



An education program for Infection Link Staff in a Danish Region



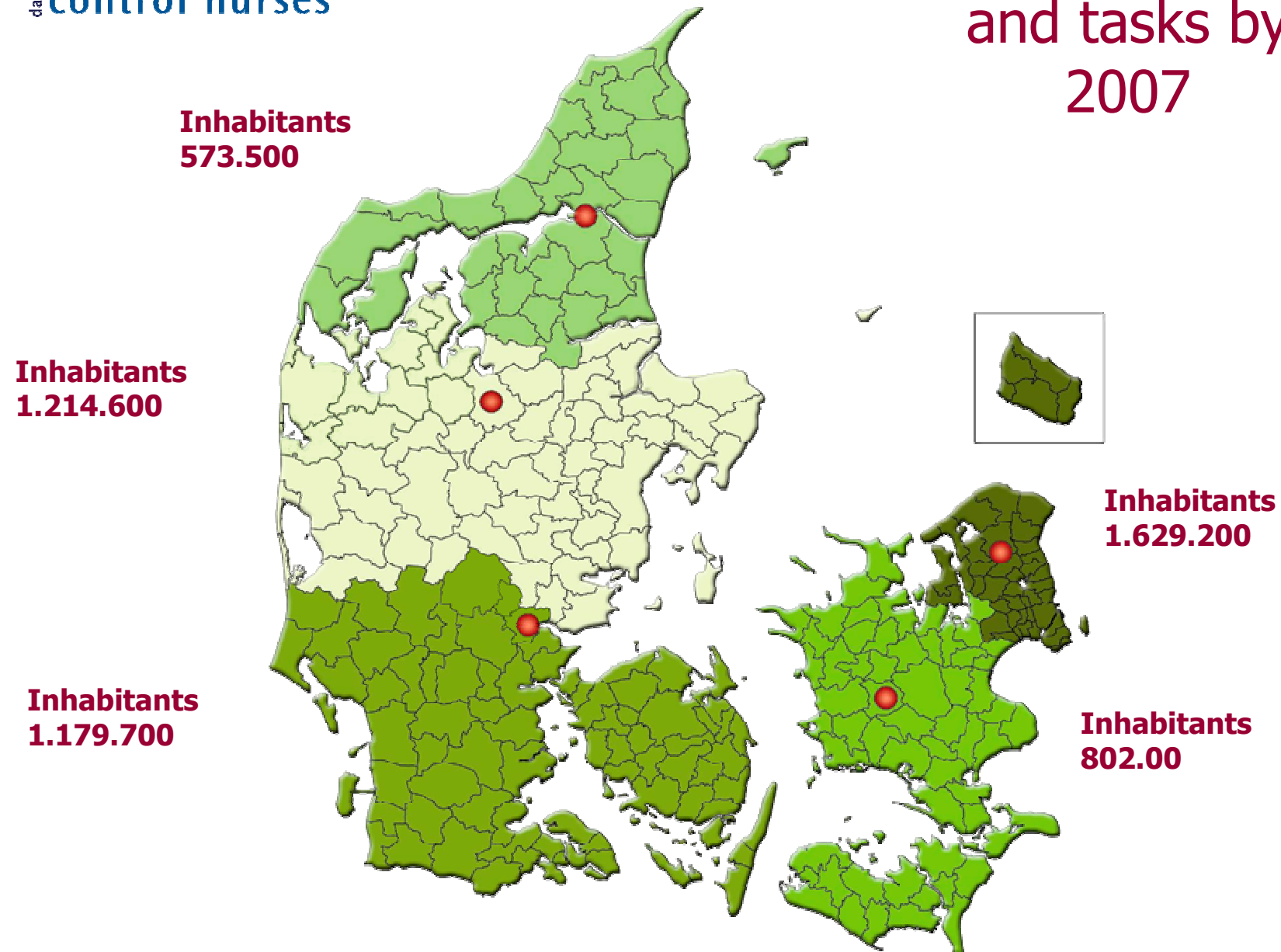
Infection Control Nurse
Anni Juhl-Jørgensen
Hillerød Hospital
anni.juhl-joergensen@regionh.dk

