



Statement of outcomes

Report on the outcomes of the public consultation on the revision of the national standards for the prevention and control of healthcare-associated infections in acute healthcare services

May 2017

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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1. Introduction

The Health Information and Quality Authority (HIQA) has revised the 2009 *National Standards for the Prevention and Control of Healthcare Associated Infections*. The purpose of these revised National Standards is to encourage a culture of patient safety through the efforts of all staff working together to reduce healthcare-associated infections. The Standards have been designed to be used by all staff in acute healthcare services provided or funded by the Health Service Executive (HSE).

HIQA carried out a focused review of international and national literature, which was used to inform the development of the revised draft standards, and resulting finalised National Standards. The review took account of international standards, international guidelines, national guidelines, HIQA inspection reports, investigative reports and national surveys. HIQA also convened a Standards Advisory Group, which consisted of a diverse range of interested and informed parties, including patient advocates, healthcare professionals, representatives from the State Claims Agency, the Private Hospitals Association, the Department of Health and the Health Service Executive (HSE). Five meetings of the Standards Advisory Group were held. The final meeting of the Group took place on 11 January 2017 to agree final changes to the National Standards resulting from the public consultation.

In advance of the public consultation, HIQA engaged extensively with the Standards Advisory Group and with other people through a series of focus groups undertaken in 2015 and 2016. The team conducted 10 focus groups in five locations nationally. This included meeting with 67 participants in total to discuss their experiences of prevention and control of healthcare-associated infections in acute hospitals and to obtain their opinions as to what the revised standards should address. Focus groups participants included the following:

- patients and patient advocacy groups
- healthcare professional representative organisations
- front-line line staff including clinical, non-clinical and management staff
- members of the HIQA Healthcare Regulation Team.

To facilitate stakeholder engagement and participation in the development of the National Standards, HIQA published the draft revision of the national standards for the prevention and control of healthcare-associated infections in acute healthcare services for public consultation. The consultation period ran for eight weeks from 10 October to 2 December 2016. During this time, interested parties were invited to submit their views and feedback on the draft standards.

This document presents a statement of the outcomes from the public consultation process and gives an overview of the submissions, suggestions and comments received, as well as HIQA's response to the respondents.

2. The consultation process

The draft standards were launched for public consultation on 10 October 2016. The consultation process ran for eight weeks until 2 December 2016. The full text of the *Draft revision of the national standards for the prevention and control of Healthcare Associated Infections in acute healthcare services* was made publicly available in downloadable format on the HIQA website, www.hiqa.ie. A consultation form to provide feedback (see Appendix 3) was also developed.

The form was available to download on www.hiqa.ie, and responses could be emailed to a dedicated email address or posted to the Standards and Quality Improvement Directorate within HIQA. It was also possible to make an online submission using an online survey tool.

At the start of the consultation, HIQA requested that the members of the Standards Advisory Group notify members of the groups that they were representing and other interested colleagues about the consultation. HIQA also contacted hospital-group chief executive officers, hospital-group clinical directors and hospital-group directors of nursing and requested that they share information about the public consultation and encourage their colleagues to participate in the process. Focus group participants, relevant healthcare professional representative organisations, patient advocacy groups and third-level educators were also notified by HIQA about the public consultation process.

A total of 34 responses were received in relation to the draft standards. HIQA welcomes all these submissions and would like to thank all those people and organisations who took the time to contribute to the public consultation. These submissions helped to inform and refine the final National Standards. Of the 34 submissions received by HIQA, 30% (n=10) responded via the online survey tool; 70% (n=23) emailed in their submissions; and one submission was received by post.

Each submission received was read in its entirety and a systematic process was applied in order to determine whether or not each individual comment would be incorporated into the revised standards. All submissions were reviewed by the project team and subsequent changes agreed.

3. Overview of consultation submissions

The consultation consisted of four general feedback questions and two specific feedback questions on each of the eight themes in the *Draft revision of the national standards for the prevention and control of Healthcare Associated Infections in acute healthcare services*. The aim of these general and specific feedback questions was to seek out public opinion on the draft standards. This document provides an overview of the submissions received for each question.

In total, there were 34 responses received over the eight-week public consultation phase. In the 'about you' section, people were asked if they were commenting on behalf of an organisation or in a personal capacity. They were asked to include the name of the organisation if making the submission on its behalf. People who worked in a healthcare service role were asked to specify their role.

Of these 34, 44% (15 respondents) responded in a personal capacity, with 56% (19 respondents) responding on behalf of an organisation.

A breakdown of these organisations included:

- one maternity hospital
- seven general acute public hospitals
- 11 healthcare professional representative and related organisations.

A full list of the organisations that made submissions is documented in Appendix 1.

