Follow Up Report
to review implementation
of recommendations from

The Independent Review of **Clostridium difficile** Associated Disease
at the
Vale of Leven Hospital
(from December 2007 to June 2008)

January 2009

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Summary

The Cabinet Secretary for Health and Wellbeing commissioned an independent review of procedures in place at the Vale of Leven Hospital over the period December 2007 to 1 June 2008 in response to information that 55 patients had developed *Clostridium difficile* associated disease (*CDAD*), 18 of whom had died.

The report produced by the Independent Review Team made eight recommendations to be implemented as a matter of urgency for the hospital. The final recommendation was that an audit of implementation of these recommendations be conducted by the end of 2008, with patient representatives included in the audit process.

The Review Team had access to documentary evidence of progress in implementing the recommendations. The Review Team, with patient representatives, attended presentations at the hospital, conducted a walk round of various wards, and the Review Team and one patient representative interviewed the Chief Executive and senior managers of NHS Greater Glasgow and Clyde. Individual team members made further enquiries in a number of specific areas.

The Review Team found that the recommendations had been systematically addressed by NHS Greater Glasgow and Clyde and monitored through monthly progress reports. Infection policies had been revised as recommended and a major training exercise for all staff had been completed. Antimicrobial policy had been implemented and decreases in antibiotic use have been demonstrated through monitoring and feedback by a dedicated antimicrobial pharmacist who visits for one day each week.

A much improved and more direct organisation for the control of infection is being implemented and will be fully integrated with the rest of the NHS Greater Glasgow and Clyde area by March 2009. This is being supported by a number of key appointments to be made in February and March 2009.

All Senior Charge Nurses are now participating in a national development programme and clinical quality indicators have been adopted for each ward area. Communication about infection control among staff, patients and relatives has been strengthened, and very significant improvements have been made to the physical environment of the hospital, with the refurbishment scheduled to be completed, as planned, in May 2009.

There is documented evidence that rapid and very significant progress has been made in implementing the recommendations of the Review Team at Vale of Leven Hospital. The Review Team has been impressed by the positive changes to the physical environment and positive atmosphere of the hospital.

While much of the work has been completed, some will be undertaken over the next few months and monitoring of progress must continue. There are two areas in which the implementation of recommendations is dependent on national guidance. First, implementation of the NHS Dress Code Guidance and second, clarification of the guidance on the medical certification of the cause of death related to healthcare associated infections (HAIs).

Building sustainability in each of the seven areas covered by the recommendations is crucial to maintaining the achievements. The long-term commitment of NHS Greater Glasgow and Clyde Board to delivery of health care at the Vale of Leven Hospital will contribute to the sustainability of achievements made thus far.

Introduction

The Cabinet Secretary for Health and Wellbeing commissioned an independent review of procedures in place at the Vale of Leven Hospital over the period December 2007 to 1 June 2008, in response to information that 55 patients had developed *Clostridium difficile* associated disease (*CDAD*), 18 of whom had died.

Professor Cairns Smith, OBE, Professor of Public Health, University of Aberdeen was appointed to lead the review and was joined by Dr Gabby Phillips, Medical Microbiologist, NHS Tayside and Professor Mary Henry, OBE, Nurse Director at NHS National Services Scotland.

Given the urgency of the situation, the Independent Review Team was asked to report to the Cabinet Secretary for Health and Wellbeing by 31 July 2008. The independent review report was published in the first week in August 2008 and, as a matter of urgency, made eight major recommendations for the Vale of Leven Hospital.

The final recommendation was that an *'external and independent audit of the implementation of these recommendations should be conducted by the end of 2008 and that patient representatives should be included as part of the Review Team'*. The aim of this recommendation was to provide assurance that the recommendations were implemented.

Remit

The Cabinet Secretary for Health and Wellbeing invited the Independent Review Team to conduct a follow-up review of the implementation of the recommendations at the Vale of Leven Hospital. One patient and one relative were invited to participate in this review (see Annex A), and a report was asked for by the end of January 2009.

The remit of the Review Team was to:

- visit the Vale of Leven Hospital and wards to see what improvements had taken place in infection prevention and control practices and to ascertain how the Review Team's recommendations were being implemented.

