

# Safer practice in renal medicine

*A resource for reducing healthcare  
associated infections such as MRSA*

This is a printable version of the challenges and resources for reducing HCAs which should be used in association with the interactive tools on the *Safer practice in renal medicine* CD.



**DH INFORMATION READER BOX**

<b>Policy</b>	Estates
HR / Workforce	Performance
Management	IM & T
Planning	Finance
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<b>For Recipient's Use</b>	

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# Reducing HCAs: The challenge for renal medicine

The Saving Lives delivery programme to reduce healthcare associated infections (HCAs) including methicillin resistant *Staphylococcus aureus* (MRSA) is designed to enable trusts to make significant reductions in their infection rates and to support local improvement towards the MRSA target. The delivery programme is made up of a number of tools designed specifically to enable healthcare staff to “do the right thing to patients every time”, and to embed good infection prevention and control across every ward, unit and department, including renal medicine.

The Department of Health (DH) Saving Lives tools have been adapted by renal experts to support improvement in renal medicine. Eight percent of MRSA bacteraemias occur in renal medicine and focusing on the actions to reduce these will improve performance on all HCAs.

The delivery programme sets nine key organisational challenges aligned to an organisational action plan. These have been reframed to form *Safer practice in renal medicine* and highlight specific considerations, deliverables and resources for renal professionals. The focus of the renal tool is to make significant reductions to infection rates in renal medicine and to increase the focus on clear information for renal patients.

## Renal focus within the Saving Lives delivery programme

Saving Lives focus and tools	Safer practice in renal medicine tools
Nine Key challenges	Key renal issues: Safer practice in renal medicine
Self-assessment and action	Remedial action and deliverables planning
Learning resources	Renal resources and examples (national and local)
Balanced scorecard	Renal medicine balanced scorecard
Six High Impact Interventions	Renal dialysis High Impact Intervention to support existing six HIs

The following pages summarise the challenges and resources required to reduce HCAs. This document should be used in association with the interactive tools on the *Safer practice in renal medicine* CD.

# Key challenges – an overview

## Challenge 1. Engage senior management – use of performance management

### Key issues for renal services

Use of a balanced scorecard in managing delivery of reduced infection rates.

### Key objectives

A reduction in HCAI, specifically MRSA bacteraemias, has been demonstrated.

A clear performance framework within the renal directorate/specialty that defines performance indicators has been agreed.

Clear objectives for clinical and non-clinical management have been agreed and clear communication of the issues, actions and progress has been defined.

Ownership by all members of the renal directorate has been demonstrated.

## Challenge 2. Ensuring clinical ownership

### Key issues for renal services

Infection control champions at every level of the organisation.

Ensure that team-building and training support and maintain ownership of the infection control issue and solutions.

Ensure clinical and non-clinical roles are reviewed, to establish that they are appropriate.

### Key objectives

Clinical champions (specifically doctor and nurse leads) have been identified and have clear, measurable objectives.

Clear and relevant objectives have been set for all members of the clinical team.

Clear SMART (Specific, Measurable, Achievable, Realistic and Time-related) objectives in place.

### **Challenge 3. Implementing local surveillance programmes to screen and decolonise**

#### *Key issues for renal services*

Implement an infection surveillance programme.

Ensure that MRSA bacteraemias are treated as adverse incidents and are managed appropriately (use root cause analysis).

#### *Key objectives*

A clear policy of infection surveillance and MRSA screening and decolonisation is in operation.

A data set that reflects practice and can be fed back at a local level for service improvement has been agreed.

### **Challenge 4. Evidence-based practice**

#### *Key issues for renal services*

Development of renal specific policy and guidance.

Ensure competent and effective delivery of care bundles.

Ensure effective management of the vascular access programme.

Ensure dialysis catheter management conforms to evidence-based guidelines.

#### *Key objectives*

The use of all relevant High Impact Interventions (especially dialysis catheters and peripheral lines) is embedded in clinical practice.

A clear antimicrobial/antifungal prescribing protocol is embedded in clinical practice.

## **Challenge 5. Effective auditing of practices and integration with risk and governance framework**

### Key issues for renal services

Ensure implementation of appropriate policies and guidance.

Ensure care bundles are applied and undertaken consistently.

Ensure necessary processes and systems are in place to facilitate timely formation of permanent vascular access.