Twenty-four out of the 34 respondents said they worked in a healthcare service. Appendix 2 later in this report outlines the types of healthcare professionals that made submissions.

4. Feedback about the layout, design and format of the draft standards

The first two questions sought feedback on the language, layout, design and format of the draft standards. This section provides an overview of the responses received in relation to these questions.

4.1 Question 1: Content of the draft standards — layout and design

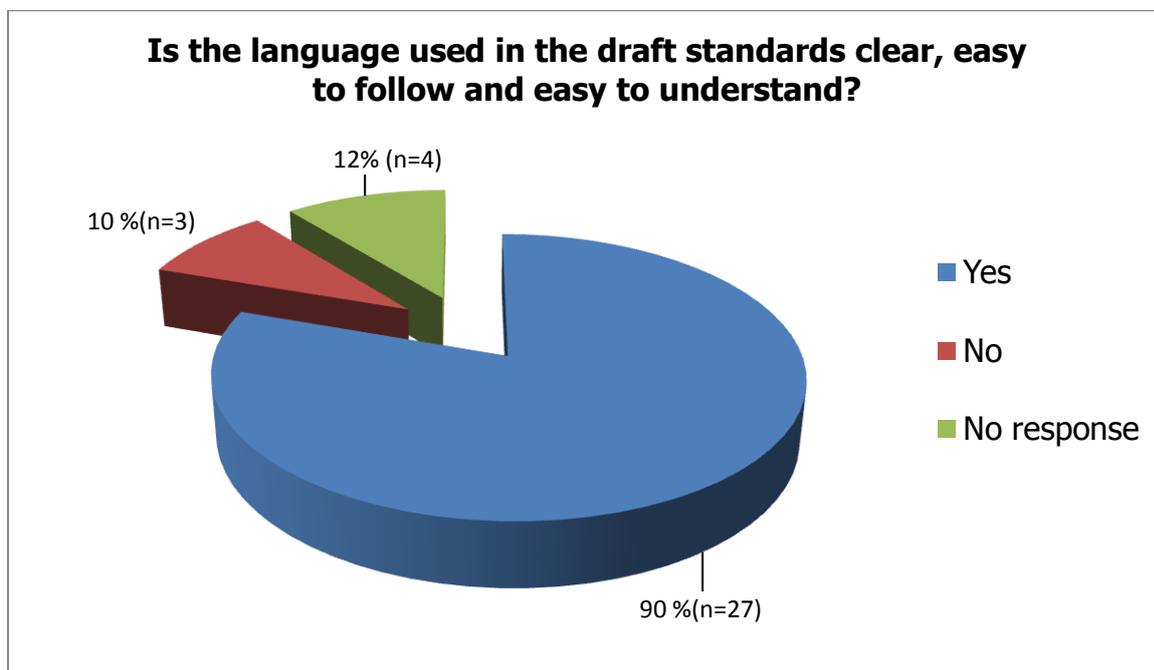
Question 1(a): Is the language used in the draft standards clear, easy to follow and easy to understand?

Of the respondents who answered this question:

- 90% agreed that the language used in the draft standards was clear, easy to follow and easy to understand.

Figure 1 below presents the percentage of Yes or No response rates for Question 1(a).

Figure 1. Responses to consultation Question 1(a)



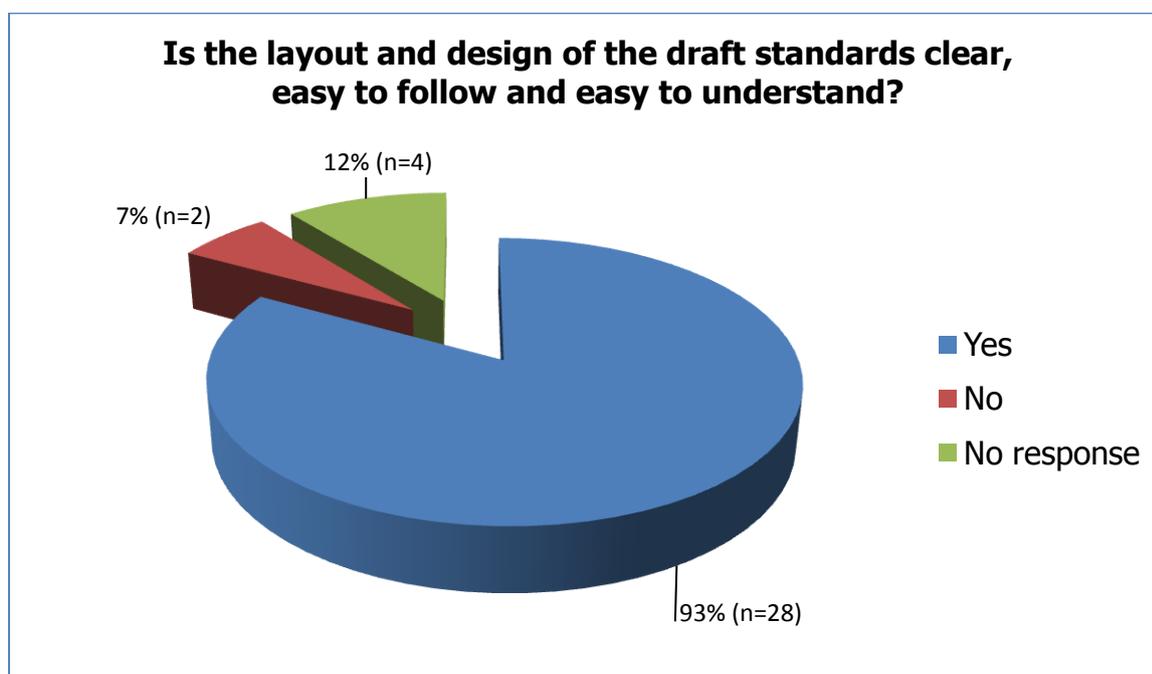
Question 1(b): Is the layout and design of the draft standards clear, easy to follow and easy to understand?

