



Health

Illawarra Shoalhaven
Local Health District

Infection Management and Control Service

Bi-annual Report July 2020 – June 2022

Joanna Harris,
Director of Infection Prevention and Control,
ISLHD Infection Management and Control Service (IMACS)
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Infection prevention and control is an extremely diverse specialty whose main objective is to safeguard healthcare consumers, and people working in or visiting healthcare environments from potential harm caused by pathogenic organisms.

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July 2020 – June 2022

Healthcare associated infection must not be considered a normal part of contemporary healthcare

IMACS' mission statement

Introduction

The Illawarra Shoalhaven Local Health District (ISLHD) Infection Management and Control Service (IMACS) was established in 2008 to consolidate infection prevention and control expertise across the LHD into one team and facilitate effective collaboration between the infectious diseases clinical specialty and infection prevention and control services. IMACS' core aim is simple: to make sure our patients have the lowest possible chance of acquiring an infection whilst in our care, and that our staff are properly prepared and protected against infection risks whilst at work.

Site-based infection prevention and control clinical nurse consultants (CNCs) are responsible for the provision of an effective and broad-based day to day infection prevention and control service across our 8 inpatient facilities organised as the Northern Illawarra Hospitals Group (NIHG), the Southern Illawarra Hospitals Group (SIHG), and the Shoalhaven Hospitals Group (SHG)) and community health settings known as the Integrated Community Services (ICS). These community settings provide the location of services provided by ISLHD Mental Health Service, ISLHD Drug and Alcohol Service, ISLHD Ambulatory and Primary Care (APHC), ISLHD Oral Health Service and the ISLHD Child and Family Service.

IMACS CNCs also carry individual portfolio responsibilities for specialty areas such as hand hygiene, clinical equipment cleaning disinfection and sterilisation, environmental cleaning, and education across the entire LHD. The CNCs report to the IMACS Director of Infection Prevention and Control (IPC) but also retain a professional reporting line to their respective site-based directors of nursing and midwifery. IMACS is supported by local infectious diseases specialists, clinical microbiologists, and the Pathology NSW microbiology laboratory.

This Bi-annual Report describes the activities and achievements of the IMACS team during the period from July 2020 to June 2022 and by referring to ISLHD strategic priorities described in the Annual Plan for 2022-2023, establishes the future strategic framework for the service.

This period has been extraordinary due to the SARS-CoV2 pandemic, and the impact of COVID-19 will be apparent throughout this Report.

The role of the entire IMACS team in supporting the LHD and the local community in their enormously successful efforts in reducing the impact of COVID-19 cannot be understated. Their collaboration with ISLHD colleagues and members of local community organisations such as residential disability service providers and aged care providers, demonstrates their value to this organisation and to the community at large.

Executive summary

- IMACS aims to provide and promote a person-centred infection management and control service across ISLHD.
- The Infection Prevention and Control Mentorship programme was established from January 2019. Following a successful inaugural year, the programme was set to flourish with all available places being filled by January 2020. Unfortunately, the programme was put on hold as a direct result of COVID-19.
- Education of staff and consumers remains a key priority, however face to face sessions, including staff orientation and hand hygiene auditor training sessions, were postponed due to COVID-19 control measures.
- Mandatory face to face personal protective equipment (PPE) training has been provided to clinical staff at all sites, particularly during COVID-19 outbreaks in ward settings.
- The LHD was one of the first LHDs in NSW to establish a staff Respiratory Protection Program. This continues and is managed through the Workplace Safety governance structures.
- Staff and community COVID-19 vaccination was also a key priority for the LHD throughout 2020 and 2021.
- Hand hygiene auditing has continued albeit with lower numbers of reported Hand Hygiene Moments being submitted.
- During the reporting period of July 2020-June 2021 a total of 44,408 hand hygiene opportunities were observed, with 39,573 being achieved correctly – an overall hand hygiene compliance rate of 89.1%. This is a slight increase on the previous two year's rates which were 87.6% and 88.5% respectively.
- During the reporting period of July 2021-June 2022 a total of 33,042 hand hygiene opportunities were observed, with 29,877 being achieved correctly. This overall hand hygiene compliance rate of 90.4% is a further slight increase from the previous year's overall compliance.
- Environmental cleaning auditing continues, with results and action plans now reported through the LHD electronic quality audit reporting system (QARS).
- Surveillance activities include mandatory reporting to NSW Health and voluntary reporting to the Australian Council on Healthcare Standards (ACHS), Health Round Table, and the National Antimicrobial Utilisation Surveillance Program (NAUSP). Surveillance has identified;
 - A decrease in numbers of patients developing healthcare associated *Staphylococcus aureus* bacteraemia from last year (22 in 2020-2021 and 37 in 2021-2022 compared with 41 during 2018-2019).
 - Three ICU-related central line associated bacteraemia occurred at Wollongong Hospital.
- Healthcare associated outbreaks of communicable disease were significantly reduced with no outbreaks of influenza or gastro-intestinal infections including Norovirus occurring in 2020. However, since December 2021 healthcare associated outbreaks of COVID-19 infection have dominated IMACS workloads.

The LHD underwent Short Notice Accreditation Assessment (SNAAP) survey by the Australian Council for Healthcare Standards (ACHS) in March 2022 and this included

assessment of the LHD's performance against *Standard Three; the prevention and control of healthcare associated infection*.

Four recommendations for improvement were received, which were all assessed as low or moderate risk. The ACHS survey team provided positive feedback about the LHD's systems and processes for infection prevention and control.

IMACS activities during the forthcoming year 2022-2023 will be directed using the information gained through surveillance and audit findings, and the ISLHD strategic plan. Our challenge in the coming years will be to return to delivering innovative and effective infection prevention and control in the context of continuing need for COVID-19 control measures in our healthcare settings.

Priorities include;

- Continued achievement of accreditation of all sites against the 2nd edition of *National Standard 3; "The prevention and control of healthcare associated infection"*.
- Supporting our colleagues in returning to pre-COVID systems and processes for infection prevention and control, particularly regarding the use of PPE and risk assessed decision-making about patient accommodation.
- Focus on the management of environmental sources of potential healthcare associated infection
 - Completion of legionella risk management plans for all facilities
 - Provision of consistent advice and support to construction projects across ISLHD
- Action planning to enable compliance with AS/NZS 4187:2014 "Reprocessing of reusable medical devices in healthcare" by December 2022.
- Promoting equity of IMACS service provision for all sites and services within ISLHD including the community-based services.
- Supporting infection control education and awareness through the infection prevention and control mentorship programme and targeted education strategies, particularly for medical colleagues and for non-clinical personnel.
- Continued provision of feedback and support to hand hygiene auditors, and training of new hand hygiene auditors as required.

ISLHD Infection Management and Control Service objectives

Mission

Healthcare associated infection must not be considered a normal part of contemporary healthcare

Vision

Through collective expertise IMACS aims to provide a service that is equitable, safe, person centred and of the highest quality. Systems and processes necessary to support IMACS' Mission are identified, developed, implemented, and evaluated regularly.

The NSW Health CORE values are an integral part of our service aims and objectives and the entire team is committed to modelling them throughout all our activities.

Collaboration

The importance of networking, both within and outside of ISLHD, in developing a clear understanding of the issues affecting the delivery of an effective service cannot be understated. IMACS will continue to strengthen these links and to engage broadly in the development and implementation of our service strategies to maximise and sustain a person-centred and accessible service.

Openness

IMACS will continue to produce information and reports for distribution within and outside the LHD in order to inform the public, the wider community and health colleagues about the incidence and prevalence of healthcare associated infection (HAI) amongst ISLHD patients.

Respect

IMACS aims to demonstrate respect for our consumers and our colleagues by listening to their concerns and by taking every opportunity to identify and resolve situations where people are discriminated against as a direct or an indirect result of infection prevention and control policy interpretation and implementation.

Empowerment

Some infection prevention and control precautions pose significant and particular challenges to patients who may feel extremely isolated and stigmatised by the practices that are employed. These feelings will add to the frequently-described state of disempowerment experienced by patients and their families. IMACS aims to improve empowerment of patients, clients and staff through the provision of easily accessible information and support.

In support of these CORE values, IMACS follows a 5 E's ethos that in the implementation of any infection prevention and control practice or initiative it is essential to;

Engage all stakeholders by providing sound evidence and answering concerns.

Enable the practice by providing a policy framework and resources.

Educate all stakeholders throughout so that barriers to implementation can be identified and addressed.

Evaluate the progress of the initiative, and only **Enforce** compliance when all other strategies have proven ineffective.

Structure of infection prevention and control services in ISLHD

Within the Illawarra Shoalhaven Local Health District, infection prevention and control (IPC) services are provided as a district-wide function. Rather than having IPC staff based within inpatient facilities, reporting to the Director of Nursing and Midwifery, as is commonly the case in NSW, ISLHD took the decision, in 2008, to improve efficiency and effectiveness of the service by creating a cohesive service that is placed within the Clinical Governance directorate. This was an important move as it brought the IPC service out of the nursing silo and placed it squarely in the patient safety and clinical quality space. In doing this, the LHD made explicit the intention that IPC services would be provided equitably to patients and staff in all sites and services across the LHD, not only the acute inpatient services.

The move also meant that the service could facilitate consistency in working practices, and implementation of key initiatives such as the national hand hygiene initiative, in an effective way through the designation of portfolio areas of responsibility to the various team members. This has meant that district-wide programmes have been able to be developed at a strategic level, paving the way for the operational roll-out to be achieved at local level in a more streamlined and measured way. This helps ISLHD staff in all facilities and services to encounter less variation, not only in policy requirements but also in the products they are expected to use in following those IPC policies.

In response to the challenges imposed by COVID-19 the IMACS organisational structure was adjusted during this reporting period, as shown below in figures 1 and 2.

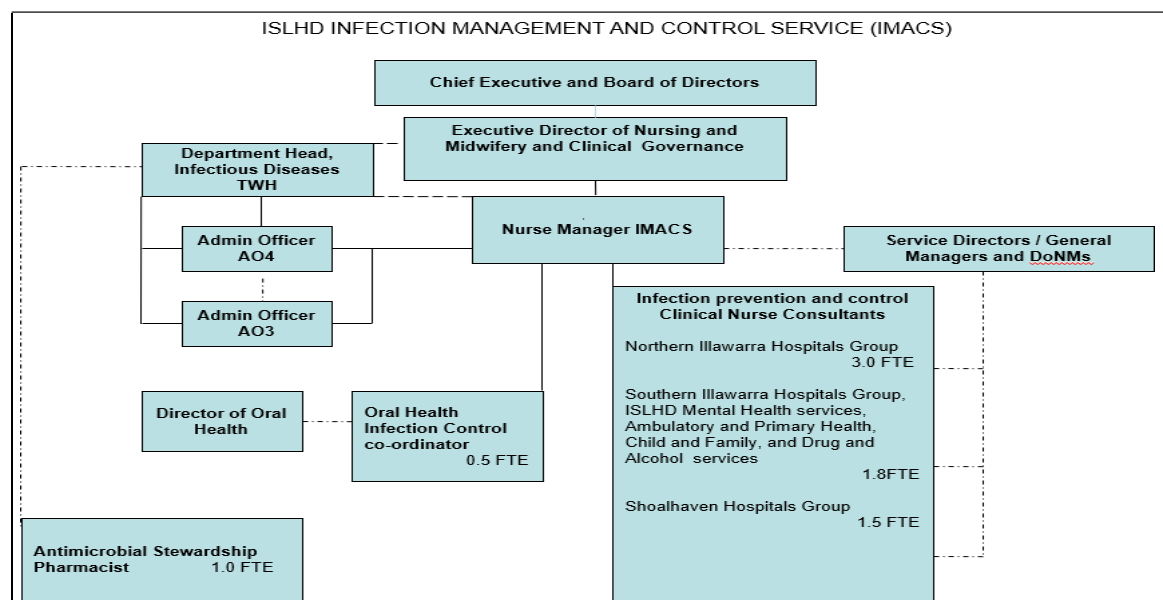


Figure 1. IMACS organisational chart July 2020

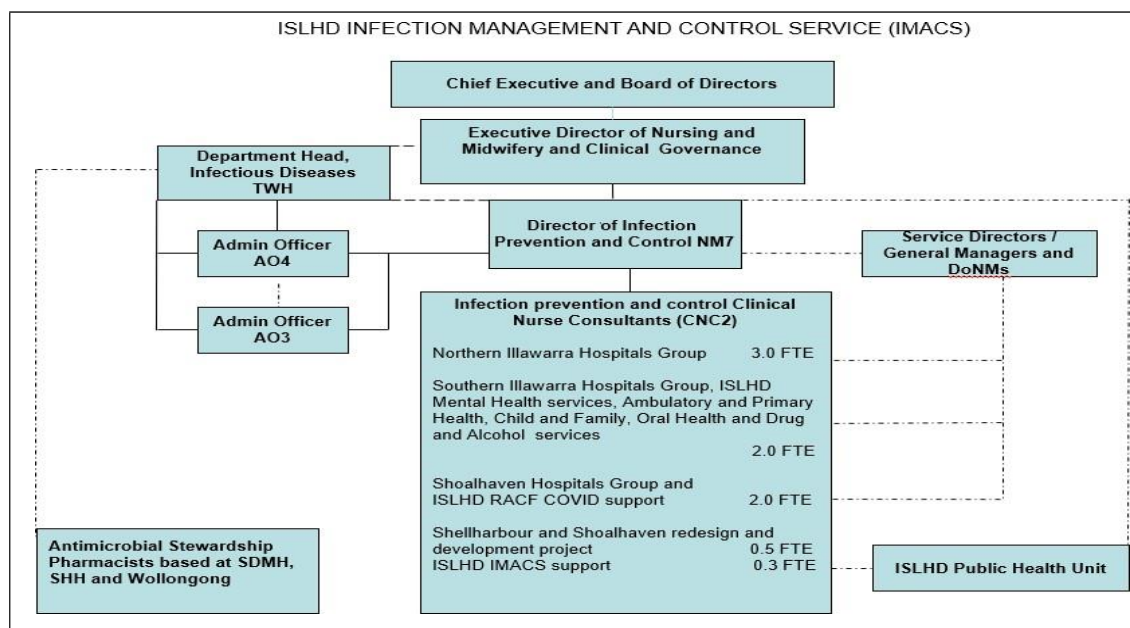


Figure 2. IMACS organisational chart February 2022

A key change has been the upgrading of the Nurse Manager position to that of Director of Infection Prevention and Control (DIPC). In recognition of the need for consistent and timely IMACS advice into the forthcoming Shellharbour Hospital and Shoalhaven Hospital redevelopments, the ISLHD project team Director was able to fund 0.5FTE IMACS CNC as a consultant to the project and design teams.

IMACS was also augmented by the addition of 1 FTE CNC funded through NSW Health COVID-19 funding arrangements. This is expected to continue until December 2022. This extra support enabled the service to provide support to local residential aged care (RACF) and residential disability service (NDIS) providers in their response to the pandemic. This initiative is described later in this report.

During this reporting period, there has been a requirement for these designations to be flexed and reprioritised during the ISLHD and the IMACS response to the local epidemiology of COVID-19.

From March 2020 to April 2022 the IMACS team provided a comprehensive on-call out of hours advice and support service. This was funded by NSW Health COVID-19 funds but without significant increase in FTE was not sustainable beyond April 2022 due to the significant toll taken on the personal wellbeing of the CNCs.

Benchmarking of IPC services is challenging, due to the different requirements for support in various healthcare systems across the world. Internationally recognised recommendations for IPC service provision traditionally derive from the pivotal study on the efficacy of nosocomial IC (SENIC) conducted in the 1970s.

The established SENIC standard of 1:250 IC nurses per acute hospital beds for optimal infection prevention. With increasing complexity of patients' care this figure has been recently challenged and ratios of between 1:70 and 1:100 beds in acute care (Bartles et al 2018; Pogorzelska-Maziarz et al 2018) and 1:150 to 250 beds in long-term care facilities have been suggested (Dickstein et al 2016). Most IPC

services are provided on a weekday basis with no evening or weekend cover generally available.

IMACS' experience of COVID-19 pandemic has demonstrated the need for ongoing discussion about the provision of an out of hours IPC service in recognition of the 24-hour nature of increasingly complex contemporary healthcare.

Within ISLHD the CNC provision for the various services are shown below. The ratios of IMACS CNCs to the bed base they cover are within the recommended ratios for the longer-term inpatient settings but are not at the recommended levels for the acute inpatient settings.

Future plans for the IMACS establishment will be developed alongside plans for the redeveloping health service provision at Shellharbour Hospital and Shoalhaven District Memorial Hospital.

Facility or service	Number of beds including acute ambulatory care ie cancer care, renal dialysis	Number of IMACS CNCs (FTE)	Ratio
Wollongong,	600	2.5	1:240
Bulli and Coledale	100	0.50	1:200
PKH and SHH including mental health inpatients	300	1.3	1:230
SDMH, MUH and DBH	350	1.5	1:233
IMACS team support	-	0.3	
All inpatient	1350	6.1	1:221
ICS, community mental health and oral health	Approx. 400,000 population	0.7	1 in 570k population.
SDMH and SHH redevelopment project	-	0.5	
IMACS RACF and NDIS	Non-LHD providers	(0.5)	
ISLHD IMACS DIPC		1.0	
Totals	1350	8.2 including DIPC	1:164

Table 1. IMACS CNC allocated facilities and services

Leave cover is planned to be provided when a team member is away for more than three weeks, however, staffing shortfalls across the LHD have prevented this from happening consistently during this reporting period. When they have been successfully recruited to, these secondments have provided a mechanism for skills development and succession planning which can be a considerable concern in specialist teams.

Infection prevention and control committee

The ISLHD infection prevention and control committee is co-chaired by the Director of Infectious Diseases, Wollongong Hospital and the ISLHD DIPC. The Committee meets every month. Membership of the committee is given below:

- ISLHD Director of Infection Prevention and Control (Co-chair)
- Director of Infectious Diseases (Co-chair)
- Consultant Clinical Microbiologist
- IMACS Clinical Nurse Consultant representatives from NIHG, SIHG, SHG and ICS
- NIHG executive representative

- SIHG executive representative
- SHG executive representative
- ICS executive representative
- Mental Health Services executive representative
- ISLHD Director of Nursing and Midwifery representative
- ISLHD medical services representative
- Sterilising Services management representative
- Staff vaccination service representative
- ISLHD antimicrobial stewardship pharmacist
- ISLHD Public Health representative
- ISLHD Maintenance Services representative

The role of the infection prevention and control committee includes:

- To review HAI surveillance and patient safety outcomes and identify issues requiring escalation to higher committees
- To provide guidance and direction for the activities of ISLHD infection prevention and control programmes,
- To provide feedback of locally collected data to relevant clinicians, clinical and service manager, the executive, and committees concerned with clinical and quality programmes
- To advise of risks faced by the organisation related to infection prevention and control

The ISLHD infection prevention and control committee reports to the ISLHD Clinical Governance Council and the minutes are available on the ISLHD intranet.

Infection prevention and control team

The IMACS team provides the service to the ISLHD from several bases with the central office being situated in Lawson House at Wollongong Hospital where the IMACS team covering the NIHG are co-located with Infectious Diseases specialists working within the NIHG and SIHG hospitals.

Each of the infection prevention and control CNCs carries responsibility for their designated sites and services as well as responsibility for specific LHD-wide 'portfolios'. This arrangement allows strategic programmes and resources to be developed across the LHD as necessary, and avoids unnecessary duplication of tasks. These programmes are then delivered locally by the relevant IMACS team with LHD-wide oversight and reporting being the ongoing responsibility of the portfolio holder.

Portfolios are reviewed and revised each year at the IMACS Planning Day. This is usually held in May each year but in 2020 the day was deferred to July because of COVID-19 workloads and meeting restrictions that were in place. COVID-19 has also necessitated a re-prioritisation of workstreams. The revised portfolios, as determined in May 2022 are shown below.

Position	Facility	ISLHD Strategic / Project area	
IMACS DIPC	Overall responsibility for the provision of person-centred Infection Prevention and Control service across all areas and services provided by and/or based at the facility.	Line management of IMACS CNCs and admin staff To provide the link between IMACS and all facilities, services and units across ISLHD. To ensure that Infection Prevention and Control aspects of service planning, delivery and monitoring are effectively incorporated.	
	IMACS	Laundry	Waste
CNC WH	Wollongong Hospital wards and departments, plus Bulli Hospital and Coledale Hospital	Multi-resistant organisms (MROs)	
CNC WH		IT strategy Hotel services and environmental cleaning	
CNC WH		Hand Hygiene	
CNC SHH	Shellharbour Hospital. ISLHD Mental Health	Education	
CNC PKH	Port Kembla Hospital, ISLHD Integrated Community Services including Oral Health	Policies and procedures – not IMACS	
CNC SDMH	Shoalhaven, David Berry and Milton Ulladulla hospitals	Policies and procedures - IMACS	
CNC SDMH		Consumer engagement	
CNC SDMH		ISLHD and RACF COVID-19 collaboration	
CNC for Project support	Working from home and requires extensive travel throughout the LHD	Specialist IPC advice and support for the SHH and the SDMH redevelopment projects including Warrawong HealthOne. Equipment, including detailed review of COVID-19 related PPE coming into the ISLHD from outside of usual procurement routes	

Table 2. IMACS designated portfolios 2020-2022

As noted on the [IMACS Organisational Chart](#), each of the infection prevention and control CNCs reports directly to the ISLHD DIPC and has an indirect relationship with the executive unit of their designated sites and facilities.

The IMACS team also includes two administration officers who work with IMACS as well as supporting the Wollongong and Shellharbour Hospitals' Infectious Diseases teams. A key role for these team members is the data entry and recording of surveillance activities including the Hand Hygiene audit sheets, bloodstream infection review forms, and supporting the infection prevention and control mentorship programme.

Collaboration and committee membership

In addition to fortnightly team meetings, IMACS team members participate in various committees and working groups, through attendance or provision of an IMACS report, as detailed below. During this reporting period many of these meetings were convened using Microsoft Teams or other virtual platform rather than face to face, as result of COVID-19 restrictions. From February/March 2020 several additional meetings have been convened in preparedness for COVID-19 and it is expected that these will continue throughout the coming year.

