

**June 2016 Clinical Senate: Superbugs**

**WA Health Actions, June 2017 progress update**

**Response to the recommendations**

An important aspect for reporting activity addressing the recommendations is identifying the overall status (level of implementation) for activity. This is a required field. Please use the table below to select the most appropriate status level for each recommendation.

<b>Table 1: Overall status of the recommendation at last update</b>	
<b>Level of implementation</b>	<b>Outcomes that may have been achieved</b>
<b>Discontinued</b>	The recommendation has been discontinued. Please provide further information in the 'Comments' section.
<b>Level 1: No/little progress</b>	Outcomes include: Components to deliver recommendations may have commenced (e.g. the establishments of a governance structure and/or scoping of a plan) but the project has not progressed further.
<b>Level 2: Partial implementation</b>	Outcomes include: Governance has been established and formal plans have been endorsed. Change has commenced and/or resources have been allocated (recruitment or training of personnel, development of procurement procedures etc.)
<b>Level 3: Substantial implementation</b>	Outcomes include: Processes and/or procedures to deliver the recommendation have been established and the timetable for full implementation is almost complete and/or milestones have been achieved.
<b>Level 4: Full implementation</b>	Outcome: The recommendation is fully implemented.

Recommendation	WA Health Actions	Responsible office	Start	Expected end	Progress to date	Next steps	Current status
<p>Endorsed</p> <p>1. That WA Health implement an Electronic Prescribing System (EPS) that may be used across all health facilities which can capture prescribing data so it can be benchmarked and used to monitor compliance with therapeutic guidelines.</p>	<p>WA State-wide: ICT Project 660: Electronic Medication Management System (EMMS) for WA Health - Stage 1 to be submitted to ICT Executive Board in March- April 2017.</p>	<p>Department of Health – Patient Safety and Clinical Quality</p>	<p>1 May 2015</p>		<p>Electronic Medication Management System vision developed by working group. An Electronic Prescribing System to be considered part of the EMMS.</p> <p>Concept Approval Request submitted to ICT Program Board April 2017 and is awaiting a decision.</p>	<p>Further discussion to occur whether this would be progressed as a state-wide initiative or for Health Service Providers to undertake individually.</p>	<p>Partial implementation (Level 2)</p>
<p>Endorsed in principle</p> <p>2. The Clinical Senate recommends development of a state-wide policy of facility cleaning standards for WA Health.</p> <p>These will include:</p> <ul style="list-style-type: none"> <li>• standardised cleaning procedures that are evidenced-base and standard use (detergent, bleach, water). WA Country Health Service have already done this body of work and it should be examined for applicability to be adapted state-wide</li> <li>• encouragement for the vocational sector to develop short training courses for cleaning, which could be included as a desirable criterion in employment for cleaners</li> <li>• raising the profile of cleaning in facilities by having supervisors, minimum language requirements for cleaners and minimising the use of casual/agency staff</li> <li>• a requirement for feedback on cleaning outcomes and environmental monitoring by cleaning staff</li> <li>• stipulation that audits for compliance with above processes are undertaken, which would be presented to Health Service Boards.</li> </ul>	<p>The need for standardised cleaning practices was identified in the Four Hour Rule Program Progress and Issues Review (2011). However, Health Service Providers continue to have separate and disparate cleaning protocols and policies.</p> <p>Review of practices for the purpose of standardisation would be a significant project; A key issue which is required to be addressed is the variation in responsibilities across health services for cleaning activity (problematic when staff work at different sites) and should involve Human Resources/Industrial Relations/Union/environmental services/patient support/Occupational Safety and Health. Furthermore, evidence to identify optimal cleaning practices/regimes is lacking. Currently, no existing group in WA Health has responsibility for this activity. Standardisation is likely to be further challenged by the shift of the Department of Health's role to being System Manager.</p>	<p>Department of Health</p>	<p>June 2016</p>		<p>Background research and consultation with key stakeholders has occurred.</p>	<p>Follow up on REACH trial. REACH: Researching Effective Approaches to Cleaning in Hospitals</p> <p>REACH is a randomised controlled study of the effectiveness of a cleaning bundle intervention to reduce healthcare associated infections in eleven major Australian hospitals 2014-2017.</p> <p>Fiona Stanley Hospital is participating in this trial.</p>	<p>Partial implementation (Level 2)</p>

Endorsed in principle 3. That an Antimicrobial Stewardship Program is embedded within a safety and quality framework, that feeds agreed indicators to Health Service Boards in addition to a central state committee.	The mandatory policy, Antimicrobial Stewardship Policy OD 0626/15, outlines a systematic approach to optimising use of antimicrobials to reduce inappropriate antimicrobial use, improve patient outcomes and reduce adverse consequences of antimicrobials.	Department of Health – Patient Safety and Clinical Quality		December 2017	This is mandatory policy under the Clinical Governance, Safety and Quality Policy Framework.	This policy is currently under review.	Partial implementation (Level 2)
	The State-wide Medicines Formulary project can be regarded as a mechanism to strengthen antimicrobial stewardship across WA hospitals, as it standardises the range of antimicrobials available for prescription and restricts the conditions under which they may be prescribed.			October 2017	Procurement process completed.	Implementation of this project planned in October 2017.	Substantial implementation Level 3
Endorsed 4. WA Health to provide recurrent funding for the Infection Control Automated Surveillance Technology (AST) system, supports its implementation, and be responsible for its maintenance.	This action has been progressed, and the State-wide Automated Surveillance Technology will be rolled out over the next 5 years. Funding for implementation and recurrent funding for ongoing support and maintenance has been budgeted.	Health Support Services	November 2016	Approximately May 2019	A control group for the program roll out has been convened since the end of 2016 and business requirements have been finalised. There are 34 sites involved in this project.	Procurement planning has been initiated with the call for tenders expected to be released August 2017.	Substantial implementation Level 3
	Healthcare Associated Infection Surveillance in Western Australian Healthcare Facilities Mandatory Policy OD 0527/14 describes the Healthcare Infection Surveillance WA program to monitor healthcare associated infections. It outlines the mandatory surveillance and reporting requirements for all WA public hospitals and licensed private healthcare facilities funded to provide care for public patients.	Department of Health – Public Health		Complete	This is a mandatory policy under the Public Health Policy Framework which will be reviewed in accordance with specified dates.	Nil	Completed Full implementation (Level 4)