Of the respondents who answered this question:

- 93% agreed that the layout and design of the draft standards was clear, easy to follow and easy to understand.

Figure 2 below presents the percentage of Yes or No response rates for this question.

Figure 2. Responses to consultation Question 1(b)



What the respondents said:

A number of respondents (24%) provided additional comments. Examples of additional comments received include:

"The layout and design is clear."

"The draft standards contain all the necessary elements of an infection prevention and control programme. However, the current format is not intuitive for service providers and not easy to follow."

4.2 Question 2: Accessibility

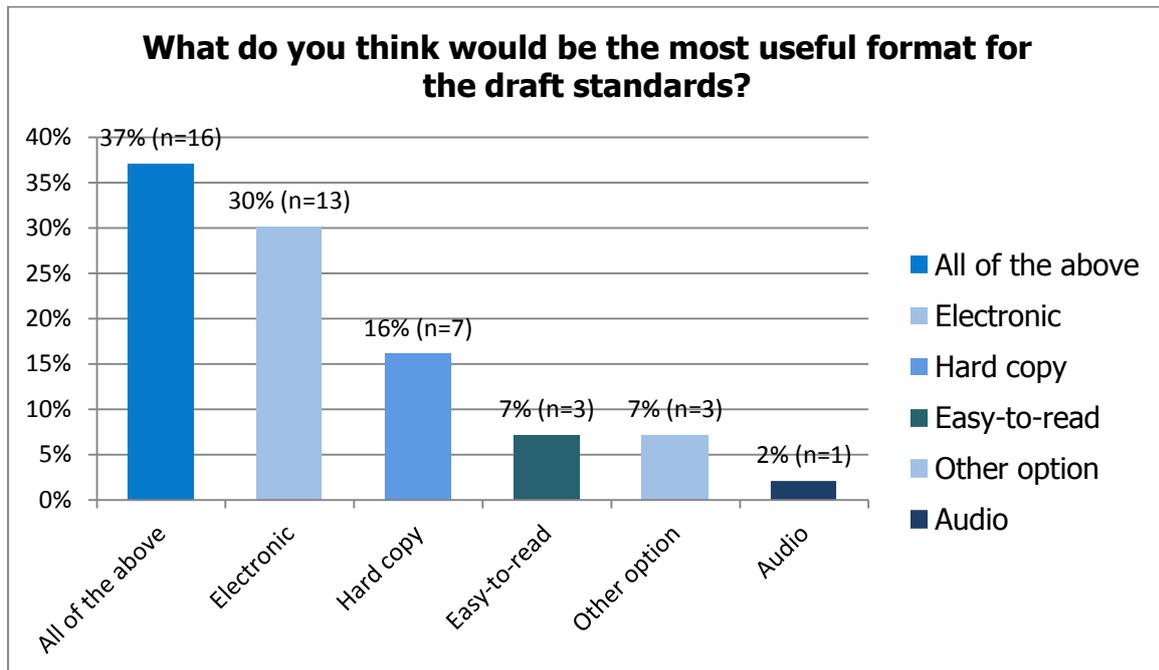
Question 2: What do you think would be the most useful format for the draft standards?

This question asked respondents to state from an option of six, the most useful format for the draft revised standards. The options were:

- hard copy
- electronic
- audio
- easy-to-read
- all of the above
- other.

The percentage response rate for each option is presented below in Figure 3.

