

# **Accreditation Standard 3**

## **Preventing and Controlling Infections**

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# Partnering with Consumers

- Consumer engagement (patients)
  - Virtual Visiting
  - Patient information brochures accessible to all staff on intranet
  - Consumer representatives on IPC committee
  - Consumer review of brochures
- Consumer engagement (staff)
  - Staff Forums
  - Operational Management Teams
  - Infection prevention intranet page
  - Education
  - Access and availability (7 days)



# Surveillance

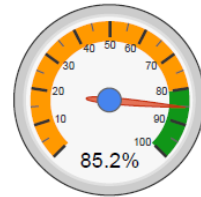
- Multidrug Resistant Organisms
- *Staphylococcus aureus* bacteraemia
- *Clostridium difficile*
- Central-line Associated Bloodstream Infections
- Hand hygiene
  - Local audits
  - Education

## Reported monthly:

- Local teams
- Infection Prevention Committee
- Executive

### Hand Hygiene Compliance Report

Metropolitan - Monash Health  
01/11/2021 - 31/03/2022

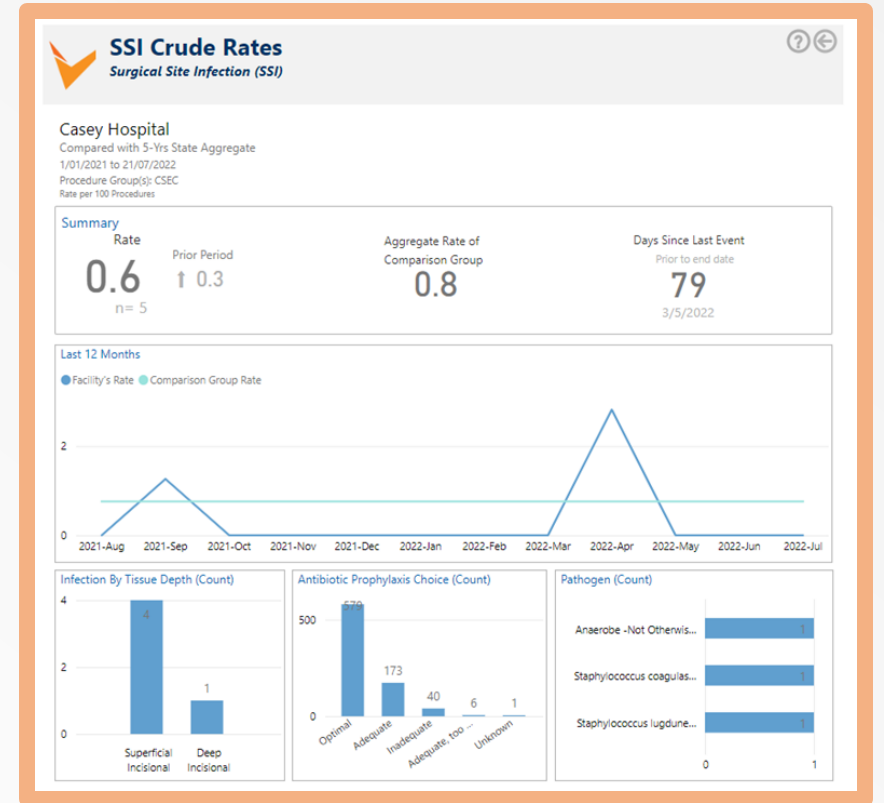


#### Total Compliance

Correct Moments	Total Moments	Compliance
17,340	20,345	85%

#### Compliance by Hand Hygiene Moment

Moment	Correct Moments	Total Moments	Compliance
1 - Before Touching A Patient	4,465	5,590	80%
2 - Before Procedure	2,424	2,693	90%
3 - After a Procedure or Body Fluid Exposure Risk	3,033	3,305	92%
4 - After Touching a Patient	4,848	5,538	88%
5 - After Touching A Patient's Surroundings	2,570	3,219	80%



