National Safety and Quality Health Service Standards: Standard 3

Organisation performance and changes in 2nd edition

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS STANDARDS
A better way to care

The NSQHS Standards – 1st edition

Standard 1
Governance for Safety and Quality in Health Service Organisations

Standard 2
Partnering with Consumers

Standard 3
Healthcare Associated Infections

Standard 10
Preventing Falls and Harm from Falls

Standard 9
Recognising and Responding to Clinical Deterioration in Acute Health Care

NSQHS STANDARDS

10 Standards – 256 actions

Standard 4
Medication Safety

Standard 8
Preventing and Managing Pressure Injuries

Standard 5
Patient Identification and Procedure Matching

Standard 7
Blood and Blood Products

Standard 6
Clinical Handover

The NSQHS Standards – 2nd edition

Standard 1
Clinical Governance

Standard 2
Partnering with Consumers

Standard 8
Recognising and Responding to Acute Deterioration

NSQHS STANDARDS

A better way to care

Standard 3
Preventing and Controlling Healthcare Associated Infection

Standard 7
Blood Management

8 Standards – 148 actions

Standard 4
Medication Safety

Standard 6
Communicating for Safety

Standard 5
Comprehensive Care

Why have NSQHS Standards

- to protect the public from harm
- to measure the quality of care being provided
- to identify opportunities to improve

Address areas where:

- large numbers of patients effected
- known gap between current situation and best practice outcomes
- evidence based, achievable improvement strategies exist

Key points for NSQHS Standards

1. Standards are about safe patient care
2. Safety and quality is an organisational responsibility
3. Communicate and plan together
4. Gap analysis and risk assessment
5. Prioritising how the organisation responds to risks
6. Measuring success

What do you expect as a clinician?

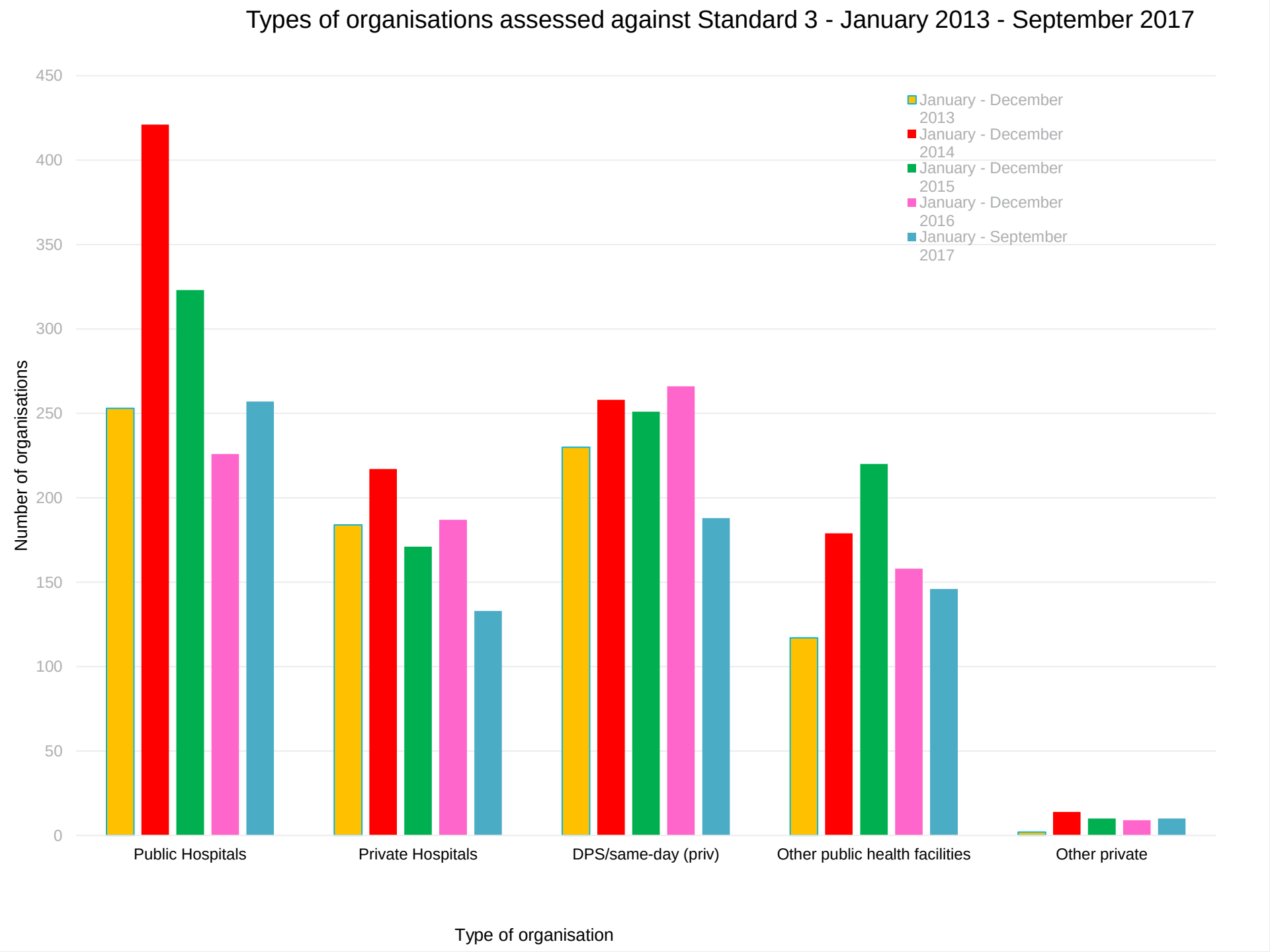
- To have management support to ensure that the required quality systems are in place and ‘someone’ is making sure that they work effectively
- To work as part of a team that is led by the most appropriate person
- To have accessible the equipment, resources and logistics required to do your job
- To be included in the organisation’s quality monitoring and reporting systems to improve quality and safety and patient care
- To be aware of the results of quality and safety initiatives
- To be sufficiently supported with education and training to be able to undertake our role and function to the required standard at all times.

