

Ward Accreditation Scheme More Than Saving Lives

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The Newcastle upon Tyne NHS Foundation Trust

BACCN Conference 2009

An International Perspective Cementing Alliances & Forging Success

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NuTH NHS Foundation Trust

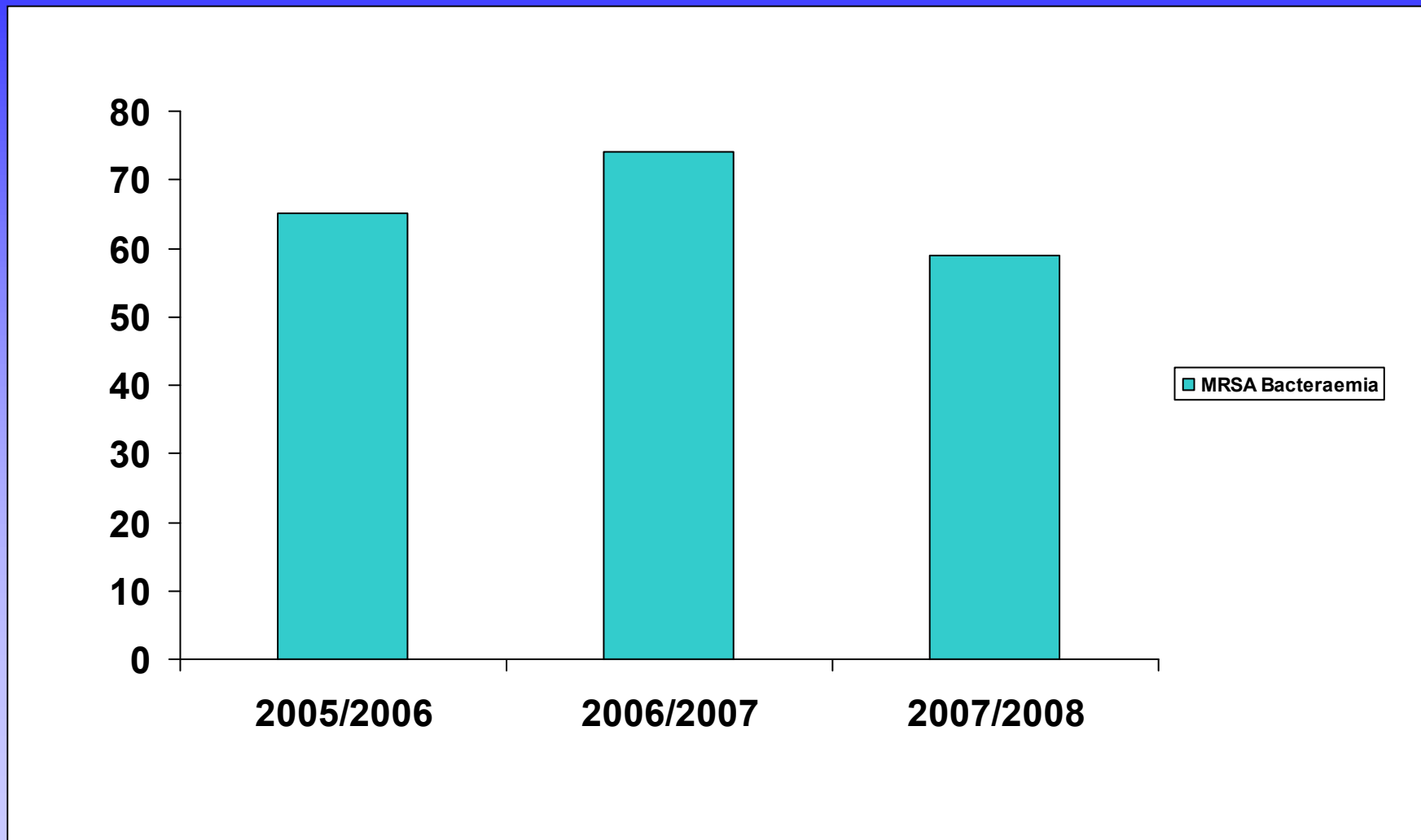
- One of the largest FTs
- Three major sites
- More than 1,600 beds
- 22 Clinical Directorates
 - >100 wards
 - 9 critical care areas
- Wide range of specialities



