

**Sharing the Responsibility:**

**Tasmanian Healthcare  
Associated Infection Prevention  
Strategy**

**2009-2011**

**Editors:**

Brett Mitchell – Director, TIPCU, DHHS

Saffron Brown – Clinical Nurse Consultant, TIPCU, DHHS

Annie Wells – Clinical Nurse Consultant, TIPCU, DHHS

Dr Alistair McGregor – Specialist Medical Advisor, TIPCU, DHHS.

# CONTENTS

<b>FOREWORD</b>	<b>4</b>
<b>PREFACE</b>	<b>5</b>
<b>SCOPE</b>	<b>6</b>
<b>INTRODUCTION</b>	<b>6</b>
<b>PROCESS FOR STRATEGY DEVELOPMENT</b>	<b>7</b>
<b>OVERVIEW OF SCOPED DOCUMENTS</b>	<b>7</b>
<b>CONSULTATION WITH STAKEHOLDERS</b>	<b>8</b>
<b>DEVELOPMENT OF STRATEGIC OBJECTIVES</b>	<b>8</b>
<b>BROADER CONSULTATION</b>	<b>8</b>
<b>STRATEGIC OBJECTIVES FOR TASMANIAN HAI STRATEGY</b>	<b>9</b>
<b>IMPLEMENTATION AND EVALUATION</b>	<b>9</b>
<b>DEFINITIONS (please refer to glossary for additional definitions)</b>	<b>9</b>
<b>STRATEGIC OBJECTIVE 1: SURVEILLANCE</b>	<b>10</b>
<b>STRATEGIC OBJECTIVE 2: GOVERNANCE, EDUCATION &amp; GUIDELINES</b>	<b>11</b>
<b>STRATEGIC OBJECTIVE 3: RESOURCES, PROGRAMS AND QUALITY IMPROVEMENT</b>	<b>14</b>
<b>STRATEGIC OBJECTIVE 4: ENVIRONMENTAL CLEANLINESS</b>	<b>17</b>
<b>GLOSSARY</b>	<b>18</b>
<b>APPENDIX A – Scoped Documents</b>	<b>19</b>
<b>APPENDIX B - Summary of Themes from Scoped Documents</b>	<b>21</b>
<b>APPENDIX C - Acknowledgements</b>	<b>22</b>
<b>APPENDIX D – Acute Hospital Audit</b>	<b>23</b>
<b>APPENDIX E – Non-Acute Services Audit</b>	<b>29</b>

## FOREWORD

Healthcare associated infections (HAIs) are infections that occur while a patient is receiving care in a health facility. Healthcare associated infections will always be a potential risk for our patients/clients, however, there is good evidence to show that many of these infections can be prevented through careful attention to infection control procedures and processes. Patients/clients must be protected while they are in our care and to ensure this, it is important that all healthcare staff working in the Department of Health and Human Services (DHHS) are aware of their personal responsibilities in this area.

The title “*Sharing the Responsibility*” establishes the tone for the multifaceted approach required to reduce the risk of healthcare associated infections and to improve patient safety. It builds on the foundations set by the “*Leading the Way*” discussion paper.

This Strategy has been developed by the Tasmanian Infection Prevention & Control Unit (TIPCU) and the Office of the Chief Nursing Officer in collaboration with key healthcare staff and organisations. The Strategy aims to promote a coherent approach to the prevention and control of healthcare associated infections. It sets out the clear goals we wish to achieve over the next two years and specifies the relevance of these to patients/clients.

Through implementing this Strategy, we aim to reduce infection rates and therefore to improve the safety and quality of the care we provide to Tasmanian patients/clients. We will continue to provide the public with relevant data, including infection rates that can be used to measure the success of this Strategy.

I welcome and commend this Strategy.

A handwritten signature in black ink, appearing to read 'Lara Giddings', with a large, stylized flourish at the end.

Hon. Lara Giddings  
Minister for Health

## PREFACE

There is no single cause of, or quick fix to the problem of Healthcare Associated Infections. Evidence suggests that the issue needs to be tackled using a multi-faceted approach. There are a number of proven ways of minimising the risks of HAIs. These include:

- Ensuring good levels of hand hygiene within hospitals
- Ensuring careful and appropriate use of antibiotics (Antibiotic Stewardship)
- Undertaking surveillance to help understand the rates and patterns of infection and measure success
- Using sound and evidence based infection control practices
- The ongoing education of healthcare workers, patients/clients and the public
- Ensuring the maintenance of high levels of environmental hygiene and cleanliness
- The provision of clinical leadership and organisational support


Each of the measures described above are interdependent. If we wish to successfully reduce HAIs in Tasmania, it is vital that we move together, heading in the same direction when addressing each of these issues. “Sharing the Responsibility” aims to build on these core principles and bring together all of the key proven streams of work related to prevention of HAIs. This necessitates the integration of approaches and the sharing of initiatives and strategies that have been proven to be effective at the individual, local and national level.



Brett Mitchell  
Director TIPCU



Saffron Brown  
CNC, TIPCU



Annie Wells  
CNC, TIPCU



Dr Alistair McGregor  
Specialist Medical Director, TIPCU



Dr Craig White  
Chief Health Officer



Fiona Stoker  
Chief Nursing Officer



Dr Roscoe Taylor  
Director of Public Health

## SCOPE

The specific objectives contained in this strategy are aimed at all public hospitals within the three Area Health Services and the Child Health and Parenting Service. The principles of the strategy can be extended to other areas of the DHHS, including Statewide and Mental Health Services and the Tasmanian Ambulance Service. We welcome their involvement where relevant.