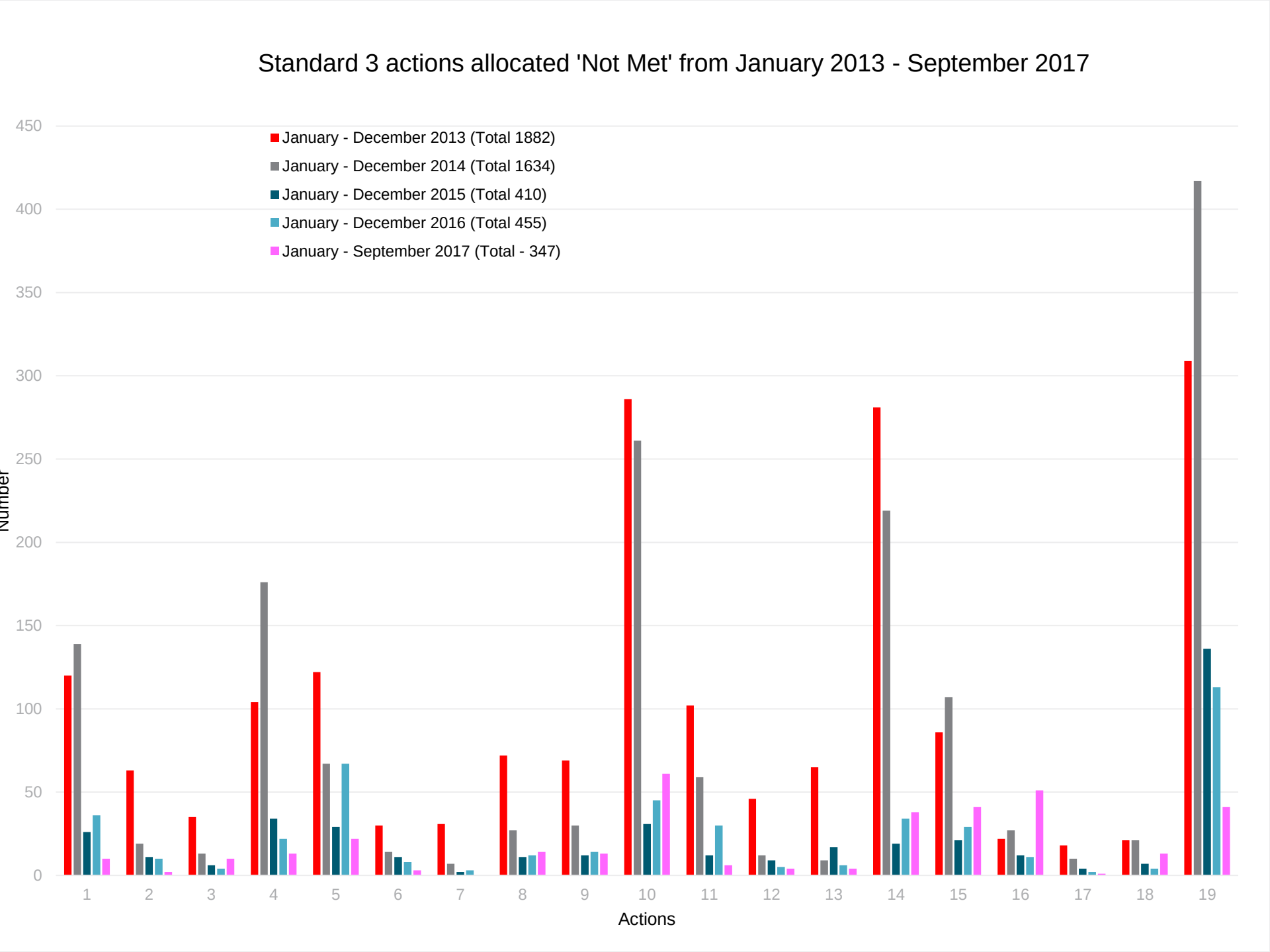
Why continue to have a Standard about preventing infection?

