



Saving Lives:

a delivery programme to reduce healthcare associated infection including MRSA

Self Assessment and Action Planning Tool: printable version

Saving Lives: a delivery programme to reduce healthcare associated infection including MRSA

To significantly reduce HCAI and MRSA bacteraemias by 50% requires every Trust to have a comprehensive and prioritised action plan that incorporates national guidance and good practice, engages staff and makes it "everyone's business". Saving Lives delivery programme provides the framework to deliver this. It helps organisations to understand the systems and processes required and practically highlights the clinical interventions that could make the biggest impact on infection rates. This self assessment and action planning tool underpinned by its nine key challenges, will enable organisations, wards and departments to gain a clear understanding of those actions needed to significantly reduce HCAI and to be able to prioritise action to maximise the impact they have on patient care.

This document shows each of the 9 key challenges and their questions and places these alongside their specific "learning resources" (as seen within the action planning tool) to assist with action planning. This document is best printed in colour.

The balanced scorecard

Each challenge presents a series of questions, the answers to which form a "balanced scorecard". This illustrates a Trust's overall infection control activities according to the 9 key challenge areas. Red boxes highlight priority areas, amber shows areas for review and green shows areas of compliance.

How to use this guide

This document was designed and produced following initial feedback from NHS staff using the Saving Lives self assessment and action planning tool. It is designed to enable users to have a printable version of the tool which will help them to understand its contents (i.e. the questions) and how best to use the action planning sections.

Full information on how to use the tools in the Saving Lives Programme (and further copies of this document) are available from www.dh.gov.uk/reducingmrsa

Challenge 1: Engage senior management (clinical and non clinical) in order to secure the implementation of best practice in the prevention and control of infection

Challenge	Self assessment	Action plan	Re-assessment
What should we be doing?	How well are we doing?	Where do we want to get to?	How well are we doing?

Challenge 1: Engage senior management (clinical and non clinical) in order to secure the implementation of best practice in the prevention and control of infection

	Question	Evidence	Self-assessment score	Target score	Actions or activity	Target date	Responsibility	Repeat self assessment
Challenge 1: Engage senior management (clinical and non clinical) in order to secure the implementation of best practice in the prevention and control of infection	Does the Chief Executive, lead non-executive director and Board receive regular reports (quarterly as a minimum) from the Director of Infection, Prevention and Control (DIPC)?	eg copies of Board minutes						
References: Cooke 2, Hospital Infection Working Group. Hospital Infection Control: Guidance on the control of infection in hospitals. Department of Health, 1995 HSC 1999/049 HSC 2000/002 Winning Ways	Is there an Infection Control Committee (ICC) in operation and are reports communicated to the DIPC?	eg copies of ICC (or equivalent) minutes						
	Is there cross representation between the Infection Control Committee and the Drugs and Therapeutics Committee?	eg copies of Drugs and Therapeutic Committee minutes						
	Is infection control a standing item on the clinical governance/risk management/ patient safety committee agenda?	eg copies of minutes of the relevant committees						
	Is there a nominated lead for infection control in every service area/clinical directorate?	eg list of names, service areas and job descriptions						
	Is there evidence of monitoring, review and action to improve as a part of the routine business of every service area/clinical directorate?	eg action plans, monitoring reports, audit reports, directorate or departmental minutes						
	Is the responsibility of senior managers for infection control clearly identified in managers' on-call handbooks and relevant emergency plans?	eg section from handbook and relevant plans, such as outbreak management plans						

Learning resources

What will help us?

Note: Some links may have been shortened to save space. Complete links can be found in the Learning Resources section.

Governance: Board Development Programme

Clinical Governance is the responsibility of the entire Trust Board in NHS organisations. The CGST's Board Development Programme develops effective governance within NHS Trusts, Foundation Trusts, Strategic Health Authorities and inter-organisational governance structures.

http://www.cqsupport.nhs.uk/Programmes/Board_Development_Programme.asp

Change management and culture: Improvement Leaders' Guide - Building and nurturing an improvement culture

Changes in the culture of the NHS are required if improvements are to be meaningful and lasting. The understanding of the importance of culture change can be found here.

<http://www.modern.nhs.uk/improvementguides/culture>

Change management and culture: Institute for Healthcare Improvement (IHI) White Paper "Seven Leadership Leverage Points"

This White Paper presents what the IHI believes are some important leverage points for leaders who want to achieve dramatic, system-level improvements.