- meet with the Chief Executive of NHS Greater Glasgow and Clyde and his senior management team to discuss progress on the seven recommendations made by the Review Team against its healthcare associated infection (HAI) action plan.

- produce a report outlining how the Vale of Leven Hospital had responded to the recommendations in the Review Team's original report.

Ongoing investigations are being carried out by the Area Procurator Fiscal into the circumstances of the deaths at the Vale of Leven Hospital. The Area Procurator Fiscal's investigations involve parallel investigations by Strathclyde Police and the Health and Safety Executive (HSE). It is important to note that the work of the Review Team does not cut across the Procurator Fiscal's investigations, as the team's work has the wholly different aim of examining the improvements that have been made in practices and procedures at the Vale of Leven Hospital, and lessons to be considered by all hospitals across NHS Scotland. The Area Procurator Fiscal and the Health and Safety Executive were informed of the Review Team's remit and its intention to revisit the hospital.

Process

Walter Scullion, a former patient of Vale of Leven Hospital, and Michelle Stewart, a relative and member of the Families' *C diff* Justice Group, were invited to join the original Review Team.

The team requested that a list of specified documents providing evidence of progress in the implementation of the seven recommendations be made available; the sources requested and supplied are detailed in Annex B.

The team also requested that oral presentations be made to them on 23 December 2008 by the staff responsible for implementation of each of the recommendations and that an opportunity to question the staff following these presentations be made available; the staff members involved in this process are listed at Annex C.

The Review Team split into two separate groups to walk round a number of wards and clinical areas on 23 December 2008. The aims of these visits were to gain an overview of improvements to, for example, risk management processes, the understanding of infection control, sink and toilet facilities, cleaning, hand hygiene practices and patient information.

Three specific issues were identified for more detailed follow up by team members.

Role and Function of Infection Control Doctors

- Gabby Phillips conducted a follow-up telephone interview around the role and function of the infection control doctor with the infection control doctor on 9 January 2009.

HAI Surveillance Systems

- Cairns Smith, with the chair of the infection control committee, the Nurse Consultant and the Infection Control Nurse, conducted an investigation into the operation of the HAI surveillance systems in place at the hospital on 12 January 2009.

Senior Charge Nurse Review Implementation

- Mary Henry with Jane Walker reviewed the implementation of the Senior Charge Nurse Review and other aspects of infection control with senior nursing staff on 13 January 2009.

Reports of these follow-up activities are presented at Annex D.

The Review Team and one of the lay members of the Review Team met with Tom Divers, Chief Executive of NHS Greater Glasgow and Clyde, and his senior management colleagues, Robert Calderwood (Chief Operating Officer, Acute Service) and Tom Walsh (Infection Control Manager) at the Vale of Leven Hospital on 19 January 2009 to discuss progress on the seven recommendations against the HAI action plan.

Findings

Findings are based on the review of documents requested, presentations from (and questions to) staff, examination of the role of the infection control doctor, investigation of the surveillance system, interviews regarding the Senior Charge Nurse review and the interview with the Chief Executive and senior management team members. The findings are presented as they relate to each of the seven recommendations the Review Team presented in its August 2008 report.

i. That current infection control policies and procedures are reviewed to ensure that current best practice guidelines with respect to the prevention and control of C.difficile infection are implemented and monitored including relevant training and education for all staff. This should include C.difficile care bundles to support audit, the C.difficile checklist and the Template for Local Surveillance produced by Health Protection Scotland. (Additional guidance from Health Protection Scotland is expected in the Autumn 2008).

Key points

- Policies and practices have been reviewed as recommended, including care bundles, checklists and additional guidance on Prevention and Control of *Clostridium difficile Associated Disease in Healthcare Settings in Scotland Version 1.0*, published by Health Protection Scotland in October 2008.

- Hand hygiene audits demonstrate the improved coverage facilitated by the increased availability of wash hand basins.

- Statistical process control (SPC) charts are in operation at ward level and have been seen to be understood and used appropriately by Senior Charge Nurses and Infection Control Nurses as a tool to trigger and facilitate more detailed investigation.

- Staff uniform policy is being addressed through commitment to the implementation of the NHS Dress Code Guidance. The completion of staff changing facilities as part of the refurbishment process at the end of February 2009 is an important development in supporting compliance with uniform policy at the Vale of Leven Hospital.

