

# Infection Prevention & Control (IPC) NSQHS Standard 3

*What do the changes in the 2<sup>nd</sup> Edition mean?*

Australasian  
Association for  
Quality in Health Care



# Learning Objectives

- Understand the intent and scope of the 2<sup>nd</sup> Edition National Standard 3 Infection Prevention and Control
- Understand the links with other standards
- Understand new terminology within the standards
- Changes to the accreditation/certification processes
- Evidence requirements for IPC within 2<sup>nd</sup> Edition
  - *Disclaimer – S Thomson has completed the mandatory training on the NSQHS Standards 2<sup>nd</sup> Edition. Information provided is based on current understanding of Edition 2 changes and undertaking gap reviews for Edition 2. The information is a general outline only and is not intended to be on the basis of expert knowledge of the technical aspects of Standard 3.*

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## At the conclusion of this session participants will be able to:

- Appreciate and understand the scope of Changes to the IPC Standard 3
- Understand the links with the Clinical Governance (Std. 1) Partnering with Consumer Standards (Std. 2) Comprehensive Care (Std 5) and Communicating for Safety (Std 6)
- Understand new terminology
- Understand the challenges for meeting evidence requirements

# The assessment process

- Continues to involve

- Interviews
- Visual inspection of areas e.g. theatres, CSSD
- Verification of evidence
- Talking with patients

## New changes

- Ratings – NM, Met with Recommendation, Met, N/A
- Opportunities for improvement
- Greater focus on clinical governance systems
- Facilities maintenance, business continuity now included
- Risk scenario testing
- Terminology – goals of care, goals of treatment, shared decision making, partnering, critical information
- Each site will have its own unique identifier
- Short Notice Assessments
- PICMoRS assessment methodology
- More involvement/influence of consumers in process design/redesign

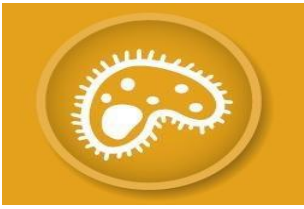
# Terminology changes

- *PICMoRS* – the process of assessment during a survey
- *Shared decision making* – evidence of a discussion and agreement on a particular course of action; e.g. prescribing antibiotics, requiring isolation
- *Goals of Care* – what matters to the patient, why they are seeking care
- *Goals of Treatment* – preventative, curative
- *Critical information* – vital information that needs to be shared with the treating team e.g. new infection, change of antibiotics, changes in vital signs
- At handover you would expect to hear goals of care, treatment, outcomes of shared decision making and critical information that relates to that patient



# Infection Prevention and Control (IPC) NSQHS Standards 2<sup>nd</sup> Edition

- IPC Actions have reduced from 39 – 16
  - Sub action requirements have increased from 39 - 47
- The second edition of the NSQHS Standards streamlines actions and addresses gaps identified in the first edition.
- The Preventing and Controlling Healthcare-Associated Infection Standard in the second edition continues its focus on systems and processes that prevent and control healthcare-associated infection, and effective prescribing and use of antimicrobials as part of antimicrobial stewardship.
- Actions related to standard and transmission-based precautions have been brought together, and the wording across the standard has been revised to make the requirements clear.
- A key change is the need for a demonstrated link with the Clinical Governance and Partnering with Consumers Standards



# Infection Prevention Control 2<sup>nd</sup> Edition

## What you need to know

### *Key changes;*

- Links to Clinical Governance and Partnering with Consumers
- Need for broader communication on outcomes – workforce, governing body, consumers and other relevant groups
- Focus on the patient journey and evidence of assessment of risks from admission to discharge and to the ongoing care provider – partnering, shared decision making and use of critical information is included here
- More in depth evidence of procedures for maintaining, repairing and upgrading buildings, equipment, furniture and fittings
- More indepth evidence of how linen is handled transported and stored (AS/NZS 4146)
- Requirement for linkages with the Commissions Clinical Care Standard on Antimicrobial Stewardship - mandatory
- Linkages with Clinical Governance – managing unwanted clinical variations in clinical practice at the aggregate and individual clinician level



## Other Challenges for Infection Prevention and Control

- Ageing facilities and continuing to manage AS/NZS 4187 requirements -2021 is the deadline
- Water quality management – testing, equipment
- Staff training records
- Staff immunization records and implications of the revised Privacy Act.
- Laundry supplier compliance with AS/NZS 4146
- Support services ( e.g. cleaning and meals) provided by contractors
- Waste contracts and management
- Outsourcing of sterilising





