



Building new hospitals: a UK infection control perspective

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Summary Infection control input is vital throughout the planning, design and building stages of a new hospital project, and must continue through the commissioning (and decommissioning) process, evaluation and putting the facility into full clinical service. Many hospitals continue to experience problems months or years after occupying the new premises; some of these could have been avoided by infection control involvement earlier in the project. The importance of infection control must be recognized by the chief executive of the hospital trust and project teams overseeing the development. Clinical user groups and contractors must also be made aware of infection control issues. It is vital that good working relationships are built up between the infection control team (ICT) and all these parties. ICTs need the authority to influence the process. This may require their specific recognition by the Private Finance Initiative National Unit, the Department of Health or other relevant authorities. ICTs need training in how to read design plans, how to write effective specifications, and in other areas with which they may be unfamiliar. The importance of documentation and record keeping is paramount. External or independent validation of processes should be available, particularly in commissioning processes. Building design in relation to infection control needs stricter national regulations, allowing ICTs to focus on more local usage issues. Further research is needed to provide evidence regarding the relationship between building design and the prevalence of infection.

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Introduction and aims of the Project Group

In March 2003, a group of medical microbiologists and infection control nurses met to share their experience of infection control issues related to new hospital building projects. The Project Group members were involved in hospital developments throughout the UK and Ireland. Some projects had been completed, some were in progress, and others were just beginning. Different design teams, builders and facilitators were involved in each project. Some of the schemes were built under the Private Finance Initiative (PFI), while others used public sector monies. Although there are specific issues regarding PFI projects that need to be addressed, most of the practical experiences are applicable to all hospital building initiatives, whatever their funding source or political setting.

It is now accepted that infection control should be integral to the planning and subsequent building and operation of all healthcare premises. A recent publication by the UK National Health Service (NHS) body, NHS Estates—'Infection control in the built environment' (2002)—provides very helpful guidance to all professionals involved in the development of new healthcare facilities. This document had not been available to most members of the Project Group at the beginning of their projects, and much time was spent gathering information and considering problems without any relevant guidance. The Project Group does not intend the present report to duplicate material contained in that publication, but instead to complement it, distilling the practical experiences gained from a number of new hospital developments.

Some problems encountered were unique to a particular building project, but most were common to all. If these problems are recognized at an early stage, costly alterations and delays (not to mention clinical risk) could be minimized.

The aims of the Project Group were as follows.

To share and learn from experience gained from a number of new hospital building projects across the UK and Ireland.

To understand the processes involved in the planning, design, building, commissioning and operation of these new healthcare facilities.

To consider how microbiologists and infection control teams (ICTs) can best be involved in these processes.

To provide guidance for healthcare professionals and contractors faced with similar projects in the future.

To raise the profile of infection control within new hospital schemes amongst chief executives, project managers, designers, contractors and the Department of Health, so that ICTs are empowered to influence the process.

Formation of guidelines and action points

The Project Group felt that it would be most helpful to structure the guidelines chronologically, so that the key action points are identified for each stage of the developmental process. Each scheme can be subdivided into the following sections.

1. Concept and feasibility studies. Departmental and support service output specifications (i.e. details of how they will operate).
2. For PFI projects: invitation for expressions of interest by potential sponsors. Preliminary and final invitations to contract negotiation.
3. Planning and design of the project.
4. Tendering and choice of preferred bidder.
5. Building of the new development, both new sites ('green-field sites') and those where it will be necessary to maintain clinical services within an existing building site.
6. Commissioning of new premises and decommissioning of old premises.
7. Operational issues (equipment, facilities management, etc.).
8. Evaluation.

ICTs need to be involved throughout each stage of this process.

Concept and feasibility studies.

Departmental and support service output specifications

Initial planning is at a strategic level, involving negotiations between national, regional and local planners. There are often historical and local political issues to consider, in addition to the health needs of the local community. Proposed numbers of beds and the provision of clinical and support services within the new development may all differ from the current healthcare service, and may be based on completely new concepts of delivering health care. Proposed numbers of beds may make assumptions on occupancy rates, expected length of stay, the provision of community health care and social services. New strategies for clinical use of beds may be considered (e.g. 'swing beds'—those available for use by medical, surgical or other

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