Fitness for Purpose in Infection Control

Martin Kiernan, Southport and Ormskirk Hospital NHS Trust

A Webber Training Teleclass

Infection Prevention and Control Teams

Ensuring fitness for purpose

Martin Kiernan
Nurse Consultant, Southport and Ormskirk Hospital NHS Trust, UK

Hosted by Debbie King
debbie@webbertraining.com

www.webbertraining.com

1

50 Years on....

- It all began in Torbay in the South of England

2

The most recent UK guidance

- Cooke, 1995
- Role of the ICT
  - Implement annual programme
  - Policy production
  - Decision making
    - Medical and Nursing
- "on the management of infected patients and other infection control problems"

3

Infection Control Teams (1995)

- Functions
  - Outbreak identification and control
  - Education of hospital staff
  - Policy preparation
  - Annual programme that includes surveillance
  - Provision of an annual report to the CEO
  - Occ Health Liaison
  - Liaison with clinical teams on the development of standards
- But rudimentary surveillance only

4

Change in my professional life

- 1990-1996
  - 1 ICN for
    - 1000 DGH beds
    - 1000 MH hosp beds
    - 200 nursing and residential homes
    - 56 General Practice Surgeries
    - 100 schools and nurseries
  - 1 0.5 WTE microbiologist
    - No defined IC time
  - no administrative support
  - also was Tissue Viability Service
- By 2006
  - Acute 700 bed hospital
    - 2 Medical Microbiologists
    - 1 Nurse Consultant
    - 2 Specialist Nurses
    - 1 Surveillance Nurse
    - 1 Administrator

5

Currently in 2009

- Reducing
  - Beds, now 580
  - Length of stay for less risky procedures
  - Admissions for some procedures
- Increasing
  - Admissions up 18% over the previous year
  - Age and dependency of inpatients
  - Invasive clinical procedures
  - Surveillance
  - Screening
  - Requirement for information and performance feedback
  - Requirement for specialist input

6

Fitness for Purpose in Infection Control
Martin Kiernan, Southport and Ormskirk Hospital NHS Trust
A Webber Training Teleclass

Differences were evident

- In the US, Infection Control team members were undertaking surveillance
- This was not happening in the UK as 'teams' were often one person
- Murphy (2002)
  - "from expert data collectors to interventionists: changing the focus for ICPs"

7

What's been happening to Teams?

- Infection Prevention and Control Teams have evolved 'on the job' by reacting to external stimuli rather than by a conscious process
  - Very difficult to keep pace with demand for new skills
- Evolution/Revolution for Medical Practitioners
  - Management and leadership roles
  - Additional roles, no defined expectation, little development
- Within a developing Patient Safety culture, IP&C has increased prominence in an Organisation
  - Have Teams achieved the same prominence?

8

How do teams work?
Findings from DH Support Team visits

- Traditional
  - High profile subject but team has low profile in organisation
    - "They phone us or pop in occasionally"
  - Highly reactive
  - Keep control and do...
  - Write reports

9

How do teams work?
Findings from DH Support Team visits

- Modern
  - Prominent team
  - Highly visible
  - Highly pro-active
  - Provide expert input for others to do
  - Use data to drive improvement

10

There are different models

- You could argue that organisations develop teams structures that work for them
- But that depends entirely on what the organisation wants from the team
  - Or what it thinks it wants
    - or doesn't want...
- Team structures/numbers differ around the country

11

Team Numbers

- 2004 National Audit Office report noted1 ICN to 347 beds
  - Canada have a benchmark of 1 per 167 beds
  - US used to have a benchmark of 1 per 250 beds
    - Now heading towards 1 per 100

12

Dutch Model

van den Broek et al, JHI (2007) 65, 108-111

- Examined the American Model based on SENIC
  - Out of date and relating to a totally different era
- Considered that the number of beds is not a useful denominator
- Proposed a model of 1 ICP to 5,000 annual admissions
  - 1 WTE Microbiologist per 25,000 admissions
- Based on that Model, my medium/small Acute Trust would require 6.5 WTE IPCPs and 1.2 WTE microbiologists
  - 50,000 admission hospitals could require ratios of 10:2
- Still does not take casemix into account

13

National Audit Office Report 09

- Produced in the summer of 2009
- Report to the public accounts committee on value for money of Infection Prevention and Control programmes
- Also provided a useful snapshot of the structure of Teams in the UK in the autumn of 2008