# Models of IPC Governance

- Models of governance will still depend on the size and nature of the organisation
  - Separate IPC Committee
  - IPC forms part of other management committees
- Models for IPC resources will also depend on the size and nature of the organisation
  - Area team with link nurse portfolio holders
  - Department team providing services
  - Single practitioner
  - Contracted IPC consultant – new Commission fact sheet relating to involvement of consultants during assessments
  - Access to ID physicians

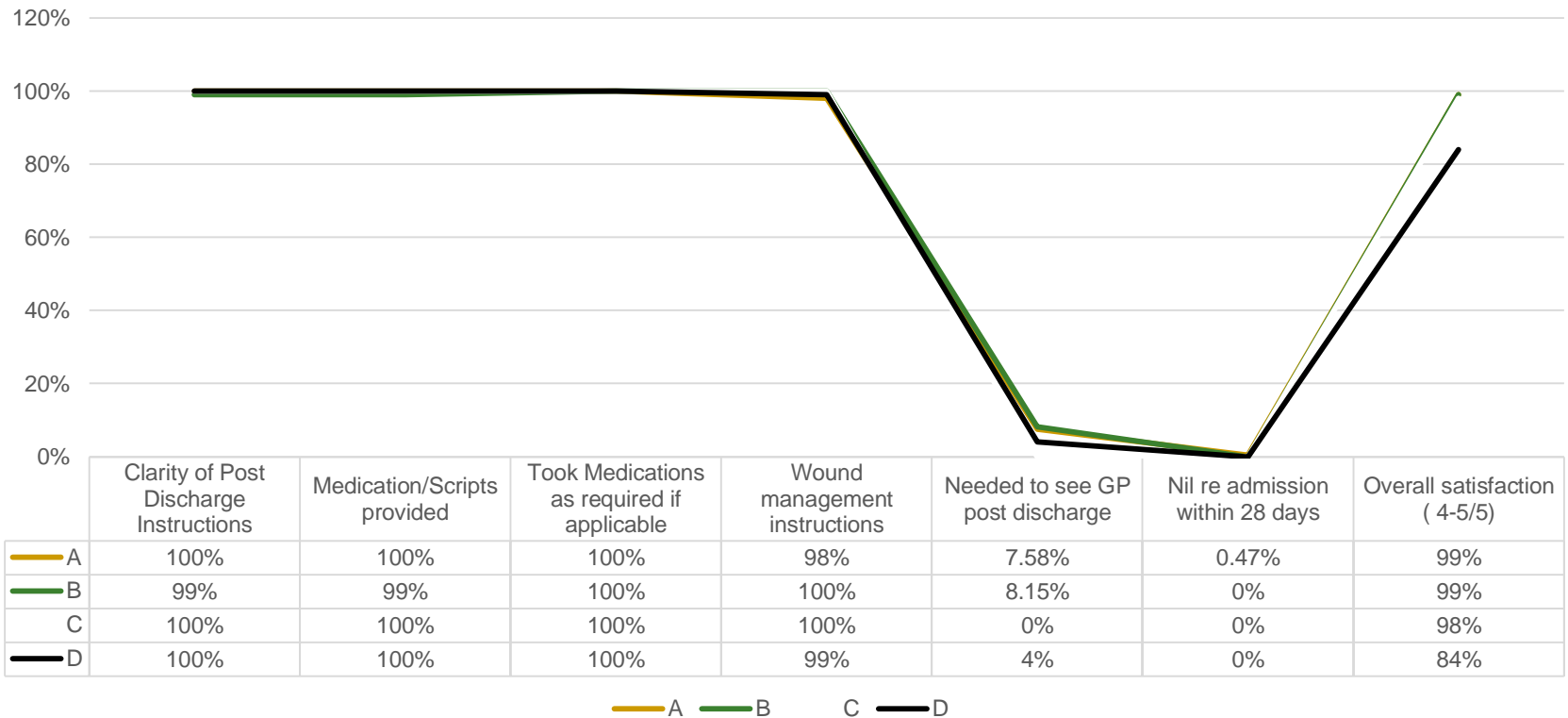
# Types of evidence to meet IPC requirements

- Policies
- Committee minutes, terms of reference
- Evidence of shared decision making, partnering with consumers
- Training data
- Clinical indicators and other data
- Clinical variation data e.g, AMS usage, post operative infections
- Surveillance data
- Invasive device registers
- Risk assessments and specific reviews of issues
- Quality Plan
- Risk Register
- Product/equipment evaluation forms and results
- Audit results
- Corrective action plans
- Incident forms and register
- Staff immunisation data base