Position	Facility / Service	Meeting / Committee	Frequency
DIPC	NSW Ministry of Health / CEC	HAI Steering Committee Bloodborne Virus Advisory Panel	Bi-monthly 3 Monthly
	ISLHD	ISLHD COVID-19 Clinical Reference Group Infection Prevention and Control Committee ISLHD Clinical Governance Council New Interventions Assessment Committee ISLHD Nursing and Midwifery Leadership Committee ISLHD Occupational Assessment Screening and Vaccination Committee ISLHD Legionella risk management committee (chair) ISLHD Radiation Safety Committee	Daily or variable according to need Monthly Monthly As required Monthly Monthly Monthly Quarterly
Wollongong Hospital CNCs	ISLHD	Infection Prevention and Control Committee ISLHD CNC meetings	Monthly As scheduled
	NIHG	Health Emergency preparedness NIHG Infection Control sub-Committee	Quarterly Monthly
	WH	Bed Management meetings WH Department Managers Meeting WH&S Committee ICU infection control meeting Operating Theatres and IMACS	Daily Monthly Monthly Monthly Co-opted
	Coledale Hospital	Department Managers Quality Meeting	Monthly
	Bulli Hospital	WH&S Committee Bulli Department Managers Meeting	Monthly Monthly
Shellharbour Hospital CNC	ISLHD	ISLHD CNC meeting	As scheduled
	SIHG	SIHG Standard 3 Governance Committee Emergency Management Committee Learning and Development Committee Patient safety and quality	Monthly Monthly Monthly Monthly
	SHH	WH&S Committee (report tendered) SHH Mortality and Morbidity meeting	6 Monthly Monthly
	Mental Health	Consumer and Staff Safety	As scheduled
PKH CNC	ISLHD	Infection Prevention and Control Committee ISLHD CNC meetings	Monthly As scheduled
	SIHG	Patient Safety Committee Learning and Development Committee	Monthly Monthly
	Port Kembla Hospital	WH&S Committee Department Heads Meeting	Monthly Monthly
	Integrated Community Services (ICS)	Standard 3 Governance Committee	Monthly

Position	Facility / Service	Meeting / Committee	Frequency
	ISLHD Oral Health	Clinical Governance meetings	Monthly
	ISLHD Drug and Alcohol Service	WH&S Meeting	As required
SDMH CNC	ISLHD	Infection Prevention and Control Committee	Monthly
		Nursing and Midwifery Policy and Practice Committee	Monthly
		ISLHD CNC meetings	
	SHG	SHG DoNM and IMACS update meeting	Monthly
		SHG Infection Control sub-Committee	Monthly
		SHG Emergency and Disaster Committee	Bi-Monthly
		Learning and Development Committee	Monthly
		Consumer Advisory Committee	Bi-Monthly
	SDMH	WH&S Committee – report provided	Monthly
		Bed Management meetings	Daily
		Nursing and Midwifery Leadership meeting	Monthly
		Patient Safety and Quality meeting	Monthly
	DBH	Patient Safety and Quality	Monthly
		WH&S Committee – report provided	Monthly
	MUH	WH&S Committee – report provided	Monthly
		Patient Safety and Quality –report provided	Monthly

Table 3. IMACS committee membership 2020-2022

Support to IMACS

IMACS is extremely well supported by the clinical microbiology service provided by the laboratory team based at Wollongong Hospital.

Infectious Disease expertise is provided to IMACS at all sites, with infectious disease specialists and their teams based at Wollongong Hospital (WH), Shellharbour Hospital (SHH) and Shoalhaven Hospital (SDMH).

The Public Health Unit is a valuable resource in addition to providing the statutory function of communicable disease surveillance.

The ISLHD Clinical Governance Unit (CGU) supports IMACS in the collation of NSW Health key performance indicator (KPI) submissions and the creation of reports as required. Incident and Injury Management System (IIMS) reporting includes incidents relating to HAI.

The staff vaccination service, staff health screening, and blood and body substance exposure follow up is provided to ISLHD under the remit of the respiratory medicine and chest clinic teams. Staff vaccination reports are provided to IMACS, the ISLHD infection prevention and control committee, and site executive teams.

Effective antimicrobial stewardship is an essential component of contemporary infection prevention and control programmes. Antimicrobial Stewardship Pharmacists have been appointed since April 2011, and an automated antimicrobial prescribing support system (Guidance MS™) introduced in May 2012. There are now well integrated systems across ISLHD to monitor and effectively control the use of antimicrobial agents.

Awards and recognition

All members of IMACS have collectively proven themselves to be a highly resilient and productive team during this challenging reporting period. The need for team members to have a flexible and responsive approach to their work has never been greater than since early 2020 when the COVID-19 pandemic emerged.

The broader ISLHD has recognised and acknowledged the various ways in which IMACS has provided exemplary leadership and support to the LHD as a whole as well as to the individuals within it.

Staff and volunteer recognition awards (SAVR)

The ISLHD SAVR awards are a core component of the LHD's commitment to recognising and celebrating the achievements of its valued staff. The ISLHD SAVR awards have been held annually since 2015. The Awards recognise and reward significant and outstanding achievement and performance by employees and volunteers across the LHD.

In 2020 the IMACS team were proud to accept the award for Collaboration and Connection.

Due to COVID-19 restrictions the SAVR awards were not held in 2021 however, in 2022 the IMACS team was nominated in three categories and was successful in the following categories:

- Clinical Excellence – the IMACS team shared this award with the COVID-19 Clinical Reference Group.
- Resilient Leadership – Joanna Harris, IMACS DIPC was honoured to share this award with Nicole Sheppard, General Manager for the NIHG.



Figure 3. IMACS CNCs at the 2021-2022 SAVR awards supported by EDNM&CG Deb Cameron

Lunch with Leaders

Another opportunity for the celebration and recognition of ISLHD staff achievements is through the Lunch with leaders programme. This monthly event is part of the LHD's overall Recognition and Reward Framework and is one of the formal ways employees are recognised for their excellence in commitment and contribution to the organisation and service to the community.

Employees (individuals or teams) that have been identified for their excellence in commitment and contribution at a local level are invited to join the Strategic Executive Committee for a luncheon to celebrate their success.

During this reporting period IMACS team members, Annmaree Wilson and Scott Lang (SHG), and Fiona Hamilton (SIHG) and Jillian Ruddy (NIHG) have been nominated and have proudly accepted this opportunity for their commitment and contribution to be publicly recognised.

Strategic Plan

The IMACS Strategic Plan reflects the strategic objectives of the ISLHD Annual Plan 2022-2023 which aligns the ISLHD one-year horizon strategy with the NSW Health ten-year strategic vision for the health system.

The IMACS Strategic Plan is supported by the IMACS work-plan report which is updated by the IMACS DIPC and reviewed each month by the EDMS&CG. Written monthly reports are completed by IMACS infection prevention and control practitioners to communicate progress of the various programmes in place at each site to the IMACS DIPC. IMACS team meetings, and hub meetings, are held monthly.

Progress against the IMACS workplan for 2020 – 2022 is provided at appendix 1.

The future workplan for 2022-2023 is provided within appendix 2 of this bi-annual Report.

Highlights

The following section of this report provides an overview of achievements and quality activities and outcomes for each of the inpatient service ‘hubs’ known as Hospital Groups, and the non-acute settings that are covered, including ISLHD mental health services and the ISLHD Integrated Community Services.

As dictated by the challenges imposed by COVID-19, and the prioritisation of the pandemic response within the ISLHD Strategic and Operational Priorities plans for 2020-2022, the majority of IMACS activities during this reporting period have been dominated by pandemic response. The team were actively engaged in providing a cohesive and consistent approach to mitigating the risk of COVID-19 throughout the LHD and outside its traditional boundaries. The overarching COVID-19 response is described in the following section of this report.

ISLHD IMACS support to the SARS-CoV-2 pandemic response

Much of IMACS response to the pandemic as it emerged during 2020 through to 2022, was in keeping with the established core business framework for the service. This focussed on developing education resources and programmes such as PPE training including P2/N95 respirator fit check training and ensuring communication tools were updated frequently and in keeping with the CEC guidelines and national Communicable Diseases Network of Australia (CDNA) COVID-19 SoNG and NSW public health orders.

A series of question and answer sessions were hosted by IMACS and the infectious diseases specialists to broadcast the frequent changes in COVID-19 management and IPC advice as the global and local evidence base matured. These sessions were held for ISLHD staff as well as members of the RACF and residential disability service provider organisations.

ISLHD Emergency Operations Centre and Clinical Reference Group

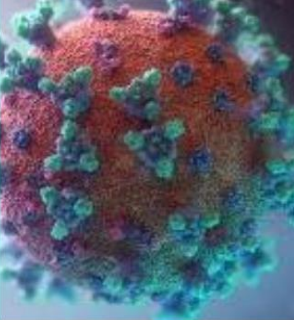
The IMACS Director was a key member of the ISLHD Emergency Operations Centre when it was stood up, and then as it evolved, remained a core member of the ISLHD COVID-19 Clinical Reference Group (CRG). This framework of daily meetings enabled timely and accurate communication of the expected operational framework for COVID-19 prevention. Topics ranged from hospital visiting rules, isolation and contact tracing requirements, PPE usage and the COVID-19 screening of patients, staff, and visitors. COVID-19 outbreaks and

staff absence due to infection or close contact isolation requirements were closely monitored. The ISLHD Chief Executive (CE), Margot Mains, established frequent information sessions for the LHD staff to enable all members of the LHD to have contemporaneous and accurate updates. IMACS were a key participant in these activities.

In early 2020, as the first cases of COVID-19 were noted to lead to devastating outbreaks of the infection in residential aged care facilities (RACF) in Sydney and then in Victoria, the ISLHD CE Margot Mains took a proactive approach to safeguarding the local RACF community. A joint initiative involving executive management team members from local RACF organisations and the LHD was commenced. This network included representation from the LHD public health unit (PHU) and aged care directorate as well as IMACS. Through this network the LHD gained a sense that some of the smaller organisations may require focussed support from the PHU and IMACS in their pandemic preparedness. The ISLHD CE directed IMACS to actively support the local RACF facilities in this.

IMACS RACF pandemic preparedness support programme

In preparation for the pandemic and anticipated impact on RACFs in both the Illawarra and Shoalhaven area, an initial infection prevention and control audit was offered in all 44 local RACFs during August and September 2020. This audit was developed from existing audit tools, covering several aspects of COVID-19 response and Standard Precautions (hand hygiene, physical distancing, equipment and environmental cleaning, PPE usage and waste management). Each audit took around 3-4 hours, and a written report was provided to the RACF management team within 24 hours of the audit visit. Ongoing support by IMACS and the ISLHD PHU was also offered to support the RACF in implementing any opportunities for improvement indicated in the audit data.



Illawarra and Shoalhaven RACF Infection Prevention & Control LINK Programme 2021

These sessions will provide RACF IP&C Lead staff with regular updates on various topics and the ability to network, discuss specific concerns and further develop expertise in IP&C in the context of the residential aged care environment.

These sessions are also another opportunity for staff to ask any questions they may have and feedback to their teams

Sessions will be conducted using the ZOOM video conferencing application

Participants may need to familiarise themselves and download ZOOM if their organisation uses a different application

Participants will need to complete the Survey Monkey to ensure they will be emailed the ZOOM calendar invite

Frequency	Each month (Commencing February 2021)
Day	2 nd Wednesday each month
Time	1030 -1130 am
Mode	Zoom (video conferencing app)
Registration	Scott Lang Scott.Lang@health.nsw.gov.au 0475 942 346

2021	Topic
Feb	COVID-19 Preparedness
Mar	Hand Hygiene
Apr	Scabies
May	Winter Preparedness
Jun	Outbreak Management (PHU)
Jul	Waste Management
Aug	Multi Resistant Organisms (Jo Harris)
Sep	COVID-19 Outbreak Lessons Learnt (IRT)
Oct	Environmental Cleaning
Nov	Food Safety & Christmas Preparation
Dec	Quality Improvement (Gaye Sykes CGU)

“Scott was great, a highly informative and realistic presenter. Very down to earth and very approachable. A fantastic program”.

“It is a good programme as Aged Care Nurse are kind of isolated”

Figure 4. IMACS RACF COVID-19 support programme and feedback

The IMACS DIPC also allocated 0.5 FTE of the existing IMACS staff establishment to further support the needs of RACFs within the Illawarra and Shoalhaven areas. Following a needs analysis as identified by key stakeholders in RACFs, an IPC Link education model was used to further support all 44 RACFs. This consisted of a monthly education session for a distribution list of over 130 RACF staff. Sessions were provided using Teams or Zoom virtual meeting platforms from February 2021 to December 2021.

Evaluation of the programme demonstrates that it provided opportunity for RACF managers and infection prevention leads to ask for specific advice as required and became a useful support mechanism for these staff. The content provided by IMACS every month was approved to share to other RACFs in NSW in view of an evident lack of similar processes outside of ISLHD.

Following on from this programme, telephone advice and support has been regularly provided by the designated IMACS CNC when RACFs have queries on a day-to-day basis.

Additionally, this position and the wider IMACS team members supported the ISLHD PHU assisting the RACFs when in outbreak. Significant on the ground comprehensive IMACS support was provided to large outbreaks of COVID-19 affecting residents and staff within several RACFs including IRT RACF in Tarrawanna, IRT Links Seaside in Wollongong, Frank and Jess Kennett home in Woonona, Rose Mumbler RACF in Nowra, Marco Polo in Woonona and Marco Polo in Unanderra.

Several NDIS service providers also required site visits and onsite IPC support to manage their COVID-19 outbreaks during 2021.

In addition to these site visits the IMACS designated CNC or DIPC attended many outbreak management meetings for RACF and NDIS settings at the request of the ISLHD PHU.

ISLHD response to increasing COVID-19 cases in the community

As COVID-19 continued to impact our community, in September 2021, ISLHD increased the capacity to care for the community by establishing Special Health Accommodation (SHA) and Community Supported Accommodation (CSA) on direction from NSW Health.

The principles for standing up these new facilities were:

- To provide high quality care to guests to safely isolate confirmed COVID-19 cases or close contacts of COVID-19 who were otherwise unable to isolate
- To reduce the risk of COVID-19 community transmission

This was a unique situation with this inaugural service required to open in an extremely short timeframe. Overall, there were five (5) facilities established throughout the LHD. Altogether there were 130 beds and over 300 guests admitted to these facilities.

The IMACS CNCs designated to provide this support joined ISLHD managers and staff who were tasked to assess and prepare accommodation establishments in August 2021.

The initial phase involved scoping several Illawarra facilities. IMACS CNCs attended multiple site assessments in conjunction with colleagues from the PHU. These included motels, hotels, and apartment blocks. Ultimately, the decision was made to open the Bulli SHA in Bulli Hospital Level 2. This provided 30 rooms as the first ISLHD COVID-19 SHA. At the same time the Wollongong CSA was tasked to open in the Belmore Apartments building.

The ISLHD SHA and CSA project team, under the leadership of the ISLHD Executive Director of Nursing and Midwifery, worked tirelessly to ensure this huge undertaking occurred in an incredibly quick timeframe. The establishment of the SHA and CSA facilities was a major undertaking with the initial work of the team concentrating on the development of policies, procedures, guidelines, orientation packages, provision of PPE training and competency assessments, and the initiation of QARS audits. IMACS was key to supporting the development of safe practice workflows for the unit staff to follow. Initially there were over thirty workflows developed to describe the processes and precautions needed to accommodate guests safely.

The CNC designated as the lead IMACS support to this programme was Fiona Hamilton. She provided infection management and control advice on multiple aspects of setting a service from the ground up. This included: checks and assurance for engineering controls, safe egress for COVID-19 guests and for the staff, equipment procurement, PPE requirements and education, linen and waste handling, resources, posters, implementation of the correct transmission-based precautions and education to the ISLHD staff and staff from outside agencies such as NSW Police, externally contracted security teams and cleaning services, and the Belmore Apartments hospitality team and management. Many of these contracted security and cleaners and the police were employed with no previous background in infection prevention and control measures and they required additional support to ensure staff and client safety and prevention transmission of COVID-19. Infection prevention and control orientation and PPE presentations were delivered to sixty-seven (67) of these staff in the Wollongong setting.

During this time the IMACS also focused heavily on creating and completing multiple infection control audits, and the inclusion of the CSA and SHA into the established QARS audit schedule to ensure quality control. The imperative to establish these services required Fiona, who is based at Port Kembla Hospital, to be offsite and away from the SIHG for over 6 weeks with ongoing work continuing over several months.

Special Health Accommodation (SHA) for confirmed COVID-19

Bulli SHA received the first guest 13/9/2021, only 14 days after being tasked with the undertaking of opening the accommodation. Later Bulli Hospital Level 3 was commissioned on 18/10/2021 to provide 30 rooms (including 2 family rooms). Bulli SHA closed 8/11/2022. Ten (10) Recreational Vehicles were also set up at Wreck Bay on country. Followed by Nowra SHA which was established in the Nowra sub-acute mental health unit. 20 rooms were ready by 18/10/2021 and IMACS CNC Scott Lang provided PPE training and assessment and other IPC orientation to the staff expected to work there, however this service did not admit any guests.

Community Support Accommodation (CSA) for Close contacts

The same team who opened the SHA were simultaneously working to open the CSA for COVID-19 close contacts who were unable to isolate at home safely and effectively. The Wollongong apartments provided 34 rooms in 1- and 2-bedroom apartments and were opened on 1/10/2021. There were many challenges for maintaining infection management and control as this was an apartment block and not purpose built for quarantine purposes. The CSA closed 26/04/2022, six (6) months after opening.

IMACS & THE SHA TEAM - WORKING IT OUT TOGETHER!



Figure 5. IMACS and the SHA team

Public Order lockdowns:

Just as the Bulli SHA was opening to their first guests, the PHU alerted IMACS that two Wollongong multi-accommodation settings were experiencing outbreaks of COVID-19 and were to be immediately placed under a Public Health Order lockdown. They were the

- Keira View Homeless Hub with 84 units – locked down on 16/9/2021 until 11/10/2021
- Piccadilly Motor-Inn with 36 rooms – locked down 17/9/2021 until 17/10/2021.

Two IMACS CNC (Jillian Ruddy from NIHG and Fiona Hamilton from SIHG) were required immediately for IMACS consultancy in these community settings.

The IMACS CNCs were integral members of a multi-disciplined staff cohort and worked collaboratively with all levels of staff in very challenging infection prevention and control circumstances. The immediate response included the erection of gazebos and large tents to be used as outdoor offices, donning and doffing stations, and for the storage of equipment.

The IMACS CNCs focused heavily on workflows, PPE availability, PPE donning and doffing, environmental cleaning, and transmission-based precautions education and support. This was in the context of some difficult guest behaviours. Guests demonstrated unpredictable behaviours, domestic violence, suicidal ideation, and over-doses.

Many of the affected guests in lockdown had drug and alcohol, mental health problems, significant psycho-social issues. Some guests were under the corrective services management, had parole plans in place and some were forensic clients. Imposing the public order isolation and restrictions in this cohort of people added significant personal stress and escalated their challenging behaviours.

This required unprecedented flexibility and adaptability in upholding infection control standards and the IMACS CNC had to work closely with all staff including the police and

security to ensure safe work practices for preventing the transmission of COVID-19 to staff and other guests.

Effective infection control practices were implemented for the staff managing those that were non-compliant in isolating. Despite the challenging situations the whole team recognised these people were vulnerable, marginalised, displaced, and frightened. The team worked tirelessly despite the challenges, by focusing on providing safe care to prevent the transmission of COVID-19 with dignity and respect.

The whole team worked tirelessly through the challenges by being flexible, adaptable, and creative.



Figure 6. Picadilly Motor Inn entrance and PPE doffing station

Integrated Community Services (ICS) COVID-19 response

With the increasing of local cases COVID-19 in late 2021, ICS services required a dramatic increase for IMACS consultancy. Throughout ICS services multiple episodes of contact tracing for staff and patients was attended in conjunction with managers. In addition to contact tracing the IMACS CNC worked collaboratively with managers advising on PPE, environmental cleaning and providing COVID-19 resources.

Of all the services, Drug and Alcohol were most affected with ongoing COVID-19 exposures. The IMACS CNC in consultation with service managers assessed the ongoing risk as the number of COVID-19 cases escalated. Primarily, the work focused on the opioid treatment programmes where numerous clients attended daily to receive their dose of opioid. As the numbers of COVID-19 positive clients attending the opioid dosing programmes increased, the number of other clients exposed also increased. The control measures that were implemented included increasing the level of staff PPE, installation of perspex barriers, social distancing measures for the clients and staff, and environmental cleaning. In addition, the Drug and Alcohol service commenced a home dosing service that required staff to always have security with them. The service also implemented a process to reduce the number of clients congregating at the morning opioid service by organising community pharmacies to assist with deliveries of medication.

The response activities that IMACS was involved with in the inpatient hubs and services was extensive as described in the next section of this report.

Northern Illawarra Hospital Group

The NIHG, with Wollongong Hospital at its centre, instituted several innovative processes to address the challenges it faced in responding to the emerging threat of SARS-CoV-2 in early 2020. A key strategy was the establishment of the Wollongong Hospital COVID-19 TaskForce in which IMACS participated. This action group was commissioned by the NIHG General Manager with the objective of safeguarding staff and patients from COVID-19 infection as the pandemic developed. During the period covered by this report innumerable infrastructure improvements were made in the Wollongong Hospital to meet this aim. Some examples are:

- The nomination of designate sections of the emergency department (ED) to accommodate patients suspected or confirmed as having COVID-19, with structural and air handling alterations being made to optimise protective measures.
- Renovation and construction of additional bathroom facilities for medical imaging staff
- The addition of glassed front doors to each single room and the inclusion of toilet in each room on the A5 Annex, a ward used to accommodate patients with COVID-19 or close contacts.
- Designated negative pressure operating theatre for managing patients with COVID-19
- Enhanced outdoor spaces for staff to reduce COVID-19 infection transmission risk to staff during rest breaks.
- Construction of an equipment room for ICU overflow and charging and rotation of additional equipment (such as ventilators) purchase in response to projected COVID-19 demand.
- Multiple renovations and repurposing of B2 West as clinical needs changed.

As the number of COVID-19 cases increased, COVID-19 specific wards were set up at Wollongong Hospital. IMACS involvement included intensive training of staff including PPE competencies, set up of rooms and PPE stations, fit checking practices and trialling of new mask brands, the provision of question and answer sessions and ongoing support providing information regarding management of any respiratory viral illness particularly if aerosol-generating procedures in place.

In addition to this involvement for inpatient service provision the IMACS NIHG team provided support to other COVID-19 response requirements for outpatients and staff.

COVID screening clinics

Establishment of COVID-19 screening clinics at key sites across the LHD in short time frame. This involved clinical area set up, PPE training and competencies, procedure for collection and management of clinical specimens. Staff specific testing clinics were then set up to accommodate the increasing number of staff with respiratory symptoms.

COVID-19 vaccination hub

Establishment of a central vaccination clinic off-site. Involvement in contract negotiations for environmental cleaning programme, PPE training and education for staff including a programme to hand over to onsite educators to progress with, set up of clinical vaccination preparation and delivery stations.