Ensure an effective dialysis catheter management programme is in operation.

### Key objectives

Audit of relevant High Impact Interventions in clinical renal practice is in operation.

A clear audit and reporting cycle that underpins continuous improvement is in operation, with timely feedback.

A Root Cause Analysis (RCA) tool to identify source and cause and provide focused action for each bacteraemia is embedded in clinical practice.

The number of dialysis catheters used for delivery of haemodialysis is minimal.

## **Challenge 6. Infection control underpins practice**

### *Key issues for renal services*

Ensure appropriate targeted infection control training for all levels of staff.

Ensure all levels of staff have relevant infection control responsibilities and objectives.

### *Key objectives*

A clear programme of mandatory infection control education with regular updates is in operation and regularly audited.

A specific competency-based practice framework for infection control and aseptic technique is in operation and regularly audited.

Infection control modules are incorporated into education and training of all clinical staff.

## **Challenge 7. Renal patient pathway**

### *Key issues for renal services*

Ensure the renal patient pathway is mapped and variance is treated through appropriate incident management protocols.

### *Key objectives*

A clearly documented patient pathway in which high-risk activities have been identified and managed.

Concise contingency arrangements are in operation to minimise risk.

A clear strategy for isolation and cohorting of patients (managing groups of patients) is in operation and regularly audited.

## **Challenge 8. Clean and decontaminate the environment**

### Key issues for renal services

Ensure the environment is suitable for purpose and properly maintained.

### Key objectives

Complete adherence to cleaning protocols has been consistently demonstrated.

An audit programme for environmental cleanliness is embedded in clinical practice.

Engagement of directorate staff at all levels has been demonstrated.

Environmental issues are incorporated as part of the performance monitoring and management process.

Appropriate decontamination of equipment and utilisation of single use items where indicated has been consistently demonstrated.

A protocol for haemodialysis machine management that incorporates a named machine for high-risk patients with blood-borne viruses (BBV) is in operation.

## **Challenge 9. Communicating with patients**

### Key issues for renal services

Engage patients and visitors in infection control and advise them of their role and responsibilities.

### Key objective

All patients are provided with an opportunity to challenge practice through appropriate information and effective communication.

# **Saving Lives challenge 1: Engage senior management – use of performance management**

## **Key objectives**

A reduction in HCAI, specifically MRSA bacteraemias, has been demonstrated.

A clear performance framework within the renal directorate/specialty that defines performance indicators has been agreed.

Clear objectives for clinical and non-clinical management have been agreed and clear communication of the issues, actions and progress have been defined.

Ownership by all members of the renal directorate has been demonstrated.

## **Renal service deliverables**

- Ensure clear targets for a reduction in HCAI are defined and communicated
- Ensure targets are integrated into the balanced scorecard
- Ensure clear accountability for achieving targets is defined under the performance management framework
- Ensure clear individual accountability is documented
- Ensure the reduction in HCAI is a standard agenda item at directorate meetings
- Ensure a clear reporting framework into the corporate Saving Lives delivery plan and governance framework is in place

## Resources

### National

*Going further faster*, DH 2006

A guide for Trusts to achieve target reduction in MRSA bacteraemias:

- where and how to focus effort
- sustaining improvement

*Going further faster – a pocket guide for chief executives and boards*, DH 2006

A guide to reducing HCAI in healthcare settings (for NHS leaders):

- goal setting
- asking the right questions
- sustaining improvement

*Saving Lives: HCAI productivity calculator*, DH 2006

A tool that allows Trusts to estimate the potential costs directly attributable to:

- MRSA bacteraemias
- healthcare associated infection
- additional bed days attributable to all HCAI

### Local considerations

*Saving Lives self-assessment and action planning tool*

Section B of the document provides a download self-assessment tool including:

- nine Saving Lives challenges
- questions for assessment
- resources for improvement
- performance management tool

### Examples of local practice

*Going further faster*, DH 2006

Section on “Improvement in practice” contains case studies from four UK Trusts which used Saving Lives to reduce the incidence of MRSA and other HCAs.

# Saving Lives challenge 2: Ensuring clinical ownership

## Key objectives

Clinical champions (specifically doctor and nurse leads) have been identified and have clear, measurable objectives.

Clear and relevant objectives have been set for all members of the clinical team.

Clear SMART (Specific, Measurable, Achievable, Realistic and Time-related) objectives in place.