- An extensive and appropriate programme of staff training in infection control has been completed for over 500 staff. A total of 538 staff have now attended training sessions delivered by Infection Control Nurses and lasting 2 hours. The course content included HAI background, basic microbiology and the modes of spread, patient risk factors, standard precautions, hand hygiene, decontamination of equipment, C. difficile, MRSA and outbreak management. 73 members of staff have registered for the NHS Education for Scotland Cleanliness Champions Course (self directed training modules - approximate duration 20-30hrs), 36 have now completed the training.

- Infection control training is part of mandatory induction for all new staff. An information technology (IT) system is being used to monitor training in infection control.

ii. That current best practice guidelines for prudent antimicrobial prescribing are implemented and monitored both in the acute and community sectors and that the hospital works towards compliance with the Scottish Management of Antimicrobial Resistance Action Plan (2008).

Key points

- Best practice guidelines have been implemented in line with the Scottish Management of Antimicrobial Resistance Action Plan.

- Training of medical staff has been completed and is now included in mandatory induction processes for all new staff.

- An antimicrobial pharmacist has been appointed to take responsibility for prescribing audit and feedback of prescribing data to clinicians. This appointment of a ward-based pharmacist for one day per week will ensure that the level of training, feedback, audits and performance is sustained.

- Documented evidence on the appropriate use of restricted antimicrobial prescribing at the Vale of Leven Hospital between the second and third quarters of 2008 shows a 49% decrease in prescribing of cephalosporins, a 61% decrease in quinolones, a 98% decrease in clindamycin, and a 71% decrease in co-amoxiclav, based on defined daily dose. These are very positive changes but may partly be explained by seasonal trends. The continuous cycle of surveys and audits will enable careful monitoring of these trends.

- Importantly, implementation of the antimicrobial policy has been extended, through development of antimicrobial prescribing guidelines, to community health partnerships and general practitioners.

iii. That infection control roles, responsibilities, processes and committees must be aligned to clearly establish lines of professional and clinical responsibility, accountability and support clinical leadership across all levels including the Community.

Key points

- Restructuring of infection control responsibilities has produced a much clearer and simpler structure, with clear lines of responsibility and accountability.

- The restructuring of infection control will not be fully implemented until recruitment to a number of senior posts is completed in March 2009. It is important to ensure these posts are positioned appropriately at senior levels to reflect the responsibilities they carry, and that microbiologists are granted sufficient protected time to undertake infection control doctor duties within the infection control teams. Infection control team members should also be enabled to feed their local knowledge into planning discussions.

- There is one Infection Control Nurse based at Vale of Leven Hospital (the recommended staffing level is for one ICN to 250 beds) and this ICN is now part of a larger team within the North West Sector and has access to clinical support and supervision, and effective out of hours arrangements are in place.

- The restructuring has produced improved integration of infection control with that of NHS Greater Glasgow and Clyde, which is important for resilience and longer-term sustainability.

iv. That a development plan to strengthen, support and empower the role of the charge nurse is put in place and to improve the professional leadership structure to board level.

Key points

- All Senior Charge Nurses are participating in the national programme of work to implement the recommendations from the Senior Charge Nurse review - Leading Better Care. This work must continue.

- All Senior Charge Nurses are participating in a training and development programme which aims to:

  > ensure safe and effective practice
  > enhance patients' experiences
  > manage and develop team performance
  > contribute to meeting organisational objectives.

- National clinical quality indicators (CQIs) covering food, fluid and nutrition, falls, pressure ulcer prevention and monitoring and observation have been accepted and are being appropriately and rapidly adopted at local level.

- NHS Greater Glasgow and Clyde has fully participated in the national nursing and midwifery workforce and workload planning project and workforce and workload planning has been found to be appropriate. Bed management arrangements are also in place.

- A revised structure for professional leadership is in place. This ensures direct lines of accountability to the Nurse Director. The appointment of an Associate Director of Nursing will have a focus on infection control and will strengthen both the leadership of Infection Control Nurses and the NHS Greater Glasgow and Clyde professional leadership network.

