

INFECTION CONTROL ANNUAL WORK PLAN (2011–2012)

Report by Liz McClurg, Interim Infection Control Manager on behalf of Heidi May, Board Nurse Director & Executive Lead, Infection Control

The Board is asked to:

- **Note and Approve the Infection Control Work Plan 2011–2012.**

1 Background and Summary

In 2003 the Chief Medical Officer identified the prevention and control of Healthcare Associated Infection (HAI) as a high profile priority issue for NHS Scotland. This resulted in the development of the NHS Scotland Code of Practice for the Management of Hygiene and HAI. With effect from May 2004 all NHS Boards were instructed through SEHD/CMO (2004) 9 to implement the Code of Practice with immediate effect.

Section 7 of the Code of Practice - Compliance Management, requires Boards to develop an annual infection control and monitoring programme. This should include audit activity and seek to identify areas of deficiency. From the findings, a local Action Plan must be initiated.

2 The Annual Work Plan 2011 – 2012

The Objectives of the Infection Control Work (2011-11) are

1. To reduce Staphylococcus bacteraemias
2. To reduce Clostridium difficile infections
3. To comply with the standards for healthcare associated infection
4. To work with Public Health and Community staff to develop a strategy to promote the prevention of infection in the community
5. To work collaboratively with Health and Safety and Occupational health teams
6. To publish an HAI audit plan
7. To work together with Public Health and Occupational Health to improve staff uptake of seasonal flu vaccination
8. To embed infection prevention in the culture of the organisation by promoting the infection prevention code of conduct
9. To invest in the development of the Infection Prevention and Control team
10. To take time to horizon scan

Information in respect of each activity is contained in Appendix 1. A detailed RAG rated action plan will be submitted quarterly to the Control of Infection Committee and 6 monthly to the Board.

3 Contribution to Board Objectives

The Infection Control Annual Work Plan supports NHS Highland's achievement of the HEAT Target relating to infection control.

4 Governance Implications

By meeting the requirements of the Annual Work Plan, NHS Highland will continue to improve its performance in respect of Staff, Patient/Public Involvement and Clinical Governance Standards and fulfil, in part, the requirements of the Scottish Government Guidance.

5 Impact Assessment

As Infection Control policies are updated they will be impact assessed for equality and diversity.

Liz McClurg
Interim Infection Control Manager

27 May 2011

NHS Highland Infection Prevention and Control Work Plan 2011-2012

WHERE DO WE WANT TO BE?

NHS Highland would like to adopt a zero tolerance to avoidable health care acquired infections. It is essential when we look to the future to ensure we have structures and procedures in place that deliver a safe effective and patient-centred service.

The Board recognises that the prevention of infection results in 2010-11 were encouraging. The Board did, however, exceed the trajectory target of no more than 46 *Staphylococcus aureus* bacteraemias during 2010-11. It is clear that doing “more of the same” may sustain our results but will not produce further improvement. Within our work plan is a description of a desire to work differently, maximise the use of specialist infection control knowledge and skills and ensure that Infection Prevention is seen as everyone’s business. There is also a desire to work in close partnership with the Health Protection team; to work across care homes and to ensure our patients and families become partners in the plan to reduce avoidable HAI. We plan to work together with e-health to develop an attractive web space for NHS Highland Infection Prevention and Control Services and have been funded by SGHD to install an infection prevention data management system (ICNet).

The Infection Control HEAT targets are:

Staphylococcus bacteraemia

A rate of 0.26 cases per 1000 acute occupied bed days or lower, by year ending March 2013.

Clostridium difficile

A rate of 0.39 cases per 1000 acute occupied bed days or lower among patients age 65 and over by year ending March 2013.

Reduction in SAB bacteraemias

We have seen a significant reduction in MRSA bacteraemias over the past several years (this is mirrored nationally), however the number of MSSA bacteraemias have been slower to reduce.

- NHS Highland is ultimately working towards zero MRSA bacteraemias by 2012 and will set internal MSSA targets for Raigmore and each of the CHPs for 2011/12.

This will be achieved by improving practice around cannulation; Aseptic No touch Technique (ANTT), wound management and through the combined working of the Infection Prevention & Control Team, the Practice Development & Clinical Skills Teams and the clinical staff to review when and how blood cultures are taken. The Infection Prevention & Control Team is working on a project to reduce urinary catheter associated infections.

We will implement the revised national MRSA screening protocol. This is a mandatory requirement of the Scottish Government Health Directorate. It will facilitate early recognition and decrease the patient’s risk of developing an infection and also reduce the risk of other patients acquiring MRSA.