## • Surgical Site Infections

- Cardiothoracic
- Orthopaedic
- Colorectal
- Caesarean section
- Benchmarking



# Aseptic Technique and Invasive Devices

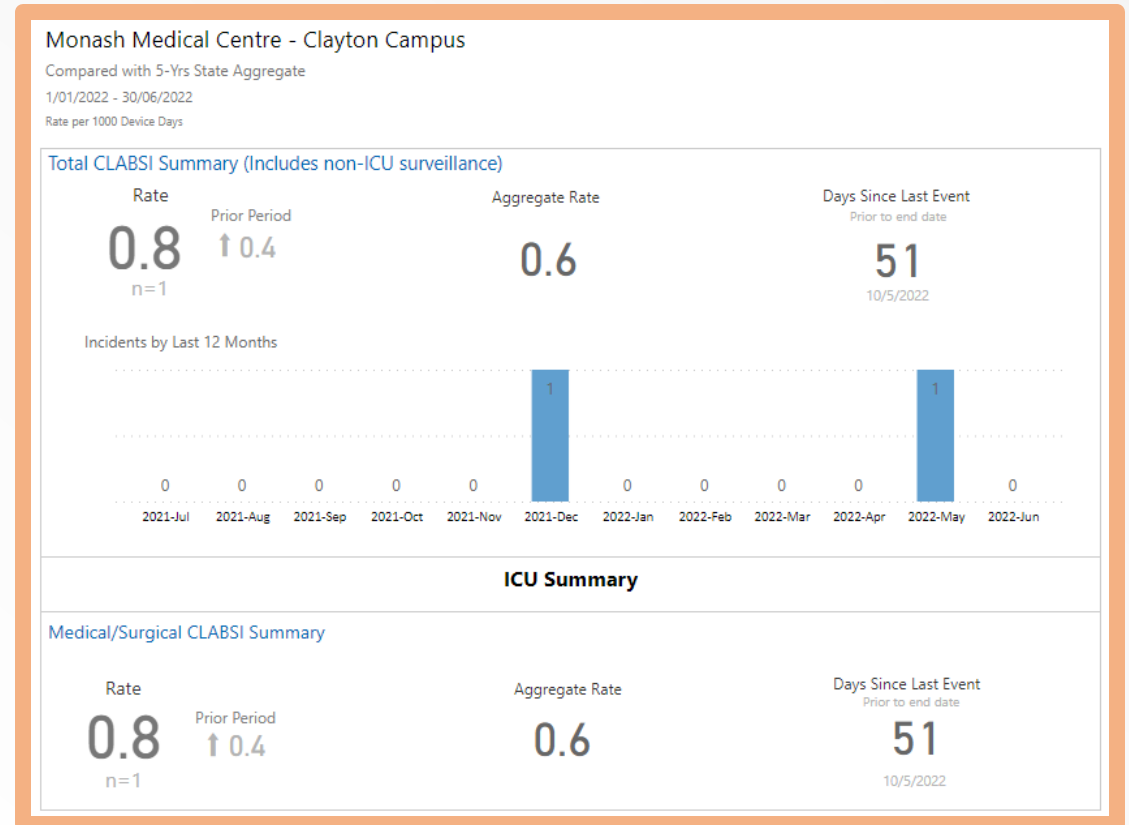
## Local Audits

Dashboard ID 58: General Aseptic Technique-all procedures

Form	Aseptic Technique										
Entity	Monash Health										
Programs	(all Programs)										
Date Range	Jan-2022 to Dec-2022										

	2022											
	1st Half										2nd Half	
	Q1					Q2					Q3	
	N	D	Result Bar		N	D	Result Bar		Variance	N	D	
Preventing and Controlling Healthcare Associated Infections Total	7,605	8,299	<div><div></div></div> 92%		10,112	11,148	<div><div></div></div> 91%		-1%	505	540	
03.Other procedure audits (n= total procedures audited)	184	703	<div><div></div></div> 26%		168	950	<div><div></div></div> 18%		-32%	17	46	
03.Performance Indicator 3- cleaning procedure trolley with Clinell wipes (prior to set up)	675	703	<div><div></div></div> 96%		897	950	<div><div></div></div> 94%		-2%	44	46	
03.Performance Indicator 4- checking the integrity and expiry date of dressing packs prior to use	664	703	<div><div></div></div> 94%		897	950	<div><div></div></div> 94%		-0%	44	46	
03.Performance Indicator 5- positioning waste bag appropriately i.e not compromise sterile field or asepsis	506	609	<div><div></div></div> 98%		749	771	<div><div></div></div> 97%		-1%	38	38	
03.Performance Indicator 13- moment 3 hand hygiene	689	703	<div><div></div></div> 98%		927	950	<div><div></div></div> 98%		-0%	46	46	
03.Performance Indicator 7- use of the non-touch technique to open equipment onto aseptic field	701	703	<div><div></div></div> 100%		943	950	<div><div></div></div> 99%		-0%	46	46	
03.Performance Indicator 9- applying sterile gloves	677	680	<div><div></div></div> 100%		887	898	<div><div></div></div> 99%		-1%	43	43	
03.Performance Indicator 11- maintaining asepsis during the course of the entire procedure	699	703	<div><div></div></div> 99%		932	950	<div><div></div></div> 98%		-1%	46	46	
03.Performance Indicator 12- appropriate disposal of waste/gloves/equipment	698	703	<div><div></div></div> 99%		947	950	<div><div></div></div> 100%		0%	46	46	
03.Performance Indicator 8- moment 2 hand hygiene	697	703	<div><div></div></div> 99%		939	950	<div><div></div></div> 99%		-0%	46	46	
03.Performance Indicator 14- cleaning the procedure trolley with clinell wipes (after procedure)	653	703	<div><div></div></div> 93%		908	950	<div><div></div></div> 96%		3%	44	46	
03.Performance Indicator 15- moment 5 hand hygiene	672	683	<div><div></div></div> 98%		918	929	<div><div></div></div> 99%		0%	45	45	

