



Health

Hunter New England
Local Health District



JMO IPC CHAMPIONS

Junior doctors are championing changes in IPC: Descriptive outcomes of a mentorship program

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Disclosures of Interest

Nil to declare



Can we change the narrative?



Dr. Ignaz Semmelweis: The Heartbreaking Story Of The Father Of Handwashing

A different language.

Basic Training Curriculum Adult Internal Medicine



The Royal Australasian
College of Physicians

KNOWLEDGE (Cont.)

Prevention of infection

Universal precautions.

Hospital practices to reduce risk.

Isolation procedures.

Hand washing.

SKILLS (Cont.)

Complies with isolation procedures.

Complies with universal precautions.

Complies with hand washing guidelines and other guidelines to limit nosocomial infection (Link 2.4.3).

What does the program offer?

- Peer level IPC education
- Supporting JMOs in Role modelling excellence in IPC professional conduct and clinical practice
- Providing a platform for multi-disciplinary IPC quality improvement and research project engagement

research
leadership mentorship
career planning organisational structure
voice
presentation skills education
quality improvement confidence

What we ask of them.

- Role model best practice IPC behaviours
- Be curious and get involved
- Peer level education delivery
- Learn quality improvement methodology



Improvement Science
Step by Step Guide

Back to basics

Ring

Pre HH ring



Watch

Pre HH watch



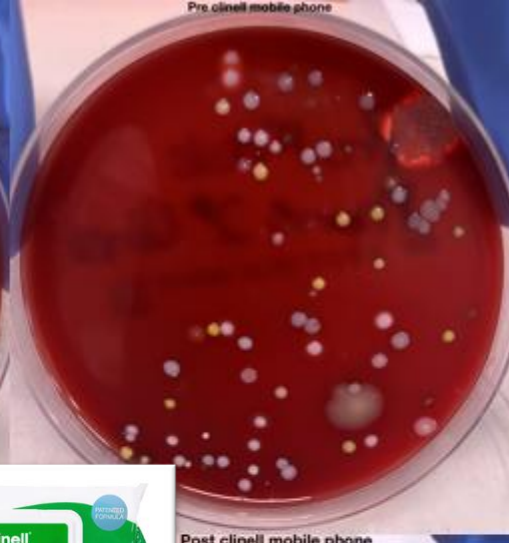
Stethoscope

Pre clinell stethoscope

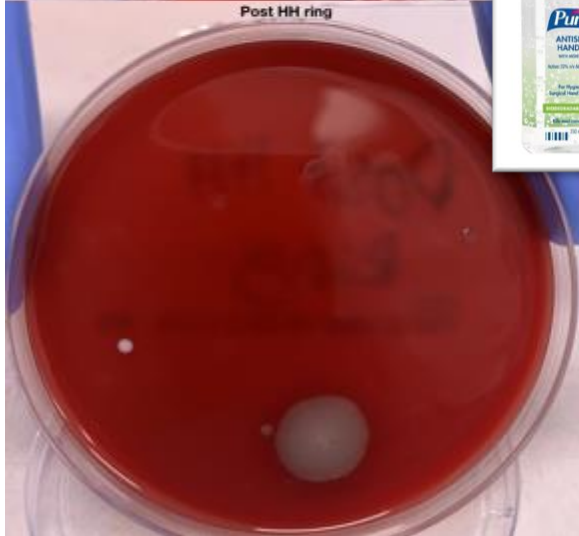


Mobile phone

Pre clinell mobile phone



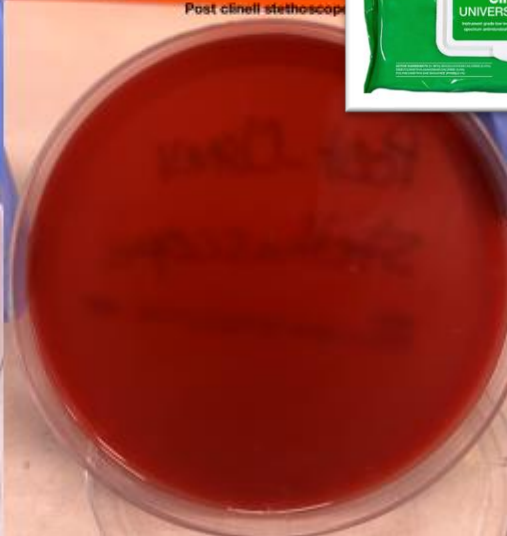
Post HH ring



Post HH watch



Post clinell stethoscope



Post clinell mobile phone



ABHR Availability QI Project



Dr C.J. Stolz



	Hand Hygiene Audit													
	27/10/23		31/10/23		3/11/23		7/11/23		10/11/23		Average			
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
