



Welcome to the 5th issue of the Infection Prevention and Control Quality Improvement Network (IPCQIN) Newsletter

Our Vision:

As an Improvement Network, we influence and support our staff, patients and carers to continuously improve person centred infection prevention and control practices, ensuring a safe and effective care experience.

The **Infection Prevention and Control Quality Improvement Network** Steering Group and the Operational Group have continued to meet to support and oversee the development of the Network's key actions.

IPCQIN Workstream Groups' Update:

1. Person Centred Care - Infection Prevention and Control

- In June 2022, Interviews were held with staff and patients to complete a "What Matters to Me" questionnaire. The focus of the questionnaire was to review the information that patients received when isolated and if the information was relevant and understood. All adult patients who were interviewed were isolated due to either being COVID-19 positive or being nursed in a closed ward. The results were used to identify any gaps and form actions for improvement. Following a report written by IPCT and shared with the IPC Person Centred Care Workstream Group. There have been several actions taken forward including all Patient Information Leaflets (PILs) being available as an icon on ward iPads and in addition to this IPCNs will ensure that patient isolation periods would always be shared with ward staff including any changes to this to ensure that all patients are fully informed. Ward and department staff have been asked to let IPCNs know of any PILs that are not available but they would find beneficial.

2. Reducing Infections Associated with the Use of Invasive Access Devices

- Lorna Loudon and Claire Harrow now co-chair Clyde Sector SAB Group and have revised the Terms of Reference. An increase in PVC related SABs was noted and the local IPCT provided support for Wards that had particularly high rates in January 2023. PVC bundles compliance audits appear to be showing some improvement, and so aiming to embed that and share learning among the wider lead nurse and clinical groups. Focus will continue on the wider Clyde Group to get membership and engagement increased again. For further

information or to become a member of the group, please contact Lorna Loudon, Chief Nurse, Clyde Sector at Lorna.Loudon@ggc.scot.nhs.uk

- Dr Peter Thomson provided a presentation to the Regional Services SAB Group on the reasons behind the source of 50% of 2022 SABs being the Renal Dialysis CVCs, to raise awareness to the group and look at actions. For further information or to become a member of the Regional Services SAB Group, please contact Dr Peter Thomson, Consultant Nephrologist, Renal Medicine and chair of the group at Peter.Thomson@ggc.scot.nhs.uk

3. Standard Infection Control Precautions (SICPs) Workstream

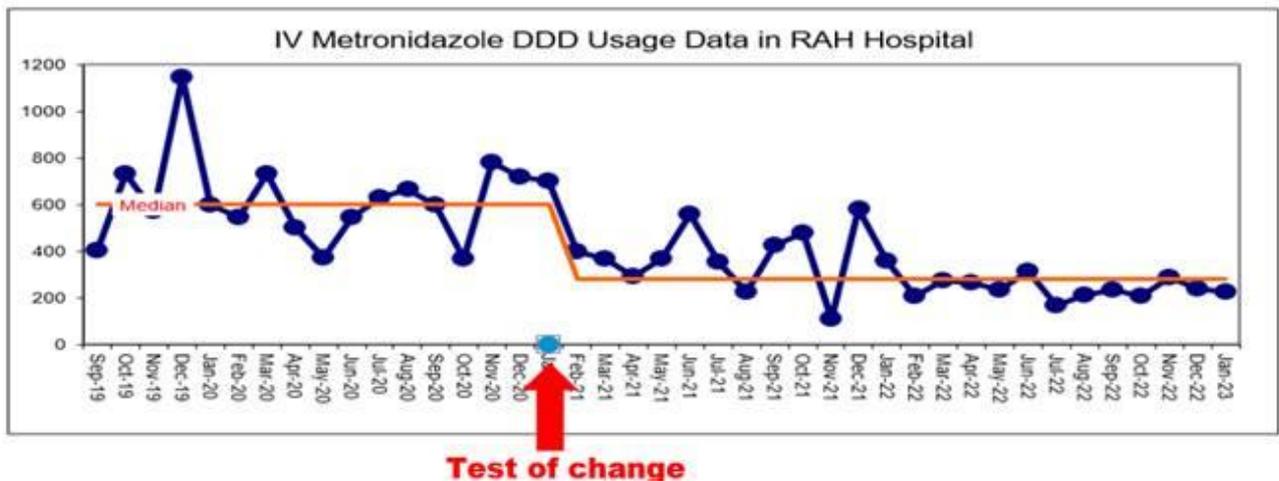
- The new SICPs Audit Tool went live on the CAIR dashboard week beginning 31st October 2022 and baseline audits commenced by acute in-patient wards in November 2022. The Infection Prevention and Control Team (IPCT) commenced Quality Assurance (QA) audits in February 2023. The Mental Health in-patients were launched in February 2023 with baseline audits being undertaken in March 2023 and IPCT QA commencing in April 2023. Education has been provided on the SICPs audit tool to the Acute Senior Nurses Group and a presentation was provided to the Mental Health IPC Support Group.