## Benchmarking



# Workforce Screening and Immunisation

Mandatory flu and COVID vax  
Vaccination for other HCW infections  
Protecting our staff and patients



## Flu Vaccination 2022

Aug 22/23

OPERATIONS

NURSING AND MIDWIFERY

CORPORATE

MEDICAL SERVICES

Total Employees

19,472

Eligible Employees

18,805

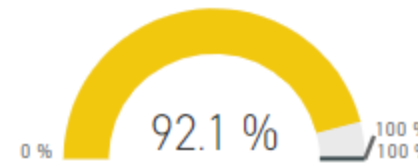
Total Vaccinated

17,314

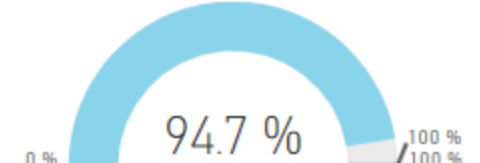
Form Completed

17,801

Vaccinated vs Target



Form Completed %





# Support Services

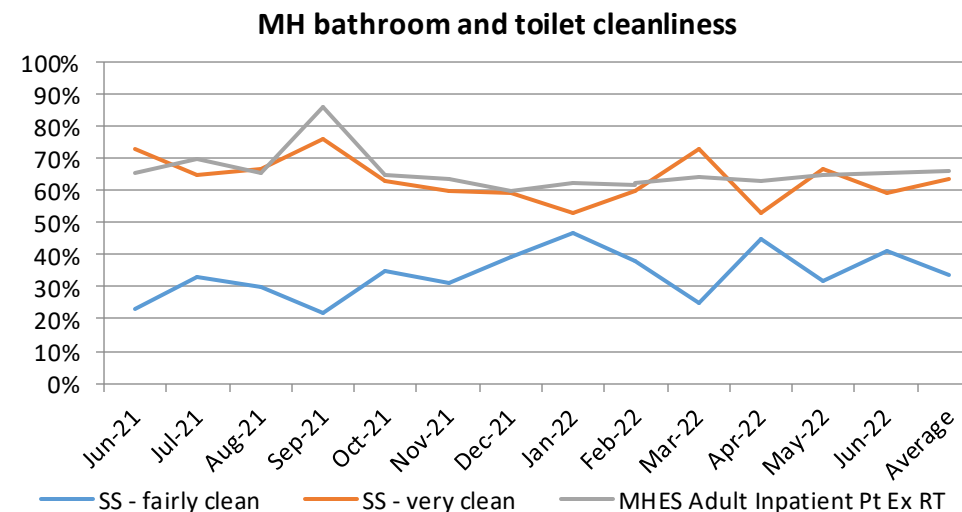
## Central Production Kitchen

- Produces over 45,000 meals per week
- Annually audited for food safety compliance.
- Regular microbiological testing



## Cleaning

- Clinical and non-clinical cleaning
  - Main sites Monash Health
  - Satellite sites contracted out
- Infection Prevention, Support Services and Clinical Operations partner together to deliver cleaning outcomes.