End of the bed	7/30	23.3%	9/32	28.1%	6/31	19.4%	5/31	16.1%	9/31	29.0%	36/155	23.2%	←	
Within patient zone	4/30	13.3%	5/32	15.6%	5/31	16.1%	3/31	9.7%	7/31	22.6%	24/155	15.5%		
Within room	12/30	40.0%	13/32	40.6%	6/31	19.4%	4/31	12.9%	4/31	12.9%	39/155	25.2%		
End of bed OR pt zone	10/30	33.3%	13/32	40.6%	10/31	32.3%	8/31	25.8%	14/31	45.2%	55/155	35.4%	←	
End of bed OR pt zone OR within room	18/30	60.0%	19/32	59.38%	16/31	51.6%	12/31	38.7%	14/31	45.2%	79/155	51.0%	←	
Outside room	32/32	100.0%	32/32	100.0%	31/31	100.0%	31/31	100.0%	30/31	96.8%	156/157	99.4%		
AHBR available within bottle	8/10	80.0%	12/13	92.3%	10/10	100.0%	8/8	100.0%	14/14	100.0%	52/55	94.5%		

ABHR Availability QI Project

Intervention

Cable-tie AHBR bracket holders to the end of the bed

Hand Hygiene Audit				
	Average		Follow up at 1 month	
	No	%	No	%
End of the bed	36/155	23.2%	4/30	13.3%
End of bed OR pt zone	55/155	35.5%	7/30	23.3%
End of bed OR pt zone OR within room	79/155	51.0%	27/30	90.0%
Outside room	156/157	99.4%	32/32	100.0%
AHBR available within bottle	52/55	94.5%	7/7	100.0%



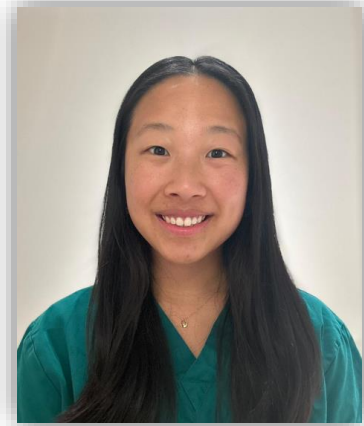
Junior doctors take to the floor: Exploring barriers to timely removal of antecubital fossa cannulae across four tertiary hospital wards

Quoy S (1,2,3), Wasson L (1), Tjang R (1), Lye C (1,2), Watson E (1), Browning S (1,2,3)

(1) John Hunter Hospital, Newcastle, NSW, (2) Hunter Medical Research Institute, Newcastle, NSW, (3) University of Newcastle, Newcastle, NSW



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Dr Samantha Quoy

Results

A total of 386 PIVCs were surveyed. 54 (14%) were located in the ACF. 22 (40.7%) ACF PIVCs had a dwell time of greater than 24 hours (Figure 1).

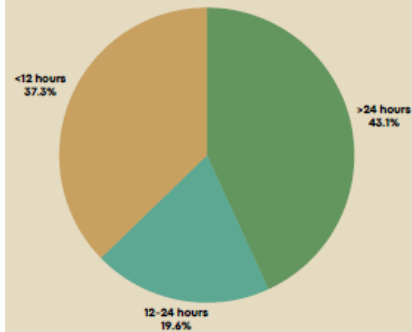


Figure 1: Dwell times of ACF PIVCs

311 (80.6%) PIVCs were documented in the cannula care plan, with only 212 (54.9%) having the indication also documented. Of those with an indication documented, 203 (95.8%) were placed in an appropriate location.