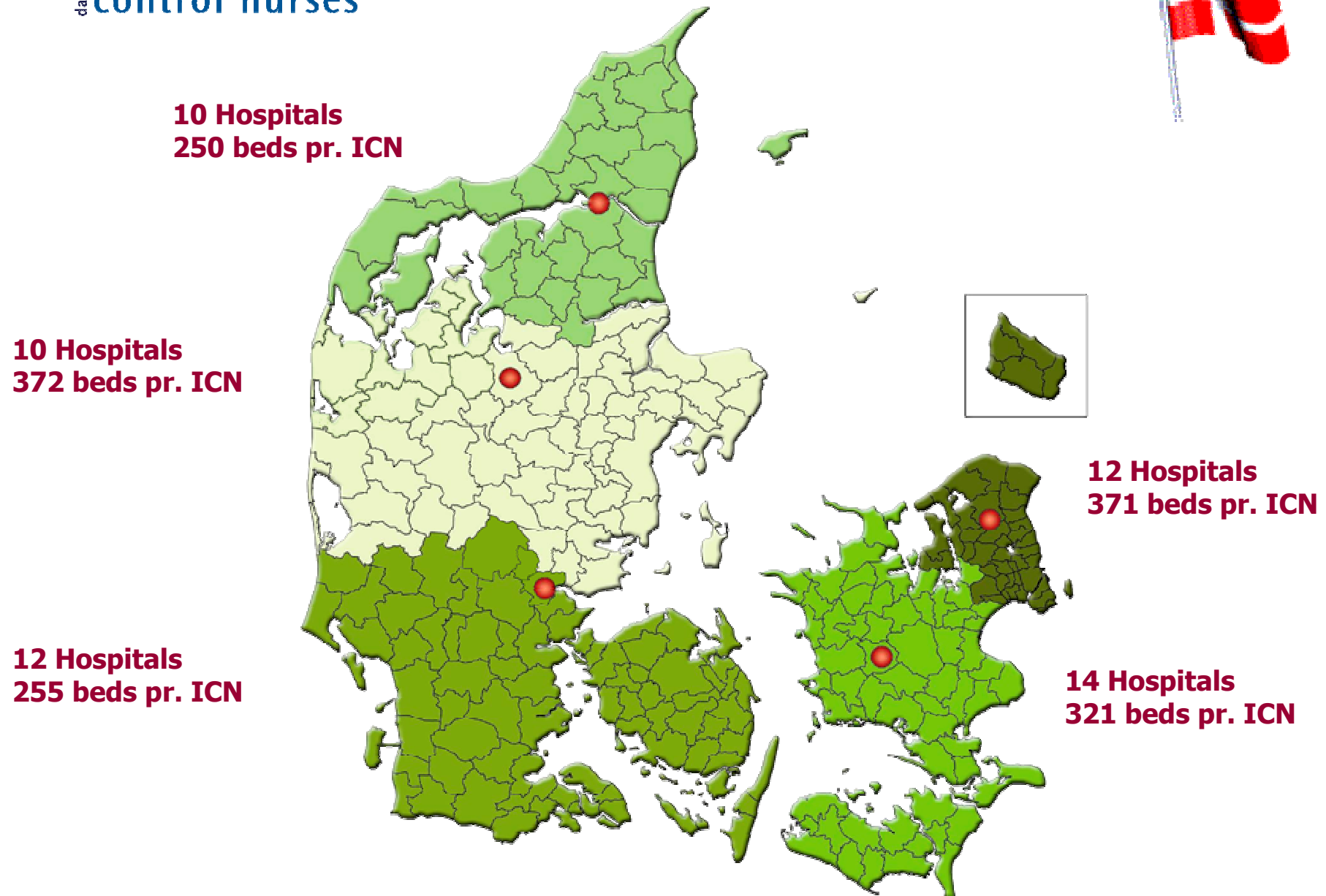


The agenda for this session

- Organisation of the Infection control work in Denmark
- DSFH, The Danish Society for Infection Control Nurses
- Hand hygiene
- MRSA
- DSFH's role and vision for the future

Structural reform and tasks by 2007







- Prevention
- Outbreak
- Guidelines
- Education/training
- Build/rebuild
- Quality improvement
- Accreditation
- Consultant

Fire extinguisher!



