The role of modern matrons in infection control


Summary

This article discusses the effect of the role of the modern matron on healthcare-associated infection (HCAI) and hospital cleanliness. The way the modern matron’s role is developing is examined in relation to HCAI in a large acute NHS trust. As set out in Implementing the NHS Plan: Modern Matrons (Department of Health (DH) 2001), the role of modern matron includes a responsibility to lead clinical teams in the prevention of HCAI.

THE ROLE of modern matron was first highlighted in the NHS Plan (Department of Health (DH) 2000) and described as ‘someone to get things done, someone patient focused’. The role of the modern matron recognises that strong nursing leadership leads to better patient care, and that there is somebody in a leadership position with the authority to resolve difficult situations. The modern matron role includes a responsibility to lead clinical teams in the prevention of healthcare-associated infection (HCAI) (DH 2001), with a focus on giving nurses the authority to improve healthcare environments, improve cleanliness and develop infection control practice.

The modern matron role continues to evolve with the introduction of the matron’s charter (DH 2004a, 2004b). The charter focuses on how modern matrons can help reduce infection rates and improve hospital cleanliness, and includes recommendations for creating stronger cleaning teams, making roles and responsibilities clear, identifying how patients’ views can be heard and the creation of a direct line of contact for patients to domestic services (DH 2004a).

HCAI was identified as requiring intensified control measures in the infection disease strategy for England, Getting Ahead of the Curve (DH 2002). The National Audit Office (NAO) estimates the cost of HCAI at one billion pounds per year (NAO 2000). However, the development of effective infection prevention control and awareness can have a direct effect on HCAI rates.

This article discusses the development of the modern matron role in relation to HCAI in a large acute NHS trust. The trust has more than 1,500 beds across two large hospital sites. This involves many complex specialties, including renal and urology, regional burns and neurological units, trauma and orthopaedics and a large children’s unit. An initiative in the urology department identified a potential model, which could be adopted across the organisation to improve multidisciplinary infection control practice. The emerging themes of ownership of infection control issues by clinical teams at a local level, communication, empowerment and crossing hierarchy boundaries were pivotal to the success of the initiative and are therefore essential to the ongoing development of a trust-wide strategy for engaging modern matrons in reducing HCAI.

Key words

■ Infection control
■ Nursing: management

These key words are based on the subject headings from the British Nursing Index. This article has been subject to double-blind review.

Online archive

For related articles and author guidelines visit our online archive at: www.nursing-standard.co.uk and search using the key words above.
healthcare professionals with a framework for clinical quality improvement. The concept of clinical governance provides modern matrons and infection control teams with an ideal structure in which to address infection control practice issues.

Improving infection control in urology

The NAO 2004 report emphasises that infection control is an intrinsic part of the role of the modern matron. The modern matron in urology arranged monthly meetings with the infection control nurse to enhance working relationships. The meetings resulted in the modern matron supporting infection control visits to all wards and departments in this specialty, and the completion of infection control audits of the environment and practice. This collaborative approach led to the acceptance of the infection control nurse as part of the multidisciplinary team in urology.

The outcomes of the environmental and practice audits were developed into action points which were initially shared informally with the urology team. The actions were then presented jointly by the modern matron and infection control nurse at the clinical governance forum, which is attended by the full multidisciplinary team.

Clinical governance forums have been developed in the organisation to provide an opportunity for all staff to meet and discuss practice and patient issues. The forum is co-ordinated by the clinical audit lead for urology and the modern matron and no elective work (for example, theatre and outpatient sessions) is undertaken during this time. This enables the team to address audit feedback, incident reports, activity and clinical reports with an opportunity to discuss their findings. The forum gave the infection control nurse access to the complete multidisciplinary team to present the audit findings and begin working with the team to find solutions, as well as the opportunity to emphasise good practice that had been observed.

The urology consultants subsequently invited the infection control nurse to work alongside the team to observe practices in the outpatients’ department. The feedback from this was presented at a clinical governance meeting. The presentation prompted discussion about the appropriate use of protective clothing in practice. This included the use of plastic aprons to protect the clothing of medical staff, in particular during invasive investigations such as flexible cystoscopies, and ensuring that the supplies available were of sufficient strength and size to be effective.

The second issue debated was the need for removal of gloves, and hand decontamination before handling patients’ notes. The infection control nurse and modern matron were able to provide the evidence to support a change in practice to reduce the risk of cross-infection and HCAIs. Subsequent visits to the department identified that changes in practice had taken place.

The trust’s strategy for reducing HCAI

The model of multidisciplinary team working put into practice by the modern matron can be used to address many infection control issues in the organisation. The profile of infection control has increased over the past ten years and resulted in national documents and strategies for addressing infection control challenges. These strategies have included guidance on the decontamination of medical equipment (DH 1999) and microbial resistance (House of Lords Select Committee on Science and Technology 1998), improving cleanliness in hospitals (Infection Control Nurses Association/Association of Domestic Management (ICNA/ADM) 2000, NHS Estates 2000), and culminated in the DH’s strategy for infection control (DH 2003). This strategy describes seven areas for action. It ensures commitment from managerial and clinical leads, nationally and locally.

