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RESEARCH

Documentation, composition and organisation of infection control programs and plans in Australian healthcare systems: A pilot study

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Abstract *Background:* Healthcare-associated infections (HAIs) are a significant but preventable threat to the quality and safety of health care. Infection prevention and control programs are central to the systematic prevention and control of HAIs and thus providing safe and quality services. Although essential components of quality healthcare, there is little published research that has examined what programs exist and how they are documented, particularly in Australia. The pilot study examined the documentation, composition and organisation of infection control programs in two Australian health jurisdictions.

Methods: Using a cross-sectional, observational, and mixed-methods design, the pilot study explored the extent to which infection control programs were systematically and formally documented, the components of the associated programs, and the governance arrangements under which they operate in health jurisdictions from two Australian states. The survey questions elucidate information on the documentation, composition and organisation of the infection control policy and procedural documentation in place to guide clinical practice. Survey participants responded via a 29-element electronic survey that included the submission of accompanying documentation. Descriptive statistical analyses were performed on the survey data and document and policy analytic methods were applied to the associated documentation.

Results: Infection control programs and plans are formally organised and documented in the

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participating jurisdiction, with strong alignment to prevailing jurisdictional requirements while also meeting relevant national standards. The programs and plans in settings with legislative obligations were most integrated in their formal organisation and documentation. The findings of this study and the methodology used therein provide information on a subset of national infection control programs, and provide a basis for exploration of the utility of infection control management plans across all Australian health jurisdictions.

Conclusion: More research is needed to examine programs and plans in other jurisdictions, and also to focus in-detail on the structure and associated processes of programs and plans in action, including evaluative outcomes of performance therein.

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Highlights

- Infection prevention and control programs are central to the systematic prevention and control of HAIs and thus providing safe and quality services.
 - Little is known about the composition and organisation of infection control programs in Australia
 - Infection control programs and plans in the participating organisations were formally organised and documented, with strong alignment to prevailing jurisdictional requirements and relevant national standards.
 - Programs and plans in settings with legislative obligations were most integrated in their formal organisation and documentation.
 - Future research should examine infection control programs and plans in other jurisdictions, together with a detailed exploration of programs and plans in action.
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Introduction

It is well established that healthcare-associated infections (HAIs) are a serious and significant threat to the quality and safety of health care [1,2]. An effective infection prevention and control program is central to the systematic prevention and control of HAIs and thus providing safe and quality services. In the contemporary setting, particularly in formal hospital settings, infection control programs and their components are articulated in an official and formal manner via an infection control management plan (ICMP). An ICMP is defined as an official and systematic clinical governance process that is designed to enable institutions to meet their infection prevention and control obligations, and to ensure the safety and quality of the services provided related to infection prevention and control [3]. ICMPs establish institutional and individual accountability for infection prevention and control. For example, there are mandatory elements for facility accreditation to the Australian Council on Healthcare Standards [4]. The Australian Commission on Safety and Quality in Health Care (ACSQHC) *National Safety and Quality Health Service (NSQHS) Standards* [5] include *Standard 3 – Preventing and Controlling Healthcare Associated Infections*, which describes the systems and strategies that are required to prevent infection of patients within the healthcare system, and to manage infections effectively when they occur, in

order to minimise the consequences [5]. ICMPs must be sympathetic to practice-specific contexts, and embrace, build and extend on each organisation's strategic plan, and define the scope of an infection prevention program within the boundaries of areas such as client demographics, epidemiology of infection, and restricted resources. Moreover, they should enable organisations to prioritize infection prevention activity in accordance with principles of risk management and develop appropriate professional and program performance measures; thereby demonstrating professional and public accountability of the infection prevention program in terms of cost effectiveness and/or cost-benefit.

Although a seemingly essential component of a quality management system for healthcare, ICMPs are only a recent enterprise in the Australian context. For example, in 2005, in Queensland, the *Public Health Act 2005 (Qld)* established a legal duty on healthcare facilities and persons involved with the provision of healthcare services to take reasonable precautions to minimise the risk of infection. In Queensland, healthcare facilities must have an ICMP that identifies the risks of healthcare-associated infection and details the measures to be taken to prevent or minimise the risks [6,7]. The Communicable Diseases and Infection Management Branch¹ of the Queensland Department of Health has made available standards and guidelines for healthcare facilities to develop and implement their ICMPs,

¹ The Communicable Diseases and Infection Management Branch has superseded the Centre for Healthcare-Related Infection Surveillance and Prevention (CHRISP). Although the division has been retitled the documents are referred to herein as they were expressed at the time of data collection.

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