

Private Hospitals Unit and Infection Control - What are they really looking for?



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Introduction to the DOH

- Past – Private Hospitals Unit
 - Inspectorial role for the Private sector in the absence of other “audit” measures
 - Based on legislation
 - Wide ranging, but not always objective
 - Number of staff had an impact
- Review in 2008 → changes in management, structure and role
- DHS split – now DOH and DHS

Introducing the PICU

- Who's who & what do they do?
- Milena Canil – Manager - legislative/health policy background
- Kathy – Legal background
- Kylie – Senior Nurse adviser
- Marie Tirant – administration/office coordination

The Role of the PICU

- Legislative compliance
 - Inspectorial – Health Services Act & Private Hospitals/DPC Regulations,
 - AIP – Building Regulations
 - Registration of facilities – fitness of proprietors
- Policy Instruments – including MOUs, legislative development (Acts and Regs), National agreements such as the National Health Care Agreement
- Covers Private Hospitals, Day Procedure Units, stand alone endoscopy facilities, rehab facilities

What do we look at ?

- Inspections – We want to know that the service you are providing is done so according to the legislation, is safe for patients, staff and visitors, minimizes risks and builds on quality
- 3 main areas
 - Legislative Compliance – things you must comply with.
 - Compliance with Standards & Guidelines – things you should comply with
 - Best Practice – things that may improve the standard of care you deliver
- Advisory Capacity

Where does Infection Control fit?

PART 11 - INFECTION CONTROL (Regulation 45)	YES/NO <i>Select drop down box</i>
1. Has an annual infection control plan been completed for the current year?	
2. Does the annual infection control plan provide the following information?	
States its objectives	
Identifies and assess all site specific and generic infection control risks and states how these risks are to be minimised (e.g. infection control risk management action plan)	
Provides for ongoing infection control education for staff (e.g. infection control education schedule)	
States the particulars of training for persons who provide infection control risk management services at the hospital? (e.g. infection control training at post-graduate level or equivalent)	
Sets out how the proprietor will monitor and review the implementation and effectiveness of the plan (e.g. infection control auditing / surveillance schedule)	
Includes microbiology testing schedule and corrective action if required (e.g. hydrotherapy pool if applicable)	
If the facility has cooling towers or warm water systems, these are included in the infection control plan?	
3. Frequency of any AS/NZ 4187:2003 compliance audits undertaken? (i.e 6 monthly, 12 monthly) (Have most recent audit available)	

The Legislative Component

- An Infection Control Management plan gives us an overview of how you manage Infection Control in your facility.
- Do you have a person appropriately qualified managing your program?
- What are your risks?
 - how do you audit them, manage them or minimize them
- Do your staff understand and practice good infection control?

The Standards & Guidelines

- The Standards & Guidelines we use
 - AS/NZ 4187:2003
 - Infection Control in the Health Care Setting Guidelines - 2004
 - GENCA Guidelines on Infection Control in Endoscopy
 - Australian and New Zealand College of Anaesthetist Policy documents and Professional Standards, Australia
 - ACORN Guidelines
 - The DHS guidelines for room design
 - Cleaning Standards

What ?

- Consideration given to “Shall” & “Should”
- Are your processes and practices within the standards – are you providing a safe environment with minimal risk for patients, staff and visitors.
- In the case of an adverse event are you able to clearly demonstrate your processes and practices are compliant with Standards

Best Practice

- Building on Quality
- Senior Nurse Advisors have a wide range of experience and inspect many facilities.
- They may advise you on better or more efficient ways of doing things
- You may be asked if we can refer other facilities to you
- Remember - you may be measured against what is considered standard practice – usually best practice

Where to now

- Building bridges
- Advisory capacity
- Reducing inspectorial role – facility self assessment
- Legislative compliance role will continue
- Information sharing
- Website – resource