<http://www.ihl.org/IHI/Products/WhitePapers/SevenLeadershipLeveragePointsWhitePaper.htm>

Measurement: Department of Health DIPC Annual Report template

A suggested framework that may be useful for DIPCs to prepare Annual Reports as part of the 'Winning Ways' recommendations.

<http://www.dh.gov.uk/assetRoot/04/10/25/52/04102552.pdf>

Governance: Department of Health Policy document 'Winning Ways'

For policy background to support discussions to engage senior staff visit the Department of Health publication 'Winning Ways':

<http://tinyurl.com/bnqcg>

Risk management: Seven steps to patient safety - National Patient Safety Agency

To view the summary:

http://www.npsa.nhs.uk/site/media/documents/500_Final%20Seven%20steps%20intro.pdf

Challenge 2: Appoint and train infection control leaders at each level of the organisation to ensure the promotion of good clinical practice and challenge of inappropriate behaviour

Challenge	Self assessment		Action plan				Re-assessment	
What should we be doing?	How well are we doing?		Where do we want to get to?				How well are we doing?	
Appoint and train infection control leaders at each level of the organisation to ensure the promotion of good clinical practice and challenge of inappropriate behaviour								
	Question	Evidence	Self-assessment score	Target score	Actions or activity	Target date	Responsibility	Repeat self assessment
Challenge 2: Appoint and train infection control leaders at each level of the organisation to ensure the promotion of good clinical practice and challenge of inappropriate behaviour Reference: Cooke 2. Hospital Infection Working Group. Hospital Infection Control: Guidance on the control of infection in hospitals. Department of Health, 1995	Is personal responsibility for compliance with infection control policy and procedures identified in the job description of all staff who work in clinical areas?	eg job descriptions or job description templates						
	Is the responsibility for infection control of each clinical area allocated (eg to the manager of that area)?	eg list of responsible areas by area of Trust						
	Does each staff group have an infection control lead?	eg list of leads by staff group						
	Is there a decontamination lead who works within the system of infection control leads?	eg clinical audit reports						
	Is there evidence that infection control leads are taking responsibility and accountability for promoting best practice?	eg job descriptions, evidence of appraisal against objectives, evidence of promoting infection control, audit, clinical governance minutes, DIPC annual report						
	Is infection control included in the personal development plans of all infection control leads?	eg personal development plans of infection control leads						
	Are the responsibilities of each member of the Infection Control Team (ICT) clearly defined, and are the contracted sessions for the Infection Control Doctor defined and agreed?	eg ICT job descriptions and ICD job plan						
	Are members of the ICT appropriately trained in the prevention and control of infection?	eg evidence of relevant continuing professional development						

Learning resources

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Workforce: Improvement Leaders' Guide - Managing the human dimensions of change: working with individuals

We are all different and need to be valued for our differences. This guide gives ideas of how to ensure the best possible outcome when working with different people.
http://www.modern.nhs.uk/improvementguides/reading/managing_human.pdf

Workforce: Clinical Governance Eureka! guides

A practical approach to clinical governance with respect to people and new roles. How to achieve better team working and leadership.
http://www.cqsupport.nhs.uk/Resources/Eureka/#People_and_new_roles

Workforce: Improvement Leader's Guide - Role redesign

Redesigning roles is a guide with tips and advice for workforce planners and anyone who needs to make changes to roles to enable improvements to take place.
http://www.modern.nhs.uk/improvementguides/reading/redesigningroles_final.pdf

Workforce: NHS Education for Scotland HAI Web

Materials for training "Cleanliness champions", including induction training for other staff.
<http://nes-hai.info/>

Change management and culture: Improvement Leaders' Guide - Building and nurturing an improvement culture

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<http://www.modern.nhs.uk/improvementguides/culture>

Flow: 10 High Impact Changes for Service Improvement and Delivery: Change No 10

Redesign and extend roles in line with efficient patient pathways to attract and retain an effective workforce
<http://www.content.modern.nhs.uk/cms/WISE/HIC/HIC10/HIC10.htm>

Workforce: The Matron's Charter

This document contains good ideas and case studies for setting up your ward-based programmes.
<http://tinyurl.com/3anub>

Challenge 3: Implement a local infection surveillance programme in order to identify in real time the infection status throughout the Trust by the provision of reports to each ward/unit, at least quarterly

