Involving service users in infection control practice

In this article...

- Setting up a scheme to involve service users in infection prevention and control
- Encouraging service user engagement
- Benefits of involving service users

BOX 1. WAYS TO INVOLVE SERVICE USERS

- Patient information and policy/pathway development
- After training, auditing and feeding back on ward practices such as hand hygiene, and cleanliness of environment and patient equipment
- Helping develop a checklist for unannounced spot-checks to help quality control/assurance of the main audit programme
- Helping with the trust's National Patient Safety Agency Cleanyourhands campaign
- Participating in the Task and Finish Group for reviewing decontamination of patient care equipment, such as beds and mattresses, across the trust
- Representing the trust on various other committees/groups such as policy development, decontamination, nutrition group, health and safety
- Regularly contributing to the trust's magazine for service users

In recent years, there has been an increasing national focus on health-care associated infections and cleanliness (Department of Health, 2008a, 2006). Since April 2009, all NHS trusts must legally be registered with the Care Quality Commission. This involves trusts demonstrating compliance with The Health and Social Care Act 2008: Code of Practice for the Prevention and Control of Healthcare Associated Infections (DH, 2008b). Criteria include providing effective management systems and processes to ensure patients are cared for in a clean, safe environment and that the risk of HCAIs to patients, staff and visitors is reduced.

Much of the focus on HCAIs used to be on acute trusts. However, patients in mental health or learning disabilities facilities often have more underlying physical health problems than the general population; this leads to their being treated in acute healthcare facilities, which predispose them to risk factors for HCAIs (Bruffaererts et al, 2004).

Although there is little literature available on the prevalence of HCAIs in mental health settings, MRSA, C. difficile and outbreaks of Norovirus or influenza can occur (Hughes, 2010). Patients with serious mental illness or learning disabilities can also pose challenges in complying with infection prevention and control measures (Box 2), so this aspect of care is as important in this area as in an acute setting (Leggett and Williams, 2000).

Over the past decade there has been a wealth of policy directives and reforms identifying the need to ensure adequate service user involvement in service delivery and provision, particularly in mental health (DH, 2003, 2001, 2000). Although there are excellent examples of such engagement, the extent of it remains varied. Reasons for this include lack of information on what involvement actually entails for service users and staff, the potential cost for the organisation and service users, and the time it takes to ensure effective engagement.

Many trusts engage service users in infection prevention and control, but the extent of that involvement in mental health or learning disability settings is largely unknown. Such involvement is vital as it can help us understand how to address the many challenges faced in managing the HCAI agenda in such settings.
5 key points

1. There is an increasing national focus on healthcare-associated infections and cleanliness.

2. Infection prevention and control is important in all settings.

3. Patients in mental health facilities often have more underlying physical health problems than the general population, making them predisposed to risk factors for HCAs.

4. Service users should receive support and training so they feel able to contribute effectively.

5. Service users should be treated as equal partners in preventing and controlling HCAs.

Setting up the programme

Examples of service user engagement are given in Box 1. After working with volunteers at another trust (Hughes and Owen, 2006) and having an understanding of the benefits of service user involvement in infection prevention and control, Julie Hughes, a nurse consultant in infection control, was inspired to develop a similar initiative when she moved to a mental health trust.

In 2009, after a presentation at the Joint Service User and Carer Involvement Forum, she asked for volunteers to get involved. Several agreed and briefing sessions were held to familiarise them with their role as service user representatives and the infection prevention and control agenda. They were invited to attend the trust induction programme. Initial representation and engagement included two members attending the infection prevention and control committee and the infection prevention and control link practitioner group meetings. At these meetings, service user involvement became a standing agenda item to enable feedback and issues identified to be raised.

Service users were encouraged to contribute to educational sessions to find out what was being taught to health professionals. After initial support they fed back audit results and raised any issues identified at the Joint Service User and Carer Involvement Forum. Previously the role of the nurse consultant, this gave users the chance to share their thoughts directly with the trust chief executive and board chairman.

Ensuring effective engagement

To encourage involvement it is vital to brief representatives thoroughly and have enough support and training so they feel able to contribute. Any willing service users should have the chance to get involved. It is also crucial to treat representatives as equal partners.

Outcomes

Representatives learnt quickly and their contribution has been invaluable, helping to effect changes such as supporting a business case for improved facilities like more en-suite isolation rooms. They helped ensure service user audits are welcome on the ward and have given an insight into the complexities of infection prevention and control in a mental health setting.

It is hard to measure a reduction in HCAs as a result of the scheme because outcome measures as rates overall remain low, but a vast improvement has been seen in practice compliance across the organisation. Hand-hygiene compliance and environmental audit scores have improved in all areas; patient satisfaction surveys have also showed increased cleanliness scores. This is not a result of the initiative alone, but it has played a significant part.

Feedback from service users

Service users have found the initiative beneficial. One stated:

“It’s reassuring to be able to walk round the wards and see for myself that steps are being taken to reduce the risk of infection. Taking part in the Cleanyourhands campaign gave me a real sense of achievement.”

At a service user involvement conference, attendees gave emotive speeches about the confidence-boosting benefits of the work they had done. Some had even given the confidence to consider a return to paid work. Winning the Nursing Times 2010 Infection Prevention and Control Award also helped them realise their invaluable contribution was recognised.

Future plans

Due to the growing involvement of service users in infection prevention and control and the initiative’s success, more people are getting involved. Representatives are involved in training new volunteers, and there are plans to engage the art and therapy group to help design new posters – for example on hand hygiene – that are more appropriate for mental health settings. Service users have also contributed to developing a postgraduate programme in infection prevention and control and will be delivering sessions about their role. They have also been asked to help write articles about the scheme for magazines and journals, and to speak at various conferences.

Conclusion

Engaging service users can help health professionals to understand their views on infection control. It also raises awareness about these issues and helps improve services for patients. In addition, CQC outcome measures are now more focused on patient outcomes than processes, so service user involvement helps organisations deliver key national targets.

References


