

One State, One Health System, Better Outcomes

Delivering Safe and Sustainable Clinical Services – Green Paper

Comments submitted by the Tasmanian Infection Prevention and Control Unit (TIPCU) in consultation with infection control professionals from each of the current three THOs.

Background

National

The prevention and control of Healthcare Associated Infections (HAIs) is a fundamental aspect of patient safety. The Australian Commission for Safety and Quality in Healthcare (Commission) lead a national approach to infection prevention in Australia that aims to build on facility and jurisdictional initiatives.

Current Commission led initiatives include;

- National HAI surveillance,
- Hand Hygiene Australia,
- Australian Guidelines for the Prevention and Control of Infection in Healthcare,
- Antimicrobial Stewardship,
- National Safety and Quality Healthcare Standards (including Standard 3 – Preventing and Controlling Healthcare Associated Infections),
- Building Clinician Capacity.

State

The Tasmanian Infection Prevention and Control Unit (TIPCU) is the jurisdictional Infection Control Unit that provides advice to the Commission on key initiatives and reports healthcare associated infection data to the Australian Government. Its role includes supporting the activities of Infection Prevention and Control Units in acute care hospitals, rural hospitals, community, mental health and correctional services. TIPCU acts as a conduit between the Commission and Tasmanian health services. TIPCU has a dual role of system manager and operational lead and is staffed by qualified infection prevention and control nurses with support from an infectious diseases physician.

The Strategy for the prevention and control of healthcare associated infection in Tasmania (2013 – 2015) developed by the TIPCU in collaboration with the THOs and other key stakeholders promotes a coherent approach to the prevention of HAIs in Tasmania (Attached).

The TIPCU works collaboratively with other THO based Infection Control services to implement and evaluate cost-effective interventions that reduce preventable HAIs by:

- ensuring effective governance
- providing education and training
- conducting and supporting surveillance activities.

A comprehensive review of the TIPCU was undertaken in 2014 which has been approved by the Secretary for DHHS (TIPCU Review Report 2014 attached).

THOs

Each acute hospital in Tasmania has an infection prevention and control unit (IPCU) staffed by qualified infection prevention and control nurses and supported by an infectious diseases physician.

The IPCUs are responsible for implementing an infection prevention program to reduce healthcare associated infections within acute hospitals. The elements of the program include local:

- governance
- policy, procedure and protocol development and implementation
- education and training
- facility, state and national surveillance activities

The framework for these activities is Standard 3 of the National Safety and Quality Healthcare Standards of which all health services are accredited against.

Two of the THOs have allocated qualified infection prevention and control nurses to implement comprehensive programs in rural hospitals, primary care settings and mental health services, including correctional health.

In each THO the IPCU works alongside and is closely integrated with Infectious Diseases and Clinical Microbiology services.

Consultation Question - Clinical

How well does the proposed framework align with practice in your discipline?

It appears that planning for infection prevention and control services within Tasmanian acute public hospitals, and the Healthcare system in general, has not been factored into the Role Delineation Framework.

The Role Delineation Framework refers to specialist infectious diseases RNs supporting infectious diseases services however infection prevention and control services are not mentioned in the framework.

Infection prevention and control should be considered as an integrated and key support service to clinical infectious diseases and microbiology services.

The Green paper commits to shifting the balance of care provision from the hospital to the community. Infection prevention and control programs are essential for health services provided in community settings and must be considered as part of the Tasmanian Health Service.

The role of infection prevention and control specialists is well-defined and involves implementing and evaluating systems and processes for the prevention of transmission of infection for all healthcare services both acute and non-acute including those provided in the community.

The move to a single THS provides the opportunity to review the model of infection prevention and control services provided in both acute hospitals and the community and consider how they could continue to operate collaboratively and in conjunction with TIPCU. The service and workforce requirements for an effective infection prevention and control service vary according to the health service. Facilities that provide complex care to vulnerable populations require greater infection prevention and control resources compared to facilities providing care to healthier populations.

The recommendations in the 2014 TIPCU Review Report endorses TIPCU taking a greater leadership role in policy development and oversight of Infection Control services around the state, aiming to continue to build a state-wide approach to infection prevention, whilst maintaining TIPCU as an independent authority. In addition, adequately staffed and resourced Hospital and regional based infection prevention and control units remain crucial in implementing infection prevention and control policies and procedures.

Given the importance of the infection prevention and control services, and the statewide role of TIPCU, we believe this should be recognised in the proposed framework.

A strategy for the prevention and control of healthcare associated infections in Tasmania

2013 to 2015.

**A strategy for the prevention and control of healthcare associated infection Tasmania
2013 to 2015.**

Tasmanian Infection Prevention and Control Unit (TIPCU)

Department of Health and Human Services, Tasmania

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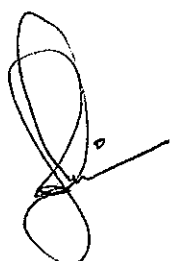
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Foreword

Healthcare associated infections (HAIs) are infections that occur while a patient is receiving healthcare. Healthcare associated infections will always be a potential risk for our patients/clients; however, there is good evidence to show that many of these infections can be prevented through careful attention to infection control procedures and processes. Patients/clients must be protected while they are in our care, and to ensure this, it is important that all healthcare staff working in the Tasmanian Health Organisations (THOs), the Department of Health and Human Services (DHHS), volunteers, contractors and visitors be aware of their personal responsibilities in this area.

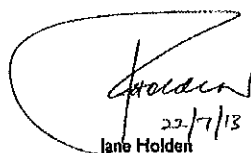
This strategy builds on the previous strategy “Sharing the Responsibility” produced in 2009. Like the previous strategy, it has been developed by the Tasmanian Infection Prevention & Control Unit (TIPCU) in collaboration with the THOs and other key healthcare staff and organisations. The strategy aims to promote a coherent approach to the prevention and control of HAIs. By implementing this strategy, we aim to reduce the risk of healthcare associated infections and, therefore, to improve the safety and quality of the care we provide to Tasmanian patients/clients.



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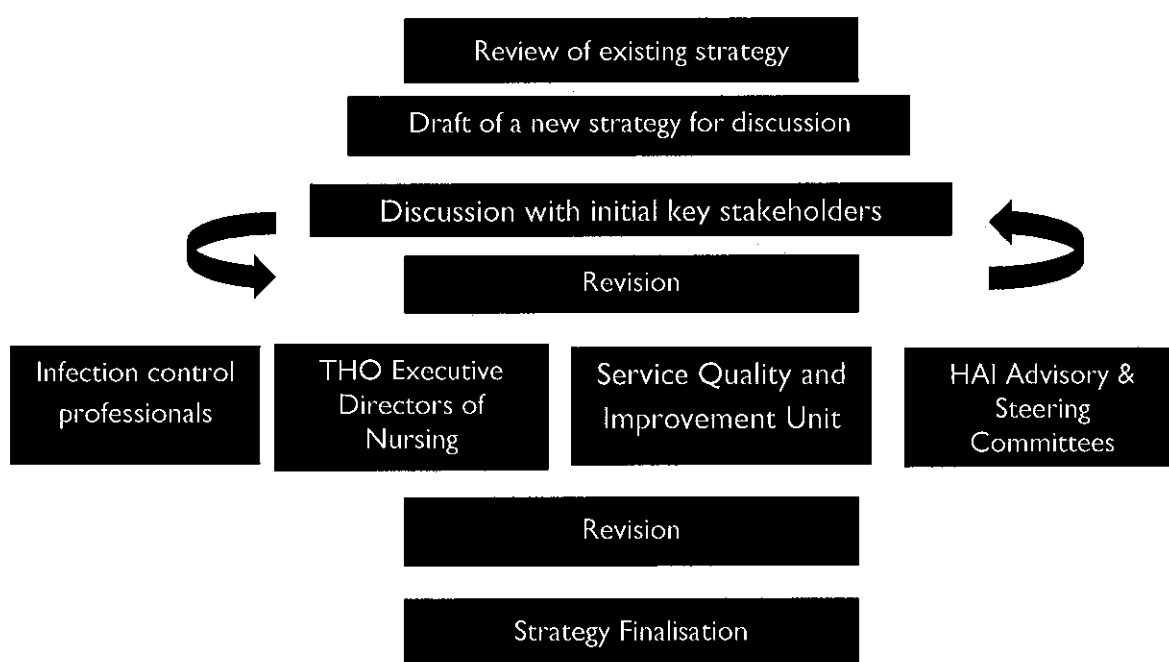
Secretary for Health

Department of Health and Human Services - Tasmania

Introduction

Healthcare associated infections continue to cause substantial patient morbidity and costs to health services. This document aims to reduce the incidence of these infections in Tasmania by developing a high quality, consistent infection prevention and control strategy across the state. In the past few years, Tasmania has been actively engaged in prevention activities on a number of fronts. Nationally, there is a strong focus on HAI prevention through the work of the Australian Commission on Safety and Quality in Healthcare (ACSQHC). This strategy complements and supports the work of the ACSQHC, as well as National Safety and Quality Standards for Healthcare Services. The strategy outlines the overarching objectives for HAI prevention in the coming years. Specific aims for the TIPCU and the THOs are subsequently detailed.

Process for strategy development



Our vision

To minimise the occurrence of preventable healthcare associated infections in persons receiving healthcare in the Tasmanian public hospital system.

Our mission

Our mission is to work collaboratively to implement and evaluate cost-effective interventions that reduce preventable HAIs by:

- ensuring effective governance
- providing necessary education and training
- conducting and supporting surveillance activities.

Overarching objectives 2013–2015

Key overarching objectives for this strategy are detailed below.

Governance

- Promote clinical and managerial leadership in the area of HAI prevention.
- Ensure processes are in place to identify and manage HAI risks.
- Continue development of state-wide infection-prevention and control policy to respond to emergent or identified needs.
- Work collaboratively to minimise the risk of HAIs.

Education and Training

- Educate healthcare workers and consumers regarding ways to minimise the risk of HAIs.
- Provide information to the public on issues related to HAIs and on ways to minimise the occurrence of infections.

Surveillance

- Continue to improve the sensitivity and scope of HAI surveillance and respective indicators
- Have effective and consistent systems in place for recording, analysing, sharing and learning from infection control data.
- Explore research opportunities relating to infection prevention and control.

Roles – Tasmanian Infection Prevention and Control Unit

Governance

- To provide peak advice to the Department of Health and Human Services on issues pertaining to HAIs.
- Lead a peak HAI advisory committee that will plan and evaluate HAI interventions in Tasmania.
- Develop state-wide guidance, procedures and/or policies in areas of need as identified by the advisory committee, by infection control teams or through TIPCU activities.
- Provide the THOs and the DHHS System Purchasing and Performance, through the Service Quality and Improvement Unit, infection surveillance data and advice as determined by relevant agreements.

Education and Training

- Work in collaboration with THOs to provide education and training in rural hospitals, community settings and mental health services.
- Provide educational opportunities for Tasmanian government healthcare workers who are not part of a THO and the private sector where possible.
- Lead and facilitate professional development for Tasmanian infection control professionals and those with an interest in infection control.

Surveillance

- Develop a range of audits and surveillance programs suitable for both acute and non-acute healthcare settings that facilitate accreditation and that minimise HAI risks.
- Explore methods to evaluate environmental cleanliness in healthcare facilities.
- Develop an improved understanding of antimicrobial resistance in Tasmania, and support related initiatives.
- Work with the THOs and the DHHS to examine information-technology solutions to improve the coordination and integration of infection control surveillance data within Tasmania.
- Produce publicly available HAI surveillance reports on a regular basis which informs and educates healthcare workers and the public.
- Undertake and collaborate in research endeavours that relate to agreed HAI priorities.

Roles – Tasmanian Health Organisations

Governance

- Establish and maintain an effective infection control committee within the THOs
- Provide Executive representation on the Tasmanian HAI advisory committee
- Ensure a consistent approach to HAI prevention and control policy
- Ensure that policies, procedures and guidance comply with current recommendations of the National Health and Medical Research Council (NHMRC), Australian Guidelines for the Prevention and Control of Infection in Healthcare, Australian Standards and relevant legislation. Compliance with the NHMRC guidelines should be until such a time that these guidelines are superseded by more recent, equally robust research or as recommended by the TIPCU
- Develop an infection control program that plans and evaluates infection prevention and control interventions and/or other activities
- Participate actively in local initiatives to reduce the risk of HAIs
- Ensure that building redesign or renovation is undertaken in a manner that manages the risk of infection
- Provide a healthcare environment that minimises the risk of infection and infection transmission
- Ensure the infection control unit is adequately resourced to meet the needs of the organisation's infection control program
- Ensure infection control professionals have the necessary expertise and skills to manage and prevent HAIs

Education and Training

- Provide educational opportunities for healthcare workers in order to build on current skills and knowledge in relation to HAIs

Surveillance

- Undertake HAI surveillance and feedback data using an appropriate methodology
- Implement and evaluate methods and systems to maintain high levels of environmental cleanliness
- Promote and support antibiotic stewardship programs and other activities that reduce antimicrobial resistance
- Work with the TIPCU and other healthcare organisations to examine information technology solutions that improve the coordination and integration of infection control surveillance data
- Undertake and collaborate in research endeavours that relate to agreed HAI priorities.

Evaluation

The Tasmanian HAI Advisory Committee will assess the level of success in implementing this strategy. In 2014 and 2016, the Tasmanian HAI Advisory Committee, through the TIPCU, will provide reports regarding progress towards the objectives in this strategy.