Ambulatory Care Centre for Monoclonal Anti-body infusion VeCC

In January 2022, the Infectious Diseases virtual enhanced community care (VeCC) lead, Dr Niladri Ghosh was supported by IMACS and the Wollongong Hospital Executive Management team to source a suitable clinical area for VeCC patients to attend Wollongong Hospital for sotrovimab treatment. This requires a single dose to be administered through an intravenous (IV) infusion in a health care facility and has been shown to reduce hospitalisation or death by 79 per cent in adults with mild to moderate COVID-19, who are at risk of developing severe COVID-19. The Ambulatory Care Centre was reviewed and analysed for this purpose, however the air-handling and competing demands of the high-traffic area ultimately saw the infusions given in A5 Annexe.

Southern Illawarra Hospital Group

The SIHG increased IMACS establishment

The IMACS staff establishment for SIHG is substantively 1.8 FTE. This was increased to 2FTE in response to the COVID-19 pandemic.

With the internal reorganisation that became necessary for the provision of consistent IMACS advice into the ISLHD SDMH and SHH redevelopment project, Carmel Couch relocated from the NIHG to the SIHG hub. The transition commenced in January 2022 which ensured support for the hub during the SNAAP accreditation in late March.

IMACS CNCs have been involved in the review and planned renovation of the Shellharbour Hospital CSSD and Endoscope reprocessing environments to ensure compliance with AS/NZS 4187:2014 'Reprocessing of reusable medical devices in health service organisations'. The current blueprint of the operating theatres has limited capacity to allow for the required changes and physical refurbishment and extension is required to achieve full compliance with the Standard.

As the COVID-19 pandemic escalated, the IMACS CNCs worked intensively with the SIHG Executive and management teams to prepare staff and clinical areas to handle the increasing demand for services. This included assisting the commissioning of the Shellharbour hospital COVID-19 testing clinic, the transition of the Medical-Surgical ward to COVID-19 inpatient unit as well as re-configuring the Emergency Department and AMAU. The SIHG Hub was originally designated as a non-COVID site, where COVID-19 cases were expected to be transferred to Wollongong Hospital. The plan changed significantly as community transmission increased and unprecedented numbers of patients required admission and increased care demands. IMACS supported the staff through education programmes, including PPE training, Public Health advice, clinical support, data collection and outbreak management. Other support measures maintained by IMACS included the optimisation of PPE availability at the point-of-care, COVID-19 signage and COVID-19 product placement such as hand hygiene and equipment cleaning products. COVID-19 Outbreak Resource kits were developed and distributed. These kits have been utilised by staff and provided a consistent resource package for units to manage the ongoing immediate response to a potential outbreak.

There was a significant demand for clinical support and compassionate reassurance for staff, families and patients. IMACS were requested to partner in the SIHG Executive team meetings to provide regular expert updates, Public Health advice and to flag clinical risks.

Shoalhaven Hospital Group

New Services

SHG IMACS participated in planning and introduction of Outpatient Colposcopy Services

COVID-19 testing clinic

The IMACS team held a key role in providing specialist advice to the SDMH management team in establishing the SDMH COVID-19 testing clinic. This involved reviewing the proposed environment and advising on matters such as clinic layout, and materials needs including sharps bins and cleaning and disinfection products. Staff training was provided including PPE usage and disposal and technical advice relating to nasopharyngeal swab specimen collection. Ongoing support was required throughout 2020 and 2021 to support staff in confidently and safely managing this important community resource.

COVID-19 vaccination programme

Support provided by IMACS CNCs for local promotion and delivery of COVID-19 vaccinations for staff and members of the community at the SDMH COVAX Clinic.

Influenza vaccination programme

Support was provided for local promotion and programme delivery for influenza vaccination at the SHG hospital sites and community health services.

The Shoalhaven Hospital Group (SHG) increased IMACS establishment

The Infection Management and Control Service (IMACS) staff establishment for SHG is 1.5 FTE. This was increased to 2FTE in response to the COVID-19 pandemic. This increase was enabled through extended support being provided to the team through the designation of a highly experienced RN with extensive infection prevention and control experience, to IMACS on the instruction of the SHG executive team.

Key activities undertaken within the SHG include:

Pandemic Planning and Services

- COVID-19 Q&A sessions across the SHG
- Fit Check training for relevant SHG clinicians
- Advising staff and assisting with work arounds during PPE shortage
- Increased updates and meetings with IMACS DIPC
- Review of hand rub and signage in common areas and additional dispensers added

Emergency Department

- Consultation, planning and liaising with external providers to improve management of alcohol hand rub which resulted from several eye injuries that occurred from bottles not being secured
- Changes to ambulance arrival bay requiring IMACS input and advice
- Advice and consultation re the establishment of COVID-19 safe accommodation within the ED

A large component of the year was in preparing and advising on issues around the identification of and planning for COVID-19. Education and update session utilising Skype as a presentation medium proved extremely successful with large numbers of staff attending these sessions.

Integrated Community Services

Clinical Consultancy and leadership

The IMACS CNC designated for the Integrated Community Services (ICS) is responsible for clinical consultancy and leadership and the delivery of an IPC programme to the ICS. This designation of a CNC for non-inpatient services is an unusual and innovative arrangement within NSW.

Strengthening governance for Standard 3

The ICS National Safety and Quality Standard 3 committee comprises representation from ISLHD Ambulatory Primary Health Care Stream Leader, Ambulatory Primary Health Care Nursing Nurse Unit Manager, Targeted Clinical Services Nurse Manager, Diabetes Service Nurse Manager, Child and Family Nurse Unit Manager, Drug and Alcohol Service Manager, Oral Health Manager, ICS quality representative and ISLHD IMACS CNC.

This committee monitors and evaluates the progress on Standard 3, ensuring that all services are preparing for ACHS accreditation. The committee provides a monthly report, documenting any red flags relating to ICS to the following committees: ISLHD IPCC and the ICS accreditation governance committee. This committee is monitoring compliance with audits and provides support to implement and monitor compliance with Service/District/State policies, procedures and guidelines related to infection prevention and control. Importantly, it has provided a forum, to table and discuss any quality improvement initiatives/research activities being undertaken across ICS and ensure appropriate consumer involvement.

Continued commitment to hand hygiene auditing and consumer feedback

ISLHD Ambulatory Primary Health Care Hand Hygiene Compliance: A total of 757 moments were collected of which 714 were correct. Hand hygiene compliance is 94.3% (92.4-95.8%) which is above the current ISLHD benchmark of 90%.

To support the collected Hand Hygiene data the ICS Standard 3 committee finalised a QARS version of the Consumer Hand Hygiene survey. The aim of this survey is to gather valuable hand hygiene data to supplement the submitted hand hygiene audits that are collected in Ambulatory Primary Health Care. A total of 1116 audits were submitted across ICS, with a 97% compliance.

Applying principles of antimicrobial stewardship to the community setting

Antimicrobial stewardship is often considered relevant only in inpatient settings. However this is not the case, and staff within the ISLHD community-based services are committed to improving antimicrobial prescribing within these services and in facilitating an increased understanding of antimicrobials in their clients.

Initiatives include;

- A new audit tool for antimicrobial prescribing, 149 audits were performed and a compliance of 71% in appropriate antimicrobial prescribing identified.
- An 'Ask Me' strategy to encourage clients, family and carers to ask clinicians safety-orientated questions about antibiotics.
- A 'Do I need antibiotics' poster was developed and available in the Patient information portal, in addition 'Do you have an Antibiotic Allergy' pamphlet is also being used as part of antimicrobial stewardship.

COVID-19 response:

Multiple education involved sessions on COVID-19 and PPE that were delivered throughout the LHD.

The IMACS CNC was a member of the ISLHD Community COVID-19 committee.

In, addition the IMACS CNC provided a consultancy role in the commencement of COVID-19 Rapid Response Testing teams in the community settings. The CNC was a NSW Health Communities of Practice committee member and was nominated as a team member of a sub-committee in developing home visiting resources for the Clinical Excellence Commission.

Oral Health

The IMACS CNC in Oral Health has continued to provide ongoing clinical consultancy for IPC in this setting specifically advising on ISLHD policies and practice. The HealthOne strategy has required ongoing IPC consultancy for both Dapto and Ulladulla.

Hand hygiene updates were provided weekly over the year and reporting upon completion of each cycle which was disseminated to all oral health staff. With staff movement and a reduction in hand hygiene auditors, IMACS conducted a training programme specifically for oral health staff which enabled the course to have a strong dental focus and the successful completion of 6 new auditors for Oral Health.

Revisions were made to the orientation manual and a new programme developed to orientate final year dental students to both ISLHD and infection control processes.

The ISLHD Oral Health AS4187:2014 action plans are under review with a focus on streamlining of the recording of validation and periodic testing of sterilising equipment.

ISLHD Mental Health Services

The Mental Health specialty has seen unprecedented changes to patient flow and care demands over 2020-2022. The service is seeing new capital works projects and developments throughout the LHD to meet the increasing needs of this service. There have been refurbishing projects in areas such as Mirrabook and PECC inpatient units located at Shellharbour Hospital as well as green fields works in the planned new Shellharbour Hospital location.

IMACS has worked closely with ISLHD Mental Health Service colleagues to ensure community, inpatient and outreach services were well resourced, confident, and abreast of the dynamic shifts brought on by COVID-19 and complex bed pressures. The collaborative efforts of IMACS and ISLHD Mental Health stakeholders were vital to carefully risk assess conditions, optimise bed flow whilst reinforcing infection control principles and conserving the complex care requirements of consumers.

There was a significant increase in demand for IMACS consultancy in this challenging environment which included provision of outbreaks, administration of Public Health advice as well as maintaining staff confidence and training support demands. This need for support has afforded IMACS an essential platform within Mental Health services.

As of 2022, the ISLHD Mental Health Standard 3 Committee now receives an IMACS report which mirrors the SIHG hub Standard 3 reports. This report highlights policy updates, clinical alerts, Public Health alerts, hand hygiene updates, training and education offerings, antimicrobial stewardship and LHD-wide updates. The tailoring of this report has been well received by the Standard 3 Committee.

Building and refurbishment consultation

Infection Prevention and Control consultation at all stages of planning, design and construction is important to ensure the planned works meet current standards, and legislative and regulatory requirements.

In January 2022 a dedicated position was created within the IMACS team to provide Infection Prevention and Control advice to the Capital Works team in the development and implementation of these major construction projects. Hospital upgrades help to deliver the best health outcomes for our community and ensure our facilities are modern, safe, and accessible. Upgrades provide significant structural and operational changes that help hospitals to provide contemporary models of health care.

Facility design can influence the transmission of infections. Key design features that can reduce this risk include:

- easy to clean and maintain surfaces,
- the ability to physically separate people when required,
- effective air handling and ventilation systems,
- separation of clean and dirty flows,
- adequate storage (stock, waste, linen).

Once construction commences, implementation of the Infection Control Plan ensures works are carried out in a manner that protects patients, visitors and staff from potential infections and keeps the hospital environment safe to be in.

ISLHD currently has several significant hospital upgrade projects underway:

Shoalhaven Hospital

Approval has been granted for the construction of a new acute care services building which will connect to the existing hospital and extensive refurbishment of the existing building. Infection prevention and control consultation has occurred at all stages during the schematic and detailed design phases.

In addition to this major project work, the local IMACS team have advised and supported local SHG managers in the following infrastructure improvements:

- David Berry Palliative Care Upgrade: 2020-2021
- David Berry Doctors Cottage – Hand basins: 2020-2021
- David Berry Rehab – Roof Repairs: 2020-2021
- David Berry Rehab – Bathroom vinyl floor replacement: 2020-2021
- David Berry Rehab – Air Conditioning Upgrade: 2021 - 2022
- Milton Ulladulla – Health One project – support inspections and sign off: 2020-2021
- Milton Ulladulla Hospital – ED Upgrade: 2021-2022
- Milton Ulladulla Wall Sanding and Repair: 2021-2022
- Milton Ulladulla Staff Outdoor Area – 2021-2022
- Shoalhaven Re-development – User Group meetings: 2020-2021
- Internal painting of ceilings at David Berry: 2020-2021
- Shoalhaven Hospital – ED Refurbishments: 2020-2021
- Shoalhaven Hospital – SAGU Refurbishments: 2020-2021
- Shoalhaven Hospital ED Staff Outdoor Area 2021-2022

- Relocation of existing services to accommodate COVID-19 Screening Clinic (HITH & STACS)
- Shoalhaven Hospital - Establishing COVID-19 single rooms in ED
- Shoalhaven & Milton Ulladulla Hospitals - Establishing workflows for COVID-19 vaccination and screening
- Shoalhaven SHA establishment

New Shellharbour Hospital

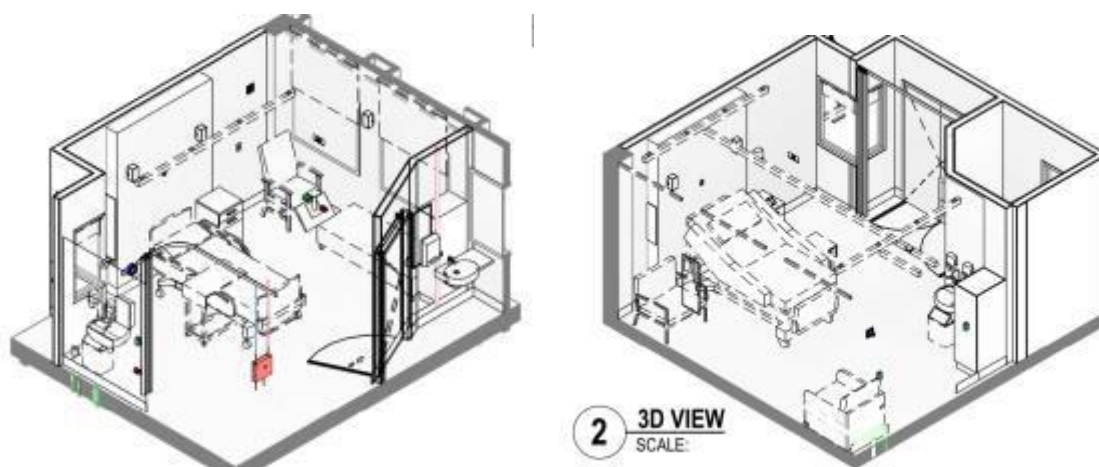
This project delivers multiple enhancements including:

- A new hospital at Dunmore Road Shellharbour
- A new community health centre to be located on Port Kembla Hospital campus
- Refurbishment of a health facility next to Bulli Hospital to increase rehabilitation and aged care services
- Refurbishments at Wollongong Hospital including a new palliative care and rehabilitation wards, plus improvements made to staff cafeteria area.

During 2022, IMACS consultation has included significant input into the functional brief to inform the new hospital design and oversight of the final design plans for the Bulli and Wollongong Hospital refurbishments as well as the commencement of construction works at Bulli Hospital to refurbish the new wards. This work is an essential component of the new Shellharbour Hospital early works enabling the relocation of existing services based in Port Kembla Hospital.

Shellharbour Hospital early works for the refurbishment of Palliative and Rehabilitation wards in Wollongong Hospital

Between July and October 2021, IMACS worked with the Project Planning team and Palliative Care management team to endorse the current design with great emphasis on the patient journey, care considerations and comfort for both the patient and their loved ones. The planned works for the new Palliative care ward at the Wollongong Hospital was agreed with the aim to provide homely aesthetic design balanced with the clinical structure and requirements under the Australian Health Facility Guidelines (AHFG).



Inpatient Rehabilitation Gymnasium C9 East and Staff Cafeteria

The Allied Health Team and IMACS have been consulted in the planning for a new inpatient gym on level 9 at Wollongong Hospital. Textiles, surfaces, clinical fixtures and equipment have been selected to ensure sound infection prevention and control measures and a safe environment for patients using the gym.

The Staff Cafeteria is being configured to support staff having their breaks in a safe and clean environment. The design focuses on providing adequate seating, suitable waste disposal placement, storage, cleaning products and hand washing facilities.

In addition to these early works relating to the new Shellharbour Hospital, IMACS has advised on several other refurbishment and development works at Wollongong Hospital.

Wollongong Hospital

Wollongong Hospital Paediatric ward

The Paediatric Ward is undergoing a multistage project to upgrade the ward to better utilise the space and enhance the services. Stage 3 was undertaken during 2021-2022. This involved upgrading of patient rooms, utility spaces and staff station. Oversight of the construction activities by the Wollongong IMACS team ensured the work was managed in a safe manner.

New Cardiology Ward – C6West

The new design for the Cardiology ward features a large Cardiac Echo Suite, change in ward bed design and an increase to recovery bay areas for the Cardiac Diagnostics lab. Clinical fixtures, storage and product placement were challenging elements in this project however the finished product will streamline the cardiology services and ward location enhance service delivery.

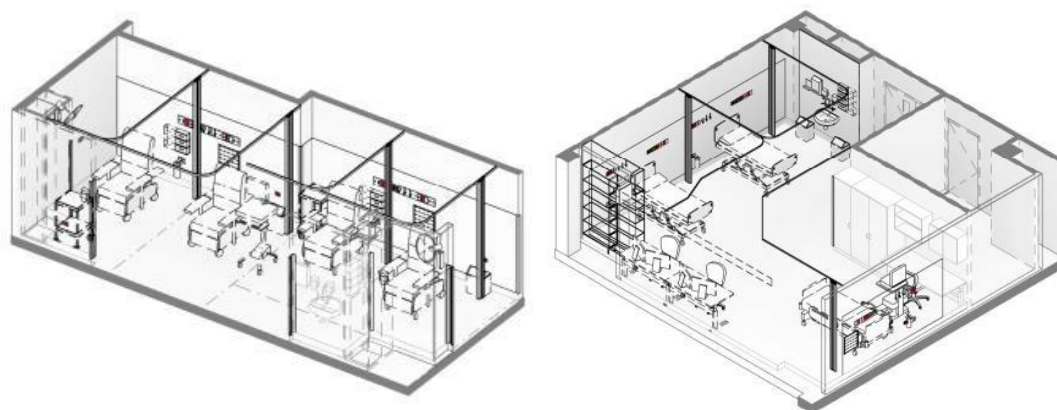


Figure 7. Cardiology plans for Wollongong Hospital

Integrated Community Services

IMACS has provided expertise to the planning teams involved in several capital works projects including continued support for the HealthOne community-based clinics in Ulladulla and Dapto.

Dapto HealthOne was officially opened with a traditional smoking ceremony in May 2021. The IMACS team were pivotal in providing infection control advice from the original concept, planning, construction, and post commissioning review. Weekly meetings were attended from April 2020 until the opening of the building in May 2021.



Figure 8. Dapto HealthOne facility

Redevelopment of the Dapto community health centre required a relocation of the ISLHD Equipment Loan Pool that had been accommodated on the old site. IMACS provided extensive advice and support in the selection of a suitable alternative location, and the refurbishment of that site to ensure it was able to meet requirements of the reprocessing of reusable medical devices AS4187:2014 and ISLHD policy for the cleaning of reusable medical devices.

Communication strategy

The emergence of COVID-19 required the provision of timely and appropriate infection prevention and control advice to all staff across the LHD and IMACS was a key partner in ensuring relevant content and the availability of resources to staff.

Initiatives were led by the ISLHD Communications team and included YouTube video links showing IMACS CNCs demonstrating the correct processes for the donning and doffing of PPE, short film clips promoting the key messages relevant to the local area and COVID-19 epidemiology.

Consumer engagement and public reporting

Public reporting of Healthcare associated infection rates is achieved in every ISLHD facility providing inpatient services by the display of posters depicting the ward hand hygiene compliance rate.

In the previous report it was noted that a project undertaken at SDMH during 2017 identified that consumers are generally not aware of these boards, or of the availability of information that is available for them to understand the incidence of HAI at the hospital.

The ISLHD Clinical Governance Unit has an ongoing project being implemented across the LHD that has the objective of increasing the availability of patient safety and healthcare quality information to patients and their families.

Although not yet implemented, it is planned that the information displayed on these boards will be made available to the public through the IMACS section of the ISLHD internet page as soon as this has been established.

It is important to recognise that for this portfolio, consumers include both the healthcare worker and most importantly patients or clients accessing services provided by ISLHD.

During the reporting phase IMACS predominately focused on meeting the needs of the healthcare workers, by providing resources such as posters, information sheets, as well as increase in education sessions to cover topics of concern related to COVID-19 Pandemic.

IMACS internet page

The COVID-19 pandemic resulted in delay in working with the SHG Consumer representative on the IMACS Internet website. A meeting was held with the IMACS Website Portfolio holder and the SHG Consumer Representative to discuss appropriate consumer information to be published on the website. Minor changes to the website were made at the SHG Consumers request and follow up meetings are to be held in late 2022.

Intranet page

IMACS has established an intranet page which provides links to infection prevention and control policies, external resources, and local information and data about infection rates and hand hygiene audit results. <http://islhnweb/IMACS/default.asp>

During this reporting period a COVID-19 What's New section was provided as a means for ISLHD staff to find accurate and up to date COVID-19 resources easily.

ISLHD Chief Executive Newsletter (The Rounds)

IMACS is a regular contributor to the ISLHD newsletter and has used this forum to provide information to staff regarding hand hygiene audit findings, activities during events such as the World Health Organisation Hand Hygiene Day on 5th May each year, and the International Infection Prevention and Control week held each year in October. A report of key educational activities is also provided to raise awareness of these aspects of IMACS' role and function. Examples are the annual infection prevention and control Seminar Day, and annual hotel services infection control update.

Education

ISLHD IMACS representation at prestigious international conference

IMACS team members have been accepted to give oral presentations at the Australasian College for Infection Prevention and Control to be held in Sydney in November 2022.

Suzanne Alexander will describe the recent collaboration between ISLHD and FWLHD. The presentation is entitled; 2022 'Fostering a collaboration through mentorship between two LHDs: Where the country meets the coast.' Which is co-authored by Megan Brown, Scott Lang, Alexis Lenton and Joanna Harris.

Helen Newman will describe investigations into a suspected outbreak of *Clostridium difficile* that occurred in Shellharbour Hospital, co-authored by Joanna Harris.

Further professional development for the IMACS team

For the second year running, two IMACS CNCs took up the exciting challenge of completing three-month secondments to Far West Local Health District (FWLHD), based at Broken Hill and providing infection prevention and control expertise as well as strategic and operational advice while the substantive vacant CNC position was recruited to. These secondments offered IPC cover for the FWLHD while sharing innovations from ISLHD IMACS. During the secondments, Alexis Lenton, a local nurse from Broken Hill was identified as having an interest in developing her career in infection prevention and control. With training and support, she began working in the role and remains in FWLHD. Alexis is now working at a CNC level and ISLHD IMACS continues to support her by encouraging her to join team meetings and morning safety huddles.

IMACS CNC Megan Brown took a secondment opportunity with NSW Clinical Excellence Commission to drive and support effective delivery of the NSW COVID-19 Hotel Quarantine provision during 2021.

The CEC have developed an infection prevention and control mentorship programme for LHD-based ICPs. Jillian Ruddy and Carmel Couch both enrolled in this programme from the beginning of 2022. They have both completed their Gold Standard hand hygiene auditor competency training and assessment which will enable them to provide hand hygiene auditor training to ward-based clinical staff.

