

# Developing Education, Training and Competence on the Wards

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If you cannot measure it,  
you cannot improve it

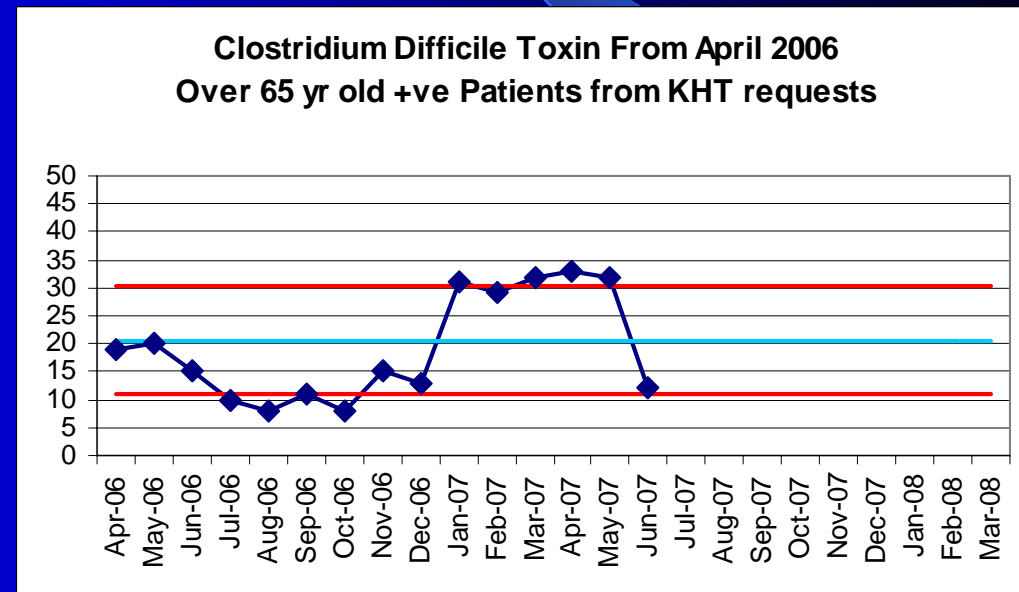
Lord Kelvin 1824 – 1907