Background

- Prevention and control of Healthcare Associated Infections is a priority in the "Danish Quality Model for Public Health", and is part of the accreditation requirements from the Joint Commission International.
- 8 - 10 % of the hospitalized patients in Danish hospitals incur a Hospital Acquired Infection. The implementation of a clinically correct, hygienic behavior, is crucial to improving these numbers, and thereby improving patient safety.



The main focus

In collaboration with the directors and clinical leaders to implement national and local guidelines for infection control

- General hygiene precautions
- Supplement to hygiene precautions
 - Isolation
 - Other special precautions

Purpose

- In order to reduce the number of hospital acquired Infections we educated 100 persons from all departments of the three hospitals as Infection Link Staff. Their main objectives were:
- To facilitate the implementation of guidelines
- To ensure that an efficient organization in the Capital Region of Denmark, Hospitals are enable to cope with future requirements for action on infection-prevention field, herunder accreditation
- To incorporate the various infection-hygienic measures and requirements under a management system
- Further to utilise and develop the existing clinical expertise
- To ensure clarity in relation to responsibility, competence and communication

Methods

- The education program was basic, short and targets the every day running of each department.
- The training of at least one person in all the clinical departments so that infection prevention measures could be assured on a daily basis.
- The Hygiene Unit, organized a 3 day trainings seminar in infection prevention, for all Infection Link Staff. The seminars was held over 3 non consecutive days with an observation study-fase, between day 2 and 3.
- The seminar also comprised tools for communication and implementation of a quality assurance system, accounting for the implementation of instructions on hygiene, especially at department level.

- In 2009, the two days included:
 - Methicillin-resistant staphylococcus aureus, (MRSA) and other resistant bacteria
 - Gastroenteritis, sampling, isolation and disinfection cleaning
 - Collection of local small and uniform hygiene campaign from spring 2009
 - Introduction and start of the Capital Region's hand-hygiene campaign, in autumn 2009
 - Chlostridium difficile, outbreaks in the North Zealand Hospitals
 - Influenza
- • Results from a National Prævalence Study of hospital acquired Infections (Statens Serum Institut)

- The Hygiene Unit offered assistance forming network groups.

The Hygiene Unit created mailing list for all key-personnel and sent newsletters and emails describing new/changed guidelines ect.

The courses were constructed around dialogue, education and group-work to benefit from existing knowledge and experience of the participants.

- All participants were handed an evaluation-form after the course.

Results and conclusions

- Infection prevention has been brought into focus. The leaders and the staff are very content and the hygiene habits are improving, although it still is too early to see the expected reduced rate of hospital acquired Infections.
- The education program should be basic, short and targets the every day running of each department.
- The training of at least one person in all the clinical departments is important so that infection prevention measures could be assured on a daily basis.

Dag 4

Arbejde i egen afdeling med opgave.
Vejledning ved lokale hygiejnesygeplejersker.

Dag 5

08.30 – 09.00 Velkommen igen
Plan for dagen

09.00 – 12.30 Fremkælgelser af casearbejde fra egen
afdeling
Drøftelse af resultater og perspektiver
v/hygiejnesygeplejerske

12.30 – 13.15 Frokost

13.15 – 15.00 Kommunikation, adfærd og kropssprog
v/Vibeke Arensbæk

Hold 2: 05. – 07. september og 26. september 2011
Hold 3: 26. – 28. oktober og 14. november 2011
Hold 4: Forår 2012
Hold 5: Forår 2012
Hold 6: Forår 2012
(Kurset er for lægefagligt personale)

Udviklings- og Undervisningsafdelingen afd. 046
Hvidovre Hospital
Kattevej 27 A 4 30
2650 Hvidovre
Telefon: 3663 2361
www.hvidovrehospital.dk



**Kursus for
hygiejnekoordinatorer
på hospitalerne
i Region Hovedstaden**

**Hvidovre Hospital
Undervisningsbygningen**



Kursus for infektionshygiejne-koordinatorer på hospitalerne i Region Hovedstaden

Hygiejnesygeplejersker og hygiejnekomitèen i Region H har udarbejdet dette regionale kursustilbud til koordinatorer/nøglepersoner indenfor infektionshygiejne.