Introduction

- Infection Control Policies
- Audits being performed
- Pockets of excellence
- Areas of weakness
- Inconsistency in practice
- Intuitive but not confident
- Capture significant audit data
- Gain Control

MRSA Bacteraemia



RCA Data 2007/2008

Risk Factors:

- 40.6% $1 \geq$ IV cannulae
- 32.2% had a urinary catheter
- 21.7% peripheral cannulae
- 43.4% open or unhealed wounds or skin lesion
- 64.4% complex medical conditions or significant co-morbidity (immune compromise)

RCA Data

- 59 bacteraemia 2007/2008
- 21% in critical care departments
- High risk areas
 - Many Critical Care departments
 - Patients are sicker
 - More susceptible to infections
 - More medical/invasive devices used (IVI, UC, PC, ETT)

Prioritising Infection Control

- Patient Safety
- Top Priority
- Drive in Infection Control
- Saving Lives Programme
- Ward Accreditation Scheme
- Cohesive internal reporting systems

Accreditation Tool

- Explored other organisations
- Identified indicators to measure
- Outlined specific standards
 - Environment
 - Cleanliness
 - Clinical Practice
- Creation of the Tool

Accreditation Tool (2)

- Evidence-Based guidelines
 - Internal Bacteraemia RCA data
- Twelve sections
- All wards and critical care departments
- Self reporting system
- Monthly return of data
- Traffic Light scoring system
- Monthly Board and Directorate reports

Twelve Sections

| Section | Title of Section |
|---------------------|--------------------------------------|
| Interview Questions | Staff Questions |
| 1 | The Environment |
| 2 | Decontamination and Waste Management |
| 3 | Infection Control Practice |
| 4 | Source Isolation Practice |
| 5 | Management of Surgical Patients |
| 6 | Aseptic Technique |
| 7 | Urinary Catheters |
| 8 | Taking Bloods |
| 9 | Peripheral Cannulas |
| 10 | Central Lines |
| 11 | Renal Dialysis Catheters |
| 12 | Ventilators |
| Totals | Overall Scores |

Central Lines Section

| Central Line Catheters (DH Care Bundle) | | Responsibility |
|---|--|----------------|
| 200.0 | Insertion site is - Subclavian or interjugular (unless clinically contraindicated) | Clinical |
| 201.0 | If inserted on current ward, insertion details relating to the insertion of the catheter have been documented | Clinical |
| 202.0 | Regular inspections of the catheter are undertaken and documented – minimal daily | Clinical |
| 203.0 | A single lumen catheter is used unless multiple ports are essential for the management of the patient | Clinical |
| 204.0 | A single lumen catheter or a dedicated lumen of a multi-lumen catheter is used for total parenteral nutrition | Clinical |
| 205.0 | Lines are labelled with a date or a suitable documentation system is in place to establish duration of use * | Clinical |
| 206.0 | Lines are labelled in accordance with Trust guidelines for labelling invasive lines* | Clinical |
| 207.0 | The catheter site is clean and dry | Clinical |
| 208.0 | The catheter site is dressed with a transparent dressing or sterile gauze | Clinical |
| 209.0 | Catheter port is routinely cleaned with alcoholic chlorhexidine (preferably 2%) in 70% isopropyl alcohol (or aqueous chlorhexidine if alcohol is contraindicated) prior to accessing the line for administering fluids or injections | Clinical |
| 210.0 | Administration sets for the patient are changed and labelled | |
| 210.1 | Immediately following administration of blood, blood products | Clinical |
| 210.2 | Following total parenteral nutrition – no longer than 24 hours if contains lipids | Clinical |
| 210.3 | Following total parenteral nutrition – no longer than 72 hours if no lipids | Clinical |
| 210.4 | With all other fluid sets – no longer than 72 hours | Clinical |