■ HR files

# Example of Clinician Scorecard – identifying variations in practice

xxxx Surgeons Total Patients 567



# Challenges, pitfalls and strategies for IPC practitioners

- ❑ *Implementing programs and improvement initiatives – everyone is busy*
- ❑ *Taking on too much – you need to lead drive programs and improvements but clinical staff need to be accountable for their own practices*
- ❑ *Building trust and engagement – especially with medical officers, nurse managers, support services staff*
- ❑ *Being able to question and challenge results of audits without offending*
- ❑ *Building skills in systems thinking and analysis - healthcare is made up of systems and processes – you need to be able to understand these in order to make sense of issues – PICMoRS is useful to do this*
- ❑ *Building and applying skills in continuous improvement and risk management and risk mitigation*

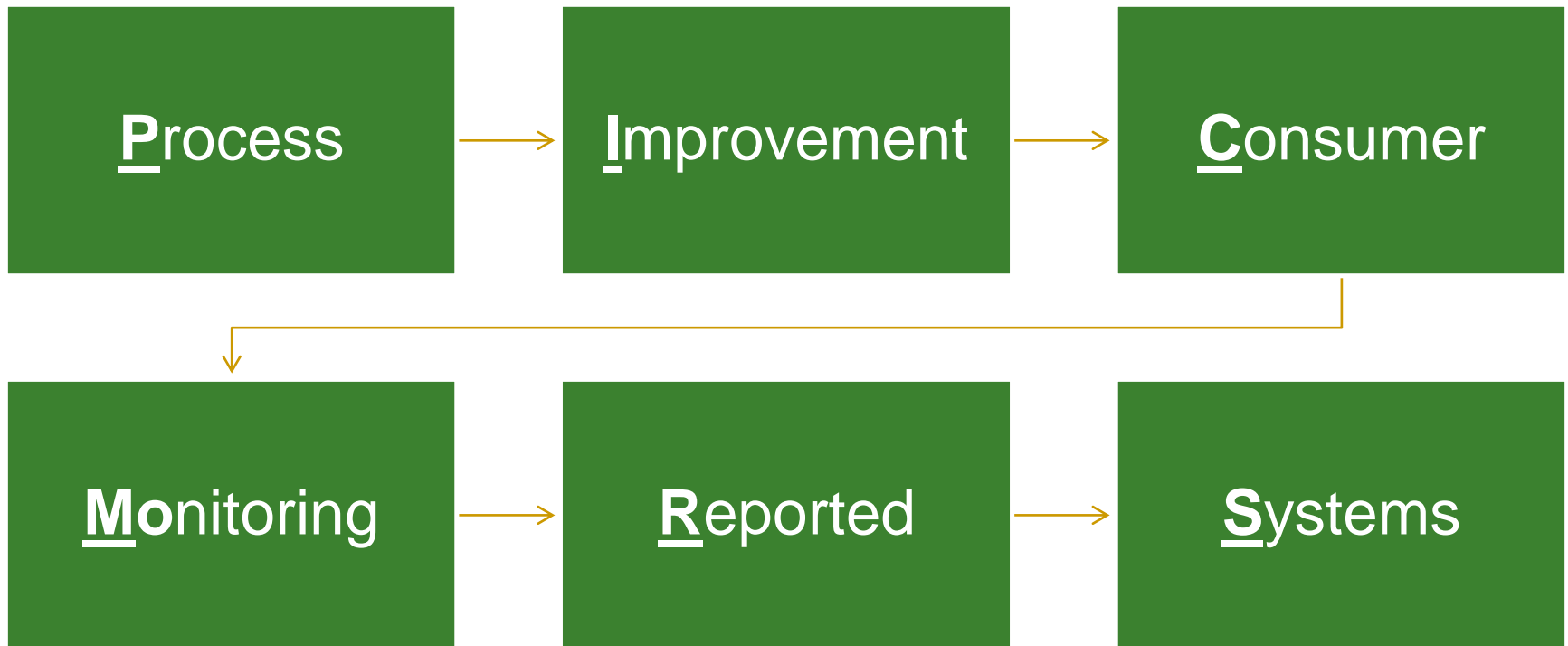
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# PICMoRS

- Developed by the Commission
- Framework provides a structured assessment method to comprehensively review the processes that make up the systems from the NSQHS Standards
- Identifies roles and responsibilities at different stages of the assessment



# PICMoRS Method – Assessing safety & quality processes



Fact Sheet 12: Assessment Framework for Safety and Quality Systems Dec. 2018

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# PICMoRS Method – six steps

**Process** - prescribing a restricted antibiotic

**Improvement Strategies** – use of decision support tools – fact sheets for patients, training

**Consumer participation** – fact sheets reviewed by consumers, shared decision making

**Monitoring** – AMS usage is routinely monitored via audits

**Reporting** – Data on usage is reported to AMS Committee, Medical Advisory Committee, Safety and Quality Committee, Board

**Safety and quality systems** – Incident, risk management, complaints, training, audit,

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*Questions?*

*Thank You*