## Waste Management

- Sharps
- Clinical Waste
- General Waste
- Cytotoxic & Radioactive
- Recycling



# Surgical and Interventional Program

AS4187 Gap Analysis addressed emerging risks related to:

- Segregation of clean and dirty activities
- Design of sterile stock storage areas
- Replacement of non-compliant cleaning, disinfecting and sterilising equipment
- Monitoring requirements for water quality



The analysis identified the need to:

- Upgrade CSS equipment
- Upgrade instrument tracking system to one system across the sites
- Redesign workflows (unidirectional)
- Replace engraved instrumentation
- Formalisation of annual equipment validation
- Centralise reusable device reprocessing
- Convert of untraceable items to single use products
- Upgrade storage facilities /devices for semi-critical equipment



# Surgical and Interventional Program

## Projects

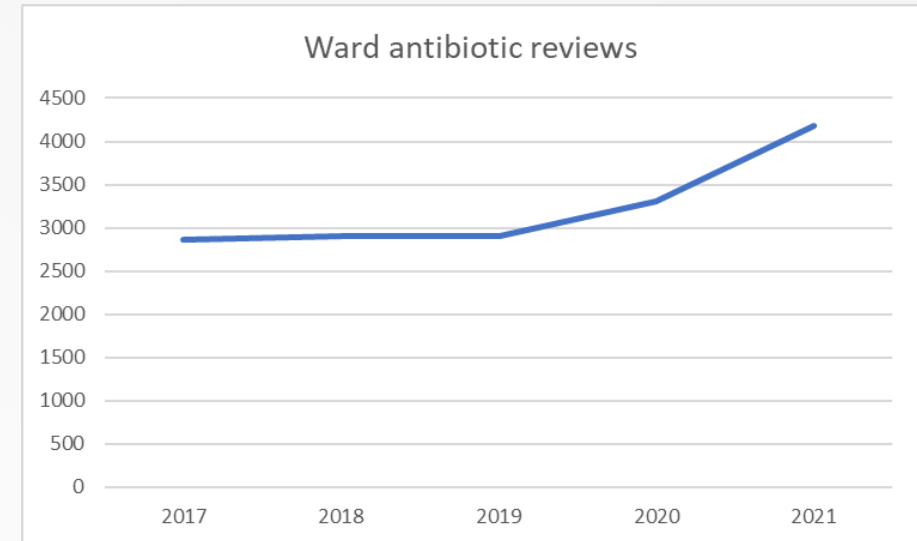
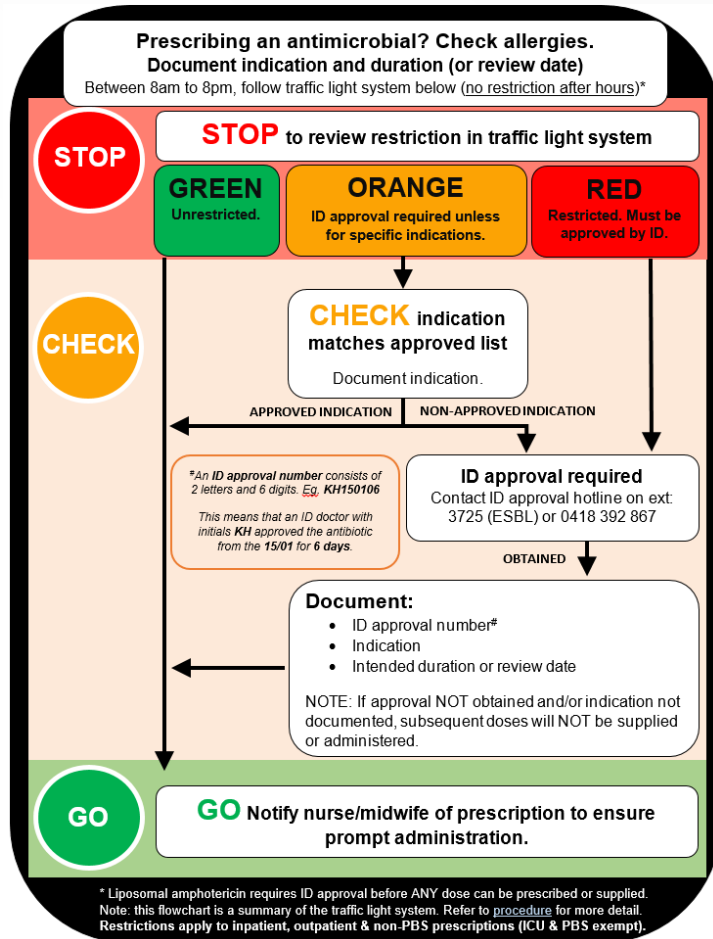
Following Monash Health securing funding from the Department of Health, numerous projects have been undertaken to address AS4187 compliance, they are:

