

Reducing Health Care Associated Infections

Ginny Edwards

The Target

- 2003/2004 peak year cases 7700 p/a
- John Reid 2004 cut MRSA Bacteraemia by 50% by April 2008 -
- January 2007 leak said a third more likely
- Reducing *c.difficile* added

Priority programme

- Prime Ministerial priority
- Cross department priority: CNO, CMO
- NHS Operating Framework
 - 18 weeks; financial health and reducing MRSA+
- Key issue for patients, public, media..
- Programme objectives
 - To halve MRSA bsi from 2004 baseline
 - To increase public confidence in hospitals as clean and safe

How does it all fit together?

Implement best
practice
eg Saving Lives

Raise the profile
eg
With NHS managers

Targeted support for
NHS organisations
eg
Improvement Teams,
PIN

Performance
management
of
organisations

Reducing HCAI – what matters?

- Clinical and managerial Leadership at every level
- Individual accountability and ownership
- Focus on data used to drive improvement
- Importance of good antibiotic prescribing policies
- Importance of screening and decolonisation
- A culture of zero tolerance
- Learning from RCA used to improve practice
- Highly reliable clinical practice – right every time...

HCAI

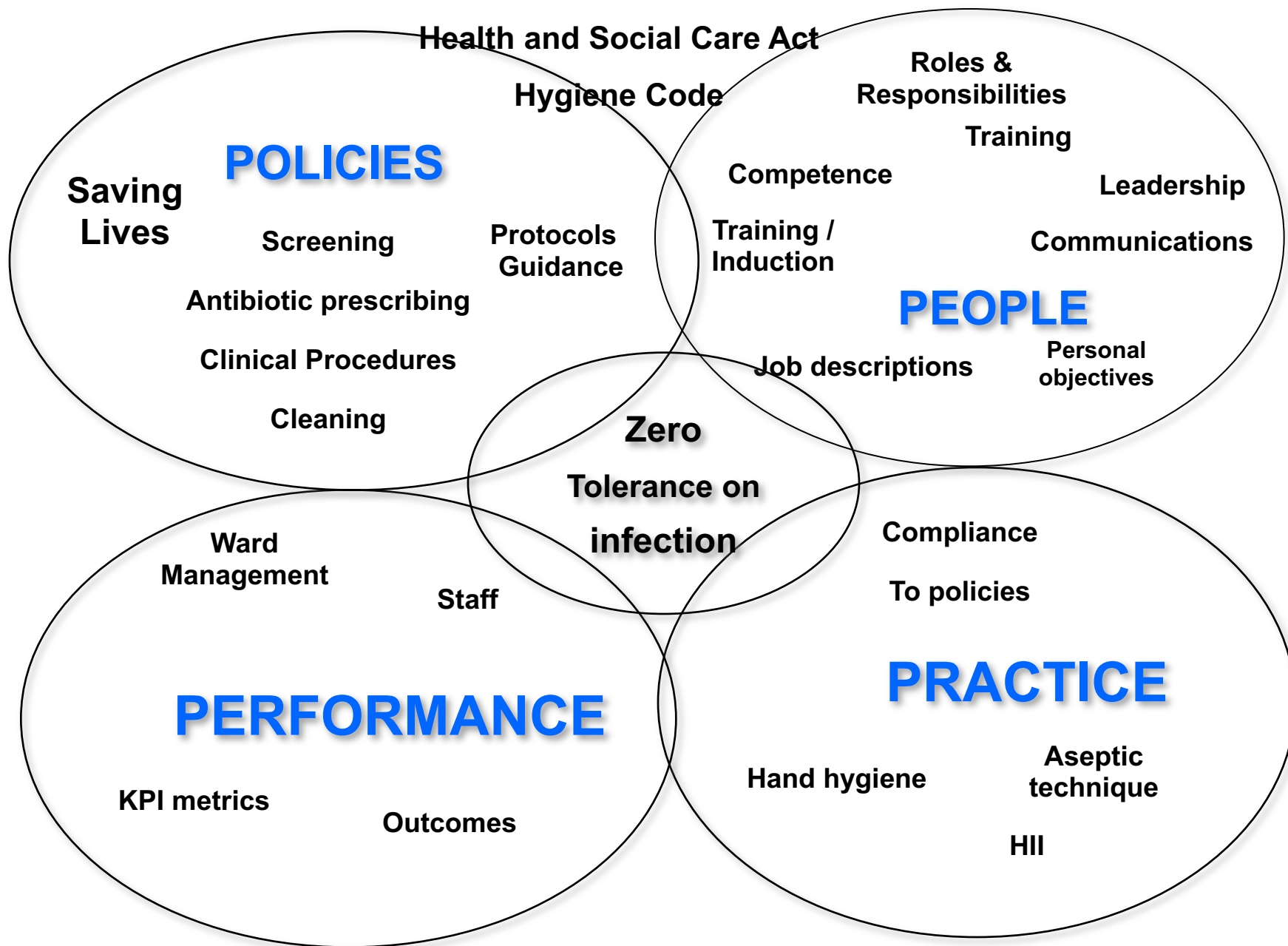
Compliance essential to:—

- Hand Hygiene
- Cleaning
- Antimicrobial prescribing
- Isolation

Clinical practice

- Real reductions will not be achieved unless staff do the right things every time
- Often mismatch between intention and action!
- Having done the training does not assure competence
- Staff “too embarrassed” to ask questions about something so basic!!
- Often elements of practice carried out but rarely all

The 4 Ps of HCAI Improvement



What have we found?



People

Leadership
Roles and responsibilities
Training

Practice

HIIS, RCA
Hand hygiene
Screening
Antibiotics

Performance

Use of data
Performance Framework
Reporting

Process

Bed management
Policies
Feedback

Cultural change needed...

4 Bs

- Belief
- Behaviour
- Be sure
- Be helpful

What have we achieved

- 2004/2005 7212 MRSA bacteraemia
- 2015/2016 823 MRSA bacteraemia
- 2018/2019 805 MRSA bacteraemia
- 89.5% reduction from 2003/2004 base line

So things to think about

- Hypothesis – MSSA would come down – did not
- Understand what works – evidence
- Fresh pair of eyes and be supportive
- Sustainable behaviour change
- Required system compliance
- Out of hospital difficult
- Understand what and where else applicable