BMI St Edmunds

Director of Infection Prevention & Control Annual Report

2015-2016

Composed by Jill Cerny Lead IPCN and Mary Beard IPCN

1. Introduction: Organisation of BMI Healthcare IPC Programme.

BMI Healthcare is committed to reducing the risks of healthcare associated infection through a pro–active strategy and continual development of best practice initiatives.

The Infection Prevention and Control Programme outlines the core components of service provided throughout all BMI Healthcare facilities and underpins the foundations of patient safety.

The strategy is outlined in a separate document and takes into account current legislation from all 3 UK countries and is set out against the framework (DH 2010) used by the England regulator: The Care Quality Commission, to measure compliance of Infection Prevention and Control (Regulation 12 of the Health and Social Care Act 2008 (Registration Requirement) Regulations 2009).[1,2,3]

The strategy is based on the criteria contained within The *Health and Social Care Act 2008* and the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance* (DH 16 Dec 2009)[1] and draws on previous and current advice from the Department of Health including:

- *Getting Ahead of the Curve*[2]
- *Winning Ways: working together to reduce healthcare associated infection in England*[3]
- *Towards Cleaner Hospitals and Lower Rates of Infection: a summary of action*[4]
- *Saving Lives: a delivery programme to reduce healthcare associated infection including MRSA*[5]
- *Essential Steps to Safe Clean Care: Reducing Healthcare Associated Infection*[6].
- Care Quality Commission Essential Standards.[7]

The day-to-day business in BMI Healthcare facilities of infection prevention and control is carried out by all staff and it is their responsibility to ensure Infection Prevention and Control policies and procedures are followed. Leading Infection Prevention and Control at the local level is an Infection Prevention and Control Lead (IPCL).

The IPCL implements a comprehensive annual programme of work covering all the main areas of risk. The content of the annual programme is based on the standards set in the *Saving Lives*, supported by corporate and local assessments of risk based on surveillance and audit activity.

The main business of the IPCL is to produce and implement the infection prevention and control annual priorities and audit programme and to resolve current infection prevention and control issues by appropriate action or advice. The IPCL is also responsible for reviewing and implementing the national HCAI strategy and DH policy and initiatives.

The annual report is structured around the ten criteria of the Code of Practice and includes the cross references to the Scottish NHS Quality Improvement Scotland Standards (March 2008) Healthcare Associated Infection.[8]

Compliance criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
6	Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections
10	Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

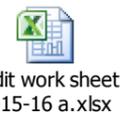## 2. Self assessment against the Code of Practice. = 99%

self
assessment.docx

3. Criterion 1:

3.1 Systems to manage and monitor the prevention and control of infection

These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.

This criterion links with Outcome 6, Regulation 24 cooperating with other providers in the CQC guidance about compliance.

oct 15.doc   feb16.doc   july16.doc   ACTION PLAN BSE   Audit work sheet
                                          IPC for 2014-15.doc 2015-16 a.xlsx

annual plan
2015-16.docx

BMI St Edmunds has in place:

- An Assurance Framework outlining collective responsibility of all staff from the Board to the local level for minimising risks of infection and how this is to be achieved.
- A Corporate Director of infection prevention and control (DIPC) accountable to the chief executive and the Board at Corporate level with devolved responsibilities to the Head of Infection Prevention and Control A Director of Infection Prevention and Control (DIPC) accountable to the Executive Director and the Board at local level.
- Mechanisms in place to ensure sufficient resources are available to secure effective prevention and control of HCAI.

- Measures to ensure that relevant staff, contractors and other persons directly or indirectly concerned with patient care receive suitable and sufficient information, training and supervision in measures required to prevent or minimise HCAI.
- A programme of audit to ensure key policies and practices are being implemented appropriately.
- Policies and procedures that address Infection Prevention and Control risks and how to manage those risks.
- A designated decontamination lead.
- A designated microbiologist
- A designated antibiotic pharmacist and a microbiologist who can advise on appropriate antimicrobial stewardship and an antimicrobial stewardship programme.

3.2 Risk assessment

BMI St Edmunds has in place suitable and sufficient assessment of risks to patients receiving healthcare with respect of healthcare associated infection. Risk assessments are carried out at pre-assessment, admission and throughout the patient pathway. The IPCL monitors risks of infection through data collection, audit and review of clinical incident reporting. These findings and a review of current risk assessments are reported to the IPC Committee and the findings are used to inform future actions.

total risk
assesment.doc

Sharps AUDIT
August 2016.xls

BMI St Edmunds has a robust incident reporting system through which staff can report adverse incidents such as deviation from a clinical guideline or poor practice that may be detrimental to patient care.