Tasmania
Explore the possibilities

**TASMANIAN INFECTION
PREVENTION AND CONTROL
UNIT**

Population Health

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POPULATION HEALTH SERVICES - OFFICE OF THE CHIEF MEDICAL OFFICER - TASMANIAN
INFECTION PREVENTION AND CONTROL UNIT



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Acknowledgements

The Tasmanian Infection Prevention and Control Unit (TIPCU) review team would like to acknowledge the cooperation of all key stakeholders during the review process, including:

- All staff working in infection prevention and control
- All key stakeholders who participated in interviews and workshops
- The Office of the Chief Medical Officer
- The TIPCU team
- HAI prevention program coordinators from New South Wales, Victoria, Western Australia, and South Australia
- The Australian Commission on Safety and Quality in Health Care
- The TIPCU Review Steering Committee
- The TIPCU Review Reference Group

Abbreviations

ADON	Assistant Director of Nursing
CDPU	Communicable Diseases Prevention Unit
DHHS	Department of Health and Human Services
EDON	Executive Director of Nursing
EECP	Evaluating Environmental Cleanliness Program
HAI	Healthcare associated infection
HCFs	Healthcare facilities
ICA	Infection Control Assessment program
ICP	Infection Control Professional
IDP	Infectious Diseases Physician
IP&C	Infection Prevention and Control
OCMO	Office of the Chief Medical Officer
THO	Tasmanian Health Organisation
THS	Tasmanian Health Service
TIPCU	Tasmanian Infection Prevention and Control Unit

Executive Summary

This review of the Tasmanian Infection Prevention and Control Unit (TIPCU) has afforded the opportunity to provide recommendations designed to meet the current and future challenges of preventing healthcare associated infection in Tasmania.

The TIPCU commenced on 21 January 2008 and was established as a statewide unit to provide leadership, advice and support to all healthcare facilities in Tasmania on healthcare associated infections (HAIs). The TIPCU is staffed by infection control and prevention experts from both the nursing and medical fields, and is a state-wide unit as part of Population Health Services within the Department of Health and Human Services (DHHS). The vision of TIPCU is to minimise the occurrence of preventable healthcare associated infection in persons receiving healthcare in the Tasmanian public healthcare system.

The TIPCU currently has dual roles of system manager and operational lead, and undertakes a broad range of activities within the areas of governance, education and training and surveillance. The TIPCU has successfully implemented and maintained statewide infection prevention initiatives to healthcare facilities across Tasmania.

The TIPCU has developed a robust HAI surveillance program that provides high quality data including *Staphylococcus aureus* bacteraemia (SAB), *Clostridium difficile* infection (CDI), and vancomycin resistant *Enterococcus* (VRE), the TIPCU has developed and implemented infection prevention policy in consultation with key stakeholders, developed and implemented several education and professional development programs, provided an ad-hoc advisory and consultancy service, and works collaboratively with other DHHS entities on infection prevention and control issues.

Importantly, TIPCU is crucial to the successful implementation of the recently introduced National Safety and Quality Health Service Standards, in particular “Standard 3 – Preventing and Controlling Healthcare Associated Infections” across all healthcare facilities.

The TIPCU Review was initiated by the Tasmanian Chief Medical Officer to review and make recommendations in relation to:

- The role and function of the TIPCU
- The accountabilities of the TIPCU
- The key relationships of the TIPCU
- Appropriate resourcing of the TIPCU

Following the establishment of the TIPCU Review Steering Committee, a review team was assembled. The Terms of Reference for the Steering Committee were finalised a Project Brief and Communication Strategy developed, and a TIPCU Review Reference Group assembled.

The Review team undertook a major consultation process with all key stakeholders, both within Tasmania and interstate. The consultation process took the form of face to face, telephone and video conference meetings based on a semi structured interview style, as well as an extensive consultation process with infection prevention staff through an online survey and a series of forums. A review of key documents was also undertaken, particularly the “Strategy for healthcare associated infection prevention and control in Tasmania 2013 to 2015”.

The findings of the review indicate that there is strong support for the maintenance of the current TIPCU services and a desire for further enhancement and expansion in some areas.

Issues identified by the review that are addressed by the Recommendations include:

- Disparity of infection control practices between Tasmanian Health Organisations (THO)
- Confusion regarding the specific role of the TIPCU when compared to the role of local infection prevention service
- Stakeholder concern regarding the threat of emerging multi-resistant organisms in both healthcare and community settings
- A need for a more formalised and stronger relationship between the TIPCU and the Communicable Diseases Prevention Unit (CDPU) to address the threat of emerging infections in the community and in healthcare settings.
- Lack of awareness amongst some key stakeholders regarding specific services and opportunities provided by TIPCU
- A limited number of infection prevention related policies, possibly related to a cumbersome policy development processes
- Stakeholder desire for increased opportunities for, and flexible access to, education and professional development
- Limited current HAI surveillance activity
- Less than optimal use of current HAI surveillance data
- A current deficit in the TIPCU human resources as compared to the funded full time equivalent (FTE) requirements of the TIPCU
- Lack of clarity and formalisation of the role of the Infectious Diseases Physician/Clinical Microbiologist at the TIPCU

Following a review of all data collected, further discussion with stakeholders and the TIPCU Review Steering Committee, the Review Team present fourteen Priority Recommendations and three Secondary Recommendations. Priority Recommendations are those that the Review Team believes should be implemented immediately. Secondary Recommendations are less urgent and should be implemented in the next twelve months.

Towards the end of the review, the Minister for Health announced that the three THOs are to be replaced by one Tasmanian Health Service (THS) in July 2015. This decision rendered some of the data collected redundant, and the recommendations contained in this report have been formed based on the most current information available at the time of the writing of this report.

Importantly, the Review Team believes that the maintenance of the existing dual core roles of system manager and operational lead is necessary for the TIPCU to meet its current and future challenges. To have the TIPCU focus on only one of these core roles in favour over the other would be detrimental to the HAI prevention strategy.

Recommendations

The recommendations reinforce the important role of TIPCU as part of the System Management function. Further, they aim to provide the TIPCU with the necessary resources and structures to deliver a statewide service to achieve a reduction of healthcare associated infection and improve the safety and quality of healthcare in Tasmania.

Governance

1. The TIPCU remain located within Population Health Services in the DHHS, consistent with a natural alignment with the role of the Director of Public Health.
2. The TIPCU develop a more formal and closer working relationship with the CDPU to facilitate the sharing of expert resources between both units.
3. A comprehensive Communication Strategy be developed and implemented. The strategy should include but not be restricted to:
 - a. Identification of all stakeholders
 - b. Key messages for all stakeholders, together with the mode and frequency of communication
 - c. Outlining a series of public relations activities to raise profile of the TIPCU
 - d. Clearly documenting the infection prevention and control responsibilities of the TIPCU, the new THS and healthcare facilities.
4. The TIPCU continue in its governance role as detailed in the “Strategy for healthcare associated infection prevention and control in Tasmania 2013 to 2015”.
5. A policy development framework should be established to allow the TIPCU to take a lead role in the development of infection prevention related policy.
6. Review the membership and Terms of Reference of the HAI Advisory Committee in conjunction with the implementation of the new THS.

Education and Training

7. The TIPCU continue in its education and training role as detailed in the “Strategy for healthcare associated infection prevention and control in Tasmania 2013 to 2015”.
8. The TIPCU should continue its structured education program on an annual basis, increase educational opportunities to those in regional areas and utilise existing technology to increase access.
9. Stronger relationships be developed between the TIPCU and tertiary institutions (*Longer term priority.*)

Surveillance

10. The TIPCU continue in its surveillance role as detailed in the “Strategy for healthcare associated infection prevention and control in Tasmania 2013 to 2015”.
11. The TIPCU expand HAI surveillance activity (e.g. to central line associated bloodstream infection and surgical site infection) consistent with that of other States and in readiness for extended national surveillance activities.
12. The TIPCU increase its HAI surveillance education, guidance and support including data collection, analysis, interpretation and reporting.

TIPCU Resources

13. The existing FTE at the TIPCU be filled and the overall nursing FTE remain at 2.5.
14. The Assistant Director of Nursing position be retained with consideration to reducing to a minimum of 0.6 FTE, providing flexibility to increase FTE in other nursing roles to meet education and surveillance demands.
15. The arrangement between Royal Hobart Hospital and the TIPCU for the provision of an Infectious Diseases Physician/Clinical Microbiologist be formalised, and clearly articulated in a formal agreement.

Introduction

BACKGROUND

The Tasmanian Infection Prevention and Control Unit (TIPCU) commenced on 21 January 2008 and was established as a statewide unit to provide leadership, advice and support to all healthcare facilities in Tasmania on Healthcare Associated Infections (HAIs). At this time TIPCU was located within Population Health and reported to the Director of Public Health. Over time the TIPCU governance arrangements have changed and the Unit now reports directly to the Chief Medical Officer and is supported by the Tasmanian HAI Advisory Committee. The TIPCU remains a state-wide unit as part of Population Health Services within the Department of Health and Human Services (DHHS).

The TIPCU is staffed by infection control and prevention experts from both the nursing and medical fields, and receives support from other departments such as the Epidemiology Unit, the Communicable Disease Prevention Unit (CDPU) and Quality and Safety. The TIPCU has worked collaboratively with healthcare facilities and other key stakeholders to develop a range of resources and provides support and services to assist with the prevention of HAIs. This activity, together with the implementation of a number of policies, guidelines and surveillance practices has resulted in Tasmania becoming a leader in HAI surveillance across Australia

The Tasmanian Healthcare Associated Infection Prevention Strategy 2009-2011 set in motion several strategies that raised the profile of infection prevention and control (IP&C) across Tasmania and aimed to provide a consistent approach to reducing HAI's. In 2013 the TIPCU released the 'Strategy for the prevention and control of healthcare associated infection in Tasmania (2013 to 2015)'. This strategy outlined the major objectives in regards to Governance, Education and Training and Surveillance and was developed in collaboration with the three Tasmanian Health Organisations (THOs) as well as other key healthcare staff and organisations. The final document was signed off by the Chief Executive Officers (CEOs) of the THOs as well as the Secretary, DHHS.

A copy of this document is available on the TIPCU website:

http://www.dhhs.tas.gov.au/peh/tasmanian_infection_prevention_and_control_unit

TIPCU VISION

As outlined in the strategy document, the TIPCU vision is to minimise the occurrence of preventable healthcare associated infection in persons receiving healthcare in the Tasmanian public healthcare system.

TIPCU MISSION

To work collaboratively to implement and evaluate cost-effective interventions that reduce preventable HAIs by:

- Ensuring effective governance
- Providing education and training
- Conducting and supporting surveillance activities

TIPCU PROGRAMS AND ACHIEVEMENTS

The TIPCU is the peak body for HAI prevention in Tasmania. The TIPCU is a point of contact for the extensive work being undertaken by the Australian Commission for Safety and Quality in Healthcare (The Commission) and is instrumental in facilitating the implementation of the recently introduced National Safety and Quality Health Service Standards; “Standard 3 – Preventing and Controlling Healthcare Associated Infections” across all healthcare facilities. The Commission is leading national initiatives on HAI surveillance, infection prevention guidelines, resources and standards, online education and antimicrobial stewardship. The TIPCU provide a representative on key Commission committees. The existence of TIPCU has provided Tasmanian ICPs and those with a responsibility for infection prevention in Tasmania with a vital link to the Commission’s work. This link represents a two way flow of information between Tasmanian clinicians and the Commission and enables the planning and prioritising of key infection prevention activities.

Through its close relationship with the Commission and its involvement in several of its committees, TIPCU plays a significant role in the National HAI agenda. The TIPCU also provides high level expert advice to the Tasmanian representative on the Commonwealth Inter-jurisdictional Committee.

The TIPCU has a well-established culture of publishing and presenting work on infection prevention. This can be demonstrated by its record of conference oral and poster presentations as well as published peer reviewed journal articles authored by TIPCU staff.

The following is a summary of the current TIPCU services and programs and achievements within the broad roles of governance, education and training, and surveillance:

Governance

- High level advice, policy and guideline development

The TIPCU provide independent expert advice and consultancy to the DHHS. Many reports generated from the TIPCU programs are used for Ministerials, Budget Estimate, Question Time and Issues Briefings, comment and input into Inter-jurisdictional Committee agenda items through the Tasmanian representative, and by those representing Tasmania on other national committees.

The quarterly HAI Surveillance reports are reviewed and approved by the HAI Advisory Committee with final endorsement from the Chief Medical Officer. Data generated from the HAI Surveillance Program is required to be sent to the National Health Performance Authority and is reported annually by the Commonwealth on the *MyHospitals* Website. Quarterly data is reviewed as part of the Service Agreement performance indicators with each THO and monthly data is recorded on the ‘Secretary’s Dashboard’ for review by the Secretary, DHHS.

The development of statewide infection prevention documents is aimed at providing healthcare workers and patients with contemporary evidenced based and consistent infection prevention and control information. These documents are developed following evidence based practice and in consultation with the HAI Advisory Committee and ICPs in Tasmania who provide extensive input during a formal review process. These documents are made available on the TIPCU website and are accessible to all healthcare workers and patients in Tasmania. All TIPCU developed documents are listed on a register and revised regularly

The TIPCU is also involved in emergency management planning. The role of the TIPCU during the 2009 Influenza pandemic included infection prevention education and training of a range of staff, advice and input into the development of information for healthcare workers and the general public, and advice in relation to the workflow and layout of assessment centres. Since this time TIPCU have been involved in a number of table top exercises designed to challenge emergency management procedures

in Tasmania. Input has been sought recently during the revision of the Commonwealth and State influenza plans.

Education and Training

- Education programs

The TIPCU education program targets various healthcare settings as well as providing general infection prevention training forums. The main method of delivery is through face to face didactic, interactive workshops. Education to rural sites during 2013 was delivered via videoconference. Programs are reviewed on an annual basis and repeated for the various settings in each regional area of Tasmania. Regular education sessions are provided to education department staff working with special needs children and additional ad-hoc sessions are considered on request depending on availability of TIPCU resources. The details of the TIPCU education programs are available on the TIPCU website including details on how to register. These programs are open to HCWs who are not part of a THO and those from the private sector.

- Professional development forums

To ensure infection control professionals (ICPs) skills remain current, the TIPCU conduct several professional development forums annually. These forums represent an opportunity for information sharing, learning, debate and discussion. At each forum journal articles are presented by members of the group and there is opportunity to discuss and work through alternative approaches to infection prevention strategies and practices. The members of this group are from the acute public and private hospitals in Tasmania as well as infection prevention coordinators from primary health. These forums have been run by TIPCU every second month since 2009 with an average consistent attendance of 15 ICPs.