## Renal service deliverables

### Role design

- Ensure all staff have job descriptions that reflect their contribution to reducing HCAI
- Ensure responsibility of each role in supporting the reduction in HCAI is clearly defined
- Ensure all staff are competent to fulfil their role
- Ensure the clinical and non-clinical skill mix reflects the needs of the service
- Ensure there are no gaps in service provision
- Identify clinical champions who are individually responsible for ensuring infection control standards are met (e.g. clinical lead and link nurse)
- Identify a clear responsibility structure for collecting the renal data set and reporting it to the Renal Registry

### Team building and training

- Set clear objectives for the multidisciplinary team to support the reduction of HCAI
- In addition to mandatory infection control training, incorporate the development of infection control knowledge and skills into staff/service development and review
- Identify a clear responsibility structure for audit and feedback

## Resources

### National

*Going further faster*, DH 2006

A guide for Trusts to achieve target reduction in MRSA bacteraemia:

- where and how to focus effort
- sustaining improvement

*Improvement Leaders' Guides – Managing the human dimensions of change*, NHS Modernisation Agency 2005

A practical guide to managing change ,which includes:

- the process of change
- frameworks and models to support change
- activities to support change

*Improvement Leaders' Guides – Redesigning roles*, NHS Modernisation Agency 2005

A guide for successful role redesign for service improvement:

- understanding your own team
- important considerations for role redesign
- writing job descriptions
- writing a business case

*Improvement Leaders' Guides – Building and nurturing an improvement culture*, NHS Modernisation Agency 2005

A guide to successfully changing culture for service improvement:

- why is culture important
- building a culture of improvement
- activities to support a culture of improvement

*Agenda for change: NHS Job Evaluation Handbook (second edition)*, DH 2004

A guide on how to write a job description based on Agenda for Change.

*The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*, DH 2004

An introduction to the Knowledge and Skills Framework and its use in career and pay progression.

*Principals for best practice in clinical audit*, NICE 2002

Pages 10–69 explain the stages of the audit process.

*The Renal Association Renal Registry Report 2005*, The Renal Association 2005

National audit data outlining patient outcomes.

*Ten steps to SMART objectives, NatPCaT 2004*

A 10-step guide to writing specific, measurable, achievable, realistic and timely objectives.

Local considerations

- Identify existing competency frameworks within your organisation that can be used as a template for development
- If a Link Nurse programme operates within your organisation, incorporate it into all clinical areas to support infection prevention and control
- Ensure a current version of the Trust infection control manual is available in all clinical areas

Examples of local practice

**Infection control link nurses**

University Hospital Birmingham NHS Foundation Trust

- *Vascular access coordinator job description*
- *Renal computer programmer job description*
- *Audit and quality improvement project leader job description*
- *Radiological assistant job description*
- *Protocol for nurse-led discharge following day case vascular access surgery*

Royal Devon and Exeter NHS Foundation Trust

- *Framework for core competencies when implementing extended roles for nurses and midwives*

# Saving Lives challenge 3: Implementing local surveillance programmes to screen and decolonise

## Key objectives

A clear policy of infection surveillance and MRSA screening and decolonisation is in operation.

A data set that reflects practice and can be fed back at a local level for service improvement has been agreed.

## Renal service deliverables

### Surveillance

- Where mandatory reporting is required, ensure surveillance of infection rates is embedded in clinical practice
- Ensure data on infection rates and treatment outcomes is available, accurate and transparent to all staff
- Identify a clear responsibility structure at ward level for continual improvement through practice development
- Identify a clear responsibility structure for collection and reporting of the renal data set
- Identify a clear responsibility structure for dialysis catheter management, data collection and reporting
- Identify a clear responsibility structure for peritoneal catheter management, data collection and reporting
- Ensure there is a concise programme for MRSA screening and decolonisation

### Incident management

- Ensure all incidents of HCAI are investigated using an appropriate Root Cause Analysis (RCA) tool and reported to the risk/governance team and directorates
- Identify that a clear responsibility structure for investigation and reporting of HCAI is in place

- Ensure clear arrangements to address issues are agreed and reviewed
- Ensure audit feedback supports continual practice improvement

## Resources

### National

*MRSA guidelines 2006, Journal of Hospital Infection*

- surveillance (page 3 section 2.1)
- screening (page 3 section 2.3)
- decolonisation (page 6 section 2.4)

*The Renal Association Standards 2002, The Renal Association 2002*

Section 9 on 'Blood-borne virus and microbiology in the renal unit' provides best practice recommendations for screening haemodialysis patients for *S. aureus* and MRSA colonisation.