# Define the problem

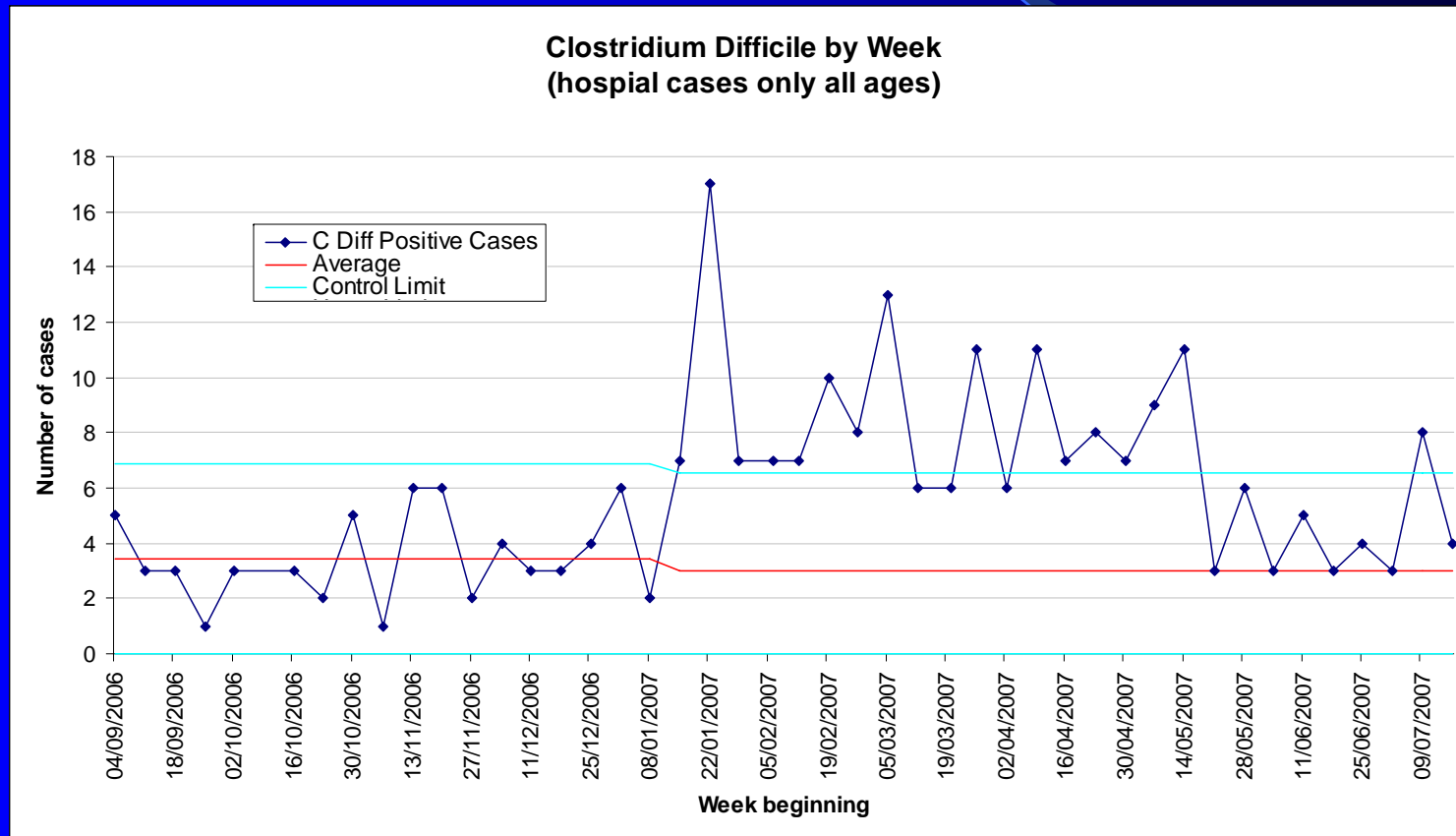
- Data information
- Production of KPI scorecard
- Feedback to wards
- Ensuring staff recognise that reduction of infection is a trust priority
- Decide how to further cascade information

