


What will NSQHS Standard 3 look like in 2017?

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 - Opinions provided based on information presented in this paper are those of the presenter and not necessarily those of the Commission.
 - There is no known conflict of interest for the presenter of this paper

2013 – 2017 – what is happening now

- Existing NSQHS Standards remain the tool for assessment of the minimum requirements for quality and safety in health care

Organisations will

- Continue to look for the evidence to demonstrate improvement and review results over time
- Allow sophistication and maturity to your quality and safety programs and activities
- Identify and respond gaps and risks
- Engage management, clinicians, the general workforce and consumers in your infection prevention and control activities

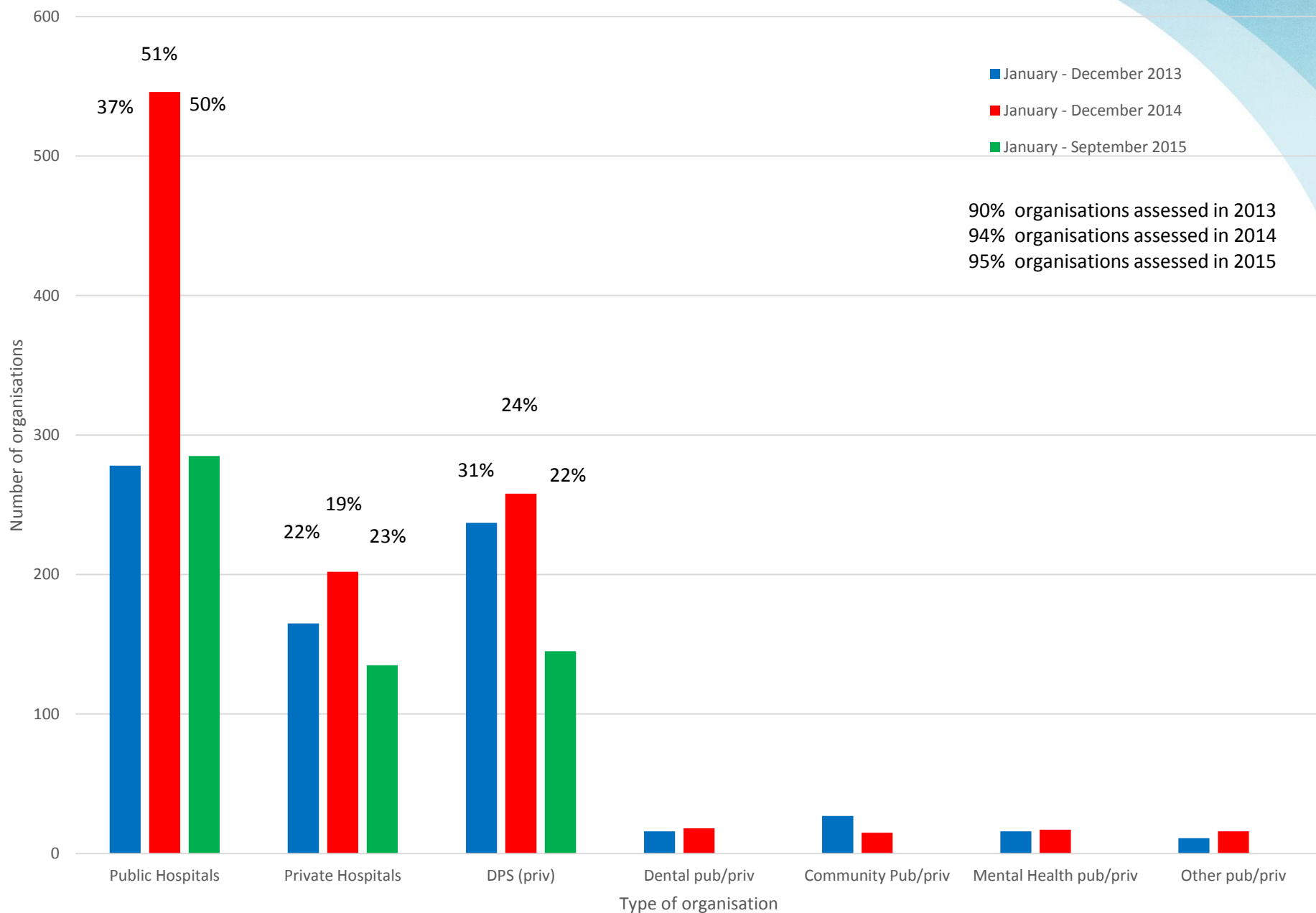
Why review the NSQHS Standards?