Again we have seen a significant reduction in Clostridium difficile infections over the past several years; however the revised national target requires NHS Highland to achieve further reductions.

Reduction in Clostridium Difficile

We have seen a significant reduction in Clostridium difficile over the past several years (this is mirrored nationally); however we wish to continue to make further reductions.

This will be achieved by:

1. Increasing the compliance with antibiotic prescribing targets
2. Sustaining hand hygiene compliance.
3. Ensuring our buildings comply with infection control requirements, including the provision of single room facilities
4. Enhancing cleaning standards throughout NHS Highland.

Compliance with the Standards for healthcare associated infection (HAI)

We will work with staff throughout NHS Highland to ensure compliance with the standards and, following HEI inspections, support staff to action any resulting requirements/recommendations.

Community Infection Control Strategy

We will work with Public Health and Community staff to develop and deliver a strategy to promote the prevention of infection in the community ensuring the impact of Planning for Integration, Shifting the Balance of Care, and childhood immunisation on infection control and prevention resources is clearly understood.

Collaborative working

The Infection Prevention and Control Team work with a wide range of different professionals, agencies and voluntary sector staff. We will work closely with the Health & Safety and Occupational Health teams to develop, promote and action the Safe Sharps policy throughout NHS Highland and to reduce dermatitis in staff.

Measuring Incidence of HCAI

The key to improvement is to know what you want to achieve and to feed back the successes. This year all ward areas will know their infection prevention data and will publish this data visibly on the ward with a statement of what it means for them. In addition we will participate in the national point prevalence survey of HAI in September. We will publish an HAI audit plan that will be owned and delivered by the operational units. We will continue to collect and share SSI data with the surgical teams to reduce SSI to zero.

Protecting our staff and patients

We plan to work together with Public Health and Occupational Health to set targets for the uptake of seasonal flu vaccination with staff in NHS Highland.

Embedding Infection Prevention in the Culture of the Organisation

Hospitals in England have used social marketing campaigns to embed Infection Prevention in the culture of the organisation e.g. “Don’t be Dopey lets get soapy”, “Germs wash your hands of them”. We would like to investigate the use of social marketing within NHS to encourage increased compliance with incentives to reduce HAI. We will promote a Code of Conduct for all staff in relation to preventing infection.

Supporting our team to be the best they can be

We have a strong history of recruiting and retaining excellent infection prevention nurses. We will ensure this is maintained by continuing to invest in the development of the team. We are developing roles as facilitators and coaches and also are planning to deliver sessions on how to be an effective teacher.

Horizon Scanning

We will ensure we build time for review and reflection of all the laboratory data to ensure we do not miss any AMR organisms. We will continue to participate in the lab Ecross reporting system to Health Protection Scotland.

Monitoring of progress

A detailed RAG rated Action Plan will be submitted quarterly to the Control of Infection Committee and 6-monthly to the NHS Highland Board - see attached.

Liz McClurg
Interim Infection Control Manager

May 2011

INFECTION PREVENTION ANNUAL WORK PLAN 2011-2012

<i>Objective</i>	<i>Description</i>	<i>Timescale</i>	<i>Lead Officer</i>	<i>RAG</i>
1. To reduce Staphylococcus bacteraemias	1.1 Agree internal targets for the CHPs/Raigmore	May 2011	Emma Watson, Infection Prevention Doctor/Liz McClurg, Infection Control Manager	
	1.2 Improve practice around cannulation	Ongoing	Infection Prevention & Control/Practice Development/Clinical Skills Teams	
	1.3 Improve practice around Aseptic No-Touch Technique	Ongoing	Aseptic Technique Project Team Leads	
	1.4 Review how & when blood cultures are taken	December 2011	Practice Development/Clinical skills teams/Clinical staff	
	1.5 Introduce the vaccutainer system for taking blood cultures	December 2011	Infection Prevention & Control/Practice Development/Clinical Skills Teams	
	1.6 Continue work on the reduction of urinary catheter associated infections	Ongoing	Infection Prevention & Control Team	
	1.7 Implement MRSA Screening requirements	September 2011	MRSA Screening Implementation Manager	
	1.8 Implement the revised NHS Highland wound formulary with compliance rates > 80%	March 2012	Tissue Viability Nurse Specialist/ Infection Prevention & Control team	
	Achieve a reduction in the number of pressure ulcers	March 2012	Tissue Viability Nurse Specialist/ Infection Prevention & Control team	