- Replacement of all noncompliant CSS equipment across the sites (June 2023 completion)
- Installation of Reverse Osmosis across all CSS departments (Feb 2023 completion)
- Installation of a centralised instrument tracking system – TDOC (Mar 2023 completion)
- Refurbishment of sterile stock areas (Dec 2022)
- Purchasing of replacement engraved surgical instrumentation (tender in process)
- Installation of specialised endoscope and probe reprocessing devices and storage units (June 2023 completion)





# Antimicrobial Stewardship



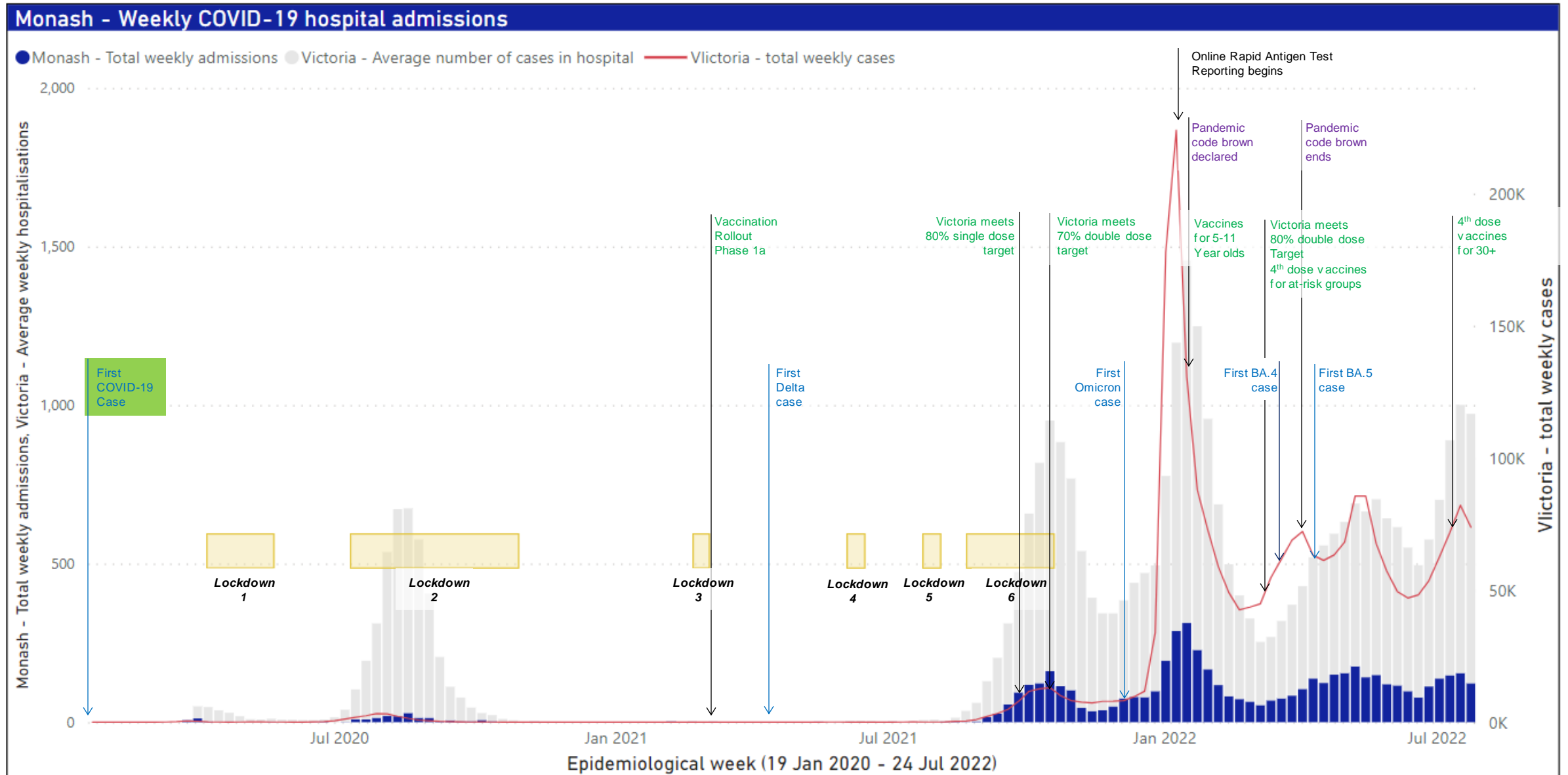
	Monash 2020-2021	SNAPS benchmark 2019 report
Non-compliance with guidelines	34.5%	37.3%
Incorrect Dose	4.3%	23.3%
Incorrect timing	9.1%	37.4%
Post op antimicrobials	21%	
Antimicrobials >24 hours	16%	61.4%