In April 2022, IMACS DIPC of Infection Prevention and Control, Joanna Harris, graduated with a PhD in Nursing with a thesis entitled; *The ethics of Contact Precaution in hospital care: an interpretive description*.

Infection prevention and control training for ISLHD staff

Much of the training and education delivered by IMACS was tailored to address the dynamic changes of COVID-19 whilst underpinning the core skills and principles of ISLHD Standard Precautions model.

As noted above, National Hand Hygiene Initiative (NHHI) Gold Standard accreditation has been awarded to two IMACS CNCs in June 2022 to support the ongoing training requirements of the LHD. The NHHI remains heavily based on face-to-face training and practical sessions, this training has been heavily impacted by COVID-19 and attrition of trained staff. IMACS is working with wards and departments throughout ISLHD to address the ongoing demand for training with primary focus on areas with limited auditors. The 2022 NHHI auditor training study days are fully booked, and hand hygiene data collection of Moments has increased with the ongoing training so ISLHD staff are now on track to meet NHHI cycle deadlines.

COVID-19 Focused Education

IMACS held additional training and education session for several staff specialty groups. These sessions provided practical advice and support.

IMACS has provided input into the regular LHD information sessions hosted by the CE. Collaborative COVID-19 Q&A sessions have been presented, using virtual meetings platforms, by IMACS in conjunction with members of the PHU and the infectious diseases team.

Maintenance and Engineering

The NIHG Work Health & Safety Team, District Engineer, Greg Showell, air-handling contractors, and maintenance team members attended the newly dedicated A5 ward for a PPE education session and practical simulation with newly purchased air handling equipment.

This was prompted by the ISLHD procurement of multiple air-handling units and the installation of multiple air scrubbers. The maintenance team were concerned about the safety measures required to mitigate their risk of acquiring COVID-19 after servicing the filters within these items.

Team members were educated to DON and DOFF the appropriate PPE in the clinical environment before accessing the air scrubber pre-filter and H13 HEPA filter for maintenance purposes. There was a trouble shooting session and the use of ultraviolet powder to demonstrate the importance of the handling process and donning and doffing sequence. The maintenance team were able to successfully access the pre-filter with a non-

touch technique, bag the soiled item, change the filter, and DOFF their PPE without any evidence of ultra-violet powder contamination of their uniforms.



Figure 9. Maintenance team education

This demonstration was an important milestone for the maintenance team and IMACS as COVID-19 was creating significant anxieties for these non-clinical staff. IMACS partnered with the management team to collaboratively provide education, increase confidence, respond to concerns, and promote evidence-based support.

IMACS Journal Club

IMACS hosts a monthly Journal Club held on Microsoft Teams which is open to all staff. Journal Club participants elect to present a topic to review and present as current industry literature, with the intention of discovering practice changes and evidence that will improve patient wellness and health outcomes.

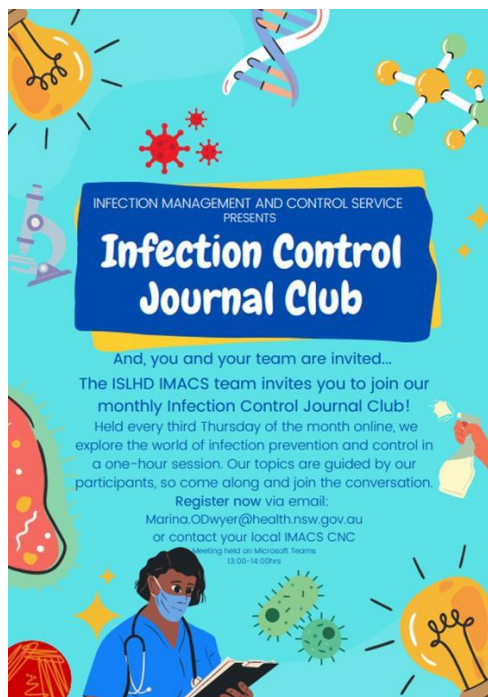


Figure 10. IMACS Journal Club 2022

Journal Club has been subject to the impacts of COVID-19 and has been postponed on some occasions over the past two years. 2022 has seen the Journal Club re-established with topics such as 'Values in action', 'Antimicrobial resistance' and 'Leadership and Change management'. Journal Club presentations have been enjoyed by participants from various multidisciplinary positions within the LHD, such as dental, community and patient safety. The invitation is circulated at Standard 3 Committees, the ISLHD Noticeboard, and Educator forums.

IMACS Annual Study Day

The IMACS Annual Study Day has been cancelled from 2020-2022 due to the impacts of COVID-19. Generally, this day hosts speakers from a variety of fields and disciplines who discuss infection control and healthcare promotion. The study day is available for health care workers in all settings. It aims to cover the fundamentals of infection prevention and control and topical subjects.

These days have previously been very successful and IMACS is looking forward to preparing a Seminar Day for 2023.

Link Program

The IMACS Link Programme has not been active during this reporting period however IMACS continues to maintain ties with the previous Link Programme participants. These relationships have proven to be a positive networking resource over the past few years. IMACS intends to relaunch the Link Programme and re-evaluate the delivery and content in the programme.

Corporate and Nursing Orientation

ISLHD Corporate and Nursing orientation sessions were reinstated in April 2022. There has been a significant increase in new staff to the ISLHD and IMACS has been supporting the onboarding process by providing additional orientation via face-to-face training. The Nursing and Corporate Orientation presentations focus on the IMACS team locations and contact details, staff health priorities, and infection prevention and control responsibilities. Nursing orientation further elaborates on the IMACS structure and contacts, ISLHD Standard precautions model (including PPE donning and doffing), and intranet navigation as well as policy and procedures relating to Standard 3.

Medical Officer Orientation

Registrars, Residents and Junior Medical Officers have been receiving face-to-face IMACS Orientation in 2022. ISLHD has seen many new medical officers employed and the IMACS team utilises this opportunity to introduce staff to the ISLHD Standard Precautions model, refresh their PPE knowledge and extend our services as an ongoing support to medical teams. These orientation sessions have been an important mode of communication with medical teams. The dynamic shifts in guidelines and information for infection prevention and control have required a collaborative effort to ensure staff are confident and well resourced. This training has been held in each of the LHD hubs and will continue as a key networking opportunity into 2023.

In-service education

In addition to the orientation and mandatory training sessions described above IMACS staff have provided specific infection prevention and control education and updates to staff according to need or on request. This year most of these sessions have focussed on COVID-19 and the PPE requirements in complying with Standard, Droplet and Airborne precautions.

Hand hygiene auditor training

Gold Standard hand hygiene auditor training

During this reporting period the CEC hosted training programmes that enabled a further two IMACS CNCs to gain accreditation as Gold Standard auditors. This accreditation allows them to provide ward based hand hygiene auditing training within the LHD.

Ward based auditor training

The ward and unit-based hand hygiene auditors are responsible for completing the required number of audits within their site or service.

During 2019-2020 IMACS has provided limited education for hand hygiene auditing in line with the National Hand Hygiene Initiative from the Australian Commission for Safety and Quality in Healthcare, and in keeping with COVID-19 restrictions.

Infection Control education for environmental cleaning staff

IMACS began delivering education sessions annually in 2014 for hotel services cleaning staff and wards people, Hospital and Security Assistants (HASAs), Emergency Department Support Officers (EDSOs) and hotel service managers working in hospital and community-based settings. These education sessions provide an update, covering NSW Health PD 2012_061 Environmental cleaning policy and the Clinical Excellence Commission (CEC) environmental cleaning standard operating procedures.



Figure 11. Hotel services infection prevention and control update

Unfortunately, these sessions were postponed as a result of COVID-19 restrictions and did not take place during 2020. The sessions were recommenced in 2021 with a focus on training hotel services staff on the requirements and practical aspects of environmental cleaning auditing. Between April and June of that year 6 sessions were provided, to all areas of the LHD. A total of 29 hotel services staff attended these sessions, enabling them to attend environmental auditing in accordance with policy requirements.

During 2022 126 hotel services staff from across the LHD took the opportunity to receive a 2-hour infection prevention and control update education session. This covered both the theory and the practice of effective environmental cleaning and the use of PPE including that necessary when entering spaces where a patient suspected or known to have COVID-19 is accommodated.

Year	Topic	Number attending
2020-2021	Environmental cleaning auditor training	29
2021-2022	Environmental cleaning update + PPE	126

Table 4. Infection prevention and control training for hotel services staff

AS4187:2014 Reprocessing of reusable medical devices

A full review of the ISLHD facilities and services undertaken prior to this reporting period has successfully identified all departments in which reusable medical devices categorised as either critical or semi-critical are reprocessed between used on patients. In addition to the Sterile Service Departments (SSD) at Wollongong, Shellharbour, and Shoalhaven hospitals, identified areas include endoscopy and medical imaging departments across the LHD and the Wollongong cardiac diagnostics and early pregnancy services.

With support from the IMACS team, the managers of each of these services has completed a formal review, gap analysis and action plan to bring their department to compliance with AS4187:2014 by the necessary timeframes.

As a component of compliance with this Standard, endoscopy units are also required to ensure forced air drying and storage cabinets are in place to reduce the risk of the channels of endoscopes becoming contaminated with carbapenemase-producing Enterobacteriales (CPE). The use of these cabinets also extends the duration of allowable storage time for reprocessed endoscopes which is expected to reduce wear and tear caused by increased handling.

The current footprint of the operating theatres in SDMH and SHH have limited capacity to allow for the required changes. An ISLHD working party has developed plans for physical refurbishment and extension and installation of compliant equipment required to achieve full compliance with the Standard. Works are scheduled to commence early in 2023. Equipment supply delay has pushed the expected time frame to completion out to this date.

Policy development, revision, and implementation

A wide range of ISLHD infection prevention and control policies are in place that support the framework provided by NSW Health policies, Australian Standards and relevant national guidelines. These policies are available on the ISLHD intranet pages. IMACS has nominated Annmaree Wilson, one of the infection prevention and control CNCs to lead the process for evaluation, review and development of the local infection prevention and control policy framework.

The following table illustrates the policies, procedures and other resources that have been written, reviewed, revised, and published during this reporting period. Unfortunately, it is not possible to draw statistics showing policy downloads, as was provided in previous annual reports.

Number	Title	Published
ISLHD CLIN PD 13	Antimicrobial Stewardship	Feb 2022
ISLHDCLIN PD 53	Aseptic Non Touch Technique	April 2022
ISLHD CLIN PD 45	Bare Below the Elbows	Nov 2021
ISLHD CLIN PD 130	Chicken Pox Shingles Management and Control Measures	May 2022
ISLHD CLIN PROC 83	Cleaning of Clinical Fixtures Used in Patient Care	Dec 2021
ISLHD CLIN PROC 291	Clostridioides difficile, Medical Management	Mar 2022
ISLHD CLIN PD 83	Communicable Disease Conditions, Precautions for Prevention Transmission	Jul 2020
ISLHD CLIN PD 48	Communicable Diseases Health – Related Contact Tracing Policy	June 2021
ISLHD CLIN PD 109	CJD: Surgical Risk Assessment and Patient Management	June 2021
ISLHD CLIN PROC 117	Curtains – Safe Use and Management of Privacy & Shower Curtains in Healthcare Facilities	Jan 2021
ISLHD CLIN PROC 150	Endoscope – Periodic Microbial Testing	Jan 2021
ISLHD CLIN PROC 87	Endoscope Reprocessing	Jan 2021
ISLHD OPS PD 56	Environmental Cleaning and Auditing	Mar 2021
ISLHD OPS 51	Food Safety on Wards	June 2022
ISLHD CLIN PROC 270	Hand Hygiene, Hand Hygiene Auditing and Hand Care	April 2021
ISLHD OPS PD 52	Ice for Human Consumption	Jan 2021
ISLHD CLIN PROC 171	Intra cavity (including vaginal and rectal) Ultrasound Transducers Cleaning and Disinfecting Procedure	Nov 2021
ISLHD OPS BR 29	Laundry Services within ISLHD- Provision of	April 2021
ISLHD OPS PD 50	Legionella in Water Systems- Infection Prevention and Control Risk Management	April 2021
ISLHD CLIN PROC 191	Meningococcal Disease	April 2021
ISLHD CLIN PD 99	Multi-resistant Organism and Clostridium difficile Infection Prevention and Control	Jan 2021
ISLHD CLIN PROC 192	Occupational Exposure: HCW Potentially Exposed to HIV, Hepatitis B and Hepatitis C – Management	May 2021
ISLHD CLIN PROC 138	Outbreak Management	May 2022
ISLHD CLIN PD 49	Preventing and Controlling Healthcare Associated Infections- NSQHS Standard 3	May 2021
ISLHD OPS PROC 119	Refrigerators: Food Use and Care in ISLHD	Mar 2022
ISLHD CLIN PD 62	Risk Management Framework for Infection Prevention and Control	Mar 2022
ISLHD CLIN PROC 175	Sharps Management	Jun 2021
ISLHD CLIN PD 80	Single Use Medical Devices	Jul 2021
ISLHD CLIN PD 63	Standard Precautions	Jan 2021
ISLHD CLIN PROC 158	Sterile Stock Management	Jun 2021
ISLHD CLIN PROC 100	TB- Patient Management	April 2021

Table 5. Policies and procedures published July 2020 to June 2022

Several of these documents require documentation to be used in conjunction with the policy. The following forms were therefore updated for consistency with the policy updates.

Number	Title	Published
ISLHD CLIN F 361	Chicken Pox – Herpes Zoster Exposure Record	May 2022
ISLHD CLIN F 70	CJD: Risk Assessment Tool	June 2021
ISLHD CLIN F 57	Curtain Change Log Sheet	Nov 2020
ISLHD OPS F 590	Environmental Cleaning Audit – Summary of Monthly Audits	Mar 2021
ISLHD CLIN F 69	Intra-cavity Ultrasound Transducer High Level Disinfection Log	Nov 2021
ISLHD CLIN F 62	Outbreak Management Team Agenda	May 2022
ISLHD OPS F 593	Patient Food Fridge – Temperature Monitoring Chart	Mar 2022
ISLHD CLIN F 529	Sterile Stock Management	Jun 2021
ISLHD OPS F 302	Ward Based Hand Hygiene Auditor Annual Validation Declaration	Aug 2021

Table 6. Forms published July 2020 to June 2022

In addition to the policy documents and supporting forms described above, this reporting period has seen an unprecedented need for update and revision of posters and resources that are used for clear and concise communication to staff and patients regarding infection prevention and control, PPE, and isolation requirements. Several revisions of the following posters and information sheets were made during this reporting period.

Number	Title	Published
	Airborne, Droplet and Standard Precautions	Jun 2021
	Aerosol Generating Procedure (AGP) flow chart	Aug 2021
	ISLHD Communicable Diseases / Conditions Management and Risk Assessment	Dec 2020
	ISLHD Communicable Diseases / Conditions Management and Risk Assessment of Community-based and Out-patients Services	Feb 2021
ISLHD IMACS DT21/63347	ISLHD PPE – Mask Prioritisation for Use – IMACS Advice	Jul 2021
DT21/105576	Extended and Sessional Use of PPE	Jul 2021

Table 7. IMACS posters revised and published 2020-2022

Number	Title	Published
	Gastro Management Information Sheet - Staff	Oct 2020
DT21/79805	Cohorting Patients – Staff	Aug 2021
DT 21/108681	COVID-19 Tests for Hospital Patients - Patient	Oct 2021
	Dos & Don'ts for Wearing Surgical Masks - Staff	July 2020
DT20/107025	Including Standard 3 in ISLHD Policy & Procedure Documents	Oct 2020

Table 8. Information sheets published 2020-2022

The information provided above relates to policies and other documents that are linked to Standard 3 and have the IMACS DIPC as the executive sponsor. It is therefore the responsibility of IMACS to ensure they are contemporaneous and evidence-based.

A further role for IMACS is to support the authors and executive sponsors of other policy documents in achieving consistency with infection prevention and control principles and practice requirements in those documents. With this objective the IMACS team have been active in providing feedback to authors of ISLHD and to national and state level documents that are not the directly under IMACS governance. IMACS CNC Fiona Hamilton has facilitated the team in providing this feedback and Fiona has been supported by Annmaree Wilson in this important role. This activity is shown below.

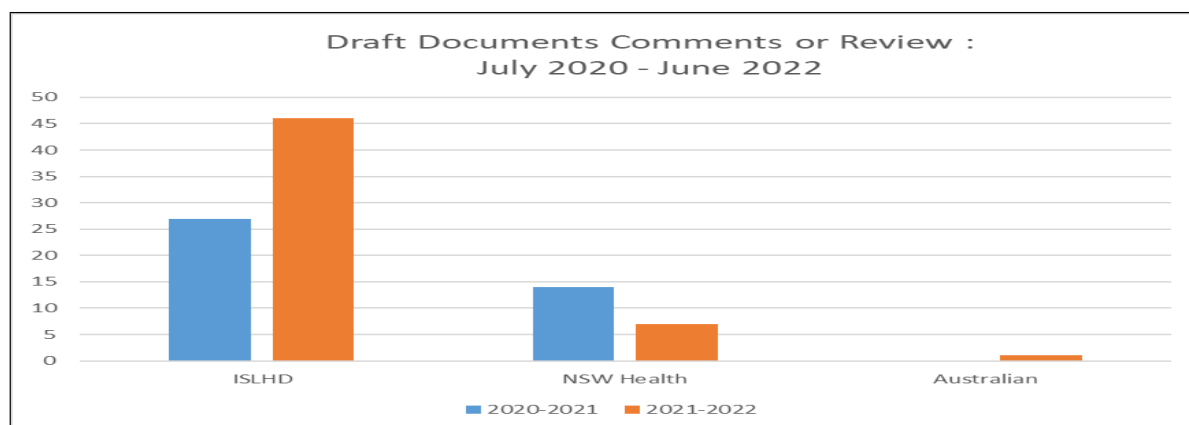


Figure 12. Draft documents reviewed and comments made by IMACS 2020-2022

Infection prevention and control audit programme

As shown in figures 6 and 7 there is an extensive schedule for auditing of infection prevention and control policies which is reviewed and ratified annually by the ISLHD infection prevention and control committee (IPCC). All IMACS audits are reported into QARS to enable unit and department managers to develop and monitor action plans to address deficits revealed through the audit process.

Results of audits and associated local action plans are reported to the relevant hub IPCC, and where relevant, to the ISLHD IPCC according to the schedules below, with recommendations ratified and progressed where appropriate.

ISLHD INFECTION PREVENTION AND CONTROL AUDITING & IPCC REPORTING SCHEDULE – 2021												
REPORTS and QUALITY AUDITS	PERSON RESPONSIBLE FOR PROVIDING THE REPORT TO THE COMMITTEE	REPORTING TOOL	Report to ISLHD IPC Committee Report to local IPC Committee									
			J	F	M	A	M	J	J	A	S	O
NSW Health Performance Report, HACs and ISLHD KPI reporting Dashboard	IMACS Nurse Manager	NSW Health Performance report	x	x	x	x	x	x	x	x	x	x
Legionella testing of water systems	ISLHD Chief Engineer	AEIMS report	x	x	x	x	x	x	x	x	x	x
AMS update report	Antimicrobial stewardship pharmacist	Pharmacy report and NAUSP reports	x			x			x		x	
Clinical Indicators ACHS	IMACS Nurse Manager	ACHS Clinical Indicators report					x					x
Infection Prevention and Control week	IMACS Nurse Manager	IMACS report					x	x				x
IMACS Annual Report	IMACS Nurse Manager	IMACS report								x		
Aseptic non touch technique	IMACS Nurse Manager	QARS		x					x			
Environmental Cleaning audit report	IMACS CNC with portfolio	QARS		x						x		
Bling (Bare Below the Elbows)	IMACS Nurse Manager	QARS			x			x			x	
Hand Hygiene audit report (includes consumer survey)	IMACS CNC with portfolio	HHA report				x			x			x
CVAD/PICC and PIVD audits	IMACS Nurse Manager	QARS				x	x	x			x	x
Sterile stock storage audit	Site IMACS CNC	IMACS QARS audit tool and report		x	x	x						
Dirty utility room or cleaners point audit	Site IMACS CNC	IMACS QARS audit tool and report				x	x	x				
Equipment cleaning product accessibility	Site IMACS CNC	IMACS audit tool and report					x	x				
Risk assessed Standard and Additional Precautions	Site IMACS CNC	IMACS audit tool and report							x	x		
Renal Unit audit including ANTT, HH, environmental cleaning and consumer survey	Site IMACS CNC and RDU staff	IMACS audit tool and report								x	x	x
Ice machine audit	Site IMACS CNC	IMACS QARS audit tool and report									x	x

Figure 13. Auditing schedule 2021

The infection prevention and control auditing schedule is reviewed and revised by IMACS with ISLHD IPCC approval if this becomes necessary throughout the year. In 2022 the increased workloads imposed by COVID-19 and the recommendations made by the ACHS during the SNAAP survey led to some changes being made to the 2022 auditing schedule mid-year. This is shown in figure 7.