*Statistical process charts*

A method of data presentation that shows when processes are going out of control.

- SPC for dummies

*Creating statistical process control charts*

A detailed tutorial for creating SPC charts.

*Mandatory surveillance of healthcare associated infections report, HPA 2006*

- MRSA bacteraemia rates
- *Clostridium difficile* rates
- Glycopeptide resistant enterococci rates

*Root Cause Analysis Toolkit, NPSA*

An introduction to root cause analysis and how to investigate incidence of MRSA bacteraemia (press the 'I agree' button to enter the site).

*Development pathway of renal surveillance of HCAI, DH 2006*

A paper that outlines the scope of surveillance that should be implemented at both National and Local level.

*Chief Medical Officer/Chief Nursing Officer Letter, DH 2005*

Mandatory surveillance of MRSA bacteraemias.

## Local considerations

- Ensure the Trust MRSA policy is available in all clinical areas
- Use Trust infection data to identify problem areas and support practice improvement
- Ensure a current version of the Trust infection control manual and risk management policy is available in all clinical areas

## Examples of local practice

### Newcastle upon Tyne Hospitals NHS Trust

– *Protocol for MRSA surveillance and eradication*

### Hammersmith Hospital NHS Trust

– *Presentation outlining the use of the American Dialysis Surveillance Network (DSN) tool in the UK*

– *DSN enrolment information document*

– *Paper outlining the results of the American DSN audit*

### James Cook University Hospital

– *MRSA lessons learned - sharing good practice*

– *MRSA action plan*

### Glasgow Royal Infirmary NHS Trust

– *Presentation on how to use statistical process charts for reducing HCAI*

### Salford Royal Hospitals NHS Trust

– *MRSA Action Plan*

### UK Renal Registry

– *Presentation looking at the interim results of the vascular access survey*

# Saving Lives challenge 4: Evidence-based practice

## Key objectives

The use of all relevant High Impact Interventions (HIIs) (especially dialysis catheters and peripheral lines) is embedded in clinical practice.

A clear antimicrobial/antifungal prescribing protocol is embedded in clinical practice.

## Renal service deliverables

### Policy and guidance

- Ensure that Saving Lives is part of the trust infection control strategy
- Embed all HIIs appropriate to renal services in clinical practice
- Implement a clear antimicrobial prescribing policy

### Care bundles

- Ensure staff compliance to dialysis catheter management protocols

## Resources

### National

*Saving Lives, DH 2005*

Saving Lives provides 6 HIIs to support the reduction of HCAs that include:

- A guide to using High Impact Interventions: Introduction
- Guidance for using the HII spreadsheets

All review tools are in the form of Excel spreadsheets and can be located in section D of the link page.

- HII 1. Preventing the risk of microbial contamination
  - Review tool for reducing microbial contamination
- HII 2. Central venous catheter care
  - Review tool for continuing catheter care
  - Review tool for catheter insertion
- HII 2b. Peripheral line care
  - Review tool for continuing line care
  - Review tool for line insertion

- HII 2c. Renal dialysis catheter care
  - Review tool for continuing catheter care
  - Review tool for catheter insertion
- HII 5. Urinary catheter care
  - Review tool for continuing catheter care
  - Review tool for insertion of urinary catheters
- HII 6. Reducing infection from *C. difficile*
  - Review tool for reducing *C. difficile*

*The EPIC Project: Developing national evidence-based guidelines, DH 2001*

- developing national evidence-based guidelines for preventing HCAI (page 2)
- standard principles for preventing HCAI (page 17)
- guidelines for preventing infection in short-term indwelling urethral catheters (page 34)
- guidelines for preventing infection central venous catheters (page 42)
- agenda for clinical governance (page 63)

*Cleanyourhands campaign, NPSA*

An overview of the principles of the campaign and tools to support improvement in hand hygiene compliance.

*The path of least resistance, DH 1998*

Guidance on antimicrobial prescribing.