Baggrunden for etablering af uddannelsen er bl.a. at der ifølge Kvalitetspolitik i region H skal ske en reduktion af de hospitalsbærevende infektioner med 50% over en 4-årig periode. Herudover indgår krav om uddannelse af personale indenfor infektionshygiejne, kontrol og implementering i Joint Commissions standarder samt i Den Danske Kvalitetsmodel.

Nøglepersoner/hygiejnekoordinatorer får i kraft af uddannelsen kompetence til at medvirke til implementering og overvågning af korrekt hygiejnisk adfærd i klinikken helt tæt på patienterne. Deltagerne opnår endvidere kompetence til at indgå som et konkret bindeled mellem hygiejneorganisationen og den afdelingspecifikke praksis i forhold til retningslinjer og infektionsforebyggelse.

Nøglepersonerne får herved også en andel i arbejdet omkring øget patientsikkerhed.

Vil vi for at koble koordinatorernes arbejde til afdelingernes daglige drift invitere deres ledere til at deltage på den sidste kursusdag.

Mål

Målet er at hygiejnekoordinatorerne kan:

- Indgå som resourceperson for ledere, personale, studerende og elever
- Medvirke i samarbejde med ledelse og hygiejneorganisation til at sikre, at infektionshygiejniske retningslinjer er i overensstemmelse med oplærende vejledninger og anbefalinger
- Medvirke til implementering af nye tiltag og viden indenfor infektionshygiejniske retningslinjer i klinisk praksis
- Medvirke til undervisning og vejledning i hygiejniske principper, regler og standarder, samt a nemde og videreudvikle den nuværende faglige ekspertise
- Medvirke til lokal audit og f.eks. prævalensundersøgelser
- Deltage i projekter om infektionshygiejniske problemstillinger
- Medvirke til udarbejdelse af lokale kliniske vejledninger

Målgruppe

Sundhedsfagligt personale med en MVU uddannelse og læger

Bemærk: Hold 3 og hold 6 er rettet til læger.

Varighed

4 kursusdage og en dag til at arbejde med egen case

Kursusafgift

Kurset er gratis for medarbejdere ansat i Region H

Sted

Undervisningsbygningen, Hvidovre Hospital

Tidspunkt

Hold 1: 23. - 25. maj og 16. juni 2011
Tilmelding senest 16.05.2011
Hold 2: 05. - 07. september og 26. september 2011
Tilmelding senest 22.08.2011
Hold 3: 26. - 28. oktober og 14. november 2011
Tilmelding senest 13.10.2011
Hold 4: Forår 2012
Hold 5: Forår 2012
Hold 6: Forår 2012

Tilmelding:

Tilmelding til kurset skal ske til kursussekretær *Mærte Rosendal*, Udviklings- og Uddannelsesafdelingen på Hvidovre Hospital tlf. 3862 2161
Mail: maerte.rosendal@hvh.regionh.dk

Tilmeldingen skal indeholde:

- Salling
- Navn
- Ansættelsestid
- Telefonnummer
- E-mail adresse
- EAN nr.