Challenge	Self assessment	Action plan	Re-assessment					
What should we be doing?	How well are we doing?	Where do we want to get to?	How well are we doing?					
Implement a local infection surveillance programme in order to identify in real time the infection status throughout the Trust by the provision of reports to each ward/unit at least quarterly								
	Question	Evidence	Self-assessment score	Target score	Actions or activity	Target date	Responsibility	Repeat self assessment
Challenge 3: Implement a local infection surveillance programme in order to identify in real time the infection status throughout the Trust by the provision of reports to each ward/unit, at least quarterly References: Cooke Z. Hospital Infection Working Group. Hospital Infection Control: Guidance on the control of infection in hospitals. Department of Health, 1995 Department of Health Surveillance letter	Is there an established prospective infection surveillance programme within the Trust?	eg programme or plan						
	Is responsibility for the surveillance programme clearly defined?							
	Is staffing provision sufficient to achieve the surveillance programme?							
	Is information technology and support sufficient to enable the surveillance programme?							
	Does the Trust undertake alert organism surveillance?	eg surveillance reports						
	Does the Trust undertake alert condition surveillance?	eg surveillance reports						
	Does the Trust undertake the surveillance of MRSA bacteraemia?	eg surveillance reports						
	Does the Trust undertake the surveillance of glycopeptide resistant enterococci?	eg surveillance reports						
	Does the Trust undertake the surveillance of C. difficile associated diarrhoea?	eg surveillance reports						
	Does the Trust undertake surveillance of surgical site infections associated with elective orthopaedic surgery?	eg surveillance reports						
	How often are surveillance findings fed back to clinical teams?	eg reporting as part of clinical governance communication for clinical teams and senior management						

Learning resources

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Measurement: Real Measurement for real improvement using Statistical Process Control

Statistical Process Control is a tool for measuring variation and helps staff make decisions based on evidence, not judgement. This tool builds on the run chart approach for measuring a process performance.
http://www.modern.nhs.uk/scripts/default.asp?site_id=24&id=73

Measurement: The Pareto principle - a tool to identify where the improvements should be targeted

The Pareto chart identifies the 'vital few' areas, which if targeted will have the greatest impact.

What is the Pareto principle?

How to identify where to implement the High Impact Interventions.

How to construct a Pareto chart.
<http://www.lin.nhs.uk/index.asp?page=1135>

Measurement: Understanding variation

A presentation explaining the concept of variation and its importance for measuring improvement

http://www.modern.nhs.uk/esr/8237/Understanding_Variation_LW1W5ap.ppt

Measurement: Using run charts and control charts to monitor quality in healthcare

This helps explain variation and how to construct run charts and control charts to help people understand what is happening in the local environment.

<http://www.show.scot.nhs.uk/indicators/tutorial/TUTORIALGUIDE.pdf>

Measurement: A useful MS Excel based tool for creating SPC charts

The Modernisation Agency has created a simple SPC form to create an SPC chart.

http://www.content.modern.nhs.uk/cms/WISE/ToolsandTechniques/Statistical_Process_Control/Intro.htm

Measurement: A useful MS Excel based tool for creating SPC charts

The Clinical Indicators Support team have created an easy to use SPC chart generator.

<http://www.show.scot.nhs.uk/indicators/tutorial/main.htm>

Measurement: A suggested reading list around measurement and improvement

http://www.modern.nhs.uk/inovationsandknowledgegroup/7338/reading_list_spc.doc

<http://www.qualitydigest.com/ite/96/Toolkit.htm>

Flow: Clinical Systems Improvement Programme

Five on-line learning modules to help clinical teams improve the efficiency and quality of the patients experience

<http://www.content.modern.nhs.uk/cms/WISE/Cross+Cutting+Themes/cal/introduction.htm>

Workforce: The Matron's Charter

This document contains good ideas and case studies for setting up your ward-based programmes.

<http://nqmat.com/3and>

Challenge 4: Adopt national evidence based guidance in order to ensure that patients are treated according to best practice

Challenge		Self assessment			Action plan			Re-assessment
What should we be doing?	How well are we doing?			Where do we want to get to?			How well are we doing?	
Adopt a national evidence based guidance in order to ensure that patients are treated according to best practice								
	Question	Evidence	Self-assessment score	Target score	Actions or activity	Target date	Responsibility	Repeat self assessment
Challenge 4: Adopt national evidence based guidance in order to ensure that patients are treated according to best practice	Is assessment of published evidence undertaken whenever local protocols are being developed and reviewed?	eg protocols, including citations, minutes of meetings where evidence has been appraised						
References: EPIC Guidelines	Do local policies and protocols on prevention and control of infection state if and why they differ from the corresponding Department of Health guidance?	eg the policies						
	Is the National Patient Safety Agency "Clean your hands" campaign implemented?	eg campaign plans						
	Are the EPIC guidelines for hand hygiene, personal protection, and sharps disposal being followed?	eg use of ICNA audit tool						
	Are the EPIC guidelines for central venous catheters being followed?	eg evidence of an audit at ward level						
	Are the EPIC guidelines for the prevention of surgical site infection being followed?	eg evidence of an audit at ward level						
	Are infection control measures in place specifically for ventilated patients?	eg use of a 'ventilator bundle'						
	Are the EPIC (or equivalent evidence-based) guidelines for urethral catheterisation being followed?	eg evidence of an audit at ward level						

Learning resources

What will help us?