- Advice and consultancy

The TIPCU provide independent advice and consultancy to individuals, health services and external bodies. This occurs formally via a number of mechanisms. Telephone and email advice is frequently sought from TIPCU on a range of infection prevention issues, for example management of patients with multi-resistant organisms. On occasion, expert advice is sought from TIPCU in relation to the licensing and regulatory requirements of day surgery procedure premises. The TIPCU provides expert advice and is the point of reference for personnel working in the areas of safety and quality, regulation and CDPU in these circumstances.

Surveillance

- Healthcare associated infection surveillance program

The TIPCU HAI surveillance program monitors and reports data in relation to *Staphylococcus aureus* bacteraemia (SAB), *Clostridium difficile* infection (CDI), Vancomycin resistant *Enterococcus* (VRE), hand hygiene compliance rates and antimicrobial use, providing statewide and hospital level HAI data. The TIPCU HAI Surveillance report is published quarterly and a more detailed report annually.

The program also aims to inform and educate healthcare workers and the public about the prevalence of HAIs and to measure the effect of interventions. The TIPCU collates data from all Tasmanian laboratories, the National Antibiotic Usage Surveillance Program (NAUSP) and enhanced surveillance information from hospitals. Data is validated using a number of strategies including laboratory data reports and hospital Infection Control Professional (ICP) reviews.

- Environmental cleanliness program.

This program provides a standardised method of evaluating environmental cleanliness in Tasmanian healthcare facilities. This unique program involves visual inspection and the use of fluorescent light to

quantitatively measure the effectiveness of cleaning. Participation is voluntary and is open to all acute care and rural hospitals in Tasmania. The program is considered a process surveillance module and is supported by a detailed protocol, auditor training package, online data collection tool and online access to reports. TIPCU have provided supplies of equipment for each site for the initial 12 months of the program.

- Rural hospitals and Non-acute Settings Infection Control Assessment (ICA) Program

The ICA program and associated tools are designed to gather information and provide a means of identifying actions required to minimise infection risks. The program requires the establishment of a partnership with TIPCU through a signed agreement with the site or service manager. The range of tools that have been developed allow for assessment of the major elements of an infection prevention program (governance, policy and procedure, education and training, and surveillance) and for assessment of infection prevention practices, for example sharps management and sterile stock storage. This program has been developed with reference to Standard 3 and provides a mechanism for evaluation against many of the criteria that are required to be assessed by this standard.

The ICA program has allowed the TIPCU to identify a number of consistent challenges for rural hospitals and non-acute services. Following on from this, the TIPCU developed additional tools and resources for the benefit of all rural hospitals and non-acute services in Tasmania. A suite of both process and outcome surveillance modules including bloodstream infection surveillance, gastroenteritis management and indwelling urinary catheter use have been developed. The ICA program is an ongoing program and is evolving over time.

THE TIPCU REVIEW PROJECT 2014

The three THOs were established by the Tasmanian Health Organisations Act 2011 and became operational on 1 July 2012. THOs are responsible for delivering a broad range of hospital, primary and community health services to their local communities. THOs deliver these services under the terms and conditions outlined in annual service agreements that support the devolution of decision making, responsibility and accountability for providing safe, high quality and patient centred care to THOs.

The Minister and the DHHS have defined roles as both purchaser and system manager. As system manager, that role extends to the broader monitoring and management of the Tasmanian health system to ensure resources are used effectively and efficiently and health system performance is high quality, patient-centred and appropriate to the needs of the community.

With these recent changes, and to ensure that the TIPCU continues to deliver high quality service to all healthcare facilities in the future, the CMO directed that a review of TIPCU be undertaken.

The objectives of the project are to review and make recommendations in relation to:

- The role and function of the TIPCU
- The accountabilities of the TIPCU
- The key relationships of the TIPCU
- Appropriate resourcing of the TIPCU

The review provided an opportunity for key stakeholders to have input on the future activities of the TIPCU through consultation with the Review Project team, and aims to identify opportunities for improvement and a strengthening of relationships with key stakeholders.

REVIEW CONTEXT

It is important to note that towards the end of the consultation process of this review, the Minister for Health announced that the three THOs were to be replaced by one Tasmanian Health Service (THS) in July 2015.

The majority of consultations with key stakeholders reported in this review occurred prior to this announcement, which is reflected in many of the findings (Appendix 8). Where consultations occurred after the announcement, this is noted in the method and results.

The announcement clearly has major implications for the future governance and structure of TIPCU. Given this proposed change, some of the information received during the consultation phase of this review will rapidly become redundant.

Although it is unclear exactly how the THS will operate, the need for an effective statewide infection prevention and control role will continue to exist regardless of these structural changes. The Review Team has drawn on the experience of the existing structures to inform the recommendations whilst considering an ideal structure to optimise the efficiency of the TIPCU as part of the System Management function within the Tasmanian healthcare environment.

Review Methodology

STEERING COMMITTEE

A steering committee chaired by the Chief Medical Officer with membership from the TIPCU Review Team and representatives from the THOs, Chief Nursing and Midwifery Officer, Manager Clinical Support, Office of the Chief Medical Officer (OCMO), and the TIPCU was established in February 2014. A representative from Service Quality and Improvement was invited but was unavailable to attend. The purpose of the TIPCU Review Project Steering Committee was to support, guide and provide advice during the TIPCU Review Project and assist in achieving its objectives.

The Terms of Reference were developed by the Review Team and endorsed at the first Steering Committee meeting on 26 February 2014. Full membership and Terms of Reference are listed in Appendix I.

TIPCU PROJECT BRIEF

The TIPCU review team finalised the TIPCU Project brief that was endorsed by the Steering Committee. The full version of the Project Brief is included in Appendix 2.

COMMUNICATION STRATEGY

The TIPCU review team developed the TIPCU Review Communication Strategy that was endorsed by the Steering Committee. The Communication Strategy clearly identified all Stakeholder groups, and articulated the key messages to be delivered to each group. It also identified the mode of communication to each group and the timeframe for communications.

The full Communication Strategy is listed in Appendix 3.

TIPCU REVIEW REFERENCE GROUP

The TIPCU review team established a Reference Group with representatives from acute, primary, rural and mental health care facilities, as well as ambulance services and infectious diseases. The Assistant Director of Nursing (ADON), TIPCU chaired both of the reference group meetings scheduled in the absence of the Chief Nursing and Midwifery Officer.

The objective of the Reference Group was to provide a point of consultation, content advice and planning input during the TIPCU Review Project. The Terms of Reference were developed by the Review team and endorsed by the Steering Committee (see Appendix 4).

TIPCU REVIEW WEB PAGE AND KEY DOCUMENTS

A dedicated TIPCU review webpage was developed and placed within the TIPCU website. The webpage provided general information about the review and housed several key documents including the project brief, a link to a general stakeholder survey and contact details for the review team.

The TIPCU review team accessed and reviewed all available documents that were deemed relevant. Refer Appendix 5 for listing of key documents.

CONSULTATION WITH KEY STAKEHOLDER GROUPS

A series of meetings were conducted with key stakeholders over a period of six months from March to August 2015. The key stakeholder group included but was not limited to: executive staff, clinicians, consumers, interstate HAI prevention bodies and the Australian Commission on Safety and Quality (a comprehensive list of all stakeholders and meetings and details of the data collection methodology is listed in Appendices 6 & 7).

Data collection methods included:

- A series of semi structured interviews conducted via face to face meetings, teleconference and videoconference. The semi structured interviews sought information relating to the objectives of the review.
- A detailed online survey targeting healthcare workers currently working in infection prevention roles followed up by a series of face to face forums conducted in each of the THOs. The survey sought information on several areas, including participation and experience with existing TIPCU services. Questions were a mixture of multiple choice, Likert scale and drag and drop, with options to provide free text feedback. Participant demographics were also sought. The forums sought to clarify and explore the findings of the online survey.
- A general online survey targeted at other key stakeholders seeking feedback on participant experience with TIPCU services

Discussion on Findings and Recommendations

Detailed results of the consultation process are listed in Appendix 8

TIPCU AS A STATEWIDE SERVICE

The TIPCU is highly valued by all stakeholders who have participated in this review. It provides leadership at both a state and national level, and has developed, implemented and coordinated a number of innovative infection prevention activities statewide. The TIPCU's current role in supporting the System Manager and providing professional leadership (in the area of infection prevention and control as set out in the strategy) is a major advantage in working towards and achieving the overarching objectives set out in the "Strategy for the prevention and control of healthcare associated infections in Tasmania 2013 to 2015".

The current structure of three separate THOs contributes to the challenges faced by the TIPCU as a statewide service. The different governance arrangements within each THO that must be navigated by TIPCU when working towards key outcomes can act as barriers, particularly in relation to uniform adoption of infection prevention practice, and confusion about responsibilities.

During the review process key stakeholder support for the TIPCU as the statewide IP&C body to provide uniform recommendations and guidelines was clear. Many stakeholders acknowledged a major benefit of the TIPCU was the promotion of uniform recommendations and guidelines, although implementation of this uniformity is not always evident at the THO and HCF level.

The decision to follow the TIPCU recommendations and guidelines is determined by each THO. The review identified instances where some THOs have chosen not to follow the TIPCU recommendations. This is contradictory to the agreed strategy to prevent HAIs, results in a disparate approach to IP&C, and brings in to question the understanding that the TIPCU is the statewide body for IP&C.

The three THOs will be replaced by one THS on 1 July 2015. The exact structure of the THS has not yet been articulated. Several key stakeholders who were consulted after the announcement of the restructure indicated that TIPCU may be best placed within the new THS, assuming it would improve the likelihood of delivering a strong statewide service. This may also address the issues such as uniformity of practice and clarity of role described above. Location within the THS may also result in closer relationships with HCFs and IP&C staff.

On the other hand, others expressed the view that a major disadvantage of the placement of the TIPCU within the THS would be a compromised ability to fulfil its current role to support the System Manager, providing completely independent advice and policy direction to the DHHS regarding HAIs. Concern was also expressed regarding the possible risk of the members of the TIPCU being subsumed into operational functions within the THS. Being placed in this setting could also exacerbate current confusion regarding the role of TIPCU compared to organisational IP&C bodies.

The Review Team believes that the maintenance of the existing role of supporting the System Manager and providing professional leadership is necessary for the TIPCU to meet its current and future challenges. To have the TIPCU focus on only one of these core roles in favour over the other would be detrimental to the HAI prevention strategy and negatively affect all stakeholders.

The Review Team believes the optimal environment for the TIPCU to continue to effectively perform these dual roles is within Population Health in the DHHS working in close collaboration with the CDPU. This will result in a change to the current reporting lines and is in natural alignment with the functions of the Director of Public Health, including the ability to delegate investigative powers that enable responsiveness to emerging HAIs as well as broader public health threats. The skill sets in the TIPCU and the CDPU comprising expertise in infectious diseases, infection prevention, public health, epidemiology, statistics and

project management are complimentary and should be combined to address the current and future challenges faced by both units. There are many synergies between the work of the TIPCU and the CDPU, and previously both have worked well together on issues including contact tracing, infection control breaches and environmental cleaning issues and public health emergency planning. The CDPU currently works with the TIPCU to ensure the provision of HAI data on SAB and VRE.

There are several reasons why a closer working relationship between the TIPCU and the CDPU would be advantageous. Firstly the increasing and evolving threat of multi-resistant organisms in the community and in healthcare facilities poses major threats to all consumers. Pathogens that were once considered only the domain of HCFs are now increasingly prevalent in the community. This provides a major challenge to infection prevention now and in the future, and is a worldwide phenomenon. As new and more resistant transmissible pathogens emerge, the historical, but largely artificial, boundaries between community and healthcare facilities fade. Linking data collection, surveillance and prevention and control measures across community and healthcare facilities will provide the best opportunity for effective surveillance, prevention and control measures to be implemented.

Second, much of health care now occurs outside of healthcare facilities, and increasingly many routine public health issues such as influenza, gastroenteritis, and immunisation influence infection prevention practices in healthcare facilities.

Third, the ability to appropriately plan for less common but significant emerging threats such as Ebola Virus requires both expertise in Public Health and HAI prevention. The potential to establish a surge capacity of these vital resources in situations of urgent need is an advantage to both the TIPCU and the CDPU.

Fourth, the ability to team with public health experts to investigate infection control breaches in office based practice settings is required to comply with current regulatory requirements.

The existing relationship between the TIPCU and Safety and Quality is evident by the provision of a representation on the HAI Advisory Committee. It is anticipated that this representation will be ongoing, and the current collegial collaborative relationship with the TIPCU and Safety and Quality and Performance Monitoring will continue.

A close relationship between the TIPCU and the CDPU provides a unique opportunity for Tasmania to demonstrate how a Public Health unit and HAI prevention unit can be effective in addressing these major issues. Such a relationship already exists, to a certain degree, in some other jurisdictions.

Recommendation 1

The TIPCU remain located within Population Health in the DHHS, consistent with a natural alignment with the role of the Director of Public Health.

Recommendation 2

The TIPCU develop a more formal and closer working relationship with the CDPU to facilitate the sharing of expert resources between both units.

Many key stakeholders are uncertain as to how the TIPCU best relates to and works with each of the current THOs. Confusion exists amongst some THO and HCF staff as to the responsibilities of the TIPCU in comparison to the responsibilities of local or THO IP&C staff, where such staff exist. This was evident in comments by those working in HCFs who on occasion are uncertain as to who should be contacted to

address IP&C issues. This confusion has also led to duplication of some IP&C services between the TIPCU and the three THOs. A clearer understanding of the specific responsibilities of the TIPCU in local level IP&C issues is required by all key stakeholders, and should be mapped out and tailored to each THOs needs, and in the future, the THS and HCF needs. This would act as a reference document for TIPCU and all HCFs.