## INTRODUCTION

Healthcare associated infections continue to cause substantial patient morbidity and costs to health services. This Strategy aims to support a reduction of the prevalence of these infections in Tasmania by the development of a consistent infection control framework across the state. One of the key aims of this Strategy is to emphasise the responsibility of all DHHS staff to make the prevention of HAIs one of their primary goals.

Until now, there has been no consistent approach to reducing HAIs in Tasmania. At a national level, there has been a strong focus on infection control since 2007 when the Australian Commission on Safety and Quality in Healthcare (ACSQHC) developed a National Plan for HAI prevention. This Plan addresses systemic problems including the identification of gaps in current practices. It seeks to ensure a range of actions involving healthcare leaders, clinicians and decision makers are implemented in a nationally coordinated way.

The Tasmanian HAI Strategy builds on the work undertaken by the ACSQHC and strives to develop a process to implement the Commission's various pieces of work. A key focus of the Strategy is making safety and quality the focus of care provided in all settings whilst also incorporating key elements of Tasmania's Health Professionals *Leading the Way* discussion paper.

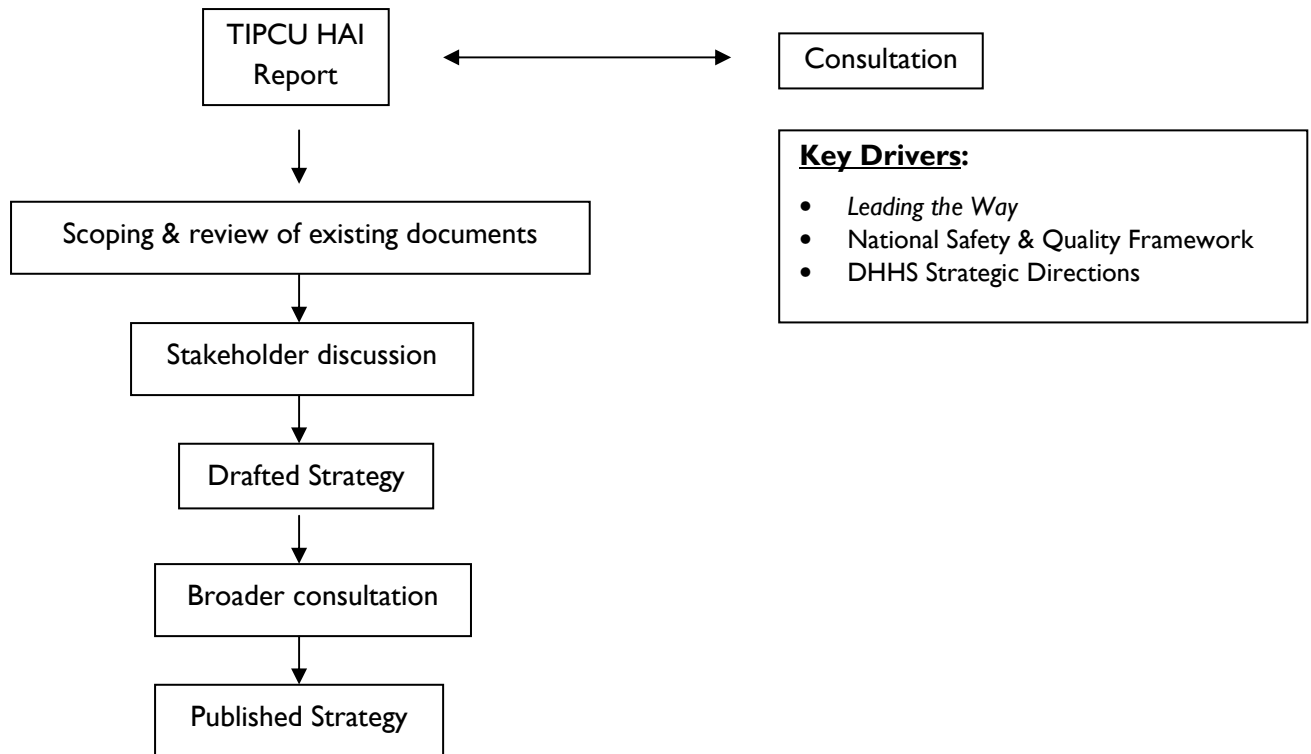
The development of the Tasmanian HAI Strategy has been led by the TIPCU and the Office of the Chief Nursing Officer. The process of development has involved considerable rigour as detailed in the "Process for Strategy Development" section.

The overall aim of the Tasmanian HAI Strategy is: **to provide a consistent approach to reduce the impact of health care associated infections on Tasmanian patients/clients.**

The Tasmanian HAI Strategy is a culmination of months of research, literature reviews and deliberation to identify the key actions required to achieve and sustain real progress in protecting patients/clients from preventable HAIs.

## PROCESS FOR STRATEGY DEVELOPMENT

The TIPCU was established during 2008. One of its programs of work has been the development of surveillance for HAIs to enable a better understanding of current trends and issues in Tasmania. The first *Tasmanian Healthcare Associated Infection Report* was released in March 2009 and provides some key indicators and rates relating to HAIs in Tasmanian hospitals. Following on from this report and discussion with key stakeholders, the TIPCU began the process of developing a state wide strategy for the prevention and control of HAIs. The process can be summarised as:



## OVERVIEW OF SCOPED DOCUMENTS

As part of the process for developing the Strategy, a range of documents were identified, reviewed for relevance and key themes elicited. The documents reviewed are outlined in Appendix A. In reviewing documents from a state, national and international level, a number of themes were extracted. These are detailed in Appendix B.