Objective	Description	Timescale	Lead Officer	RAG
2. Reduction in Clostridium difficile	2.1 Agree internal targets for the CHPs/Raigmore	May 2011	Emma Watson, Infection Prevention Doctor/Liz McClurg, Infection Control Manager	
	2.2 Increase the compliance with the antimicrobial prescribing targets	March 2012	Antimicrobial Management team	
	2.3 Achieve >95% compliance with hand hygiene	December 2011	Infection Prevention & Control team/Lead Nurses	
	2.4 Reduce Dermatitis - Develop and implement a Safe Sharps policy	August 2011	Health & Safety/Occupational Health/Infection Prevention & Control team	
	2.5 Maximise side rooms to facilitate the reduction in HAI	Ongoing	CHPs/Raigmore Senior Management	
	2.6 Review the level of cleaning throughout NHS Highland	March 2012	Domestic Services Managers	
	2.7 Pilot the use of Actichlor Plus in Theatres and Renal unit at Raigmore	October 2011	Infection Prevention & Control team/Theatre/Renal Domestic/Nursing Staff	
3. Fulfil HEI post inspection Requirements & Recommendations to ensure compliance with HAI Standards.	3.2 Put system in place to ensure all HAI policies are up to date and staff have access	September 2011	Senior Infection Prevention & Control Nurse	
	3.3 Ensure that all staff groups implement all standard infection control precautions	July 2011	Infection Prevention & Control Team/SCNs/AHPs/Service Managers	
	3.4 Understand the implications of compliance with sink to bed ratios.	July 2011	Head of Facilities	

Objective	Description	Timescale	Lead Officer	RAG
	3.5 Develop and implement an effective strategy for the dissemination of HAI information.	June 2011	Infection Control Manager/Infection Prevention & Control team/ CHP/Raigmore Senior Managers/ SCNs/Team Leaders	
	3.5 Implement a standard audit system for the regular and routine audit of mattresses in all wards and departments	June 2011	Infection Control Manager/Infection Prevention & Control team/CHP/ Raigmore Senior Managers/SCNs/ Team Leaders	
	3.6 Ensure that corporate cleaning schedules for equipment and the patient environment are implemented in all wards and departments throughout Highland	June 2011	Infection Control Manager/Infection Prevention & Control team/CHP/ Raigmore Senior Managers/SCNs/ Team Leaders/Service Managers	
4. Develop and deliver a strategy to promote the prevention of infection in the community	4.1 Scope the impact of “Planning for Integration”	March 2012	Lead Nurses/Public Health /Community Teams/Infection Prevention & Control Team	
5. Work collaboratively SPSP/Leading Better Care to develop the HAI audit plan	5.1 Infection Prevention & Control Team to liaise with SPSP/Leading Better Care to develop one audit plan	June 2011	Infection Prevention & Control Team/ SPSP/Leading Better Care team	
	5.2 Support the roll-out of the plan to all operational units	Ongoing from July2011	Infection Prevention & Control Team/ SPSP/Leading Better Care team	

Objective	Description	Timescale	Lead Officer	RAG
6. Education	6.1 Promote the roll-out of the Policy for Staff Core Competencies in the Prevention and Control of infection	Ongoing	Infection Prevention & Control Team/Lead Nurses/Lead AHPs/Service Managers/SCNs	
	6.2 Identify key performance indicators in respect of the infection prevention education/training programmes	August 2011	Senior Infection Prevention & Control Nurse	
	6.3 Develop infection prevention and control courses electronically and deliver through Learnpro.	December 2011	Infection Prevention & Control Team	
	6.4 Deliver need specific training packages for staff groups.	December 2011	Infection Prevention & Control Team	
7. Improve uptake of Seasonal Flu vaccination	7.1. Set targets for uptake of seasonal flu vaccination with staff in NHS Highland	September 2011	Infection Prevention & Control Team/ Public Health/Occupational Health	
	7.2 Explore the use of social marketing within NHS Highland	December 2011	Infection Prevention & Control Team	
8. Invest in the development of the Infection Prevention & Control Team	8.1 Use improvement methodologies.	Ongoing	Senior Infection Prevention & Control Nurse	
	8.2 Develop Infection Prevention & Control Team roles as facilitators and coaches and effective teachers.	Ongoing	Infection Prevention & Control Team	

Objective	Description	Timescale	Lead Officer	RAG
9. Decontamination Endoscopy	9.1 Support and monitor progress of interim and long term solutions for endoscopy decontamination	Ongoing	Infection Control Manager/ Decontamination Manager	
10. Horizon scanning	10.1 Review and reflect on all the laboratory data to ensure any anti microbial organisms are not missed.	Ongoing	Infection Prevention & Control Team	
	10.2 Install ICNet.	December 2011	IT Project Management team/Infection Prevention & Control team	