

Tasmanian Infection Prevention and
Control Unit

Infection Control Assessment Protocol - Rural Hospitals and Non- acute Settings

Version 1.0a
(June 2012)

Tasmanian Infection Prevention and Control Unit

Population Health

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Suggested citation:

Wells, A., Wilson, F., Mitchell, B. (2012) Infection Control Assessment Protocol – Rural Hospitals and Non-acute Settings. Hobart: Department of Health and Human Services.

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Foreword

Healthcare associated infections can have a significant impact on the functioning of a health service and more importantly, have an impact on patients and the quality of health care we provide for the population.

Within the healthcare system and related environment, we strive to prevent infections. The patient must be at the centre of what we do with a desired outcome of care being to minimise and reduce the risk of harms, including infection. The prevention and control of infection must be the responsibility of many disciplines, involve all members of the healthcare team, and not simply be the role of a professional trying to manage this solo.

One of the functions of the Tasmanian Infection Prevention and Control Unit (TIPCU) is to work with the health services within Tasmania to develop a system which is able to identify positive aspects of infection control practice as well as areas which may require further development. In order to facilitate this, the TIPCU has developed a process for assessing the infection control programs within rural hospitals and non acute healthcare providers. This process has included developing an Infection Control Assessment Tool (ICAT) that can be used by these services in conjunction with TIPCU.

The Infection Control Assessment program along with the associated ICAT has been developed by the TIPCU in consultation with infection control professionals from the Area Health Services (AHS- shortly to become Tasmanian Health Organisations from 1 July 2012) and the HAI Advisory Committee. The ICAT has been piloted in a number of DHHS services as a part of this consultative process.

Information gathered in the ICAT will be of direct use to participating facilities and provide a means for identifying actions required to minimise infection risks that may affect the quality and safety of care provided to patients in Tasmania.

Preventing and controlling infection is everyone's responsibility. I support and endorse this assessment program and welcome your usage of it.

Dr Roscoe Taylor

Director of Public Health and Chief Health Officer

Introduction

The needs of non acute health care providers and rural hospitals vary considerably from that of larger acute hospitals and it is important to monitor infection control standards within these areas and facilities. This is reflected in the NHMRC 'Australian Guidelines for the Prevention and Control of Infection in Healthcare, 2010' and accompanying implementation guidelines for Primary Care Settings published by the Australian Commission on Safety and Quality in Health Care.

The TIPCU has developed an Infection Control Assessment (ICA) program along with an associated Infection Control Assessment Tool (ICAT) for health care providers who work and practice in rural hospitals, community settings and other non-acute settings. This program will assist in identifying risks and monitoring compliance with infection control standards, principles and practices including the National Safety and Quality Health Service Standards developed by the Australian Commission on Safety and Quality in Healthcare.

There are a number of components to the ICA which are designed to meet the varied needs of providers. Compliance with the indicators is voluntary and the aim of TIPCU is to partner with services to assess and manage infection control risks and facilitate any action required.

Target Healthcare Services for the ICA

The ICA has been developed for services provided in rural hospitals and non-acute settings such as health care centres or clinic settings. As such, participation is welcomed from the following Department of Health & Humans Services (DHHS) services:

- Rural hospital
- Multipurpose Centres
- Community Health Centres.
- State-wide Mental Health Services including inpatient and outpatient Alcohol and Drug Services, Forensic Health Services and Mental Health Services

The list above is not exhaustive and participation is welcome from other areas not listed, although the applicability and relevance of the program may be limited and should be discussed with the TIPCU.

Non-DHHS and private organisations, after consultation with TIPCU, may register to participate in the ICA.

Benefits of Participation

Participation in the ICA is voluntary but strongly encouraged. By using the ICA tools, providers will be able to identify gaps in their infection control program and determine useful information for future planning and development. As such this will be beneficial in assessing compliance with the National Safety and Quality Service Standard 3: Preventing and Controlling Healthcare Associated Infections. From a quality improvement perspective the ICA will assist organisations in managing risk appropriately.