# The score card

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



# Weekly SPC



# 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

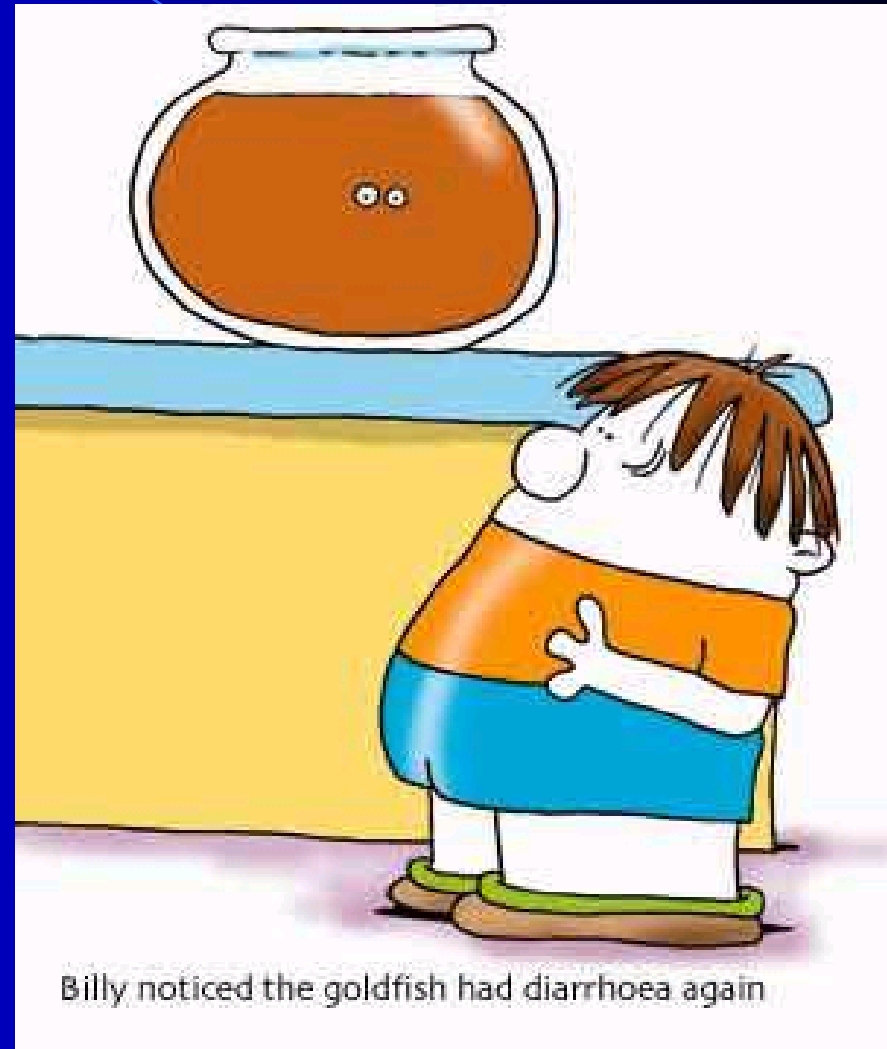
+ Information

= Individual's recognition of  
their responsibilities in  
reducing HCAI



- Responsibilities reflected in Job descriptions
- KSF – e-tool gateway for career progression

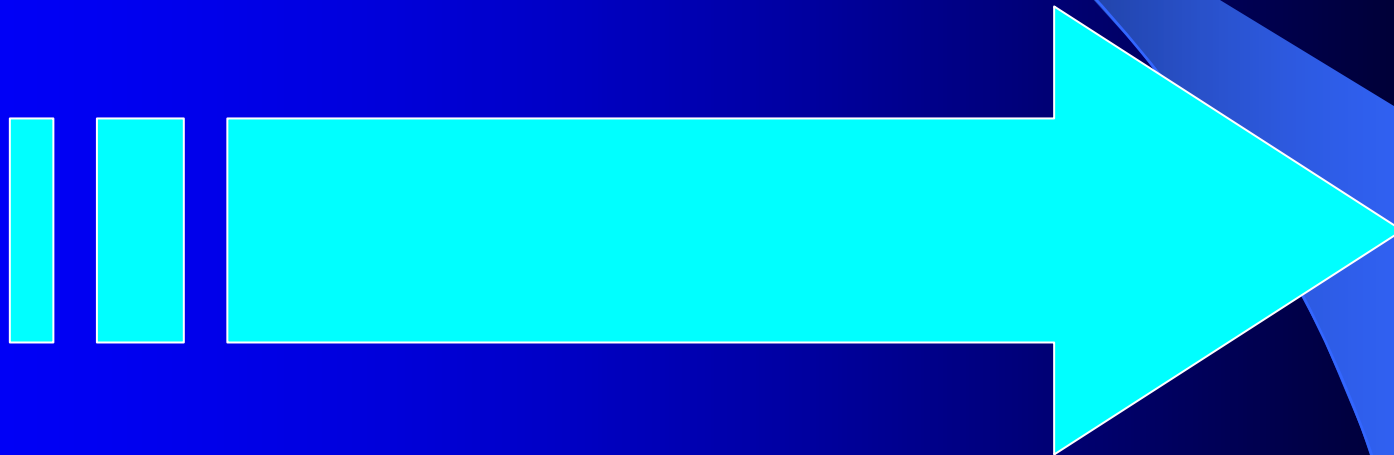
- Recognise the problem
- Alert Infection Prevention and Control Team
- Understand what to do
- Conformity – use of BSC



