Developing Education, Training and Competence on the Wards

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If you cannot measure it, you cannot improve it

Lord Kelvin 1824 – 1907
Define the problem

- Data information
- Production of KPI scorecard
- Feedback to wards
- Ensuring staff recognise that reduction of infection is a trust priority
- Decide how to further cascade information
The score card

- Use of SPC provides clarity
- Define ‘in or out of control’
- Know when and where to target
- Can demonstrate results

![Graph showing Clostridium Difficile Toxin From April 2006 Over 65 yr old +ve Patients from KHT requests]
Weekly SPC

Clostridium Difficile by Week
(hospital cases only all ages)

Week beginning

Number of cases

C Diff Positive Cases
Average
Control Limit
Tackling the problem

- Cleanliness
- Antibiotic Management
- Isolation
- Education Education Education!
Educational Opportunities

- Mandatory Infection Control Update
- Corporate Induction
- Junior Doctor Training
- Medical Staff Committee
- Audit/ Governance Meetings
- Divisional Board Meetings
- Sisters/ Senior Nurse Meetings
- Infection Control Committee
- Support Services Training
- Ward Based Training
- Hospital Management Committee
Overall aim...

Education

+ Information

= Individual’s recognition of their responsibilities in reducing HCAI
- Responsibilities reflected in Job descriptions
- KSF – e-tool gateway for career progression
- Recognise the problem
- Alert Infection Prevention and Control Team
- Understand what to do
- Conformity – use of BSC
Training

- Ward visits by Infection Prevention and Control Team, - provide on the spot guidance, and re-enforcement
- DNS / Matrons walk rounds, - heighten awareness on wards
Changing Culture and Practice

Unconscious incompetence  Unconscious competence
Developing the Standards

- Hand Hygiene policy reviewed and expectations made explicit
- Increased ward based training
- HCAI Project Team
- Weekly hand hygiene audits
- Feedback of results
Hand Hygiene Results by Ward/Department

Hand Hygiene Audit by Ward, week commencing: 22-Mar-07

- Medical
  - A&E
  - Blyth
  - Derwent
  - Hamble
  - Hardy
  - Keats
  - Kennet
  - MAC
  - Winter
  - Century
  - Claremont
  - Alex
  - Astor
  - Sycamore
- Orthopaedic Surgery
  - DSU
  - ITU
- Critical Care
  - Isabella
  - Sunshine
  - Maple
- Women & Child Health
  - Maternity
  - NNU
  - Worcesters
  - Coorbe
- Other
  - Main CPD
  - Orthopaedic CPD
  - Radiology
  - REU
  - Theatre

Score:

- 100%
- 90%
- 80%
- 70%
- 60%
- 50%
- 40%
- 30%
- 20%
- 10%
- 0%
Hand Hygiene Results by Staff Group

Hand Hygiene Audit by Staff Group, Week Commencing: 22-Mar-07

Score

Nurses Doctors AHPs Contract Staff Other Trust Staff

Staff Group

22-Mar-07

Target (Aug 06)
Other initiatives...

- Audit of Isolation Practice
  - Feedback to staff
  - Re-iterate good practice
- Staff knowledge questionnaire
- Use of HII CDT tool
Competency assessment

- Observations of care
- Question staff knowledge
- Use HII tool
- Use E-Tool as part of KSF
- Staff JDs
- Performance appraisal
- Not easy!!
Impact on CDT rates 2006

CDT all requests 2006

Legend:
- +ve Hospital Requests
- +ve Community Requests
- All +ve
Impact 2007…

Clostridium Difficile Toxin From April 2006
Over 65 yr old +ve Patients from KHT requests
Lessons

- CDT is a diagnosis in its own right and requires specific management
- Implementation of BMA e-tool CDT
- Further use of High Impact Intervention Tool
Recommendations

- Ensure clear management directives
- Strong leadership
- Personal accountability
- Zero-tolerance poor practice
- Do everything
If you get caught on the way home...