The following key themes are a summary of the scoped documents:

1. HAI surveillance and antibiotic stewardship
2. Governance / reporting & public / patient involvement
3. Education
4. Infection control skills and knowledge
5. Environmental cleanliness

## **CONSULTATION WITH STAKEHOLDERS**

As described in the “Process for Strategy Development” section, following on from the scoping exercise consultations and discussions occurred with key stakeholders. Key stakeholders who had input in the development of this strategy include:

- Executive Directors of Nursing
- Directors of Surgery & Medicine (where not covered by Medical Staff Specialists)
- Office of the Chief Nursing Officer
- Office of the Chief Medical Officer
- Care Reform
- Child Health & Parenting Service (CHAPS)
- Primary Health
- Hospital infection control staff
- Infectious diseases specialists
- Microbiologists
- Australian Commission on Safety & Quality in Healthcare (ACSQHC)

The key themes that arose from the consultation process include:

- Need for clear state wide direction in specific infection control issues
- Consistency in practice and policies
- Clear delineation of roles and responsibilities
- Expectations regarding standards for practice, education, skills and knowledge
- Improved responsibility for infection control by all health care workers

## **DEVELOPMENT OF STRATEGIC OBJECTIVES**

From the scoping process and discussion with key stakeholders, strategic objectives were developed.

## **BROADER CONSULTATION**

Following consultation with the above stakeholders, additional comments were sought from this group on the revised draft of the Strategy. Broader feedback on this document was also invited from:

- Australian Nursing Federation
- Tasmanian Infection Control Association
- Royal College of Surgeons, Tasmanian Branch

# STRATEGIC OBJECTIVES FOR TASMANIAN HAI STRATEGY

## OVERARCHING AIM:

*To provide a consistent approach to reduce the impact of health care associated infections on Tasmanian patients/clients.*

## STRATEGIC OBJECTIVES:

- 1) Hospitals and healthcare facilities have effective and consistent systems for recording, analysing and sharing infection control data, linked to rigorous clinical and risk management systems.



**SURVEILLANCE**

- 2) All staff understand the importance of HAI prevention and practice in a manner which minimises the prevalence and impact of healthcare associated infections for patients/clients.



**GOVERNANCE, EDUCATION & GUIDELINES**

- 3) Infection control programs are supported by adequately resourced, skilled infection control staff.



**RESOURCES, PROGRAMS AND QUALITY IMPROVEMENT**

- 4) Patients/clients are treated in physical environments that minimise the risk of infection.



**ENVIRONMENTAL CLEANLINESS**

## IMPLEMENTATION AND EVALUATION

Implementation of this Strategy should occur via the relevant (Executive) Directors of Nursing and Infection Control Units where in existence, supported by the Tasmanian Infection Prevention & Control Unit. The time frame for implementing this Strategy is two years.

Evaluation of this Strategy for acute hospitals and area health services will occur via a quarterly self assessment, using the tools in Appendix D and E. External validation may occur through a process to be determined.

## DEFINITIONS (please refer to glossary for additional definitions)

**Accountability:** overarching/ultimate liability/responsibility

**Responsibility:** delegated duty to implement the objective

<b>STRATEGIC OBJECTIVE I: SURVEILLANCE</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>What This Means for Patients/Clients</b>
<p><b>Area Health Services (acute and non acute hospitals, multipurpose centres and community health centres) &amp; the Child Health &amp; Parenting Service (CHAPS) have effective and consistent systems for recording, analysing and sharing infection control data, linked to rigorous clinical and risk management systems.</b></p> <p><b>ACHIEVED BY:</b></p> <ul style="list-style-type: none"> <li>Use of HAI indicators to determine and understand progress in reducing risks of HAIs to patients/clients</li> </ul>			
<p><b>SPECIFIC OBJECTIVES</b></p> <p>1. All Area Health Services (AHS) are participating in surveillance programs and protocols approved by the Tasmanian HAI Steering Committee</p> <ol style="list-style-type: none"> <li>IC surveillance data is provided to clinicians</li> <li>IC surveillance data is fed into an area health service's quality improvement program / safety and quality units</li> </ol>	AHS Infection Control (IC) Committees & IC Units	Executive Director of Nursing (EDON)	Care is based on the best IC evidence, is orderly and organised.
<p>2. Each AHS and the CHAPS are being supported by adequately resourced laboratories in order to meet the needs of the organisation, IC teams and surveillance requirements</p>	Director of Pathology	Chief Executive Office (CEO)	Consistent methods are used to provide information to the hospitals and patients/clients about infection rates.
<p>3. Each acute hospital:</p> <ol style="list-style-type: none"> <li>Routinely undertakes prospective outcome surveillance as determined by the IC committee</li> <li>Has an antibiotic stewardship program in place</li> </ol>	<p>a. AHS IC Units &amp; IC Committees</p> <p>b. Pharmacy &amp; IC Committees</p>	<p>a. EDON &amp; Director of Medical Services (DOMS)</p> <p>b. DOMS</p>	Patient safety is optimised by creating an environment that is transparent and committed to change.
<p>4. All non acute hospitals, community health centres and multipurpose centres and the CHAPS undertake process surveillance, signal surveillance or point prevalence surveillance (see Glossary for definitions)</p>	IC Link Practitioners	Director of Nursing (DON) / Manager	
<p>5. HAI data is available for the public and patients/clients</p>	TIPCU	Director of TIPCU	



