



# Embracing Diversity – A future vision for the development of Infection Prevention and Control

Valya Weston

Head of Service/Associate DIPC - Alder Hey Children's NHS Foundation Trust  
Honorary Secretary of the Infection Prevention Society (IPS)

Our vision is that no person is harmed by a preventable infection

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## Alder Hey Children's NHS Foundation Trust



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## Alder Hey Children's NHS Foundation Trust

- Alder Hey cares for over 275,000 children, young people and their families every year.
- One of Europe's biggest and busiest children's hospitals.
- In 2015 we opened a state-of-the-art hospital alongside a brand new research, innovation and education centre.
- 260 bedded Specialist Children's Hospital
- 21 bedded Paediatric Intensive Care Unit (PICU).
- Specialist in Cardiac and Neuro Surgery
- Specialist paediatric Oncology unit.



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### Alder Hey Children's NHS Foundation Trust



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### The Trust Vision



- To create and develop a new service into the Trust combining the Infection Prevention and Control team with the Tissue Viability and Vascular Access teams under the umbrella of Infection Prevention Services.
- To improve the communications between the 3 services and to raise the profile of the services across the Trust.

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### Current Role



- I commenced in my current role on the 1<sup>st</sup> May 2017
- Head of the Infection Prevention Services at Alder Hey.
- The role incorporates:  
Infection Prevention and Control  
Vascular Access Team  
Tissue Viability Team.

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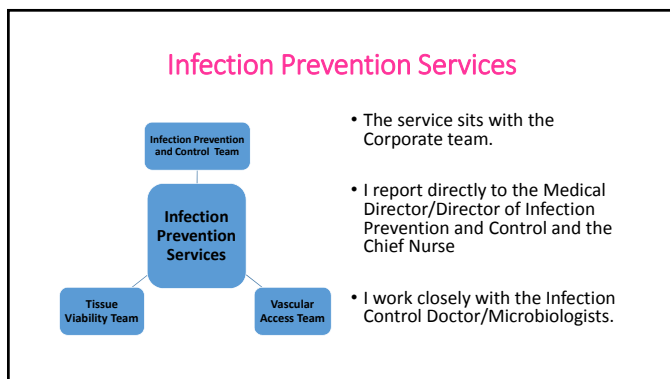
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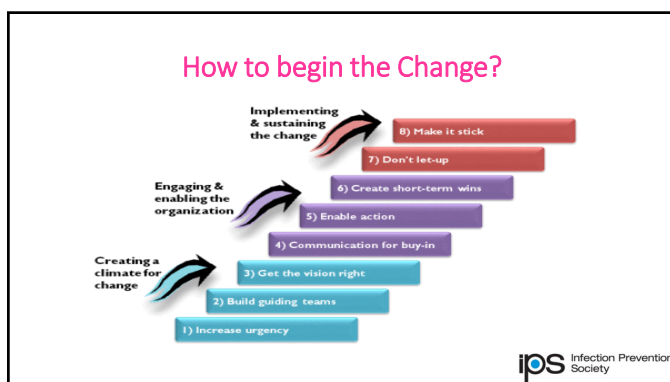
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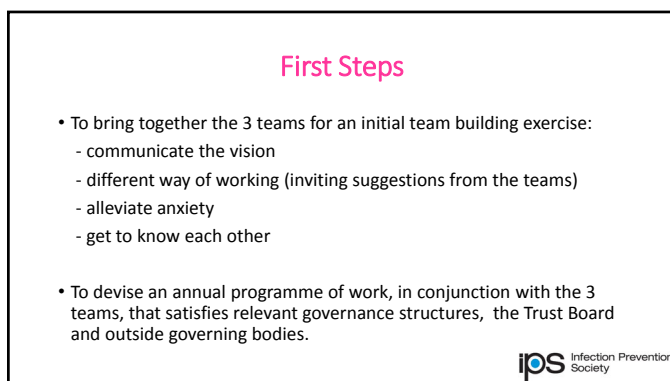
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## Teamwork



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## Examples of how the different teams work together?



- Tissue Viability Team and IPC:**
- Projects to improve patient outcomes.
    - mattress rationalisation
    - wound care formulary
    - surveillance
    - policies
    - coordinated approach to link practitioners.

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## Examples of how the different teams work together?

- Tissue Viability Team and IPC:**
- Wound colonisation
  - Wound infection
  - Discussions around treatment pathways
  - Antimicrobial stewardship
  - Education



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### Examples of how the different teams work together?

**Vascular Access Team and IPC:**

- Projects to improve patient outcomes.
- introduction of a paediatric version of Vessel Health and Preservation (VHP).
- development of the vascular access team to provide more advanced vascular lines.




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### Examples of how the different teams work together?



