‘I see the person in every patient’
Infection Prevention & Control Team (IPC Team)
The James Cook University Hospital, Middlesbrough, UK

Infection Prevention and Control is a fundamental component of healthcare and therefore an essential aspect of patient safety. Recognising this, over the years the IPC Team have been involved in a number of promotional and educational developments to help not only reducing health care associated infection, but to ensure that patient safety is paramount, voluntary behavioural changes are promoted and that we all become excellent at what we repeatedly do – care for others.

Care pathways
The pathways were designed to take into account evidence-based interventions, interdisciplinary teamwork, the patient involvement and available resources.

The Infection Prevention and Control Link Practitioner programme
The formal Infection Prevention and Control Link Practitioner programme, now in its third year, was created to allow staff members to act as an infection prevention and control resource within their clinical area, providing them with the resources to help create and maintain an environment which will ensure the safety of the patient, relatives, visitors and health care workers, using infection prevention and control knowledge and communication.

Clostridium difficile competencies
A series of workshops were conducted across the Trust to provide a basic overview of the infection, its symptoms, treatment and associated risk factors. Linked with this were competency frameworks that could be used locally to assess knowledge and subsequent understanding of the condition and its management.

Hand hygiene – an online ‘my 5 moments for hand hygiene’ package
The cleanyourhands campaign and ‘my 5 moments of hand hygiene’ are now an integral part of a healthcare workers daily routine. To support this, a member of the IPC team designed an online package that not only aligned both programmes and the evidence base concerning the spread of HCAI, but further allowed Infection Prevention and Control to be interwoven with the natural workflow of care and enhance patient safety.

Advancing Infection Prevention and Control in clinical practice (AIPCICP) course
Formerly the ‘Towards Better Infection Control’ course, this has now been further developed to provide clinical staff with more robust and evidence based teaching sessions designed to enhance their IPC knowledge and ensure more ‘real’ patient focus care in relation to Infection Prevention and Control and support staff in locally based projects. The course is accredited at certificate level (20 credits Level 1).

Audits
The Infection Prevention and Control team conducts regular environmental audits to ensure that the environment patients are being cared for is of the best possible standard. Additional audits are also performed concerning isolation facilities, use of microbiology reporting forms, the monitoring of invasive devices (e.g. peripheral cannula and urinary catheters), the appropriate use of personal protective equipment and Clostridium difficile decolisation and the effective use of care pathways.

All the audits performed are used to enhance the safe practice already taking place in the clinical areas, and to provide a mechanism whereby aspects of healthcare within the Trust can be recognised as areas where we can strive to make our services safer for patients.

Isolation signage
The IPC Team with support from Medical Illustration have redeveloped Trust isolation signage. The purpose for this work has been to ensure that the correct messages are being projected, not only for staff, but also for visitors to the patients and the patients themselves.

Role of Infection Prevention and Control Team
Advice – providing specialist, evidence based IPC guidance and information
Surveillance – monitoring of patients to enable real time trends of infection
Audit – to monitor and assess compliance against IPC standards
Education / training – provide specialist IPC and HCAI
‘Behavioural modifiers’ – changing the perception of IPC by working alongside one another
Goverance – provides the assessment, monitoring and reporting to key staff and groups, within the trust, regional and national bodies
Patient involvement – provision of patient information and collation of patient HCAI experience

Healthcare will always carry risks, human beings are fallible. However, harm to patients should not be viewed as an acceptable part of medicine – it is not an act, but a habit. (Aristotle)

We are what we repeatedly do. Excellence, then, is not an act, but a habit. (Aristotle)

Healthcare will always carry risks, human beings are fallible. However, harm to patients should not be viewed as an acceptable part of medicine – it is not an act, but a habit. (Liam Donaldson, 2006)

“It may seem strange to enunciate as the very first requirement in a hospital that it should do the sick no harm.” (Florence Nightingale, 1859)