<b>STRATEGIC OBJECTIVE 2: GOVERNANCE, EDUCATION &amp; GUIDELINES</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>What This Means for Patients/Clients</b>
<p>3. Each non acute hospital, community health centre, multipurpose centre and the CHAPS:</p> <ul style="list-style-type: none"> <li>a. Has a named person (DON or Senior Manager) accountable for IC in their organisation, reporting back to the AHS consistent with the AHS governance structure</li> </ul> <p>4. Responsibility for compliance with policies (including IC policies) is clearly stated in statement of duties of all DHHS healthcare workers</p>	<p>DON (or Manager)</p> <p>Healthcare workers</p>	<p>DON or Senior Manager</p> <p>DON or Senior Manager)</p>	
<p><b>EDUCATION</b></p> <p>5. Each AHS and the CHAPS ensure that:</p> <ul style="list-style-type: none"> <li>a. All newly employed healthcare workers receive IC education on induction / orientation to their workplace</li> <li>b. Employees receive regular IC updates/training, relevant to their roles (to be determined locally by IC committee)</li> <li>c. Hand hygiene education is provided on a regular basis (e.g. at least annually) to all healthcare workers</li> <li>d. IC education programs are evaluated</li> </ul> <p>6. Collaboration with universities occurs to ensure effective IC training is provided in relevant undergraduate courses</p> <p>7. Post graduate education opportunities for IC in Tasmania are explored and developed where possible</p> <p>8. Continuing professional development opportunities for IC professionals / nurses are available and are supported</p>	<p>AHS IC Unit (Relevant committee for the CHAPS)</p> <p>TIPCU</p> <p>TIPCU</p> <p>TIPCU / IC Professionals Manager &amp; IC Link Practitioner’s Manager</p>	<p>EDON / DON</p> <p>Director of TIPCU</p> <p>Director of TIPCU</p> <p>Director of TIPCU / EDON</p>	<p>Patients/clients are cared for by staff who have adequate knowledge, skills and training in IC.</p>



<b>STRATEGIC OBJECTIVE 3: RESOURCES, PROGRAMS AND QUALITY IMPROVEMENT</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>What This Means for Patients/Clients</b>
<p><b>IC programs are supported by adequately resourced IC staff with sufficient skills to meet the organisation's needs</b></p> <p><b>ACHIEVED BY</b></p> <ul style="list-style-type: none"> <li>• Appropriate IC support for IC teams within the AHS.</li> </ul>			<p>Infection prevention and control care is based on the best evidence and is orderly and organised.</p>
<p><b>EACH ACUTE HOSPITAL:</b></p> <ol style="list-style-type: none"> <li>1. Develops an annual IC program outlining the IC activities and plans for their organisation <ol style="list-style-type: none"> <li>a. The DHHS provides guidance on priority areas where required</li> </ol> </li> <li>2. Has an active infection prevention and control unit comprising of: <ol style="list-style-type: none"> <li>a. Infection prevention &amp; control professional/s and</li> <li>b. Infectious diseases physician and/or microbiologist support</li> </ol> </li> <li>3. Ensures that infection prevention and control units: <ol style="list-style-type: none"> <li>a. Have access to a specialist state IC unit</li> <li>b. Collaborate with the safety and quality unit within their organisation and initiate quality improvement projects</li> <li>c. Use advanced quality improvement processes (e.g. PDSA, SPC charts, Lean Methodologies (Six Sigma) – see Glossary) to enhance systems/processes</li> </ol> </li> </ol>	<p>IC Unit</p> <ol style="list-style-type: none"> <li>a. EDON</li> <li>b. DOMS</li> </ol> <ol style="list-style-type: none"> <li>a. TIPCU</li> <li>b. IC Committee</li> <li>c. IC Committee</li> </ol>	<p>EDON</p> <ol style="list-style-type: none"> <li>a. EDON</li> <li>b. DOMS</li> </ol> <ol style="list-style-type: none"> <li>a. Director, TIPCU</li> <li>b. EDON</li> <li>c. EDON</li> </ol>	<p>The IC system uses all the information it collects or creates and is always improving.</p> <p>Patients/clients see clinicians and managers collaborating as a team.</p>



<b>STRATEGIC OBJECTIVE 3: RESOURCES, PROGRAMS AND QUALITY IMPROVEMENT</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>What This Means for Patients/Clients</b>
<p>8. Ensure that the nominated link practitioner for the organisation/service:</p> <ul style="list-style-type: none"> <li>a. Undertakes IC training to develop skills and knowledge and</li> <li>b. Is responsible for supporting their facility/service in developing and implementing relevant IC activities and programs</li> </ul>	<p>Link Practitioner and DON / Manager</p>	<p>DON / Manager</p>	
<p>9. The DHHS works with AHS IC units and staff in scoping information technology (IT) opportunities to improve efficiency and effectiveness of daily activities and assist in meeting Strategic Objective I</p> <ul style="list-style-type: none"> <li>a. Should suitable IT opportunities be found, a business case will be submitted to the DHHS for consideration, with a state wide approach taken wherever possible</li> </ul>	<p>TIPCU / IC Staff</p>	<p>Director of TIPCU / EDON / CEO</p>	

<b>STRATEGIC OBJECTIVE 4: ENVIRONMENTAL CLEANLINESS</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>What This Means for Patients/Clients</b>
<p><b>Patients/clients are treated in environments that minimise the risk of infection</b></p> <p><b>ACHIEVED BY</b></p> <ul style="list-style-type: none"> <li>• Maintenance of a clean patient/client environment</li> </ul>			
<ol style="list-style-type: none"> <li>1. Environmental / cleaning staff work closely and in collaboration with nurse unit managers (and DONs in the case of the CHAPS) when determining and managing cleaning risks in clinical areas</li> <li>2. Local cleaning policies and/or procedures are developed in collaboration with the IC units, using the national IC guidelines and DHHS directives as the basis for the policies</li> <li>3. Environmental cleaning audits are developed for use in Tasmania</li> <li>4. Regular environmental audits occur and: <ol style="list-style-type: none"> <li>a. Are recorded using a standardised environmental cleaning audit</li> <li>b. Results are reviewed by the IC unit</li> </ol> </li> </ol>	<p>Environmental Services Managers / NUMS</p> <p>Environmental Services Managers / IC Units / Link Practitioners</p> <p>TIPCU</p> <p>Environmental Services Managers / IC Units</p>	<p>EDON / DON</p> <p>EDON / DON</p> <p>Director of TIPCU</p> <p>EDON / DON</p>	<p>IC care is based on the best evidence and is orderly and organised</p> <p>The IC system uses all the information it collects or creates and is continuously improving.</p> <p>A clean safe environment will be sustained by use of a consistent approach to environmental cleaning.</p>