ISLHD INFECTION PREVENTION AND CONTROL AUDITING & IPCC REPORTING SCHEDULE – 2022												
REPORTS and QUALITY AUDITS	PERSON RESPONSIBLE FOR PROVIDING THE REPORT TO THE COMMITTEE	REPORTING TOOL	Report to ISLHD IPC Committee Report to local IPC committee									
			J	F	M	A	M	J	J	A	S	O
NSW Health Performance Report, HACs and ISLHD KPI reporting Dashboard	IMACS Nurse Manager	NSW Health Performance report	X	X	X	X	X	X	X	X	X	X
Legionella testing of water systems	ISLHD Chief Engineer	AEIMS report	X	X	X	X	X	X	X	X	X	X
AMS update report	Antimicrobial stewardship pharmacist	Pharmacy report and NAUSP reports	X			X			X		X	
Staff vaccination report	IMACS Nurse Manager	SPARC report	X						X			
Clinical Indicators ACHS	IMACS Nurse Manager	ACHS Clinical Indicators report					X					X
IMACS Annual Report	IMACS Nurse Manager	IMACS report								X		
Aseptic non touch technique	IMACS Nurse Manager	QARS		X				X				
Environmental Cleaning audit report	IMACS CNC with portfolio	QARS		X					X			
Bling (Bare Below the Elbows)	IMACS Nurse Manager	QARS			X			X		X		
Hand Hygiene audit report (includes consumer survey)	IMACS CNC with portfolio	HHA report				X			X			X
CVAD/PICC and PIVD audits	IMACS Nurse Manager	QARS	X			X	X	X			X	X
Infection Prevention and Control audit (combined)	Site IMACS CNC	IMACS QARS audit tool and report		X	X	X						
Risk assessed Standard and Additional Precautions	Site IMACS CNC	IMACS QARS audit tool and report						X	X	X		
AS4187:2014 action plan review report	Site IMACS CNC	IMACS audit tool and report								X	X	X

ISLHD INFECTION PREVENTION AND CONTROL AUDITING & IPCC REPORTING SCHEDULE – 2022 –Revised July 2022												
REPORTS and QUALITY AUDITS	PERSON RESPONSIBLE FOR PROVIDING THE REPORT TO THE COMMITTEE	REPORTING TOOL	Report to ISLHD IPC Committee Report to local IPC committee									
			J	F	M	A	M	J	J	A	S	O
NSW Health Performance Report, HACs and ISLHD KPI reporting Dashboard	IMACS Nurse Manager	NSW Health Performance report	X	X	X	X	X	X	X	X	X	X
Legionella testing of water systems	ISLHD Chief Engineer	AEIMS report	X	X	X	X	X	X	X	X	X	X
AMS update report	Antimicrobial stewardship pharmacist	Pharmacy report and NAUSP reports	X			X			X		X	
Staff vaccination report	IMACS Nurse Manager	SPARC report	X						X			
Clinical Indicators ACHS	IMACS Nurse Manager	ACHS Clinical Indicators report					X					X
IMACS Annual Report	IMACS Nurse Manager	IMACS report								X		
Aseptic non touch technique	IMACS Nurse Manager	QARS		X				X				
Environmental Cleaning audit report	IMACS CNC with portfolio	QARS		X					X			
Bling (Bare Below the Elbows) <i>ICS is once per year – in August</i>	IMACS Nurse Manager	QARS			X			X		X		
Hand Hygiene audit report (includes consumer survey)	IMACS CNC with portfolio	HHA report				X			X			X
CVAD/PICC and PIVD audits	IMACS Nurse Manager	QARS	X			X	X	X			X	X
Infection Prevention and Control audit (combined)	Site IMACS CNC	IMACS QARS audit tool and report							X	X	X	
Risk assessed Standard and Additional Precautions	Site IMACS CNC	IMACS QARS audit tool and report								X	X	X
AS4187:2014 action plan review report	Site IMACS CNC	IMACS audit tool and report								X	X	X

Figure 14. Auditing schedules 2021 and 2022

Alterations were the rescheduling for the combined infection prevention and control audit to allow for the inclusion of strengthened approach to linen handling, and the risk assessed standard and transmission-based precautions audits.

Hand hygiene

It is well-recognised that hand hygiene is the most fundamental requirements for effective infection prevention and control in healthcare settings. The 5 Moments for Hand Hygiene approach was designed as a consistent framework to educate staff with the objective of improving their hand hygiene practices. High rates of hand hygiene are known to reduce the transmission of microorganisms between a healthcare worker, the patient, and the environment, thereby reducing the burden of health care associated infections. In Australia, the 5 Moments framework has been used to develop a national hand hygiene auditing process and strategy which is endorsed in the NSW Health Hand Hygiene policy *PD2010_058*. Hand hygiene auditing has been fully implemented across ISLHD including within the community-based services and ISLHD Mental Health Services.

ISLHD compliance target for hand hygiene is 90%.

During the reporting period of July 2020-June 2021 a total of 44,408 hand hygiene opportunities were observed, with 39,573 being achieved correctly – an overall hand hygiene compliance rate of 89.1%.

During the reporting period of July 2021-June 2022 a total of 33,042 hand hygiene opportunities were observed, with 29,877 being achieved correctly- an overall hand hygiene compliance rate of 90.4% a slight increase from the previous year's overall compliance. It should be noted that fewer Moments were audited within the second auditing period.

As seen below, all ISLHD services achieved an overall hand hygiene compliance rate of at least 80% during both reporting periods.

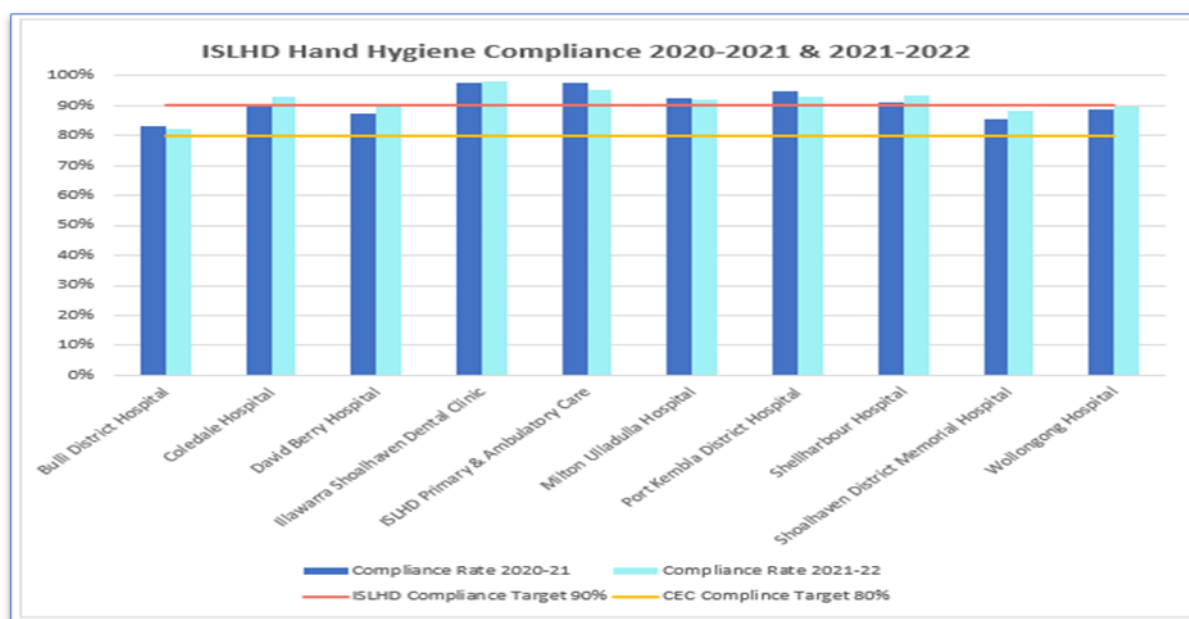


Figure 15. Hand hygiene rates in 2020-2021 and 2021-2022 by site

The following table provides detail on the numbers of Moments that were audited and the compliance rate at each site for 2020-2021 and 2021-2022. Most sites collected more moments during the 2020-2021 period than in the 2021-2022 period with variation in compliance at each site ranging from 0.5% to 3% across the two-year period.

Site/Service	Total Moments 2020-21	Total Moments 2021-22	Correct Moments 2020-21	Correct Moments 2021-22	Compliance Rate 2020-21	Compliance Rate 2021-22
Bulli District Hospital	830	891	691	732	83.30%	82.20%
Coledale Hospital	725	506	649	469	89.50%	92.70%
David Berry Hospital	1242	1239	1084	1119	87.30%	90.30%
Illawarra Shoalhaven Dental Clinic	2052	1432	1998	1404	97.40%	98.00%
ISLHD Primary & Ambulatory Care	768	708	750	674	97.70%	95.20%
Milton Ulladulla Hospital	1803	901	1670	830	92.60%	92.10%
Port Kembla District Hospital	2177	1830	2061	1703	94.70%	93.10%
Shellharbour Hospital	4167	3081	3800	2882	91.20%	93.50%
Shoalhaven District Memorial Hospital	8703	6180	7435	5460	85.40%	88.30%
Wollongong Hospital	21941	16274	19435	14604	88.60%	89.70%

Table 9. Hand hygiene Moments audited in 2020-2021 and 2021-2022 by site

The following table and figure provide further detail regarding healthcare worker (HCW) groups and their compliance rates for the 2020-2021 and 2021-2022 periods. Areas that do not meet the 80% benchmark expected by NSW Health are highlighted in red, and include hand hygiene compliance by medical practitioners, domestic services, and ambulance staff.

IMACS will be increasing opportunities across the LHD for providing education and awareness of the importance of hand hygiene and locally observed findings to medical colleagues and domestic service staff as ongoing priority areas.

	Compliance Rate 2020-2021	Compliance Rate 2021-2022
Overall Compliance	89.10%	90.40%
Compliance by healthcare worker		
Nurse/Midwife	92.10%	92.80%
Medical Practitioner	75.20%	77.10%
Personal Care Staff	82.90%	86.50%
Allied Health Care Worker	86.80%	88.30%
Administrative and Clerical Staff	82.20%	94.90%
Invasive Technician	96.00%	87.80%
Domestic	70.90%	75.00%
Student Doctor	77.20%	76.20%
Student Nurse/Midwife	86.50%	89.80%
Student Allied Health	69.40%	73.70%
Student Personal Care	58.80%	100.00%
Other - Not Categorised Elsewhere	74.10%	68.30%
Ambulance	56.50%	55.00%
Dentist, Specialist dentists	97.30%	98.40%
Dental Therapists, Dental Hygienist, Dental Prosthetist and Oral Health Therapists	98.30%	97.60%
Dental Assistant/Dental Nurse	97.10%	98.00%

Table 10. Hand hygiene compliance in 2020-2021 and 2021-2022 by healthcare worker group

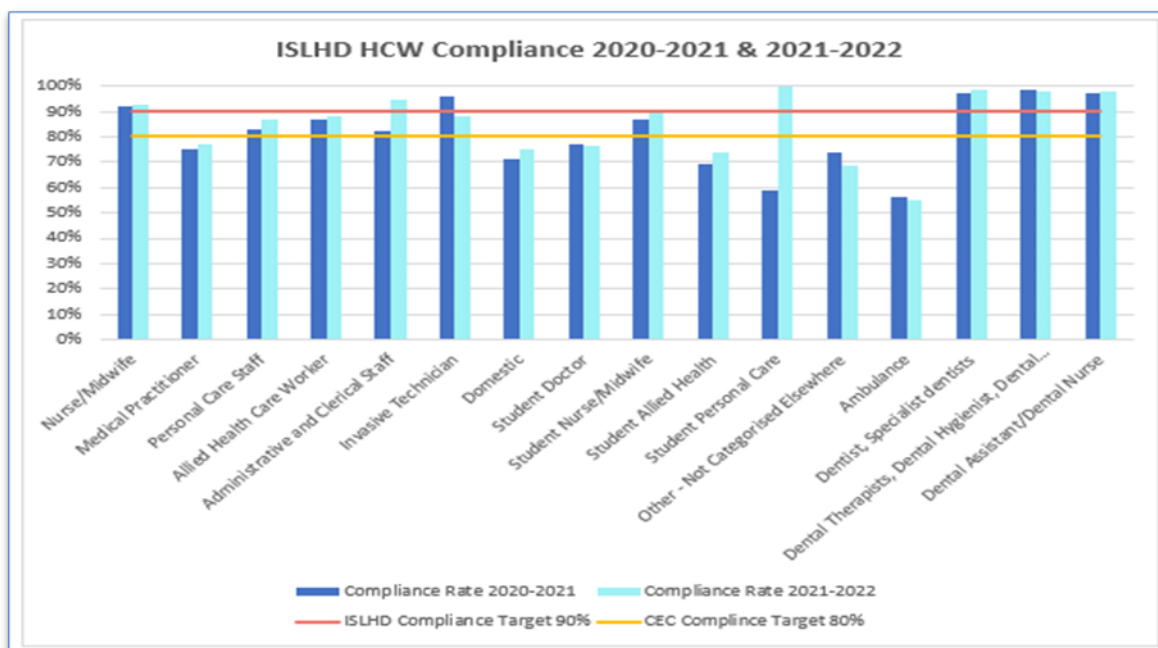


Figure 16. Hand hygiene compliance in 2020-2021 and 2021-2022 by healthcare worker group

IMACS is piloting a quality improvement project at Bulli Hospital by providing education sessions in small groups to medical teams about the 5 Moments. These sessions provide feedback, education, and an opportunity to ask questions about hand hygiene. Auditing of medical teams with real time feedback from auditors if a moment is missed so that behaviour can be modified then occurs to enhance this clinical group's understanding and further their compliance.

Since hand hygiene auditing commenced in 2010 some notable variations in the compliance rate for the different Moments have been seen. The patient-related 'before' Moments (1 and 2) tend to reach lower compliance rates than the 'after' Moments (3 and 4). This is a globally reported finding, and indicates a higher compliance of staff protection compared to patient protection.

The following graph provides detail showing the ISLHD compliance rate by Moment for 2020-2021 and 2021-2022.

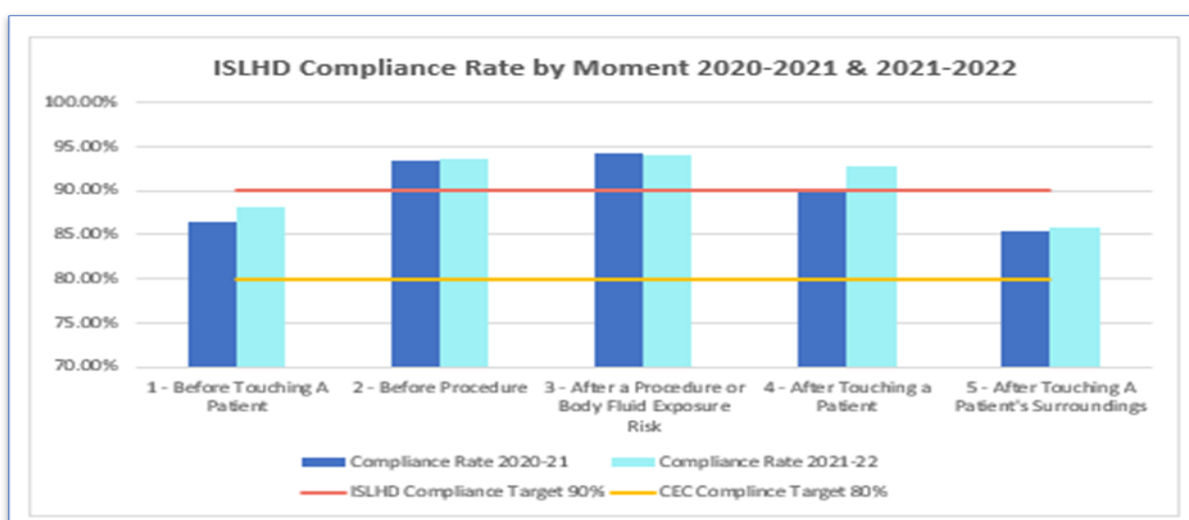


Figure 17. Hand hygiene compliance by Moment 2020-2021 and 2021-2022

In this reporting period Moment 5 'After Touching a Patient Surroundings' and Moment 1 'Before Touching a Patient' were the moments with the lowest compliance rates. This is a concern because hands contaminated from the environment can be an important reservoir for pathogens if hand hygiene is not completed immediately before touching the next patient.

Overall compliance with the 5 Moments of hand hygiene was slightly better during the 2021-2022 period than the previous year.

Observation hand hygiene compliance auditing is not considered appropriate in certain community-based settings such as some departments within Ambulatory and Primary Health Care (APHC), ISLHD Child and Family (C&F) service and the ISLHD community mental health services (CMHS). To meet the need for hand hygiene compliance to be monitored, these services have each undertaken surveys of their clients. The results of these surveys are reported within the periodic hand hygiene audit reports to the local infection prevention and control committee.

The following graph depicts the results of consumer hand hygiene and infection control surveys that have been completed within the integrated community services between 1st July 2020 and the 30th June 2022. It demonstrates regular engagement with consumers of these services throughout this period. With rates >90% this data provides assurance that consumers are witnessing good hand hygiene practices from ISLHD staff who provide their care.

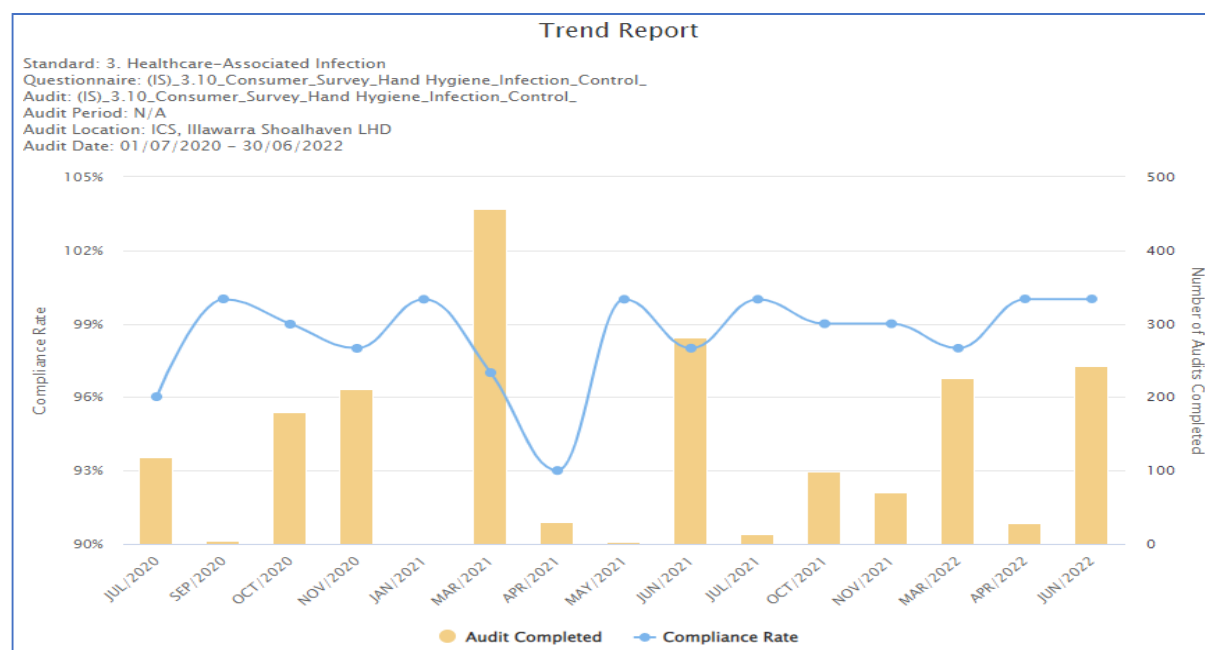


Figure 18. Results of consumer survey for hand hygiene and infection control 2020-2022

Environmental cleaning audit programme

Effective environmental cleaning improves the safety of patients, staff, and visitors by reducing the risk of infection transmission. Environmental cleaning is an integral part of a health services' Infection Prevention and Control programme aiming to provide high-quality healthcare and a safe working environment.

With the publication of the NSW Health Environmental cleaning policy update, a gap analysis was completed by corporate services managers and IMACS DIPC. Actions for improvement included;

- updates to the ISLHD Environmental cleaning and auditing policy ISLHD OPS PD 56
- update to the outbreak management procedure ISLHD CLIN PROC 138
- development of a plan for external
- Provision of training for staff undertaking environmental cleaning auditing.

In response to the publication of NSW Health PD2012_061 Environmental Cleaning policy, IMACS implementation of the auditing programme commenced across ISLHD from early 2013.

Monthly audits are undertaken in all clinical areas, with findings reported to hotel service managers for collation and distribution to site managers as required. Environmental cleaning audit results and action plans for ISLHD inpatient units are managed through QARS and the expectation is that a 90% score is required for clinical areas to be passed as satisfactory.

Community health centres are serviced by a hotel service contract provided by an external cleaning contractor, Joss. Each setting is audited on a regular basis with results retained at each site, in addition to the audits that are entered into QARS.

Mechanisms for failed clinical audits are well established and reported directly through hub based ICCs and where necessary the ISLHD IPCC.

The following graph shows the audit results for clinical areas (both inpatient and outpatient or community) across the LHD for the years 2020-2021 and 2021-2022.

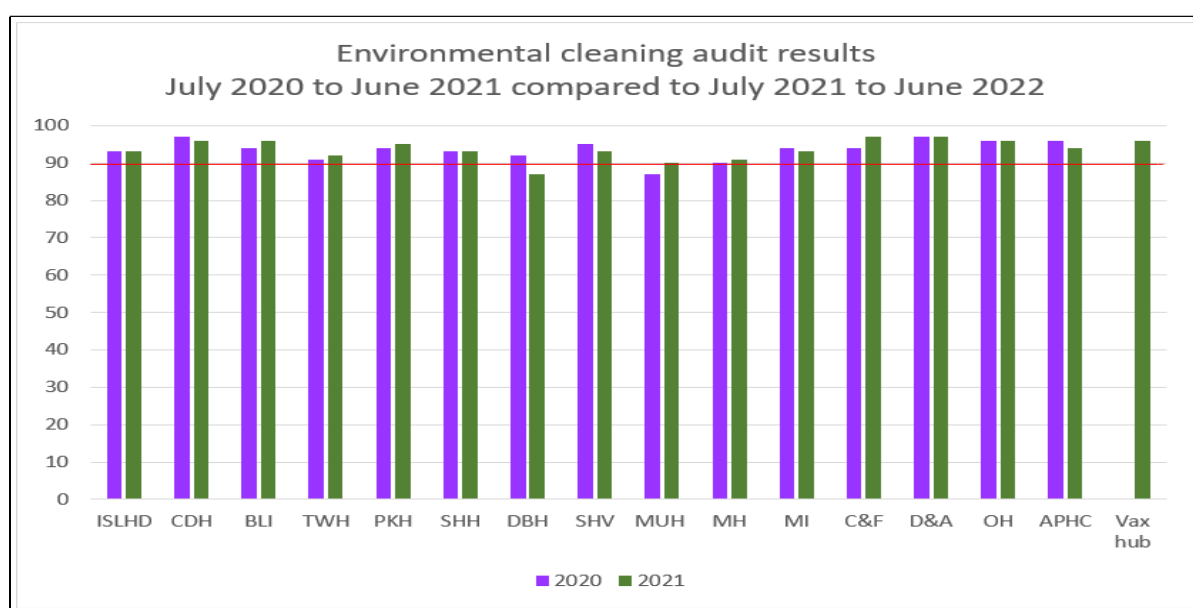


Figure 19. Environmental cleaning audit findings in clinical areas 2020-2022

External auditing of ISLHD sites was planned for July 2021. A schedule was prepared by Facility support managers for auditors to attend sites in hubs other than where they usually audit. However, due to COVID-19 restrictions between local government areas, the audits were postponed until July 2022.

Surveillance

Reporting framework

The infection prevention and control service is required to provide information to the NSW Ministry of Health 'Health System Information and Performance Reporting' division every month following policy directive PD2005 and using definitions provided within the Healthcare Associated Infection Clinical Indicator Manual version 2; 2008. This information is used to measure the performance of the ISLHD as detailed in the Key Performance Indicator (KPI) Dictionary for the 2019-2020 Health Service Performance Agreements. Once it has been validated the information provided by IMACS is submitted for publication on the MyHospitals website www.myhospitals.gov.au

Hand hygiene audit data is submitted to Hand Hygiene Australia at the completion of each cycle, three times a year. Surveillance information is also provided to the Australian Council on Healthcare Standards and to the Australian Health RoundTable (ACHS) on a six-monthly basis. This reporting mechanism provides for national rather than limited State-wide comparisons to be made.