# 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



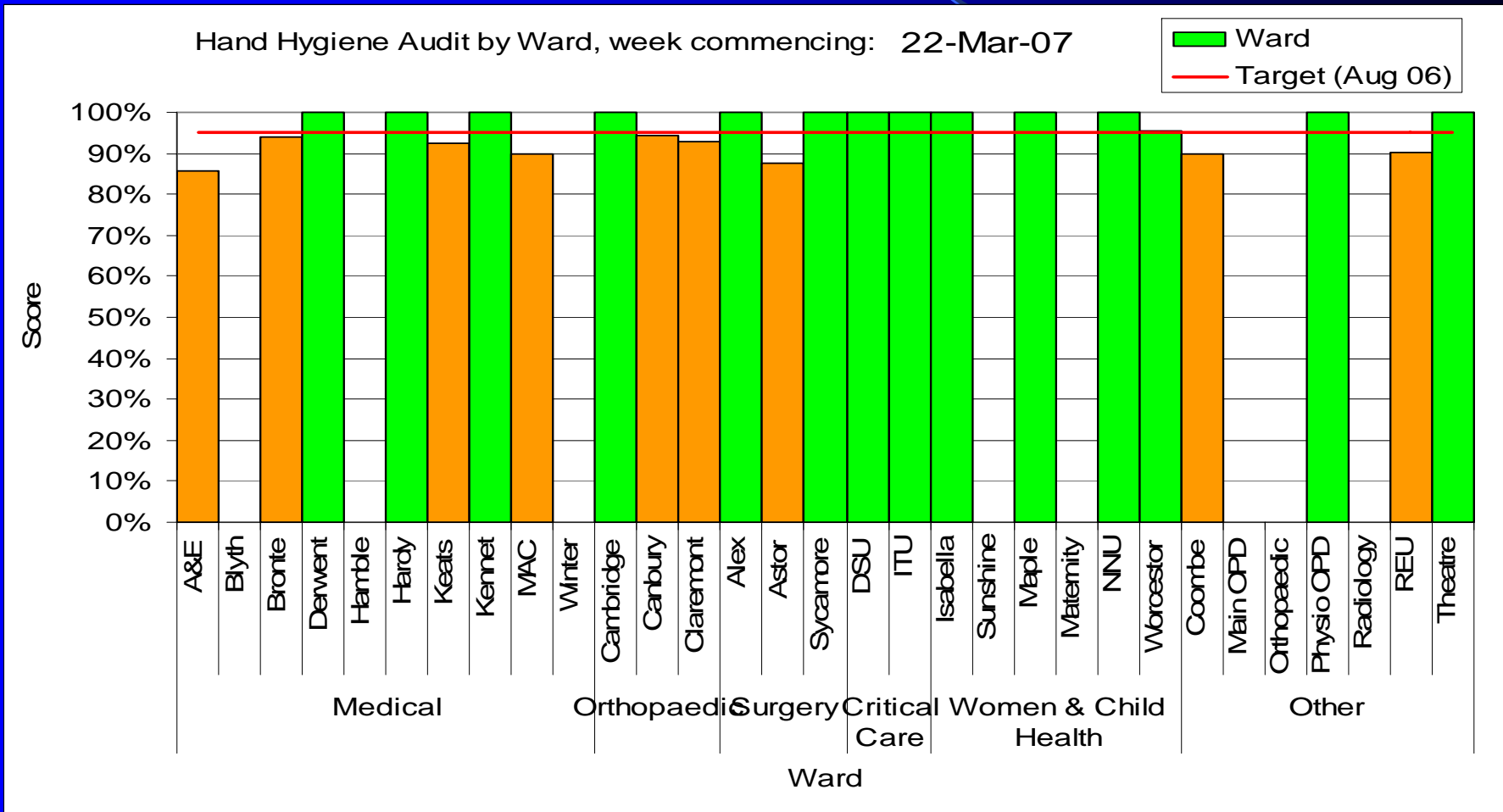
**Unconscious incompetence**

**Unconscious competence**

# Developing the Standards