- preventable
- common
- increase morbidity, mortality, pain & suffering
- cost to patients, hospital staff, health system
- no single solution
- range of strategies

Benefits of Standard 3

- Encourages improvement in organisational governance for responding to risks relating to HAIs and AMS
- Increases focus on specific evidence based strategies
- Requires consumer engagement in care and treatment
- Improves awareness to the importance of using of surveillance data to influence health and safety activities
- Improves systems and information sharing
- Reinforces the importance of appropriate reprocessing and traceability of reusable medical devices
- Increases awareness to the importance of antimicrobial prescribing and use


Types of organisations assessed against Standard 3 - January 2013 - September 2017
Number of organisations
450
400
350
300
250
200
150
100
50
0
January - December 2013
January - December 2014
January - December 2015
January - December 2016
January - September 2017
Public Hospitals
Private Hospitals
DPS/same-day (priv)
Other public health facilities
Other private
Type of organisation


Standard 3 actions allocated 'Not Met' from January 2013 - September 2017
January - December 2013 (Total 1882)
January - December 2014 (Total 1634)
January - December 2015 (Total 410)
January - December 2016 (Total 455)
January - September 2017 (Total - 347)
Number
0
50
100
150
200
250
300
350
400
450
1
2
3
4
5
6
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8
9
10
11
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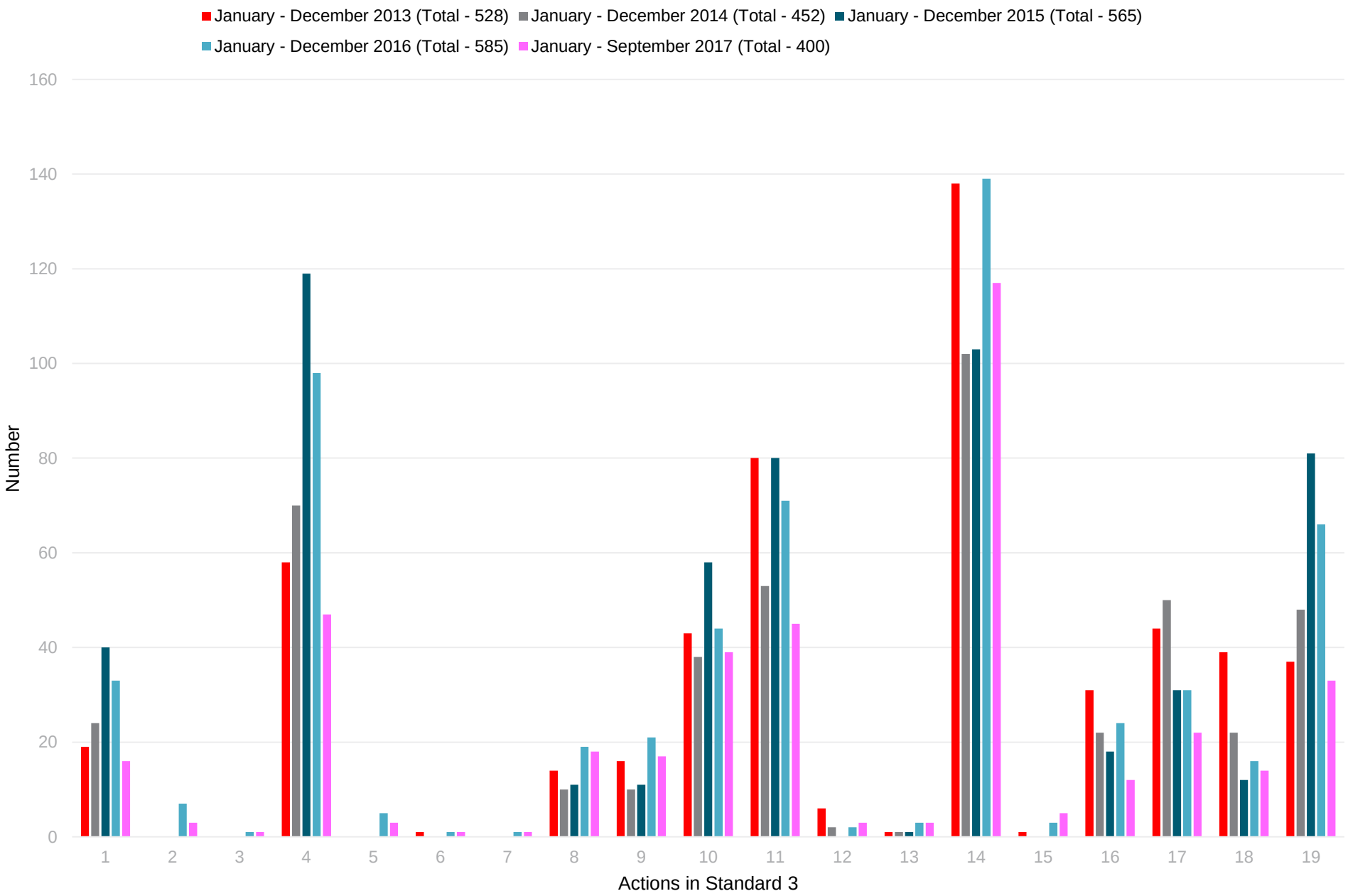
19
Actions

Standard 3 actions allocated N/A at survey January 2013 - September 2017



Standard 3 (2nd edition)

Will be applied in conjunction with

Standard 1 – Governance

Standard 2 – Partnering with consumers

Standard 4 – Medication safety

Standard 5 – Comprehensive care

Standard 6 – Communicating for safety

Standard 8 – Recognising and responding to acute deterioration

What is different?