ISLHD is also a contributor to the Australian National Antimicrobial Utilisation Surveillance Program (NAUSP) which facilitates surveillance of hospital antimicrobial prescribing and usage. This is a voluntary programme funded by the Commonwealth Department of Health and Ageing. The ISLHD Antimicrobial Stewardship intranet site is a valuable resource for staff http://islnweb/Antimicrobial_Stewardship.

Central-line associated bacteraemia (CLAB) in intensive care units

NSW Ministry of Health 'Health System Information and Performance Reporting' department requires the submission of numbers of bloodstream infections occurring in patients who have had a central venous access device (CVAD) inserted whilst admitted to, or recently discharged from, intensive care units (ICU). These are generally very rare occurrences within ISLHD however during this reporting period three patients at Wollongong Hospital ICU was identified as having an ICU-related CLAB. A detailed case review is undertaken for each of these events, and ongoing monitoring will continue.

Facility	2020						2021					
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
SDMH	0	0	1	0	0	0	0	0	0	0	0	0
WH	0	0	0	0	2	1	0	0	0	0	1	0
ISLHD	0	0	1	0	2	1	0	0	0	0	1	0
	2021						2022					
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
SDMH	0	0	0	0	0	0	0	0	0	0	0	0
WH	0	0	0	0	0	0	0	1	0	0	0	0
ISLHD	0	0	0	0	0	0	0	1	0	0	0	0

Table 11. Numbers of ICU-related CLABSI 2020-2022

Staphylococcus aureus bloodstream infections

NSW Ministry of Health requires the submission of numbers of bloodstream infections caused by *Staphylococcus aureus* (SAB) every month. Detailed case review of each SAB is undertaken. The results of these reviews have revealed opportunities for improvement in the management of indwelling devices at Wollongong Hospital. Occasions of missed sepsis that are identified through the review process are reported to the ISLHD Sepsis Committee for review and action planning.

Since July 2020 NSW Health required LHDs to maintain a healthcare associated in-patient and out-patient SAB rate of less than 1 per 10,000 occupied bed days (OBD) per month. This benchmark has been breached when single SAB infections have been reported at the smaller facilities due to the small number of occupied bed days at these facilities per month. Rates of SABs are monitored each month by the ISLHD Infection Prevention and Control Committee.

During this reporting period July 2020 to June 2021 a total of 125 SABs were identified and reported to IMACS for review. Of these cases, 103 were identified as community onset with no identified ISLHD healthcare association. From July 2021 to June 2022 IMACS were notified of 145 SABs of which 112 were found to be community associated with no ISLHD healthcare association. Numbers of healthcare associated SABs for this and previous reporting periods are provided in the table below, followed by graphical representation of trended SAB rates for combined ISLHD facilities from February 2021 to June 2022.

	2021-2022	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017
HCA SAB Total	33	22	34	47	37	36

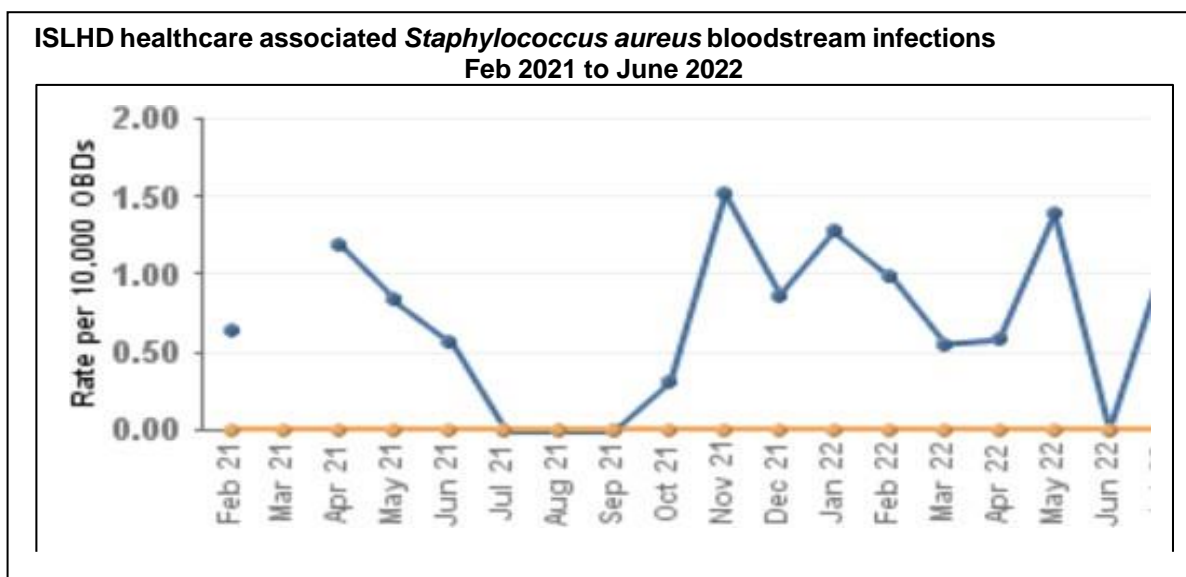


Figure 20. SAB trends all ISLHD facilities Feb 2021- June 2022

Surgical site infections - Orthopaedic

NSW Ministry of Health requires the submission of the numbers of patients who develop a superficial or a deep surgical site infection following elective orthopaedic surgery for the insertion of a hip or knee prosthesis. Wollongong Hospital and the Shoalhaven Hospital are the two facilities within ISLHD that patients attend for these elective procedures.

The infection rate following elective hip and knee prosthetic surgery is shown below:

Hospital	N° Elective hip and knee procedures 2020-2022		N° Elective hips and knees infected 2020-2022		ISLHD SSI rate per 100 elective hip and knee joint replacement procedures			
	20-21	21-22	20-21	21-22	2018-19	2019-20	2020-21	2021-22
SDMH	136	75	1	2	2.74	0.85	0.73	2.66
TWH	572	209	5	0	0.91	1.96	0.87	0
ISLHD total	708	284	6	2	1.29	1.65	0.84	0.70

Table 12. Surgical site infection rates – elective orthopaedic

In a previous IMACS Annual Report a surgical site infection (SSI) rate of 4.92% was reported to affect patients having elective orthopaedic surgery at Shoalhaven Hospital. In response to the increased rates a Clinical Practice Improvement initiative was facilitated by the ISLHD CGU, which identified opportunities for improvement that have been sustained during this reporting period, as demonstrated by the reduction in SSIs following elective orthopaedic surgery at the hospital. Trended orthopaedic surgical site infection rates are presented to the ISLHD IPCC each month for review.

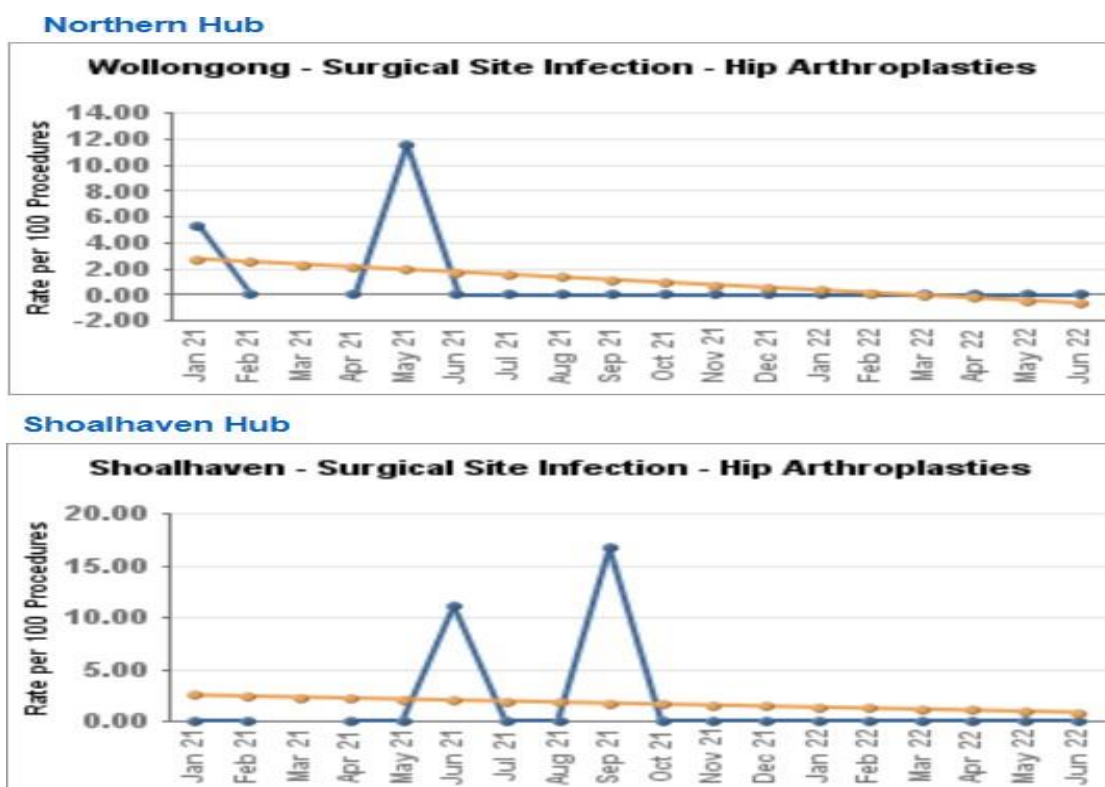


Figure 21. Elective hip prosthesis surgical site infections Jan 2021 to June 2022

Clostridium difficile infection

Clostridium difficile is an important healthcare associated infection because of the impact of the infection on individual patients as well as the communicability of this organism in acute care areas. The importance of a clean environment is paramount for the prevention and control of *C. difficile* as it can form spores which can remain viable in the environment for many weeks in the hospital setting. Effective antimicrobial stewardship is a crucial component of *C. difficile* control programmes.

The following graph shows the numbers of healthcare associated inpatient and healthcare associated outpatient acquisitions of *C. difficile* alongside acquisitions that do not have any identified ISLHD healthcare contact.

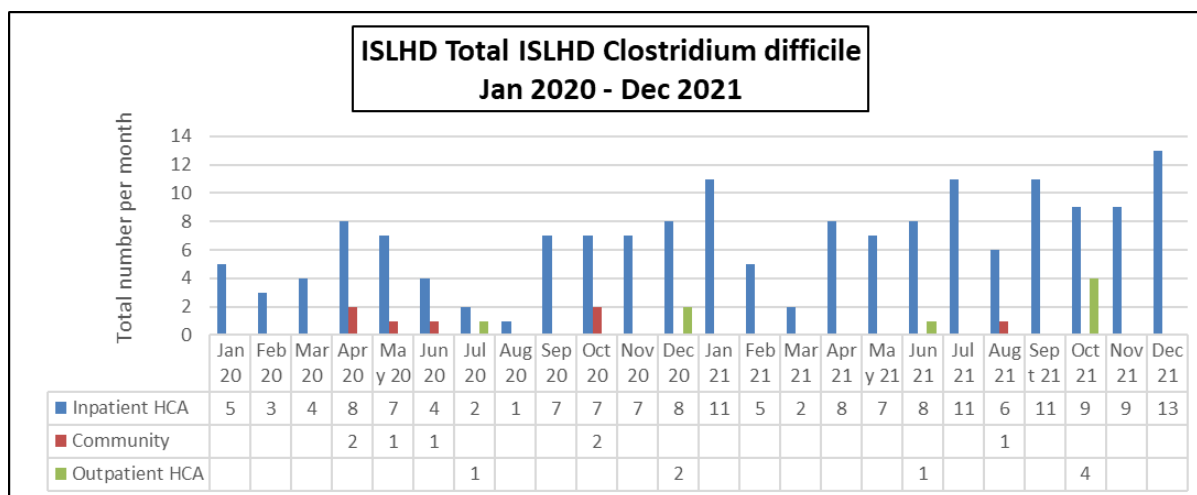


Figure 22. *C. difficile* by acquisition Jan 2020 to Dec 2021

During this reporting period, from October 2021 the IMACS teams identified an increase in incidence of healthcare associated *C. difficile* infections from the usual low levels. Total numbers of inpatient *C. difficile* increased from the first half of 2021 when compared to the same period in 2022 with n=41 and n=56 respectively.

The following graphs show healthcare *C. difficile* acquisitions by facility for the periods Jan 2020 to Dec 2021 and Jan 2022 to June 2022.

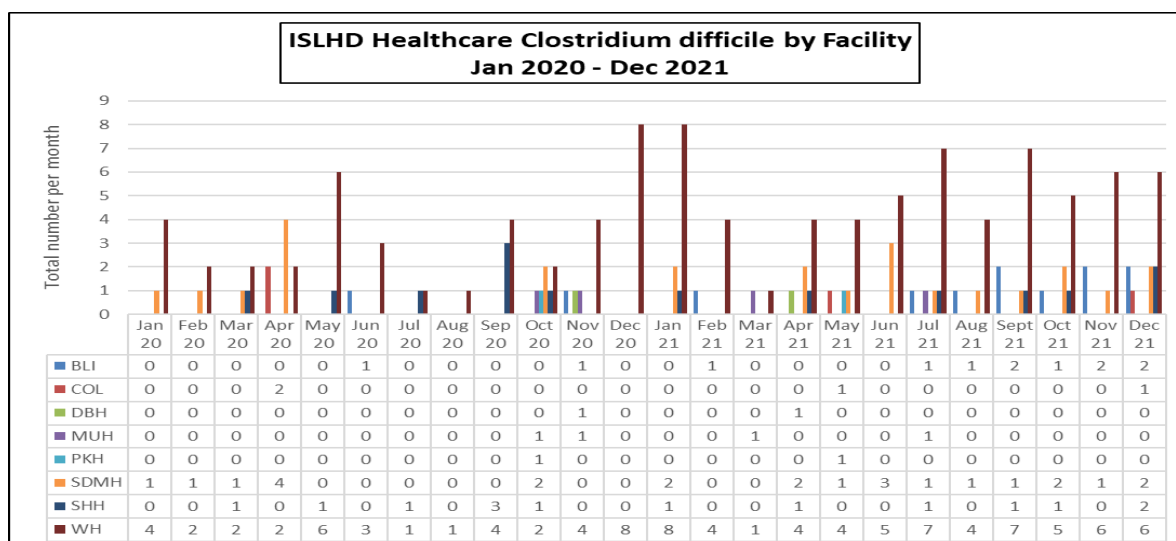


Figure 23. Healthcare associated *C. difficile* acquisitions by facility Jan 2020 to Dec 2021

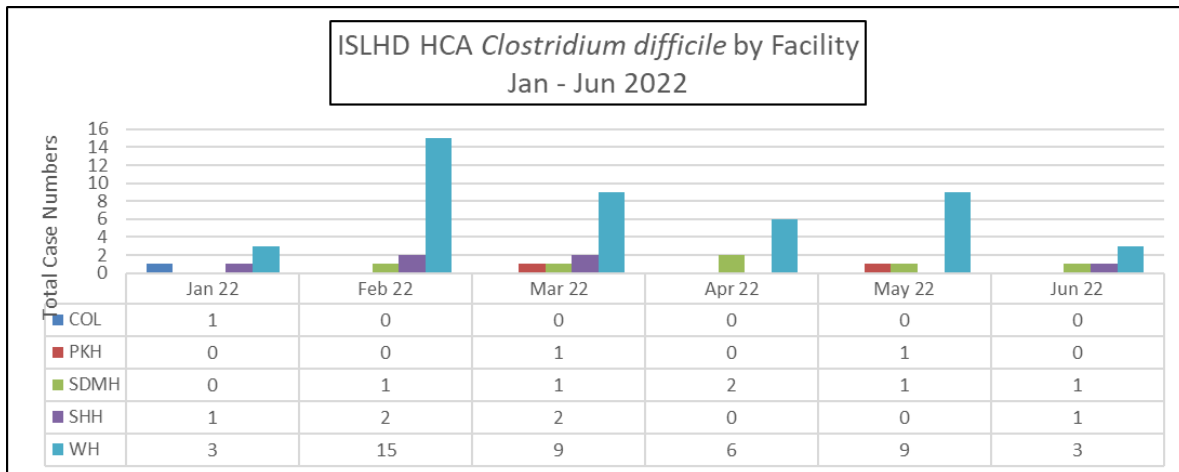


Figure 24. Healthcare associated *C. difficile* acquisitions by facility Jan 2022 to June 2022

No epidemiological links could be made relating this increase to any particular department or clinical service, and numbers of healthcare associated acquisitions are returning to usual levels as shown above and below.

The following graph illustrates the trended rates of *C. difficile* acquisitions in ISLHD facilities from February 2021 to June 2022 expressed as cases per 10,000 occupied bed days.

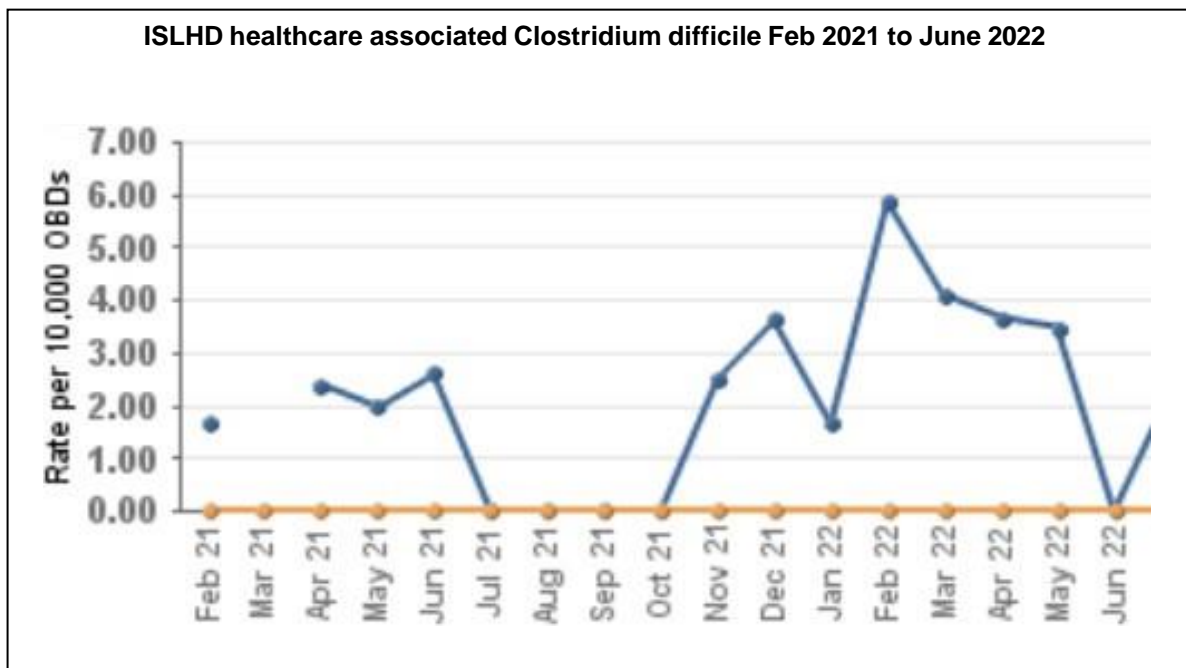


Figure 25. Healthcare associated *C. difficile* Feb 2021 to June 2022

The IMACS team and ISLHD antimicrobial stewardship pharmacist are closely monitoring the numbers of *C. difficile* infections occurring throughout the LHD.

Multi-resistant organism acquisitions

The IMACS team continue to record and monitor healthcare associated acquisitions of multi-resistant organisms (MROs).

Methicillin resistant *Staphylococcus aureus* (MRSA)

The following graphs depict numbers of patients with a new healthcare acquired MRSA isolate, from January 2020 to December 2021, and from January 2022 to June 2022 respectively.

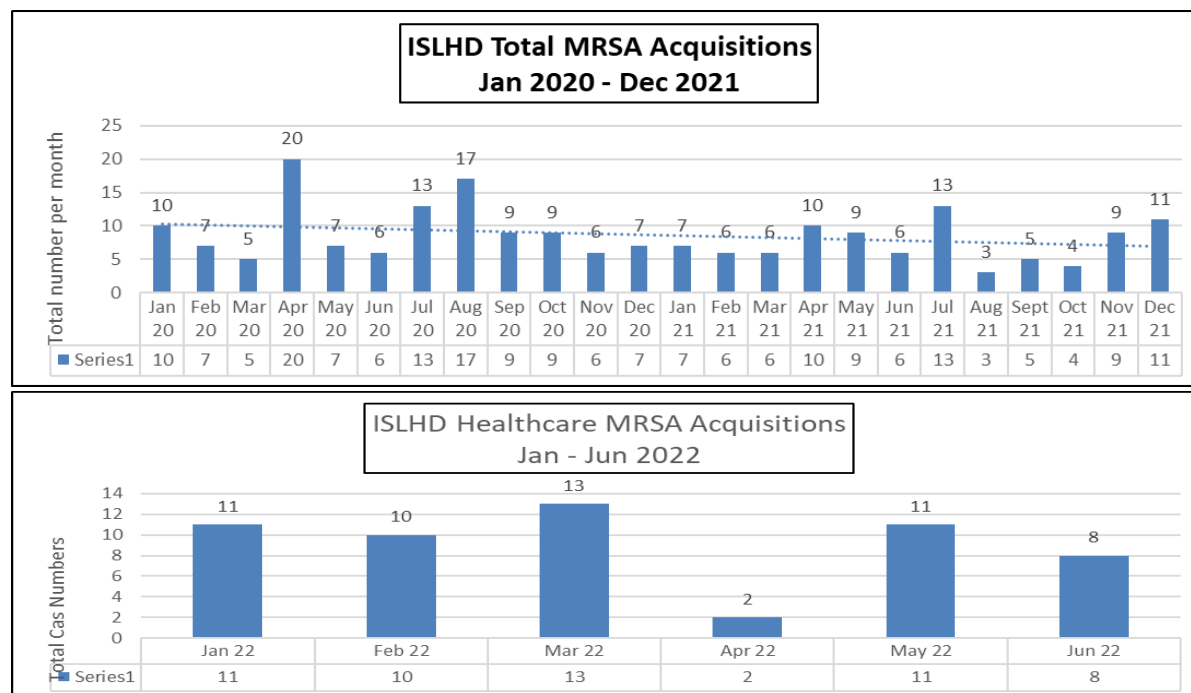


Figure 26. Numbers of patients with new healthcare associated MRSA January 2020 to June 2022

The following graphs show these acquisitions by ISLHD hub for both time periods.