Har du brug for yderligere oplysninger er du velkommen til at kontakte udviklingskonsulent *Karsten Friis* i Udviklings- og Uddannelsesafdelingen på Hvidovre Hospital tlf. 3862 2248.
Mail: karsten.friis@hvh.regionh.dk

Mandag

08.30 - 09.00 Velkommen og introduktion til kurset

09.00 - 11.30 Den Danske Kvalitetsmodel (DDKM)
Overvågning, metoder og dokumentation, herunder patientsikkerhedsrunder, audit og PDCA
v/ *Dorte Bagger*

11.30 - 12.30 Frokost

12.30 - 15.00 Mikrobiologi, antibiotika og resistens-udvikling
v/ *Mette Bartels*

Tirsdag

08.30 - 11.45 Infektionshygiejne og risikovurdering
v/ *Hygiejnesygeplejerske*

11.45 - 12.45 Frokost

12.45 - 15.00 Funktionen som hygiejnekoordinator i afdelingen
- Samarbejdspartnere
- Ansvar
- Succeskriterier
v/ *Hygiejnesygeplejerske*

Onsdag

08.30 - 10.30 Nosokomielle infektioner
- Prævalensundersøgelser
- Infektionsovervågning
v/ *Elisabeth T. Jensen SSI*

10.30 - 12.30 Læring og forandring
v/ *Jette Holt SST*

12.30 - 13.15 Frokost

13.15 - 15.00 Casepræsentation
Valg og planlægning af af opgave
v/ *Hygiejnesygeplejerske*



- The most important area of responsibility for the new regions is the public health service.



"The patient in the next bed is highly infectious. Thank God for these curtains."



National standards/guidelines for Infection Control!

Published 2000-2002, 2nd edition is on its way:

- Handhygiene
- Intravascular catheters
- Outbreak
- Urinary catheters
- Perioperative precautions
- Textiles for multiple use
- Technical- and medical equipment
- Cleaning
- Food administration
- General medical practice
- Dental clinics

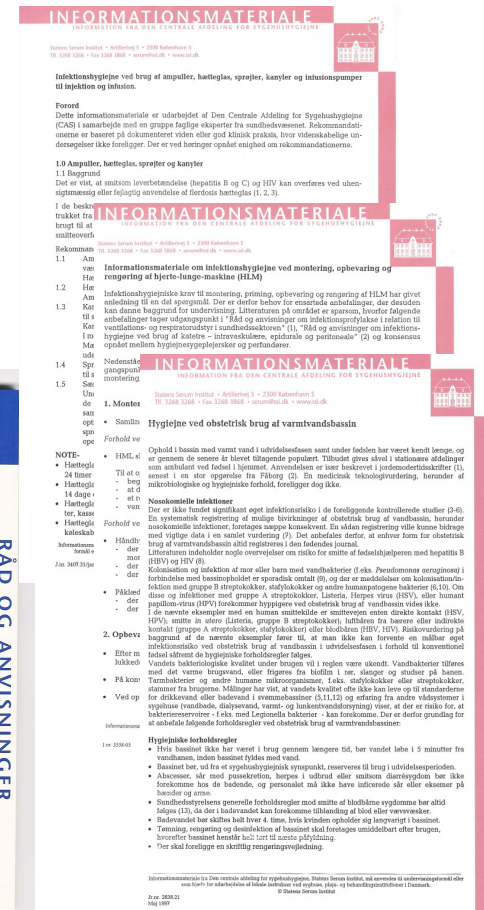
- Endoscopes on its way
- Sterilisation on its way





State Serum Institute, SSI

- Guidelines
 - Isolation
 - Disinfection
 - Endoscopes
- E-learning,
 - hand hygiene
 - hygiene in community settings
- EPI and CAS news