- Chapter 7 presents recommendations for prescribing
- Chapter 13 discusses the prevention of resistance
- Chapter 15 discusses promoting good practice
- Chapter 16 discusses promoting better prescribing
- Chapter 17 discusses surveillance of resistance
- Chapter 20 provides an independent review of literature

*National Clostridium difficile Standards Group report, HPA 2003*

- Appendix 4 (page 40) discusses antibiotic restriction to reduce incidence of *C. difficile*-associated diarrhoea

*Winning Ways, DH 2003*

- Action area 2 (page 19) discusses reduction of HCAI associated with indwelling devices
- Action area 5 (page 26) discusses the prudent use of antibiotics

*Institute for Healthcare Innovation*

A short article that explains how care bundles (HIIs) work and include references to reducing infection.

*How to develop clinical guidelines, AGREE*

A guide to developing guidelines. Subject areas include:

- scope and purpose
- stakeholder involvement
- rigour of development
- clarity and presentation
- applicability

*10 High Impact Changes for service improvement and delivery, NHS Modernisation Agency 2004*

Ten high impact changes that organisations in health and social care can adopt to make significant, measurable improvements in the way they deliver care

*Saving Lives self-assessment, DH 2006*

Section B of the document provides a self-assessment and action planning tool including:

- nine Saving Lives key challenges
- questions for assessment
- resources for improvement
- performance management tool

Local considerations

- Identify current local antibiotic prescribing policies and ensure they are available in all clinical areas
- Encourage the Trust antimicrobial pharmacist and microbiologist to regularly attend consultant ward rounds to review treatment and educate junior staff

Examples of local practice

Mid Essex Hospital NHS Trust

- *Aseptic Non-Touch Technique (ANTT) for the management of intravascular devices*

North Bristol NHS Trust

- *Central Vascular Access Device Care Bundle – insertion*
- *Central Vascular Access Device Care Bundle – haemodialysis maintenance*
- *Guidelines for the use of Citra Lock(tm)*
- *Guidelines for peritoneal dialysis*

## Derby Hospitals NHS Foundation Trust

- *Antibiotic protocol for line sepsis*
- *Protocol for gentamicin catheter lock*

## University Hospitals of Leicester NHS Trust

- *Guidelines for the use of Taurolock(r) and heparin catheter lock*
- *Presentation of audit results for incidence of catheter associated infection prior to and following introduction of Taurolock(r) and heparin catheter lock*
- *Plan for reducing C. difficile associated diarrhoea*

## Aintree University Hospitals NHS Foundation Trust

- *Vancomycin dosage guidelines for dialysis patients*
- *Protocol for the preparation of dialysis needles pre and post haemodialysis*
- *Protocol for preparing the patient prior to placement of a dialysis catheter*
- *Protocol for the connection of patients to the dialysis machine via a haemodialysis catheter*
- *Protocol for catheter exit site dressing*

## East and North Hertfordshire NHS Trust

- *Care bundle for the prevention of catheter related bloodstream infection*

## University Hospital Birmingham NHS Trust

- *Dialysis catheter insertion protocol*
- *Central venous catheter management protocol*
- *Protocol for connection and disconnection of haemodialysis catheters to dialysis tubing*
- *Vancomycin dosing schedule for patients with suspected catheter associated sepsis*
- *Paper discussing the implementation of electronic prescribing*

## Royal Devon and Exeter NHS Foundation Trust

- *Framework for insertion and removal of central venous catheters*

## Institute for Healthcare Innovation

- *Presentation by Don Goldman on care bundles*

# **Saving Lives challenge 5: Effective auditing of practices and integration with risk and governance framework**

## **Key objectives**

Audit of relevant High Impact Interventions (HII) in clinical renal practice is in operation.

A clear plan for an audit and reporting cycle that underpins continuous improvement is in operation, with timely feedback.

A Root Cause Analysis (RCA) tool to identify source and cause and provide focused action for each bacteraemia is embedded in clinical practice.

The number of dialysis catheters used for delivery of haemodialysis is minimal.