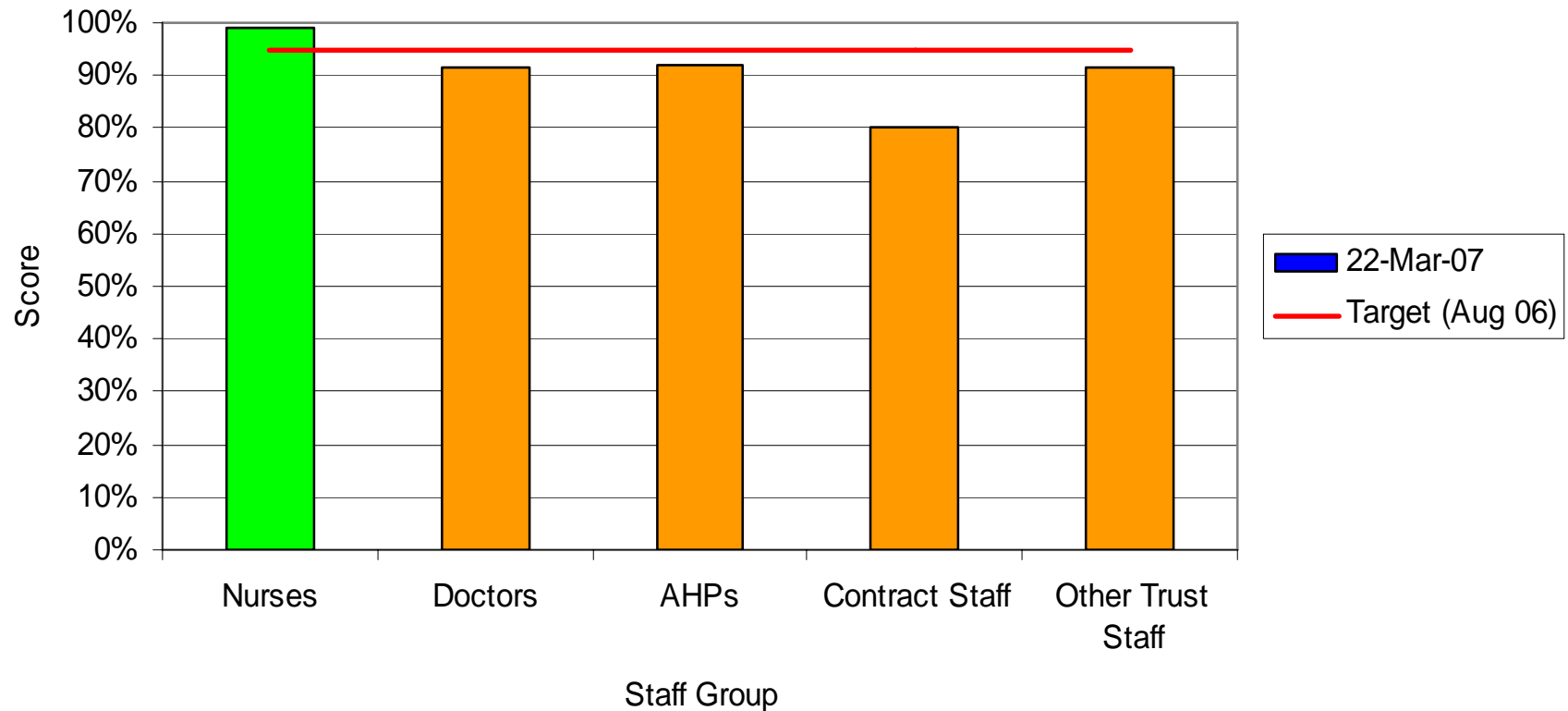
- Hand Hygiene policy reviewed and expectations made explicit
- Increased ward based training
- HCAI Project Team
- Weekly hand hygiene audits
- Feedback of results

