HSJD CF-Unit Issues: Segregation

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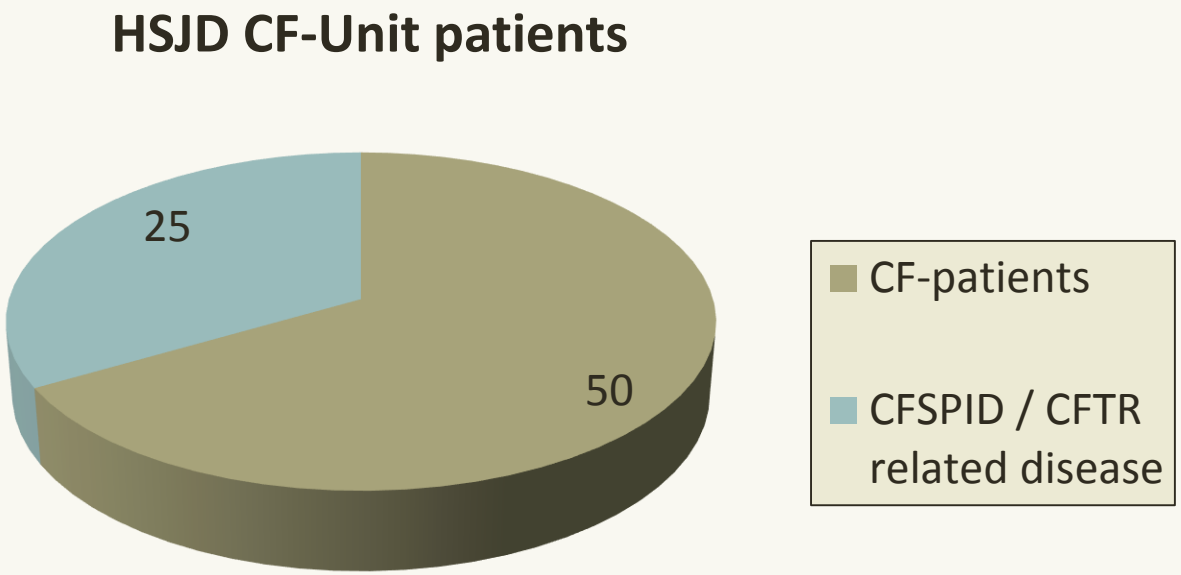
HSJD CF- Unit

- Paediatric Unit: 75 patients



HSJD CF-Unit

- **2017 report:**

- Newborn Screening program activity: 82 children (139 nursing assistance – Macroduct®-; 4 CF patients were diagnosed).

- CF-patients follow up nursing activity: outpatient unit: 525 visits; 146 telematic nursing attendance.

- IV treatment: 6 patients need it (all with PICC), total: 11 IV treatments; 1 PAC patient needed 5 IV treatments.

HSJD CF-Unit

- HSJD respiratory team: 3 paediatrician pulmonologist, 1 clinical nurse specialist, 1 specialist physiotherapist.
- HSJD CF- Unit infrastructure: 3 fixed exam rooms (1 shared); 3 pulmonary function testing rooms.
- HSJD CF-Unit Segregation:

Monday	Tuesday	Wednesday	Thursday	Friday
Multidrug-resistant pathogens. MRSA, BC, Mycobacterium abscessus,…	- No chronic Colonisation - No eradication treatment	Emergency	PS.A	- No chronic Colonisation - No eradication treatment

Different week each pathogen!!!!

ECFS: Standards of Care (2014)

ELSEVIER

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Review

European Cystic Fibrosis Society Standards of Care: Framework for the Cystic Fibrosis Centre

Steven Conway [a,*], Ian M. Balfour-Lynn [b], Karleen De Rijcke [c], Pavel Drevinek [d,e,f], Juliet Foweraker [g], Trudy Havermans [h], Harry Heijerman [i], Louise Lannefors [j], Anders Lindblad [k], Milan Macek [l,m], Sue Madge [n], Maeve Moran [o], Lisa Morrison [p], Alison Morton [q], Jacquelien Noordhoek [r], Dorota Sands [s], Anneke Vertommen [t], Daniel Peckham [u]

Table 1
Whole-time equivalents per clinic size: full-time paediatric patients [a].

The MDT	50 patients	150 patients	≥250 patients [b]
Consultant 1	0.5	1	1
Consultant 2	0.3	0.5	1
Consultant 3	–	–	0.5
Medical trainees	0.8	1.5	2
Specialist nurse	2	3	4
Physiotherapist	2	3	4
Dietitian	0.5	1	1.5
Clinical psychologist	0.5	1	1.5
Social worker	0.5	1	1
Pharmacist	0.5	1	1
Secretary	0.5	1	2
Database coordinator	0.4	0.8	1

[a] Patients with CFTR-related disorders should not be counted.

[b] When clinics care for significantly more than 250 patients, additional consultants should be added to the multidisciplinary team (MDT) at a rate of approximately one additional consultant per extra 100 patients. Additional allied health professionals and support staff will also be required. There is likely to be a limit to the number of patients who can be cared for effectively in a CF Centre. This number will vary according to the facilities available in the hospital housing the Centre and the capacity of that hospital to support adequate staffing for the Centre. The MDT in individual Centres should review patient numbers annually and appreciate when resources are becoming stretched beyond the limit allowing care to be delivered to the standards recommended in guidelines.

2.5. Segregation

All CF Centres must have a clear policy for infection prevention and control, and facilities must allow for adequate patient segregation to prevent cross-infection. Patients should not share rooms, bathrooms or toilets during a hospital stay and should not be in contact with each other in waiting areas, such as in CF clinics, wards, the pharmacy and radiology departments.

CF-Unit Issues

- HSJD CF-Unit issues:
- Both CF-Unit and pulmonology unit.
- Common spaces shared with other specialities.
- Only 3 exam rooms.
- Only 3 pulmonary function testing rooms with no AIIR.
- Difficulty to schedule all multidisciplinary team visits on the same day

Burn out!

Solutions

- How we solve them:

- Schedule CF patients early in the morning (no chronic colonisation patients)
- Place CF-patient in an exam room if available, if not far from waiting area. Use of face mask is essential.
- Use the exam room only for one patient; clean the area – surfaces, door, table, chairs- if it´s not possible.
- Schedule no more than 3 CF-patients per day with respiratory function test.
- Schedule the different multidiciplinary visits depending on their pathogens isolated.

Some suggestions…

- CF-Unit improvement suggestions:

- Patient as the centre of attention.
- Increase the number of exam rooms.
- Increase the number of CF specialist professionals.
- Change scheduling CF clinics by specific pathogens: move Monday patients to Friday.

Our dream…

- Our ideal CF-Unit:

- More examination rooms, all of them full equiped, to keep the CF-patient in one of them while the CF care team rotates through the exam room.
- Not to share the agenda with other respiratory diseases.
- CF- specialist nurse and pulmonologyst full time attendance.

Discussion

- Routinely scheduling CF clinics on the basis of specific pathogens isolated VS control infection strategies.

One of them?

Both of them?

- The infection control guideline consensus is applicable to your CF-unit?
- As a nurse, how would you arrange it?
- Would you like to perform an European nursing CF-guideline?

Thank you !!!