Each MRSA / MSSA/ E.coli bacteraemia, *Clostridium difficile* infection and some surgical site infections are subject to a root cause analysis (RCA) and are reported via the incident reporting system and discussed at the Infection Prevention and Control Committee.

3.2 Infection control management, including the role of the DIPC

BMI St Edmunds
The DIPC of BMI St Edmunds is vacant at the present.

The DIPC is responsible for leading the Infection Prevention and Control service and reports directly to the Executive Director and the Board. The Infection Prevention and Control Lead carries out the daily duties including audit, surveillance, training, patient risk assessment and advice and support with support from Link Practitioners.

Full details of the roles and responsibilities of all staff in prevention and control of infections are outlined in the BMI Infection Prevention and Control Assurance Framework document.

4. **Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections**

   This criterion links with Outcome 10, Regulation 15 safety and suitability of premises contained in CQC guidance about compliance.

The IPCL, in collaboration with the Estates and Facilities Team and the decontamination lead, monitors standards of cleanliness and promotes best practice by ensuring

4.1 Staffs are suitably trained and hold adequate competencies for their roles.
4.2 There are designated managers for the cleaning of the environment and the cleaning and decontamination of equipment.
4.3 Lead nurses are included in all aspects of cleaning services, including contract negotiations and service delivery at ward level.
4.4 Ensuring through audit and ward visits that all parts of the premises are suitable for the purpose, kept clean and maintained in good physical repair and condition.
4.5 Patient-led assessments of the Clinical Environment (PLACE) audits are conducted annually.

4.6 The cleaning arrangements detail the standards of cleanliness required in each area and audits of cleaning are conducted as per cleaning standards. Show results of audits as evidence of cleaning standards

Action Plan from Housekeeping Audits.

4.7 There is adequate provision of suitable hand washing facilities and antibacterial hand rubs in line with WHO five moments of hand hygiene and risk assessments have been conducted for alcohol hand gel placement and use.

Hand Hygeine risk 2016.doc

4.8 Correct procedures are in place for the delivery of food services, including food hygiene and food brought into the organisation by patients, staff and visitors.
All kitchen and pantry staffs have basic food hygiene training.
Food service is now provided through "Compass."

4.9 Advising on waste disposal. There is a robust waste management policy and appropriate segregation of waste in line with the policy. There are waste officers for each site.

BMI Healthcare Waste Pre-Acceptanc

4.10 There is a programme of planned, preventive maintenance, including pest control and the management of potable and non-potable water supplies.

4.11 There is a Safe Water group to ensure safe delivery of potable and non-potable water supplies.

4.12 There is a uniform policy in line with the DH policy and compliance with bare below the elbows has been introduced this year and is being reinforced.

4.13 Ensuring the supply and provision of linen and laundry including uniforms which reflects health service guidance HSG (95)18 hospital laundry arrangements for used and infected linen.

4.14 Ensuring there are effective arrangements for the appropriate decontamination of instruments and other reusable medical equipment in line with the Choice

Framework 01-01[9] (England); HTM2010, HTM2030 and HTM2031 (Scotland and Wales), and has registration under Article 12 - Council Directive 93/42/EEC[10], Annex V, Section 3.2.(Sterility aspects only) or registered with CQC.

BMIHD hubs operate a Quality Management System which complies with the requirements of ISO 9001:2008 and ISO 13485:2003 for the following scope

'The provision of a service of decontamination and moist heat sterilisation of procedure packs and supplementary items'

o There is a designated decontamination lead with responsibility for ensuring that the decontamination policy is implemented in relation to the organisation and takes account of national guidance. The site has registered for JAG accreditation and is now reviewing the actions needed to be taken to ensure we work towards compliance.

18Jan2016
endodcopy audit.pdf

Appropriate procedures are followed for acquisition and maintenance of decontamination equipment.

o A monitoring system is in place to ensure decontamination processes are fit for purpose and meet required standards:
- risk assessment
- weekly water testing and feedback of results
- machine checks
- maintenance with available records.

o A monitoring system is in place to ensure safe and adequate equipment cleaning in line with *High Impact Intervention No. 8 Decontamination of Equipment*.

5 Criterion 3: Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

5.1 There is an antimicrobial stewardship programme that includes a local SOP for antibiotic prescribing, audits and reporting to the IPC Committee.

Bi-annual
Antimicrobial Audit.dc

5.2 Each prescriber receives training in antimicrobial stewardship

5.3 There is active participation in the annual World Antibiotic Awareness / European Antibiotic Awareness Day. The site ran quizzes around site to raise awareness and a hand washing awareness display in Reception.