14

Team Membership in Whole Time Equivalents

Category	Mean per organisation	Mean beds per staff resource
Beds covered by Team	738	n/a
Infection Control Nurses	3.9	189
Infection Control Doctors	1.12	641
Antimicrobial Pharmacists	0.85	872
Audit/Surveillance	0.53	1392
IT Support	0.28	2636
Clerical support	0.91	811

15

Team shortfalls

- 6% had no Infection Control Doctor
- 14% had no Antimicrobial Pharmacist
- 57% had no Audit/Surveillance staffing
- 69% had no Information support
- 17% had no clerical support

16

Most worrying

- On average, organisations were carrying 0.77 WTE vacancies for Infection Control Nurses
- 48% reported difficulties in filling these posts
- 73% of ICN posts were filled with unqualified practitioners

17

Staffing levels

- There is no magic number
- 1 per x beds does not reflect
  - Organisational workload
  - Risk presented by procedures undertaken in the organisation
  - Geography
  - Local population characteristics
- Remember: Bed numbers can go down as well as up
- A report produced for the National Audit Office by Thames Valley University in 2003 showed wide variations in practice Internationally

18

Fitness for Purpose in Infection Control

Martin Kiernan, Southport and Ormskirk Hospital NHS Trust

A Webber Training Teleclass

Types of Organisation

- NHS Healthcare Organisations
  - Acute Trust
  - Primary Care Trust
  - Mental Health Trust
  - Ambulance Trust
- Social Care Organisations/Partnerships
- Independent Healthcare Provider
- Health Protection Agency

19

Where do other Agencies fit in?

- In the UK, the Health Protection Agency has the national lead for surveillance of HCAI
- Level of local support from Health Protection Uits is very variable across the country
  - Sometimes fulfil IPC functions under SLAs
  - Sometimes have very little involvement in local IP&C issues
  - Care home support a case in point
- Quite a few ICNs were taken into the HPA
  - Many have now returned to PCTs as posts became available

20

Mental Health Services

- Different or not?
- Varying models in use around the UK
  - Some rather small teams
  - Some extremely large teams
- Core function assessment vital

21

Ambulance Provision

- Some Ambulance Services have recognised the importance of IP&C and have looked to meet service needs
- Acute care
  - Risks to patients and staff if IP&C not embedded
  - IP&C fits into the Health and Safety/Risk or Governance structures
- Definitely need
  - Director of Infection Prevention and Control
  - Expert clinical lead
  - Formal mechanism for Medical Microbiology advice

22

Primary Care Organisations

- Commissioning is the one area where the traditional model doesn't fit
  - No operational aspect
- Advice to commissioners is vital when contracts are set and performance monitored
- Potential for conflict of interest if same team covers service provider arm
- Boards need assurance

23

Core Activities

Activity	Acute	Comm PCT	Provider PCT	Mental Health	Ambulance
Surveillance	✔✔✔	✔(✔)	✔✔	✔	
Education	✔✔✔	✔	✔✔✔	✔✔✔	✔✔✔
Audit	✔✔	✔	✔✔✔	✔✔✔	✔✔
Expert Advice	✔✔✔	✔✔✔	✔✔✔	✔✔✔	✔✔✔
Strategy	✔✔✔	✔✔✔	✔✔✔	✔✔✔	✔
Policy/guidance	✔✔✔	✔✔✔	✔✔✔	✔✔✔	✔✔✔
Outbreak Managm't	✔✔✔	✔	✔✔	✔✔	✔
Perform'ce Managm't	✔✔✔✔	✔✔✔	✔	✔	✔

24

Fitness for Purpose in Infection Control

Martin Kiernan, Southport and Ormskirk Hospital NHS Trust

A Webber Training Teleclass

What does an organisation need from it's IPC Team ?

- Provide the capability to meet Organisational objectives
  - Patient safety focus of no avoidable infections
  - Facilitate best practice
- Education and training
  - Embedding Infection prevention and control into all healthcare systems
  - Motivational skills are vital
- Truly Multidisciplinary
- To be both proactive and reactive

25

What else do they do?

- Facilitate the implementation of relevant research
- Provide the Board with assurance (or alert when assurance can not be made)
  - Meeting stat. legal requirements
- Advise the organisation on local requirements for specialist Infection Prevention advice
- Lead IPC programme
  - Education
  - Policy
  - Surveillance / data / audit
  - Risk Assessment / Management

26

What should a team provide?

