

Developing a Model for Infection Control in the Independent Healthcare Sector in the United Kingdom

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ABSTRACT

Issue: Medical care in the United Kingdom (UK) is provided primarily through the National Health Service (NHS). A number of independent healthcare providers also deliver services, particularly in areas where the NHS is unable to meet demand. Historically infection control in the independent healthcare sector in the UK has not received a great deal of attention. Most infection control initiatives developed by the UK's Department of Health target the NHS. In 2006, the UK's Health Act was passed which specified what infection control arrangements should be in place in NHS organisations - this Act is about to be extended into the independent healthcare sector. As an independent provider of sexual and reproductive healthcare services caring for over 70,000 clients each year at 53 units throughout the UK including abortion, contraception, sterilisation and vasectomy reversal, we understood the importance of having an infection control programme in place.

Project: We advertised for an Infection Control Nurse in 2006 in order for them to enhance quality by developing audit, education and surveillance programmes; this post was filled and the development of the model for our infection control programme began with the identification of all mandatory requirements such as environmental audits and education of staff. It was also important to identify and develop initiatives that would enhance the overall programme. Among these were the development of audits of practice and policies.

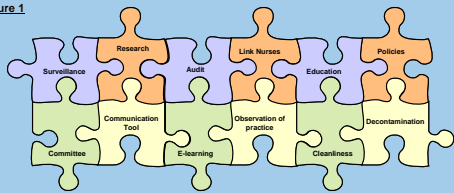
Results: A robust infection control programme is now in place with an infection control report produced at the end of each year. The infection control programme promotes education, audit, and surveillance as its main focus, and has link nurse programmes and policy development incorporated. Link staff now feel supported and motivated and complete monthly audits in their units which are reported across our organisation. We now have a greater understanding of our infection rates and what infection risks we have in our units.

Lessons Learned: Having an Infection Control Nurse employed here has enabled the organisation to focus on key infection control interventions that really make a difference. This in turn has raised the awareness of infection control throughout our organisation. We believe that our organisation has developed an infection control model that could be used by other independent healthcare providers worldwide.

DEVELOPING THE MODEL

As many of the United Kingdom's infection control initiatives have been aimed at NHS organisations, independent healthcare providers have had to make their own decisions on the type of infection control services that they would require. Based on this information **bpas** decided to develop its own model for an infection control service that would meet our needs. Figure 1 shows a jigsaw chart that represents ideas that emerged in a brainstorming session, some of which were incorporated into our infection control model.

Figure 1



THE AIM OF THE INFECTION CONTROL MODEL

In 2006 it was decided that **bpas** would employ its own infection control nurse to lead and develop the service. Using the Department of Health's initiatives and the independent healthcare regulatory body's recommendations, a tailor made infection control model was developed for **bpas**.

Initially the aims of the model were to:

- assess our current standards of infection control through audit and make improvements where necessary
- provide infection control education to all clinical staff
- develop and implement relevant infection control policies, procedures and guidelines
- set up an infection control committee

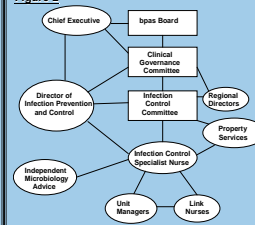
THE MODEL

It was decided that the **bpas** infection control model would consist of:

- Audit
- Surveillance
- Education and training
- Policy development
- Provision of information to staff and clients
- Development of a link nurse programme
- Development of an infection control committee

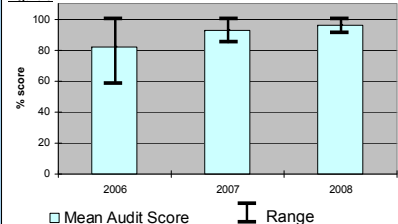
Figure 2 shows the organisational responsibility chart for infection control at **bpas**. This was implemented at the time of the model's development in order that individuals understood their roles and responsibilities within the infection control structure at **bpas**. This was incorporated into our first policy which was titled "Infection Control Arrangements".

Figure 2



EVALUATING THE EFFECTIVENESS OF THE MODEL

Figure 3



This graph (figure 3) illustrates the mean and range of the infection control environmental audit scores from 2006 to 2008. The graph shows that the average scores have improved and the reduced range demonstrates that the lower scoring units have made significant improvements to their scores.

COMMUNICATION AND EDUCATION

To improve communications we developed a double page infection control bulletin (see figure 4). This provided up to date information on infection control at **bpas** and was also used as an education tool.

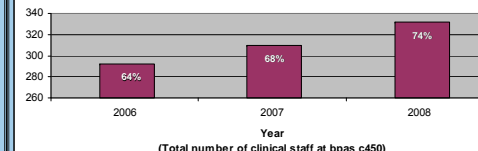
Figure 4



Annual infection control education commenced for all clinical staff in 2006. Figure 5 shows the number of staff educated.

Figure 5

Number of Clinical Staff Educated in Infection Control



THE FUTURE

The infection control model developed at **bpas** has now been in place for 3 years and significant improvements have been made. The profile of infection control throughout the organisation has been raised, staff feel empowered and supported during audits and many more staff are contacting infection control for advice. It is anticipated that the model will now be expanded to include some research activities, and an e-learning package is being developed to enable more staff to access infection control education.