Patients admitted to medical wards were more likely to have a PIVC placed in the ACF than those admitted to surgical wards (21.1% vs 7.5%), however there was no significant difference in dwell times of ACF PIVCs between patients admitted to medical and surgical wards (Figure 2).

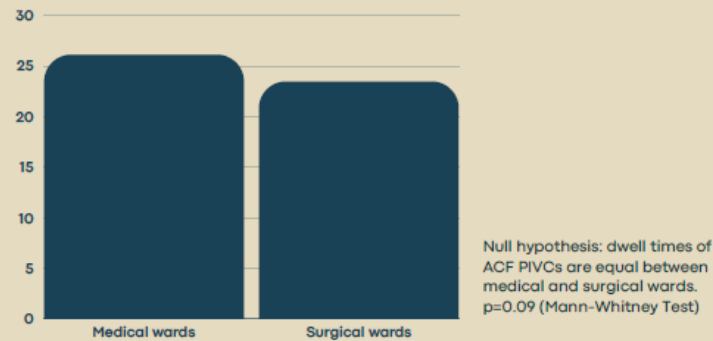


Figure 2: Mean dwell time ACF PIVCs in hours

Nursing Interviews

32 nurses were interviewed as part of this project. 100% of nurses were aware of the need for ACF PIVCs to be removed within 12-24 hours. When asked how they planned to replace the ACF PIVCs, 83.3% reported they would contact a medical officer. (Figure 3).

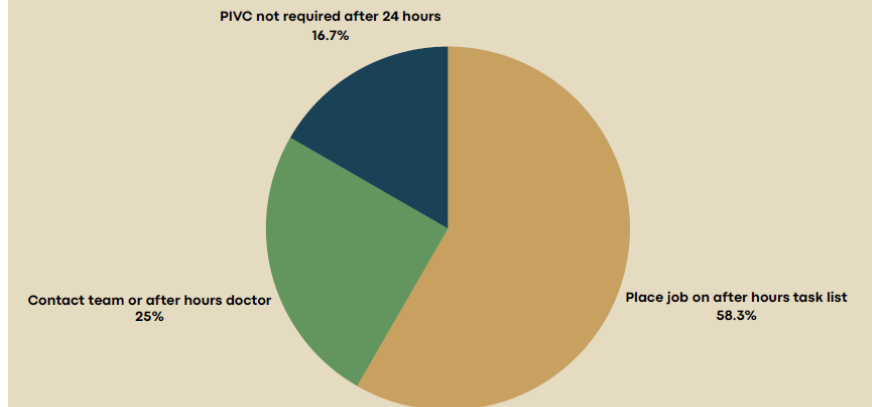


Figure 3: Plan from nursing staff for ACF PIVC replacement

Gowns Down: A Quality Improvement Project to Reduce Inappropriate Gown Use on a General Medicine Ward

Sita Paling¹, Isabella Walker¹, Kate Bossio², Teresa Lewis², and Sarah Browning^{2,3,4}



Dr Sita Paling



Dr Isabella Walker

STOP!

DO YOU NEED GLOVES AND A GOWN?

ON

- Contact with non-intact skin, or mucous membrane
- Contact with blood or bodily secretions
- Invasive procedure eg. venipuncture or IV cannula insertion
- Contaminated waste, linen or environmental surfaces
- Risk assessment based on patient information

OFF

- Contact with intact skin
- Activities of daily living eg. washing
- Routine observations eg. blood pressure
- Subcutaneous or intramuscular injections
- Access cannula/IV lines using aseptic non-touch technique

