Newly qualified nurse wins award for infection control

Shauna Rooney’s courage in introducing her programme in a care home has been praised. She spoke to Elaine Cole

A RECENTLY qualified nurse who embarked on an ambitious programme to improve care in her nursing home has won a prestigious Nursing Standard award for her work.

Shauna Rooney had only been in her first staff nurse job for four months when she decided to revolutionise infection control at Rush Hall Care Home in County Londonderry.

Her work led to a 100% reduction in outbreaks of infection at the 66-bed Four Seasons Health Care home for people with dementia in Limavady: from three in 2013 to zero in 2014.

And last month she was named winner of the infection prevention and control category of the Nurse Awards 2015 in recognition of her success.

Ms Rooney says: ‘Our residents were often unaware of potential risks because of their dementia. We have a duty to protect them from preventable infections and maintain a homely environment.’

The home relied on hospital staff for infection prevention and control training until Ms Rooney became infection prevention and control link nurse.

‘The programme allowed me to develop my knowledge of healthcare-acquired infections and see that prevention, rather than control, was key,’ she says.

Leadership skills

‘There was no point me having knowledge and not sharing it – I wanted to use my knowledge to reduce infections by providing local expertise and support, to raise awareness at the home and encourage staff to improve their practice. And from a personal perspective I wanted to develop my leadership skills.’

To understand how to move forward, says Ms Rooney, she had to know what was happening at the home. So she began a programme of audits, starting with standard precautions such as handwashing and appropriate use of gloves, supported by clinical supervision with staff to find any gaps in knowledge.

She fed back the results to the home manager, who helped her develop an action plan. She began holding supervision sessions in small groups and worked alongside staff to support the training. ‘This meant I could address the practicalities and answer questions as they came up,’ she says. ‘I could never have done this without being given supernumerary time by the home manager.’

Resistant staff

At first she felt limited in how she could challenge practice. ‘I thought I would look like a newly qualified know-it-all,’ she says. ‘And it was difficult getting staff to attend training on days off. But as my skills increased, so did my confidence and soon I was able to take on resistant staff who preferred “the way they were shown”.

By providing continuous feedback to the manager and staff and showing improvements through monthly audits, the culture and practice at the home shifted to infection prevention rather than control. Staff reported increased confidence and satisfaction as they saw consistent improvements for residents.

‘The most important thing was the positive effect on residents’ wellbeing,’ says Ms Rooney. ‘Reduced rates of infection meant fewer hospital admissions. Also, infections often led to residents being isolated in their bedrooms which meant they could not take part in activities, had less engagement with people and reduced cognitive stimulation which is so important for people with dementia.’

Infection prevention was raised at meetings with relatives and carers to explain its importance, especially handwashing. ‘They often take people to the toilet so it was important to help them understand how infections transmit and that they have to think of other residents as well as themselves.’

She also drove a reduction in the use of catheters and antibiotic prescribing. ‘Before working at the home I had worked on a urology ward. At the home I saw a lot of urinary tract and catheter
infections, gloves not being washed and a lack of aseptic technique.

‘When a new resident arrives from hospital catheterised, I ring the doctor to find out why. Often it is because of urinary retention and there has been no trial removal and so we do that. Catheters are often the root cause of infection so we challenge their use when we suspect it is unnecessary.’

She also looked at the use prophylactic antibiotics at the home. ‘Four or five of our residents were taking them for 18 months and nobody was reviewing this so I have been challenging their GPs,’ she says. ‘I’m not very popular with them.’

Nurse Jane Bell, who manages the home, says Ms Rooney’s work has had a tremendous effect on residents. ‘By imparting knowledge, Shauna continues to help enhance the quality of vulnerable people’s lives. She has also proved that the care home sector provides quality care. Its nurses often feel undervalued.’

Courage praised
The judges praised her bravery in launching an ambitious programme in a challenging environment just months after she had qualified, and were impressed at her skill in its implementation. North Hampshire Clinical Commissioning Group chief nurse Jan Baptiste-Grant says: ‘Shauna embodies courage, commitment and care – the essence of what we want to see in nursing.’

She adds: ‘I am overwhelmed by her courage just four months into her career and her ability to utilise her leadership skills to get nurses and domestic staff to follow her to such great effect.’

Gary Cousins, Four Seasons infection control and clinical development nurse for Northern Ireland, Wales and the Isle of Man, is creating a plan to roll out Ms Rooney’s programme. He says: ‘I don’t think there are many nurses who could achieve what Shauna has done at such an early stage of her career.’

As well as maintaining the high standards the team has achieved at Rush Hall, Ms Rooney wants to be part of the roll out and visit other homes to showcase her work. ‘I want other nurses to see the positive results,’ she says.

Elaine Cole is deputy editor, Nursing Standard

One in five dying people do not receive the palliative care they need

less likely to get access to care than younger people. Just 16% of the oldest old receive specialist palliative care despite the age group accounting for 39% of deaths.

In terms of settings, the report points to work by the Royal College of Physicians that shows just one fifth of hospitals provide access to face-to-face specialist palliative care seven days a week and only 2% offer it around the clock.

Meanwhile, in the community the role of generalists, such as GPs, can be unclear and pain control is poor. Care home residents also experience lack of specialist support with wide variations in the proportion who die in hospital.

Focus on cancer patients
Performance is also examined across different conditions. Research in England, Wales and Northern Ireland shows 88% of palliative care inpatients and 75% of referrals to hospital support and outpatient services are for people with a cancer diagnosis even though the condition accounts for 29% of deaths. Cancer patients also seem to receive better care than those with other conditions, such as cardiovascular disease, respiratory illness or dementia.

RCN pain and palliative care forum chair Felicia Cox says nothing in the report comes as a surprise. ‘Cancer patients experience the best support because of the focus there has traditionally been on the disease and the presence of Macmillan and Marie Curie, but even for them care can be patchy.’

She says one of the ‘main problems’ for all types of patients is the lack of services in the community, either in social care or from district and community nursing teams, adding ‘hospital-based nurses are having to go out into the community to facilitate care and support patients and their carers.’

Nick Triggle is a freelance writer

A report has found wide variation in treatment across different settings, groups of patients and types of conditions, says Nick Triggle

SIGNIFICANT NUMBERS of dying patients are missing out on palliative care and those who do receive it experience wide variation in the quality of support, analysis shows.

The findings for Marie Curie from the London School of Economics Personal Social Services Research Unit examined a range of existing data sources across the UK, including the National Survey of Bereaved People in England (Dixon et al 2015).

The headline figure suggests that one in five people who die each year do not receive the palliative care they need.

Report co-author Josie Dixon says while there is limited evidence on the cost of palliative care versus potential savings, there is enough to suggest extra investment would be cost effective. ‘Patients and families not only have better outcomes, but the costs of providing palliative care are offset by fewer hospital admissions and fewer avoidable hospital deaths,’ she says.

The report provides a detailed breakdown of the experiences of different groups of patients. These include the ‘oldest old’ – those aged 85 and over – who are much

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