# Clinical Senate – June 2016

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# Today I'll be discussing...

The recommendations from the previous Clinical Senate (held March 2016):

Superbugs

Today's topic for debate

Transforming Teaching, Training and Research



### Clinical Senate – March 2016

# Superbugs

#### Resulted in 9 recommendations

- 6 recommendations Endorsed
- 2 recommendations Endorsed in Principle
- 1 recommendation Not Endorsed





### March 2016 – Endorsed in Principle Superbugs

### **Recommendation 1: Endorsed**

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 be used to monitor compliance with therapeutic guidelines.



#### **Recommendation 4: Endorsed**

WA Health to provide recurrent funding for the Infection Control Automated Surveillance Technology (AST) system, support its implementation, and be responsible for its maintenance.



### **Recommendation 5: Endorsed**

WA Health to develop, area health services to adopt, and hospital executive to promote a statewide framework for standardised training and education to ensure antimicrobial stewardship is everyone's business.

#### 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.



# March 2016 - Endorsed in Principle Superbugs

#### **Recommendation 6: Endorsed**

WA Health mandates each hospital to undertake periodic antibiotic usage audits (e.g. National Antibiotic Prescribing Survey [NAPS]) and results should be fed to area health services, boards and quality and safety committees for review. Comparative data to similar hospitals should be made publicly available after a three-year implementation process.



### **Recommendation 7: Endorsed**

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 include consideration of surveillance and ability to feed back to their clinicians.



#### **Recommendation 8: Endorsed**

WA Health ensures all 'clinicians' involved in invasive procedures 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.



### March 2016 - Endorsed in Principle Superbugs

### **Recommendation 2: Endorsed in Principle**

The Clinical Senate recommends development of a statewide policy of facility cleaning standards for WA Health, which incudes:

- standardised cleaning procedures that are evidence based and standard use (detergent, bleach, water). WACHS has already done this body of work and it should be examined for applicability to be adapted statewide
- encouragement for the vocational sector to develop short training courses for cleaning, which could be included as a desirable criterion in employment for cleaners
- raising the profile of cleaning in facilities by having supervisors, minimum language requirements for cleaners and minimising use of causal/agency staff.
- a requirement for feedback on cleaning outcomes and environmental monitoring to cleaning staff
- stipulation that audits for compliance with above processes are undertaken, which would be presented to health boards



### **Recommendation 3: Endorsed in Principle**

That an Antimicrobial Stewardship Program is embedded within a safety and quality framework, that feeds agreed indicators to area Health Service Boards in addition to a central State committee.



#### **Recommendation 9: Not Endorsed**

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 as people living in aged care facilities or prisons, individuals at risk for transitioning in and out of hospital and Aboriginal people.