<p>Endorsed</p> <p>5. WA Health to develop, Health Services to adopt, and hospital executives to promote a state-wide framework for standardised training and education to ensure antimicrobial stewardship is everyone's business.</p> <p>Essential to this is the need to: - involve key end-users in program (re) design to ensure education is fit for purpose, target poor-performing disciplines and clinical areas, include prevention education i.e. IV cannulation, aseptic technique, hand hygiene.</p>	<p>Insertion and Management of Peripheral Intravenous Cannulae in Western Australian Healthcare Facilities MP 0036/16 outlines the minimum requirements for the management of Peripheral Intravenous Cannulae. This policy applies to all health care facilities within the WA health system.</p>	<p>Department of Health</p>		<p>Complete</p>	<p>Mandatory policy under the Public Health Policy Framework.</p>	<p>Nil</p>	<p>Completed</p> <p>Full implementation (Level 4)</p>
	<p>The Department of Health is investigating the issue of standardised training and education including understanding the role of the System Manager in this space, how training is specified in existing mandatory policy and the responsibility of Health Service Providers to adjust their own training systems. This is envisaged to be a longer term project.</p>		<p>November 2016</p>	<p>Mandatory policy under the Employment Policy Framework</p>	<p>Drafting to progress</p>	<p>Partial implementation (Level 2)</p>	
<p>Endorsed</p> <p>6. WA Health mandates each hospital undertake periodic antibiotic usage audits (e.g. National Antibiotic Prescribing Survey (NAPS) and results should be fed to Health Services, Boards and quality and safety committees for review. Comparative data for similar hospitals should be made publicly available after a three year implementation process.</p>	<p>Medicines Utilisation Variation Project: The proposed project will collaboratively engage stakeholders to utilise existing iPharmacy and other WA Health data sets.</p> <p>In relation to NAPS, this is undertaken by Health Service Providers and the findings managed locally. This is not a System Manager function unless requested by Health Service Providers.</p>	<p>Department of Health – Patient Safety and Clinical Quality</p>		<p>June 2019</p>	<p>The Project deliverables are:</p> <ol style="list-style-type: none"> <li>1. Regular measurement and analysis of variation in utilisation and costs of pharmaceuticals in WA Health.</li> <li>2. Where patient level data are available (usually outpatient dispensing and day case infusions) prescribing cost data is linked to outcome data to assess cost-effective use of medicines.</li> <li>3. Under the WA Therapeutic Advisory Group (WATAG) governance, an analysis including comparative data and advice on outcomes and recommendations for change will be provided to Health Service Providers.</li> </ol>	<p>Project pending agreement from the Chief Pharmacists Forum.</p>	<p>Partial implementation (Level 2)</p>

<p>Endorsed</p> <p>7. WA Health must write to non-hospital health system managers (e.g. Aboriginal Medical Services, WA Primary Health Alliance (WAPHA), residential aged care facilities, General Practitioners) and ask them to ensure they have guidelines for antibiotic stewardship that includes consideration of surveillance and ability to feedback to their clinicians.</p>	<p>Letters sent to Royal Australian College of General Practitioners (RACGP), cc WAPHA, WA General Practice Education and Training and Aboriginal Health Council of WA.</p> <p>Letters also sent to residential aged care facilities in WA</p>	<p>Department of Health – Clinical Services and Research</p>		<p>7 March 2017</p>		<p>Nil</p>	<p>Completed Full implementation (Level 4)</p>
<p>Endorsed</p> <p>8. WA Health ensures all 'clinicians' involved in invasive procedures can demonstrate competency in aseptic technique. This could be facilitated by the Director General of Health writing to all WA University Vice Chancellors requesting them to ensure students in healthcare related disciplines are assessed for competency in the practical demonstration of aseptic techniques. Within healthcare facilities, this could be facilitated through staff training.</p>	<p>Letters sent to universities from the Chief Medical Officer. In addition, the Healthcare Infection Council of Western Australia distributed letters to their members</p>	<p>Department of Health - Clinical Services and Research</p>		<p>1 March 2017</p>		<p>Nil</p>	<p>Completed Full implementation (Level 4)</p>

<p>Not Endorsed</p> <p>9. That a communication and health promotion strategy to promote infection prevention and control and appropriate antibiotic usage be developed and implemented by consumer agencies and key WA Health experts. The strategy should use all contemporary messaging channels, and align with the National Safety and Quality Health Service Standards (NSQHSS). It should include elements to address vulnerable groups such people living in residential aged care facilities, Aboriginals, prisoners and individuals at risk for transitioning in and out of hospital.</p>							
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