



Consumers Health
Forum OF Australia

SUBMISSION

Draft revised Australian
Guidelines for the Prevention
and Control of Infection in
Healthcare

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*Submission to the NHMRC on the Draft revised
Guidelines for Prevention and Control of Infection
in Healthcare.* Canberra, Australia

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Introduction

Consumer Health Forum of Australia (CHF) appreciates the opportunity to provide a submission in response to the National Health & Medical Research Council (NHMRC) on the draft revised *Australian Guidelines for the Prevention and Control of Infection in Healthcare* (Guidelines).

CHF is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health care consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. At the heart of CHF's policy agenda is patient-centred care. Our responses to the public consultation have been formed with a patient-centred approach in mind.

CHF is a strong advocate of the development of guidelines for all sectors of the health system. While guidelines are only recommendations, they provide health practices the knowledge and tools to identify and address any gaps to ensure patients, health care workers and the public are protected from harm. They also help to clarify what people can expect from their health service provider and make it clear to those providers what community expects from them.

CHF welcomes the revision of the Guidelines to reflect the development of new technology, and the latest national and international evidence of infection prevention and control to protect consumers and healthcare workers. We acknowledge a significant amount of work has gone into producing the updated draft of the Guidelines, including rigorous systematic reviews and piloting the MAGIC App as a new online platform. We are pleased with the current state of the draft Guidelines, particularly the focus on patient-centred care. However, CHF believe the Guidelines could be more effectively presented through some changes to structure and content. This would allow for better adoption by health care workers and the patients.

Our submission in response to the public consultation of the draft Guidelines covers the following:

- 2.3 A patient Centered Approach
- 2.3.1 Involving Patients in their Care
- General Comments

Key Considerations

2.3 A patient centred approach:

Structure:

Since the Guidelines were last updated in 2010, this section has largely remained the same. We support an entire section of the Guidelines dedicated to outlining a patient-centred approach. However, we did note that in *Chapter 1 Introduction*; it states that the chapters of the Guideline reflect likelihood of readership. While it is positive to see the section on patient-centred care within Chapter 2, we recommend moving section 2.3 to 2.1. This will not only emphasise the

importance of patient-centred care but also help establish a patient-centred mindset for healthcare workers as they continue to read the sections that follow.

Content:

CHF recognise that the notion of patient-centred care is reflected throughout this section, however we recommend defining patient-centred care at the beginning of section 2.3 under the title 'patient-centred health care'. While there are varying definitions of patient-centred care, CHF recommend the following:

"health care that is respectful of, and responsive to, the preferences, needs and values of the patients and consumers¹".

This will provide certainty and context to healthcare workers before they continue to read this section.

Furthermore, we strongly agree that patient-centred care cannot be simply 'added on' to usual care but in fact takes significant cultural and organisational change. While the practice of patient-centred care has been shown to benefit the health system on a range of levels, from the individual patient to the health system at a macro level²³⁴, the degree to which this has been implemented by health professionals remains unclear. In 2016, CHF undertook a survey of 55 health workforce professional organisations in attempt to gain more insight. Among the surveyed organisations, a strong understanding of the principles behind patient centred care was evident, showing that they clearly understand that there is a strong rationale behind patient centred care. However, despite that, organisations are not in practice comprehensively including patients throughout their work.

While the Guidelines acknowledge this notion, they lack tools to identify and address gaps to ensure patient-centred care is embedded within the healthcare organisation. We believe it would be beneficial to provide link/s to additional resources that provide healthcare workers actions required to achieve this shift towards patient-centred care. We acknowledge this has been done in section 2.3.1 where a link to the NSQHS Standard 2 has been provided however appears only referred to as an additional resource for more information on involving patients in infection prevention and control. Standard 2, along with Standard 1 (Clinical Governance) contains practical actions for not only this, but how partnering with consumers supports the organisational and cultural change required to achieve a patient-centred approach within the healthcare workforce.

¹ Australian Commission on safety and Quality in Health Care (2011), 'Patient-centred care: Improving quality and safety through partnerships with patients and consumers', ACSQHC, Sydney, p7.

² Australian Commission on Safety and Quality in Healthcare (ACSQHC). Safety and Quality Improvement Guide Standard 2: Partnering with Consumers. 2012.