- The visibility of lead nurses in clinical areas has increased. All lead nurses in the Vale of Leven Hospital will have a raised profile in the areas they cover on a daily basis to improve their contact not only with clinical staff, but also with patients and the public. Arrangements are in place for lead nurses to return to wearing uniform to highlight the clinical emphasis of their roles.

v. That the process for communication with patients over infection control issues be improved in consultation with patient representatives.

Key points

- New and improved patient information leaflets are now being used and information on handling laundry is being supplied to relatives and carers. These were reviewed by one of the lay members of the Review Team.

- Changes to the physical environment, including day rooms, have enabled the development of better confidential space within clinical wards areas for discussions with patients and their relatives and carers.

- The infection control training undertaken by all staff will improve content and accuracy of the communications between staff, patients and relatives on infection control risks and prevention and control measures.

vi. That the Board ensures a safe environment for patient care, develops a pre-planned maintenance programme for the Vale of Leven Hospital, and reviews current isolation facilities using a risk management process.

Key points

- Very significant improvements are being achieved in clinical areas through the works programme, which includes replacement of unsatisfactory wash hand basins and showers and the provision of additional ones, replacement of flooring, suspended ceilings and piped gases, and redecoration.

- Reduction in bed numbers within some wards has created improved bed spacing and some improvement in storage and treatment areas.

- Clinical areas are better organised, with much less use of corridors and other public areas for storage.

- Work has been completed in five wards and a further five areas will be completed by the end of January 2009. Work on Fruin and Christie wards, will be completed as planned at the end of May 2009.

- There has been an increase in the complement of single-bedded ward areas from 18 to 23. It remains important however the Isolation Policy is implemented effectively and based on an appropriate risk based approach.

- Senior charge nurses and lead nurses have access to an identified budget for replacement equipment and urgent maintenance work.

- Longer-term planned environmental maintenance will be determined through two ongoing assessments of the fabric and conditions within the estate: the environmental audit, and the HAI SCRIBE audit.

- The Vision of the Vale of Leven Hospital consultation is very important to the longer-term future of the hospital. NHS Greater Glasgow and Clyde is committed to the maintenance of health care provision at the hospital. The consultation process is focused on the configuration of services, with final recommendations being referred to the Cabinet Secretary for the final decision.

vii. That the Board adopts a consistent approach through best practice and training in relation to death certification for Healthcare Associated Infection.

Key points

- Revised Information and Guidance for Medical Practitioners on Death and the Procurator Fiscal, including any hospital acquired infection, was issued by the Crown Office and Procurator Fiscal Service in October 2008. Clarification on its application is being sought from the Crown Office.

- Guidance on complete and accurate medical death certification is being reviewed by the Chief Medical Officer for Scotland and the updated guidance is nearing completion.

- Training and supervision on the Completion of Medical Certificates of the Cause of Death Guidance has been reviewed by NHS Greater Glasgow and Clyde.

Conclusions

There is documented evidence that rapid and very significant progress has been made in implementing the recommendations of the Review Team at Vale of Leven Hospital, some of which were already in progress at the time of the original review. The Review Team has been impressed by the positive changes to the physical environment and positive atmosphere of the hospital.

It is clear that great efforts have been made by staff at all levels in NHS Greater Glasgow and Clyde to respond to the recommendations in the period since the initial review. They have taken on a great deal of work over a relatively short timescale. Much of the work they have addressed has already been completed and the remainder will be completed in the next few months, including recruitment to the new infection control organisation and refurbishment work. NHS Greater Glasgow and Clyde must continue to produce regular progress updates to the Scottish Government Health Directorates on specific actions until they have been completed.

There are two areas in which the implementation of recommendations is dependent on national guidance. These are the implementation of the NHS Dress Code Guidance and the provision of further national guidance on the medical certification of the cause of death related to HAIs is required.

Sustainability is a key component built into all the recommendations. The full integration of Vale of Leven Hospital into policies and practices across NHS Greater Glasgow and Clyde is critical to maintaining the high level of performance in infection control. The commitment to maintaining health care provision at Vale of Leven Hospital will provide security for staff and will encourage recruitment and retention of high-quality health care staff. It will also provide reassurance to the communities served by the hospital.