Always remember the 5 moments for **HAND HYGIENE**

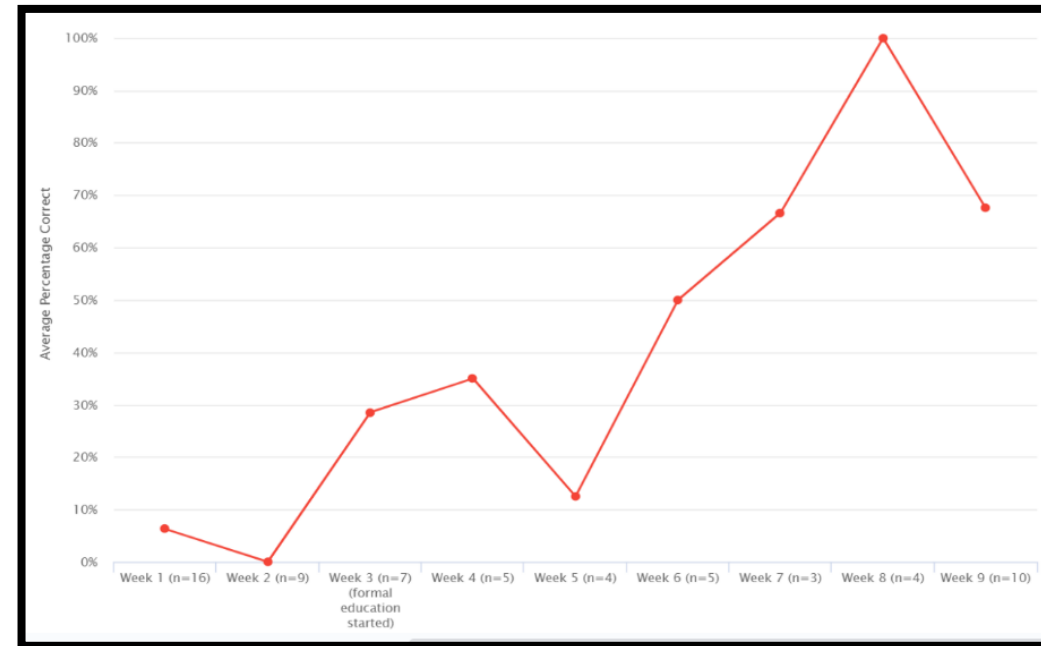


Figure: Staff knowledge assessment regarding mandatory PPE vs PPE used as per risk assessment



Dr Charmaine Lye



SAFER Survey on Automated Flexible Endoscope Reprocessing

A national research project led by the Hunter New England Infection Prevention Service

Coming to an endoscopy unit near you ...

HNE LHD JMO QUALITY AND SAFETY COMMITTEE PRESENTS

AUDIT SHOWCASE NIGHT



**COME ALONG TO HEAR ABOUT NEW
QUALITY IMPROVEMENT RESOURCES
BEING DEVELOPED AT JHH AND ACROSS
THE DISTRICT, AND SUPPORT THE WORK
OF YOUR FELLOW JMO'S IN THIS SPACE!**

5 P.M

**25
NOV**

**ROYAL NEWCASTLE CENTRE
JOHN HUNTER HOSPITAL**



SUBMIT YOUR PROJECT HERE:
[HTTPS://REDCAP.LINK/H2G69WCO](https://redcap.link/H2G69WCO)