**Vascular Access Team and IPC:**

- Expansion of surveillance systems
- Prevention of bacteraemia using VHP – prevention of multiple stabs for children with poor venous access.
- Preservation of veins for future use.

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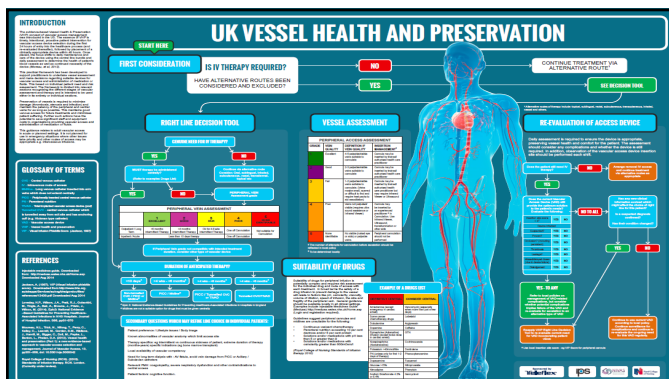
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### Advantages (short term wins) - Communication



All in one office – so aids discussion/debate

- patients
- able to easily ask for opinions/ between the teams
- cuts through red tape
- collaboration
- knowledge of ongoing cases
- Sharing of expertise

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### Advantages (short term wins) - Investigations

**Collaboration:**

- Root Cause Analysis (RCAs)
- CLABSI reviews
- Bacteraemia reviews – line related or due to wound infections
- Antimicrobial therapy – topical/intravenous



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### Challenges



- Different personalities working together, especially at the start of the process.
- Culture – both in the teams and in the organisation as a whole.
- Overcoming anxiety/fear in the teams on the introduction of new processes.
- Convincing the teams that I was on their side.

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### Pitfalls



- Personnel leaving – Tissue Viability Specialist Nurse leaving after 6 months. (seen both as a pitfall and as an opportunity to restructure the Viability team).
- History of the teams and previous relationships
- Lack of Resources.
- Time constraints.

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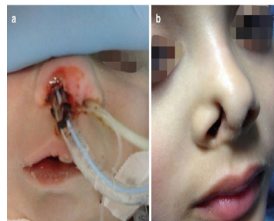
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### Future Plans - Sustainability

#### Tissue Viability Team:

- To undertake a project in conjunction with other paediatric hospitals and university partners to look at medical device related pressure ulcers/ bio-engineering.
- To develop a paediatric specific pressure ulcer tool.
- Commence work with the IPC and vascular access team to look at biofilm formation.




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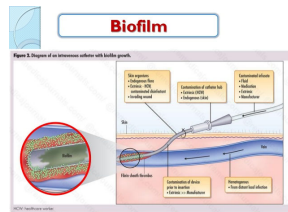
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### Future Plans - Sustainability

#### Vascular Access Team:

- Increase the nurse led provision for advanced vascular access into insertion of Broviac lines and Portacaths.
- Progression of the service to surrounding hospitals – development of an outreach service.
- To act as a centre of Excellence for Vascular Access in paediatrics for the North West of England.
- Commence work with the IPC and vascular access team to look at biofilm formation.




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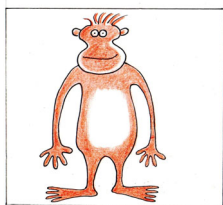
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### Future Plans - Sustainability

#### Infection Prevention and Control Team:

- Reinvigoration of the Isolation policy and procedures within the hospital.
- Expansion into the community settings.
- Working with other paediatric hospitals across the country – benchmarking, sharing best practice and research opportunities.




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### Future Plans – A Vision going forward

Development of a **5 Year Strategy Plan** – to map out the long term goals for the service.

- Surveillance – expansion within the hospital to aid detection and focus resources.
- Vascular access team outreach service
- Immunisation services – the capture of vaccination opportunities in the hospital environment.
- Education – development of innovative educational methods.
- Tissue Viability research opportunities for medical device related pressure ulcers.




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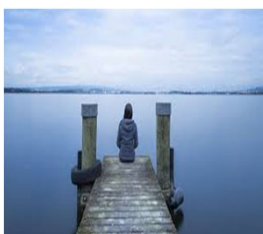
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### Personal Reflections on the Journey so far.



- Stressful
- Frustrating
- Challenging
- Rewarding
- My resilience has been tested on many occasions
- Wish I had another 4 hours in the day!!!!!!
- Sense of accomplishment and achievement.
- I have learnt a tremendous amount.

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### To Summarise: Diversity - A way forward for IPC

Although the journey has had its ups and downs – the implementation of the new service has brought about many benefits:

- Team working.
- Practice change – making the processes easier.
- Sharing of Expertise.
- Communication



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### Thank you for Listening



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