Annex A. Review Team membership

Mary Henry, Nurse Director, NHS National Services Scotland

Gabby Phillips, Consultant Microbiologist, Ninewells Hospital and Medical School, Dundee

Walter Scullion, patient

Cairns Smith, Professor of Public Health, University of Aberdeen

Michelle Stewart, patient's relative and representative of Families' *C diff* Justice Group

Jane Walker, Nurse Advisor, seconded from NHS Tayside

Annex B. Requested and supplied evidence

Recommendations	Evidence requested by Review Team	Evidence supplied by NHS Greater Glasgow and Clyde (NHSGGC)
1) The current infection control policies and procedures are reviewed to ensure that current best practice guidelines with respect to the prevention and control of *C.difficile* infection are implemented and monitored including relevant training and education for all staff. This should include *C.difficile* Care Bundles to support audit, the *C.difficile* checklist and Template for Local Surveillance produced by Health Protection Scotland.	• Revised Infection Control policy. • Audit tools/results template. • Content of training programme, including dates, and attendance. • Reporting mechanisms for surveillance and outbreak reporting. • Hospital/board uniform policy and staff changing facilities. • Evidence of implementation. • *C diff* Statistical Process Charts (SPC). • Hand hygiene audit results. • Commode cleaning audit results. • Decision processes for isolation of patients.	1. Revised NHSGGC infection control policy for the control of *C. difficile* disease. 2. NHSGGC infection control environment audit Tool and copy of recent results, including commode audit. 3. NHSGGC near patient equipment SOP: a. Standard Operating Procedure b. Sample of ward recordings – VOL. 4. Template for the audit of key policies and results from these audits. 5. Training/education: a. Infection control update programme – presentation, schedule and attendance lists. b. Hand hygiene – presentation and attendance lists. c. Statistical process control charts – presentation and attendance lists. d. C.diff Associated Disease care bundles – presentation and attendance lists. e. Online training uptake – NHSGGC. 6. Reporting mechanism for surveillance and outbreak reporting. a. NHSGGC guidance on the reporting of incidents and outbreaks (draft) b. NHSGGC framework for local surveillance. statistical process control charts. 7. NHSGGC uniform policy – draft 6. 8. Staff changing facilities. 9. *C. difficile* SPC charts. 10. Results of the National Hand Hygiene Audit – September 2008

		11. Results from local hand hygiene audits – sample of ward 'run charts' and the methodology based on SPSP principles.
2) That current best practice guidelines for prudent antimicrobial prescribing are implemented and monitored both in the Acute and Community sectors and that the Hospital works towards compliance with the Scottish Management of Antimicrobial Resistance Action Plan (2008).	• Antimicrobial prescribing policy. • Implementation monitoring plan across acute and primary care. • Report on current antibiotic prescribing. • Surveillance and feedback to clinicians. • Compliance with Scottish Management of Antimicrobial Resistance Action Plan (SCOTMARAP). • Information on training sessions.	1. Antibiotic policies: a. NHSGGC Infection management guideline: empirical antibiotic therapy. b. NHSGGC adult iv-oral antibiotic switch therapy guideline. c. NHSGGC antibiotic guidance for inpatients. d. NHSGGC *C. difficile* treatment protocol. e. NHSGGC primary care antibiotic guidance (draft). 2. Antimicrobial Management Team/Antimicrobial Utilisation Committee: action plan to improve prescribing practice, contain resistance and reduce HAI. 3. Antimicrobial audits a. Vale of Leven Hospital. b. Royal Alexandra Hospital. 4. Antibiotic audit feedback presentation.
3) That infection control roles, responsibilities, processes and committees must be aligned to clearly establish lines of professional and clinical responsibility, accountability and support clinical leadership across all levels including the Community.	• Evidence of the infection control governance structures. • Evidence of clinical leadership arrangements. • Evidence that policy is in place and working from interviews with staff. • Specific communication with relevant staff on these issues.	1. Proposed infection control structure NHSGGC. 2. Leadership – minutes of the meeting held in the VOL on 03/09/2008 with the board director of nursing, acute division director of nursing, lead nurses (VOL) infection control nurses and senior charge nurses (VOL). 3. Examples of papers from directorate management meetings. 4. Examples of papers from Vale of Leven Clinical Governance Group.
4) That a development plan to strengthen, support and empower the role of the Charge Nurse is put in place and to improve the	• Development plan for senior charge nurse review and education to support this. • Professional leadership structure.	1. Report on the implementation of the review of the senior charge nurse. 2. Report – The senior charge nurse review and clinical quality indicators implementing 'Leading Better Care' in NHS GGC 2008-2010.