Figure 3. Responses to consultation Question 2



Of the responses received, three respondents suggested other formats using:

- an app
- a separate summary document of all themes to be used as a quick reference tool
- a National Adult Literacy Agency (NALA) approved document.

5. Impact on acute healthcare services

Question 3: What impact will the draft revised standards for the prevention and control of healthcare-associated infections have in Irish hospitals when they are in place?

Sixty-two percent of respondents provided feedback to this question.

Respondents' views on the impact the draft revised standards will have on acute healthcare services in Ireland

A number of respondents stated that the standards outline a detailed comprehensive framework to improve the existing procedures in place in acute hospitals regarding the prevention and control of healthcare-associated infections. It was felt that the standards will provide greater clarity of the infection prevention and control expectations of any acute healthcare service, thereby ensuring consistency in approach and outcome by all service providers. It was highlighted that the draft revised standards will help guide infection prevention and control teams to support infection prevention and control best practice, while also promoting and reinforcing the fact that the prevention and control of healthcare-associated infection is everyone's responsibility.

What the respondents said:

Examples of comments received include:

"It will build on the 2009 Standards and provide more clarity around some of the areas."

"The provision of these outcome-based standards will enable nurses, midwives and all those involved in patient care to implement the infection prevention and control programme effectively in order to protect patients and themselves from the transmission of infections."

Resources

Just over one in four respondents (27%), however, stated that the draft revised standards will have little or no impact on the acute healthcare services in Ireland due to a lack of resources. Feedback indicated that progress in the implementation of infection control standards is significantly lagging behind in all aspects due to

cutbacks and limited resources. It was stated that complete implementation of the standards may not be possible within the current resources.

Examples of comments received include:

"The revised standards will require significant extra resources for hospitals and hospital laboratories to carry out the surveillance."

"Clear direction on how the resources can be obtained is required."

"There are resource implications if the standards are to be introduced in their entirety."

Staff responsibilities

Clarity and guidance were sought by a number of respondents on key roles and accountabilities for staff in relation to the actions involved for each standard. Respondents stated that there is a need for additional specification on who is accountable and responsible for each standard to ensure successful implementation of that standard.

Examples of comments received include:

"The revised standards are written at a strategic level but will have limited impact unless there is definite action for each standard for all levels of staff."

"It is not clear who is accountable for the implementation of the standard. Without these additional specifications there is the potential that there will be a significant gap between the intention to implement a standard and the 'real-life scenario'."

Staffing levels

It was stated by a number of respondents that the standards would have to specify staffing numbers to the Health Service Executive (HSE) in order for infection prevention and control services to be delivered.

Examples of comments received include:

"Staffing of Infection Prevention and Control Team and grading structure would have been helpful in this document."

"If the HIQA standards are intended to initiate and sustain significant improvements in the prevention of MDRO [multi-drug resistant micro-organisms] and HCAI [healthcare-associated infection], the standards will need to specify staffing and resources that need to be delivered by hospital managements and the HSE for these services to be delivered."

Prescriptive detail

Concerns were raised in relation to the lack of prescriptive detail within the draft revised standards. Feedback suggested that some requirements are not detailed enough and unless standards are more prescriptive they will have a limited impact.

Examples of comments received include:

"I believe that unless the standards are more prescriptive they will not have an optimal impact."

"In the current draft standards some requirements are not detailed enough."

"There needs to be concrete examples of how institutions can be compliant with each of the points in the document."

HIQA's response

Resources

Many of the comments made in relation to resource requirements suggested that complete implementation of the National Standards may not be achievable due to a lack of resources. This is acknowledged as a significant issue for the Irish healthcare service. It is supported by an overall feature in the national governance standard on strategic investment to meet infection prevention and control needs and priorities across the entire healthcare system.

Staff responsibilities

HIQA recognises the importance of everyone's role in infection prevention and control. Where the role of the clinical team, infection prevention and control team and or committee, antimicrobial stewardship team and or committee and the senior management team can be clearly delineated in the final National Standards, it has been done.

However, specific responsibility for most standards or features may vary in different hospitals depending on the size, complexities and specialties of the service. The ultimate accountability for implementing a Standard lies with the chief executive and the senior management team, who in turn delegate the tasks to appropriate staff members.

Staffing levels

The specifics on the numbers and hours required for staff, including the infection prevention and control team, are out of scope of the National Standards. Theme 6 on workforce outlines the importance of maintaining appropriate staffing levels and discusses the methodology to determine the correct number of staff for a service, which depends on many different factors.