# Hand Hygiene Results by Ward/Department

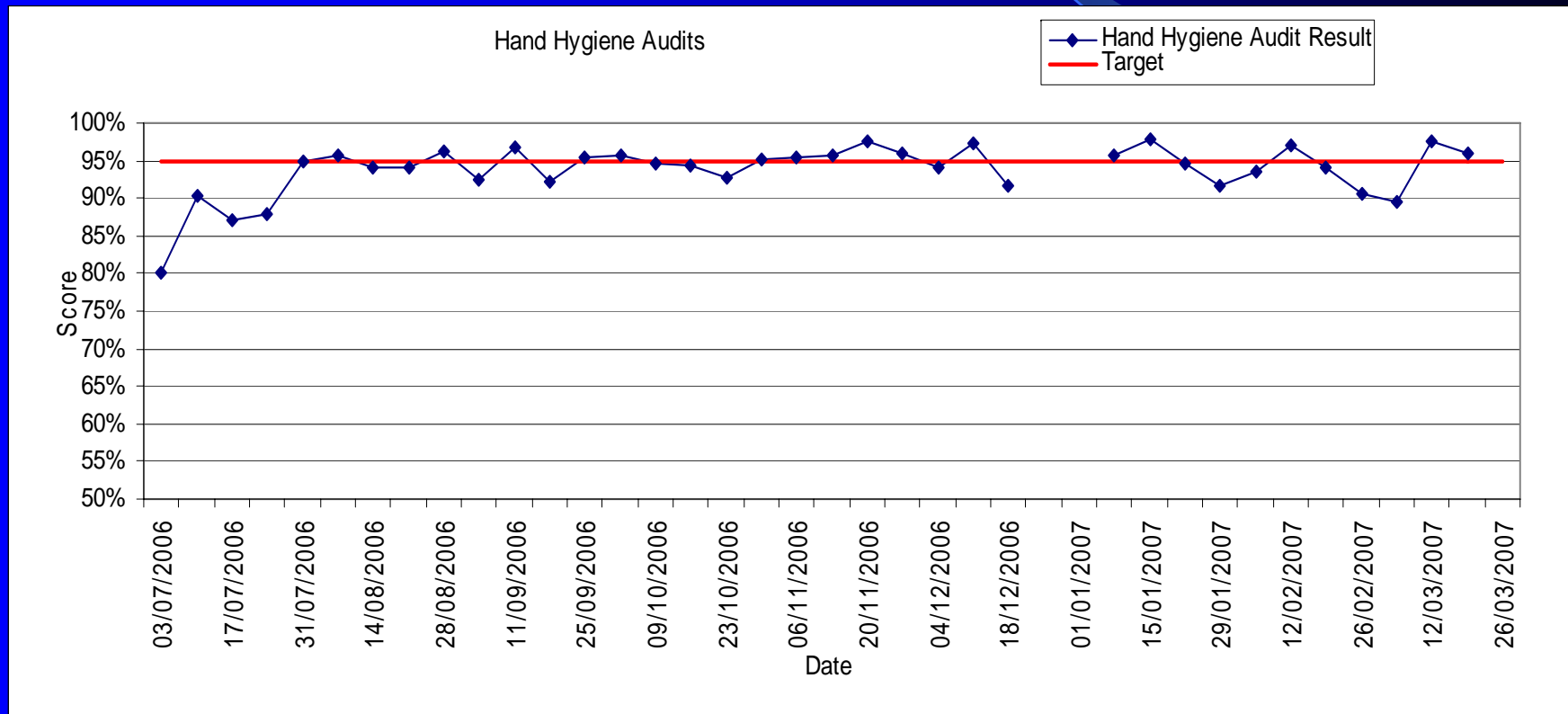


# Hand Hygiene Results by Staff Group

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



# Hand Hygiene Trend





# Other initiatives...

