

Chapter 41

Prairie North Regional Health Authority—Hospital-Acquired Infections

1.0 MAIN POINTS

By July 29, 2016, Prairie North Regional Health Authority (Prairie North) had implemented all recommendations outstanding at August 2013 (our last follow-up). We initially made these recommendations in our 2011 audit of Prairie North's processes to protect patients from hospital-acquired infections.

By July 2016, Prairie North had formalized its processes to consistently monitor and report its key practices to control hospital-acquired infections. It also provided senior management with a written analysis of emerging risks based on trends and causes of hospital-acquired infections.

2.0 INTRODUCTION

Under *The Regional Health Services Act*, in common with other regional health authorities (RHAs), Prairie North is responsible for the quality of care and patient safety including infection control. A hospital-acquired infection is a risk that hospitals must control to manage health care economically and safely for patients.

In 2011, we made six recommendations to help Prairie North strengthen its processes to protect patients from hospital-acquired infections.¹ Our first follow-up, reported in our *2013 Report – Volume 2*, Chapter 42, found that by August 2013, Prairie North had implemented four of the six recommendations.

This chapter reports the results of our second follow-up on the remaining two recommendations. To conduct this review engagement, 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.

To perform our follow-up on our recommendations, we discussed actions taken with management and reviewed relevant documentation (e.g., policies and procedures, equipment audit results, reports to senior management).

3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the

¹ See our *2011 Report – Volume 2*, Chapter 14F for the results of the initial audit. In this audit, 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 sufficient information about hospital-acquired infections to help analyze and report emerging risks.



recommendation at July 29, 2016, and Prairie North's actions up to that date. We found that Prairie North had fully implemented the two remaining recommendations.

3.1 Formalized Monitoring and Reporting on Hospital-Acquired Infections

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 – Implemented

Prairie North formalized its monitoring and reporting on whether its staff used correct hand washing methods through its hand hygiene observation audits. In 2015, Prairie North had an average of 93% hand hygiene compliance.

In September 2013, Prairie North implemented policies and procedures for cleaning and disinfecting equipment to prevent transmission of infections. They set out the list of various equipment and devices, the minimum cleaning and disinfection level, and the minimum frequency of cleaning required. For example, blood pressure cuffs require cleaning and low-level disinfection between patients and when soiled.

Twice a year, Prairie North conducts equipment audits to monitor compliance with the policies and reports the results to senior management. Each report notes the date of the audit, the facility, areas audited (e.g., rooms, wings), equipment audited, the compliance rate, and recommendations for improvement. In 2015, the compliance rate for Prairie North's three acute care facilities² ranged from 95% to 100%.

3.2 Written Analysis Regularly Provided to Senior Management

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 – Implemented

On a quarterly basis, Prairie North reports to senior management on its Infection Prevention and Control Program (Program). The quarterly reports set out the hospital-acquired infections by infection type (e.g., bloodstream, wound, and skin) by each acute

² The acute care facilities are located in North Battleford, Lloydminster, and Meadow Lake.

care facility. The reports also include, by month, the rate of new cases for the four main hospital-acquired infections (MRSA, VRE, CD, and ESBL).³

Prairie North also provides a yearly summary report to staff and senior management on the Program. The yearly summary report includes:

- » Surveillance results (e.g., notes the types of hospital-acquired infections at the top three sites were wound and skin infections, CD, and surgical site infections)
- » Factors that may contribute to increases in hospital-acquired infections (e.g., increase in length of patient stays, breaches in contact precautions, shared rooms)
- » The five-year trend for MRSA, VRE, CD, and ESBL with reasons for large fluctuations, if any

³ MRSA (methicillin resistant staphylococcus aureus) is a bacteria resistant to common antibiotics that affects hearts, lungs, bones, joints, and/or 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; ESBL (extended spectrum beta lactamase) is a bacteria that produces an enzyme that can break down commonly used antibiotics, such as penicillin.