CLINICAL
EXCELLENCE
COMMISSION

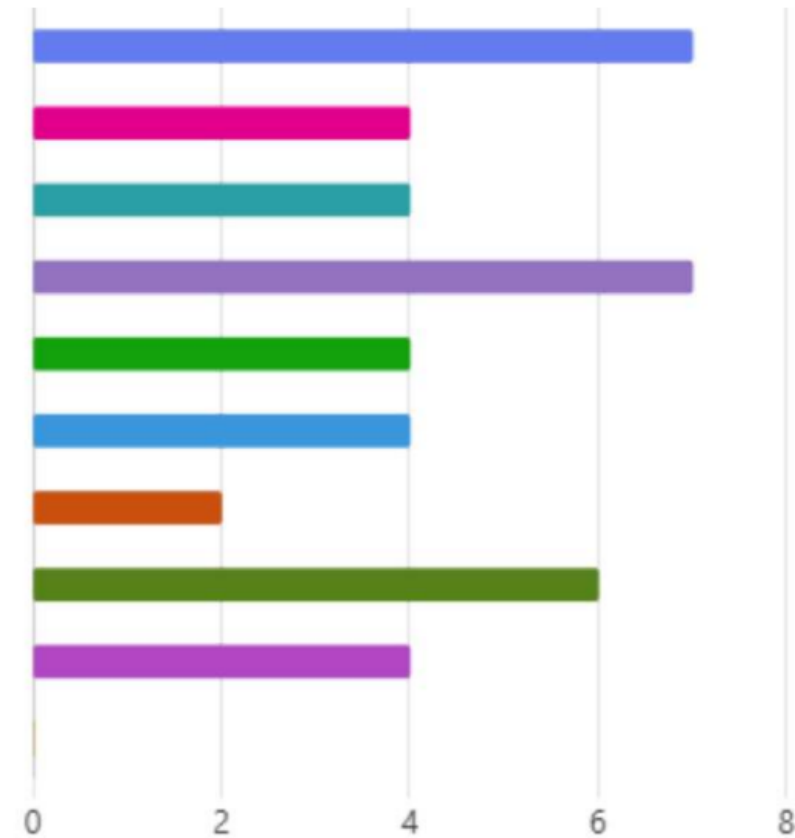


Safety and Quality in Action Podcast

The *Safety and Quality in Action* podcast explores the experiences and insights from leaders in safety and quality.

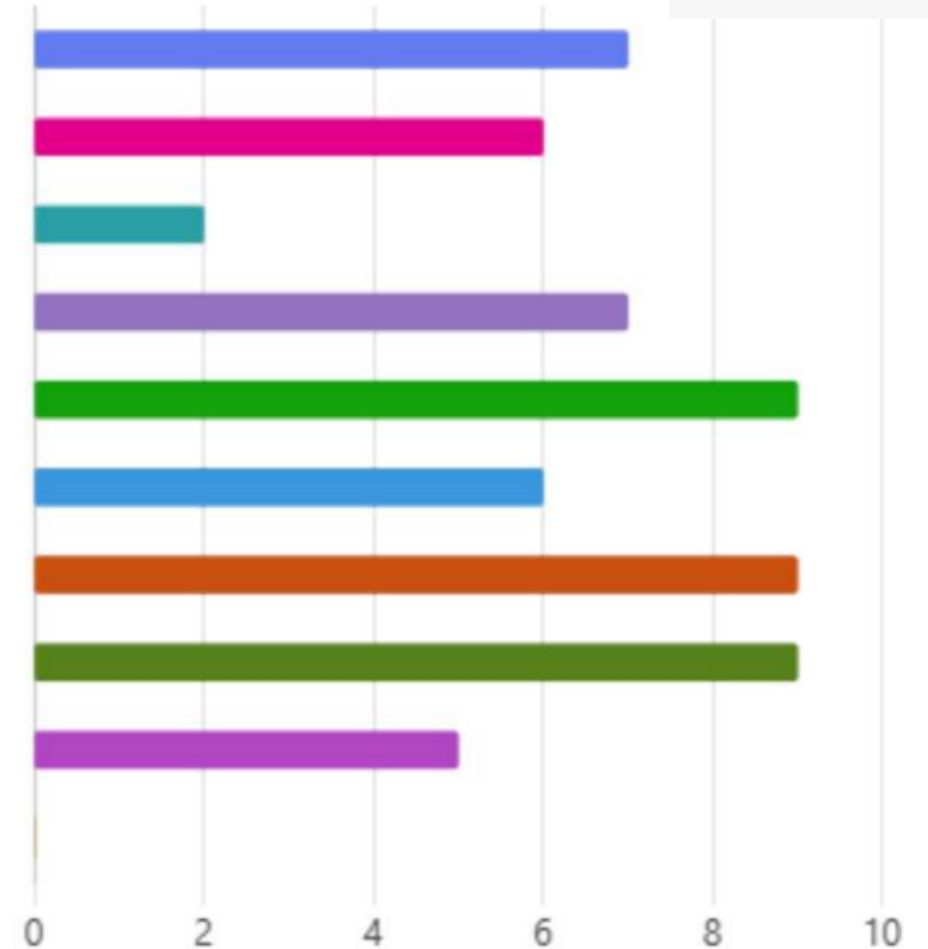
What would they like more of?