Prescriptive detail

The request for specific detail is out of scope of the National Standards. These revised and final National Standards are based on the eight-theme framework of HIQA's 2012 *National Standards for Safer Better Healthcare* and use features to outline good infection prevention and control principles. Specific clinical practice detail is best described in clinical guidelines, as listed in the resources section of the Standards.

5.1 Question 4: Person-centred care

Question 4: Is a person-centred care approach evident throughout all themes within the draft standards?

Within this question, respondents were provided with a brief description of person-centred care (below) and were asked to state if there was a person-centred care approach throughout all the themes within the draft standards.

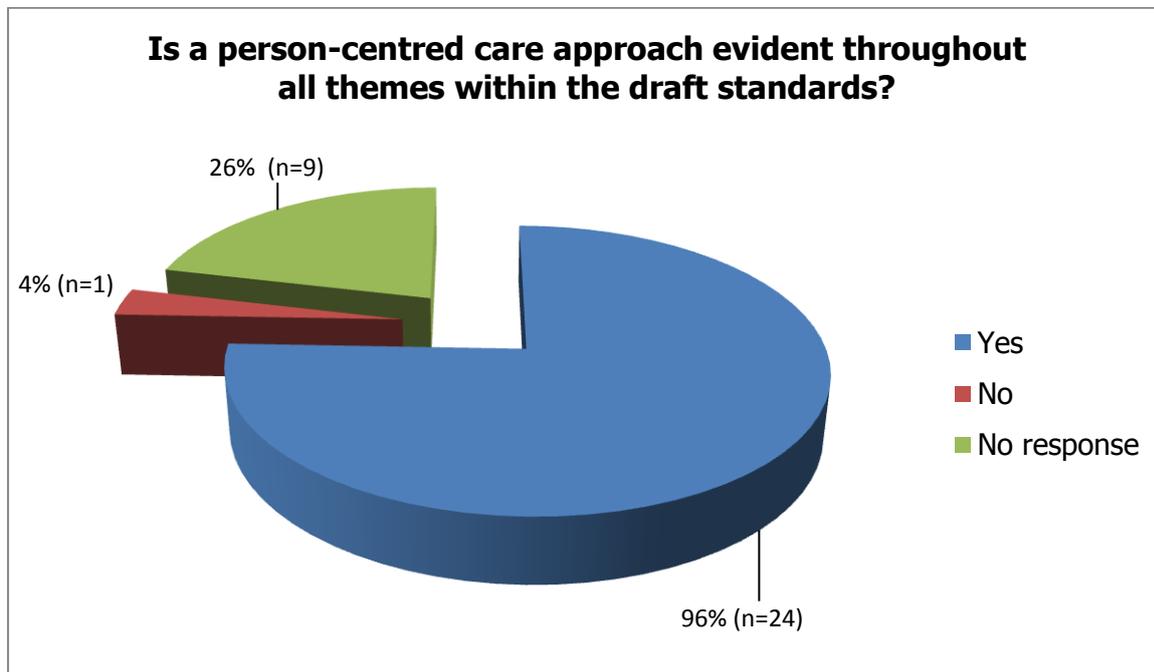
Person-centred care ensures that patients are well informed, involved and supported in the prevention and control of healthcare-associated infections throughout their care pathway.

Of the respondents who answered this question:

- 96% agreed that there was evidence of a person-centred approach throughout all the themes within the draft standards.

Figure 4 on the following page presents the percentage of Yes or No response rates to Question 4.

Figure 4. Responses to consultation Question 4



A number of respondents provided additional comments. Examples of additional comments received include:

"A lot of detail in these standards regarding communication with patients."

"Although the person-centred approach is evident throughout the draft standards several important factors for delivering the person-centred approach are missing."

6. Feedback on specific themes

Within this section, respondents were required to provide feedback on each of the draft standards and or features. Respondents were asked to consider the following questions as part of their review:

- Have all important areas been covered within each standard or are there any areas that should be included or excluded?
- Do the features listed provide sufficient guidance to service providers to meet the standard?

When providing their feedback, respondents were asked to reference the number of the Standard and feature that they were commenting on. Table 1 provides a breakdown of the percentage of respondents that provided feedback in relation to each theme.

Table 1: Number of and percentage of respondents that provided feedback on each theme

Theme	Percentage	Number
Person-centred Care and Support	41%	14
Effective Care and Support	59%	20
Safe Care and Support	50%	17
Better Health and Wellbeing	29%	10
Leadership, Governance and Management	44%	15
Workforce	35%	12
Use of Resources	15%	5
Use of Information	18%	6

6.1 Person-centred Care and Support

Forty-one percent of respondents provided comments on Theme 1: Person-centred Care and Support.