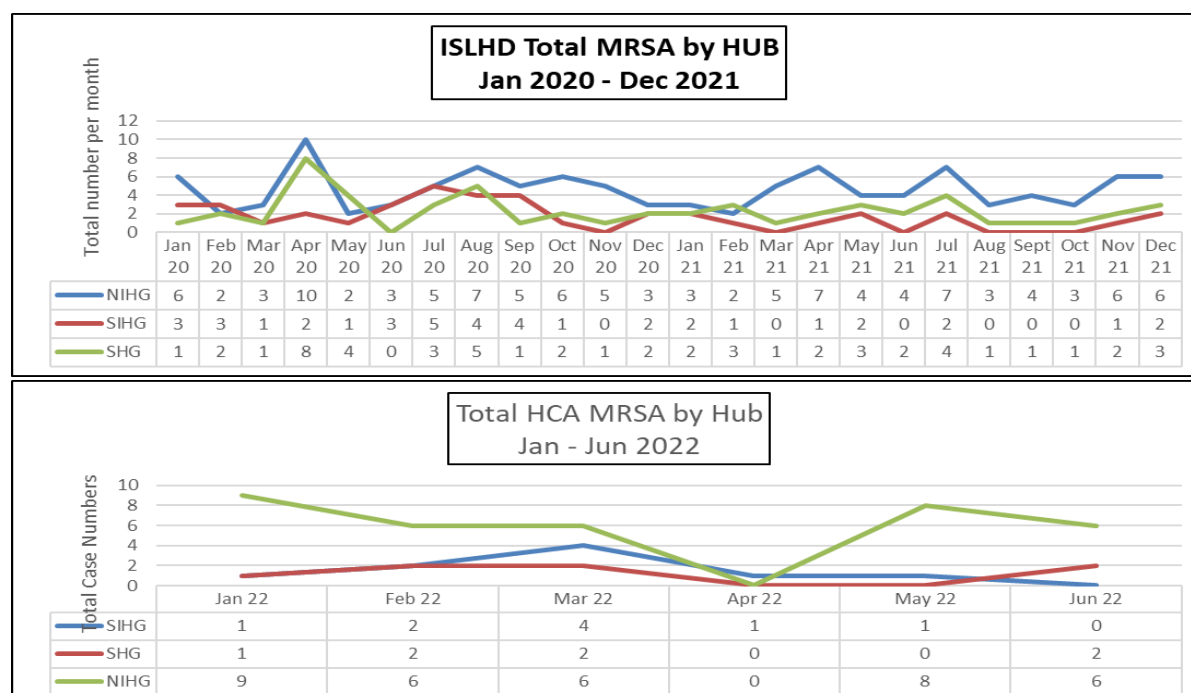


Figure 27. Healthcare associated MRSA acquisitions by hub

Vancomycin resistant Enterococcus (VRE)

Since January 2020, numbers of healthcare acquisitions of VRE have ranged from 5 to 17 per month. Within ISLHD for the last 5-6 years, the predominant strain has been van A *E. faecalis*. Prior to this van B VRE *E. faecalis* was the predominant strain. Antimicrobial prescribing patterns are known to influence VRE epidemiology in healthcare facilities.

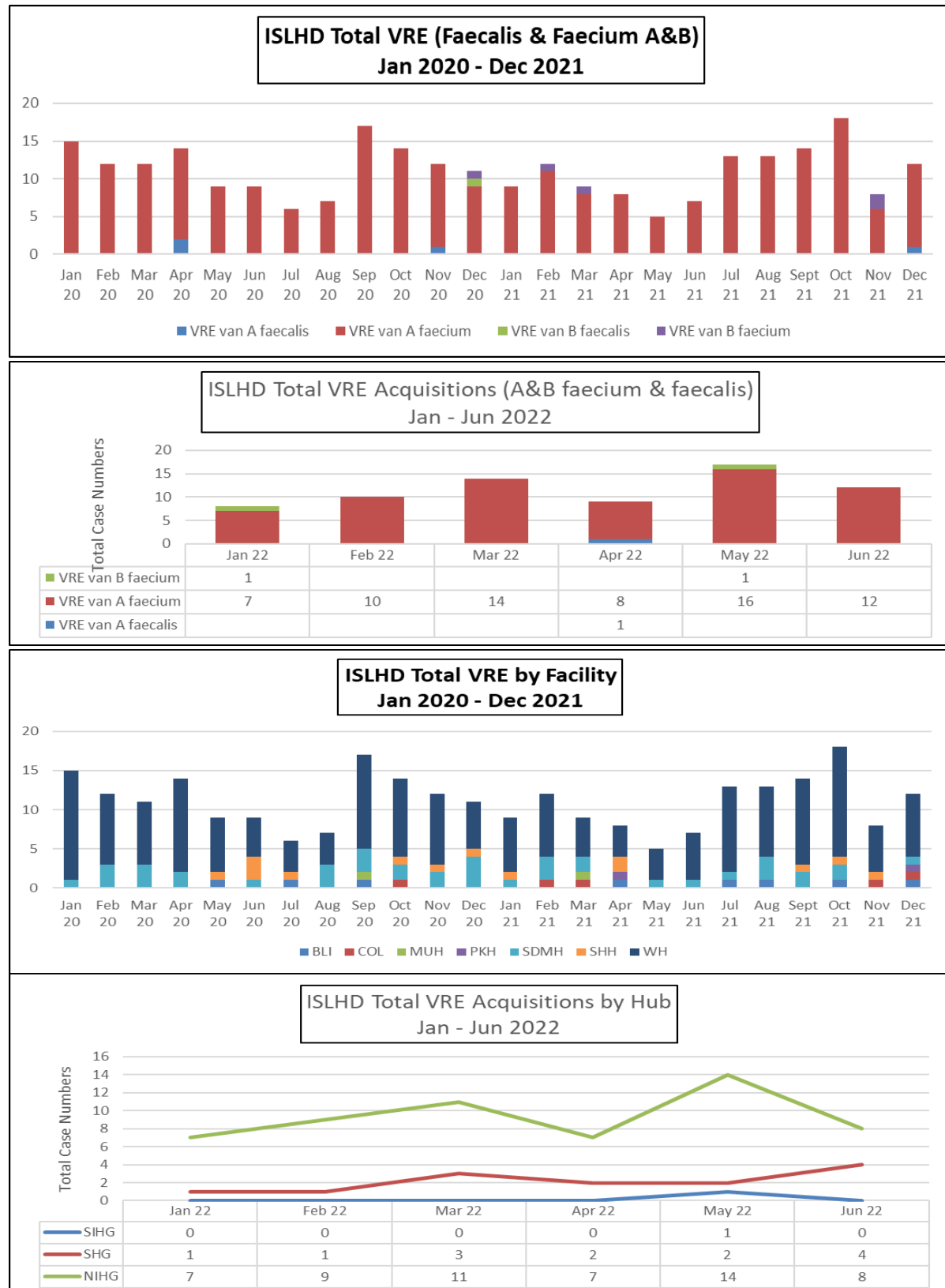


Figure 28. 2020-2021 healthcare associated VRE by species and by facility and hub

Multi-resistant Gram-negative organisms including Carbapenamase-producing Enterobacterales (CPE)

Gram-negative bacilli are a large group of bacteria that are commonly found in the intestinal tract of humans and most animals. They form part of the normal microflora and are essential for proper digestive processes. However, these bacteria are capable of causing infection when introduced into normally sterile body sites, such as the bladder or deep tissues, particularly via insertion of a medical device or during surgery. *Enterobacterales* are a type of Gram-negative bacteria (for example *E. coli* and *Enterobacter*), which live naturally and harmlessly in people's guts, along with billions of other bacteria. Rarely, and mainly in people with underlying serious disease, they can invade the blood or tissues and cause serious infections, including in the blood, lungs, urinary tract and wounds.

Serious infections require the administration of antibiotics and can be associated with a high mortality rate, particularly in vulnerable patients such as those in critical care or who are immune-suppressed. Over the past few decades concern has been expressed about the increasing incidence of resistance in this group of bacteria, making serious infections with these organisms increasingly difficult to treat.

Carbapenemase-producing *Enterobacterales* are resistant to carbapenem antibiotics, due to the presence of a carbapenemase gene usually acquired from other bacteria. This gene allows CPE to produce carbapenemase enzymes which destroy carbapenems and other important β -lactam antibiotics such as penicillins and cephalosporins. Antibiotic treatment options for CPE are therefore limited.

The following graphs show the numbers of MRGN isolates, and also the numbers of CPE isolates that have been identified from January 2020 to December 2021.

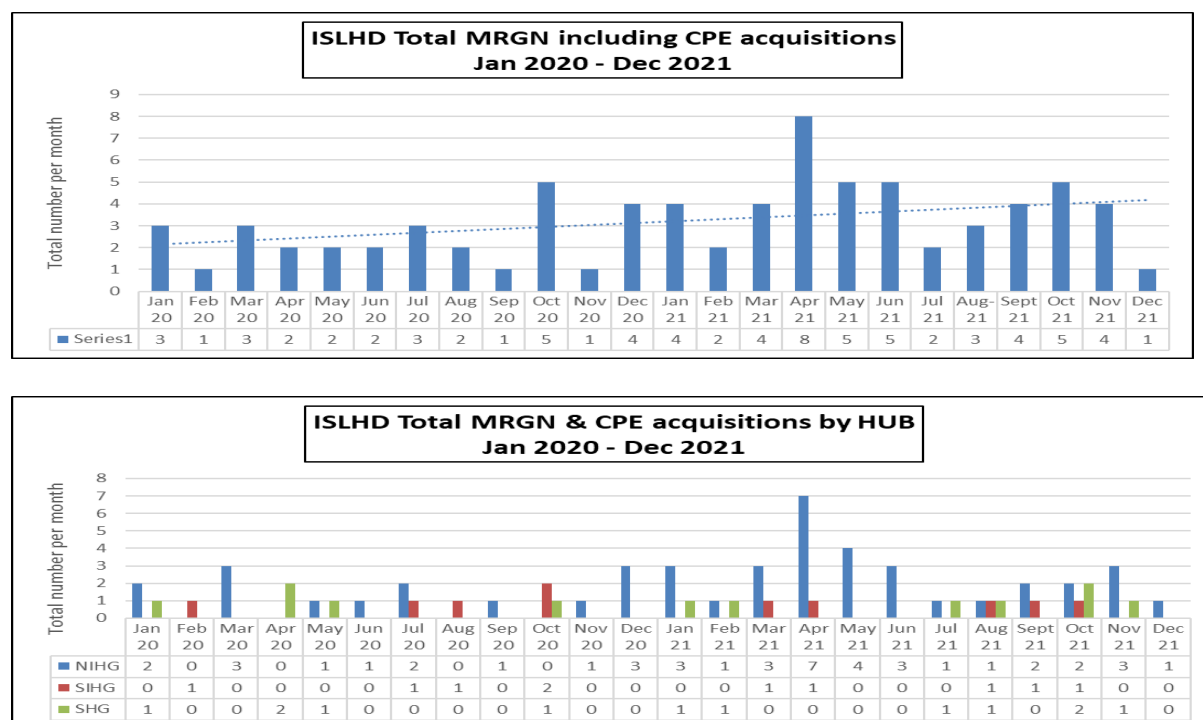


Figure 29. Healthcare MRGN and CPE acquisitions January 2020 to December 2021

The following graphs display the numbers of patients with new MRGN or CPE isolates from January 2022 to June 2022.

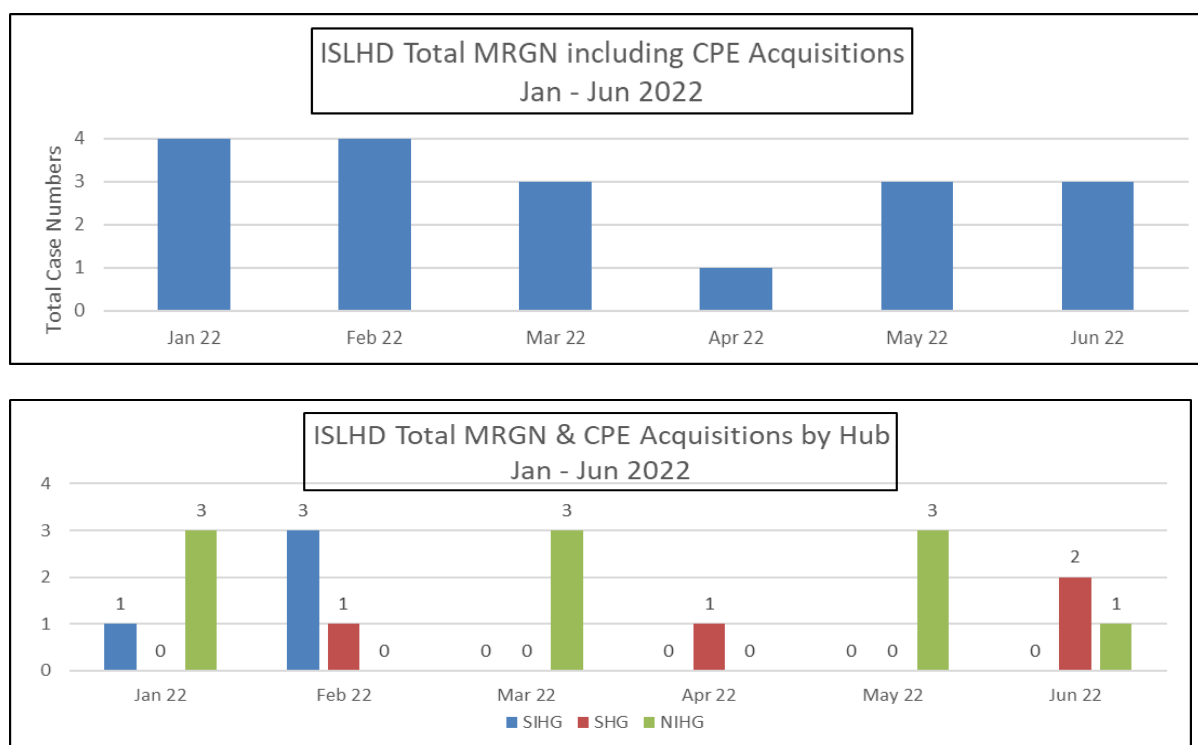


Figure 30. Healthcare MRGN and CPE acquisitions January 2022 to June 2022

As described at the beginning of this section of the report, CPE is an important healthcare associated pathogen. CPE is the subject of national surveillance and is closely monitored by NSW CEC. Whilst some hospitals within NSW are seeing increasing numbers of CPE acquisitions, this organism has not yet become endemic within ISLHD facilities.

The numbers of CPE acquisitions within LHD facilities are shown below for the reporting period January 2020 to December 2021.

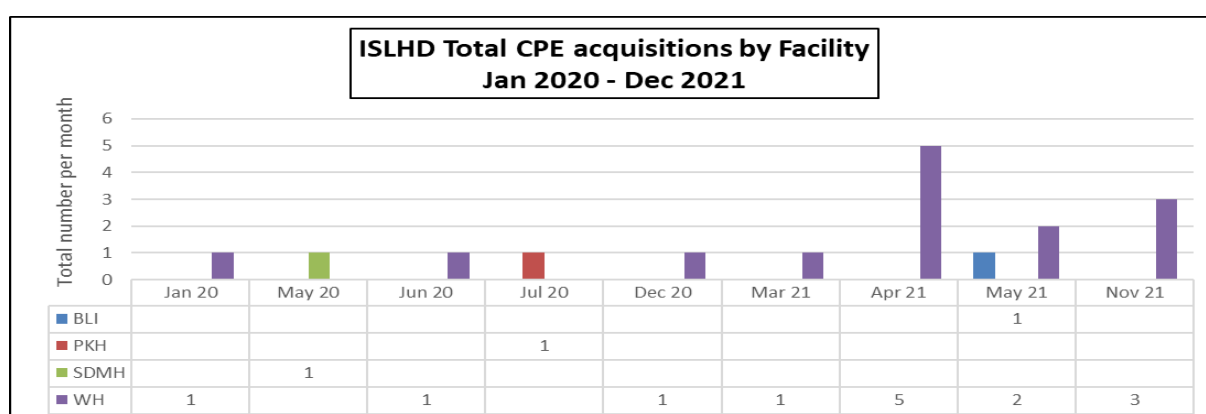


Figure 31. Healthcare associated CPE January 2020 to December 2021, by facility

Outbreaks and incidents

Outbreak identification and management is a key responsibility for IMACS.

There were very few outbreaks of communicable disease during the first part of this reporting period, possibly due to the COVID-19 restrictions and control measures in place at the time. However, since December 2021 there have been 54 outbreaks of COVID-19 within ISLHD facilities, affecting large number of patients and creating significant service disruption.

Healthcare associated outbreaks of SARS-CoV-2

Since the emergence of SARS-CoV-2 as a pandemic viral pathogen in March 2020, significant efforts have been made to prepare for the incidence of healthcare associated COVID-19 infection within ISLHD facilities and services.

Following the relaxation of COVID-19 restrictions to travel and social activities in NSW on 15th December 2021, there has been an increase in the numbers of COVID-19 infections affecting residents of the Illawarra and Shoalhaven.

An expected consequence of increasing community incidence is an increased likelihood of ISLHD patients and staff being exposed to SARS-CoV-2 within ISLHD facilities and services. As expected, healthcare associated acquisition was identified from the end of December 2021. From this time until the end of June 2022 the IMACS team identified and provided outbreak management support for 54 outbreaks of COVID-19 in inpatient facilities. During these outbreaks 251 patients became infected and sadly 21 were identified as having died during the outbreak. Further investigation and multidisciplinary case review occurs for any patient who dies having acquired COVID-19 in hospital and these reviews are managed through the ISLHD Clinical Governance Unit.

The numbers of COVID-19 outbreaks, days of disruption, and numbers of people affected is shown in the figure below.

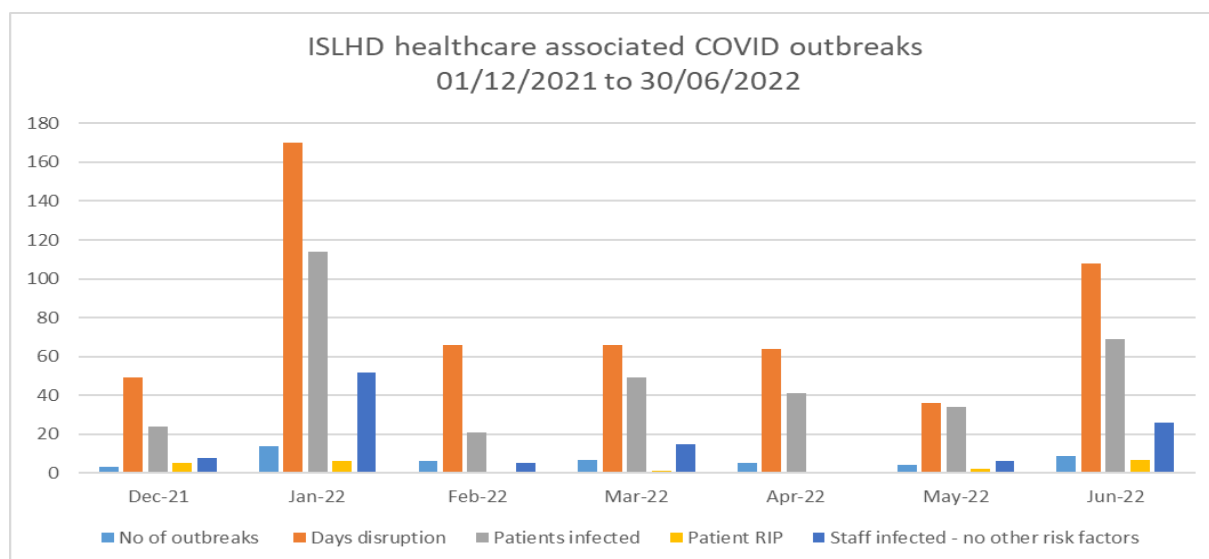


Figure 32. ISLHD healthcare associated COVID-19 outbreaks

Healthcare associated outbreaks of other communicable diseases are discussed below.

CPE

Bulli CPE exposure management. The NIHG team conducted targeted surveillance study of all inpatients located on 1 East, Bulli District Hospital. This was in response to two cases of CPE which were detected on this ward in late May 2021. A point-prevalence surveillance round was conducted on Friday the 21st of May 2021 in conjunction with a variety ward of audits (Standard Precautions, Hand Hygiene and Dirty Utility audit). No further CPE cases were detected in this study.

Neonatal unit TWH Routine admission and discharge MRO screening of neonates revealed nosocomial acquisition of CPE *Enterobacter cloacae* complex in April 2021 and again in November 2021. On both occasions the IMACS team worked closely with the Neonatology team, ISLHD Executive, Infectious Diseases team, NSW Health Pathology and Hotel services to conduct an environmental surveillance survey. The likely reservoir was identified as handwash basins within the neonatal unit. A collaborative team developed and implemented a mitigation plan and provision of enhanced clinical education about CPE for staff. Ongoing routine MRO surveillance in neonates and the ISLHD Standard Precautions model, in conjunction with increased funding for hotel services support has seen a cessation of case numbers. Fortunately, no neonates developed infection following their CPE colonisation.

VRE acquisitions in Wollongong Hospital ICU

There has been an increase in VRE acquisitions (colonisations) affecting patients within the Wollongong Hospital ICU during this reporting period. Outbreak management meetings have been convened and appropriate outbreak management plans implemented, including scrutiny of antimicrobial prescribing on the unit. The ISLHD Infection Prevention and Control Committee continues to monitor the success of control measures.

Gastrointestinal infection

A significant reduction in the usual rates of outbreaks of gastrointestinal infection were identified within ISLHD facilities with just 2 outbreaks occurring during this reporting period.

Influenza

The local NSW Pathology laboratory notifies IMACS of each patient identified as having influenza. For each case IMACS undertakes a review of each of these patients to identify whether the influenza was community acquired or healthcare associated.

During this reporting period there has been extremely low flu activity and no identified nosocomial influenza outbreaks, possibly due to the restrictions placed on the community as a requirement of COVID-19 response.

Staff Health

ISLHD Respiratory Protection Programme

Prior to 2020 NSW Health did not require employees with potential exposure to airborne infections to have fit testing of P2/N95 respirators. Instead, the requirement was that staff should have availability of P2/N95 respirators and be taught how to do a fit check each time they applied a respirator. IMACS were responsible for ensuring the fit check technique and education about the requirements to do a fit check were included within the PPE practical training programme that is part of the NSW Health mandatory training schedule.

In 2020, this position came under review and initially there was no appetite at state level for fit testing. However, ISLHD staff voiced their concerns about this stance, and gained the support of health service unions. As a result of these discussions, and on escalation to the MoH and the NSW CEC it was agreed in April 2020 that Sydney LHD and Hunter New England LHD would commence a trial of fit testing to determine how and whether this should be rolled out across the state. The ISLHD executive team agreed that fit testing should also be introduced for ISLHD staff, despite not being mandated. A private contractor was engaged to commence a local quantitative fit testing programme, and to train 10 ISLHD staff to do the fit testing. Three fit testing units were purchased. By August 2020 300 staff had been successfully fit tested to identify the optimal respirator for them.