An important issue identified during the review relating to the TIPCU role as a statewide service is a moderate lack of awareness and knowledge as to the services the TIPCU provides. Whilst some key stakeholders and HCFs have a good understanding of the role of the TIPCU, findings from this review indicate that some of the services TIPCU can provide may be underutilised. The survey also identified that key stakeholders would be grateful for more frequent communication from the TIPCU and higher visibility in some areas.

Based on these findings, it is recommended a comprehensive Communication Strategy be developed and implemented. Such a strategy needs to identify and recommend key messages, efficient modes of communication and identify feedback mechanisms from all stakeholders including the DHHS, Executive HCF staff, clinicians and consumers. The Communication Strategy would be an internal document to assist the TIPCU deliver key messages to key stakeholders in an effective and consistent manner.

Consideration should also be given to a rebadging or relaunching of the TIPCU services (which would be advantageous following the implementation of Priority Recommendation 2) through a series of high profile “public relations” activities targeting stakeholders.

Recommendation 3

A comprehensive Communication Strategy be developed and implemented. The strategy should include but not be restricted to:

- a. Identification of all stakeholders
- b. Key messages for all stakeholders, together with the mode and frequency of communication
- c. Outlining a series of public relations activities to raise profile of the TIPCU
- d. Clearly documenting the infection prevention and control responsibilities of the TIPCU, the new THS and healthcare facilities.

THE ROLE OF THE TIPCU

The key document “A strategy for healthcare associated infection prevention and control in Tasmania 2013 to 2015” details the role of the TIPCU under three broad areas; *Governance, Education and Training, and Surveillance*.

Feedback from all stakeholders indicates that TIPCU services are greatly appreciated by those who access them, including those who are not part of a THO. For many HCFs, the TIPCU fills a gap where there is less local support for IP&C services, particularly with education and training and expert advice. There is strong support for the ongoing maintenance of the current TIPCU roles, and in some areas, a need for further expansion.

Using “A strategy for healthcare associated infection prevention and control in Tasmania 2013 to 2015” as a guide, findings from the review relevant to the role of the TIPCU are discussed.

Governance Role

The TIPCU is the peak IP&C body in Tasmania with access to expertise locally, nationally and internationally, and as such it is appropriate it continue to:

- provide advice to the DHHS on issues pertaining to HAI
- lead a HAI advisory committee to plan and evaluate interventions across the state
- develop statewide guidance, procedures and or policies in areas of need
- provide HAI surveillance data, currently to the THOs and in the future the THS, and to the DHHS

Although the TIPCU have been instrumental in the development of policies regarding MRSA, VRE and hand hygiene, the current policy development process is resource intensive and inefficient, particularly if concerns of one THO result in the inability to progress implementation of best practice. This also undermines the role of the TIPCU as a statewide service.

Several key stakeholders expressed a strong desire for TIPCU to continue to develop further infection prevention related policy. This should include as a matter of urgency, policy on the management of patients with other multi-resistant organisms such as Carbapenam-resistant *Enterobacteriaceae*. Other policies that could be considered include Creutzfeldt-Jakob Disease screening and risk assessment, and reuse of single-use items.

A policy development framework should be established to identify which issues need to be addressed, and then steps out the process of consultation, development and sign off of the policy. This would expand the number of infection prevention related policies, enhance uniformity of practice following adoption of policy, and address the existing cumbersome processes currently followed during policy development.

This also brings in to question the role of the HAI Advisory Committee and its membership, and its role in policy development. With the replacement of the THOs by the THS, a review of the HAI Advisory Committee membership and its role is warranted, and consideration should be given to seeking membership from key opinion leaders in IP&C in Tasmania, consumers, as well as representation from key stakeholders. The role of this group in formal policy development process should be considered.

Recommendation 4

The TIPCU continue in its governance role as detailed in the “Strategy for healthcare associated infection prevention and control in Tasmania 2013 to 2015”.

Recommendation 5

A policy development framework should be established to allow the TIPCU to take a lead role in the development of infection prevention related policy.

Recommendation 6

Review the membership and Terms of Reference of the HAI Advisory Committee in conjunction with the implementation of the new THS.

Education and Training

The TIPCU has vast experience in education and training, and has proven ability to develop and deliver education to a broad spectrum of healthcare workers from different settings using a variety of methods. The TIPCU should continue to:

- work with the THOs, and in the future the THS, to provide education and training in rural hospitals, community settings and mental health services.
- provide educational opportunities for HCWs who are not part of a THO and the private sector
- lead and facilitate professional development for Tasmanian ICPS

The education and professional development program offered by the TIPCU is highly valued by healthcare workers and should continue to be revised and disseminated annually. Regional healthcare workers expressed a desire for more frequent visits and opportunities to participate in the education programs.

A Standard 3 workshop for healthcare workers from mental health services has been developed and run in 2014.

To increase the reach of the education program, it would be beneficial to utilise existing THEO technology to develop specific education modules and also make recorded education sessions available on demand. This would greatly benefit many HCWs who have difficulty in attending programmed sessions.

The review also identified some gaps in relation to infection prevention education in tertiary institutions. Stronger relationships between the TIPCU and tertiary institutions should be developed to ensure curriculum content is accurate and up to date.

Recommendation 7

The TIPCU continue in its education and training role as detailed in the “Strategy for healthcare associated infection prevention and control in Tasmania 2013 to 2015”.

Recommendation 8

The TIPCU should continue its structured education program on an annual basis, increase educational opportunities to those in regional areas and utilise existing technology to increase access.

Recommendation 9 *(Longer term priority)*

Stronger relationships be developed between the TIPCU and tertiary institutions

Surveillance

The TIPCU HAI Surveillance program is well structured, has good uptake and is recognised nationally for major initiatives and high quality data particularly with reference to surveillance of SAB, VRE and CDI. The TIPCU has developed a robust range of audits and surveillance activities for all HCFs, and the program to measure environmental cleanliness demonstrates both innovation and implementation of evidence based practice. There are a number of different aspects to the surveillance role currently provided by the TIPCU:

- develop audits and surveillance programs for both acute and non-acute HCFs that facilitate accreditation and minimise HAI risks
- explore methods to evaluate environmental cleanliness in HCFs

- develop an improved understanding of antimicrobial resistance in Tasmania and support related initiatives.
- work with the THOs, and in the future the THS, and DHHS to improve coordination of infection control surveillance data within Tasmania
- produce publicly available HAI surveillance reports on a regular basis
- undertake and collaborate in research relating to HAI priorities

Although the TIPCU currently fills the above roles, there is a need to expand on some of these to meet future needs.

In alignment with the future direction of national HAI surveillance from the Commission and activities in other states, a broader range of surveillance activities should be considered a priority; specifically statewide surgical site infection and central line associated bloodstream infection surveillance. It is acknowledged that many surgical procedures (those commonly under surveillance in other states e.g. knee and hip replacements) occur in private facilities, but it would be beneficial to provide surveillance support given that many who develop infection post surgery may be admitted into the public sector. The early detection of IP&C issues in these areas will benefit the wider community, and will also contribute to the Commission's work towards national surveillance.

It is also important to utilise local expertise to maximise potential. The CDPU has expertise in surveillance systems, epidemiology and statistics, and currently facilitates the provision of HAI data to the TIPCU. The expansion of HAI surveillance activities driven by the TIPCU should be developed and implemented in collaboration with this local expertise to maximise surveillance efficiency and continue to produce high quality meaningful data.

An increase in resources would be required for TIPCU to broaden its current HAI surveillance activities for program development and implementation, as well as ongoing data management. These gaps may be met by developing a closer relationship with CDPU and a sharing of skill sets that would follow implementation of Priority Recommendation 2.

The ability of other larger states to undertake a broader range of surveillance activities with more dynamic data management and reporting is also due to the use of information technology (IT), such as online data submission and reporting functionality.

Further investment in IT may be warranted, or consideration could be given to accessing existing IT applications currently being used in other jurisdictions.

Recommendation 10

The TIPCU continue in its surveillance role as detailed in the "Strategy for healthcare associated infection prevention and control in Tasmania 2013 to 2015".

Recommendation 11

The TIPCU expand HAI surveillance activity (e.g. central line associated bloodstream infection and surgical site infection) consistent with that of other States and in readiness for extended national surveillance activities.

Findings of the review revealed that HAI surveillance data is not always being utilised to drive patient safety and quality improvement.

An example of this is found in one THO Executive group which chooses not to review its own HAI surveillance data as recommended by the TIPCU, but rather prefers to review administrative HAI data sourced via the Health Roundtable. Strong evidence exists in the scientific literature that administrative data has at best moderate sensitivity in identifying HAIs, and should not be used alone as a measure of HAI incidence.

At a HCF level, it is apparent that HAI data is not always analysed or reported appropriately to various committees or key stakeholders who have authority to implement changes if required.

The gap in understanding the purpose of surveillance and the appropriate use of data to drive patient safety and quality improvement needs to be addressed through further education and support.

Recommendation 12

The TIPCU increase its HAI surveillance education, guidance and support including data collection, analysis, interpretation and reporting.

THE TIPCU RESOURCES

The TIPCU is currently funded to staff 1.0 FTE Assistant Director of Nursing (ADON), 1.5 FTE Clinical Nurse Consultants, 0.2 FTE Infectious Diseases Physician/Clinical Microbiologist, and 0.6 FTE Administrative Support.

Due to unforeseen circumstances, as an interim measure administrative support is being provided from another area at a higher band level at 0.2 FTE. This interim arrangement has worked very effectively for the last 14 months. To fulfil the requirements of the administrative support role if this arrangement was to cease, the allocated 0.6 FTE would be required.

The strategic leadership role provided by the ADON position is crucial to the ongoing success of TIPCU. A senior position, this role represents Tasmania at a state and national level, and must ensure that the TIPCU activities remain consistent with other state and the national direction. The role requires strong management and leadership skills, combined with clinical expertise. Given the high level of responsibility placed on this role, the ADON status is in alignment with equivalent statewide infection prevention management roles in other jurisdictions.

It would be preferable for a high level position such as the ADON to be 1.0 FTE. The Review Team acknowledge that the lack of 1.0 FTE in recent years suggests that less than one FTE would be sufficient to fulfil this role in its current form. The Review Team recommends that a minimum of 0.6 FTE would be required to satisfactorily meet the needs of this role, without over burdening the CNCs taking on extra duties. This arrangement would also allow for re-allocation of that reduced ADON FTE to the CNCs to ensure the demands of extra activities contained in the recommendations are met.

Consideration should also be given to the provision of IT support services to meet the demands of an increase in surveillance activities and increased data management requirements. Appropriate IT can increase efficiency of human resources and should be explored for future sustainability. Flexibility in the FTE funding allows for potential funding of IT and education support should it be required to meet the recommendations.

Feedback from users of the TIPCU services indicated that site visits including face to face meetings for education opportunities are preferred. Increased frequency of these activities would escalate the demand on TIPCU resources including the travel budget.

Implementation of Recommendation 2 would result in a sharing of skill sets including IP&C and epidemiology, and so may address the demands for increase resources required to meet the expansion of the HAI surveillance role.

Recommendation 13

The existing FTE at the TIPCU be filled and the overall nursing FTE remain at 2.5.

Recommendation 14

The Assistant Director of Nursing position be retained with consideration to reducing to a minimum of 0.6 FTE, providing flexibility to increase FTE in other nursing roles to meet education and surveillance demands.

Documentation outlining the arrangement between TIPCU and the Royal Hobart Hospital regarding the provision of specialist Infectious Diseases/Clinical Microbiologist support to TIPCU is lacking, leading to some uncertainty as to the precise requirements and role of this position. The skill and knowledge of an appropriately skilled Physician/Microbiologist greatly enhances the services provided by TIPCU, whilst adding credibility to the function of TIPCU. The involvement of specialist support from the Royal Hobart Hospital, either by the “designated” TIPCU Physician/Microbiologist, or other appropriately skilled members of the Department of Infectious Diseases and Microbiology, is also important in allowing Tasmania to be appropriately represented in several Commission initiatives including antimicrobial stewardship and multi-resistant organism surveillance

The arrangement between the TIPCU and the Royal Hobart Hospital needs to be formalised and be accompanied with a position description and selection criteria, keeping in mind the importance of the TIPCU to remain independent.

Recommendation 15

The arrangement between Royal Hobart Hospital and the TIPCU for the provision of an Infectious Diseases Physician/Clinical Microbiologist be formalised, and clearly articulated in a formal agreement.

Conclusion

The TIPCU Review Team has undertaken extensive consultation with all key stakeholders, reviewed existing relevant documentation and sought feedback on the TIPCU performance during this review.

Data collected during the consultation phase has been analysed and presented to both the TIPCU Review Reference Group and the TIPCU Review Steering Committee.

In developing the recommendations, the Review Team has carefully considered:

- the findings from the consultation phase,
- how the TIPCU compares with other States HAI prevention bodies,
- the emerging challenges of multi-resistant organisms and other threatening organisms
- the benefits of strong relationships and coordination between public health and healthcare facilities
- the requirements necessary to meet the of the current and future initiatives of the Commission
- the decision to replace the three THOs with one THS on 1 July 2015.

As more information becomes available on the structure and function of the THS, it may be necessary to update the recommendations.

Above all, the final recommendations aim to provide the TIPCU with the ideal mix of resources and structures to deliver a statewide service to ensure the reduction of healthcare associated infection and improve the safety and quality of healthcare in Tasmania.

Appendix

APPENDIX I - TIPCU REVIEW STEERING COMMITTEE TERMS OF REFERENCE

Background

The development of the Tasmanian Infection Prevention and Control Unit (TIPCU) commenced on 21 January 2008. At this time TIPCU was located within Population Health and reported to the Director of Public Health. This governance arrangement was supported by the Tasmanian Healthcare Associated Infection (HAI) Steering Committee and Advisory Group.

Since this time the TIPCU governance arrangements have changed so that the unit now reports directly to the Chief Medical Officer and is supported in its work by the Tasmanian HAI Advisory Committee. The TIPCU is a state-wide unit within the Department of Health and Human Services (DHHS).

