Multi Level Government Control of Healthcare Acquired Infections

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Multilevel Control of Healthcare Acquired Infections

- The Mixed Australian Health System
- Control of HAIs in the Commonwealth State Funding Agreement for Healthcare
- Integrating the corporate and clinical governance of microbes
Australia’s health

Australians enjoy one of the highest life expectancies in the world, at 81.4 years—second only to Japan.

For the year 2005–06, over 9% of hospital admissions were considered potentially preventable.
Commonwealth Government

- Pharmaceutical and Medical Benefits Schemes
- Intergovernmental Agreement on Federal Financial Relations
- Residential, Home and Community Care for the Aged
- Commission on Safety & Quality in Health Care, Institute of Health and Welfare, etc
- Regulation of Private Health Insurance (incl incentives) and pharmaceuticals
State Governments

• Acute Hospitals
• Community health services
• Population and environmental health
• Regulation of health professionals, facilities and public health
Private Sector

- Self employed health professionals: GPs, specialists; allied health.
- Corporate providers: private or listed public companies who own hospitals, pathology, radiology and General practices.
- Not for Profits: religious hospitals, community based services, self help organisations
- Regulatory role through corporate governance
Private vs Public Hospital HAI indicators

• The Australian Council on Healthcare Standards maintains a voluntary collection of 47 HAI indicators

• These include Surgical Site Infections (18), Central Line and Dialysis associated BSIs (19) and MRSA infections (4).

• For 43 of these indicators, there was no significant difference between public and private hospital rates (productivity Commission 2009)
Federal funding growth

Figure 6.2 FUNDING — Australian Health Care Agreements & National Healthcare SPP, 2003-04 to 2012-13

Note: The amounts for 2003-04 to 2007-08 exclude Pathways Home payments (nearly $253m total) made to achieve specific goals in relation to rehabilitation and step down facilities.
The 3 big new agreements

• Within five years implement a nationally consistent approach to activity based funding for public hospital services.
• By 2012-13, 80 per cent of emergency department presentations are seen within times recommended by the Australasian College of Emergency Medicine.
• The rate of Staphylococcus aureus (including MRSA) bacteraemia is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011-12 in each state and territory.
Integrating the corporate and clinical governance of microbes

• Corporate governance includes clinical governance
• We need to know what we’re talking about: Plain English definitions and shared statistics
• Driven by sanctions (regulatory and commercial), informed by intelligible data
• Astute use of networks of governance at all levels drives regulation down to the coalface
Braithwaite’s Regulatory Pyramid

(see Healy and Dugdale 2009 p.28)
Duckett’s Regulatory Pyramid

(see Healy and Dugdale 2009 p139)

The mother of invention

Verbs in active voice

Panopticon

It’s the culture, stupid
Bloodstream infections

• 12,000 Healthcare related BSIs in Australia per year (half of all BSIs)
• 17-29% die whilst still in hospital
• Half of survivors still had reduced health after 6 months
• 7,000 Staph Aureus BSIs pa, half acquired in hospital, 1/3 of the rest healthcare related.
• Quality improvement programs can reduce IV sepsis by 50%
Choose your statistics

**Figure 2.1**  Effect of denominator on calculation of rate of health care associated *Staphylococcus aureus* bloodstream infections at Canberra Hospital, 1998–2006
South Australia: Australia’s Leader

Figure 2.3  Rates of total *Staphylococcus aureus* and methicillin-resistant *S. aureus* (MRSA) bloodstream infection for 14 South Australian hospitals
HA SAB in Canberra and 14 Hospitals in South Australia

• In Canberra Hospital, HA SAB has been between 2 and 2.5 cases per 10,000 occupied bed days.

• In South Australia since 2002, the aggregate rate of HA SAB has fallen from 2.1 to 1.43 per 10,000 occupied bed days (32%).

• In the tertiary referral hospitals, the rate has fallen from 3.10 to 1.86 per 10,000 occupied bed days (40%).
South Australian Control Measures

• widespread introduction of alcohol-based hand hygiene from 2002
• establishment of a state-wide link nurse program in 2003
• regular feedback of surveillance data on MRSA, BSI and antibiotic usage
• Intensive MRSA screening and control program in one of the largest hospitals.
The last word

Saul Bellow described Chicago in the year or two after Obama finished school as “the third world erupting all over” Academics will never make an impact on these catastrophes: “powerful scientific minds... The best of them are diapered babies when they go public with a cause”
References


Cruickshank M. & Ferguson J. Reducing harm to patients from health care associated infection: the role of surveillance. Australian Commission on Safety and Quality in Health Care, Sydney 2008


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