* Labelling of Long Term/Permanent Catheters may not be necessary

Ventilators

| Are there any ventilated patients on the ward? 1=Yes 0 = No | | |
|---|---|----------------|
| Ventilators (DH, Care Bundle) | | Responsibility |
| (Response: X=N/A, 1=Yes, 0=No) | | |
| 289.0 | Inspired gases are humidified | Clinical |
| 290.0 | Humidifiers are managed according to manufacturer's instructions and local policy; in relation to the following: | |
| 290.1 | Correctly assembled | Clinical |
| 290.2 | Temperature control | Clinical |
| 290.3 | Correct fluid | Clinical |
| 291.0 | Ventilator equipment is visibly clean | Clinical |
| 292.0 | Ventilator is protected by filters | Clinical |
| 293.0 | The ventilator tubing is free from excess condensation/fluid | Clinical |
| 294.0 | Staff routinely wear gloves and decontaminate hands before and after suction procedure | Clinical |
| 294.1 | Staff routinely wear goggles if open suctioning/or suctioning an infected patient | Clinical |
| 295.0 | Routine oral hygiene is documented (minimal 4 hourly) | Clinical |
| 296.0 | The head of the bed is elevated to 30° - 45° unless clinically contraindicated | Clinical |
| 297.0 | Sedation holding takes place on a daily basis unless clinically contraindicated | Clinical |
| 298.0 | Patient is receiving deep vein thrombosis prophylaxis unless clinically contradicted | Clinical |
| 299.0 | Patient is receiving gastric ulcer prophylaxis unless clinically contradicted | Clinical |
| 300.0 | If patient/s have been ventilated for more than 7 days does documentary evidence exist of tubing changes every 7 days or less | Clinical |

Scoring System

| |
|-----------------------|
| 100% compliance |
| 80% to 99% compliance |
| < 80% compliance |

Challenges

- Communication throughout the Trust
- Pilot scheme
- New target to meet
- Implementation
 - Computer skills
 - Concerns if departments were underperforming
- Support

Monthly Directorate Report

Baseline Assessment Directorate A

| | The Environment | Decontamination & Waste Management | Infection Control Practice | Source Isolation Practice | Management of Surgical Patients | Aseptic Technique | Urinary Catheters | Taking Blood | Peripheral Cannulas | Central Lines | Renal Dialysis Catheters | Ventilators | Average |
|--------------|-----------------|------------------------------------|----------------------------|---------------------------|---------------------------------|-------------------|-------------------|--------------|---------------------|---------------|--------------------------|-------------|---------|
| April Totals | 67% | 97% | 91% | 97% | NA | 75% | 84% | 96% | 69% | NA | NA | NA | 88% |

Baseline Assessment Directorate B

| | The Environment | Decontamination & Waste Management | Infection Control Practice | Source Isolation Practice | Management of Surgical Patients | Aseptic Technique | Urinary Catheters | Taking Blood | Peripheral Cannulas | Central Lines | Renal Dialysis Catheters | Ventilators | Average |
|--------------|-----------------|------------------------------------|----------------------------|---------------------------|---------------------------------|-------------------|-------------------|--------------|---------------------|---------------|--------------------------|-------------|---------|
| April Totals | 81% | 66% | 80% | NA | 100% | 58% | 73% | 100% | 76% | 100% | NA | 80% | 81% |