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Clinical reliability: Five High Impact Interventions

The five High Impact Interventions are based upon best practice guidelines and are included within this programme. See the Menu on this CD.

Flow: 10 High Impact Changes for Service Improvement and Delivery: Change No 6

Increase the reliability of performing therapeutic interventions through a Care Bundle approach
www.content.modern.nhs.uk/cma/WISE/HIC/HIC6/HIC6.htm

Clinical reliability: Modernisation Agency Critical Care Programme

Further information about "Care Bundles" as referred to in the introduction to the High Impact Interventions is available at:
http://www.modern.nhs.uk/scripts/default.asp?site_id=20&id=10012

Governance: Department of Health Policy document 'Winning Ways'

For policy background to support discussions to engage senior staff visit the Department of Health publication 'Winning Ways':
<http://nrvyrl.com/bpocq>

Governance: The EPIC Project

The multiprofessional evidence-based guidelines developed by the EPIC project, which cover various actions essential to prevent the spread of hospital acquired infection including multi-drug resistant strain available at:
<http://nrvyrl.com/cmcd>

Environment: The National Patient Safety Agency – clean your hands campaign

<http://www.npsa.nhs.uk/cleanyourhands>

Clinical reliability: Healthcare Infection Control Practices Advisory Committee

Mangram, et al. Guidelines for the Prevention of Surgical Site Infection, 1999
http://www.cdc.gov/ncidod/dhqp/SSI/SSI_guideline.htm

Clinical reliability: NHS Purchasing and Supply Agency

Information on innovative solutions to help prevent risk through sharp and needlestick injury.
<http://www.pasa.nhs.uk/medicalconsumables/sharps/>

Clinical reliability: How to prevent surgical site infections - The Institute for Healthcare Improvement (IHI)

<http://www.ihl.org/IHI/Topics/PatientSafety/SurgicalSiteInfections/HowToImprove/>

Clinical reliability: The Institute for Healthcare Improvement

Information about the US-based IHI's 100,000 Lives campaign to reduce avoidable hospital deaths is available at:
<http://www.ihl.org/IHI/Programs/Campaign/>

Change management and culture: Seven steps to patient safety - National Patient Safety Agency

To view the summary:
http://www.npsa.nhs.uk/site/media/documents/500_Final%20Seven%20Steps%20Intro.pdf

Clinical reliability: The Institute for Healthcare Improvement Central Line Infection Prevention How To guide

www.ihl.org/NR/rdonlyres/BF4cc102-c564-4436-Ac3a-0c57b1202972/0/CentralLineHowToGuideFINAL.pdf

Challenge 5: Ensure the effective auditing of infection control practices throughout the Trust through monitoring and implementation

Challenge		Self assessment			Action plan			Re-assessment	
What should we be doing?		How well are we doing?			Where do we want to get to?			How well are we doing?	
Ensure the effective auditing of infection control practices throughout the Trust through monitoring and implementation									
	Question	Evidence	Self-assessment score	Target score	Actions or activity	Target date	Responsibility	Repeat self assessment	
Challenge 5: Ensure the effective auditing of infection control practices throughout the Trust through monitoring and implementation	Is an infection control audit tool applied?	eg schedule of audits and results							
References: ICNA audit tool PL antibiotic pharmacists	Is there evidence that clinical teams review the results of infection control audits, and incorporate these into their plans for continuing improvement?	eg action plans, follow-up audits confirming remedial actions have been undertaken							
	Is someone undertaking the role and responsibility of antibiotic pharmacist?	eg audit trail for Department of Health funding allocated for this role							
	Are antimicrobial prescribing data analysed by the antibiotic pharmacist and routinely fed back to clinical staff?	eg analyses, notes from clinical team meetings							

Learning resources

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Measurement: Real measurement for real improvement using Statistical Process Control

Statistical Process Control is a tool for measuring variation and helps staff make decisions based on evidence, not judgement. This tool builds on the run chart approach for measuring a process performance.
http://www.modern.nhs.uk/scripts/default.asp?site_id=24&id=7338

Measurement: Measurement for improvement

A document to guide you on measuring the success of your improvement programme is available at:
<http://www.modern.nhs.uk/improvementguides/reading/measure4improve.pdf>

Measurement: The Pareto principle and cause and effect diagrams - a tool to identify where the improvements should be targeted

The Pareto chart identifies the 'vital few' areas, which if targeted will have the greatest impact.

