We introduced Saving Lives in two phases – phase 1 in June 2008 and phase 2 in September 2008. Phase 1 focused on three HIIs:
- Intravenous line care (peripheral and central);
- Urinary catheter care;
- Asepsis.
Phase 2 focused on the remaining HIIs. This article describes the implementation of phase 1.

DEVELOPING THE PROGRAMME

The director of nursing and patient services had overall responsibility to deliver the Saving Lives programme. A multiprofessional trust steering group was formed to take the lead on the overall progress and implementation of phase 1. Members included:
- Director of infection prevention and control;
- Members of the senior nursing team;
- Senior members of the infection control team;
- Assistant director of quality;
- Antimicrobial pharmacist;
- Practice improvement facilitators;
- Hotel services.
Funding was secured from the strategic health authority to appoint a dedicated clinical practice team in April 2008 for a period of 12 months. This consisted of five practice improvement facilitators to assist with the implementation of the programme. All were nurses from various clinical backgrounds covering both paediatric and adult areas.

Subgroups of the steering group were formed for each HII. They undertook an initial analysis to determine existing standards and policies, education and training, and clinical practice. The subgroups were led by a senior nurse and a medical consultant from different clinical areas.

The nursing and patient services department and the clinical governance and audit department developed an audit pro forma that included an accreditation scheme that would measure compliance with the Saving Lives programme. This was known as the ward accreditation scheme.

INITIATIVES LAUNCHED IN PHASE 1

Phase 1 of Saving Lives has resulted in a number of new initiatives across the trust.

Standards and policies

New standardised insertion and ongoing care documentation in the form of stickers were developed for peripheral, central line cannulas and urinary catheters. These were designed with assistance from our supplies department. The stickers are peeled off a roll and stuck onto patient documentation. Peripheral cannula stickers are placed in a patient’s drug chart and a central line and urinary catheter insertion sticker placed in the patient’s medical and nursing notes (Fig 1). New policies and guidelines for these clinical procedures were developed to include attaching the stickers.

Peripheral cannulas are inspected as part of the drug round and CVCs and catheters are checked when a patient’s systemic observations are recorded.

The facilitators worked closely with all clinical staff at the ward and department level to ensure that documentation was used and clinical practice conformed to new policies and standards.

Education and training

When phase 1 was launched, 2,500 clinical staff attended a session informing them about Saving Lives and the trust’s response to it.