professional leadership structure to Board level.	• Evidence from interviews with charge nurses. • Plan for senior charge nurse review and progress. • Update on progress to implement 'Time to Care'.	3. Senior charge nurse review steering group – terms of reference and minutes of meetings. 4. Mental health partnerships implementation of the senior charge nurse development plan. 5. Senior charge nurse job description. 6. OMG 'Releasing Time to Care' paper.
5) That the process for communication with patients over infection control issues be improved in consultation with patient representatives.	• Evidence of patient involvement. • Good quality, standardised written information and guidelines for staff and patients regarding infection control and laundry.	1. NHSGGC framework for PFPI 2009-2010. 2. PFPI structure. 3. Links to PFPI structure and infection control. 4. Patient panel progress report. 5. Example of minutes and agenda from PFPI communications group. 6. Infection control patient information leaflets. 7. Examples of comments from infection control PFPI group. 8. Comments on infection control leaflets from PFPI officers from their public partnership forums. 9. Lists of public involvement events attended (infection control). 10. Communication from the director of communications and Dr. Mack re: patient information.
6) That the Board ensures a safe environment for patient care, develops a pre-planned maintenance programme for the Vale of Leven Hospital, and reviews current isolation facilities, using a risk management process.	• Evidence of investment and a maintenance programme. • Programme of work and risk management plan. • Examples of functioning risk registers. • Walk round.	1. Report on the upgrade of facilities at the Vale of Leven Hospital.

7) That the Board adopts a consistent approach through best practice and training in relation to death certification for Healthcare Associated Infection.	• Root cause analysis tool and outcomes. • Notification system to GRO. • Interim guidance for completion of medical certificates. • Implementation of the Revised Information and Guidance for Medical Practitioners on Death and the Procurator Fiscal, including any hospital acquired infection, issued by the Crown Office and Procurator Fiscal Service in October 2008.	1. Interim guidance for completion of death certificates. 2. Draft QIS/HPS/NHSGGC root cause analysis tool. 3. General Register Office for Scotland (GROS) trend data.

Annex C. Staff members involved in making oral presentations and taking questions from the Review Team

Recommendations	Presentations by staff leads
1) The current infection control policies and procedures are reviewed to ensure that current best practice guidelines with respect to the prevention and control of C.difficile infection are implemented and monitored including relevant training and education for all staff. This should include C.difficile Care Bundles to support audit, the C.difficile checklist and Template for Local Surveillance produced by Health Protection Scotland.	S McNamee L Bagrade L Kean T Walsh S Ahmed
2) That current best practice guidelines for prudent antimicrobial prescribing are implemented and monitored both in the Acute and Community sectors and that the Hospital works towards compliance with the Scottish Management of Antimicrobial Resistance Action Plan (2008).	A Seaton Y Gourlay H Carmichael S Ahmed
3) That infection control roles, responsibilities, processes and committees must be aligned to clearly establish lines of professional and clinical responsibility, accountability and support clinical leadership across all levels including the Community.	B Cowan R Crockett G Archibald S Ahmed
4) That a development plan to strengthen, support and empower the role of the Charge Nurse is put in place and to improve the professional leadership structure to Board level.	R Crockett SCNs T Walsh S Ahmed
5) That the process for communication with patients over infection control issues be improved in consultation with patient representatives.	S McNamee D Connelly L Kean S Ahmed
6) That the Board ensures a safe environment for patient care, develops a pre-planned maintenance programme for the Vale of Leven Hospital, and reviews current isolation facilities, using a risk management process.	C Sweeney J Menzies A McIntyre S Ahmed
7) That the Board adopts a consistent approach through best practice and training in relation to death certification for Healthcare Associated Infection.	S McNamee B Cowan S Ahmed

Annex D. Reports of follow-up activities

1. Microbiology services and the infection control doctor role

Gabby Phillips interviewed Dr Linda Bagrade by telephone on 9th January 2009.