Process of Participation

Tasmanian DHHS healthcare providers who choose to participate in the ICA must contact the TIPCU and register for the program. To ensure that managers are aware of infection control gaps in their services identified as a result of the ICA it is essential that managers are involved and support the assessment process. Directors of Nursing of rural hospitals or Site/Service Managers must register with TIPCU to

participate. Registration is via email to tipcu@dhhs.tas.gov.au An acknowledgement of registration will be sent to all participants.

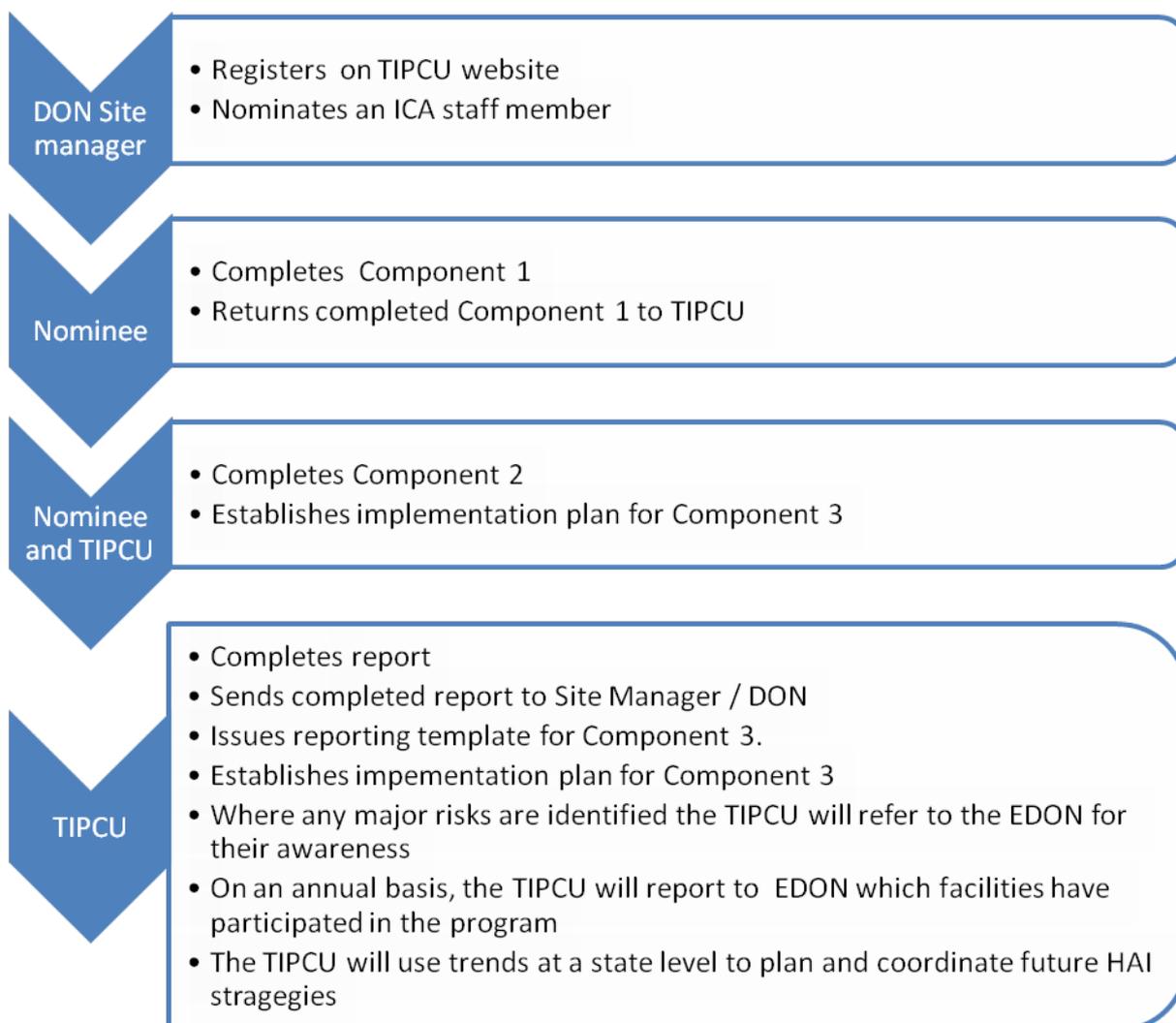
Once the service has been registered, TIPCU will liaise with the nominated person to complete Component 1 and 2 of the Infection Control Assessment Tool (ICAT).