What the respondents said

A number of the respondents expressed the opinion that while communication is very important in ensuring that the patient's journey is safe, it is simply not feasible to discuss the importance of the prevention, control and management of healthcare-associated infection with every patient. It was advised that any communication process of informing the patient of risk or acquisition of infection be clearly documented in their records.

A number of discussion points were raised on the feature outlining the lead healthcare professional's responsibility in informing the patient. While this would help raise overall awareness among consultants on multidrug-resistant micro-organisms and healthcare-associated infection, a number of respondents expressed concern that it excluded other competent medical and nursing staff with experience and sufficient understanding of the situation.

The matter of protecting and upholding patients' wishes and confidentiality was emphasised by a number of respondents. There was some reservation expressed in relation to patients' confidentiality about including family members in a number of the features where patients are being given information confirming that he or she has a healthcare-associated infection. It was felt that including family members in this disclosure may run contrary to the wishes of many patients.

HIQA's response

A number of features were amended to take into consideration the feedback received. The feature on discussing the 'prevention, control and management of healthcare-associated infection with every patient' was changed instead to discussion with patients at appropriate points in their care pathway. A feature was added to include recording of all relevant communication with patients regarding infectious status or changes in care plan.

The feature on the lead healthcare professional communicating confirmation of a healthcare-associated infection to patients was revised to state 'an appropriate member of the clinical team'. The issue regarding inclusion of 'family' was resolved by removing the term from the draft features, and developing a new feature to deal exclusively with the family's role. This feature protects a patient's right to confidentiality while balancing it with the benefits of family support when appropriate.

6.2 Effective Care and Support

Fifty-nine percent of respondents provided comments on Theme 2: Effective Care and Support.

What the respondents said:

It was stated by a number of the respondents that it was important to specifically outline the make-up of the infection prevention and control committee chair and membership. Respondents also pointed out that consultant microbiologists have the training and expertise in microbiology and infection prevention and control, as oppose to consultants in infectious diseases, and should lead the microbiology services and surveillance programmes.

The issue of a lack of an overall national surveillance programme using standardised case definitions was highlighted as the major challenge for accurate comparison and analysis of data across Irish hospitals. The role of the surveillance scientist was acknowledged as critical to the detection, surveillance and response to alert micro-organisms[‡] within the local service.

Concern was expressed over the feasibility of performing a formalised risk assessment of all patients to determine their risk of acquiring or transmitting an infection, in terms of the difficulty, value and staff time required to do so. A number of respondents had asked for a re-introduction of some of the specific details on patient accommodation that had been in the 2009 National Standards. While the new standard on decontamination for reusable invasive medical devices was welcomed, it was noted that a lot of hospitals neither have a decontamination lead nor a fully operational track-and-trace system in place.

HIQA's response

The feature regarding the composition of the infection prevention and control committee was strengthened with a guide on the membership provided in the glossary section. It was decided to omit the reference to a consultant in infectious diseases as a lead in either the microbiology services or surveillance programmes.

Based on the feedback outlining national surveillance concerns, the feature on a national surveillance programme in the governance theme was strengthened to take into account the need for a single national definitions protocol to enable regular benchmarking with local and national data.

[‡] **Alert organism:** micro-organisms that pose a significant risk of transmission to non-infected patients or staff, resulting in colonisation or healthcare-associated infection, or that pose a significant risk of transmission to non-infected people in the wider population or community.

The feature on risk assessment of patients was revised, with the term 'formalised' removed, but still inclusive of the national recommendations to screen for multidrug-resistant micro-organisms where appropriate. The feature on patient accommodation was amended to include compliance with the national guidelines, which is the best source for prescriptive detail. While the limited resources for effective local governance for decontamination is acknowledged, such as a lack of decontamination lead, HIQA believes implementation of the National Standards must address all areas of best infection prevention and control practice in a fair and balanced manner.

6.3 Safe Care and Support

Fifty percent of respondents provided comments on Theme 3: Safe Care and Support.

What the respondents said

A number of issues arose in the discussion over the standard statement on patient safety culture. It was stated that arrangements to either provide timely sharing of information on healthcare-associated infection incidents and outbreaks or working collaboratively between all healthcare services was outside of scope for an individual hospital to achieve. The importance of a hospital to be able to escalate up any risks it cannot deal with effectively to the national service provider was emphasised.

Some respondents queried the 'bare wrist' recommendations, stating that service providers are following the National Health Service (NHS) 'bare below the elbows' recommendations for hand hygiene. It was recommended that the outbreak control team be chaired by the chief executive officer of the hospital.

HIQA's response

The features regarding sharing of healthcare-associated infection data and collaborative working between services were transferred to the Standard on national governance. A decision was made to remove draft Standard 3.1 on patient safety, as it became apparent that some of its features were repetitious with other parts of the document, including communication, staff responsibilities and importance of leadership.