## GLOSSARY

**Accountability:** overarching/ultimate liability/responsibility

**Antibiotic:** A substance that kills or inhibits the growth of bacteria, fungi or parasites

**Area Health Services (AHS)**

**Chief Executive Officer (CEO)**

**Director of Medical Services (DOMS)**

**Director of Nursing (DON)**

**Executive Director on Nursing (EDON)**

**Health Care Associated Infection (HAI):** Infections acquired as a direct or indirect result of health care

**Infection Control (IC)**

**Lean Methodologies:** a methodology for organisational improvement eg 'Six Sigma'

**Morbidity:** The state of being ill, diseased or injured. ('Morbidity rate' describes the occurrence of a disease or condition that causes morbidity)

**Mortality:** Death, or the frequency or number of deaths. For example: infections are a major cause of mortality worldwide, and the mortality rate of this type of infection is 30%

**PDSA:** 'plan-do-study-act' is a quality improvement methodology

**Point Prevalence Surveillance:** is surveillance for all active health care associated infections on a single day or over several days, each bed only being counted once

**Process Surveillance:** involves auditing practice against a certain standard, guideline or policy

**Responsibility:** delegated duty to implement the objective

**Signal Surveillance:** The term 'signal infection' is used for healthcare associated infections occurring infrequently that may not be preventable, but which may serve as a signal to investigate whether standard practices and procedures that minimise occurrence of these infections are in place and working adequately

**Statistical Process Control (SPC) Charts:** statistical process control (SPC) is an effective method of monitoring a process through the use of control charts. Control charts enable the use of objective criteria for distinguishing background variation from events of significance based on statistical techniques (Wikipedia)

**Surveillance:** Disease surveillance is an epidemiological practice by which the spread of disease is monitored in order to establish patterns of progression. The main role of disease surveillance is to predict, observe and minimise the harm caused by outbreak, epidemic and pandemic situations, as well as increase our knowledge as to what factors might contribute to such circumstances

**Tasmanian Infection Prevention & Control Unit (TIPCU)**

**Tasmanian HAI Committee:** The Term of Reference can be viewed on the TIPCU internet site – [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)

## APPENDIX A – Scoped Documents

### Australia

- Australian Commission on Safety and Quality in Healthcare. (2009). *Draft National Safety and Quality Framework – a national strategic framework for improving safety and quality of health care*. Retrieved April 1, 2009, from <http://www.qualityhealthcareconversation.org.au/>
- Cruickshank, M., & Ferguson, J. (2008). *Reducing harm to patients from healthcare associated infection: the role of surveillance*. Sydney: Australian Commission on Safety and Quality in Healthcare.
- Department of Health and Human Services. (2009). *Strategic Directions 2009-2012*. Hobart: Department of Health & Human Services.
- Department of Health and Human Service. (2009). *Tasmanian Health Professionals Leading the Way: Shaping Future Care*, Discussion Paper Developed by the 'Leading the Way' Taskforce, January 2009. Retrieved March 1, 2009, from <http://intra.dhhs.tas.gov.au/dhhs-online/page.php?id=26702>.
- Garling, P. (2008). *NSW Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals*. Retrieved April 1, 2009, from, [http://www.lawlink.nsw.gov.au/lawlink/Special\\_Projects/ll\\_splprojects.nsf/pages/acsi\\_finalreport](http://www.lawlink.nsw.gov.au/lawlink/Special_Projects/ll_splprojects.nsf/pages/acsi_finalreport).
- Inter-jurisdictional Committee (AHMAC). (2009). *Healthcare associated infection – elements of infection control and prevention programs in Australian Acute hospitals*. 22<sup>nd</sup> Jan 2009 Agenda Item 6.4.
- Inter-jurisdictional Committee (AHMAC). (2009). *Healthcare associated infection*. 9<sup>th</sup> April 2009 Agenda Item 7.5.
- Tasmanian Infection Prevention & Control Unit. *Tasmanian Public Hospitals Healthcare Associated Infection Surveillance Report 2009*. Department of Health and Human Services.
- Tropea, J., Brand, C., Roberts, C. (2008). *A national stakeholder review of Australian infection control programs: the scope of practice of the infection control professional*. Sydney: Australian Commission on Safety and Quality in Healthcare.

### Wales

- Welsh Assembly Government. (2008). *Welsh Assembly Government Free To Lead, Free To Care. Empowering Ward Sisters/Charge Nurses Ministerial Task Group - Final Report 2008*. Cardiff: Welsh Assembly Government.
- Welsh Assembly Government. (2007). *Healthcare Associated Infections A Community Strategy for Wales - Consultation Document*. Cardiff: Welsh Assembly Government.
- Welsh Assembly Government. (2004). *Health Care Associated Infections – A strategy for Wales*. Cardiff: Welsh Assembly Government.
- Welsh Assembly Government. (2003). *Wales Facilities Group National Standards of Cleanliness for NHS Trusts in Wales*. Cardiff: Welsh Assembly Government.
- Welsh Assembly Government. (2003). *Wales Facilities Group National Standards of Cleanliness for NHS Trusts in Wales PERFORMANCE ASSESSMENT (TOOLKIT)*. Cardiff: Welsh Assembly Government.

