

294: A STATE INITIATIVE FOR QUALITY IMPROVEMENT

Richards K., Martin A., Hunt J., Quoye C., Murphy C.

Objective:

To describe the recent joint collaboration between the New South Wales (NSW) Health Department and the Australian Council on Healthcare Standards (ACHS) in monitoring healthcare associated infections (HAIs) for public hospitals and facilities (such as multi-purpose services and hospices) in Australia's most populous state.

Methods:

NSW Health and the ACHS have worked in collaboration to develop clinical indicators which reflect internationally and Australian accepted definitions while recognising the variation in the type of hospitals and range of clinical services provided across the state.

The policy directive to NSW hospitals and facilities provides a framework for the implementation of targeted local monitoring strategies based on the Plan-Do-Study-Act (PDSA) cycle.

The framework assists organisations to:

- 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.

To support the local collection process the ACHS in partnership with the University of Newcastle has developed a Microsoft Excel™ based software tool. It provides Infection Control Practitioners (ICPs) with tools to assist in the daily collection and monitoring of HAIs, and provides graphical representation of the results over time. The tool is not a commercial product, and has been designed to provide support to the busy ICP on a daily, weekly or monthly basis.

Results:

10 Surgical Site Infection indicators, 16 Central Line-Associated Blood Stream Infection indicators for Specified Clinical Units, 1 Non Line-Associated Blood Stream Infection indicator, 16 Antibiotic Resistant Organism indicators and 2 Occupational Exposure indicators have been developed and published for collection in over 200 hospitals from 1 January 2003. Particular indicators for selected hospital and facility types are mandatory and must be reported.

The software program has been distributed state wide following user testing and is accompanied by a Users' Guide.

Hospitals and facilities have been required to collect HAIs since January 1 2003 and will submit data to the ACHS on a six-monthly basis. The first report of these data is to be released in October 2003.

Conclusion:

All data submitted to the ACHS is done so in an aggregated format where no individual patient details are collected. Strict confidentiality processes are adhered to. This provides HCOs with a sense of confidence in how the data will be publicly released and used. The primary goals for NSW Health in mandating this process are to:

- Assist HCOs in developing surveillance data and analysis methods that permit timely recognition of HAIs and prompt intervention with appropriate infection control measures;
- Analyse and report HAI surveillance data to identify trends in HAI rates, antimicrobial resistance and healthcare associated pathogens;
- Collect surveillance data from healthcare facilities in NSW in order to estimate the endemicity of HAIs; and in doing so
- Reduce HAIs in NSW