HSE National Template for developing PPPGs (2016)

Procedure on the use of Review Tools (RT) for healthcare associated infections

(This procedure replaces the previous procedure on Root Cause Analysis)

Policy Procedure **X** Protocol Guideline

Insert Service Name(s), Directorate and applicable Location(s):
HSE Acute Hospitals

Title of PPPG Development Group:	Antimicrobial Resistance and Infection Control (AMRIC) Team
Approved by:	AMRIC Oversight Team
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1	09/12/2020		AMRIC Team and Acute Operations
2			
3			

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1.0 INITIATION

1.1. Aim and Purpose

The aim[1] of this document is to provide a procedural guide on the application of the associated Healthcare Acquired Infection Review tool[2] (RT) forms (Refer to the separate Review Tool Forms and Worked Examples) relating to:

(1) hospital acquired *Staphylococcus aureus* blood stream infection (SABSI),
(2) hospital associated severe *Clostridioides difficile* infection (HACDI), and other cases of *Clostridioides difficile* as appropriate
(3) other healthcare associated infections as appropriate (to include hospital acquired COVID-19 infection and hospital acquired blood stream infection with the exception of certain coagulase negative staphylococci infections of limited clinical significance).

The purpose of this document is to support hospitals in the use of (RT) forms, which will support hospitals in evaluating factors contributing to major healthcare associated infections; hospital acquired *Staphylococcus aureus* blood stream infection (SABSI), hospital associated severe *Clostridioides difficile* infection (HACDI), and other cases of *Clostridioides difficile* as appropriate, other healthcare associated infections (including hospital acquired COVID-19 infection and hospital acquired blood stream infection with the exception of certain coagulase negative staphylococci infections of limited clinical significance) as appropriate.

By implementing this procedure, it is anticipated that learning will be shared among management and clinical teams, supported by IPC Teams to reduce and prevent the occurrence of HCAIs in hospitals and improve patient safety.

1.2 Scope

1.2.1 Target Users

This procedure is intended for the use in acute hospitals by hospital managers, clinical directors, directors of nursing, quality and risk managers, IPC practitioners /teams, and clinical teams (with primary responsibility for care of the patient).

1.2.2 Populations to whom it applies

All patients that acquire either SABSI, Severe HACDI, HACOVID-19 and other HCAIs as appropriate.

1.3 Objectives

To support clinical staff and hospital managers to undertake a Review on SABSI, HACDI, HACOVID-19 and other HCAIs as appropriate.

1.4 Outcomes

To have a completed Review for all SABSI, Severe HACDI, HACOVID-19 and other HCAIs as appropriate to inform and support safe patient care.

1.5 PPPG Development Group

Antimicrobial Resistance and Infection Control Implementation Team

1.6 PPPG Development Governance Group

Antimicrobial Resistance and Infection Control Oversight Group

1.7 Supporting Evidence

1.7.1 Escalation procedure for outbreaks/incidents /situations of healthcare associated infection (HCAI/AMR P006).
https://www.hse.ie/eng/search?q=ESCALATION%20PROCEDURE

1.7.2 Notifications of Infectious Disease Outbreaks to Departments of Public Health in acute hospital setting Declaration of an Outbreak and Closure of an Outbreak (PPPG).
https://www.hse.ie/eng/search?q=1.7.2%09Notifications%20of%20Infectious%20Disease%20Outbreaks%20

1.7.3 COVID-19: Interim Public Health guidance for the management of COVID-19 outbreaks.
https://www.hpsc.ie/search/search.html?collection=HPSC&query=Escalation+procedure+for+outbreaks

1.7.4 Guidance on Balancing Competing Demands in Relation to Restrictions on Bed Use Related to Infection Prevention and Control (Document).
https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/general/

1.7.5 Review Tool Forms and Worked Examples
https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/general/

1.8 Glossary of Terms

RT- Review Tool
SABSI - hospital acquired *Staphylococcus aureus* blood stream infection
HACDI - hospital associated Severe *Clostridioides difficile* infection
HACOVID-19- hospital acquired COVID-19 infection
HCAI-healthcare associated infection

2.0 DEVELOPMENT OF PPPG

2.1 Hospital Chief Executives and hospital managers with clinical directors should ensure that an RT is completed on all hospital acquired SABSI, on severe HACDI, other HACDI as appropriate, on HACOVID-19 and other HCAIs as appropriate. Relevant case definitions can be found at the links below:

(https://www.hpsc.ie/z/microbiologyantimicrobialresistance/clostridioidesdifficile/casedefinitions/)

(https://www.hpsc.ie/az/microbiologyantimicrobialresistance/europeanantimicrobialresistancesurveillancesystemearss/referenceandeducationalresourcematerial/saureusmrsa/casedefinition/)

(https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/)

2.2 A clinical risk incident should be logged on National Incident Management System (NIMS) using local hospital risk management procedure[3] for all cases of hospital acquired SABSI, on severe cases of hospital associated CDI, other HACDI as appropriate, on hospital acquired COVID-19 and other healthcare associated infections as appropriate.

