Maintaining enthusiasm is crucial in the drive to prevent HCAIs

Outcome-focused action plans, measuring compliance and sustained enthusiasm are the keys to tackling healthcare-associated infection, argues Janice Stevens

Over the last four years I have seen trusts, their leaders and frontline nurses move from a starting point in 2005 – that reducing MRSA bacteraemias by 50% was impossible – to an absolute belief that not only is it possible but also that one avoidable infection is too many; a zero tolerance to infection.

I know of a number of trusts where the days, hours and minutes between MRSA bacteraemias is posted continuously on their intranets. This amazing transformation cannot be attributed to any single thing; rather, it comes from a package of measures delivered with real focus and enthusiasm, day in, day out.

But a number of activities and features stand out as being crucial to success.

First, organisations, divisions and wards need to have action plans that are outcome-focused, ambitious in timescale and include a clearly identified lead for each activity.

I have reviewed many action plans of variable quality during our reviews. One thing that continually surprises me is that plans will often have an action within them to update a particular policy.

Organisations that make and sustain significant reductions in healthcare-associated infections recognise that just updating a policy is not going to result in improvement. What is needed is further action which includes ensuring the policy is communicated, that staff have the skills to do what the policy requires and – most crucially – having a method of measuring compliance with the policy such as using the Saving Lives high-impact interventions.

Second, having an effective method of measuring compliance with best practice for procedures that carry the risk of infection is essential. They enable trusts to measure compliance with each critical element of a procedure with the goal that all elements are performed correctly every time.

Using these will enable trusts to know where to focus improvement effort and where staff may need additional training or support. When bacteraemias do occur, it is important also to use effective root cause analysis, learn from this and take corrective action to prevent future occurrence.

Third, the journey towards zero tolerance requires relentless commitment, focused energy and sustained enthusiasm. It needs leaders from board to ward to voice their commitment; to make clear that it is a priority for the trust, division and ward; then to show through their actions that they mean what they say.

A successful method of maintaining the enthusiasm that has resulted in this widespread change across the NHS has been the adoption and continuation of our Performance Improvement Network meetings. These national peer-learning events have been rolled out at local, trust-based levels. They have ensured that NHS staff are learning what success looks like from organisations that have often faced similar challenges.

Whatever action nurses and their organisations are taking will require new and creative ways to maintain the energy and focus to reduce infection. Fundamentally, patients deserve clean, safe care.

‘Measuring compliance with best practice for procedures that carry a high risk of infection is essential’

To find out how Saving Lives high-impact interventions reduce risk by standardising practice, see Changing Practice, p14. For more information about Saving Lives see www.clean-safe-care.nhs.uk

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