## **Renal service deliverables**

### **Policy and guidance**

- Identify a clear responsibility structure for audit and feedback of HII
- Identify a clear responsibility structure for audit and reporting of adherence to antibiotic prescribing policies at defined intervals

### **Care bundles**

- Ensure staff compliance to dialysis catheter management protocols
- Identify clear responsibility structure for initiation of investigation, when variation in compliance occurs

### **Vascular access**

- Implement a clear protocol for the appropriate use of dialysis catheters that supports minimal use in patients on haemodialysis
- Identify a clear responsibility structure for audit and feedback of dialysis catheter associated infection
- Identify a clear responsibility structure for collection and feedback of data on access patency

## Catheter maintenance

- Identify a clear responsibility structure for audit and feedback of compliance to HIs

## Resources

### National

*Getting ahead of the curve*, DH 2002

A guide to reducing HCAI in healthcare facilities.

- page 64 outlines the action points required including reporting HCAI through risk and governance structures

*Going further faster*, DH 2006

Section D contains tools for reviewing compliance to HIs.

*Root Cause Analysis Toolkit*, NPSA

An introduction to root cause analysis and how to investigate incidence of MRSA bacteraemia (press the 'I agree' button to enter the site).

*The Renal Association Standards 2002*, The Renal Association 2002

Section 3 on 'Vascular access' provides recommendations for the use of dialysis catheters for haemodialysis and the need to audit infection associated with them.

*Institute for Healthcare Innovation*

A short article that explains why care bundles (HIs) work and include references to reducing infection.

*Principals for best practice in clinical audit*, NICE 2002

National Institute for Clinical Excellence guide to clinical audit.

*The Renal Association Renal Registry Report 2005*, The Renal Association 2005

National audit data outlining patient outcomes

### Local considerations

- Identify current local antibiotic prescribing policies and ensure they are available in all clinical areas
- Encourage the Trust's antimicrobial pharmacist and microbiologist to regularly attend consultant ward rounds to review treatment and educate junior staff
- Access your Trust's governance team to get help and advice on performing clinical audit and sustaining improvement

## Examples of local practice

### Derby Hospitals NHS Foundation Trust

- *Flow chart for vascular access monitoring frequency*

### Royal Devon and Exeter NHS Foundation Trust

- *Algorithm for identifying fistula dysfunction*
- *Flow diagram for transonic flow monitoring procedure*

### Glasgow Royal Infirmary NHS Trust

- *Presentation on how to use statistical process charts for reducing HCAI*

### University Hospital Birmingham NHS Foundation Trust

- *Dialysis catheter insertion protocol*
- *Central venous catheter management protocol*
- *Protocol for connection and disconnection of haemodialysis catheters to dialysis tubing*
- *Antibiotic prescribing protocol*

### Institute for Healthcare Innovation

- *Presentation by Don Goldman on care bundles*

# Saving Lives challenge 6: Infection control underpins practice

## Key objectives

A clear programme of mandatory infection control education with regular updates is in operation and regularly audited.

A specific competency-based practice framework for infection control and aseptic technique is in operation and regularly audited.

Infection control modules are incorporated into education and training of all clinical staff.

## Renal service deliverables

### Team building and training

- Ensure all staff attend mandatory infection control training at least yearly
- In addition to mandatory infection control training, incorporate the development of infection control knowledge and skills into staff/service development and review
- Ensure staff are assessed against the competency framework for undertaking aseptic procedures
- Identify a clear responsibility structure for audit and review

### Role design

- Ensure education is appropriate to role and reflects the needs of the clinical environment
- Identify clinical champions who are individually responsible for ensuring infection control standards are met (e.g. clinical lead and link nurse), working closely with infection control team

## Resources

### National

*The EPIC Project: Developing national evidence-based guidelines*, DH 2001

- developing national evidence-based guidelines for preventing HCAI (page 2)
- standard principles for preventing HCAI (page 17)

- guidelines for preventing infection in short-term indwelling urethral catheters (page 34)
- guidelines for preventing infection in central venous catheters (page 42)
- agenda for clinical governance (page 63)

*Cleanyourhands campaign, NPSA*

An overview of the principles of the campaign and tools to support improvement in hand hygiene compliance.

*Infection control link nurses*

An overview of the roles and responsibilities of an infection control link nurse.

*Improvement Leaders' Guides – Redesigning roles, NHS Modernisation Agency 2005*

A guide for successful role redesign for service improvement:

- understanding your own team
- important considerations for role redesign
- writing job descriptions
- writing a business case

*The Renal Association Standards 2002, The Renal Association 2002*

Section 9 on 'Blood-borne virus and microbiology in the renal unit' provides recommendations for screening haemodialysis patients for *S. aureus* and MRSA colonisation.