The standard on risk management was strengthened to include the reporting-up process to the national service provider. A consensus decision had been made at the Standards Advisory Group meeting in June 2016 to follow the national 'bare wrist'

recommendations. It was decided to state that a designated member of the senior management team be the chairperson of the outbreak control team.

6.4 Better Health and Wellbeing

Almost one in three respondents (29%) provided comments on Theme 4: Better Health and Wellbeing.

What the respondents said

It was felt that patients, families and visitors' responsibility for infection prevention and control should be more explicitly stated in this theme. While respondents agreed that assessing and managing preventable lifestyle risk factors and hydration and nutrition are important aspects of basic patient care, they felt it was out of scope for the standards.

HIQA's response

The importance of patient self-care and family and visitor responsibility for good infection prevention and control was incorporated into the final National Standards. The features on the assessment and management of preventable lifestyle risk factors and hydration and nutrition were retained as they enable patients to minimise or overcome infection prevention risk in the first instance.

6.5 Leadership, Governance and Management

Forty-four percent of respondents provided comments on Theme 5: Leadership, Governance and Management.

What the respondents said

In general, there was widespread support for the national governance standard, and a belief that most of the features are not currently operational. It was recommended strengthening some of the features, including improving national surveillance, national reporting, infrastructural investment and reference laboratory capacity. New features were also recommended including the development of a national risk register; a mechanism to assess and invest in new equipment; and an infection prevention and control framework for nationally-led tender specification.

It was acknowledged that staff empowerment to take decisive action to address any infection and prevention control risks at the point of care would be a positive step.

However, it was felt that the feature needed to be carefully defined to ensure such action is appropriate to the staff member's level, competency and scope of practice.

HIQA's response

The suggested recommendations for the standard on national governance were integrated into the relevant features. The feature on staff taking decisive action was re-formatted to include the safeguarding elements suggested. It was also decided by the HIQA Project Team to remove draft Standard 5.4 on management arrangements. This was to avoid unnecessary duplication and overlap with the 2012 *National Standards Safer Better Healthcare* and other parts of this document.

A number of features from the original draft standard on safety culture were transferred to standard 5.3 on the service's governance arrangements. These included features on senior management walk-rounds, timely sharing of infection incident and outbreak information and learning from collective knowledge and experience within the service.

6.6 Workforce

Thirty-five percent of respondents provided comments on Theme 6: Workforce.

What the respondents said

Reinstating some of the specific criteria detail from the original 2009 Standards back into the revised document was suggested, including governance of the infection prevention and control team, recruitment process for staff and a risk analysis as part of the methodology for determining staff numbers. It was advised that all clinical leaders, not just the clinical nurse manager, have responsibility for the oversight and coordination of infection prevention and control activities in the patient care area.

HIQA's response

The specific detail on infection prevention control team governance and workforce assessment was re-introduced back into the revised document. The feature relating to the role of the clinical nurse manager was revised, and instead emphasised the responsibility of all key clinical leaders to ensure the oversight and coordination of infection prevention and control activities at the point of care.

6.7 Use of Resources

Fifteen percent of respondents provided comments on Theme 7: Use of Resources.

What the respondents said

It was felt that the assessment and investment in relevant new emerging technologies and equipment is better placed in the national governance standard, as individual hospitals are not in a position to influence this.

HIQA's response

The feature on the assessment and investment in relevant new emerging technologies and equipment was transferred to the national governance standard.

6.8 Use of Information

Eighteen percent of respondents provided comments on Theme 8: Use of Information.

What the respondents said

The importance of sharing data effectively was discussed, given that a service's ability to benchmark with other organisations both nationally and internationally is a key component to improvement efforts in the prevention and control of healthcare-associated infections.

HIQA's response

The importance of open data is acknowledged but has to be balanced with good information governance, particularly with the future plans for roll-out of laboratory, prescribing and other e-Health programmes.

7. General comments

Question 4: Are there any other general comments relating to the draft revised standards you would like to make?

Sixty-two percent of respondents answered this question. The tag cloud in Figure 5 represents the most reoccurring feedback from respondents under general comments.

Figure 5. Feedback from respondents in relation to general comments on the draft revised standards



What the respondents said

A number of respondents welcomed the draft revised standards and provided positive feedback. It was stated that they were clear, easy to understand and comprehensive. Respondents endorsed the multidisciplinary team-based approach within the standards which places emphasis on the sharing of responsibilities for infection prevention and control best practice within a service. Some of these comments included:

"This is most welcome and I'm sure will provide clear direction for future planning in this area."

"Overall good document and will hopefully get organisations refocused on the prevention and control of Healthcare Associated Infection and its importance."