- Identified where duplication and from feedback received there was the potential for confusion in interpretation
- Looked at realigning version 2 to meet new goals without losing intent of criteria and actions
- Established a clinician driven Standard 3 review working group to review content in version 2

- David Looke
- Morgyn Warner
- Paul Curtis
- Tara Anderson
- Toni Mclean
- Kath O'Brien
- Belinda Henderson
- Rebecca McCann
- Andrew Stewardson
- Fiona Wilson
- Lisa Hall
- Lucy Cuddihy
- Sarah Michael
- Nikki Robinson

So how are organisations performing?

Types of organisations assessed against Standard 3 - January 2013 - September 2015

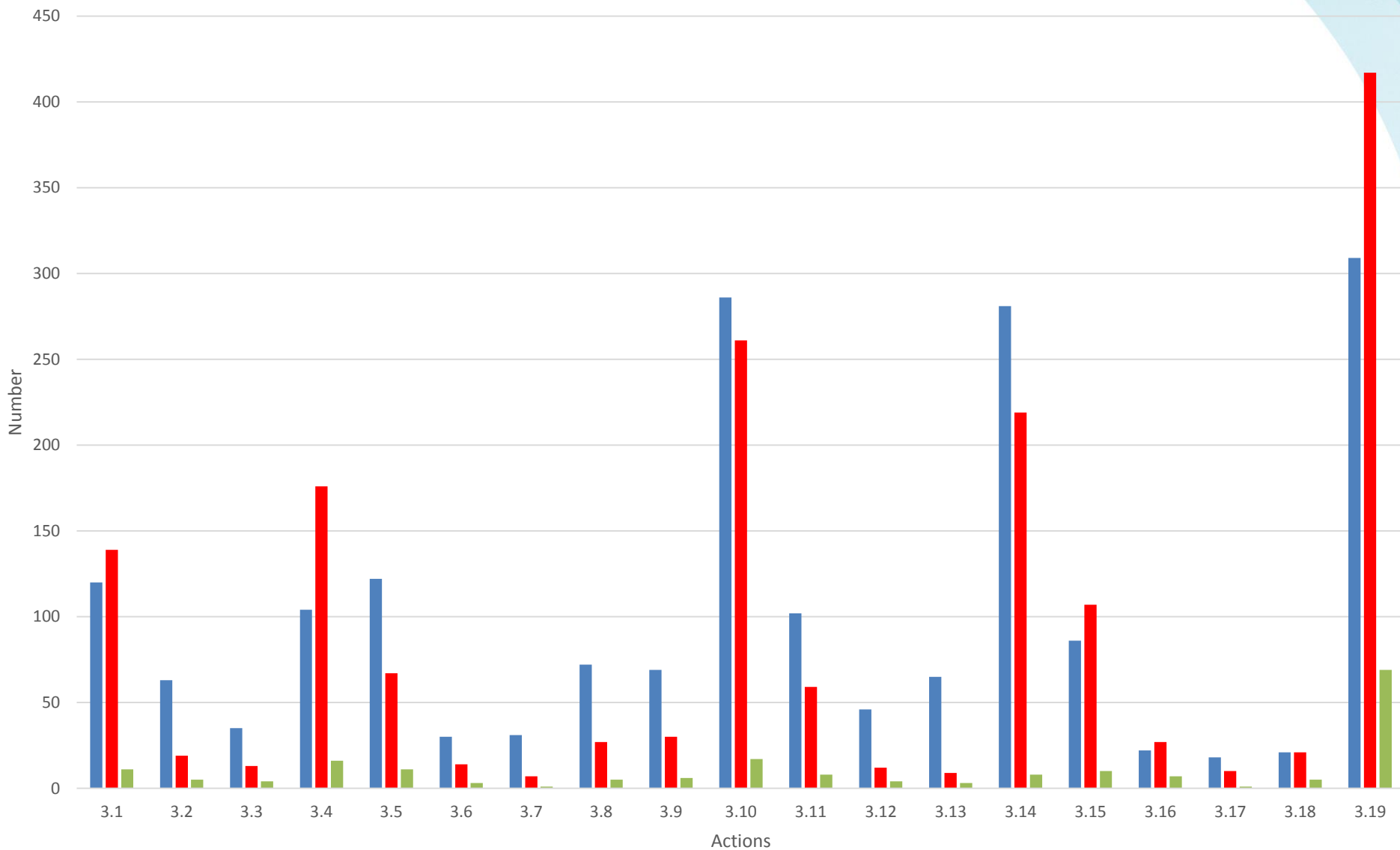


Standard 3 actions allocated 'Not Met' from January 2013 - September 2015

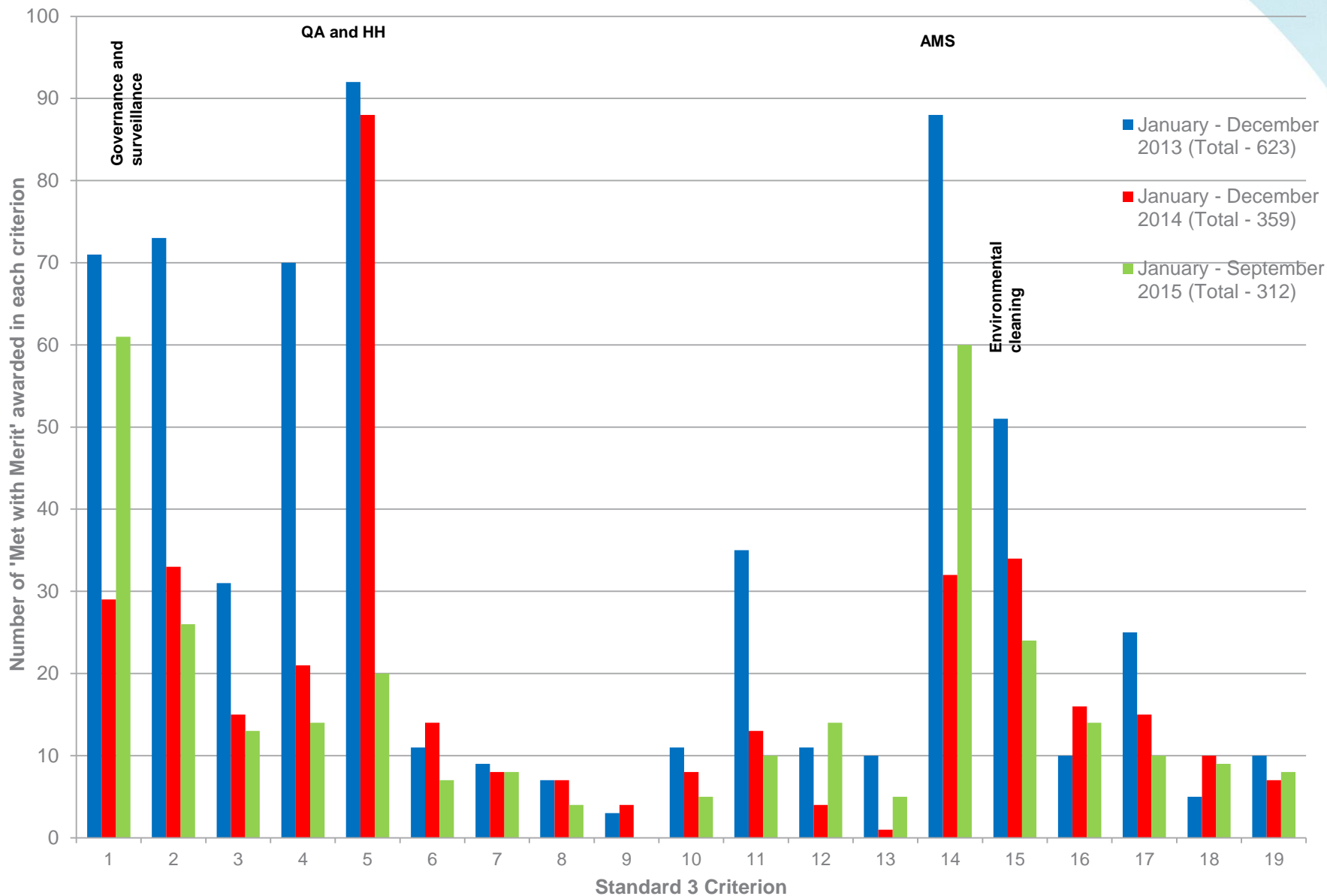
■ January - December 2013 (Total 1882)