The three Tasmanian Health Organisations (THOs) are responsible for delivering a broad range of hospital, primary and community health services to their local communities. THOs deliver these services under the terms and conditions outlined in annual service agreements that support the devolution of decision making, responsibility and accountability for providing safe, high quality and patient centred care to THOs.

The TIPCU was established prior to the creation of the THOs in July 2012 and as such it is timely that a review of the unit is undertaken.

Purpose

The overarching aim of the TIPCU review is to determine the TIPCU role and the functional arrangements that are appropriate under the Department of Health and Human Services (DHHS) and Tasmanian Health Organisation (THO) governance structure.

Role and Function

The TIPCU Review Project Steering Committee is established to support, guide and provide advice during the TIPCU Review Project. The steering committee will assist in achieving the objectives in line with the project timeline by 30 September 2014.

Membership

- Chief Medical Officer (Chair)
- Assistant Director of Nursing, TIPCU
- Chief Nursing Officer
- Manager, Clinical Support (Research, Projects & Administration)
- TIPCU Medical Adviser
- Service Quality and Improvement Representative
- Tasmanian Health Organisation Representative
- TIPCU Administrative Support (Exec Officer)

Member Roles

It is the role and responsibility of all Members to:

1. Contribute to and support the TIPCU Review.
2. Assist in achieving the objectives in line with the project timeline.

3. Regularly attend and actively participate in scheduled meetings.
4. Action agreed tasks within set timeframes.

It is the role and responsibility of the Executive Officer to:

1. Schedule meetings in accordance with the agreed date / time.
2. Coordinate and distribute all meeting documentation no later than seven (7) days prior to the scheduled meeting.
3. Draft meeting minutes for review no later than seven (7) days after the scheduled meeting.

Meeting Times

During the review period, meetings will be held as determined by the Chair. The Chair may convene extraordinary meetings as required.

Meeting Protocols

Proxies

If unable to attend, members are to advise the Executive Officer of a suitably senior proxy, briefed and empowered to make decisions on behalf of the member. Where a member is absent from two or more consecutive meetings, the Chair reserves the right to review their representation on the committee.

Quorum

A quorum of members must be present for a meeting to proceed. A quorum consists of half the total membership plus one.

Decision-making

The Committee will seek to operate by consensus. Where consensus cannot be reached, a vote will be taken. Each member will have one vote and resolution is carried by a majority. In the case of a split decision, final determination rests with the Chair. Where a decision is made, either by consensus or vote, the decision will be binding.

Review of Terms of Reference

The Terms of Reference will be reviewed at the conclusion of the review period.

Meeting Dates

26 February 2014

31 March 2014

28 May 2014

25 June 2014

23 July 2014

2 September 2014

24 September 2014

APPENDIX 2 - PROJECT BRIEF

Purpose

To review and make recommendations in relation to the Tasmanian Infection Prevention and Control Unit (TIPCU) role and the functional arrangements that are appropriate under the Department of Health and Human Services (DHHS) and Tasmanian Health Organisation (THO) governance structure.

Background

The TIPCU review is a DHHS internal review being undertaken at the request of the Chief Medical Officer (CMO).

The development of the TIPCU commenced on the 21st January 2008. At this time TIPCU was located within Population Health and reported to the Director of Public Health. This governance arrangement was supported by the Tasmanian Healthcare Associated Infection (HAI) Steering Committee and Advisory Group. The TIPCU was established as a statewide unit to provide independent professional advice, leadership and information about healthcare associated infections to healthcare professionals in Tasmania.

Since this time the TIPCU governance arrangements have changed so that the unit now reports directly to the Chief Medical Officer and is supported in its work by the Tasmanian HAI Advisory Committee. TIPCU remains a state-wide unit as part of the Population Health Services within the Department of Health and Human Services (DHHS).

The three Tasmanian Health Organisations (THOs) were established by the Tasmanian Health Organisations Act 2011 and became operational on 1 July 2012. THOs are responsible for delivering a broad range of hospital, primary and community health services to their local communities. THOs deliver these services under the terms and conditions outlined in annual service agreements that support the devolution of decision making, responsibility and accountability for providing safe, high quality and patient centred care to THOs.

The Minister and the DHHS have defined roles as both purchaser and system manager. As system manager, that role extends to the broader monitoring and management of the Tasmanian health system to ensure resources are used effectively and efficiently and health system performance is high quality, patient-centred and appropriate to the needs of the community.

The TIPCU was established prior to the creation of the THOs and as such it is timely that this review is undertaken.

Objectives

To review and make recommendations in relation to:

1. the role and function of the TIPCU
2. the accountabilities of the TIPCU
3. the key relationships of the TIPCU; and
4. appropriate resourcing of the TIPCU

Outputs

At the conclusion of the review a final report including findings and where applicable recommendations on the objectives of the project will be submitted to the TIPCU Review Project Steering Committee for finalisation by the 30th September 2014.

Human and Financial Resources

The TIPCU will allocate project resources to lead and coordinate development of the review. The review costs will be covered within the existing TIPCU budget.

Roles and Responsibilities

1. The Chief Medical Officer, Dr Craig White, will be the Project Sponsor.
2. The TIPCU ADON, Annie Wells, will be the Project Manager.
3. Annie Wells (TIPCU ADON), Tina Goodsell (TIPCU Admin Support) and Phil Russo (Consultant) will make up the project team.
4. The Project Sponsor, Project Manager, TIPCU Admin Support the TIPCU Medical Advisor, Dr Alistair McGregor, the Chief Nursing Officer, Ms Fiona Stoker or delegate, the Office of the Chief Medical Officer (OCMO) Manager, Clinical Support (Research, Projected and Administration), Mr John Milbourne, a representative from both Service Quality and Improvement and a Tasmanian Health Organisation will make up the Project Steering Committee and will regularly consider the review process and assist in achieving the objectives in line with project timeline.
5. The services of an independent infection prevention and control consultant will be engaged to provide advice and assistance to the Project Manager during the review.
6. The TIPCU Review Project Reference Group will be established to provide content advice and planning input during the project.

Stakeholders

DHHS system manager	<ul style="list-style-type: none">• OCMO/TIPCU• OCNMO• Service Quality and Improvement• Public and Environmental Health Services (CDPU)
THOs Operational	<ul style="list-style-type: none">• Chief Executive Officers• Executive Directors of Nursing• Medical Services Directors• Infection Control Professionals including Infectious Diseases Physicians (acute, primary health, mental health, dental)• Tasmanian Lead Clinician Group• Tasmanian Health Organisations Governing Council Chairperson - Graeme Houghton
DHHS Operational	<ul style="list-style-type: none">• Ambulance Tasmania• Human Services• Children and Youth Services• Workplace Health and Safety
Other	<ul style="list-style-type: none">• Australian Commission for Safety and Quality in Health Care• State/ Territory Health Departments / Infection Control Units• Tasmanian Private Hospital DON/ ICPs• Tasmanian Education Department

	<ul style="list-style-type: none"> • University of Tasmania • Polytechnic • Non Government Organisations • Australian Nursing and Midwifery Federation • Health and Community Services Union
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Timeline for project

This review will commence in January 2014 and be completed by 30 September 2014. The project will have three distinct phases:

1. Initial Drafting (January – March 2014)
2. Consultation and amendment (March – June 2014)
3. Endorsement and approval (June – September 2014)

APPENDIX 3 - COMMUNICATION STRATEGY

Introduction

The TIPCU Review is a Department of Health and Human Services (DHHS) internal review being undertaken at the request of the Chief Medical Officer (CMO).

The development of the TIPCU commenced on the 21st January 2008. At this time TIPCU was located within Population Health and reported to the Director of Public Health. This governance arrangement was supported by the Tasmanian Healthcare Associated Infection (HAI) Steering Committee and Advisory Group. The TIPCU was established as a statewide unit to provide independent professional advice, leadership and information about healthcare associated infections to healthcare professionals in Tasmania.

Since this time the TIPCU governance arrangements have changed so that the unit now reports directly to the Chief Medical Officer and is supported in its work by the Tasmanian HAI Advisory Committee. TIPCU remains a state-wide unit within the Department of Health and Human Services (DHHS).

The three Tasmanian Health Organisations (THOs) were established by the Tasmanian Health Organisations Act 2011 and became operational on 1 July 2012. THOs are responsible for delivering a broad range of hospital, primary and community health services to their local communities. THOs deliver these services under the terms and conditions outlined in annual service agreements that support the devolution of decision making, responsibility and accountability for providing safe, high quality and patient centred care to THOs.

The Minister and the DHHS have defined roles as both purchaser and system manager. As system manager, that role extends to the broader monitoring and management of the Tasmanian health system to ensure resources are used effectively and efficiently and health system performance is high quality, patient-centred and appropriate to the needs of the community.

The TIPCU was established prior to the creation of the THOs and as such it is timely that this review is undertaken.

Review Objectives

To review and make recommendations in relation to:

1. the role and function of the TIPCU
2. the accountabilities of the TIPCU
3. the key relationships of the TIPCU; and
4. appropriate resourcing of the TIPCU

Objective

The objective of the Communication Strategy is to ensure that all key stakeholders receive accurate, consistent and timely information regarding the TIPCU review. This will include review aims, process, key stakeholder requirements, and outcomes.

The project team will consult widely with all stakeholders through a variety of formats which are detailed in this strategy.

Key Stakeholders

TIPCU has provided a wide range of services across healthcare facilities in Tasmania and works closely with Departmental offices.

The key stakeholders can be broadly divided into four groups:

- DHHS System Manager

- THOs Operational
- DHHS Operational
- Other

More specifically, these bodies include the following key stakeholder groups:

- Office of Chief Medical Officer Executive Directors of Nursing
- Directors of Medical Services
- Infection Prevention Professionals including infectious diseases (acute, primary health, mental health, dental)
- Office of Chief Nursing Midwifery Officer
- Service Quality and Improvement
- Public and Environmental Health Services (CDPU)
- Chief Executive Officers, THOs
- statewide Mental Health Services includes Alcohol and Drug Services
- Tasmanian Health Organisations Governing Council Chair – Graeme Houghton
- Ambulance Tasmania (AT)
- Australian Commission for Safety and Quality in Health Care
- Tasmanian Private Hospital DON/ ICPs
- University of Tasmania
- Tasmanian Lead Clinician Group
- Other State/ Territory Health Departments / Infection Control Units
- Tasmanian Education Department
- Tasmania TAFE
- Disability, Housing and Community Services
- Child and Youth Services
- Australian Nursing and Midwifery Federation
- Health and Community Services Union
- Australian Medical Association
- Royal Australasian College of Surgeons

Messages

The intent is to provide clear, consistent and positive messages to all stakeholders.

Key messages for all:

- The TIPCU provides leadership, advice and support to all healthcare facilities in Tasmania on healthcare associated infections
- The work of TIPCU has resulted in decreases in HAI rates across Tasmania

- The review is to ensure TIPCU is well placed to continue to deliver high quality service to all healthcare facilities in the future
- The TIPCU will continue to be an independent body
- The review is an opportunity for healthcare professionals to have input on the future activities of TIPCU

Within each broad stakeholder group a range of healthcare professionals exist, requiring specific messages to be tailored for different levels.

Key Messages to healthcare workers

- The TIPCU review process will not impact day to day activities
- TIPCU will continue to provide day to day support to all healthcare facilities in Tasmania on healthcare associated infections
- Healthcare worker input is vital to the TIPCU review process

Key Messages to healthcare executives

- TIPCU will continue to provide leadership, advice and support to all healthcare facilities in Tasmania on healthcare associated infections
- The review aims to identify areas for improvement of existing TIPCU services and strengthen relationships in alignment with the each THO structure

Key Messages to DHHS bodies

- TIPCU will continue to provide leadership, advice and support to all healthcare facilities in Tasmania on healthcare associated infections
- The review aims to identify areas for improvement of existing TIPCU services and strengthen relationships with Department bodies
- The review aims to highlight and strengthen relationships with the Safety and Quality Committee and other DHHS Corporate Governance Committees

Key Messages to educational bodies

- TIPCU will continue to provide leadership and advice on healthcare associated infections to educational facilities

Tools and Activities

A variety of tool will be used to communicate key messages appropriate to the priority ranking of stakeholder.

These include:

- Web page on TIPCU website
- Email
- Forums
- Face to face meetings
- Online survey

Uniform information on the review will be developed to populate standard communication formats including contact details of the review team.

APPENDIX 4 - TIPCU REVIEW REFERENCE GROUP TERMS OF REFERENCE

Background

The development of the Tasmanian Infection Prevention and Control Unit (TIPCU) commenced on 21 January 2008. At this time TIPCU was located within Population Health and reported to the Director of Public Health. This governance arrangement was supported by the Tasmanian Healthcare Associated Infection (HAI) Steering Committee and Advisory Group.

Since this time the TIPCU governance arrangements have changed so that the unit now reports directly to the Chief Medical Officer and is supported in its work by the Tasmanian HAI Advisory Committee. TIPCU is a state-wide unit within the Department of Health and Human Services (DHHS).

The three Tasmanian Health Organisations (THOs) are responsible for delivering a broad range of hospital, primary and community health services to their local communities. THOs deliver these services under the terms and conditions outlined in annual service agreements that support the devolution of decision making, responsibility and accountability for providing safe, high quality and patient centred care to THOs.

The TIPCU was established prior to the creation of the THOs in July 2012 and as such it is timely that a review of the unit is undertaken.

Purpose

The overarching aim of the TIPCU review is to determine the TIPCU role and the functional arrangements that are appropriate under the Department of Health and Human Services (DHHS) and Tasmanian Health Organisation (THO) governance structure.

Role and Function

The TIPCU Review Reference Group is established to provide content advice and planning input during the TIPCU Review Project. The reference group will assist in achieving the objectives in line with the project timeline by 30 September 2014.

