



'Bugwatch' Survey
Antrim Hospital
21 September 2005

NHSSC OBSERVERS

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INFECTION CONTROL SURVEY

INTRODUCTION

Healthcare Acquired Infections (HCAI) have received a lot of media attention and raised people's concern about the associated risks. Health and Social Services Councils (HSSCs) representing the interests of the public concluded that there was a need for Councils to include this within their joint Work Programme.

A series of meetings and information sessions for HSSC members provided a greater understanding of the HCAI problem and measures for preventing the spread and reducing the risk.

The development of a Northern Ireland Strategy, which was issued for consultation in June 2005, contained the recommendation that HSSCs should carry out a 'Bugwatch' survey of all hospital environments with year on year demonstration of improvements in results.

'BUGWATCH'

Bugwatch is the term used for an exercise piloted in England by the Commission for Public and Patient Involvement in Health.

The toolkit used in those surveys was considered by the four Councils. It was shared with some Trusts and adapted for use in Northern Ireland.

It was agreed and supported by the four Councils that 'Bugwatch' surveys would be carried out before the Strategy consultation period finished.

During week commencing 19 September 2005 a joint Bugwatch involving the four HSSCs was undertaken at a regional hospital (Royal Group of Hospitals) and locally each Council surveyed wards within hospitals in their area.

Northern Health and Social Services Council (NHSSC) chose Antrim and Causeway Hospitals to be surveyed on 21 and 22 September respectively. Each Trust was notified of the survey and arrangements and preparations made in advance.

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The wards chosen by NHSSC were:

- B1 - Medical Admissions
- C2 - Maternity
- C5 - General Surgery

Letters from the NHSSC explaining the purpose of the survey were distributed to patients in these wards in advance of the survey.

A component of the exercise was to raise awareness amongst staff, patients and visitors both of Health Care Acquired Infections and the role of Health and Social Services Councils. Exhibition stands were mounted in the main hospital foyer on the day of the survey and press photographers invited.

Teams of two people visited the three wards and used a checklist to record their findings.

CHECKLIST

The Checklist had eight main headings:

1. Hand washing
2. General Information
3. Ward Environment
4. Waste Disposal
5. Linen
6. Sharps
7. Care of Equipment
8. Visitor and Patient Information

In total there were 36 subheadings requiring tick box recording together with additional notes and comments.

FINDINGS

Observations lasted on average one and a half hours. Ward activity carried on as normal and where procedures could not/were not observed staff were asked what normally happened.

It was not necessary to speak with all patients. Staff in charge indicated to the Team at the start where this was not suitable or appropriate. The Teams did not enter any Isolation areas.

Those involved in the survey were bringing an independent lay perspective and most would not have had infection control training which was either comprehensive or up to date.

Hand washing

Staff were seen to wash hands and/or use alcohol gel in each of the wards. Quite often hand cleansing using alcohol gel was done on the move so those surveying were not able to say whether correct hand washing techniques were adhered to. It was also not appropriate to observe different caring tasks with patients so

again it proved difficult to determine whether proper hand hygiene was carried out.

Liquid soap and paper towels were available at all sinks. Mixer taps were in B1 and C5 but not at all sinks in C2.

Elbow control taps were evident in B1, C2 and C5 with the exception of one sink in C2 opposite nursing station which did not have these fitted.

Alcohol gel dispensers were readily available at patient beds with the exception of one bed in Bay 2 C5 ward.

Posters demonstrating correct hand washing were displayed at all sinks.

Staff carrying out patient care should not wear wrist jewellery or rings with stones. This was generally the case. Two instances were noted of medical staff – one wearing a wrist watch (B1) and one with an engagement ring (C2).

Aprons and gloves should be worn when handling linen fouled with body fluids. Although this was not witnessed Teams were informed this would be the procedure on these wards. Two comments were however recorded which may/may not be appropriate. In C2 a staff member was not wearing an apron when tying and removing disposal bags from the ward. Also a person mopping the floor was not wearing an apron (C2).