- Quality improvement education 7
- Quality improvement involvement 4
- Mentorship / support 4
- Research participation 7
- Infection prevention education 4
- CV and career planning support 4
- Education delivery to peers / improving presentation skills 2
- Attendance at conferences, seminars or other educational events 6
- Understanding the organisational structure and aspects of change management 4
- Other 0



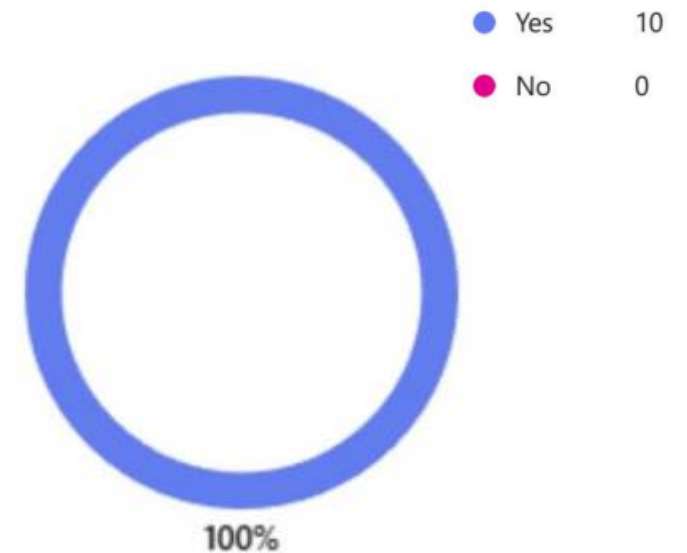
What would they like to learn about?

- Cleaning and disinfection of reusable medical equipment including person equipment such as... 7
- Cleaning and disinfection of the healthcare environment 6
- Hand hygiene 2
- Intravascular device management including best practice insertion techniques and ongoing care 7
- Antimicrobial stewardship 9
- Reprocessing and sterilisation of reusable devices and equipment 6
- Healthcare associated infections (relating to prevention and surveillance) 9
- Quality improvement and research 9
- Skin care for patients in hospital 5
- Other 0



Industry supported?

Would you be interested in receiving industry supported education e.g. online modules, engaging pre-recorded presentations, or live (face-to-face or online) seminars?



Feedback

“ **Great opportunity** to understand more about and **get involved** in infection prevention and control and quality improvement. It has also been fantastic exposure to the benefits and challenges of **change management** in healthcare.

“ The program **empowers** the JMO cohort to **lead infection prevention and patient safety efforts** by promoting awareness among peers via JMO led projects. It fosters creativity, builds **leadership skills**, enhances CVs, and offers a valuable introduction to initiatives led by senior clinicians.

“ **Amazing initiative.** I hope this can pave the way for more groups to engage and improve the junior doctor cohort.

“ Provides JMOs an opportunity to become **more exposed to infection prevention** (prior to IPC champions I had very little exposure!). Provides support to lead our own research/quality improvement projects on **topics important to us**. Provides a great opportunity to meet other like-minded JMOs!

Feedback

“ *Incredible opportunity to get involved in audit or QI projects that are of both personal interest and of **high value to HNE**, and to be mentored/supported along the way.*

“ *I think IPC champions is of great benefit to JMOs as it is super important to our clinical practice, and **we unfortunately don't receive much infection prevention and control education.***

“ *Infection prevention education.*

9.60

Average Rating



Together we can change the narrative.



1. Engaging IPC educational resources

**2. Facilitate medical officer engagement in IPC QI and research.
Let them take the lead so they can become leaders in IPC**

3. **Funding to facilitate JMO IPC conference and seminar participation******

Thank you

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Acknowledgements

JMO IPC Champions

Jeff Deane

Sally Munnoch

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Diana Williamson

NSW Health, Clinical Excellence Commission



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