Membership

- THO Representative TIPCU Review Project Steering Committee (Chair)
- Assistant Director of Nursing, TIPCU
- TIPCU CNC
- Acute Care ICP
- Primary Health ICP
- Tasmanian Ambulance Service – Patient safety officer, clinical services
- TIPCU Administrative Support

Member Roles

It is the role and responsibility of all Members to:

- a) Contribute to and support the TIPCU Review.
- b) Assist in achieving the objectives in line with the project timeline.
- c) Regularly attend and actively participate in scheduled meetings.
- d) Action agreed tasks within set timeframes.

It is the role and responsibility of the Executive Officer to:

- a) Schedule meetings in accordance with the agreed date / time.
- b) Coordinate and distribute all meeting documentation no later than seven (7) days prior to the scheduled meeting.
- c) Draft meeting minutes for review no later than seven (7) days after the scheduled meeting.

Meeting Times

During the review period, meetings will be held as determined by the Chair. The Chair may convene extraordinary meetings as required.

Meeting Protocols

Proxies

If unable to attend, members are to advise the Executive Officer of a suitably senior proxy, briefed and empowered to make decisions on behalf of the member. Where a member is absent from two or more consecutive meetings, the Chair reserves the right to review their representation on the committee.

Quorum

A quorum of members must be present for a meeting to proceed. A quorum consists of half the total membership plus one.

Decision-making

The Committee will seek to operate by consensus. Where consensus cannot be reached, a vote will be taken. Each member will have one vote and resolution is carried by a majority. In the case of a split decision, final determination rests with the Chair. Where a decision is made, either by consensus or vote, the decision will be binding.

Review of Terms of Reference

The Terms of Reference will be reviewed at the conclusion of the review period.

Meeting dates

14 May 2014

17 July 2014

APPENDIX 5- REVIEW OF KEY DOCUMENTS

The TIPCU review team accessed and reviewed all available documents that were deemed relevant.

. These included but were not limited to:

- DHHS Tasmania, Executive, Ministerial and Parliamentary Services, Corporate Governance Committee Arrangements. Version 1.1 January 2014
- DHHS Tasmania, Strategic Framework for Health Workforce 2013 – 2018.
- DHHS Tasmania, System Purchasing and Performance, 2013-2014 Performance Framework
- DHHS Tasmania, System Purchasing and Performance, Statewide Clinical Governance Framework for Tasmanian's Public Healthcare System, September 2013
- DHHS Tasmania, Clinical Governance Oversight Committee, Terms of Reference - final version April 2012
- Mitchell, B., Wells, A., Wilson, F., McGregor, A. (2013). Strategy for healthcare associated infection prevention and control in Tasmania 2013 to 2015.
- DHHS Tasmania, How to Create a thriving Tasmania VI.0
- National Health Information Agreement, December 2011
- DHHS Tasmania, Population Health Services – program logic chart
- DHHS Tasmanian, Organisation Chart, November 2013
- DHHS Tasmania, Memo Royal Hobart Hospital Infectious Diseases and Statewide Infection Control Unit, December 2006
- Statement of Duties TIPCU Administrative Assistant, Position Number 516289, August 2011
- Statement of Duties TIPCU Assistant Director of Nursing, Position Number 516290, September 2013
- Statement of Duties TIPCU Clinical Nurse Consultant, Position Number 518351, April 2013
- Tasmanian Healthcare Associated Infection Advisory Committee, Terms Of Reference, Version 1, September 2013
- Tasmanian Liberals, A plan to build a health Tasmania. Election Commitment 2014

Websites:

- Australian Commission for Safety and Quality in Healthcare <http://www.safetyandquality.gov.au/>
- DHHS <http://www.dhhs.tas.gov.au/intranet>
- TIPCU http://www.dhhs.tas.gov.au/peh/tasmanian_infection_prevention_and_control_unit
- THO – N <http://www.dhhs.tas.gov.au/intranet/thon>
- THO – NW <http://www.dhhs.tas.gov.au/intranet/nwtho>
- THO – S <http://www.dhhs.tas.gov.au/intranet/stho>

APPENDIX 6 – REVIEW METHODOLOGY

EXECUTIVE STAFF

2.3.1 DHHS EXECUTIVE

The semi structured interviews sought information relating to the objectives of the review (i.e. role, function, accountabilities, relationships, resourcing). This group was targeted to provide expert opinion on each of these areas, both from a historical and futuristic point of view.

Face to face semi structured interviews held with:

- Clinical Associate Professor Craig White - Chief Medical Officer
- Dr Grant Phelps – Director, Service Quality and Improvement
- Dr Roscoe Taylor – Chief Health Officer/Director of Public Health
- Mr Mike Pervan - Acting Secretary of the DHHS

Other Executive

- Mr Graeme Houghton - Chair THO Governing Council
- Matthew Daly – Acting CEO THO South

Chief Nursing and Midwifery Officer and THO Executive Directors of Nursing

Semi structured interviews were conducted with:

- Clinical Professor Fiona Stoker, Chief Nursing and Midwifery Officer
- Ms Jo Reid, Acting EDON THO North West
- Ms Lee Wallace, Acting EDON THO North
- Clinical Associate Professor Coral Paton, EDON THO South

The interviews were held via both face to face meetings and teleconference facility.

2.3.2 CLINICIANS - INFECTION PREVENTION STAFF

An online survey was developed as the initial tool for consulting with clinicians. The aim of the survey was to allow IC staff the opportunity to:

- Provide input into the TIPCU review
- Inform the recommendations of the TIPCU review

Participants were invited via email, distributed to infection prevention professionals, on the TIPCU email distribution list.

The survey sought information on several areas, including participation and experience in:

- Infection Control Assessment program for rural and non-acute facilities
- Surveillance for both acute and non-acute facilities
- Evaluating Environmental Cleanliness program
- Educating and professional development forums
- The TIPCU website
- General TIPCU services

Survey questions were a mixture of multiple choice, Likert scale and drag and drop, with options to provide free text feedback. Participant demographics were also sought (see Appendix 9 for survey questions).

Likely participants included registered nurses working in Infection Prevention roles, and possibly some infectious diseases physicians from acute, primary health, mental health and dental facilities. The survey was pilot tested by members of the TIPCU Review Reference Group prior to release.

The total number of recipients invited to participate was 120.

Following completion of the survey and analysis of the results, the same group was then invited to attend one of a series of forums conducted by members of the review team in each THO. The purpose of the Forums was to give key stakeholders an opportunity to:-

- Examine and discuss the results of the ICP Survey
- Explore further the themes that have been identified in the ICP survey
- Provide input on future TIPCU activities and programs;
- Identify opportunities for improving and strengthening stakeholder relationships.

Participants were invited to the forum via an email disseminated through the TIPCU distribution list.

2.3.3 COMMUNICABLE DISEASES PREVENTION UNIT

Individual face to face semi structured interviews was conducted with:

- Ms Simone Duncombe, Manager of CDPU
- Dr Mark Veitch, Senior Medical Advisor – Public and Environmental Health Services

2.3.4 INFECTIOUS DISEASES PHYSICIANS AND MICROBIOLOGY

A face to face semi structured interview was conducted with:

- Dr Alistair McGregor
- Dr Tara Anderson
- Dr Katie Flanagan
- Dr Louise Cooley (Micro)
- Dr Alison Ratcliffe

2.3.5 AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

A telephone semi structured interview was conducted with Dr Marilyn Cruickshank, Director National Healthcare Associated Infection Program, Australian Commission on Safety and Quality in Health Care.

2.3.6 TIPCU STAFF

A face to face discussion was held with current members of the TIPCU team. At the time of this discussion, TIPCU had 0.8 FTE nursing staff and 0.5 administrative staff unfilled.

- Ms Fiona Wilson – Clinical Nurse Consultant
- Dr Alistair McGregor – Infectious Diseases Physician
- Ms Tina Goodsell – (Acting) Administrative Support

2.3.7 STATEWIDE JURISDICTIONAL BODIES

Semi structured telephone interviews were conducted with program managers of similar infection prevention and control bodies in Western Australia, South Australia, Victoria and New South Wales. Several attempts were made to interview representatives from the Queensland body (CHRISP) however the offer to interview was not accepted.

2.3.8 THO CONSUMER REPRESENTATIVES

A combination of telephone, email and video conference discussion was held with each of the THO's Consumer Representation Groups.

2.3.9 OTHER KEY STAKEHOLDERS

A second more general online survey was developed and posted onto the TIPCU Review webpage. The following groups were emailed directly and invited to participate in the general survey or contact the review team directly to provide feedback.

- Statewide Mental Health Services includes Alcohol and Drug Services
- Ambulance Tasmania (AT)
- Tasmanian Private Hospital DON/ ICPs
- University of Tasmania
- Tasmanian Lead Clinician Group
- Tasmanian Education Department
- Tasmania TAFE
- Disability, Housing and Community Services
- Child and Youth Services
- Australian Nursing and Midwifery Federation
- Health and Community Services Union
- Australian Medical Association
- Royal Australasian College of Surgeons

The total number invited was 15. See Appendix 10 for Survey questions.

APPENDIX 7 - KEY STAKEHOLDER MEETING SCHEDULE

	Name/Group	Format
31/3/14	Craig White, CMO	Meeting
1/4/14	Roscoe Taylor, CHO/Director PH	Meeting
1/4/14	Grant Phelps, Director SQ &I	Meeting
30/4/14	Fiona Stoker, CNMO	Teleconference
5/5/14- 27/5/14	Infection Prevention staff	Online survey
12/7/14- 31/7/14	General Stakeholders	Online Survey
11/6/14	Rebecca McCann, Manager HAIU WA	Teleconference
23/6/14	Jo Reid, Acting EDON THO NW	Meeting
23/6/14	Graeme Houghton, THO GC Chair	Meeting
23/6/14	ICP Forum THO NW, Devonport	Meeting
24/6/14	ICP Forum THO N, Launceston	Meeting
24/6/14	Lee Wallace, Acting EDON, THO N	Meeting
25/6/14	ICP Forum THO S, Hobart	Meeting
25/6/14	Simone Duncombe, CDPU DHHS	Meeting
30/6/14	Coral Paton, EDON THO S	Teleconference
14/7/14	Linda Henderson, A/Manager Infection Control Services SA	Teleconference
17/7/14	Paul Smollen, Manager HAI program, CEC NSW	Teleconference
23/7/14	Dr Ann Bull, Operations Director VICNISS Coordinating Centre	Teleconference
28/7/14	Tara Anderson, Alistair McGregor, Katie Flanagan, IDPs	Meeting & Video Conference

28/7/14	Louise Cooley, Alistair McGregor, Microbiology	Meeting
28/7/14	Craig White, CMO	Meeting
28/7/14	Roscoe Taylor, Director Public Health	Meeting
28/7/14	Kelly Shaw, CDPU Epidemiologist	Meeting
28/7/14	Michael Pervan, A/Secretary DHHS	Meeting
29/7/14	Mark Veitch, CDPU DHHS	Meeting
29/7/14	Fiona Wilson, Kathryn Catterick, Alistair McGregor, TIPCU	Meeting
29/7/14	Matthew Daly, Acting CEO THO Sth, Coral Patton, EDON THO Sth	Meeting
29/7/14	Leah van Someren, Trish Horne, Robyn Bridgewater, Rural ICP	Video Conference
6/8/14	Dr Louise Cooley, IDP	Meeting/ Teleconference
12/8/14	Dr Alison Ratcliffe, IDP	Meeting/ Teleconference
18/8/14	Dr Marilyn Cruickshank, Director HAI Program, Australian Commission for Safety and Quality in Health Care	Teleconference
20/8/14	THO Consumer Group	Video Conference/ Teleconference

Appendix 8 – Results of Key Stakeholder Consultation

EXECUTIVE STAFF

3.1.1 DHHS EXECUTIVE

- Clinical Associate Professor Craig White - Chief Medical Officer
- Dr Grant Phelps – Director, Service Quality and Improvement
- Dr Roscoe Taylor – Chief Health Officer/Director of Public Health

It was acknowledged that there was strong support for the activities of TIPCU across all levels. TIPCU has had many successes since its commencement and has raised the profile of infection prevention and control both in Tasmania and nationally. TIPCU is considered key to Tasmania's relationship with the Commission and its direction towards national strategies for the prevention of HAIs.

No strong preferences were expressed regarding placement and governance of TIPCU, though it was recognised that strong relationships were required with DHHS Service Quality and Improvement Unit, CDPU, and the three THO's Safety and Quality systems. As each THO is structured slightly differently, it was acknowledged the strength of existing relationships varied, as did TIPCU's role in each THO.

- Mr Mike Pervan - Acting Secretary of the DHHS

This interview occurred following the announcement that the three THOs were to be replaced by one THS. Hence discussion focussed on implications of the new THS may have on TIPCU.

It was acknowledged the TIPCU was well embedded in the Tasmanian health system and had strong credibility with healthcare organisations. It was suggested that TIPCU may be best suited to move in under the structure of the THS which would ensure its role as a statewide service.

3.1.2 OTHER EXECUTIVE

- Mr Graeme Houghton - Chair THO Governing Council

The challenges for TIPCU in working with the three THOs, and their different infrastructures was acknowledged. One option to strengthen relationship between TIPCU and the THOs is to access each THO's Safety and Quality Unit either directly or through the Director, Service Quality and Improvement. The Chair of the THO Governing Council may also be able to facilitate closer relationships with TIPCU.

Regarding engaging the THO in TIPCU services and activity, it was suggested that infection prevention performance indicators become embedded into service agreements between the THOs and the Minister. TIPCU could have input into the service agreements in the future.

- Mr Matthew Daly – Acting CEO THO South

This interview occurred following the announcement that the three THOs were to be replaced by one THS. Hence discussion focussed on implications of the new THS may have on TIPCU.

It was emphasised during this meeting that TIPCU needs to have strong clinical leadership to ensure that all health care facilities (HCFs) seek out TIPCU as experts in infection prevention and control, not only to clinicians, but to also provide high level advice to organisation executives.

It was recommended that TIPCU has a role in providing advice to hospitals regarding best practice in infection prevention, however it was suggested that a degree of flexibility needs to be available regarding how these interventions are implemented at a hospital level to allow for differences between facilities.