In summary, the new structures have not yet been fully implemented, but dedicated sessions are currently available for the infection control doctor to undertake duties at the Vale of Leven Hospital, including a weekly site visit. Communications between the duty microbiologist and infection control staff and between the infection control doctor and infection control nurses remain good. The infection control doctor has access to medical staff for educational updates as and when required via weekly meetings. No other outstanding issues were raised.

2. HAI surveillance at Vale of Leven Hospital

Note of meeting held on 12th January 2009 with Cairns Smith, Syed Ahmed, Sandra McNamee and Laura Kean.

The meeting took place to investigate further the operation of surveillance systems, the implementation of statistical process control (SPC) charts and responses to identifying above-expected numbers of cases.

The SPC charts have been used extensively in the United States and there is published evidence to support their use. NHS Greater Glasgow and Clyde has considerable experience in piloting this approach, which was introduced to the Vale of Leven during May/June 2008 to replace a card based system.

The upper control thresholds are fixed using data from the previous 25 months and are run at ward level. The same system is used throughout the NHS board's hospitals. Outbreaks are not included in setting the upper lines, as they would distort the upper level and set it too high. The chart tracks ward trends on a monthly basis, but it indicates when the upper control limit has been exceeded during the current month.

Central to the use of this approach are agreed standard definitions of cases, which exclude those who are symptomatic within 48 hours of admission and distinguishes relapses from new cases. Such cases, while excluded from surveillance, are nevertheless included in the active case management.

Further complexities arise from ward and hospital transfers of patients and the requirement to attribute cases to the appropriate ward. Deaths with HAI codes are reported on a weekly basis by the Registrar General and are monitored by infection control staff.

The SPC chart system is a useful tool, but it is only a tool. It requires careful monitoring and interpretation and the provision of additional information. It is clear that the infection control nurses responsible for surveillance at the Vale of Leven Hospital are using the SPC charts appropriately as a tool.

The infection control nurse is active in investigating increased case numbers prior to breaching the upper control level and also when the limit is exceeded. Actions include working with the relevant ward manager to manage cases appropriately according to the infection control policy and investigating hand hygiene audits, environmental surveys and microbiological information, working with the infection control doctor.

This further investigation demonstrates that the Statistical Process Chart (SPC) system is in operation at the Vale of Leven Hospital, that it is being used and interpreted in conjunction with other indicators and information, and that it is being acted upon appropriately by infection control staff.

3. Senior charge nurse review and infection control

Note of meeting held on 13th January with Mary Henry, Rosslyn Crockett and Jane Walker.

The meeting was held to discuss the following in more detail and seek clarification on how the related recommendations were being taken forward.

Workforce planning

The national workforce and workload tool has now been applied across NHS Greater Glasgow and Clyde. This exercise has concluded that Vale of Leven Hospital has the recommended nurse staffing levels. Additional qualified nurses have been recruited to enable the opening of a new ward and consequently maintain the required bed numbers for the hospital.

A system is in place to fast-track nursing vacancies.

Bed management

The hospital has a high level of bed activity and a system is in place for charge nurses and lead nurses to authorise additional bank and agency staff if required.

The environment and maintenance programme

To ensure a safe and appropriate ward environment, budgets have been allocated to lead nurses who, along with senior charge nurses, prioritise work to be carried out using a risk management approach.

NHS Greater Glasgow and Clyde is currently undertaking an independent audit of all premises across the area. This will form the basis of a future environmental maintenance plan. The report is due to be completed by the end of March 2009.

The quality of the environment will be assured by the pre-planned maintenance programme, the implementation of the Scottish Patient Safety initiative and the higher-profile presence of lead nurses and senior managers in clinical areas.

Professional leadership

The revised structure ensures a direct line of accountability to the nurse director, the appointment of an associate director of nursing for infection control, and the continuation of the consultant nurse post for infection control. These posts will strengthen the senior professional network for nursing in NHS Greater Glasgow and Clyde.

Lead nurses have responsibility for six ward areas. They are now expected to adopt a higher professional and clinical profile, becoming more visible by wearing uniforms. Lead nurses are also expected to have an increased profile in wards and departments and will also be wearing uniform to emphasise this. The senior charge nurse development programme is under way and has been received very positively.

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