 17}
- Enhanced environmental cleaning^{14, 15, 16, 17, 18, 19}
- Isolation of infected patients^{18, 19, 20}
- Personal protective equipment^{19, 20}

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

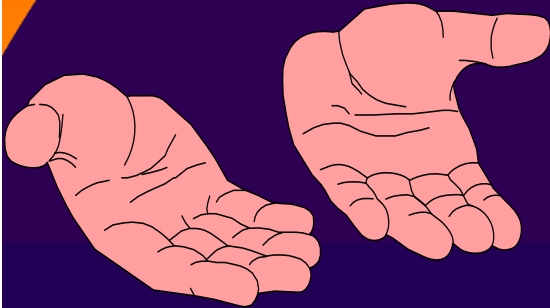


- Team effort**
- Everyone must do it**
- Ensuring systems are in place**
- Everyone knows what must happen**
- Trained workforce**
- Improving standards**

Thank you for listening

Patient Safety

Community Safety



**PLEASE WASH
YOUR HANDS**

Acknowledgements:

To my colleagues in various NHS hospitals

Health Protection Agency website

Department of Health colleagues

DH Website

BBC Website

Bharat Patel

HPA

Consultant

Medical

Microbiologist

30th

April

2009