NICE calls on nurses to up their game on infection control

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Nurses must remember basic hygiene measures in order to bring down “unacceptable” infection rates in the NHS, according to the National Institute for Health and Care Excellence.

The call comes alongside the launch of a new NICE quality standard for infection prevention and control, which sets out key areas for action.

The document stresses the importance of simple steps – such as hand washing and the correct use of catheters and vascular access devices – in order to reduce infections. NICE said such infections placed a “costly and avoidable burden” on the health service.

The institute also highlighted the importance of following rules for prescribing antibiotics to help limit “the significant threat to public health” posed by antibiotic resistance.

Currently around 300,000 people – one in 16 patients – get an infection while being cared for within the NHS in England each year.

While efforts to improve infection control have led to big reductions in C difficile and MRSA in recent years, NICE said healthcare associated infections were “still a very real threat to patients, their families, carers and staff”.

“It is unacceptable that infection rates are still so high within the NHS”

Gillian Leng

Some of the most common infections include pneumonia and respiratory tract infections, urinary tract infections and the infection of surgical wounds.
“It is unacceptable that infection rates are still so high within the NHS,” said Professor Gillian Leng, deputy chief executive and director of health and social care at NICE.

“Infections are a costly and avoidable burden. They hinder a patient’s recovery, can make underlying conditions worse, and reduce quality of life.”

The new quality standard, which features six statements designed to drive improvements, was welcomed by the Royal College of Nursing and Infection Prevention Society.

“It is really positive that NICE have published a quality standard on infection control,” said Rose Gallagher, the RCN’s professional lead on infection control and antimicrobial resistance.

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Rose Gallagher

“These aspirations will support organisations to go that little bit further in terms of stopping infection and ways of improving infection control,” she said. “The six statements in the quality standard are entirely appropriate and I’m particularly pleased to see the link to antimicrobial resistance alongside the use of antibiotics.

“But what I’d really like to see is the government making a commitment to evaluate this quality standard,” she told Nursing Times.

“At the moment there is no formal mechanism to evaluate the impact and inform future practice. It would be very helpful to both infection control specialists and staff working on the wards to undertake this evaluation,” she said.

Without evaluation, Ms Gallagher said it was hard for trusts to know what really worked when it came to successfully spreading the main messages in the guidance.
“We still have a lot of work to do in terms of getting our evidence base much stronger and in terms of understanding why people don’t do things they should be doing,” she said. “We do need to constantly remind staff but have to find different, innovative ways of getting the message across.

“We’re not talking about sitting everyone in a room for 45 minutes of ‘death by PowerPoint’ and that’s the training done. It could be things like working with small groups and using scenario training.”

“The NICE standard reinforces the need for action on healthcare associated infection”

Julie Storr

Julie Storr, president of the Infection Prevention Society, said it was vital the NICE quality standard be used in conjunction with other national guidance and policy, including the recently launched Epic3 guidelines, which were commissioned by the Department of Health and developed by a nurse-led group of experts.

“The NICE standard reinforces the need for action on healthcare associated infection,” she said. “That needs to be multi-layered and requires action by more than just frontline staff to ensure sustained improvement so commissioners, organisations and individuals all working to keep patients safe and free from harm.

“It is only one part of an overall approach to quality improvement. Constant vigilance is required if basic yet essential actions such as hand hygiene are to be integrated and embedded within care and treatment,” she added.