

From Regional to Remote Rural Hospital

An Infection Control Practitioner's View

Three months ago, Mignon Hogan arrived as the Director of a remote 27-bed unit. The staff were keen and friendly and the workplace refurbished with large and airy rooms. A great environment to work in, one would think...

Since 1988 I had enjoyed working as an Infection Control Practitioner in a regional country hospital which was modern in outlook, a nightmare in construction and legally aware. The Infection Control position was valued and even though it comprised only a small part of my multi-Clinical Nurse Consultant role, I was given adequate time to fulfil my duties and attend both regional and national meetings. Networking was valuable and I felt I had a good rapport with my counterparts in metropolitan hospitals, as well as in other States.

Initially I had faced the usual problems – 'Barrier Nursing', paper plates and disposable cutlery, an inability for staff to grasp the need to wear gloves when handling body substances and the 'I'll never catch AIDS or Hepatitis attitude'.

The Infection Control Committee meetings were held regularly with all members attending and valuable input was received from the Medical Officers. If a problem was encountered, eg re-using a 'single use only' item, the matter was immediately resolved. Most staff co-operated with surveillance and

audits and all in all, it was a dream that others envied.

Three months ago I arrived as Director of a 27-bed unit in a remote country setting. My new workplace is a renovated and tastefully decorated hospital. The staff have welcomed me with great enthusiasm and are ready to move ahead with speed towards accreditation. The clientele are mostly long stay cardiac, medical and rehabilitation patients, returning from surgery in Adelaide. The rooms are large and airy – a pleasure to work in, one would think.

Although an Infection Control Practitioner had recently been appointed, formal training for staff members had yet to be implemented at the time of my arrival. Due to minimum funding and staffing levels, attendance at Infection Control meetings had either not happened or occurred only on a very irregular basis. Much of the in-service the staff had been attending was in their own time – and involved baby-sitting problems and lengthy journeys. It is important to understand that staff in country hospitals are required to wear many hats, therefore trying to prioritise tasks/needs is difficult.

My first working day was a 'revelation'. Disposable ventolin masks were soaking in Milton and subsequently being used by all the patients requiring Ventolin. There were opened bottles of Saline being used, and used again until finished. Solutions were 'topped' up from a bulk supply of indeterminate age. I began to dread what I would find next.

Theatre and Outpatient/Casualty

Departments only required one glance and I sought expert help. Unsterile and sterile suppliers were located all in one spot. Equipment was being inappropriately packaged. The autoclave had not been tested in years and the Biological tests were not even for that autoclave! Clean materials such as Steri-line bags, rolls of Combine and packets of Raytec swabs were covered in a fine film of dust and cobwebs brought in from the storage shed out in the yard. The bags refused to seal and had become discoloured by the extreme temperatures they had been subjected to. The final trial was changing practice – that of Theatre walls, floor and furniture being 'washed' with Methylated Spirits.

I can now see light at the end of the tunnel. I have successfully relocated the autoclave and operating lists are once again 'happening'. The Theatre Suite has been re-vamped by blocking doorways to separate areas, cutting a new door through a cupboard, enclosing shelving and up-grading equipment.

The Chief Executive Officer and Board have given me constant support and are enjoying the change. The Infection Control Officer is now another disciple. Meetings are in place and matters are improving.

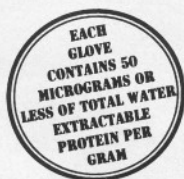
I have not dwelt on issues such as mice eating sterile stock, medico-sterility problems or the issue of Pets as Therapy in Infection Control because therein lies another saga!

Mignon Hogan
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