2.3 In compliance with the HSE Incident Management Framework and Guidance and HSE

Integrated Risk Management Policy and supporting Guidance [3,5] and HSE National Open Disclosure Policy[6], patients must be informed if they have hospital acquired SABSI and/or HACDI, HACOVID-19 and other HCAIs as appropriate. Patients must be informed that the Review is being performed. It should be documented in the healthcare record that the patient has been informed. Hospital procedures for clinical incident management and open disclosure should be applied.

2.4 The RT forms are in three sections as follows (Refer to separate Forms):

4.4.1 PART A: Section 1, 3, 7 and 8; for completion by the primary clinical team involved in care of the patient.

4.4.2 PART A: Section 2; for completion by the Dept. of Medical Microbiology.

4.4.3 PART A: Section 4, 5, 6 and 7; for completion by IPC team and/or Ward Manager.

4.4.4 PART B: Section 9,10,11 and 12; for completion by the primary clinical team involved in care of the patient.

2.5 The IPC team will commence the Review Tool form with input from Microbiology. The RT form with the relevant sections completed is emailed to the consultant with primary responsibility for the care of the patient at the time of diagnosis and to the relevant clinical director and to hospital risk manager.

- The Consultant with primary responsibility for the care of the patient at the time of diagnosis is responsible for ensuring that the clinical section of the RT is complete and returned to the office of the clinical director and hospital risk manager.
- The office of the clinical director supported by the hospital risk manager will be responsible for convening a short meeting to discuss the cases and identify lessons learned.
- On completion of the process the hospital risk manager will ensure that the RT is updated on NIMS and that relevant learning notices are issued as appropriate relating to the case.
- The procedure should be completed within 1 month of the diagnosis.

2.6 In compliance with the HSE Incident Management Framework and Guidance and HSE Integrated Risk Management Policy and supporting Guidance[3,5] the patient must be informed of the outcome of the review by the Consultant responsible for their care or a nominee.

Clinical Definition[4]: Hospital associated new cases of *Clostridioides difficile* infection (CDI)
https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/clostridioidesdifficile/casedefinitions/

Clinical definition[4]: Hospital acquired *Staphylococcus aureus* bloodstream infection
https://www.hpsc.ie/az/microbiologyantimicrobialresistance/europeanantimicrobialresistancesurveillancesystemearss/referenceandeducationalresourcematerial/saureusmrsa/casedefinition/

Clinical definition[4] (ECDC*): Hospital acquired COVID-19 infection

https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casedefinitions/)

3.0 GOVERANCE AND APPROVAL

- AMRIC Implementation Team
- AMRIC Oversight Group.

4.0 COMMUNICATION AND DISSEMINATION

- This procedure is to be circulated through the Acute Operations Office to all Hospital CEOS and General Managers for further circulation to Infection Prevention and Control teams and Clinical Directors.
- This procedure will also be available on line at https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/general/

5.0 IMPLEMENTATION

Implementation of procedure is the responsibility of hospital managers, clinical directors, directors of nursing, quality and risk managers, IPC professionals/teams and clinical teams (with primary responsibility for care of the patient).

6.0 MONITORING, AUDIT AND EVALUATION

- The learning from the completed RT should be shared by the clinical team at relevant case meetings.
- The IPC Team should present summary findings and recurring themes at relevant IPC Committee meetings.
- The Quality and Risk Management Department should present the learning shared as part of the quality and patient safety metrics for Senior Management Team to consider as part of hospital performance.
- The HSE National AMRIC Implementation Team with the HSE Business Information Unit review all commentary including information on relevant findings from RT, submitted at the monthly HCAI Performance Review meeting and feedback (if deemed necessary) is returned to the hospital through the agreed governance arrangements.
- A Comprehensive Review should be performed using the RT for all serious incidents to include all hospital acquired SABSI and Severe HACDI and most hospital acquired blood stream infections (with the exception of certain coagulase negative staphylococci infections as above).

7.0 REVISION / UPDATE

This procedure will be reviewed on an annual basis by the AMRIC Implementation Team.

8.0 REFERENCES

1. HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs), 2016.
2. Wilson, Paul F.; Dell, Larry D.; Anderson, Gaylord F. (1993). Root Cause Analysis: A Tool for Total Quality Management. Milwaukee, Wisconsin: ASQ Quality Press. pp. 8–17. ISBN 087389-163-5.
3. HSE Incident Management Framework 2020 – https://www.hse.ie/eng/about/qavd/incident-management/hse-2020-incident-management-framework-guidance.pdf

4. HSE Business Information Unit (BIU) Monthly Template Definitions, 2019.
5. HSE Integrated Risk Management Policy and supporting Guidance, 2017.
6. HSE National Open Disclosure Policy, (reference number QPSD-GL-063-1), 2013

9.0 APPENDICES

Not Applicable

ENDs