What is the Pareto principle?

How to identify where to implement the High Impact Interventions.

How to construct a Pareto chart.

How to identify cause and effect

<http://www.tin.nhs.uk/index.asp?pageid=1135>

<http://www.tin.nhs.uk/index.asp?pageid=1132>

Measurement: Root cause analysis

The National Patient Safety Agency offers free training and has a range of web-based tools to aid in the root cause analysis process of investigating patient safety incidents. These resources may be especially helpful where a decision has been taken to manage HCAI as an adverse incident.

http://www.npsa.nhs.uk/health/resources/root_cause_analysis/conditions

Measurement: Understanding variation

A presentation explaining the concept of variation and its importance for measuring improvement

http://www.modern.nhs.uk/ess/8237/understandingvariation_lwiv5sp.ppt

Measurement: Using run charts and control charts to monitor quality in healthcare

This helps explain variation and how to construct run charts and control charts to help people understand what is happening in the local environment.

<http://www.show.scot.nhs.uk/indicators/Tutorial/TUTORIALGUIDE.pdf>

Measurement: A useful MS Excel based tool for creating SPC charts

The Clinical Indicators Support team have created an easy to use SPC chart generator.

<http://www.show.scot.nhs.uk/indicators/tutorial/main.htm>

Measurement: A useful MS Excel based tool for creating SPC charts

The Modernisation Agency has created a simple SPC form to create an SPC chart.

http://www.content.modern.nhs.uk/cmsWISE/ToolsandTechniques/Statistical_Process_Control/Intro.htm

Measurement: A suggested reading list around measurement and improvement

http://www.modern.nhs.uk/innovationsandknowledgegroup/7338/reading_list_spc.doc

<http://www.qualitydigest.com/dec96/toolkit.htm>

Risk management: Department of Health - Hospital Pharmacy initiative for promoting prudent use of antibiotics in hospitals

<http://tinyurl.com/bbeh3>

Challenge 6: Ensure that all Trust employees have a programme of education and training on the prevention and control of infection in order to understand their responsibility for infection control and the actions they must personally take.

Challenge		Self assessment			Action plan			Re-assessment
What should we be doing?	How well are we doing?			Where do we want to get to?			How well are we doing?	
Ensure that all Trust employees have a programme of education and training on the prevention and control of infection in order to understand their responsibility for infection control and the actions they must personally take								
	Question	Evidence	Self-assessment score	Target score	Actions or activity	Target date	Responsibility	Repeat self assessment
Challenge 6: Ensure that all Trust employees have a programme of education and training on the prevention and control of infection in order to understand their responsibility for infection control and the actions they must personally take. References: Cooke 2, Hospital Infection Working Group. Hospital Infection Control: Guidance on the control of infection in hospitals. Department of Health, 1995 HSC 2000/002 EPIC guidelines	Is infection control included in the induction programme for all staff and is a documented record kept?	eg audited records of attendance						
	Is there a programme of ongoing training including an update on policies and examples of good practice?	eg training programme						
	Is training in antimicrobial prescribing given to all relevant staff?	eg training attendance records						
	Is infection control included in individual annual appraisals and an integral part of Personal Development Plans for all staff?	eg documented evidence within annual appraisals						
	Do relevant staff receive training on aseptic clinical procedures, insertion and care of IV cannulae and urethral catheters?	eg evidence of attendance, and scope of training						

Learning resources

What will help us?

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Governance: The EPIC project

The multiprofessional evidence-based guidelines developed by the EPIC project, which cover various actions essential to prevent the spread of hospital acquired infection, including multi-drug resistant strains, are available at:

<http://tinyurl.com/crmcf>

Workforce: Improvement Leader's Guide - Role redesign

Redesigning roles is a guide with tips and advice for workforce planners and anyone who needs to make changes to roles to enable improvements to take place.

http://www.modern.nhs.uk/improvementguides/reading/redesigningroles_final.pdf

Workforce: NHS Education for Scotland HAI Web

Materials for training "Cleanliness champions", including induction training for other staff.

