

Infection Control Program Quality Monitoring

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Personnel/Workforce - Occupational Health & Safety

Summary Provides framework for review of targeted local monitoring strategies. It is based on Areas measuring clinical outcomes and identifying clinical practices with the potential to cause health care associated infections.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Hospitals

Distributed to Public Health System, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes

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Compliance with this policy directive is mandatory.

CIRCULAR

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INFECTIOIN CONTROL PROGRAM QUALITY MONITORING

This policy outlines the revised principles of monitoring healthcare associated infections (HAIs) for Public Health Organisations from 1 January 2005. It is recommended that licensed private health care facilities have regard to this Circular in the development and revision of policies on infection control program quality monitoring. Results from the first two years of mandatory HAI monitoring in Public Healthcare Organisations, variation in the type of Public Health Organisations in NSW, and the range of clinical services provided in each, require review and refinement of local infection control monitoring programs. Where practical, private health care facilities are encouraged to adopt the revised HAI monitoring framework outlined in this Circular.

This Circular supersedes Circular 2002/104: *Infection Control Program Quality Monitoring* and should be read in conjunction with the following NSW Health Department documents:

- Circular 2004/26 *Workcover NSW Reporting Requirements: Occupational Exposures to Bloodborne Pathogens*
- Circular 2003/39 *Management of Health Care Workers Potentially Exposed to HIV, Hepatitis B, and Hepatitis C*
- Circular 2002/45 *Infection Control Policy*
- Circular 2002/19 *Effective Incident Response: A Framework For Prevention and Management in the Health Workplace*
- Circular 2001/55 *Management of Reportable Infection Control Incidents*
- Information Bulletin 2000/6 *Infection Control Audit Tool*
- *NSW Health Infection Control Program Quality Monitoring Indicators Users' Manual Version 2.*
- *Indicators, Variation and Health Care Improvement: A Guide for Health Care Professionals; and*
- *A Framework for Managing the Quality of Health Services in New South Wales.*
- *Easy Guide to Clinical Practice Improvement: A Guide for Healthcare Professionals.*

This revised policy on infection control program quality monitoring provides the framework for Area review of targeted local monitoring strategies. The framework is based on Areas measuring clinical outcomes and identifying clinical practices with the potential to cause healthcare associated infections (HAI). The revised indicators are based on extensive consultation with Area personnel including infection control, surgical, microbiological, intensive care and neonatology. The Version 2 indicators have been carefully selected and represent a reasonable mix of NSW Health system activity.

The proposed 64 indicators have been designed to be flexible enough to accommodate variation in local infection control program capacity, as well as robust enough to measure local infection control program efficiency and identify areas of major concern to facilitate improvement in patient care. The Version 2

Distributed in accordance with circular list(s):

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

indicators have also been modified to accommodate the definitions proposed by the Healthcare Associated Infection Sub-Committee of the National Quality and Safety Committee in November 2004. From 1 January 2005 each facility seeking ACHS accreditation will be required to collect HAI data using indicators identical to the Version 2 indicators.

Further, ACHS and NSW Health have modified and customised stand-alone software to enable version 2 HAI data collection, submission, aggregation and analysis in NSW. The software will be distributed on CD-rom to all public health care organisations. It was designed for use on a day-to-day basis to guide local infection control practice recommendations.

The Department has introduced the revised and expanded Occupational Exposures Module (OEM) to assist NSW Health to further study the costs and benefits of introducing safer sharps technology through the NSW health system. The revised OEM will also enable the Department to meet the conditions of its previously negotiated exemption for Areas from reporting individual occupational exposures by healthcare facility to WorkCover. NSW Health negotiated the current exemption to reduce the reporting burden of individual health care facilities. Under that exemption, NSW Health must provide WorkCover with 6 monthly detailed aggregated occupational exposure reports by health care facility. All public health organisations must contribute to that process by providing de-identified data generated from the revised OEM.

Each 6 months, The Australian Council on Healthcare Standards will continue to produce and provide the relevant Area Chief Executive Officer with organisation-specific reports that include statistical comparison with aggregate state and peer organisations.

The ACHS will continue to:

- develop and provide revised software and training for infection control professionals related to selection and use of the revised indicators;
- provide ongoing phone and email support to NSW health facilities collecting HAI data according to the requirements of this Circular; and
- coordinate collection, aggregation and analysis of HAI data and to determine and report rates for each HAI indicator.

Each Area must continue to report facility specific de-identified data to ACHS. ACHS will aggregate and analyse the data and provide reports to the facilities and the Department. The Department will ensure that appropriate Area and hospital-specific HAI rate reports are publicly available through means such as its website and/or other publications. Sufficient qualifying information will accompany these reports to ensure their accurate interpretation.

In accordance with the definitions and methodology prescribed in *NSW Health Infection Control Program Quality Monitoring Indicators Users' Manual: Version 2*. NSW Health requires mandatory ongoing collection and 6-monthly reporting of:

- all Coronary Artery Bypass Graft (CABG) procedure surgical site infection rates if CABGs are performed;
- all hip or knee prosthetic procedure surgical site infection rates if hip or knee prosthetic procedures are performed;
- details of each occupational exposure to blood and/or body fluids that presents a risk of transmission of bloodborne disease; and
- specific antimicrobial resistant organisms (MROs).

Further, NSW Health recommends collection and reporting of bloodstream infection rates (BSIs) and surgical site infection rates (SSIs) according to the revised definitions and methodology prescribed in *NSW Health Infection Control Program Quality Monitoring Indicators Users' Manual: Version 2* and local need.