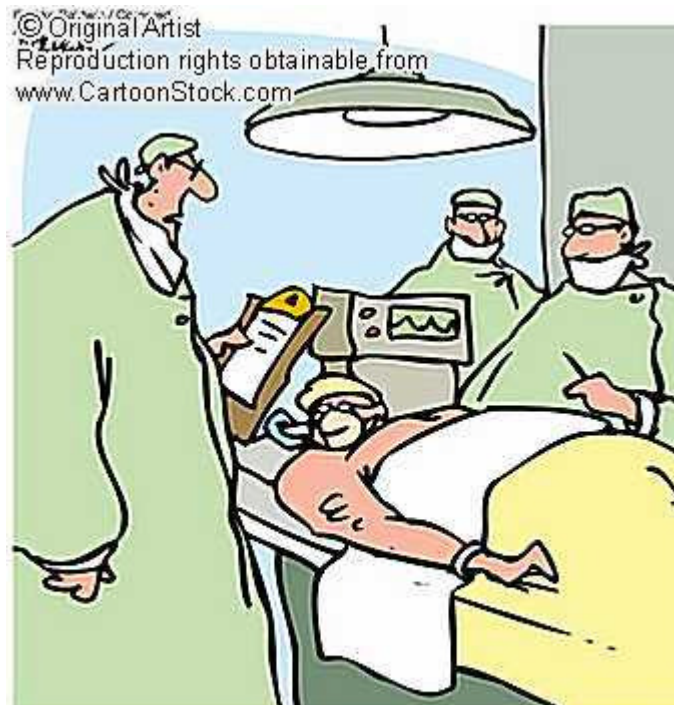
The National Board of Health, SST

- Education Board for ICNs
- Hygiene committee
- Hearing rounds

Danish National Clearing House for Clinical Guidelines

Danish guidelines for nursing based on evidence

- Clinical guideline for hand hygiene

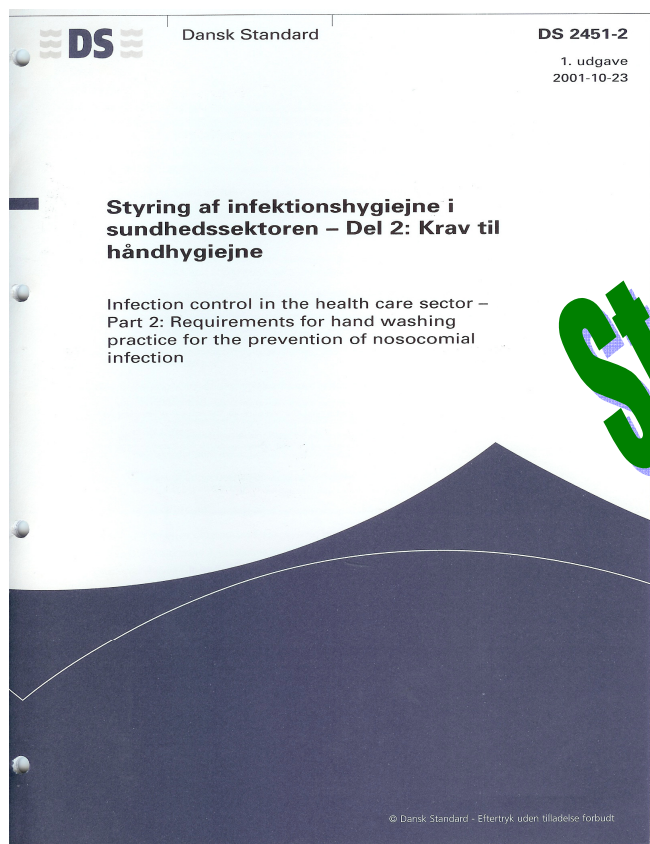


"Wait, this one's a lawyer. We'd better wash our hands."

National standard


Infection control in the health care sector - Requirements for hand hygiene practice for the prevention of nosokomial infections

- DS 2451-2:2001
- Draft was submitted for public enquiry until October, 1st 2009