<http://nes-hai.info/>

Workforce: NHS Scotland Healthcare Associated Infections Managed Knowledge Network

Includes news, events, announcements and resources such as predefined Medline searches (Warning - some content requires subscription)

http://www.elib.scot.nhs.uk/portal/hai/hai_pages/index.aspx

Clinical reliability : National Patient Safety Agency clean your hands campaign

Learn more about the campaign

<http://www.npsa.nhs.uk/cleanyourhands>

Challenge 7: Review the patient journey for emergency and planned patients in order to reduce the risk of transmission of infection by minimising the movement of potentially infected patients

Challenge	Self assessment	Action plan	Re-assessment
What should we be doing?	How well are we doing?	Where do we want to get to?	How well are we doing?

Review the patient journey for emergency and planned patients in order to reduce the risk of transmission of infection by minimising the movement of potentially infected patients

	Question	Evidence	Self-assessment score	Target score	Actions or activity	Target date	Responsibility	Repeat self assessment
Challenge 7: Review the patient journey for emergency and planned patients in order to reduce the risk of transmission of infection by minimising the movement of potentially infected patients	Is there written infection control guidance on the movement of patients between wards, departments, such as A&E, X-ray, and other clinical areas?	eg documented guidance, Trust infection control manual, and their availability						
References: 1998 BSAC/ HIS/ ICNA MRSA guidance Winning Ways	If guidance is available? Is there compliance across all relevant wards / departments / clinical areas?	eg audit of compliance with patient flows						
	Is there local guidance on segregation of elective and emergency patients?	eg documented guidance and its availability / applicability						
	If guidance is available? Is there compliance across all relevant wards / departments / clinical areas?	eg audit of compliance with guidance on patient segregation						
	Is there local infection control guidance on the assessment of the clinical need for and risk of patient transfer?	eg documented guidance and its availability / applicability						
	If guidance is available, is there compliance across all relevant wards / departments / clinical areas?	eg analyses of patient transfer from the Patient Administration System, or by a specific audit that has tracked patient movements						
	Is there written infection control guidance specifying the factors that determine a high risk of a patient being MRSA positive and when to segregate?	eg documented guidance and the Trust infection control manual, and their availability						
	If guidance is available, is there compliance across all relevant wards / departments / clinical areas?	eg audit of compliance with guidance on segregation						
	Is there local written guidance describing the need for risk assessment and segregation before or upon admission?	eg the written guidance						
	Is there local guidance on when and how screening for MRSA should be undertaken for patients who are due to have implant, cardio-thoracic or neurosurgery?	eg documented guidance and its availability / applicability						
	If guidance is available, is there compliance across all relevant surgical teams?	eg clinical audit reports						
	Is there a documented treatment pathway for patients colonised with MRSA?	eg pathway						
	Is there local guidance stipulating how patients infected or colonised with MRSA should be isolated?	eg the guidance from the isolation policy						
	If guidance is available, is there compliance across all relevant wards / departments / clinical areas?	eg audit reports						
	Is there evidence of regular liaison between the bed manager, the ICT, ward manager and other relevant staff?	eg evidence of liaison, records of meetings						

Challenge 7: Review the patient journey for emergency and planned patients in order to reduce the risk of transmission of infection by minimising the movement of potentially infected patients

Learning resources

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Flow: 10 High Impact Changes for Service Improvement and Delivery: Change Nos 3,4 & 8

Understanding the way patients move round hospitals is fundamental to reducing infection risks. These sections describe how variation in admission and discharge patterns can be managed more effectively.

<http://www.content.modern.nhs.uk/cms/WISE/HIC/HIC3/HIC3.htm>

<http://www.content.modern.nhs.uk/cms/WISE/HIC/HIC4/HIC4.htm>

<http://www.content.modern.nhs.uk/cms/WISE/HIC/HIC8/HIC8.htm>

Flow: Improvement Leaders' Guide - Process mapping, analysis and redesign

Tools and techniques for process mapping and redesigning the patient journey

<http://www.modern.nhs.uk/improvementguides/process>

Flow: Improvement Leaders' Guide - Matching capacity and demand

This guide explains the most effective ways to understand the capacity and demand of a service and the 'bottlenecks' in the system which often cause patients to wait. It goes on to suggest ideas to reduce or eliminate these queues and waiting lists for patients.