One of the main challenges facing infection control teams is the successful dissemination and implementation of new guidance and strategies. The modern matron, in his or her role as facilitator and enabler, is necessary to this process. A benefit of the modern matron role is that it does not involve day-to-day ward management responsibilities. Modern matrons have direct multidisciplinary links crossing hierarchical boundaries and can therefore facilitate contact for the infection control team. The existence of these well-developed relationships across the multidisciplinary team allows the modern matron to support the infection control team in gaining access to the team members when addressing infection control issues at clinical level.

Because the modern matron does not have day-to-day ward management responsibilities he or she can get an overview of practices and issues across the wards and departments in his or her area of responsibility. This allows identification of emerging themes affecting the quality of patient care and the clinical environment. Recognised audit tools and processes can help the process. In the North Bristol NHS Trust, modern matrons have used the West Midlands infection control audit tools (Millward et al 1993), to review sharps handling and disposal and hand hygiene practices. They are starting an audit of equipment decontamination, using the recently launched Infection Control Standards for Monitoring Practice (ICNA 2004). Involvement in the audit process provides the modern matron, ward sister and link practitioner with the opportunity to assess practices and the environment. Such ‘first hand’ experience ensures the ward team have ownership of the problems identified. The process is, however, fully supported by the infection control nurses as part of the collaborative approach.

REFERENCES


Audit processes and outcomes are discussed, areas for action identified, experiences shared and the audit tools used are evaluated. The modern matron meetings have provided an ideal forum for review of and planning for infection control issues, including the introduction of the clean your hands campaign (National Patient Safety Agency (NPSA) 2004).

Using clinical governance forums in urology to facilitate effective feedback of audit outcomes has been further developed by the introduction of infection control forums. The forums have been instigated to address a specific clinical issue, for example, methicillin-resistant Staphylococcus aureus bacter aeriae in renal patients, improving the working environment in a neonatal unit, managing complex issues in theatres, improving collaborative working with infectious diseases staff and to further develop the work started in urology. The forums are organised predominantly by the modern matron and clinical staff, with support provided by the infection control team. The infection control team provides focused feedback of data relating to specific micro-organisms, infection rates and infection control-related incidents. This model is proving to be effective because clinical teams have taken ownership of infection control issues. The success of the forums is dependent on collaboration between key individuals: modern matrons, clinical staff and infection control nurses and doctors. The value of the forums was found to be dependent on the identification of a problem which requires a multidisciplinary approach. It may not be appropriate to attempt to set up these forums across an organisation without identifying a driving force.

Although this article focuses on the modern matron and senior staff, the importance of including all members of the team should not be underestimated. Infection control is the responsibility of all healthcare workers. Therefore, modern matrons should not only facilitate good practice, but should also provide the support necessary to empower other healthcare staff to share the responsibility in equal measure. The value of link practitioners in infection control has been recognised (Dawson 2000, Hill et al 2001). Modern matrons can enhance the effectiveness of link practitioners by ensuring they provide the necessary support and recognition of the value of the role in improving practice. This could be achieved by, for example, allowing protected time to enable education and audits to be undertaken.

### Discussion

It has become apparent that the modern matron can have a significant effect on developing systems and cultures which can influence HCAI, improve environmental cleanliness and infection control practice. This review has focused on a model of collaboration, which has emerged from work instigated by the modern matron in urology. The subsequent evolution of infection control forums has provided the opportunity for this model to be extended across the organisation. The forums have brought about changes in practices, improvement in the quality of the environment, enhanced involvement in infection control at the outset of building projects and service developments, and the ability to address clinical issues from a multidisciplinary perspective. The core elements of the modern matron’s role that influence the process include:

- The ability to make it easy for infection control teams to gain rapid access to complex multidisciplinary teams, crossing hierarchical boundaries.
- Facilitating a culture of ‘ownership’ of infection control issues by clinical teams.
- Empowering others to take responsibility for infection control practice.
- Transformational leadership skills, encouraging an open working culture where it is acceptable to challenge practice.

Historically, it was expected that infection control nurses would undertake audits of practices and the environment, with the outcomes being fed back to the clinical teams as described. However, as a result of this collaborative work, modern matrons, link practitioners and ward sisters have become more involved in the process, taking responsibility for audits. This process ensures that clinical staff observe the problems when comparing practice with the written standards given in nationally developed audit tools (ICNA 2004). It is essential that support is available from the infection control teams because training is required in the audit process, with the infection control team ensuring that the outcomes of the audit are addressed in practice.

### Conclusion

This article has focused on the effect of the role of the modern matron, HCAI and hospital cleanliness. However, the success of any such strategy is dependent on the commitment of all members of the multidisciplinary team.

Since 1999, more than 3,000 modern matrons have been appointed in the NHS (DH 2004a) and the modern matron role continues to evolve. Nurses know what works on the wards, so matrons and infection control nurses, with the support of facilities managers and other stakeholders, have developed A Matron’s Charter (DH 2004b). The charter outlines a common sense approach to improving the environment in hospitals, identifying that: ‘We are all responsible for making the NHS a cleaner place, but in patient areas it is nurses, midwives – and particularly modern matrons – who the public look to, to set and uphold standards including cleanliness.’ This charter will help modern matrons to ensure that infection control and cleanliness keep a high profile.

---


http://81.144.177.110/cleanyourhands/ (Last accessed: January 21 2005.)


---

44 nursing standard February 16 Vol19 no23/2005