Each site is responsible for implementing Component 3 according to the individual facility's quality programs. The TIPCU will liaise with each site regarding an implementation plan for Component 3 and a reporting template will be issued to assess the outcomes of this component in accordance with the implementation plan established by the service. The time frame for this report will vary according to each site's quality program.

A repeat assessment of Components 1 and 2 will be conducted at a mutually agreed time interval depending on the results of the initial assessment.

The site assessments from Component 3 should be undertaken in line with the service's quality program. The TIPCU suggests this is annually.

Summary of ICA participation process:



Infection Control Assessment Tool

There are three components to the ICAT:

Component 1: Site Demographics (Appendix 1A, 1B and 1C)

A number of demographic questionnaires have been developed for facilities to identify the services provided and procedures performed.

The demographic information collected in Component 1 will allow TIPCU to determine the infection prevention and control priorities for the service undertaking the assessment.

This component should be completed by the person responsible for the infection prevention and control program from the service undertaking the assessment and returned to TIPCU.

Component 2: Program Elements (Appendix 2)

This is an assessment of 4 key elements that have been identified as essential components of an infection prevention and control program and should be addressed by all services.

- Governance
- Policy/Procedure
- Education/Training
- Surveillance

This component should be completed by the person responsible for the infection prevention and control program from the service undertaking the assessment in collaboration with TIPCU.

For those services with well established infection prevention and control programs a repeat assessment of the “Program Elements” may be unnecessary if there are no gaps identified. For those services that are currently developing infection prevention and control programs and whereby gaps are identified in the initial assessment repeat assessments may be appropriate until the program becomes well established.

Component 3: Site Assessments (Appendix 3)

These series of smaller assessments have been designed for use by the service undertaking the audit.

This suite of tools enables assessment of equipment, facilities and processes that allow safe practice to occur and include an ‘Expected Outcome’ statement so that participants know what is expected of them. They include:

- Hand Hygiene – environment
- Hand Hygiene – practice
- Waste Management
- Sterile Stock Storage
- Personal Protective Equipment
- Environmental Cleaning
- Clinical Room
- Community Health Centre Vehicles
- Clinical Bag – SMHS
- Clinical Bag - Community Health Centre

The Site Assessments are designed to be routinely incorporated into quality improvement programs.

Each participating facility or service should develop an annual infection control assessment calendar using these tools and develop an internal process for evaluation and reporting of the results.

Reports

The TIPCU will generate a site specific report based on the information garnered in Components 1 and 2 of the ICAT. Copies of this report will be sent to the DON or Site/Service Manager in addition to the EDON of the AHS. This report will provide guidance for the service on meeting the elements of an infection prevention and control program and facilitate the management of any risks identified through the assessment.

The TIPCU will collect information on how many assessments from Component 3 have been completed in each service per annum. In addition, where themes are identified, the TIPCU will use this information to plan and implement HAI strategies at a state level, where appropriate. Please refer to Appendix 4 for the Site Assessments Annual Reporting Sheet.

Quality Improvement

For issues of governance and quality improvement, where the results of a participating organisation cause concern, the DON or Site/Service Manager will be informed. Issues raised from audits are to be used within the participating organisation's own quality improvement frameworks and participation in the program assumes this will occur.

The TIPCU HAI Advisory Group Committee and HAI Steering Committee will review and discuss results and reports pertaining to any work undertaken by the TIPCU in respect to the DHHS.

Validation

The TIPCU may attend sites implementing the assessment tool for the purpose of validation. By participating in this audit, the health care provider agrees to this principle.

References

Australian Commission on Safety and Quality in Healthcare (2010) The OSSIE Toolkit for the implementation of the Australian Guidelines for the Prevention of Infection in Health Care. Consultation Edition. Commonwealth of Australia

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Appendices

Appendix 1A – Rural Hospitals Site Demographics

Appendix 1B – Community Health Services Site Demographics

Appendix 1C – Statewide and Mental Health Services Site Demographics

Appendix 2 – Program Elements

Appendix 3 – Site Assessments

Appendix 4 - Site Assessments Annual Reporting Sheet



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