³ Foot C, Gilbert H, Dunn P, Jabbal J, Seale B, Goodrich J, et al. People in control of their own health and care: the state of involvement. 2014;(November):1–82. Available from: [papers3://publication/uuid/9AD8BBE6-B3D5-47A5-9455-25DF87FA2726](https://doi.org/10.1186/s12916-014-0272-6)

⁴ Janamian T, Crossland L, Wells L. On the road to value co-creation in health care: the role of consumers in defining the destination, planning the journey and sharing the drive. Med J Aust [Internet]. 2016;204(7):S12 – S. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27078786>

Our recommended change is below:

“For more information, see the NSQHS Standard 2: Partnering with Consumers & Standard 1: Clinical Governance:

<https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>”

Furthermore, we recommend relocating the link to the NSQHS Standard 2 on ‘Partnering with Consumer’ currently located in section 2.3.1 to the end of section 2.3. CHF noted that the NSQHS Standards link provided in the Guidelines lead to the first edition of the NSQHS Standards. If nothing else, this should be **updated** in the Guidelines to refer healthcare workers to the latest information available in the **second edition**.

2.3.1 Involving patients in their care:

Structure:

CHF recognise that while there was a section on ‘involving patients in their care’ in the 2010 Guidelines, we support its relocation to form part of the section on ‘a patient-centred approach’. Involving patients in their care is crucial to providing patient-centred care and having this information within the one section creates a more seamless flow when reading the Guidelines.

We did however find the Guidelines disjointed to read at times. For example, CHF noted the ‘summary’ of section 2.3 now includes the following:

‘Healthcare facilities need to take an organisational approach to involving patient in their care. For more information, see Section 4.1.5’.

A summary is meant to encapsulate all the major points within a document or in this case, a section of the Guidelines. However, no further detail is provided within this section other than simply the acknowledge that this approach is required. We appreciate referring to other chapters and sections of the Guidelines is necessary at times for more detailed information however, we suggest avoiding this when possible as healthcare workers may miss important information.

Furthermore, in Section 2.3.1 of the Guidelines it states the following:

“Healthcare workers should, where possible, explain the processes of infection prevention and control (e.g. reasons for wearing PPE, importance of appropriate handling and disposing of sharps, how to implement airborne precautions) to patients. Patients should be engaged in the decision-making process regarding their care and how it is delivered. All patients should be aware that they are able to ask questions of healthcare professionals”.

CHF believe this should be presented in a different way to ensure this information is not missed or skimmed over when healthcare workers refer to this section of the Guidelines.

We recommend the following changes to this section:

Healthcare workers should, where possible:

- Explain the processes of infection prevention and control (e.g. reasons for wearing PPE, importance of appropriate handling and disposing of sharps, how to implement airborne precautions) to patients.
- Engage patients in the decision-making process regarding their care and how it is delivered.
- Ensure all patients are aware that they can ask questions of healthcare professionals.

General Comments:

CHF welcomes the minor changes to the structure of the Guidelines with case studies and supplementary information now included as Appendices. We applaud the use of the MAGIC App as another portal to access the Guidelines. We found the MAGIC App easy to use, navigate through the Guidelines and is a convenient way to access the document. While we support the use of the App, we noted the online platform 'allows for the creation of a living document that can be updated easily' which raises the question, how would public consultation be undertaken in the future when updates are made?

We also noted that when a section of the document is printed from the version available on the NHMRC website, the format changes slightly (bullet points disappear). This made it challenging to read and see important points. While we understand this is only a draft version, we do recommend that when the document becomes finalised that the Guidelines become available to download as a PDF. This will solve the format issue if people decide to print sections of the Guidelines.

While being able to access the Guidelines through the NHMRC website or through the MAGIC App will undoubtedly reach many healthcare workers across Australia, the digital divide needs to be acknowledged. For example, healthcare workers practicing in very remote areas may have limited access to the internet while others may have limited digital literacy. CHF suggest making the Guidelines available in hardcopy for distribution to healthcare facilities, particularly in very remote areas of Australia.

Conclusion

Overall CHF support the patient-centred focus of the Guidelines. We see opportunity to improve the Guidelines through various changes in presentation and structure to promote efficient implementation. CHF have responded to the NHMRC draft Guidelines for the prevention and control of infection in health care and have suggested the following:

- Moving the patient-centred section to the beginning of Chapter 2 to establish a patient-centred mindset for healthcare workers.
- Providing a clear definition of patient-centred care.
- Provide practical tools and additional resources to support an organisational shift for delivering a patient-centred approach.
- Update the link to the NSQHS Standards to the second edition.
- Provide additional options to access the Guidelines other than through digital.