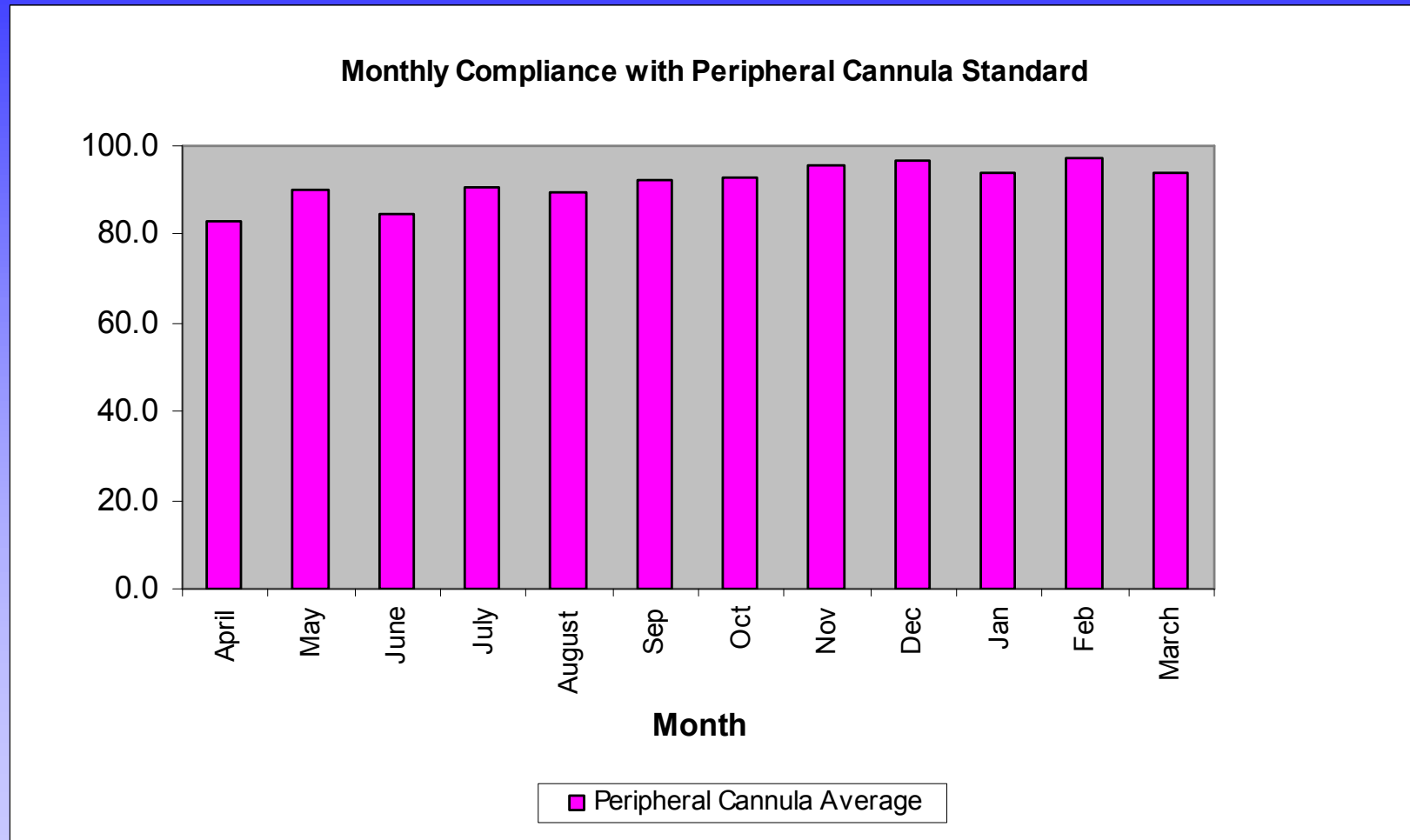
Directorate A Report

| | The Environment | Decontamination & Waste Management | Infection Control Practice | Source Isolation Practice | Management of Surgical Patients | Aseptic Technique | Urinary catheters | Taking Blood | Peripheral Cannulas | Central Lines | Renal Dialysis Catheters | Ventilators | Average |
|--------------|-----------------|------------------------------------|----------------------------|---------------------------|---------------------------------|-------------------|-------------------|--------------|---------------------|---------------|--------------------------|-------------|---------|
| April Totals | 67% | 97% | 91% | 97% | NA | 67% | 100% | 95% | 88% | NA | NA | NA | 88% |
| May Totals | 100% | 71% | 91% | NA | NA | 58% | 82% | 100% | 100% | NA | NA | NA | 86% |
| June Totals | 100% | 97% | 98% | NA | NA | 82% | 93% | 100% | 91% | NA | NA | NA | 94% |
| July Totals | 100% | 100% | 95% | NA | NA | 100% | 100% | 100% | 89% | NA | NA | NA | 98% |
| Aug Totals | 100% | 100% | 98% | NA | NA | 91% | 100% | 100% | 88% | NA | NA | NA | 97% |
| Sept Totals | 88% | 100% | 100% | NA | NA | 73% | 100% | 100% | 100% | NA | NA | NA | 94% |
| Oct Totals | 100% | 100% | 93% | NA | NA | 100% | 100% | 100% | 94% | 100% | NA | NA | 98% |
| Nove Totals | 100% | 100% | 100% | NA | NA | 100% | 100% | 100% | 100% | NA | NA | NA | 100% |
| Dece Totals | 100% | 100% | 100% | 100% | NA | 100% | 100% | 100% | 100% | NA | NA | NA | 100% |
| Jan Totals | 100% | 100% | 100% | 100% | NA | 100% | 100% | 100% | 100% | NA | NA | NA | 100% |
| Feb Totals | 100% | 100% | 100% | 100% | NA | 100% | 100% | NA | 100% | NA | NA | NA | 100% |
| March Totals | 100% | 100% | 100% | NA | NA | 100% | 100% | 100% | 100% | NA | NA | NA | 100% |

