Improving reliability, safety and cleanliness

Janice Stevens explains how the NHS can use high impact interventions to make sustainable progress towards cleaner hospitals and lower rates of infection

HEALTHCARE ASSOCIATED INFECTIONS (HAIs) cost the NHS around £1 billion a year (National Audit Office 2004), cause unnecessary patient suffering, extend hospital stays and hamper productivity.

NHS decision makers, including nurse managers, are responsible for creating safe and clean environments in which to treat patients. While they cannot eradicate risk entirely, they can strive to deliver more reliable services by improving clinical processes and minimising unwarranted variations in care.

It is everyone’s responsibility to contribute to reducing infections but it is responsibility of managers in particular to ensure that everyone knows what contribution they should make and how it should be made in full.

The Department of Health’s Saving Lives programme encourages trusts to make significant reductions in infection rates by use of prioritised action plans. Reliability and safety are at the heart of the programme, which works on the basis that front line clinicians can reduce infection and increase reliability significantly by undertaking key activities correctly every time.

Delivering evidence based practice is crucial to achieving the best clinical outcome with as few avoidable infections and other complications as possible, and nurse managers have significant roles to play in ensuring that high standards are achieved.

Healthcare professionals work under a duty of care and a ‘do no harm’ philosophy; it is unthinkable therefore that they would not practice evidence based care or comply with best practice. Research into hygiene outcomes however suggests that something even as basic as hand washing has mixed compliance.

Achieving sustainable change and improving reliability requires that healthcare professionals have a clear understanding of the systems and processes that can help reduce HCAI rates, a high compliance with evidence based practice, and the ability to undertake baseline assessments of whole organisations as well as individual directorates and departments.

These elements are underpinned by a system of developing prioritised action plans for measuring
compliance with relevant clinical processes, and then feeding them back to front line clinicians as quickly as possible.

Professionals also need to be made aware of the plethora of information available.

Using high impact interventions
The Saving Lives programme includes evidence based practice in infection control, or 'epic', guidelines, and five high impact interventions to encourage clinicians to reduce risk and improve care. These interventions are associated with:
- The risk of microbial contamination
- Central venous catheter care
- Urinary catheter care
- Preventing surgical site infection
- Care of ventilated patients or patients who have undergone tracheotomy.

Work is also underway on two further interventions relating to the reduction of risk of infection from *Clostridium difficile* and the use of peripheral lines.

In specific clinical interventions, such as inserting central lines, there are several evidence based elements that need to be performed consistently to achieve the best clinical outcomes. These are called the 'critical control points' and, for each clinical intervention make up 'a care bundle'. These are the basis of our high impact interventions (Box 1).

Bundles were first used in critical care for ventilated patients. Observations showed that compliance varied in the performance of its elements and that, although some of the elements were performed often, all of them were rarely performed consistently. It was also shown that, when staff focused their efforts on improving compliance and maintaining standards, infection rates dropped.

Fig. 1 shows the cycle required to ensure that best practice is achieved and maintained.

**High impact interventions**
High impact interventions are essentially 'behavioural change tools'. They help staff to measure compliance with best practice and help managers to determine the level of training and support that their staff require. In short, they enable staff and patients to see that best practice is being applied consistently.

The line chart in Fig. 2 shows how changes to behaviour that are devised locally to fit local conditions, along with rapid feedback to clinicians, can improve compliance and, ultimately, patient outcomes.

If managers think that they are doing everything they can to reduce infection, and have put in place the appropriate systems and processes to support good infection prevention and control, yet find that their infection rates have not fallen, they probably need to tackle issues of compliance.

But in addition to using the high impact interventions, managers also need to develop a culture of 'no avoidable infections', which requires them to consider for example all methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemias as 'adverse incidents' and use their trusts' risk management frameworks to investigate the causes.

In this context, root cause analysis can be a useful tool for determining the specific actions required to minimise future risks.
The role of nurse managers

All staff and professional groups have parts to play in improving reliability, safety and cleanliness, but nurse managers can play a key role in leading real improvements in this area.

They should become role models for promoting evidence based practice by ensuring that their practices are exemplary.

Nurse managers are responsible for the standard of nursing care delivered in their wards, departments or specialties, and for working with other professional groups to reinforce the standard of practice and care more generally.

Nurse managers should ensure that staff have objectives for infection control and should use appraisal systems for reinforcing their roles in this. They should also identify knowledge gaps and address these in all staff's personal development plans.

They also have a key role to play in ensuring that cleaners and housekeepers for example feel that they are part of their teams and understand the contribution they can make. Good performance management systems are important in achieving this, and responsibilities for good infection control should be included in cleaners' and housekeepers' job descriptions.

Saving Lives

Saving Lives is a practical tool that nurse managers can use when working with their infection control teams and medical colleagues to deliver sustainable improvements in infection prevention and control.

This tool integrates the recommendations from Winning Ways and can be used to demonstrate improvement to the Healthcare Commission, both for their annual health checks and for many elements that will be included in the planned code of practice for care.

Saving Lives incorporates nine key challenges (Box 2), which are the building blocks for delivering safe and reliable care. It also provides a 'balanced scorecard', which uses a traffic light metaphor to illustrate trusts' overall infection control activities according to the nine key challenges: red signifies priority areas, amber signifies areas to be reviewed and green signifies areas of compliance. The scorecard sets high standards while enabling managers to focus their efforts where they can make the biggest impact.

To determine which high impact interventions will yield the biggest improvement in infection rates, specifically those of MRSA, managers should talk to their infection control teams and look at the data their trusts have on infection rates. They will find that the trusts that have made the biggest reductions in MRSA infection have focused their efforts on the appropriate areas.

Generally, MRSA bacteraemias occur in central or peripheral lines and some wounds. Ensuring that hand hygiene and aseptic techniques are well understood and performed is crucial therefore to reducing HCAIs and ensuring that the right things are done to patients every time.

Demonstrating commitment to reducing HCAI rates has far reaching consequences including better clinical outcomes and patient experiences, fewer lost bed days, lower pharmacy costs and overall improvements in productivity.

Public confidence

Reducing HCAI rates is not simply about saving money or releasing bed days; it is about saving lives and the reputation of our health service, and a key part of my work with the MRSA and Cleaner Hospitals programme is about re-establishing public confidence in our hospitals as clean and safe places to be treated.

We cannot realise a sustained reduction in infection rates however unless managers and clinicians work together to ensure services are reliable, safe and clean. The Saving Lives programme gives nurse managers an opportunity to improve care for patients significantly.

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Reference