### England

- Department of Health (2007). *Code of Practice for the Prevention and Control of Health Care Associated Infections*. London: Department of Health.
- Department of Health (2003). *NHS Modern Matrons – Improving the patient experience*. London: Department of Health.

- Department of Health (2003). *Winning Ways - Working together to reduce healthcare Associated Infection in England*. London: Department of Health.
- Department of Health (2002). *Getting Ahead of the Curve A strategy for combating infectious diseases*. London: Department of Health.

### **Scotland**

- Scottish Executive (2004). *The NHS Scotland Code Of Practice For The Local Management Of Hygiene And Healthcare Associated Infection*. Edinburgh: Scottish Executive.

### **USA**

- Health Canada. (2004). Development of a resource model for infection prevention and control programs in acute, long term, and home care settings: Conference proceedings of the Infection Prevention and Control Alliance. *American Journal of Infection Control* 32 (1), p.2-6.

### **WHO**

- WHO (2009). Core components for infection prevention and control programmes. Report of the Second Meeting of the Informal Network on Infection Prevention and Control in Health Care. Geneva: WHO.

## APPENDIX B - Summary of Themes from Scoped Documents

STATE	NATIONAL	INTERNATIONAL
Service Improvement	Surveillance of HAI	Surveillance of HAI
Leadership	Antibiotic stewardship	Antibiotic stewardship
Enforcement of hand hygiene	Hand hygiene	Safe care of patients/clients delivered through high standards of hygiene
Teamwork	Patient centred health care	
Building a safety and quality culture	IC programs adequately resourced by qualified IC staff	IC is a core business item of each organisation and of all staff and managers
Developing dynamic workforce	Coordinated approach to reduction of HAIs involving systematic national responses	IC programs must be adequately resourced and developed by specialist IC staff
IC education		
High quality, safe service	Culture of safety as core business	Consistent IC policy development in all health care settings
Screening patients for Multi Resistant Organisms	Clinical governance should reside at all levels of a hospital and hospital commitment to IC through active executive participation and sponsorship (IJC)	Increased accountability of senior nurses for IC
Leadership and enforcement of IC standards by senior clinicians		Provision of a framework for the prevention and control of HAIs
Feedback of IC data	Public reporting of data incorporating QI, public trust, clinician accountability and patient choice.	Transparency (including public reporting of HAIs)
		Establishment of priorities for actions to combat present and future IC threats
		Provision of coherent cleaning standards and cleanliness auditing
		Consumer choice through provision of information to patients/clients.
		Staff Education - orientation, policies, procedures, products, new programs (screening), antimicrobial resistance (WHO Core Components)

## APPENDIX C - Acknowledgements

This report represents the collaborative effort of many people with a commitment to reducing harm to patients from HAIs. The TIPCU would like to acknowledge the contribution made by the following:

NAME	POSITION
Dr Tara Anderson	Infectious Diseases Physician Royal Hobart Hospital
ANF – Tasmanian Branch Neroli Ellis, Branch Secretary	Branch Secretary (Tasmanian) Australian Nursing Federation
Professor Chris Baggoley on behalf of the Australian Commission for Safety & Quality in Healthcare	Chief Executive Australian Commission for Safety & Quality in Healthcare
Helen Bryan	Director of Nursing Launceston General Hospital
Sue Bucher	Director of Nursing/Site Manager North Eastern Soldiers Memorial Hospital
Gina Butler	Director of Nursing Primary Health
Anne Cabalzar	Director of Nursing Mersey Community Hospital
Karin Cuff	Assistant Director of Nursing Primary Health
Karen Linegar	Director of Nursing North West Regional Hospital
Christine Long	Director of Nursing Child Health & Parenting Services
Dr Alistair McGregor	Specialist Medical Advisor, TIPCU Infectious Diseases Physician and Microbiologist, Royal Hobart Hospital
Susan Price	Director of Nursing Royal Hobart Hospital
Carol Scholes	Quality Coordinator Freemasons Homes
TICA	Executive response on behalf of TICA members Tasmanian Infection Control Association

**APPENDIX D – Acute Hospital Audit**

**Evaluation / Self Assessment of Progress**  
**Acute Hospitals**

Date of Evaluation:

Evaluation Approved By:

Signed:

KEY:

Achieved	In Progress	Not Achieved
----------	-------------	--------------

**I. SURVEILLANCE**

***Have effective and consistent systems for recording, analysing and sharing infection control data, linked to rigorous clinical and risk management systems.***

SPECIFIC OBJECTIVE	COMMENTS	MARK ONE BOX WITH "X"		
		Achieved	In Progress	Not Achieved
<p><b>1.</b> Participate in surveillance programs and protocols approved by the Tasmanian HAI Steering Committee</p> <p><b>1a</b> IC surveillance data is provided to clinicians</p> <p><b>1b</b> IC surveillance data is fed into an area health service's quality improvement program / safety and quality units</p>				
<p><b>2</b> Supported by adequately resourced laboratories in order to meet the needs of the organisation, IC teams and surveillance requirements</p>				
<p><b>3a</b> Routinely undertake prospective outcome surveillance as determined by the IC committee</p> <p><b>3b</b> Antibiotic stewardship program is in place</p>				
<p><b>4</b> N/A</p>				
<p><b>5</b> HAI data is available for the public and patients/clients</p>				