Directorate B Report

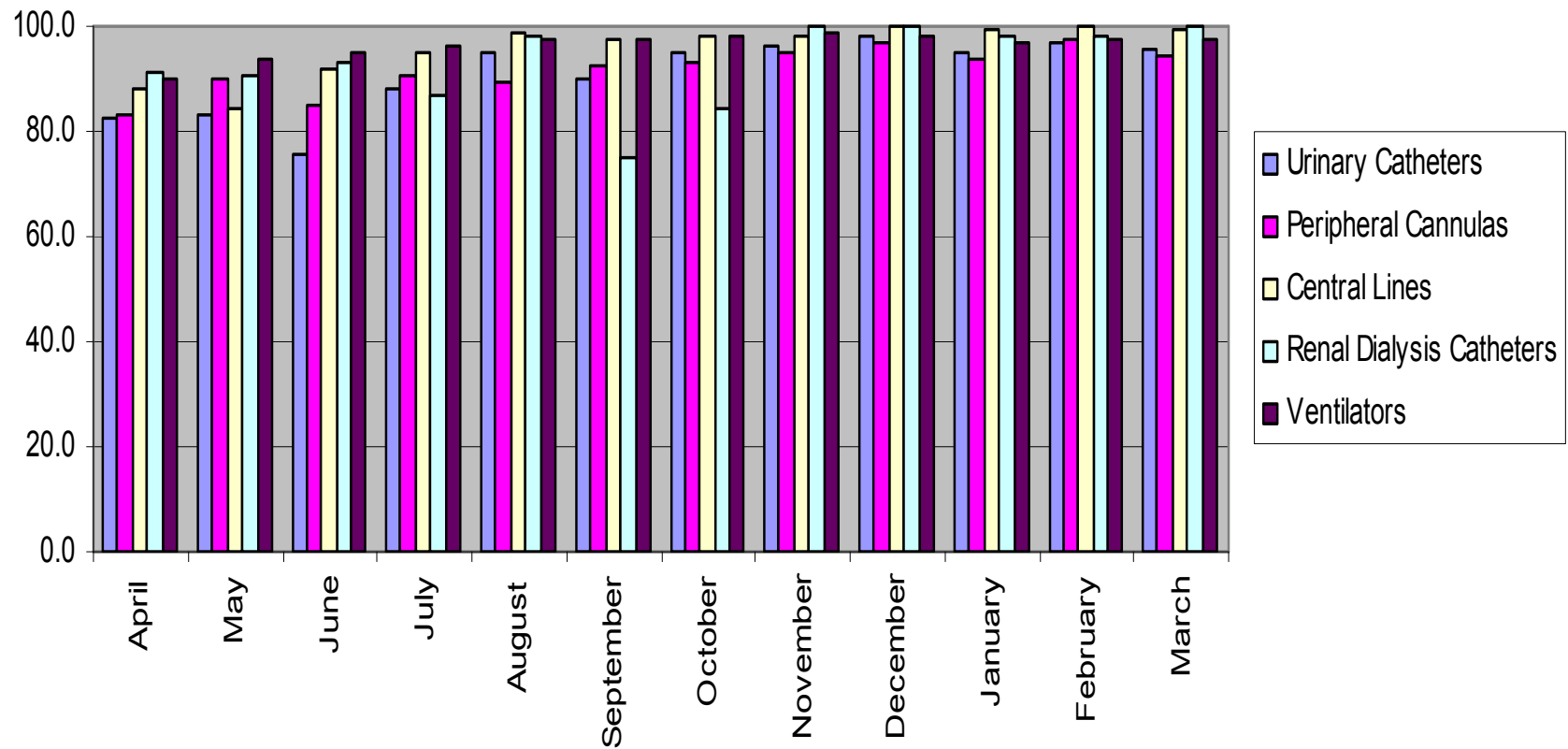
| | The Environment | Decontamination & Waste Management | Infection Control Practice | Source Isolation Practice | Management of Surgical Patients | Aseptic Technique | Urinary catheters | Taking Blood | Peripheral Cannulas | Central Lines | Renal Dialysis Catheters | Ventilators | Average |
|--------------|-----------------|------------------------------------|----------------------------|---------------------------|---------------------------------|-------------------|-------------------|--------------|---------------------|---------------|--------------------------|-------------|---------|
| April Totals | 81% | 66% | 80% | NA | 100% | 58% | 73% | 100% | 76% | 100% | NA | 80% | 81% |
| May Totals | 85% | 97% | 79% | 97% | NA | 58% | 82% | 100% | 50% | 82% | 82% | 100% | 83% |
| June Totals | 100% | 94% | 93% | 97% | NA | 21% | 53% | 100% | 83% | NA | 87% | 93% | 82% |
| July Totals | 96% | 100% | 95% | NA | 100% | 91% | 100% | 100% | 100% | 91% | 50% | 87% | 92% |
| Aug Totals | 92% | 97% | 90% | 100% | NA | 91% | 93% | 100% | 73% | 100% | 100% | 100% | 94% |
| Sept Totals | 100% | 100% | 100% | NA | NA | 100% | 93% | NA | 82% | 100% | 50% | 93% | 91% |
| Oct Totals | 100% | 100% | 100% | NA | NA | 100% | 93% | 100% | 82% | 100% | 100% | 100% | 98% |
| Nov Totals | 100% | 100% | 100% | NA | NA | 100% | 100% | 100% | 82% | 100% | 100% | 100% | 98% |
| Dec Totals | 100% | 100% | 100% | NA | NA | 100% | 100% | 100% | 88% | 100% | 100% | 100% | 99% |
| Jan Totals | 100% | 100% | 95% | 100% | NA | 100% | 100% | 100% | 82% | 100% | 100% | 100% | 98% |
| Feb Totals | 100% | 100% | 100% | 100% | NA | 100% | 100% | 100% | 86% | 100% | 100% | 100% | 99% |
| March Totals | 100% | 100% | 100% | 100% | NA | 100% | 100% | 100% | 82% | NA | 100% | 100% | 98% |