*Local considerations*

- Ensure a current version of the Trust's infection control manual is available in all clinical areas
- Use Trust infection data to identify problem areas and support practice improvement
- Ensure a current version of the Trust's risk management policy is available in all clinical areas
- Identify existing competency frameworks within your organisation that can be used as a template for development
- Engage with the Trust staff development/training department, to support education of clinical staff

## Examples of local practice

### North Bristol NHS Trust

- *Guidelines for the prevention and control of blood-borne virus infection in individuals with renal failure*

### Mid Essex Hospital NHS Trust

- *Aseptic Non-Touch Technique (ANTT) for the management of intravascular devices*

### City Hospitals Sunderland NHS Foundation Trust

- *S. aureus decolonisation policy*

### Salford Royal Hospitals NHS Trust

- *Integrating ANTT into clinical practice – poster*
- *ANTT Presentation*
- *Infection control Action Plan checklist*

# Saving Lives challenge 7: Renal patient pathway

## Key objectives

A clearly documented patient pathway in which high-risk activities have been identified and managed.

Concise contingency arrangements are in operation to minimise risk.

A clear strategy for isolation and cohorting of patients (managing groups of patients) is in operation and regularly audited.

## Renal service deliverables

### Incident management

- Ensure a clear policy for isolation and/or cohorting of high-risk patients is in operation
- Ensure a clear renal policy for risk management is in operation
- Ensure all incidents of HCAI are investigated using an appropriate RCA tool and reported to the risk/governance team and directorate
- Ensure a clear responsibility structure for investigation and reporting of HCAI is in operation
- Develop clear arrangements that are agreed and reviewed to support reduction in HCAI
- Ensure feedback supports continual practice improvement

## Resources

### National

*Improvement Leaders' Guide – Process mapping analysis and redesign*, NHS Modernisation Agency 2005

Tools and techniques for process mapping and redesigning the patient journey.

*Improvement Leaders' Guides – Working in systems*, NHS Modernisation Agency, 2005  
Building relationships with the wider health community.

*Root Cause Analysis Toolkit*, NPSA

An introduction to root cause analysis and how to investigate incidence of MRSA bacteraemia (press the 'I agree' button to enter the site).

*The Renal Association Standards 2002, The Renal Association 2002*

Section 9 on 'Blood-borne virus and microbiology in the renal unit' provides recommendations for the segregation and management of haemodialysis patients known to have hepatitis B infection.

*MRSA guidelines 2006, Journal of Hospital Infection*

- Isolation (page 7 section 2.5)

*National Service Framework (Part I): Dialysis and transplantation, DH 2004*

Five standards and 30 markers of good practice to help the NHS and its partners manage demand, increase fairness of access, and improve choice and quality in dialysis and kidney transplant services.

*National Service Framework (Part II): Chronic kidney disease, acute renal failure and end of life care, DH 2005*

Four quality requirements covering chronic kidney disease, acute renal failure, and end of life care. This document outlines the quality requirements that will support improvements in the overall health experience for people with kidney disease.

*Modernising services for renal patients, DH 2005*

The use of High Impact Interventions to develop services for renal patients.

## Local considerations

- Ensure a current version of the Trust's infection control manual and risk management policy is available in all clinical areas

## Examples of local practice

### University Hospital Birmingham NHS Foundation Trust

- *Presentation on tools and techniques for service redesign*
- *Poster discussing how to design and organise a stakeholder day for process mapping the patient journey*
- *Process map for Vascular access*
- *Process map for the renal patient pathway*
- *Protocol for day case admission for vascular access procedures*

### Royal Devon and Exeter NHS Foundation Trust

- *Task analysis tool*
- *Problem analysis tool*

### Salford Royal Hospitals NHS Trust

- *Vascular Access Operational Policy*

# **Saving Lives challenge 8: Clean and decontaminate the environment**

## **Key objectives**

Complete adherence to cleaning protocols has been consistently demonstrated.

An audit programme for environmental cleanliness is embedded in clinical practice.

Engagement of directorate staff at all levels has been demonstrated.

Environmental issues are incorporated as part of the performance monitoring and management process.

Appropriate decontamination of equipment and utilisation of single use items where indicated has been consistently demonstrated.

A protocol for haemodialysis machine management that incorporates a named machine for high-risk patients with blood-borne viruses (BBV) is in operation.