- Expert Clinical Resource
- Monitoring against defined local and national standards
- Consultancy on capacity planning and the strategic direction of the organisation
- Communication
- Interaction with external agencies
- Curriculum development with ext. education providers
- Succession planning and career development

27

Requirements of a team

not mutually exclusive

- DIPC with strong clinical background
- Team manager (governance of the team)
- Expert clinical advisor on IP&C
- Expert Microbiological expertise
- Pharmacological expertise
- Decontamination expertise
- Data analyst / Statistician / Epidemiology / IT expert
- Administrative support
- Researcher (for some organisations)

28

What is the required skill set?

- All are transferable and this should be recognised
  - Data analysis, interpretation and presentation
  - Educational
  - Motivational
  - Facilitation
  - Innovation
  - Leadership and influencing
  - Managerial
  - Policy development
  - Role model at all levels
  - Strategic/Operational
  - Cohesiveness / Team building

29

Specialist skills

- Expert clinical advice
- Outbreak management and Incident response
  - decision making when only limited information is available
- Filtering/interpreting information from DH, SHA, PCT and passing this on
- Risk assessment specific to IP&C issues
- Influencing National, local, regional Agendas

30

Fitness for Purpose in Infection Control

Martin Kiernan, Southport and Ormskirk Hospital NHS Trust

A Webber Training Teleclass

DIPC Role Crucial

- Implementation has been variable
  - some have embraced
  - some have not
- Does it matter who it is?
- Certain skills are mandatory
  - Communication
    - Ability to take people with them
  - Strategy
  - Management
- And they must have power

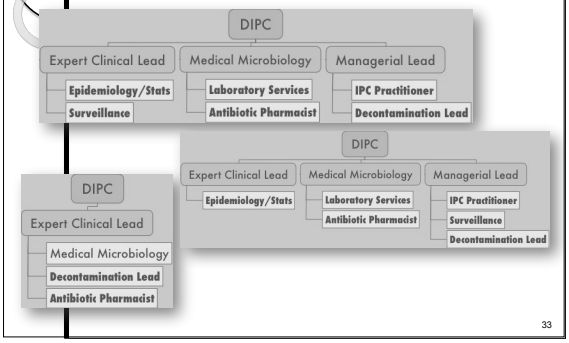
31

Developing the Team Structure

- Understanding the organisational needs
- Full assessment prior to implementation
  - Type of business and the risk that this presents to the users and the organisation
  - Workload/capacity
  - Clear objectives for the team
  - Local considerations
- Role of the DIPC and their support mechanisms

32

What could IPCTs look like?



33

Newer ways of working

- Directorate / Divisional liaison vital
  - Defined link person
  - Reporting through Governance and Risk Structures
  - Still retain corporate function
- Some of us find it VERY difficult to 'let go'
- Need to look at staff being appointed to new IPC posts
  - Have they the capability to be developed
  - Should we be bringing in people at a higher level who have the other skills and giving them the specific clinical skills

34

Questions for Organisations

- Who should be the clinical lead of the Team
  - Do all medical microbiologists want or have the capacity to commit the time required to be the clinical lead?
  - Have all IPCPs the skills to undertake this role?
- Should all IP&C Practitioners be nurses?
  - Other disciplines have the necessary skills and the potential for development
  - It is appropriate to start people at a low grade?
- Should teams have a manager who is not the clinical lead?

35

Building the Teams of the Future

- IPCTs are working hard, but are we working smart?
- Review
  - Strategic objectives of the organisation
  - How to meet these either from within the team or how the deficit can be addressed
- Wouldn't it be nice to have some breathing space to do this...

36

What is absolute

- Every organisation must have a charismatic champion who can take people with them
- Infection Prevention programmes require motivational skills to encourage practitioners to do what they know is right

37

The tools of our trade..

38

Samuel Butler (1612-80)

He that complies against his will is of his own opinion still

39

40

Nothing matters until it is personal

41

21 Sep. 09	(Free British Teleclass) *Live Broadcast from the Infection Prevention Society Conference* Fifty Years of Resistance Speaker: Prof. Gary French, Guy's & St. Thomas' Hospital, England
22 Sep. 09	(Free British Teleclass) *Live Broadcast from the Infection Prevention Society Conference* The Pursuit of Excellence During a Global Pandemic Speaker: Prof. Robert Pratt, Thames Valley University
23 Sep. 09	(Free British Teleclass) *Live Broadcast from the Infection Prevention Society Conference* Hot Off the Press - A Review of the Evidence Speaker: Dr. William Jarvis, President, Jason and Jarvis Associates
23 Sep. 09	(Free British Teleclass) *Live Broadcast from the Infection Prevention Society Conference* Moving on from Audit - Quality Improvement Tools for Infection Prevention Speaker: Dr. Neil Wigglesworth, Salford Royal NHS Trust