IMACS does not have an active role in undertaking fit testing, however the ISLHD DIPC is a member of the ISLHD Respiratory Protection Governance Committee and a report on the RPPP is provided to the ISLHD IPCC every 6 months.

Blood and body substance exposures

IMACS is responsible for the accurate reporting of blood and body substance exposures affecting ISLHD staff. The management of the staff member sustaining the exposure is shared between the local Emergency Departments for the immediate risk assessment and management, with the necessary follow up being managed by the infectious disease physicians hosted in outpatients' clinics.

Ongoing monitoring of exposures is maintained by IMACS with regular reports being submitted to the Work Health and Safety committees covering all ISLHD sites. Rates are reported to ACHS and to NSW Health. Rates for this reporting period have remained within peer benchmarks.

Hand skin sensitivity consultation

IMACS has established a process for the assessment and onward referral for dermatological review if required, for staff members experiencing skin problems affecting their ability to comply with the NSW Health Hand Hygiene policy PD2010_058 (rescinded June 2017 and incorporated into NSW Health PD2017_013 Infection Prevention and Control policy).

IMACS assessment includes an evaluation of the individual's skin condition and an assessment of their hand hygiene technique, with the provision of advice as necessary. The staff member is required to complete a daily diary to record their skin condition and to note their work patterns.

Progress against the 2020-2022 IMACS business plan and IMACS 2022-2023 operational priorities

The IMACS 2020-2022 business plan was developed to continue the support of these recommendations and the requirements of NCSQHC Standard Three. It was approved by the ISLHD IPCC, and progress was scrutinised through monthly reports from the IMACS DIPC to the Committee's executive sponsor, the Executive Director of Medical Services and Clinical Governance. The following section of this report describes progress against the projected work plan from July 2020 to the end of June 2022.

It also describes key objectives and measurable deliverables for 2022-2023 that will ensure that IMACS meets the strategic objectives in safeguarding patients, visitors, and staff from the risk of healthcare associated infection.

Appendix 1. IMACS business work plan 2020-2022

The following table demonstrates progress against the workplan to June 2022

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2022
That all ISLHD staff and consumers are provided with an effective and equitable infection prevention and control (IC) service.	Ensure IC establishment is appropriate for demand based on internationally recognised DoHA recommendations of 1.5 infection prevention and control professionals per 200 acute beds (1 ICP for every 135 acute beds) and develop strategies for succession planning.	Current staffing establishment = 6.8 infection control nurses for 1350 beds (ratio 1/198). If the IMACS NM is included, the ratio is 1:173	All	FTE reports as approved	Executive Director of Nursing and Midwifery and Clinical Governance (EDN&M&CG) IMACS DIPC	Staff leave has been covered through the approval of secondments and through additional surge provision to accommodate the impact of COVID-19
		Increase in capacity and service at TWH, SHH and SDMH will create extra demand on IMACS. The need for increase in establishment will be evaluated once SHH and SDMH service provision is confirmed.				
		Transition of the Link Programme for all areas of the LHD except Oral Health to a supportive mentorship programme as a development opportunity and IMACS succession planning strategy.	SP2:3	Progress of each mentee through the programme as the year progresses.	IMACS DIPC	There was a good response to calls for inclusion in the programme during 2020. The programme has been postponed as a result of COVID-19
		Support professional and personal development opportunities within resources.	SP2:3	Staff performance review 100%	IMACS DIPC	PEDs all up to date Mandatory training for IMACS team 95%
		Monitor activity.	All	100% CNC monthly reports completed	IMACS CNCs	Team reminded to keep these up to date. Discussed at the monthly hub meetings
	Favourable financial management	Negotiate appropriate budget and monitor and maintain budgetary control.	SP4:1	Favourable management of appropriate budget	IMACS DIPC	\$8000 unfavourable budget balance overall. Full year employee-related unfavourable by \$22k. Due to full year Mat leave (\$10k) & Other leave

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2022
That ISLHD staff are able to access appropriate and evidence-based infection prevention and control education and development opportunities	MyHealthLearning reports to ICC for all sites and services	Area orientation programme.	SP3	MyHealthLearning 100%	Organisational Learning Unit IMACS DIPC Site Managers	Face to face staff orientation sessions were significantly impacted during this reporting period with few sessions being provided.
		Mandatory training programme including e-learning	SP3	MyHealthLearning 100%		
		In-service training as required and in response to identified service needs ie outbreak response etc.	SP3	MyHealthLearning record that in-services are provided at each site	IMACS CNCs	
		Development of increased awareness of infection control across the LHD	SP3	MyHealthLearning record of meeting attendance	IMACS CNCs	
	Facilitation of appropriate education and development opportunities for IMACS staff	Consideration of financial support and study leave approval to IMACS staff in accordance with PED agreements and CNC competency framework, subject to approval on merit.	SP3	100% IMACS CNCs meet AHPRA CPD requirements	IMACS DIPC	CEC mentorship programme being attended by Jillian Rutty and Carmel Couch. Gold Standard HH auditor training has been completed by Jillian Rutty and Carmel Couch.
That a full range of infection prevention and control policies are available for staff, and that they are used to support best clinical practice	Audit of available infection control policies	Development and maintenance of appropriate policy framework based on requirements of ACSQHC National Standard Three governance requirements	All	Appropriate policies are in place and 100% are up to date	Infection Prevention and Control Committee	Policies due for revision are under review and progress is monitored at the monthly IMACS policy meeting. COVID-19 resources have been developed and IMACS have provided consultation to a large number of other policy updates due to COVID-19. During this reporting period 31 infection prevention and control policies have been revised or developed

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2022
	Compliance with hand hygiene component of PD2017_013 NSW Health Infection Control policy	Facilitate the public display of hand hygiene compliance rates by ensuring full commitment to HHA programme and timely reporting to CGU, HHA, Health Round Table and CEC.	SP1:3	Clearly formatted reports displayed in all areas audited	EDMS&CG IMACS DIPC GMs Site Managers NUMs	ISLHD Hand Hygiene audit reports have been completed and published on the intranet and are included IPCC meeting papers.
			SP1:3	HH rate >90% compliance across ISLHD	Executive Director Clinical Operations (EDCO) Site Managers NUMs Co-directors	Hand hygiene rate across the LHD was 87% in the last audit period. Many departments and services have attained the 90% target for the LHD. Exceptions are the EDs. Medical staff have increased to 78%
	Compliance with PD2017_013 NSW Health Infection Control policy And AS/NZS4187:2014 Reprocessing of reusable medical devices in health care organisations	AS4187:2014 and AS4815:2006 audit. Ensure effective decontamination of all critical and semi-critical reusable equipment through regular evaluation and monitoring of processes. All critical and semi-critical reusable medical devices are to be reprocessed within designated highly controlled environments as agreed by the site / service executive and IMACS DIPC	SP1:3	All SSDs to be compliant with AS/NZS4187:2014, or have a documented action plan towards compliance by December 2021.	EDMS&CG EDCO SSD managers	None of the ISLHD SSDs are fully compliant. Action plans are in place ERMS 4084
			SP1:3	100% compliance with AS/NZS4815 within ISLHD Oral Health services.	Oral Health service Director	Consideration of AS4815 vs AS4187 pending
			SP1:3	100% areas and services involved in local reprocessing of critical or semi-critical reusable medical devices meet the requirements of AS/NZS4187:2014	Site managers Department managers	AS4187:2014 audits and action plans previously undertaken are included in the 2022 audit plan so that current progress can be reviewed.
			SP1:3 SP2:1	Legionella risk assessment and	ED Finance, Facility Operations	Legionella management sub-committee of the ISLHD IPCC in

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2022
		PD 50		management plan is in place	Managers, General Managers	place. Policy under review. EnHealth Risk Management plan for Wollongong Hospital is significantly populated. This will be the template for other sites across the LHD once it is completed.
		Aseptic technique audit in QARS	SP1:3 SP3:1	Aseptic technique audits completed in all relevant areas at each facility and service	Site managers Department managers	All areas represented in QARS report. See IMACS annual report
		Surveillance and audit of newly acquired multi-resistant organisms, and bloodstream infections.	SP3:1	100% submissions of surveillance data by expected date	IMACS DIPC	All submissions completed on time as required
		Monitoring of MRO patient identification and isolation strategies.	SP3:1	Surveillance reports aim for zero healthcare associated infections.	IMACS team	Daily lists and laboratory reporting algorithms support this
		Implement risk management strategies in order to rationalise and prioritise patient placement according to PD2017_013, including increasing efforts to identify patients who no longer require Additional Precautions.	SP1:2 SP3:1	Zero incidents occurring attributable to MRO management decisions	IMACS team	Standard Precautions model is in place across NIHG. Strengthening of message is being done in the SIHG and SHG
	PD2012_061 NSW Health Environmental cleaning policy audit programme	Support implementation of audit programme and monitoring of progress against agreed action plans	SP1:3 SP2:1	90% compliance identified on environmental cleaning audits confirmed by QARS reports	Site DONMs/Operations Managers, Hotel Service Managers	Report provided to the ISLD IPCC and in the 2020-2022 bi-annual report

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2022
That the requirements of Australasian Health Service Facility Guidelines are met for all new construction / refurbishment works	Provision of expert infection prevention and control advice to construction project teams involved in infrastructure upgrades across ISLHD	Designated CNC to each site responsible for consistent provision and focus including but not restricted to Aspergillus and Legionella prevention during projects	SP4:2	Infection control plan incorporated into 100% construction projects	ISLHD executive Project manager IMACS DIPC	IMACS fully engaged in a number of projects as detailed in the 2020-2022 bi-annual report.
				Zero infections associated with construction	ISLHD executive Project manager	No reported cases of possible construction-related HAI
That rates of healthcare associated infection are accurately monitored and reported, with the objective of achieving reductions over time.	Monitoring and reviewing Healthcare Associated Complication (HAC) reports relating to HAI	IMACS NM membership of the ISLHD HAC Working Party HAC reports presented to the IPCC each month for discussion	SP1:3 SP3:2 CE2:1	Reduction in reported HAI HACs 2019 -2020	ISLHD Executive and operational leadership teams	HAI HACs seeing downward trends. Work is planned to support reductions in laboratory test requests.
	Monitoring of healthcare-associated influenza	Influenza surveillance is commenced to facilitate prompt identification of healthcare-associated acquisition, and through on-time reporting, to promote increased awareness of influenza as a potential HAI through regular reporting of numbers per week throughout seasonal influenza activity	SP1:3 SP2:1 CE2:1	Zero acquisitions of influenza within ISLHD inpatient services	IMACS CNCs IMACS DIPC Site and Service Managers NUMs	Flu activity was negligible in 2020 and 2021.
	Reduction in rates of multi-resistant organism acquisition, specifically, MRSA and MRAB acquisitions in ICU patients	Data collection and submission to NSW Health KPIs, ACHS Clinical Indicators and Health Round Table	SP1:3 CE2:1	Zero acquisitions of MRSA and MRAB in ICU	IMACS CNCs IMACS DIPC Site and Service Managers NUMs	No MRAB acquisitions and reduction in MRSA acquisition rates has been seen. Detailed MRO reports are provided to the ISLHD IPCC and summarised in this bi-annual report.

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2022
	Reduction in VRE and <i>Staphylococcus aureus</i> blood stream infections (SABSI), all haemodialysis-associated BSI and central line associated bacteraemias (CLABSI) regardless of pathogen	Case review process for all VRE, CPE, <i>Staphylococcus aureus</i> and haemodialysis-related blood stream infections.	SP1:3 CE2:1	Aim for Zero preventable healthcare-associated SABSI, haemodialysis-related BSI. PIVC-related and CLABSI rates;	IMACS CNCs IMACS DIPC Site and Service Managers NUMs	Case reviews undertaken for all reportable bloodstream infections
		Include PIVC presence as indication of PIVC as factor in healthcare associated bacteraemias.				
		Data collection and submission to NSW Health KPIs, ACHS Clinical Indicators and Health Round Table		ACHS and NSW Health KPIs to be met	IMACS DIPC	All reporting requirements met
	Reduction in rates of SSI	Case review process for all eligible hip, knee and LSCS surgical procedures Increase cooperative working with surgical stream and obstetric services.	SP1:3 CE2:1	Aim for Zero surgical site infections associated with LSCS and eligible hip and knee procedures. ACHS and NSW Health KPIs to be met	IMACS CNCs IMACS DIPC ISLHD Div. Co-Directors and operational leadership teams	ACI Surgical Complications reporting system (NSQIP) programme has commenced. CNCs have provide a report to the ISLHD IPCC.
	Reduction in rates of nosocomial <i>Clostridium difficile</i> infection	Reporting of nosocomial <i>C. difficile</i> numbers to ISLHD ICC Rigorous communication strategies and investigation of local risk factors	SP1:3 CE2:1	Zero outbreaks of <i>C. difficile</i> infection, and year on year reduction in incidence. NSW Health KPIs to be met	EDMS&CG IMACS DIPC IMACS team Pharmacy	No nosocomial outbreaks of <i>C. difficile</i> have been identified
	Monitoring and management of emerging pathogens including carbapenamase-producing <i>Enterobacteriales</i> (CPE).	Reporting of all identified CPE and other emerging pathogens of interest to ISLHD ICC	SP1:3 CE2:1	Zero healthcare associates outbreaks of CPE	IMACS DIPC	Contact tracing for all notifications of CPE have not identified ongoing healthcare-associated transmission
That rates of staff vaccination, blood and	Reduce numbers of staff BBF exposures	Ongoing benchmarking of exposure rates with peers through	SP2:1 CE2:1	Rates are below ACHS benchmark	EDMS&CG Site and Service	ACHS PIRT report confirms ISLHD rates within benchmark

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2022
body substance exposures and skin sensitivity issues are reported, and improvement strategies are developed, implemented and evaluated.		ACHS reporting.			Managers	
		Identification, implementation and evaluation of system improvements as necessary.	SP3:2		IMACS DIPC OH&S Committees	Factsheets and inclusion into LHD orientation sessions re NSW Health policy PD2019_026 for the management of HCW infected with a BBV and those undertaking EPPs completed
	Monitoring of staff complaining of skin sensitivity preventing compliance with PD2017_013 Infection Control policy	Monitoring through IMACS record-keeping	SP2:1	Reduction in numbers of staff unable to comply with PD2017_013 hand hygiene requirements due to skin sensitivity issue	IMACS CNCs	Process in place.
	Staff vaccination	Improve uptake of influenza vaccine.	SP2:1	80% staff receive 'flu vaccine each year.	Dept. Resp. Medicine Manager	Vaccination rates in 2020 exceeded 70%
		Ensure vaccination status of all staff is documented and non-compliant staff provided with vaccine as required.	SP2:1 CE2:2	Aim for Zero numbers of staff with immune status for vaccine preventable infections not recorded within StaffLink	Staff vaccination CNC	StaffLink and the Australian Immunisation Register are used to provide managers with staff vaccination reports through SPaRC.
That IMACS uses a range of appropriate and effective communication methods to inform service users and consumers of	Use a range of communication options providing information to staff, patients and visitors.	Regular reports to clinical staff and ISLHD facility administration teams describing hand hygiene audit results and infection rates and trends	SP3:2	100% ISLHD Infection Control Committee minutes posted on the ISLHD intranet	EDMS&CG IMACS DIPC	Local update meetings continue, scheduled to coincide with the end of HH audit cycles throughout the year.

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2022
issues relating to healthcare associated infection.		Provision of reports describing infection prevention and control-related outcomes, incidents and processes to appropriate committees	SP3:2	Reports provided to ISLHD Committees including IPCC, WH&S and Clinical Governance Council as requested and in accordance with committee terms of reference	IMACS DIPC	Reports provided at meetings according to meeting agenda and minutes.
		IMACS submission to ISLHD newsletters	SP3:2	Regular infection-related topics covered	ISLHD communications team	IMACS updates have been provided to the ISLHD workforce through the CRG updates and CE messages.
		Ensure IMACS page on ISLHD intranet site is accessible and relevant to all staff	SP3:2	IMACS Annual Report produced annually	EDMS&CG IMACS DIPC	IMACS page updated with 2018-2019 IMACS Annual Report, Oct 2019
		Utilisation of appropriate information sheets for patients, staff and contractors including in languages other than English	SP1:3	100% translated information sheets are accessible on the intranet when needed.	IMACS DIPC Director of CGU	Factsheets provided on IMACS intranet page
That IMACS is fully engaged in sourcing, sharing, undertaking, and using relevant research in all service areas	Active involvement from IMACS CNCs in research activities	IMACS involvement in research projects to inform local operational requirements and national evidence base through publication of findings	SP3:1	>1 IMACS publication per annum	IMACS DIPC	Report into CPE published May 2020.
		IMACS participation in dissemination of local research findings	SP3:1	> 2 IMACS presentations at State, National or International conferences per annum	IMACS DIPC	2 abstracts (HN and JH) were accepted for oral presentation at Enhancing Practice conference to be held in Wollongong April 2021 however this conference did not proceed until 2022 and the presentations would no longer be considered timely.

OBJECTIVE	MEASURABLE DELIVERABLES	ACTIONS	SP	TARGET	RESPONSIBLE OFFICER	Progress June 2022
That IMACS identifies, initiates and supports strategies to improve productivity and efficiency and reduce waste	Reduction in unnecessary use of non-sterile gloves across the LHD	Raise awareness through education and ongoing messaging	SP4:1	10% reduction in numbers of gloves used per month from January 2019 to June 2020	IMACS DIPC ISLHD operational leadership teams	Education programmes and messaging in place. Project has been held over as a result of COVID-19
	Facilitate appropriate segregation of clinical from general waste		SP4:1	10% reduction in amount of clinical waste disposed, from January 2019 to June 2020	IMACS DIPC ISLHD operational leadership teams	IMACS NM participates in ISLHD Sustainability meeting (first meeting October 2019)

The next section of this report presents the proposed forward strategic plan as published in the 2020-2021 IMACS Strategic and Operational plan which was ratified by the IPCC in August 2020

Appendix 2. IMACS Strategic Priority Focus Areas and alignment with NSQHC Standard 3

Strategic Priority 1 - Excellence in models of care, health programmes and health services			
SP1:1	Access & Flow for Emergency Performance Ensure that Emergency Department consumers have access to timely and quality care in order to optimise their outcomes and minimise harm		That all ISLHD staff and consumers in all areas of the LHD, inpatient or community, are provided with an effective and equitable infection prevention and control (IC) service.
SP1:2	COVID-19 Response Ensuring readiness and capacity to respond to community outbreaks and need for hospitalisation	All	That the ISLHD IPC policies and operational activities do not impose unrealistic or unnecessary interruptions to ISLHD essential business or the safety and quality of patient care.
SP1:3	Surgical Services Efficiency & Delivery Ensure timely and appropriate access to elective surgery		That a full range of infection prevention and control policies are available for staff, and that they are used to support best clinical practice and are relevant to all clinical settings, inpatient or community-based.
SP1:4	Integrated Community Care Enhance community- based care options to support in-home management, improve patient activation and reduce hospitalisation and ED visits		That ISLHD staff are able to access appropriate and evidence-based infection prevention and control education and development opportunities
SP1:5	Aboriginal Health Improve equity of access to care and health outcomes for First Nations people in ISLHD		That rates of healthcare associated infection are accurately monitored and reported, with the objective of achieving reductions over time. That IMACS uses a range of appropriate and effective communication methods to inform all service users and consumers, including ATSI and members of vulnerable and at risk populations, of issues relating to healthcare associated infection.
Strategic Priority 2 - An engaged and high performing workforce for the future			
SP2:1	Staff safety: Promote, protect and maintain the health, safety and wellbeing of staff	3.5 Standard and transmission based precautions 3.13 Workforce immunisation	That rates of staff vaccination, blood and body substance exposures and skin sensitivity issues are reported, and improvement strategies are developed, implemented and evaluated. Provide advice to clinical colleagues, hotel services, work health and safety, Procurement, and buildings refurbishment and construction project teams to support optimal workplace safety with regard to physical, chemical, and ergonomic factors

			<p>relevant to the prevention and control of infection.</p> <p>Support Workforce support and Injury Management workforce in their work where it is relevant to infection prevention and control.</p>
SP2:2	<p>Leadership & Culture</p> <p>Improve organisational performance and accountability through attentive management and visionary leadership within a values-based culture</p>	<p>3.1 Integrating clinical governance</p> <p>3.4 Surveillance</p> <p>3.9 Aseptic technique</p> <p>3.14 Reprocessing of reusable devices</p> <p>3.15 Antimicrobial stewardship</p>	<p>That ISLHD staff are able to access appropriate and evidence-based infection prevention and control education and development opportunities.</p> <p>Facilitation of appropriate education and development opportunities for IMACS staff at all levels throughout the organisation.</p> <p>Fulfilment of the commitment to the ISLHD IMACS infection prevention and control Mentorship programme.</p> <p>That the promotion of secondment opportunities to IMACS continues when substantive CNCs and the IMACS DIPC are on leave.</p>
Strategic Priority 3 - Innovation, agility and learning for continuous improvement			
SP3	<p>Research Leadership & Outcomes</p> <p>Establish ISLHD as a recognised clinical research organisation and empower an integrated culture of research, innovation and improvement</p>	<p>3.1 Integrating clinical governance</p> <p>3.2 Applying quality improvement systems</p> <p>3.4 Surveillance</p>	<p>That IMACS is fully engaged in sourcing, sharing, undertaking and using relevant research in all service areas</p> <p>To enable and support IMACS CNCs to meet their research domain requirements through attendance and participation in conferences, publication of original work, and participation in Journal Clubs and other suitable fora.</p> <p>That rates of healthcare associated infection are accurately monitored and reported, and used to drive quality improvements or further research in order to achieve reductions over time.</p> <p>Use existing ISLHD structures and processes to share insights derived from case review and research findings, in order to inform clinical practice and decisions.</p>
Strategic Priority 4 - Efficient, effective and sustainable financial operations			
SP4	<p>Balanced budget & Sustainability</p> <p>Deliver a balanced budget, through prioritising a safe and sustainable workforce and workplace.</p> <p>ISLHD will transition towards net zero, an</p>	All	<p>That IMACS identifies, initiates and supports strategies to improve productivity and efficiency and reduce waste</p> <p>To promote and support a range of initiatives aimed at reduced</p>

	environmental sustainability governance framework will be developed		<p>diagnostic ordering</p> <p>Glove reduction projects to be encouraged throughout the LHD To support service managers in risk assessing proposed and current clinical spaces in order to reduce healthcare associated infection risks.</p> <p>That the requirements of Australasian Health Service Facility Guidelines relating to the prevention and control of infection are met for all new construction / refurbishment works.</p>
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Progress against the workplan that has been developed in order to meet these strategic proprieties, will be reported in the 2022-2023 Annual Report.

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