In the proposed THS, a new Clinical Council is to be created, and it was suggested that TIPCU could have a presence on this committee or very strong relationship with members of the council.

3.1.3 CHIEF NURSING AND MIDWIFERY OFFICER AND THO EXECUTIVE DIRECTORS OF NURSING

Semi structured interviews were conducted with:

- Clinical Professor Fiona Stoker, Chief Nursing and Midwifery Officer
- Ms Jo Reid, Acting EDON THO North West
- Ms Lee Wallace, Acting EDON THO North
- Clinical Associate Professor Coral Paton, EDON THO South

Two EDONs had recently been appointed into acting positions and were not familiar with some aspects of TIPCU services and one had to exit the interview early to attend another meeting.

Commonality across all interviews was the acknowledgment that TIPCU enables standardisation and uniform infection prevention practices statewide. There was also general consensus that TIPCU needs a stronger presence at a THO level. Suggestions included embedding infection prevention activities into Service Agreements between DHHS and THOs and conducting regular meetings and visits to THOs, hospitals and education facilities.

There was strong general support for the ongoing role of TIPCU and an appreciation of the increased infection prevention profile and support that TIPCU services bring to many facilities. Suggested areas for future work included higher level of activity with regards to antimicrobial stewardship.

Discussion around governance did not reveal any obvious need to change or clear preferences for restructure, the issue of including infection prevention activities into Service Agreements between DHHS and THOs was frequently raised.

The CNMO commented that recent changes to the membership of the TIPCU HAI Committee resulted in the position of CNMO being unable to advise and receive feedback on the strategic direction of TIPCU which was considered important given that TIPCU is comprised of mostly nursing staff and nursing is dominant in the infection prevention and control workforce.

3.2 CLINICIANS - INFECTION PREVENTION STAFF

3.2.1 SURVEY RESULTS

The 53 item survey was opened from 5 May 2014 and closed on 27 May 2014. Invited participants received the initial invitation email plus two reminder emails over the following weeks to complete the survey.

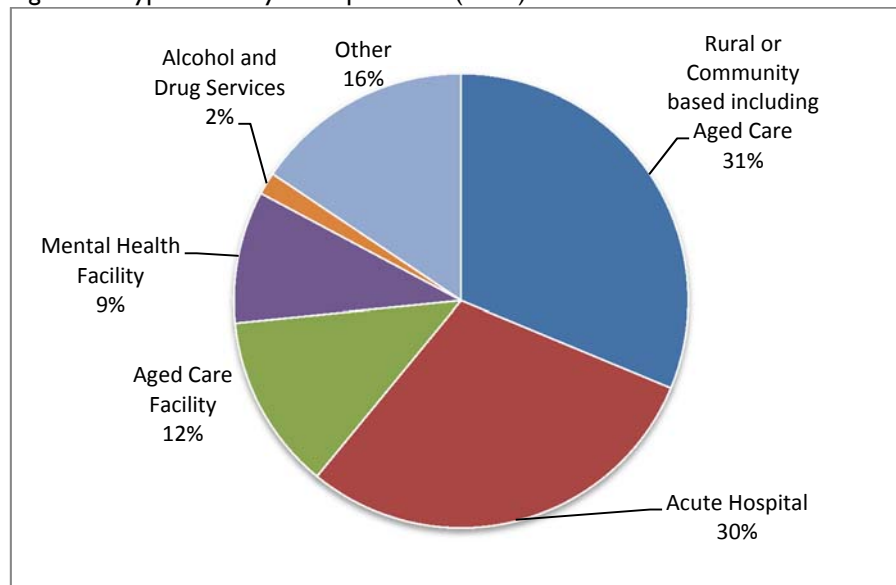
A total of 64 respondents started the survey, however eight did not proceed beyond the demographics section.

Demographics of respondents

Of the 64 responses, 30% reported being from THO South, 28% from THO North, 20% from THO North West, and 16% Private sector. Infection prevention was the primary role for 64% of

respondents. Half of all respondents reported to Nursing Executive, 20% to Safety and Quality executive, and 30% elsewhere. The types of facilities represented by respondents are demonstrated in figure 1.

Figure 1– Type of facility of respondents (n=64)



Infection Control Assessment (ICA) program for rural and non-acute facilities.

A total of 29 respondents indicated they had participated in ICA program with 67% indicating they would prefer future ICA programs to be conducted via onsite visit in preference to video conference. Although many respondents indicated positive outcomes of the ICA program such as improved understanding and greater awareness of infection control issues, 29% reported that the data from ICA program was not reported at an infection control committee, however the majority then went on to report that the results were presented at other committees.

Surveillance modules for rural and non-acute healthcare facilities.

Over the past two years, 32 respondents indicated that they have participated in at least one of the surveillance modules, with the gastroenteritis module being the most common

When asked about other areas of surveillance they would be interested in, responses included multi-resistant organisms and antimicrobial stewardship.

With regards to reporting data, 39% responded that data was not reported to an infection control committee. Further, the same respondents then went on to report the data was not reported to any other committee.

Surveillance in acute care facilities

All seventeen respondents indicated they had participated in surveillance of MRSA acquisition over the past two years, whilst only 15 and 14 indicated participation in the two mandatory (notifiable) infection surveillance of *Staphylococcus aureus* bacteraemia and vancomycin resistant *Enterococcus* respectively. The majority, 86% indicated they were satisfied with the level of training received to undertake surveillance.

Of the 14 who responded to questions about data feedback, 2 indicated they did not provide the data to an infection control committee, and about 50% indicated they also reported the data to other committees.

Every quarter TIPCU releases aggregated surveillance data and posts it on its website. Four of the 14 respondents indicated that they did not find the TIPCU report useful, and 7 indicated they did not use the TIPCU report to compare their own hospitals performance as recommended by TIPCU.

When asked if they believed TIPCU surveillance activities drove improvement at their facility, 5 out of 14 respondents said no.

Other areas that were suggested for future surveillance activities included surgical sites, urinary tract infection, multi-resistant organisms, and ventilator associated pneumonias.

Evaluating Environmental Cleanliness Program (EECP)

Of the 44 respondents, 25 indicated they had participated in the EECP, half of them from acute care facilities. Of the 19 who did not participate, 9 from a mixture of facility types, indicated that they were not aware of the program.

When asked if the online reports had been accessed, 9 respondents indicated they had not accessed them.

The majority of respondents indicated that they believed the EECP had benefitted their overall infection prevention program through increased awareness, better understanding of cleaning requirements, improved diligence of cleaning staff and an appreciation of the role of cleaning staff.

Education and Professional Development Forums

Over the past two years, 24 of 40 respondents had attended at least one of the TIPCU forums, the most commonly attended being the Acute ICP Professional Development forum, followed by the Infection Control Aged Care Education forum. All those who attended a forum of any type indicated that they found the forums useful and are satisfied with their current frequency.

When asked about other topics or issues to be presented in future forums responses included; hand hygiene, multi resistant organism management and general infection control issues.

Hand Hygiene

TIPCU works in collaboration with Hand Hygiene Australia in maintaining the progress of the National Hand Hygiene Initiative (NHHI). The NHHI has been embraced by ICPs in Tasmania, and TIPCU support ICPs in meeting the requirements of participation in the NHHI. Over 75% of forty respondents reported undertaking hand hygiene audits, and 77% routinely report hand hygiene compliance data to an infection control committee.

TIPCU Website

Of the 40 respondents to this section, 9 indicated they had never visited the TIPCU website. The most common frequency was monthly visits to the website. The majority agreed that the resources on the website were very useful or useful. One respondent noted that the Infection Control plan was not useful, another indicated that HAI Surveillance reports were not useful. Some comments included that they were not aware of all the resources available. A review of the traffic to the TIPCU website indicates that the website was visited over 10,000 times for the six month period between January to June 2014.

Over 25% indicated they found the website difficult to navigate, and commented that resources were difficult to locate and so it was time consuming. When asked what other resources they would like to see on the website, responses included; more infection prevention guidelines, posters, and a risk assessment tool.

TIPCU Service

Participants were asked to rate various aspects of TIPCU service on a scale from Excellent to Very Poor. The table below demonstrated that on all aspects presented, the clear majority of respondents rated the services very highly.

Table 1 – Survey responses rating TIPCU Services (total responses 39)

Answer Options	Excellent	Good	Average	Poor	Very Poor
Communication	46.2%	35.9%	12.8%	2.6%	2.6%
Accessibility	28.2%	53.8%	12.8%	2.6%	2.6%
Responsiveness	43.2%	35.1%	16.2%	2.7%	2.7%
Infection prevention and control knowledge	60.5%	28.9%	7.9%	0.0%	2.6%
Professionalism	52.6%	34.2%	10.5%	0.0%	2.6%

TIPCU services were categorised into seven groups; hand hygiene support, special programs such as ICAP and EECp, Advice and Consultancy, HAI surveillance, Education, Advice and Consultancy, Information brochures and Policy and Procedures. Respondents were asked to rank in order which of these were most important to them. The four highest ranking were Education, Advice and Consultancy, Statewide policies and procedures and HAI Surveillance.

An overall satisfaction with TIPCU services was also sought which indicated that almost 90% of respondents believe the service is excellent or good.

The last two questions of the survey provided an opportunity for respondents to share thoughts about areas for improvement and any other general comments. Areas for improvement were noted to be: facilitate statewide standardisation, increased presence, more visibility, more visits to rural areas. The same issues were also raised in the final question seeking general comment for future TIPCU work.

3.2.2 ICP TIPCU REVIEW FORUMS

Three TIPCU Review forums were conducted over three days in each THO. Despite broad and early notification small numbers attended the forums. See Table 2.

Table 2 – Summary of attendance at ICP TIPCU Review forums

	Date	Location	Attendees
THO North West	Monday 23 June 2014	Devonport	1 – acute
			1 – private
			1 – primary
THO North	Tuesday 24 June 2014	Launceston	3 – acute
			3 – primary
			3 – house services
THO South	Wednesday 25 June 2014	Hobart	1 – acute sector
			2 – private sector
			1 – aged care

The forums were conducted over two hours and involved a review of survey results followed by discussion. The purpose of the forums was to present the results from the survey and to further explore any issues identified in the survey.

Infection Control Assessment Program

Comments from all forums were supportive of the ICA program with regards to increased awareness, however it was noted that clinicians didn't always feel supported when it came to implementing changes to practice as a results of the ICA program. One THO commented it was unclear as to where to seek assistance from to implement the changes, TIPCU or the THO.

Surveillance

Concerns were raised in each of the forums regarding HAI surveillance data. These included:

- Lack of feedback from committee and executive once data has been provided
- Uncertainty as to exactly who receives the data once it has been submitted upwards
- Lack of awareness of surveillance modules for rural and non-acute facilities
- Uncertainty as to how to analyse and report the data
- A feeling of frustration from one THO that the HAI data collected is not reviewed by Executive in favour of data from the Health Roundtable

Evaluating Environmental Cleaning Program

Two of the THOs fully supported the EECP and were appreciative that TIPCU had provided a 'complete package'. The EECP had enabled identification in gaps and significantly improved cleaning practices. The other THO has elected not to engage in the EECP in preference for investing resources in their own program.

Education and Professional Development

All attendees were supportive of the Education and Professional Development opportunities provided by TIPCU, but noted that it was not always possible to attend due to work commitment,

particularly for part time staff. The ability to attend via video conference and have the sessions recorded for later viewing was strongly supported.

Other options discussed were the development and use of online education tools that ICPs could complete in their own time. A variety of delivery methods was also considered preferable, such as face to face meetings, video conference, recorded podcasts and online tools.

Hand Hygiene

There was general agreement that the intensity of auditing required meant that ICP resources were unable to be directed to other areas. The requirements for auditing are provided by Hand Hygiene Australia.

Website and General Services

General comments regarding the difficulty in navigating around the TIPCU website were received. Several attendees also highlighted other issues regarding communications with TIPCU:

- There appeared to be a recent reduction of communications from TIPCU
- Difficulties in contacting TIPCU due to inconsistent presence of administrative support
- Uncertainty if phone messages or email messages are being picked up
- Some uncertainty when TIPCU should be contacted in preference to local THO representatives

Continuing on from the findings of the online survey, strong overall support for TIPCU was expressed, in particular the ability of TIPCU to enable standardised infection prevention practices.

3.3 INFECTIOUS DISEASES PHYSICIANS AND MICROBIOLOGY

The Infectious Diseases Physicians (IDPs) and Microbiologists commented on the value that TIPCU has brought to infection prevention in Tasmania. Strengths of TIPCU included providing a statewide framework and context to infection prevention policy that has also enabled consistency across the state. Healthcare facilities rely on TIPCU to provide a 'minimum standard' on IPC issues, and those with fewer resources rely heavily on TIPCU for education and advice. Across all sites, TIPCU provides support for all ICPs and are considered the independent experts who have access to the most up to date data and information from local, national and international sources. Ongoing collaboration with Professor Stephanie Dancer, a world renowned expert in HAI based in the UK, has resulted in world best practices in infection prevention being implemented throughout Tasmanian HCFS, particularly in relation to the role of the environment in HAI.

TIPCU also gives Tasmania a strong presence at a national level and this is demonstrated by its close association with the Commission and its involvement in Commission Committees.

The IDPs acknowledge that there has been uncertainty about the governance of TIPCU, lack of clear authority, and confusion regarding the responsibilities of TIPCU in contrast to the responsibilities of local infection and prevention staff. The option for hospitals to disregard advice and recommendations provided by TIPCU in its statewide service role was also identified.

A clear policy development framework could be developed which would increase opportunity and capacity for TIPCU to develop infection prevention policy. Issue regarding uniformity could also be addressed by building in specific infection control and prevention activities and participation requirements into Service Agreements.

This uncertainty has resulted in duplication of services and materials. An example of this is both TIPCU and a THO have developed fact sheets on MRSA for Consumers. Another area it was suggested that there was duplication was in the reporting of HAI data.