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

# Competency assessment

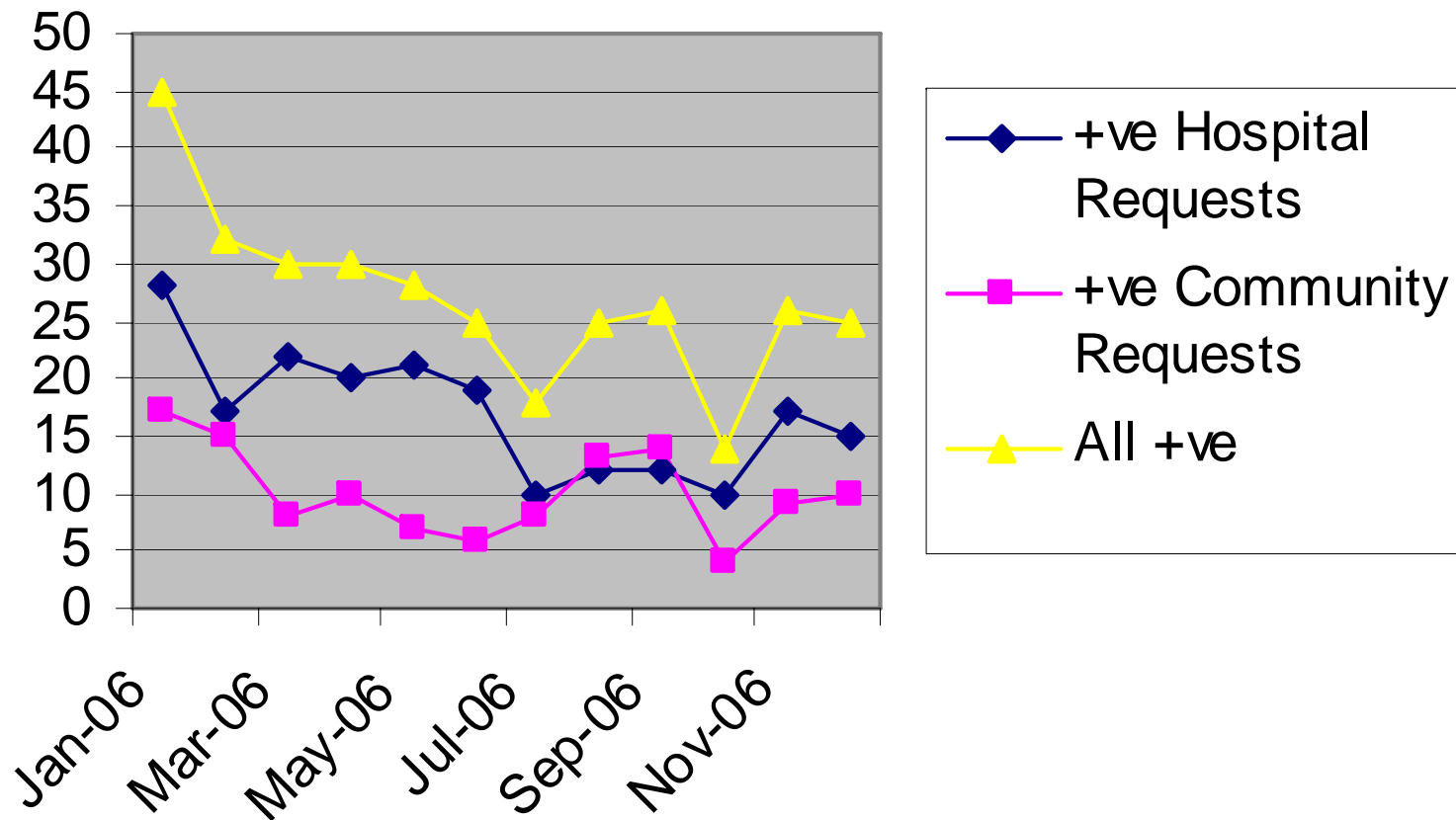
- Observations of care
- Question staff knowledge
- Use HII tool
- Use E-Tool as part of KSF
- Staff JDs
- Performance appraisal
- Not easy!!