■ January - December 2014 (Total 1634)

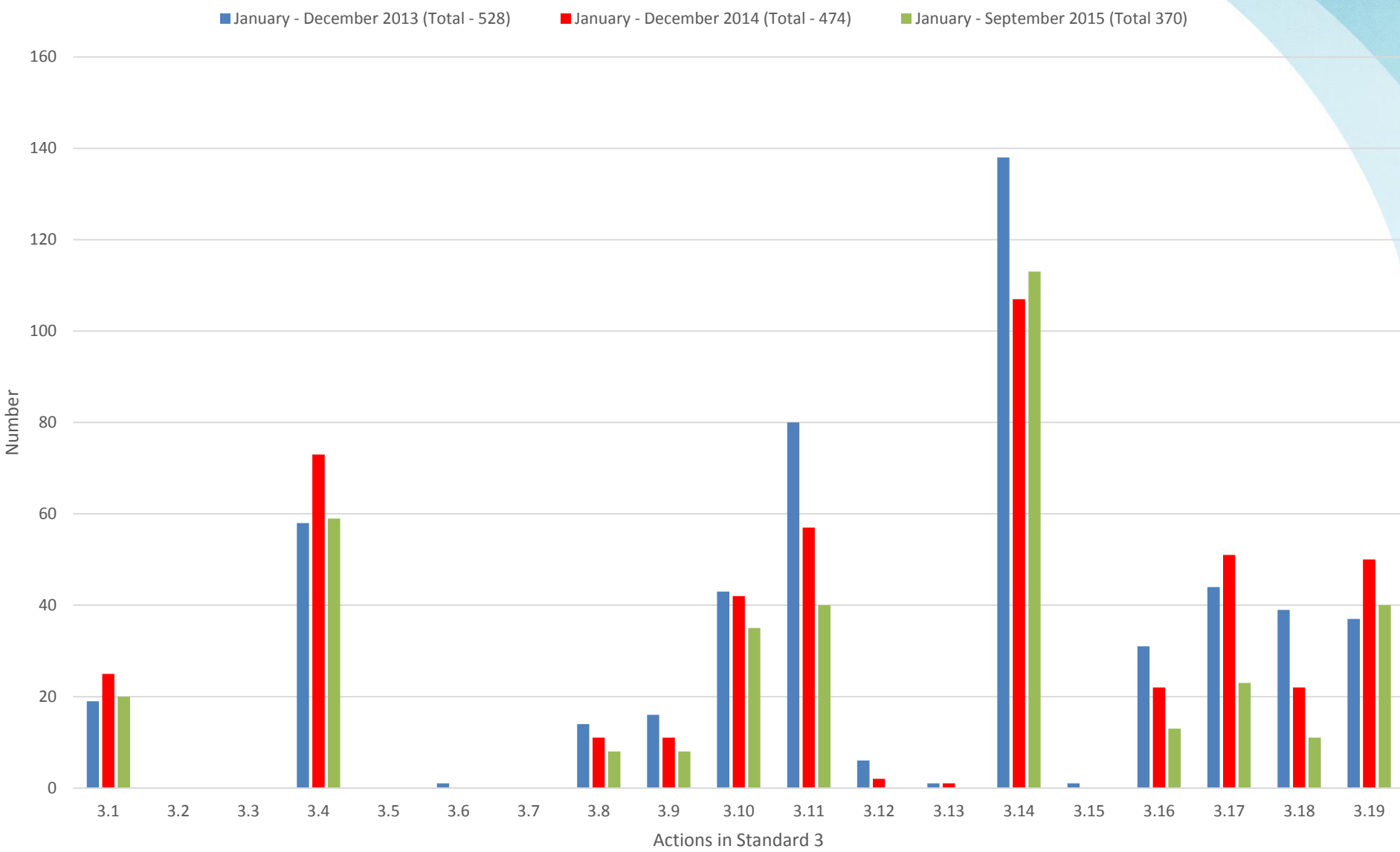
■ January - September 2015 (Total 194)