6 Criterion 4: Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.
Provide suitable accurate information on infections to service users and their visitors.
This criterion links with Outcome 1, Regulation 17 Reporting and involving services users contained in CQC guidance about compliance

This criterion links with Outcome 6, Regulation 14 cooperating with other providers contained in CQC guidance about compliance.

BMI St Edmunds has an active enhanced recovery programme (ERP) to improve patient outcomes. There is on-going Infection Prevention and Control input into patient pathways that include risk assessments and Department of Health, high impact intervention (care bundles).

Transfer documentation communicates the patient's infection status to the receiving team or NHS provider organisations.

BSE ERP.docx

7 **Criterion 5: Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people**

BMI St Edmunds participates in reporting surveillance data to Public Health England and these data are published on their website.

	Hips	Knees	Infections
Year 2015-16	159	146	0

BMI St Edmunds commenced PHE SSI data collection on hips and Knees.

Any patients experiencing HCAI caused by MRSA or Clostridium difficile organisms receive an information leaflet which contains information about the organism and explains any precautions required both in the hospital and in the community post discharge. Information is also available for visitors. There is also a hand hygiene information leaflet for patients and relatives.

The BMI IPC Assurance Framework outlines the roles and responsibilities of all staff in the prevention and control of healthcare associated infections.

Compliance with mandatory training and completion of appraisal are reported through key performance indicators and discussed with line managers at one to one meetings and annual appraisals.

See BMI St Edmunds Annual Action Plan

BMI St Edmunds MRSA screening policy includes all high risk patients in line with recommendations from the Independent Healthcare Advisory Service and includes;
- All NHS patients admitted under contract (excluding endoscopy, ophthalmic day cases, dental and dermatology minor procedures, in line with DH guidance)
- Any patient transferring directly from another hospital in the UK or abroad.
- Any patient admitted from a residential or nursing home.
- Any patient known to have been discharged from any hospital (including BMI) following a medical or in patient surgery event within the last three months.
- Any patient about to undergo surgery that requires
    Insertion of one or more prostheses or grafts (excluding day case cataract surgery)

Requiring planned level 2/3 critical care management (this is not applicable to site)

- Oncology and chemotherapy inpatients (this is not applicable to site)

mrsa screening bullet
pointsSEDS.docx

Systems are in place in all BMI healthcare sites for timely laboratory results to be identified to staff to ensure prompt treatment of the patient and appropriate infection prevention and control precautions to be initiated.

MRSA Screens 2015-2016.

No cases	Negative	Positive	Decolonisation

8 **Criterion 6: Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection**

As far as is reasonably practicable, BMI St Edmunds ensures that its staff and contractors and others involved in the provision of healthcare cooperate so far as is necessary to enable the healthcare services to meet their obligations under the code of practice for the prevention and control of healthcare associated infections.

Most of the accommodation in BMI sites is single room accommodation and where patients are known to have an infection, the appropriate precautions are instigated. The decision to classify the incidence of any infectious disease as an outbreak is taken by the Infection Control Lead in consultation with the Head of Infection Prevention and Control and local infection control doctor or microbiologist.

BMI St Edmunds has a policy in place for outbreak management.

BMI St Edmunds has in place infection prevention and control training programmes for all staff including e-learning and face to face training sessions. Training programmes are identified through the use of infection control training needs analysis which is mandatory for all staff on BMI Learn.

See BMI St Edmunds Action Plan

9 **Criterion 7: Provide or secure adequate isolation facilities**

All the accommodation at this site is single rooms. Risk assessments will highlight the need for transmission based precautions.

BMI St Edmunds has all single rooms for patient care

To assist staff BMI Healthcare has an isolation policy and organism-specific policies detailing the need for isolation. Staffs are also assisted in their decision-making through the provision of a risk assessment tool for prioritisation of patients who require isolation.

See BMI St Edmunds Action plan

10 **Criterion 8: Secure adequate access to laboratory support as appropriate**

Each BMI St Edmunds facility has a Service Level Agreement for 24 hour access to a microbiologist / Infection Control Doctor

BMI St Edmunds has an SLA is in place with West Suffolk Hospital NHS Trust which includes microbiology and ICD.

11 **Criterion 9: Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections.**

All BMI IP&C policies are keep in hard copy in the ward area.

BMI Healthcare publishes comprehensive infection prevention and control policies Corporately which are modified for local level in the form of standard operating procedures and are available on the BMI intranet.

In the event of a failure of the electronic library a master copy of all infection prevention and control policies and procedures are located in the Ward.