There has also been confusion noted in HCFs when general IP&C advice is being sought. Staff in facilities that do not have a strong IP&C team are uncertain who to contact and often contact with a nearby large hospital when it could have been directed to TIPCU.

General concerns were expressed about the vulnerability of rural and non-acute facilities with the removal of the three THOs, but also identified that the creation of a THS would provide TIPCU the opportunity to have a greater involvement with these facilities.

3.4 COMMUNICABLE DISEASES PREVENTION UNIT

The relationship between CDPU and TIPCU in the past has primarily been based around the Assistant Director of Nursing (ADON) TIPCU chairing the Immunisation Group and ad hoc advice and consultation. As CDPU works in a responsive manner to infection prevention and control issues, the relationship with TIPCU has been informal. CDPU and TIPCU have worked together in public health emergency preparedness such as pandemic planning. Occasionally CDPU has sought advice from TIPCU relating to infection control and prevention issues in aged care and other facilities, infection control breaches and contact tracing. The CDPU values the expertise provided by TIPCU on these issues.

CDPU was not aware of the annual TIPCU education forums which may be of relevance to CDPU staff and the clients.

CDPU believe a closer relationship with TIPCU would be of value to both groups with specific skills such as epidemiology and infection prevention being shared. TIPCU potentially could also have an advisory role in environmental health infection prevention issues faced by environmental health officers, and also policy development with regards to staff health and immunisation.

Risks of TIPCU being placed within the new THS were noted by CDPU to be the potential to be rejected by larger hospitals, and the possibility of losing contact with smaller facilities.

3.5 AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE

Dr Marilyn Cruickshank, Director National Healthcare Associated Infection Program, Australian Commission on Safety and Quality in Health Care.

The Commission acknowledges a strong and collaborative relationship with TIPCU which has assisted the Commission in achieving its goals in the HAI program. The Commission works closely with all jurisdictions, and TIPCU is noted for its strong leadership and progressiveness in infection prevention, which has been evident in its surveillance activities, particularly with SAB and CDI, as well as its commitment to antimicrobial stewardship.

The Commission regards TIPCU as a well organised and cohesive team with strong relationships with clinicians. The dual role of providing a clinical service and driving policy development is seen as a unique and distinct advantage that TIPCU has over some other differently structured jurisdictions.

The Commission expressed a clear preference that in the future TIPCU should continue to be the main driver for the development of infection prevention policy in Tasmania expanding on its current core roles in education, surveillance and governance is also strongly supported by the Commission to assist in achieving its HAI goals in the future.

3.6 TIPCU STAFF

The discussion with the TIPCU team occurred two days following the Ministerial announcement to replace the three THOs with one Tasmanian Health Service (THS). So rather than the planned discussion about TIPCU relationships with the THOs, the discussion focussed on how TIPCU could be most appropriately placed in the future.

An arrangement exists between the Royal Hobart Hospital (RHH) and DHHS for RHH to provide TIPCU with 0.2 FTE IDP. There is no formal documentation of this arrangement, nor are the qualifications, experience, or the role of the TIPCU IDP clearly articulated.

With regards to governance, one option discussed was that TIPCU be placed within the new THS. This would enable it to become a truly statewide service, allow access to Executive and importantly place them closer to healthcare facilities where the benefit is greatest. It is assumed that this would also lead to more efficient policy development and implementation. Placement within a THO could also address doubt and confusion currently experienced by ICPs in HCFs when faced with seeking ICP advice.

The TIPCU team believed it is vital that TIPCU remain to be seen as an independent (of hospital) body and maintain its reputation as an expert body.

To address concerns about governance, authority and HCFs following TIPCU guides and recommendations, performance indicators built into health service agreements could specifically include participation in TIPCU programs such as surveillance, Infection Control Assessment program and Evaluating Environmental Cleanliness program.

TIPCU staff acknowledge the benefits of a closer association with the CDPU and a sharing of skills across the two units, and note that TIPCU and CDPU have worked collaboratively in the past.

The role of the current HAI Advisory Committee could be reviewed to provide expert advice to TIPCU and review data. Consideration could be given to inviting specific experts on to the committee for their skill and expertise (rather than representing a specific group), and also a consumer.

There would be major disadvantages to moving into the THS such as the loss of independent advice and policy direction to the Agency regarding HAI and the risk that the members of TIPCU would be subsumed into operational functions. This could also exacerbate current confusion regarding the role of TIPCU compared to organisational IP&C bodies.

3.7 STATEWIDE JURISDICTIONAL BODIES

3.7.1 GOVERNANCE

Two of the state groups are placed within a communicable diseases section of the Department of Health and report up through these, and have formal relationships with an executive HAI committee.

Another state group sits outside of the Department of Health within a health service who acts as its legal entity and administrative arm. The group reports both to executive of the health service and the department of health safety and quality section. An executive committee of three includes the director of the HAI group, and executive staff from the health service and department of health. An HAI advisory group exists which advise on activity and reviews data. No formal relationship with communicable diseases exists, and the role and services provided by this group is not as broad as the other groups.

The fourth group also sits outside of the Department of Health within a safety and quality commission clinical governance program reporting upwards to the chief executive of the commission. A formal steering committee advises the group on activity and policy. The steering committee receives advice from three ongoing working groups. A close relationship with communicable diseases exists.

3.7.2 ROLE AND SERVICES

Formally, three of the four groups provide a broad range of infection prevention services, including development of infection prevention statewide policy, whilst the other has no involvement in

infection prevention statewide policy and focuses mainly on surveillance of healthcare associated infections. In reality, a large degree of flexibility exists in the actual services provided across all groups.

Services include surveillance coordination, ad hoc and structured education programs, and general infection prevention and control advice. The group which focuses mostly on HAI surveillance also undertakes research and seeks external funding for projects outside its specific deliverables.

Whilst all are funded to service state funded public healthcare facilities, as the expert infection prevention body, all are frequently contacted and respond to issues arising in the private and long term care sectors.

3.7.3 EDUCATION AND TRAINING

All jurisdictions report conducting surveillance educational activities, and ad hoc responsive education sessions when required.

One jurisdiction conducts quarterly half day forums which are used to report data and conduct education when required, whilst another conducts two forums per year for general information and education as required.

Another jurisdiction reported a structured program for general infection prevention education. This consisted of a two day basic infection prevention course for link nurses. This was also combined with an annual IPC update and routine surveillance education.

3.7.4 RESEARCH AND DEVELOPMENT

One group is actively engaged in pursuing external funding for research and development projects that are not considered core business by their funding body, although the outcomes of the research is often beneficial at a statewide, and national level.

Further, they have also been directly engaged by other health bodies to undertake specific contract work, and occasionally employ temporary staff to complete this work.

3.7.5 STAFFING AND SKILL MIX

The number of staff and skill mix within each of the groups varies greatly and is reflected in the intensity of the service provided.

The majority of staff from three of the four groups are registered nurses, however the group focussed on HAI surveillance has an equal number of Information Technology (IT) Staff FTE, and dedicated infectious diseases and epidemiology FTE. The IT FTE effected efficiencies in data collection, analysis and reporting, as well as attracting external funding for other projects. Two other groups have dedicated data/information technology staff. All also have dedicated administrative support.

3.7.6 SURVEILLANCE DATA

All groups collect HAI data, though the type of HAI data varies. The group focussed on HAI surveillance provides the most extensive service relating to HAI data. Participation in this group surveillance activities is mandatory and embedded in service agreements between the hospitals and the Department of Health. This group reviews all data and notifies the department of health of facilities considered outliers which results in the department contacting the hospital for closer review and monitoring. Hospitals participating are able to access and review their own data via online applications and also compare against statewide data. This group provides frequent HAI surveillance training and credentialing of staff, as well as IT support. Aggregated data has been published in annual

reports. The breadth and intensity of surveillance and the engagement of the HCFs is enhanced by the use of information technology to collect, submit, analyse and report data.

Two other states have mandatory participation of HAI surveillance for specific activities.

One group does not routinely review HAI data, whilst the remaining two routinely review data and also provide reports back to the participating facilities. Participating facilities in one of these states are also able to access their own data online and compare with statewide data.

3.7.7 POLICY DEVELOPMENT

Three of the four groups are responsible for the development of statewide infection prevention policy. The process of policy development varies across all three. One state releases draft policy for a one off public consultation. Following amendment the draft is then submitted to the health department for approval. It does not require approval from any infection prevention committee.

Following consultation, the other two groups require approval of a draft policy from advisory committee/group prior to submitting to the department for final approval. One of these groups is also required to gain approval from safety and quality executive prior to finalisation.

3.8 OTHER KEY STAKEHOLDERS

Five responses were received in the General Stakeholder online survey. The respondents were from child health, community health, patient safety and quality and education sectors.

All reported infrequent contact with TIPCU, and were positive with respect to their experience with TIPCU, and acknowledged the support provided by TIPCU when requested. Some of the responses indicated uncertainty regarding the services provided by TIPCU, and suggested that more information about TIPCU would be beneficial.

APPENDIX 9 - ICP SURVEY QUESTIONS

- Is Infection Prevention your primary employment role?
- In which sector are you employed?
- In your Infection Prevention role, who do you report to?
- Is your healthcare facility:
- Does your healthcare facility participate in Infection Control Assessment Program for Rural Hospitals and Non-Acute Health Settings?
- If no, what is the reason?
- Would you prefer future Infection Control Assessment Program assessments to occur:
- Do the results of the Infection Control Assessment Program get tabled at an Infection Control Committee?
- Do the results of the Infection Control Assessment Program get tabled at any other Committee?
- Has the assessment program benefitted your infection prevention program?
- If no, please explain the reason
- Thinking about your activity over the past 2 years, please indicate which surveillance modules your healthcare facility has participated in:
- If you have participated, did you receive adequate training and instructions to implement these modules?
- Surveillance involves providing feedback to stakeholders. Do you routinely report infection rates to an Infection Control Committee?
- Do you routinely report infection rates to any other Committee?
- Is the TIPCU Surveillance Report useful?
- Do you benchmark your any of your healthcare associated infection data against those reported in the TIPCU Report?
- Do you believe the data generated from TIPCU HAI Surveillance activities drives improvement initiatives at your healthcare facility?
- If you have not participated in any surveillance modules over the past 2 years, is this because:-
- Are there other areas of surveillance you would be interested in TIPCU offering?
- Thinking about your activity over the past 2 years, please indicate which surveillance modules your healthcare facility has participated in:
- Did you receive adequate training and instructions to implement these surveillance modules?
- If you have not participated in any surveillance modules over the past 2 years, please explain the reason
- Are there other areas of surveillance you would be interested in TIPCU offering?
- Surveillance involves providing feedback to stakeholders. Do you routinely report surveillance results to an Infection Control Committee?
- Do you routinely report surveillance results to any other Committee?
- Does your healthcare facility undergo the Evaluating Environmental Cleanliness Program?
- If no, why?
- The Reports from the Environmental Cleanliness Program are available online. Did you access these Reports?
- If Yes, approximately how many times have you accessed the Evaluating Environmental Cleanliness Program Reports?
- Overall, did you find the Evaluating Environmental Cleanliness Program Reports useful?
- Do these Reports get tabled at an Infection Control Committee?
- Do these Reports get tabled at any other Committee?
- Has the Evaluating Environmental Cleanliness Program benefitted your infection prevention program?

- Over the past 2 years TIPCU have conducted the following Educational and Professional Development Forums: - Acute ICP Professional Development forum - Rural Hospital videoconference forum - Infection Control Aged Care forum - Infection Control Mental Health Education forum - Infection Control General Education forum. Have you attended any of these?
- Please indicate which forums you have attended and how often?
- Did you find the forums useful?
- Thinking about the frequency of the forums, would you like to see them scheduled:
- Please list any other topics or issues you would like TIPCU to cover in these forums?
- Over the past 2 years, have you undertaken hand hygiene compliance auditing?
- Did you receive adequate training to undertake hand hygiene auditing?
- Do you routinely report hand hygiene compliance rates to an Infection Control Committee?
- Do you routinely report hand hygiene compliance rates to any other committee?
- Thinking about the past 2 years, approximately how many times have you accessed the TIPCU website (on average)?
- Below is a list of resources available on the TIPCU website. Thinking about the past 2 years, please indicate how useful you have found these resources?
- Did you find the TIPCU website easy to navigate?
- Do you have any suggestions of resources that you would like to see on the TIPCU website?
- Thinking about the past 2 years, please rate TIPCU on the following:
- Of the TIPCU services listed below, please rank in order of importance to you? You can drag and drop or select the number in the box (1 = most important).
- What is your overall satisfaction with the services provided by TIPCU
- Are there any areas where you feel TIPCU could improve?
- Is there anything else you would like TIPCU to do for you?
- As part of the TIPCU Review consultation process, a 2 hour forum in each THO is being planned to discuss the outcomes of this survey. The dates for these Forums are: - THO-NW Monday 23rd June - THO-N Tuesday 24th June - THO-S Wednesday 25th June Would you be prepared to attend your THO Forum on these dates (venue and time TBA)?

APPENDIX 10 - GENERAL STAKEHOLDER SURVEY QUESTIONS

- Please broadly describe your main healthcare role?
- What is the name of your organisation, service or group (optional)?
- Thinking about the past two years, have you used any TIPCU services?
- Which of the TIPCU Services did you use (tick all that apply)?
- Did you find the TIPCU Service useful?
- Why wasn't the TIPCU service useful?
- Thinking about your experience with TIPCU in the past 2 years, please rate the following:
- What is your overall satisfaction with the services provided by TIPCU
- Thinking about the past 2 years, have you visited the TIPCU website?
- Are there any areas where you feel TIPCU could improve?
- What do you believe should be the core role of TIPCU?
- What do you believe should be the priorities for TIPCU in the next five years?
- With regards to governance, where do you believe TIPCU is best placed, and why?
- Are there other roles that you believe TIPCU could fulfil?
- Can you give an example of other roles you believe TIPCU should have?
- Are there any other general comments you would like to provide the TIPCU Review team?