Peripheral Cannula Section



Medical Devices by Section

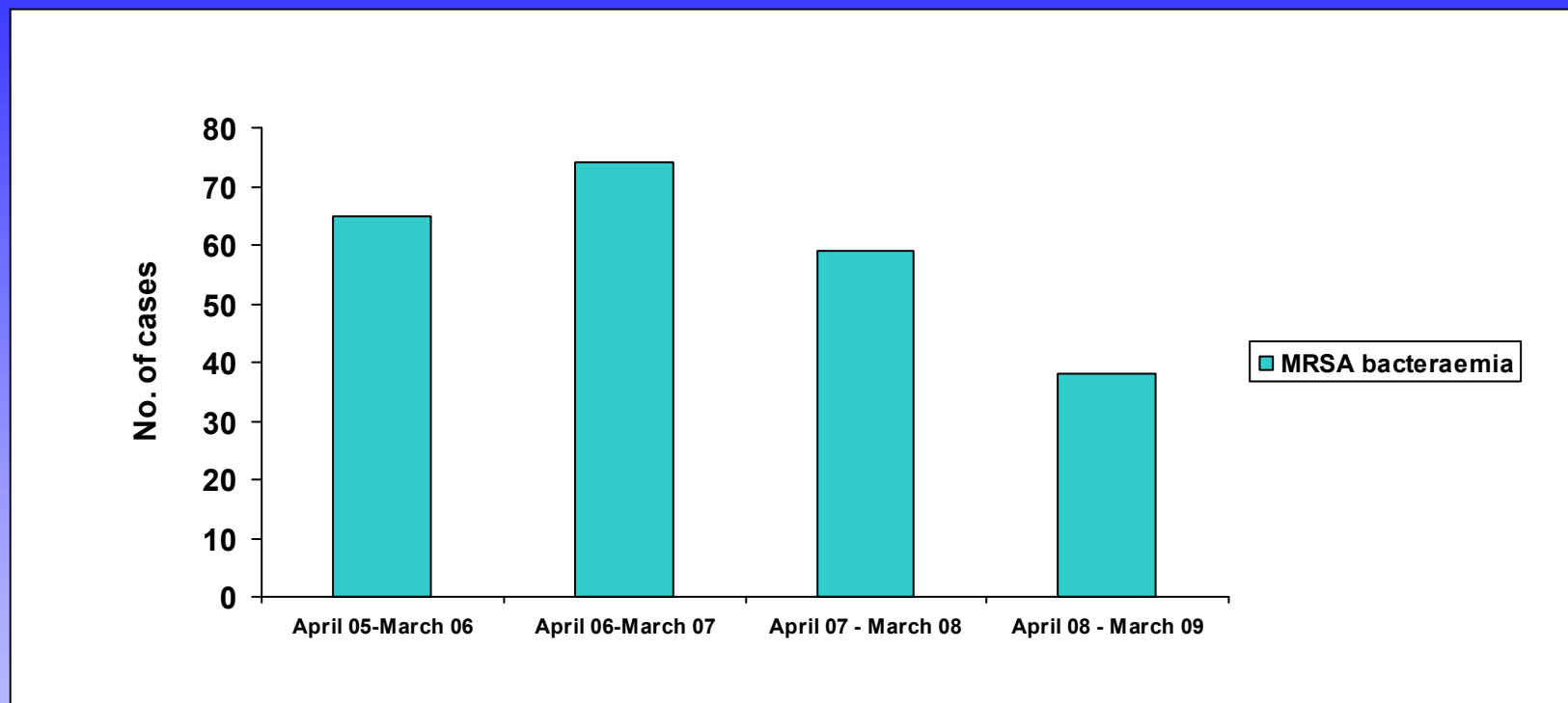
Average Medical Devices over 12 Months



Scores by Departments

| Department | April 08 | May 08 | June 08 | July 08 | Aug 08 | Sept 08 | Oct 08 | Nov 08 | Dec 08 | Jan 09 | Feb 09 | March 09 |
|---------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Department A | 85% | 93% | 95% | 95% | 98% | 98% | 100.0% | 100.0% | 100.0% | 98.7% | 97.9% | 98.9% |
| Department B | 89% | 81% | 90% | 91% | 95% | 98% | 95.1% | 98.3% | 99.0% | 98.6% | 98.4% | 99.3% |
| Department C | 84% | 91% | 88% | 96% | 98% | 94% | 97.2% | 99.6% | 99.0% | 94.9% | 99.3% | 99.4% |
| Department D | 88% | 90% | 92% | 95% | 94% | 84% | 96.5% | 94.6% | 97.5% | 96.0% | 96.3% | 97.1% |
| Department E | 88% | 95% | 80% | 96% | 98% | 98% | 100.0% | 99.8% | 100.0% | 99.7% | 99.7% | 99.5% |
| Department F | 81% | 83% | 82% | 92% | 94% | 91% | 97.5% | 98.2% | 98.8% | 97.9% | 98.7% | 98.2% |
| Department G | 86% | 88% | 91% | 96% | 96% | 96% | 86.7% | 94.3% | 98.7% | 98.8% | 97.7% | 96.5% |
| Department H | 63% | 84% | 83% | 85% | 89% | 94% | 93.8% | 95.5% | 97.2% | 96.4% | 96.8% | 93.9% |
| Department J | 88% | 86% | 94% | 98% | 97% | 94% | 98.4% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Department Trust Average | 83% | 88% | 88% | 94% | 96% | 94% | 96% | 98% | 99% | 98% | 98% | 98% |

MRSA Bacteraemia



| Infection/No. of patients | April 07 – March 08 | April 08 – March 09 | % reduction |
|---------------------------|---------------------|---------------------|-------------|
| MRSA Bacteraemia | 59 | 38 | 35.6% |

Results

- Very positive
- Local Ownership and Pride
- Collaborative working
- Displays high standards
- Praise excellence
- Address areas of weakness/improvement
- Accreditation
 - ceremony
 - light touch monitoring

Recent Work

Tools have been tailored:

- Theatres/Outpatients (internally)
- Primary Care
- Fluidicity
- Working in partnership
- Transparent method to measure standards

Summary

- WAS is unique to the Trust
- Measure quality and standards of practice
- Local leadership
- Encourages local ownership
- Crucial shared governance
- Promote transparent communication
- Records performance

‘Made a Difference’

Contact Details

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