The Corporate Head of Infection Prevention and Control is responsible for updating and maintaining corporate IPC policies. The local IPCL is responsible for the maintenance and updating of local standard operating procedures and guidance documents against these policies.

Health care workers

12 **Criterion 10: Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.**
This criterion links with:
- Outcome 12, Regulation 21 requirements relating to workers
- Outcome 11, Regulation 16 safety, availability and suitability of equipment
- Outcome 10, Regulation 15 safety and suitability of premises
- Outcome 6, Regulation 14 cooperating with other providers contained in CQC guidance about compliance.

Staffs are protected from the risk of infection through a comprehensive portfolio of policies addressing:
- Induction training of new staff
- Annual training of existing staff
- Occupational health measures.

All staffs have access to occupational health advice and out of hour's access to medical advice in the event of exposure to a blood borne virus or an alert organism.

There is a screening and immunisation programme which is in accordance with national guidance, specifically 'immunisation against infectious diseases'; including pre-employment screening and ongoing health screening for communicable diseases where indicated.

BMI Healthcare is working towards reducing occupational exposure to blood borne viruses including the prevention of sharps injuries by the purchase of safer sharps products where available.

8.1.1 Induction, training programmes and ongoing education

All clinical staff including bank nursing staffs who are employed by BMI Healthcare are required to participate in induction and mandatory annual infection prevention and control training

currently provided by the IPC lead and infection control link nurses. This includes hand hygiene, Aseptic Non Touch Technique and Care Bundles (High Impact Interventions)

BMI St Edmunds has implemented an infection prevention and control e-learning programme to support the mandatory training programme already in place.

The percentage of IPC education for 2015-16 = 80%

All new clinical and support staff receive the principles of infection prevention and control training including hand hygiene as part of the induction process.

RMOs are required to undergo infection prevention and control induction

13. Monitoring compliance with and the effectiveness of this strategy

Compliance with the strategy and the national code of practice is monitored at each Infection Prevention and Control Committee meeting as the annual work programme is based on these criteria.

	Criterion	Monitored by
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.	• Risk assessments • Infection Prevention and Control incidents reported on Sentinel • Audits • Surveillance reports
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	• Local Cleanliness audits • Annual PLACE audits • Patient satisfaction • Environmental audits
3	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	• Antimicrobial Stewardship in place • Annual Antimicrobial audits in place • Education of all staff on use of antimicrobials
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion. Provide suitable accurate information on infections to service users and their visitors.	• Infection Prevention and Control Committee oversees IPC surveillance reports and makes them available where appropriate • Multidisciplinary root cause analysis meetings for MRSA, MSSA, E.coli bacteraemias, *C.difficile*, and Surgical Site Infections • IPC Annual Report • IPC infection control patient/visitor/staff information leaflets available

5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.	• Surveillance of all alert organisms including MRSA, MSSA, E.coli bacteraemia, *Clostridium difficile* • Surveillance of orthopaedic surgical site infections (hips and knees)
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.	• IPC mandatory training included in induction and refresher training • IPC e-learning package available on BMI learn • RMO induction package.
7	Provide or secure adequate isolation facilities.	• IPC involvement in new builds and refurbishments • Isolation policy in place with regular audit and feedback
8	Secure adequate access to laboratory support as appropriate.	• Laboratory is registered with CPA, and there is access to 24 hour service'
9	Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.	• Policies and procedures reviewed and updated as required • All policies/procedures available via the Collaboration site • Compliance monitored through audits (IPS QIT and Care Bundles)
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.	• Occupational Health monitoring of staff well-being • Provision of vaccination to staff as appropriate with feedback of uptake • Sharps injuries monitored

10. References

1. The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. (Dec. 2009)
2. Department of Health (2001). Getting Ahead of the Curve. A strategy for combatting infectious diseases including other aspects of health protection.
3. Department of Health (2003) Winning Ways Working together to reduce Healthcare Associated Infection in England. Report from the Chief Medical Officer.
4. Department of Health, (2004) Towards Cleaner Hospitals and Lower Rates of Infection.

5. Department of Health (2005) Saving Lives: a delivery programme to reduce healthcare associated infection including MRSA
6. Department of Health (2006) Essential Steps to Safe Clean Care: Reducing Healthcare Associated Infection
7. Care Quality Commission Essential standards. http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/essential-standards (accessed 26 July 2013)
8. Scottish NHS Quality Improvement Scotland Standards (March 2008) Healthcare Associated Infection.
9. Department of Health (2013) Management and Decontamination of surgical instruments used in acute care. CFPP 01-01 / Part A-E

10. European Council Directive 93/42/EEC (1993) concerning medical devices (MDD93/42/EEC)