## **Renal service deliverables**

### **Environment**

- Ensure a clear policy for decontamination of equipment, e.g. dialysis machines, is in operation
- Identify a clear responsibility structure for decontamination of equipment
- Identify a clear responsibility structure for the decontamination/cleaning of patient areas
- Identify a clear audit and feedback structure for environmental cleaning outcomes at all levels
- Plan to support continual improvement in environmental cleaning and decontamination

## Resources

### National

*Guidance on contracting for cleaning, NHS Estates 2004*

- Chapter 1 has guidelines for cleaning specifications in hospitals
- Chapter 2 has guidelines on cleaning frequencies
- Chapter 3 describes how to select best value contracts
- Chapter 4 identifies who should manage cleaning and cleaners for best effect i.e. Matrons/ward managers

*Healthcare facilities cleaning manual – Cleaning for infection control, NHS Estates*

A useful guide to reducing the risk of HCAI through appropriate decontamination of the environment.

*Healthcare facilities cleaning manual – Decontamination, NHS Estates*

A useful guide to appropriate decontamination of the environment.

*Cleanyourhands campaign, NPSA*

An overview of the principles of the campaign and tools to download to support improvement in hand hygiene.

*The Renal Association Standards 2002, The Renal Association 2002*

Section 9 on 'Blood-borne virus and microbiology in the renal unit' provides recommendations for the segregation and management of haemodialysis patients known to have HBV.

*Good practice guidelines for renal dialysis and transplantation units – Prevention and control of blood-borne virus infection, DH 2002*

- Chapter 5 discusses health and safety requirements and principles of clinical governance
- Chapter 8 discusses routine precautions against BBV infections including ensuring a safe clinical environment
- Chapter 9 discusses management of BBV infected patients including segregation of infected patients (page 42)
- Chapter 10 discusses equipment and prevention of BBV transmission including dialysis machines (page 46)

*A Matron's Charter, DH 2004*

- keeping the environment clean is everybody's responsibility
- roles and responsibilities for cleaning
- education in infection control
- involving patients in monitoring environmental cleanliness

### Local considerations

- Ensure a current version of the Trust's infection control manual, decontamination policy and risk management policy is available in all clinical areas

### Examples of local practice

#### University Hospitals Coventry and Warwickshire NHS Trust

- *Hospital discharge patient questionnaire*
- *Terms of reference for the Enhancing Ward Environment Group*

# Saving Lives challenge 9: Communicating with patients

## Key objective

All patients are provided with an opportunity to challenge practice through appropriate information and effective communication.

## Renal service deliverables

### Patient and visitor engagement

- Identify a clear responsibility structure for engaging patients and their visitors in HCAI reduction programmes
- Provide clear, appropriate information for patients about infection and infection control practices (in a range of media)
- Identify a clear structure through which patients and visitors can offer suggestions and question clinical practice
- Identify clear feedback structures for specific questions via patient focus groups
- Ensure patient representatives are included on multidisciplinary infection control teams

## Resources

### National

*Improvement Leaders' Guides – Involving patients and carers*, NHS Modernisation Agency 2005

- introduction to patient involvement
- methods for involving patients

*Cleanyourhands campaign*, NPSA

An overview of the principles of the campaign and tools to download to support improvement in hand hygiene.

*Prevention of healthcare associated infections in primary and community care*, NICE 2003

A leaflet that includes information on:

- hand hygiene
- urinary catheters
- central venous catheters

*Toolkit for producing patient information, DH 2003*

A toolkit for producing information leaflets for patients.

*Improving the patient experience*

A range of tools are available that can be downloaded and used to improve practice through patient feedback i.e. via comment cards.

Local considerations

- Use your local Kidney Patients Association to educate patients on infection and infection prevention and control
- Investigate what patient information leaflets on infection and infection prevention and control your organisation already provides. If necessary, adapt these for your clinical area

Examples of local practice

Southend University Hospital NHS Foundation Trust

– *Patient information leaflet for skin and nasal decolonisation*

University Hospitals Coventry and Warwickshire NHS Trust

– *Hospital discharge patient questionnaire*

Royal Devon and Exeter NHS Foundation Trust

– *Patient information leaflet for temporary neck line*

– *Patient information leaflet on vascular access for haemodialysis patients*

– *Presentation on patient involvement in healthcare*



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