**2. GOVERNANCE, EDUCATION & GUIDELINES**

***All staff understand the importance of HAI prevention and practice in a manner which minimises the prevalence and impact of healthcare associated infections for patients and clients.***

SPECIFIC OBJECTIVE	COMMENTS	MARK ONE BOX WITH "X"		
		Achieved	In Progress	Not Achieved
<p><b>1a</b> There is a named Executive accountable for IC in their organisation</p> <p><b>1b</b> Hospital has an IC unit</p>	Name:			
<p><b>2a</b> IC surveillance data is reported to the hospital's Executive at least quarterly</p> <p><b>2b</b> Review management arrangements to ensure there are clear lines of accountability for IC within their organisation</p> <p><b>2c</b> IC committee comprises nursing and medical clinical leaders, IC professionals, infectious diseases specialist (or microbiologist), senior members/managers from relevant departments (Environmental Services, Engineering/Maintenance, Midwifery, Pharmacy, Occupational Health and Allied Health)</p>	<p>Reports sighted:</p> <p>Lines of accountability:</p>			
<b>3 N/A</b>				
<b>4</b> Responsibility for compliance with policies including IC policies is clearly stated in statement of duties for all DHHS healthcare workers				
<p><b>5a</b> All newly employed healthcare workers receive IC education on induction/orientation to their workplace</p> <p><b>5b</b> Employees receive regular IC updates/training, relevant to their roles (to be determined locally by IC committee)</p> <p><b>5c</b> Hand hygiene education is provided on a regular basis (eg. At least annually) to all healthcare workers</p> <p><b>5d</b> IC education programs are evaluated</p>	Specify:			

**2. GOVERNANCE, EDUCATION & GUIDELINES**  
*All staff understand the importance of HAI prevention and practice in a manner which minimises the prevalence and impact of healthcare associated infections for patients and clients.*

SPECIFIC OBJECTIVE	COMMENTS	MARK ONE BOX WITH "X"		
		Achieved	In Progress	Not Achieved
6 N/A				
7 N/A				
8 Continuing professional development opportunities for IC professionals/nurses is available and is supported				
9a Complies with current national IC guidelines until such time that the guidelines are superseded by more recent equally robust research and/or				
9b Complies with current national IC guidelines until such time that they are directed or guided by another equally respected organisation OR by the DHHS				
10 N/A				
11 Adequate education materials are provided to patients and families on HAI issues				
12 Healthcare workers do inform patients of relevant IC risks				

3. RESOURCES, PROGRAMS AND QUALITY IMPROVEMENT				
<i>Infection control programs are supported by adequately resourced infection control staff with sufficient skills mix to meet the organisation’s needs</i>				
SPECIFIC OBJECTIVE	COMMENTS	MARK ONE BOX WITH “X”		
		Achieved	In Progress	Not Achieved
<p><b>1</b> Annual IC program outlining the IC activities, programs and plans for their organisation has been developed</p> <p><b>1a</b> N/A</p>	Sighted:			
<p><b>2a</b> An active infection prevention and control unit comprising of Infection prevention control practitioner/s exists</p> <p><b>2b</b> Has an active infection prevention and control unit comprising of Infectious diseases physician and/or microbiologist support</p>	Specify:			
<p><b>3a</b> IC units have access to a specialist state IC unit</p> <p><b>3b</b> IC units collaborate with the safety and quality unit within their organisation and initiate quality improvement projects</p> <p><b>3c</b> IC units use advanced quality improvement processes (eg PDSA, SPC charts, Six Sigma, Lean Methodologies, etc) to enhance systems/processes</p>	<p>Examples:</p> <p>Specify:</p>			

3. RESOURCES, PROGRAMS AND QUALITY IMPROVEMENT				
<i>Infection control programs are supported by adequately resourced infection control staff with sufficient skills mix to meet the organisation’s needs</i>				
SPECIFIC OBJECTIVE	COMMENTS	MARK ONE BOX WITH “X”		
		Achieved	In Progress	Not Achieved
<p><b>4</b> IC CNCs, CNMs or CNEs have adequate skills including:</p> <p><b>4a</b> Formal post graduate qualifications at a Diploma level and working towards a Masters degree or higher in an area relevant to IC</p> <p><b>4b</b> Being a credentialed IC practitioner (AICA or CBIC)</p> <p><b>4c</b> Participation in professional development opportunities including attendance at relevant state and/or national professional organisation meetings in accordance with Award conditions</p>	<p>Specify:</p> <p>List activities:</p>			
<p><b>5</b> IC clinical nurses or clinical nurse specialists:</p> <p><b>5a</b> Have formal post graduate qualifications at a Certificate level or higher in an area relevant to IC</p> <p><b>5b</b> Have regular access to professional and clinical support</p> <p><b>5c</b> Participate in professional development opportunities</p> <p><b>5d</b> Are credentialed (AICA or CBIC)</p>	<p>Specify:</p> <p>List activities:</p> <p>Specify:</p>			
<b>6</b> N/A				
<b>7</b> N/A				
<b>8</b> N/A				
<b>9</b> N/A				

<b>4. ENVIRONMENTAL CLEANLINESS</b>					
<b><i>Patients are treated in environments that minimise the risk of infection</i></b>					
<b>SPECIFIC OBJECTIVE</b>		<b>COMMENTS</b>	<b>MARK ONE BOX WITH "X"</b>		
			<b>GREEN</b>	<b>AMBER</b>	<b>RED</b>
<b>1</b>	Environmental / cleaning staff work closely and in collaboration with nurse unit managers when determining and managing cleaning risks in clinical areas				
<b>2</b>	Local cleaning policies and/or procedures are developed in collaboration with the IC units, using the national IC guidelines and DHHS directives as the basis for the policies	Sighted:			
<b>3</b>	<b>N/A</b>				
<b>4a</b>	Regular environmental audits occur and are recorded	Document when last audit undertaken:			
<b>4b</b>	Results are reviewed by the IC Unit				