- Responsibility of governance and management systems
- Making a difference to patient safety by including infection prevention and control activities into the organisations quality improvement program
  - Identifying and managing risk
  - Evidence of systems, process and outcomes
  - Demonstrating improvement in patient care and quality and safety systems
- Having an antimicrobial formulary that includes restriction rules and approval processes

Standard 1 – Clinical Governance

Effective corporate and clinical governance - influences and determines the roles of leadership, organisational culture, quality and safety systems, clinical performance and patient care

- The importance of leadership and culture to establish systems to maintain and improve reliability, safety and quality of care
- New content includes e-health, emergency and disaster management, measuring and acting on differences in clinical practice, promoting safe, high-quality care

Specific actions from the Governance Standard that significantly impact on Standard 3 are:

- 1.7 – policies and procedures
- 1.8 – quality management systems
- 1.9 – reporting
- 1.10 – risk management systems
- 1.11 – incident management and investigation systems
- 1.19, 1.20, 1.21 – education and training

How to prepare:

- Review current clinical governance arrangements and identify opportunities to strengthen or improve e.g. standard precautions, reprocessing reusable medical devices, workforce immunisation, AMS prescribing, formulary restrictions and approvals
- Identify clinical and corporate risks and identify what systems and processes are in place
- Identifying what is working well
- Knowing your risks and/or gaps – complete or review gap assessment
- Having systems to gather, review and report evidence
- Having a plan to address risks and respond
- Aim for the best (either 0 or 100%)
- Have the ability to demonstrate progress/improvement
- Don’t work alone, engage with others in the organisation

Partnering with Consumers

Recognition of the consumer as a partner in their own care as well as in the design, delivery and evaluation of care provided in the organisation

Consider:

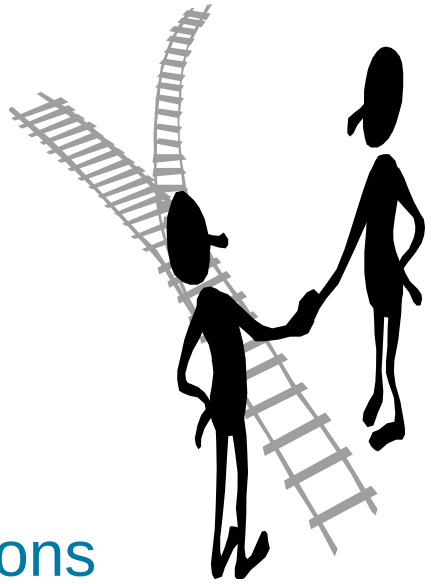
- Inclusion of consumers on working parties and committees
- Provide results of quality improvement activities and reports to consumers, seek feedback and use this feedback to improve services and care
- Identify where patients may be at risk of compliance with care/treatment and implement regular review of the targeted strategies used to reduce the risks
- Using shared decision making processes to inform patients of their choices e.g. medications, tests, treatment, procedures
- Have care plans that consider patients, carers, families and others with assessing the requirements for comprehensive care that incorporates physical, mental and cognitive health needs

A patient's expectation …

Patients expect safe and high quality care that includes:

- To be informed of their treatment, care and condition
- Not being put at risk of infection, by the facility or the healthcare workers
- Any RMDs used will be reprocessed effectively to minimise any risk of the transmission of infection
- Having the correct procedure, treatment, test or investigation performed
- Being given the correct medication and treatment
- To be rescued if their condition unexpectedly deteriorates

Top tips for sustaining improvement



Ongoing assessment

- Effective governance arrangements
- Current policies, processes and resources
- Risk management
- Relevant useful data collected and used
- Evaluate audit results
- Review current resistance patterns, infections

Raise awareness

- Share results
- look for interested people to be involved

Principles for assessing actions

Flexible standardisation

- Recognises the importance of process standardisation
- Designed and integrated to fit the service context, and patient and staffing profiles.
- Vary widely because of differing functions, size, service delivery mode, location and staffing.