Number of 'Met with Merit' in Standard 3 January 2013 - September 2015



Standard 3 actions allocated N/A at survey January 2013 - September 2015



Changes across all the NSQHS Standards

- Greater emphasis on governance and partnering with consumers
- New actions added where gaps were identified in the current version of the NSQHS Standards
- Addition of actions relevant to Aboriginal and Torres Strait Islander consumers, people with mental illness and cognitive impairment
- Remove duplication where appropriate both within and across the Standards
- Reduce confusion of intent with actions
- Maintain flexible standardisation to implementation of the Standards
- Clearer language

The intent of the infection prevention Standard is to

- Reduce the risk of consumers acquiring preventable healthcare associated infections,
- Effectively manage infections if they occur, and
- To limit the development of AMR through prudent use of antimicrobials as part of AMS

Key changes to the content of the infection prevention Standard

- Greater emphasis on risk management
- Alignment of actions into logical sequence
- More specific actions to address gaps
- Integration of infection prevention and control activities in the quality and safety framework to demonstrate evidence
- Emphasis in AMS on responding to AMR and the inclusion of the Clinical Care Standard for AMS
- Reprocessing of reusable medical devices is a standalone criterion within the revised NSQHS Standard

An example of aligning actions

- Combining 11 separate actions (3.1.2, 3.1.3, 3.1.4, 3.3.2, 3.4.1, 3.4.2, 3.4.3, 3.10.3, 3.11.3, 3.11.5 and 3.14.4) in the current version of Standard 3 into one action to have a comprehensive quality improvement program for preventing and controlling health care associated infections

Version 2 QI Action

- The health service organisation and workforce use the organisation-wide quality improvement systems to:
 - a. monitor the systems for healthcare-associated infection prevention, control and performance
 - b. take action to improve the systems and their performance of healthcare-associated infection prevention
 - c. report on effectiveness and outcomes

Consultation on changes

- Changing of the naming of NSQHS Standards – using an alpha/numeric system
- Restructuring existing Standards
- Addition of new content and Standards
- Collapsing multiple actions into one action
- Less prescription of requirements
- Ongoing evaluation of surveying organisations and their accreditation

Overview of the criteria

Existing Standard 3 criteria

- Governance and systems for IPC and surveillance
- Strategies for IPC
- Managing patients with infections or colonisation
- AMS
- Cleaning, disinfection or sterilisation
- Communicating with patients and carers

Version 2 of the IP Standard criteria

- Governance and quality improvement for preventing and controlling HAI
- Infection prevention and control systems
- AMS
- Reprocessing reusable medical devices

An example of the changes

Current version Standard 3

- **3.5** Developing, implementing and auditing a hand hygiene program consistent with the current national hand hygiene initiative⁴³
- **3.5.1** Workforce compliance with current national hand hygiene guidelines is regularly audited
- **3.5.2** Compliance rates from hand hygiene audits are regularly reported to the highest level of governance in the organisation
- **3.5.3** Action is taken to address non-compliance, or the inability to comply, with the requirements of the current national hand hygiene guidelines

Version 2 of the IP Standard

- IP 6.1 The health service organisation has a hand hygiene program that:
 - a. is consistent with the current national hand hygiene initiative and jurisdictional requirements
 - b. addresses noncompliance or inconsistency with the current national hand hygiene initiative

Work yet to be completed in the review process

- Finalising the content for each NSQHS Standard
- Review of existing resources and identification of gaps or new resources needed
- Development of guides to support the NSQHS Standards
- Education program to introduce the new NSQHS Standards
- Implementation in 2017/18

Take home messages

- The current NSQHS Standards continue to be the tool used for assessing an organisations performance against the minimum safety and quality activities for infection prevention and control
- The results of the consultation process and pilot sites assessment are still being evaluated
- The 2015 consultation edition will be revised to respond to feedback
- Look at your evidence and how it aligns with the organisations quality and safety framework
- Governance are responsible for directing risk management activities