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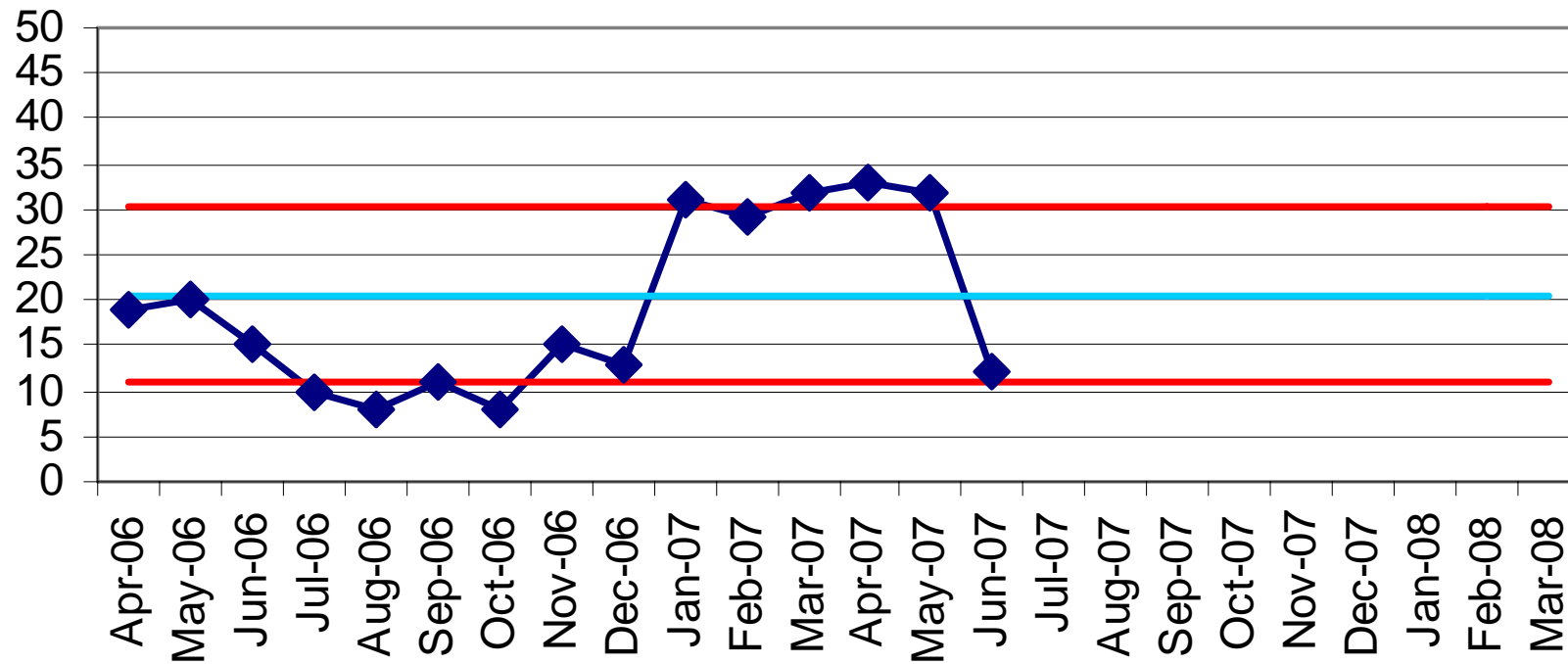
# Impact on CDT rates 2006

## CDT all requests 2006



# 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...