# Monash Health and COVID19



# Monash Health Covid timeline

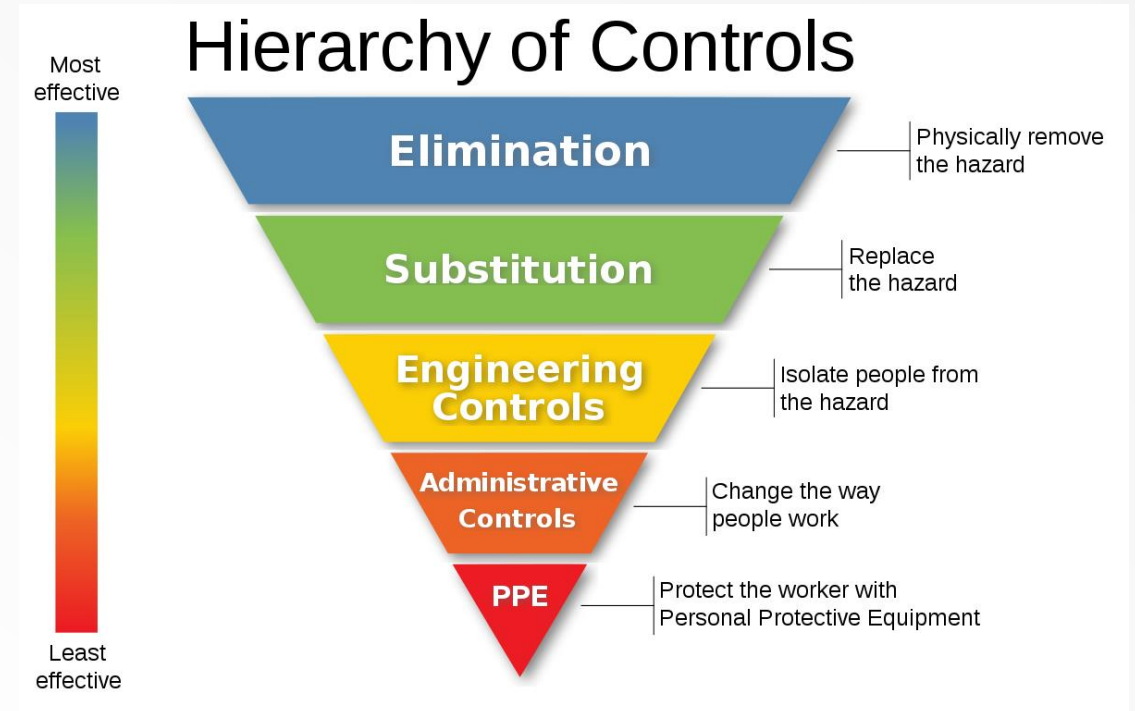


Data Notes:

Cases in hospital data sourced from COVID-19data.com as of Aug 2, 2022

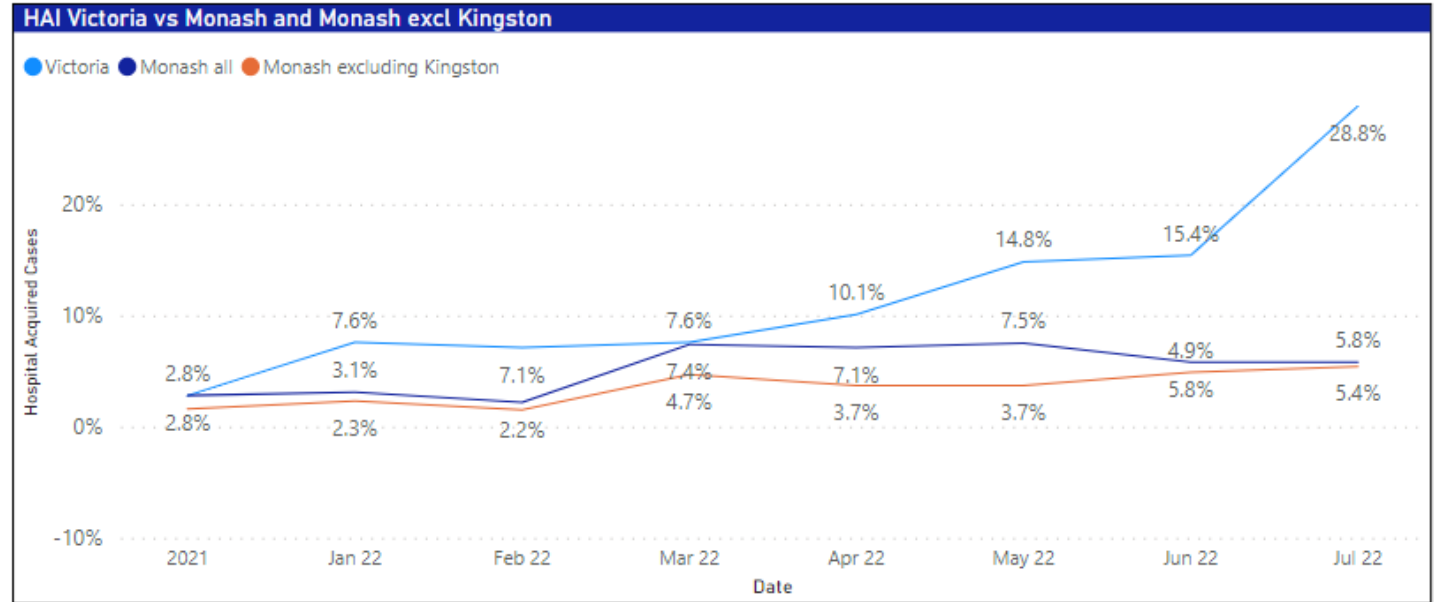
# What we have implemented to protect our HCWs and patients

Hierarchy of controls	Infection control strategies
<b>Elimination</b>	<ul style="list-style-type: none"> <li>• Vaccination</li> <li>• Staying home if unwell</li> <li>• Screening of patients</li> <li>• Attestations</li> <li>• Visitation limits</li> <li>• Testing</li> <li>• Virtual ED</li> </ul>
<b>Substitution</b>	<ul style="list-style-type: none"> <li>• Plan for alternatives to aerosol-generating procedures (AGPs)</li> <li>• Administer aerosolised medication via a spacer</li> </ul>
<b>Engineering controls</b>	<ul style="list-style-type: none"> <li>• Negative Pressure Rooms</li> <li>• Negative Flow Units</li> <li>• Hepafiltration in other areas</li> <li>• Negative flow - pandemic wards</li> </ul>
<b>Administrative controls</b>	<ul style="list-style-type: none"> <li>• Standard precautions</li> <li>• Environmental cleaning</li> <li>• Physical distancing</li> <li>• Isolation and zoning</li> <li>• Patient movement</li> <li>• Model of care</li> <li>• Education and training</li> </ul>
<b>Personal protective equipment</b>	<ul style="list-style-type: none"> <li>• Transmission precautions</li> <li>• Conventional use of PPE</li> <li>• Education and training</li> <li>• Respiratory Protection Program</li> </ul>



# Monash Patient HAIs

- Overall % of Monash HAI = 4.7%
  - Excluding subacute = 3%
- Risk patients
  - Aged
  - Wandering
    - dementia, mental health
  - Difficult to contain
    - multi-bed rooms
    - mental health
- Risk areas
  - Subacute
  - Mental health
  - Older wards/multi-bed rooms





# Feedback Received



Preventing and Controlling  
Infections Standard

- Infection Control governance/structure across organisation excellent
- Complimented how clean, well-kept and maintained areas were, despite some being obviously aged
- Training at an extremely pleasing level of compliance
- COVID work exceptional
- PPE safety officer program brilliant initiative
- Hand Hygiene results excellent
- Vaccination program excellent
- Waste recycle project
- Reminders
  - Monitor employee fridges and regular clean out
  - Compliance with clean wall procedure: residual blue tac, fix holes in walls (theatres)
  - Old furniture: fabric tears discard/replace