General Information

Again not witnessed but informed the procedure was that clean disposable aprons and gloves are worn by staff when handling all body fluids such as urine and blood.

Infection control training was received by those staff approached on each of the three wards.

Staff were able to give a name when asked about each ward's Infection Control Nurse. In B1 two nurses were asked and both gave different names. The second nurse stated she was relatively new and being unsure asked to check the Infection Control manual. The name then offered was different to that given by the first nurse. In C2 two nurses together agreed it was Sister Gardiner.

In all cases those staff approached knew where to find the ward's infection control manual.

The Ward Environment

In all cases ward furniture was reported as visibly clean and in a good state of repair. One chair in B1 day room had wear cracks in the cover exposing the foam filling.

Again generally wards were reported to be visibly clean and free from dust. In C5 the top of the television in Bay 5 was recorded as dusty.

Bathrooms, showers and toilets were generally clean and clutter-free with some exceptions. In B1 one shower dripped leaving the floor area constantly wet. In C5 the toilet outside Bay 1 was not as clean as the others, however, the domestic was working her way along towards this area. The room labelled 'Bath' outside Bay 4 in C5 contained a urine specimen in a disposable bedpan, personal toiletries were left sitting around, a clear waste bin bag was used for domestic waste and the floor area was wet under the wash hand basin.

In C5 Bay 3 the Team observed the domestic using a damp cleaning cloth to clean window sills, radiators and the skirting area near the floor. As she moved along the ward at one point she set the cloth down on the tray surface of a patient's trolley table in order to free both hands to shift it out of her way.

In B1 the Team witnessed a 'terminal' clean whereby the bed had been removed and all bedside furniture was being cleaned and the bed curtains being replaced.

Teams were informed that baths were cleaned after use and materials for cleaning were available through domestic services.

The procedure for patients to notify staff when toilets are dirty seemed to be a fairly informal arrangement. Only one formal notice was recorded (toilet opposite single room in C5). In other cases there was staff expectation that 'patients would know to inform us'.

Waste Disposal

Foot operated clinical waste bins were in working order although the lid on a bin in C5 Bay 4 did not close properly and on another in WC, C5, opposite the single rooms the elasticated strap was not in its proper place and could be contaminated from waste going into this bin.

Information about waste disposal policy was recorded as being on display in B1 and C5. In C2 it was recorded that this information was kept in a folder and not on display. (Note There could be an element of confusion here as the Teams were not given detailed briefs of what information they should look for. Generally where waste bins had notices on the lids outlining the types of waste to be deposited this would have been interpreted as 'policy on display'. In C2 when staff were asked this as a direct question they responded that it was in a folder 'not on display'.)

Full waste bags were stored away from the public.

One incident was noted in C2 where a medical staff member used a wipe to clean a stethoscope then used the same wipe on hands and then lifted waste bin lid by hand to dispose of the wipe.

Linen

Used linen in all cases was segregated into colour-coded bags, not overfilled and stored away from public areas.

In C5 an auxiliary explained that when changing linen between patients the sponges on earphones were also changed. However, on observing a bed change in C5 the Team noted that an auxiliary gathered the used linen against her body before putting it into a bag. The team queried whether this was proper practice.

Sharps

Teams were looking to see if sharps boxes were stored safely with apertures closed when not in use and kept out of reach of children. In B1 and C5 this was the case. In C2 one box had the aperture left open.

Care of Equipment

All medical and nursing equipment was recorded as visibly clean. Containers of wipes were available and seen being used e.g. blood pressure arm bands.

With regard to bed frames, bed lamps and bed curtain rails these were not closely checked in B1, C2 recorded dust on three bed heads that were examined and C5 recorded slight dust on curtain rails.

Visitors and Patient Information

Teams were told that information was available to visitors when visiting vulnerable 'at risk' patients or when a patient develops HCAI. There is a leaflet on MRSA in the information display stands but it is unclear who communicates this to patients/relatives and whether it is recorded that it has been done.