Circular 2002/19 *A Framework For Prevention and Management in the Health Workplace* and Circular

2001/55 *Management of Reportable Infection Control Incidents* provide additional information regarding critical incidents. Reporting requirements specified in *A Framework For Prevention and Management in the Health Workplace* for critical incidents related to reprocessing are unchanged and must be made in accordance with the requirements of Circular 2002/19.

Licensed private health care facilities' reporting obligations are in accordance with the *Private Hospitals Regulation 1996* and *Day Procedure Centres Regulation 1996*.

Areas must routinely report HAI data and rates to an appropriate committee such as the Area Quality Committee or the Infection Control Committee. Treating medical practitioners must also be provided with details of their HAI rates.

Ongoing local review of HAI data and, where necessary, modification of local policy and/or practice is strongly recommended. Area Quality Committees are encouraged to continue use the data to establish local infection control program initiatives and priorities. Individual organisations are discouraged from comparing their rates to rates from other organisations as the current NSW system does not include any risk-adjustment. Organisations are however strongly encouraged to compare local infection rates between reporting periods and to use those comparisons as indicators of the need for clinical or policy change.

Goals of Infection Control Quality Monitoring

The primary goals of this infection control quality monitoring system are to:

- ensure that all NSW public healthcare organisations are undertaking HAI monitoring using standardised methods that facilitate timely recognition of HAIs and prompt intervention with appropriate infection control measures;
- identify trends in HAI rates, antimicrobial resistance and healthcare associated pathogens;
- use data from healthcare facilities in NSW to estimate HAI endemicity ;
- identify infection risks associated with specific clinical practices or non-compliance with recommended processes;
- implement changes to clinical care and process that may reduce such risks; and
- evaluate the impact of implemented changes on infection rates.

Assurance of Confidentiality

Information obtained in this monitoring system that permits identification of any individual health care provider or patient will continue to be retained only by hospitals. Data provided to the Department and ACHS will be:

- managed in accordance with *the Code of Practice Privacy and Confidentiality of Data Collections*;
- held in strict confidence;
- used only for the purposes stated; and
- not otherwise disclosed or released without consultation between the Department, the ACHS and the relevant institution.

Classifications of hospitals and frequently performed procedures

This Circular refers to public healthcare organisations by peer group according to the classifications provided by Strategic Development Division, NSW Health Department.

Mandatory Indicators

Table 1 details the mandatory indicators for each type of healthcare setting according to their relevant Peer Group. Psychiatric, Rehabilitation and Mothercraft facilities are not required to submit mandatory data.

Table 1: Mandatory Indicators For Public Facilities.

| TYPE OF ORGANISATION | MANDATORY INDICATORS |
|---|--|
| <p>GROUP 1</p> <p>Principal Referral Hospitals Grp A&B</p> <p>Paediatric Specialist</p> <p>Ungrouped Acute</p> <p>Major Metropolitan</p> <p>Major Non-metropolitan</p> | <ul style="list-style-type: none"> • Central Line associated BSIs • MROs (MRSA, VRE, MRAB & VISA) • At least one procedure specific SSI <ul style="list-style-type: none"> ○ If Coronary Artery Bypass Procedures are performed data must be collected continuously and reported each 6-months. ○ If hip or knee prosthetic procedures are performed data must be collected continuously and reported each 6-months. • All occupational exposures to blood and/or body fluids must be collected and reported. |
| <p>GROUP 2</p> <p>District Groups 1-2</p> <p>Community Acute with Surgery</p> | <ul style="list-style-type: none"> • MROs (MRSA, VRE, MRAB & VISA) • At least one procedure specific SSI <ul style="list-style-type: none"> ○ If Coronary Artery Bypass Procedures are performed data must be collected continuously and reported each 6-months. ○ If hip or knee prosthetic procedures are performed data must be collected continuously and reported each 6-months. • All occupational exposures to blood and/or body fluids must be collected and reported. |
| <p>GROUP 3</p> <p>Community Acute without surgery</p> <p>Community Non-Acute</p> <p>Nursing Homes</p> <p>Multi-Purpose Services</p> <p>Hospices</p> | <ul style="list-style-type: none"> • MROs (MRSA, VRE, MRAB & VISA) • All occupational exposures to blood and/or body fluids must be collected and reported. |

*BSIs Blood stream infections
 †MROs Multiple resistant organisms
 ‡SSIs Surgical site infections
 §CI Critical incidents

The indicators recommended in this Circular will be reviewed regularly and, where appropriate, changes to the monitoring system methodology and priorities may be implemented according to future trends and feedback from participating facilities.

Variation in Public and Private Sector Reporting Requirements

Public Sector

Data collected in the public sector from use of indicators must be reported to the Area Quality Committee. Subsequently, Area Quality Committees must report these data to the ACHS. ACHS will subsequently report data and information to the Department.

Data collected in the private hospitals and day procedure centres should routinely be reported only to the infection control and/or quality committees and the Medical Advisory Committee or equivalent body in each licensed facility.

Definitions

- “Health Service” refers individually to public health organizations, as defined under the Health Services Act 1997, and the Ambulance Service of New South Wales.
- “Licensed Private Health Care Facilities” are health care facilities licensed under the Nursing Homes Act 1988 and Private Hospitals and Day Procedure Centres Act 1988.
- “Must” indicates a mandatory practice required by law or by Departmental directive.

Robyn Kruk
Director-General