**APPENDIX E – Non-Acute Services Audit**

**Evaluation / Self Assessment of Progress**

**Non-Acute Hospitals/Community Healthcare Services/Multipurpose Centres/Child Health & Parenting Services**

Date of Evaluation:

Evaluation Approved By:

Signed:

<b>1. SURVEILLANCE</b>				
<b><i>Have effective and consistent systems for recording, analysing and sharing infection control data, linked to rigorous clinical and risk management systems.</i></b>				
<b>SPECIFIC OBJECTIVE</b>	<b>COMMENTS</b>	<b>MARK ONE BOX WITH "X"</b>		
		<b>GREEN</b>	<b>AMBER</b>	<b>RED</b>
<b>1</b> Participates in surveillance programs and protocols approved by the Tasmanian HAI Committee				
<b>1a</b> IC surveillance data is provided to clinicians				
<b>1b</b> IC surveillance data is fed into an area health service's quality improvement program / safety and quality units		X		
<b>2</b> This AHS or CHAPs is supported by adequately resourced laboratories in order to meet the needs of the organisation, IC teams and surveillance requirements				
<b>3</b> N/A				
<b>4</b> Undertakes process surveillance, signal surveillance or point prevalence surveillance	Specify:			
<b>5</b> N/A				

<b>2. GOVERNANCE, EDUCATION &amp; GUIDELINES</b>				
<b><i>All staff understand the importance of HAI prevention and practice in a manner which minimises the prevalence and impact of healthcare associated infections for patients and clients.</i></b>				
<b>SPECIFIC OBJECTIVE</b>	<b>COMMENTS</b>	<b>MARK ONE BOX WITH "X"</b>		
		<b>GREEN</b>	<b>AMBER</b>	<b>RED</b>
<b>1 N/A</b>				
<b>2 N/A</b>				
<b>3</b> Has a named person (DON or Senior Manager) accountable for IC in their organisation	Specify:			
<b>4</b> Responsibility for compliance with policies including IC policies is clearly stated in statement of duties for all DHHS healthcare workers				
<b>5a</b> All newly employed healthcare workers receive IC education on induction/orientation to their workplace	Specify type of annual HH education:			
<b>5b</b> Employees receive regular IC updates/training relevant to their roles				
<b>5c</b> Hand hygiene education is provided on a regular basis (eg at least annually) to all healthcare workers				
<b>5d</b> IC education programs are evaluated				
<b>6 N/A</b>				
<b>7 N/A</b>				
<b>8</b> Continuing professional development opportunities for IC professionals/nurses are available and are supported				
<b>9a</b> Complies with current national IC guidelines until such time that the guidelines are superseded by more recent equally robust research; and/or				
<b>9b</b> Complies with current national IC guidelines until such time that as directed or guided by another equally respected organisation OR by the DHHS				

**2. GOVERNANCE, EDUCATION & GUIDELINES**

*All staff understand the importance of HAI prevention and practice in a manner which minimises the prevalence and impact of healthcare associated infections for patients and clients.*

SPECIFIC OBJECTIVE	COMMENTS	MARK ONE BOX WITH "X"		
		GREEN	AMBER	RED
10 N/A				
11 Adequate education materials are provided to patients and families on HAI issues				
12 Healthcare workers do inform patients/clients of relevant IC risks				

<b>3. RESOURCES, PROGRAMS AND QUALITY IMPROVEMENT</b>				
<i>Infection control programs are supported by adequately resourced infection control staff with sufficient skills mix to meet the organisation’s needs</i>				
SPECIFIC OBJECTIVE	COMMENTS	MARK ONE BOX WITH “X”		
		GREEN	AMBER	RED
1 N/A				
2 N/A				
3 N/A				
4 N/A				
5 N/A				
6 Develop an annual IC program outlining the IC activities, programs and plans for their organisation				
7 IC is supported by a nominated link practitioner for IC, supported by acute hospital IC units and the TIPCU				
8a The nominated link practitioner for the organisation has undertaken IC training to develop skills and knowledge; and				
8b The nominated link practitioner for the organisation is responsible for supporting their facilities in developing and implementing relevant IC activities and programs				
9 N/A				

<b>4. ENVIRONMENTAL CLEANLINESS</b>					
<b><i>Patients/clients are be treated in environments that minimise the risk of infection</i></b>					
<b>SPECIFIC OBJECTIVE</b>		<b>COMMENTS</b>	<b>MARK ONE BOX WITH "X"</b>		
			<b>GREEN</b>	<b>AMBER</b>	<b>RED</b>
<b>1</b>	Environmental/Cleaning staff work under the direction and lead of NUMs (DONs in the case of CHAPS) when determining and managing cleaning risks in clinical areas				
<b>2</b>	Local cleaning policies and/or procedures are developed in collaboration with the IC units, using the national IC guidelines and DHHS directives as the basis for the policies	Sighted:			
<b>3</b>	<b>N/A</b>				
<b>4a</b>	Regular environmental audits occur and are recorded	Document when last audit undertaken:			
<b>4b</b>	Results are reviewed by the IC Unit				



Tasmania

Explore the possibilities

**Editors:**

Brett Mitchell – Director, TIPCU, DHHS

Saffron Brown – Clinical Nurse Consultant, TIPCU, DHHS

Annie Wells – Clinical Nurse Consultant, TIPCU, DHHS

Dr Alistair McGregor – Specialist Medical Advisor, TIPCU, DHHS.