<http://www.modern.nhs.uk/improvementguides/capacity>

Workforce: Improvement Leader's Guide - Role redesign

Redesigning roles is a guide with tips and advice for workforce planners and anyone who needs to make changes to roles to enable improvements to take place.

http://www.modern.nhs.uk/improvementguides/reading/redesigningroles_final.pdf

Risk management: Health Protection Agency Clinical guidelines

The Health Protection Agency has an expert group which has developed Clinical Guidelines on basic infection, course of action, treatment, transfer, temporary/agency/locum staff and sample processing.

http://www.hpa.org.uk/infections/topics_az/staphylo/guidelines.htm

Risk management: AGREE instrument to guideline developers

Guidance on the development and documentation of clinical guidelines.

<http://www.agreecollaboration.org/1/agreeguide>

Measurement: Real measurement for real improvement using Statistical Process Control

Statistical Process Control is a tool for measuring variation and helps staff make decisions based on evidence, not judgement. This tool builds on the run chart approach for measuring a process performance.

http://www.modern.nhs.uk/scripts/default.asp?site_id=24&id=7338

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Measurement: Root cause analysis

The National Patient Safety Agency offers free training and has a range of web-based tools to aid in the root cause analysis process of investigating patient safety incidents. These resources may be especially helpful where a decision has been taken to manage HCAI as an adverse incident.

http://www.npsa.nhs.uk/health/resources/root_cause_analysis/conditions

Measurement: Understanding variation

A presentation explaining the concept of variation and its importance for measuring improvement

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Measurement: Using run charts and control charts to monitor quality in healthcare

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Measurement: A suggested reading list around measurement and improvement

http://www.modern.nhs.uk/innovationsandknowledge/egroup/7338/reading_list_spc.doc

<http://www.qualitydigest.com/dec96/toolkit.htm>

Flow: Making best use of beds

Optimise your capacity

<http://www.content.modern.nhs.uk/cms/WISE/Cross+Cutting+Themes/makingbestuseofbeds/introduction.htm>

Flow: Clinical Systems Improvement Programme

Access five on line learning modules to help clinical teams improve efficiency and quality of patients experience

<http://www.content.modern.nhs.uk/cms/WISE/Cross+Cutting+Themes/csi/introduction.htm>

Flow: Improvement Partnership for Hospitals Case Studies

Improvement Case Studies around the 10 High Impact Changes

www.content.modern.nhs.uk/NR/ereses/320A8612-1B35-424E-AADD-D9D042650C75/frameless.htm?NRMODE=Published

Flow: Optimising patient flow, moving patients smoothly through the acute care setting

<http://www.hi.org/Hi/Products/whitepapers/optimizingpatientflowmovingpatientssmoothlythroughacutecaresettings.htm>

Challenge 8: Review the status of the built environment and the effectiveness of the facilities management services, including cleaning, in order to provide a safe and clean environment for patient care

Challenge	Self assessment	Action plan	Re-assessment
What should we be doing?	How well are we doing?	Where do we want to get to?	How well are we doing?

Review the status of the built environment and the effectiveness of the facilities management services, including cleaning, in order to provide a safe and clean environment for patient care

	Question	Evidence	Self-assessment score	Target score	Actions or activity	Target date	Responsibility	Repeat self assessment
Challenge 8: Review the status of the built environment and the effectiveness of the facilities management services, including cleaning, in order to provide a safe and clean environment for patient care References: HFN 30 Cooke 2, Hospital Infection Working Group. Hospital Infection Control: Guidance on the control of infection in hospitals. Department of Health, 1995 HSAWA COSHH MHRA MDA bulletin Health building notes Health technical memoranda Matrons Charter	Does the Trust audit its compliance with relevant legislation, policies and procedures regarding maintaining a safe environment?	eg audits of compliance, exception reports, reports submitted to ICC or other relevant body						
	Do cleaning standards meet those set out in the national Specifications for Cleanliness, and have the recommended Minimum Cleaning Frequencies (or better) been adopted?	eg regular and frequent audits of cleaning						
	Do assessors of cleanliness include matrons, patients and/or representatives of patient organisations, eg 'bug watch'?	eg reports of assessments						
	Is there a written cleaning strategy that has been approved and regularly monitored by the Board?	eg minutes of Board approval, reports to the Board at least quarterly						
	Do nurses and other staff have access to suitable cleaning materials at all times?	eg result of infection control audit of areas						
	Are cleaning services available whenever they are required?	eg audit						
	Do all new cleaning staff receive induction training that includes infection control, before being deployed in patient areas?	eg dates of training and deployment						
	Do cleaning staff receive regular on-going training about infection control?	eg attendance at training, and training plan						
	Are the cleaning staff integrated into the relevant clinical team?	eg cleaning staff attendance at team meetings, their portraits included in team pictures						
	Is the ICT involved at all stages in the design and building of new healthcare facilities or the refurbishment of existing facilities?	eg minutes and notes of planning and design meetings						
Is the ICT consulted at all stages of the contracting process for hotel and other services that have implications for infection control, eg cleaning, laundry, clinical waste, and decontamination?	eg minutes and notes of meetings							

Learning resources

What will help us?