Other Great Improvement Work:

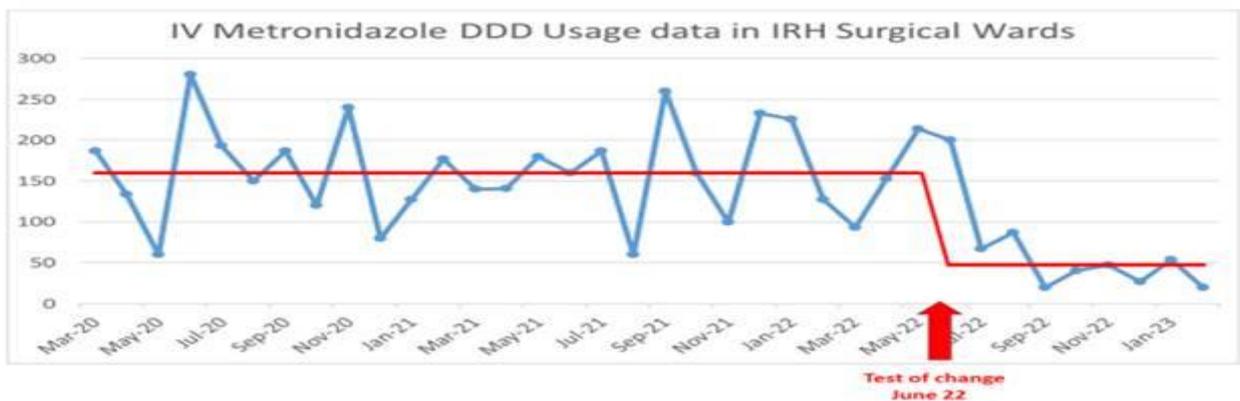
- MRSA and CPE are resistant bacteria with limited antibiotic options for treatment. It is important to identify patients coming into hospital with this type of bacteria to reduce the risk of spread to very vulnerable patients. Patients found to be positive for CPE are permanently tagged and will always need to be isolated if admitted to hospital. Patients may also be concerned or anxious that they are passing these types of organisms onto members of their family. Treatment if patients have a serious infection is extremely limited and often have uncomfortable side effects, so we make every effort to prevent the spread of these organisms and the most effective way to prevent this is by screening on admission. Screening on admission involves asking specific questions and testing patients if required. In Greater Glasgow and Clyde the Clinical Risk Assessment (CRA) compliance was 89% for MRSA 90% for CPE in the first quarter of 2023; the compliance for NHS Scotland for the same quarter was 78% and 79% respectively. We would like to commend front line teams for continuing to screen for these types of bacteria which has such a significant impact on our patients during this busy time.



- The QI initiative to improve antimicrobial stewardship by promoting oral rather than intravenous (IV) metronidazole in eligible surgical patients continues to make excellent progress. This work has been extended to include additional antimicrobial agents with high oral bioavailability (> 90% of drug absorbed when taken via the oral route) and expanded to all other NHSGGC acute hospitals. A sustained >50% reduction in intravenous (IV) metronidazole use across all wards at the Royal Alexandra Hospital (RAH) has now been achieved since this work started in January 2021. This equates to nearly 1000 fewer IV metronidazole administrations each month. This is important in terms of improved antimicrobial stewardship, reduced patient risk from cannula related infections, work force efficiency, cost reduction and environmental sustainability. In terms of nursing time, this reduction in IV administration equates to almost 500 hours nursing time saved per month at RAH.



Within Clyde, scale and spread of this work to Inverclyde Royal Hospital is making excellent progress with a median of 70% reduction in IV metronidazole use in targeted surgical wards.



This work is also being scaled and spread to Glasgow Royal Infirmary and Queen Elizabeth University Hospital with initial positive results.

This QI initiative achieved the Highly Commended Award at the Antibiotic Guardian National Awards which recognises good practice and innovation in the field of antimicrobial stewardship.



- The Building Quality Improvement into the Management and Use of PPE Short Life Working Group within the GGC Allied Health Professional Teams (AHPs) is now up and running with increased membership. The Group have conducted a Webropol survey of Physiotherapists and Speech and Language therapists (SLTs) across GGC. There were 57 responses, 2% of which were from SLTs. Some of the issues highlighted; there were some scenarios where there was a discrepancy in what IPC considered were AGPs and what clinicians felt were significant procedures. These were considered at risk situations and included chest physiotherapy (within 1m of a person coughing and expectorating), swallow assessment and nebuliser therapies used to elicit a cough. In addition, there were areas where it was felt that clarification would be preferable, these included post AGP follow times and communication about PPE. This information has been disseminated through the group to address these issues and to identify learning opportunities and development of an enhanced guidance. For further information or to become a member of the this group, please contact Lisa Morrison, Principal Physiotherapist Cystic Fibrosis and the proposed chair of the group by e-mail at: Lisa.Morrison@ggc.scot.nhs.uk
- The Quality Improvement Fundamentals Learn-Pro Module 2023 GGC 109 Quality Improvement Fundamentals is available for all NHSGGC staff to access via <https://nhs.learnprouk.com>, click on the 'Quality Improvement and Patient Safety' category, then Add the module.

For any queries/suggestions or if you would like to become a member of any of the work-stream groups mentioned above, please contact Natalia Hedo, Infection Prevention and Control Business Manager on Natalia.Hedo@ggc.scot.nhs.uk