Information on HCAI did not appear to be given to all patients before or on admission. In C2 the Team was told that it was normal practice to leave literature

on a freshly made up bed for new admissions. The Team checked with two patients who both said they did not get this information.

SOME GENERAL ISSUES

Some general issues not covered within the Toolkit were highlighted by the observation Teams.

Patient Perceptions

People are aware of the media coverage surrounding HCAI but within the hospital didn't fully understand that they too had a role in prevention. We got the impression that most patients and their visitors saw that the alcohol gels installed were for use by staff.

Patients spoken to also generally did not feel empowered to challenge staff about hand hygiene.

Screening

Screening is carried out for those 'at risk' which was described as patients admitted from other hospitals, nursing homes, residential homes and those with a previous history. Results take three days.

We explored the probability that those identified as positive after a number of days in hospital perceive that they contracted the infection within the hospital. Staff explained that they do not apportion blame and are not in a position to say whether the infection was present before admission.

Uniforms

A nurse within B1 informed the Team that she changed and took her uniform home in a bag and washed it in her domestic washing machine at 50 °C. She was confident that she had been instructed that this was appropriate. The Team were not so convinced but raise the matter for local consideration.

Only a few medical staff wore protective coats over their every day clothing. It is also presumed that most arrive and depart the hospital in the clothes they wore on the ward as well as moving between wards and as such create a cross infection risk.

Trolley phone

A portable phone was observed in C2. As this is shared between patients the Team wondered whether there should be information or advice about cleaning/wiping before or after use.

POINTS FOR DISCUSSION

Some additional comments were raised by those feeding back on their experience of Bugwatch. The Council would welcome an opportunity to discuss the observations highlighted in the report and these additional comments with the Control of Infection Team.

- The results from screening needs to be available quicker than 3 days to indicate where HCAI is present.
- At sinks there was Hibiscrub, alcohol gel, liquid soap. What is the Protocol? Do different staff use different cleansers or are they used after/before particular procedures?
- Training – agency nurses and ancillary staff. Whose responsibility that training is given and kept up to date?
- Frequency of Training Sessions – do nursing staff start duty between training sessions whilst awaiting Trust training?
- Domestic staff need to be included and be part of Control of Infection Strategy. Do same staff who clean also serve teas/food?
- Porter staff need Control of Infection training as they transport patients between wards, other departments, etc.
- Cleaning of baths – Generally materials held by domestics and not available to nurses, so who cleans baths and when? Is there a financial cost control issue here which could create an infection risk?

- The Trolleys used for collecting waste presumably move between wards and Council unsure of trolley cleaning/infection risk.
- Issue of cleaning sharps containers before reissue. Range of buckets/boxes – unsure what should go into each and if they remain on ward until full.
- Cleaning contracts or substantial cleans such as terminal cleans have the potential to miss areas or create ‘gaps’ through misinterpreting/misunderstanding if rigidly following the wording in a contract.
- There needs to be more ‘common practice’ across the NHS e.g. – the purpose of using different coloured cloths for some tasks.
- Infection Control policies should be standard across all hospitals.
- Patients Information on Control of Infection – the role of patients and their visitors needs to be continually communicated and understood.
- Universal Information should be available for patients. This might include state of infection within the hospital and preventative measures by patients and visitors.
- There is an issue about soiled/fouled Patients Private Clothing and the safe handling and storage. Not sufficient to put it in a ‘Hospital Property’ bag and store it in bedside locker.
- Standard Codes of Dress/uniform/footwear are needed for **all** staff in contact with patients. This includes Bank and Agency staff. What are the professional bodies views?
- Staff changing facilities at hospitals – Need to provide at existing as well as new hospitals.

- Infection Control needs investment. Are adequate resources devoted to this?
- There is a consensus that HSSCs should still perform 'Bugwatch' but that in future it should be unannounced.
- HSSCs need to review the Toolkit used.
- HSSCs need to provide individual Trust feedback.
- HSSCs should share their findings with HPSSRIA.