Therefore:

Tools, processes and protocols should be based on best available evidence and the requirements of jurisdictions, external policy and legislation.

Principles for assessing actions

Risk management approach

Risk management is the designing and implementing of a program of activities to identify and avoid or minimise risks to patients, employees, visitors and the institution.

Therefore:

- Health services will need to demonstrate comprehensive risk analysis
- Strategies implemented by health services will focus on areas of greatest risk
- Risks will vary across a health service, so not all strategies and actions will be applicable or a priority in all parts of the health service.

Infection prevention and control: 2nd edition

- Strengthen existing governance arrangements for infection prevention and control and AMS in your organisation
- Identify how infection prevention and control and AMS programs are aligned with quality and safety systems
- Are there any opportunities to improve information sharing and reporting of results of QI activities?
- Monitor and improve compliance with policies, procedure and protocols for infection prevention and control and AMS

Infection Prevention & Control Systems

- Standard and transmission based precautions
  - part of infection prevention policies and procedures
  - transmission based precautions are used based on risk
  - risk is communicated when care is transferred
- Hand hygiene program is in place
  - assessment of compliance and identified improvement
- Aseptic technique
  - identify procedures where AT is required
  - assessment of competence of workforce who perform AT
  - monitoring compliance with policies that require AT to minimise infection risk
- Invasive medical devices
  - appropriate selection, use, management and removal
- Clean environment
  - addresses the organisations risks
  - cleaning and disinfection frequencies are consistent with evidence
  - workforce training in specialised PPE is provided
- Workforce immunisation
  - consistent with Immunisation Handbook and jurisdictional requirements
  - addresses specific risk for workforce and patients

Reprocessing of reusable medical devices

Where reusable equipment, instruments and devices are used

- Effective governance in place to support reprocessing activities and ensure appropriated education and quality activities
- Reprocessing is consistent with relevant national and international standards
- There is a tractability system in place to identify patient, procedure and equipment, instruments and devices used in that procedure

The key points to consider are:

- Risk assess the services required and provided in the setting
- Governance systems in the organisation or service to respond to identified risks
- Identification and planning for current and future needs to sustain reprocessing services and/or scope of services provided
- Have current policies, procedures and protocols to cover the scope of services that have been developed or reviewed by people with content knowledge
- Have a system to identify patients on whom critical and semi-critical reusable medical devices have been used (traceability or tracking)
- Identify and then provide or access competency based training for those who are involved in decontamination of reusable medical devices.

Antimicrobial Stewardship – Governance

- Is there a governance structure to set priorities for AMS
  - does it include communication lines, reporting requirements, roles and responsibilities
- Who is responsible for AMS in the organisation?
- Is there an antimicrobial prescribing and use policy?
- Undertake an assessment of current AMS activities occurring in your organisation
- What are the AMS activities that are working well – how do you know?
  - Look for areas where success or improvement has been identified
- Does the AMS program incorporate the Antimicrobial Stewardship Clinical Care Standards recommendations and principles
- Is there an AMS formulary and guidelines on restriction rules and approval processes?
  - how does the approvals process work?
  - how are these monitored
  - could they be improved

Antimicrobial Stewardship – Performance

- Is there an AMS team to identify opportunities for improvement and monitor QI activities relating to AMS?
- How do you work as part of a team?
- What tools are currently available and used to support antimicrobial prescribing and use e.g. TG: Ab, NAPs, jurisdictional tools, NAUSP data, AGAR data, microbiological data and alerts, sepsis pathways, medication management systems etc.
- How are tools evaluated within the organisation
- How is feedback provided to prescribers?
- Is there a process that addresses AMS advice
- Who do we tell about results of AMS quality improvement activities
- How does the organisation evaluate the results of the AMS program and surveillance activities

Acknowledgements

Fiona Gotterson
Cate Quoyle
Jan Gralton
www.safetyandquality.gov.au