

Chapter 42

Prairie North Regional Health Authority—Hospital-Acquired Infections

1.0 MAIN POINTS

In 2011, we assessed Prairie North Regional Health Authority's (Prairie North) processes to protect patients from hospital-acquired infections. We made six recommendations to help Prairie North strengthen its processes.

Prairie North has implemented four of the six recommendations that we made in 2011 and needs to do more for the remaining two. Prairie North needs to formalize its processes to monitor and report consistently its key practices to control hospital-acquired infections. It also needs to provide senior management with a written analysis of emerging risks based on trends and causes of hospital-acquired infections.

2.0 INTRODUCTION

A hospital-acquired infection¹ is a risk that hospitals must control to manage health care for patients economically and safely. The Ministry of Health holds regional health authorities (RHAs) accountable for healthcare safety. It requires RHAs to use infection control plans and best practices recommended by Accreditation Canada.

Prairie North provides health services to the northwest part of Saskatchewan. *The Regional Health Services Act* makes the Board responsible for the quality of care and patient safety including infection control.

In our *2011 Report – Volume 2*, Chapter 14F, we concluded that Prairie North had effective processes to protect patients from hospital-acquired infections except for its accountability process, training plan, monitoring practices, and reporting information about sufficient hospital-acquired infections to help analyze and report emerging risks. We made six recommendations.

This chapter describes our follow up of management's actions on the recommendations we made in 2011.

To conduct this review, we followed the standards for assurance engagements published in the *CPA Canada Handbook - Assurance*. To evaluate Prairie North's progress towards meeting our recommendations, we used the relevant criteria from the original audit. Prairie North's management agreed with the criteria in the original audit.

¹ Infections acquired in a hospital occur most commonly due to the growth of bacteria in the patient's skin, respiratory tract, urinary tract, or blood stream.



3.0 STATUS OF RECOMMENDATIONS

In this section, we set out each recommendation and Prairie North's actions up to August 31, 2013, and the status of the recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation. We found that Prairie North has fully implemented four of the recommendations but still has work to do for the remaining two.

3.1 Appropriate Chairperson Assigned

We recommended that Prairie North Regional Health Authority assign an appropriate chairperson for its Regional Infection Prevention and Control Committee (other than its Infection Control Coordinators). (2011 Report – Volume 2; Public Accounts Committee agreement August 28, 2012)

Status – Implemented

Prairie North has assigned an appropriate chairperson for its Regional Infection Prevention and Control Committee. During 2012, Prairie North revised the terms of reference for the Committee, and assigned the Vice-President of Primary Health Services as its chairperson.

3.2 Accountability and Responsibility Clarified

We recommended that the Prairie North Regional Health Authority clarify the accountability and responsibility of its Infection Control Coordinators. (2011 Report – Volume 2; Public Accounts Committee agreement August 28, 2012)

Status – Implemented

Prairie North has clarified the accountability and responsibility of its Infection Control Coordinators (Coordinators). In 2012, Prairie North revised the job descriptions for its Coordinators. The Coordinators are responsible for maintaining an infection prevention and control program, providing training, and preparing reports about hospital-acquired infections.

The job description states that the Coordinators work under the direction of a manager who reports to the Director of Population Health Services. As the manager position is currently vacant, the Coordinators report directly to the Director of Population Health Services.

3.3 Training Plan in Place

We recommended that Prairie North Regional Health Authority complete the development of a formal training plan for infection prevention and control that is suitable for its organization, services, and client population. (2011 Report – Volume 2; Public Accounts Committee agreement August 28, 2012)

Status – Implemented

Prairie North has a standard schedule for certain infection prevention and control-related training. Every month, the Coordinators provide a regional orientation for all new staff. The orientation includes an overview of infection prevention and control, and highlights the routine practices that staff should follow (e.g., hand hygiene, single use of gloves). The Coordinators also provide infection prevention and control training at unit orientations (e.g., nursing) on a monthly basis and to housekeeping staff on an annual basis.

In 2012, Prairie North conducted an education needs assessment by sending out a survey to all staff. The responses indicated that staff prefer ad hoc training sessions rather than mandatory training modules.

Upon request, the Coordinators provide infection prevention and control training to other locations within the region (e.g., Turtleford, Maidstone). They also provide training to other areas within the hospitals. For example, during 2013 the Coordinators provided training to staff in the areas of maintenance, diagnostic imaging, physiotherapy, emergency room, and operating room.

3.4 Formalized Process to Monitor and Report Consistently Needed

We recommended that Prairie North Regional Health Authority formalize its processes to monitor and report consistently its key practices to control hospital-acquired infections. (2011 Report – Volume 2; Public Accounts Committee agreement August 28, 2012)

Status – Partially Implemented

Prairie North continues to conduct hand-hygiene audits (i.e., monitoring whether staff use correct hand washing methods) and report the results to senior management.

Prairie North is beginning to look at the key practices for cleaning equipment, including practices for infection prevention and control. In June 2013, the Regional Infection Prevention and Control Committee reviewed the draft policy and procedures for cleaning equipment and recommended it to Prairie North's Practitioner Advisory Committee for approval. Management indicated that monitoring of this area would be completed in the near future and the results would be provided to senior management.



3.5 Additional Hospital-Acquired Infections Monitored and Reported

We recommended that Prairie North Regional Health Authority monitor and report additional hospital-acquired infections after analyzing risks to patients and costs to the healthcare system. (2011 Report – Volume 2; Public Accounts Committee agreement August 28, 2012)

Status – Implemented

In 2012, Prairie North hired a student with a Masters in Public Health to conduct a retrospective chart review² of the 2011 hospital admissions. This review indicated that Prairie North continued to do a good job of collecting data on three hospital-acquired bacterial infections (MRSA, VRE, and CD),³ but could collect data on other healthcare-associated infections.

Beginning in 2013, Prairie North expanded its data collection of hospital-acquired infections to include ESBL (extended spectrum beta lactamase) organisms.⁴ Prairie North also began tracking and reporting to senior management the number and types of infections (e.g., surgical site infections, pneumonia, catheter-associated urinary tract infections, etc.) caused by the four main hospital-acquired infections and providing a breakdown of this information by each one of its three main hospitals.

3.6 Written Analysis Needed

We recommended that Prairie North Regional Health Authority regularly provide to senior management a written analysis of emerging risks based on trends and causes of hospital-acquired infections. (2011 Report – Volume 2; Public Accounts Committee agreement August 28, 2012)

Status – Partially Implemented

On a quarterly basis, Prairie North reports to senior management the rate of new cases for the four main hospital-acquired infections noted in **Section 3.5**. Since our 2011 audit, Prairie North has improved its reports by including the number and types of infections caused by those hospital-acquired infections.

The reports also identify the trends (e.g., increasing, decreasing, or steady) in the number of cases compared to the previous quarter. However, the reports still do not provide a written analysis describing the risks, areas for action, and reasons for any emerging trends.

² Patient charts were reviewed to determine if the current data collection method was accurate and if other hospital-acquired infection data could be collected.

³ MRSA (methicillin resistant staphylococcus aureus) is a bacteria resistant to common antibiotics that affects hearts, lungs, bones, joints, and /or the bloodstream; VRE (vancomycin resistant enterococcus) is a bacteria resistant to common antibiotics that causes severe urinary tract infections; CD (Clostridium difficile) is a bacterial spore that causes irritation in the bowel leading to severe cramps or diarrhea.

⁴ ESBL (extended spectrum beta lactamase) is a bacteria that produces an enzyme that can break down commonly used antibiotics, such as penicillin. This makes infections with ESBL-producing bacteria more difficult to treat.