Note: Some links may have been shortened to save space. Complete links can be found in the Learning Resources section.

Environment: NHS Estates

You might like to use the NHS Estates' model Cleaning Contract:
<http://tinyurl.com/984md>

Environment: NHS Estates

The Healthcare Facilities Cleaning Manual section on "Cleaning for infection control" can help with identifying standards:
http://patientexperience.nhsestates.gov.uk/clean_hospitals/ch_content/cleaning_manual/infection_control.asp

Workforce: The Matron's Charter

This document contains good ideas and case studies for setting up your ward-based programmes.
<http://tinyurl.com/3qnr>

Change management and culture: Improvement Leaders' Guide: Involving patients and carers

<http://tinyurl.com/cb8px>

Challenge 9: Implement robust Trust-wide policies for decontamination in order to ensure that patients will not get infected by any inadequately decontaminated re-usable instruments, including, but not limited to, surgical instruments and endoscopes.

Challenge	Self assessment	Action plan	Re-assessment
What should we be doing?	How well are we doing?	Where do we want to get to?	How well are we doing?

Implement robust Trust-wide policies for decontamination in order to ensure that patients will not get infected by any adequately decontaminated re-usable instruments, including, but not limited to, surgical instruments and endoscopes

	Question	Evidence	Self-assessment score	Target score	Actions or activity	Target date	Responsibility	Repeat self assessment
Challenge 9: Implement robust Trust-wide policies for decontamination in order to ensure that patients will not get infected by any inadequately decontaminated re-usable instruments, including, but not limited to, surgical instruments and endoscopes.	Is the Sterile Services Department compliant with National Decontamination Strategy Guidelines?	eg audit of compliance						
References: See criteria in Question column	Is the Sterile Services Department compliant with HBN 13 (Sterile Services Departments)?	eg audit of compliance						
	Is there a central flexible endoscope decontamination unit?	eg audit of compliance						
	Are autoclaves maintained to the standards described in HTM 2010 (Sterilisers)?	eg audit of compliance						
	Does steam quality conform to HTM 2031 (Clean Steam for Sterilisers)?	eg audit of compliance						
	Do all washer/disinfectors and associated procedures comply with HTM 2030 (washer/disinfectors)?	eg audit of compliance						

Learning resources
What will help us?
Note: Some links may have been shortened to save space. Complete links can be found in the Learning Resources section.

Environment: The Healthcare Facilities Cleaning Manual
 General guidance for the decontamination of blood and body substance spillages and of patient equipment. Specific policies regarding staff responsibilities and procedures should be set and followed at local level
http://patientexperience.nhsestates.gov.uk/clean_hospitals/ch_content/cleaning_manual/decontamination.asp

Saving lives: Reducing HCAI including MRSA

Balanced Score Card: Self-assessment summary for infection control

[Insert Trust name]

01/08/2005

Challenge 1	Challenge 2	Challenge 3
Engage senior management (clinical and non clinical) in order to secure the implementation of best practice in the prevention and control of infection	Appoint infection control leaders at each level in the organisation to ensure the promotion of good clinical practice and challenge inappropriate behaviour	Implement a local surveillance programme in order to identify in real time the infection status throughout the Trust by the provision of reports to each ward/unit at least quarterly
Challenge 4	Challenge 5	Challenge 6
Adopt national evidence based guidance in order to ensure that patients are treated according to best practice	Ensure the effective auditing of infection control practices throughout the Trust through monitoring and implementation	Ensure that all Trust employees have a programme of education and training on the prevention and control of infection in order to understand their responsibility for infection control and the actions they must personally take
Challenge 7	Challenge 8	Challenge 9
Review the patient journey for emergency and planned patients in order to reduce the risk of transmission of infection by minimising the movement of potentially infected patients	Review the status of the built environment and the effectiveness of the facilities management services, including cleaning, in order to provide a safe and clean environment for patient care	Implement robust Trust-wide policies for decontamination in order to ensure that patients will not get infected by inadequately decontaminated re-usable instruments, including surgical instruments and endoscopes

Overall Status	

Key		
	100%	Full compliance
	71% - 99%	Review required
	=< 70%	Trust priority