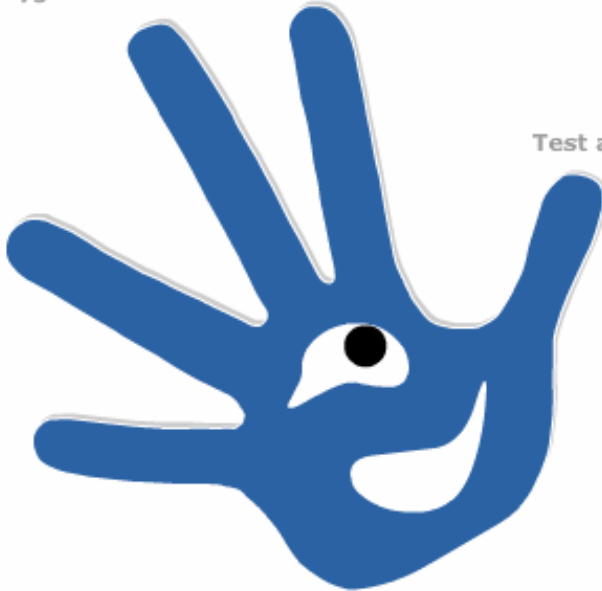
DS FORSLAG / DRAFT DSF 2451-2:2009	
Forslagsnr.: M221034 Draft no.:	
Forslaget bygger på: <small>The draft is based on: (IDT = identical/modificeret) - EQV = baseret på/equivalent to - MOD = modificeret/modified</small>	IDT IDT
Dette forslag til Dansk Standard er/har været på offentlig høring fra: 2009-08-01 til/to 2009-10-01 <small>This draft Danish Standard is/was submitted for public enquiry from:</small>	
Forslag til dansk titel: Styring af infektionshygiejne i sundhedssektoren - Del 2: Krav til håndhygiejne Proposal for English title: Infection control in the health care sector - Part 2: Requirements for hand washing practice for the prevention of nosocomial infections	
Kommentarer skal være DS i hænde senest: 2009-10-01 <small>Comments shall be sent to DS no later than:</small>	
<small>Der kan kun fremsendes kommentarer, såfremt forslaget er i høring som ISO/DIS, IEC/CDV eller som prEN på enquiry i CEN og CENELEC. Tekniske kommentarer behandles ikke, hvis forslaget er til afstemning som ISO/FDIS, IEC/FDIS, CEN eller CENELEC Formal Vote. Comments can only be submitted if the draft is subject to ISO/DIS, IEC/CDV or CEN/CENELEC Enquiry as a prEN Technical comments will not be taken into account if the draft is subject to ISO/FDIS, IEC/FDIS - CEN/CENELEC Formal Vote.</small>	
<small>Kommentarer fremsættes ved at rekvirere en elektronisk kommentarskabelon hos projektlederen. Skabelonen udfyldes og returneres til projektlederen inden høringsperiodens udløb. Modtagne kommentarer vil blive behandlet af det teknisk ansvarlige udvalg. A template for comments must be used and can be obtained from the responsible project manager. The comments will be dealt with in the DS Committee responsible for the area.</small>	
Standardiseringsudvalg: DS/S-354 DS committee:	
Projektleder: Helle Stålung Project manager: hs@ds.dk	
Bemærk, at forslaget skal bearbejdes yderligere, og at det derfor ikke har gyldighed som Dansk Standard <small>Note that the draft will be edited further and has no validation as a Danish Standard.</small>	

[Summary](#) | [The people responsible](#) | [Literature](#) | [Glossary](#) | [FAQ](#) | [Print](#)



IMPORTANT INFORMATION ABOUT HAND HYGIENE

- your responsibility, the patient's and your safety



How can we move forward?


Why can good hand hygiene be so difficult?

How can you practise good hand hygiene?

Why is it important to improve hand hygiene?

Test and rules of thumb

Click on the fingers to see the answers to these questions



STATENS
SERUM
INSTITUT

Next

Next

Statens Serum Institut 5 Artillerivej DK-2300 Cph S Denmark Tel: +45 3268 3268 serum@ssi.dk www.ssi.dk

Regional and local initiatives

- Visual (fluorescent) test for hand hygiene
- Short sleeves and no hand jewellery when in uniform
- Visibility and availability
- Audits
- Workshops
- Campaigns

Education / training





Action!

- Guidelines were updated
- We introduced the guidelines to the Infectioncontrol Board on the Hospitals
- We planned "go-home" meetings for leaders, link-nurses and link-doctors
- We renew our "Isolation-signs"
- We designed a new flowchart with Fokus on risk situations (exposure), risk factors and sample sites
- We offer close contact to wards with MRSA-positiv patients

© Original Artist
Reproduction rights obtainable from
www.CartoonStock.com





Visions

- ICN education at master level
- Cooperation across professions
- Implementation of national and local guidelines for all procedures
- Offensive in stead of defensive
- Time for research