"The Board supports the draft standards' emphasis on a multidisciplinary team-based approach in healthcare organisations to share the responsibilities surrounding infection prevention and control."

Some respondents felt that that the document was too long and impractical to use.

"The standards [document] is very lengthy and there are some concerns regarding it being accessible and practical in use."

A number of suggestions were made to amend glossary terms, including using the same definitions in related national guidelines, adding more detail or providing better clarity.

HIQA's response

The draft standards document was reviewed in its entirety following the public consultation process. This involved streamlining the document to 29 standard statements to help improve the flow of the document. Glossary terms and definitions were revised where deemed necessary.

8. Conclusion

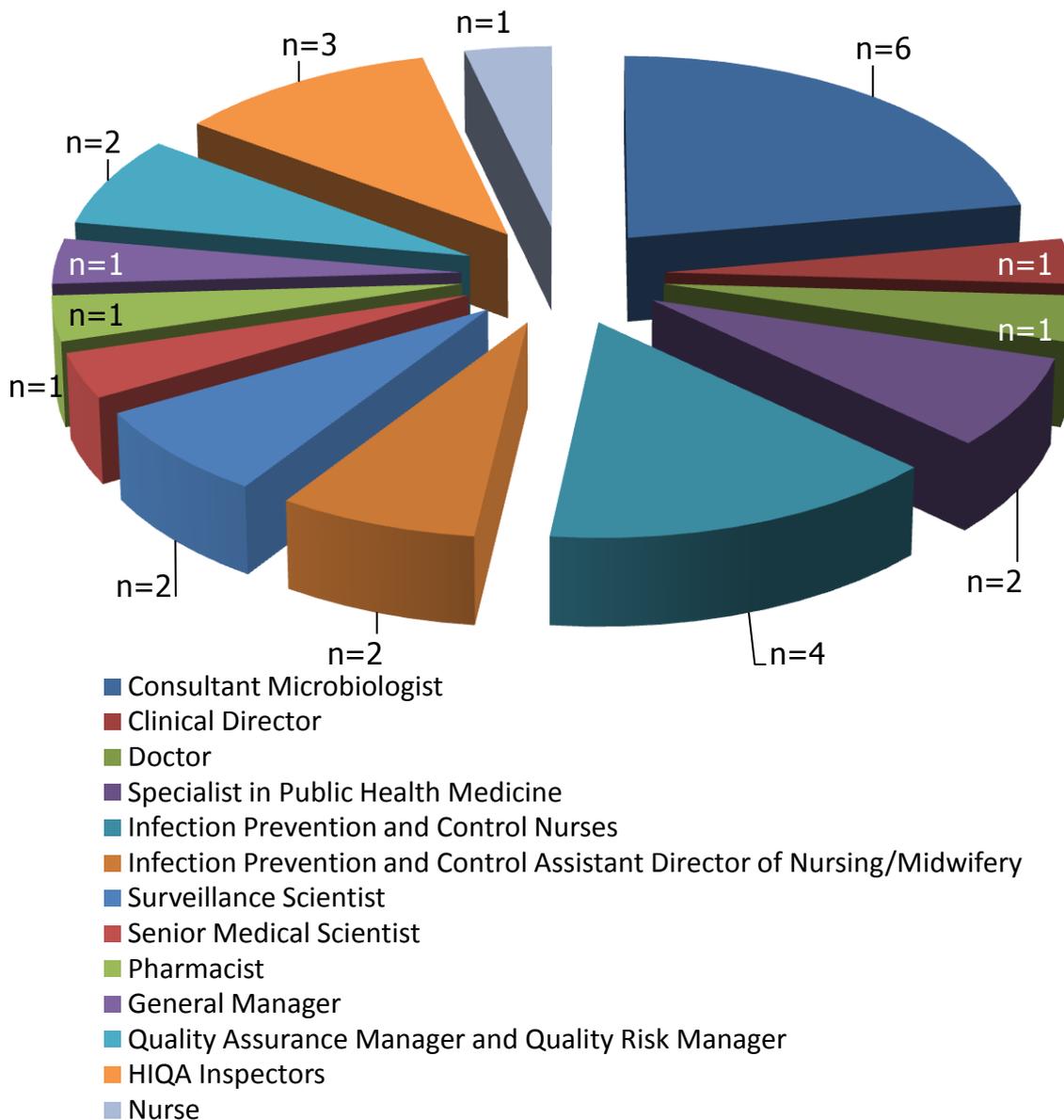
At the end of the consultation period, the National Standards were revised to take account of the feedback from the consultation. A summary of the feedback and subsequent changes was presented to the Standards Advisory Group on 11 January 2017. The revised National Standards were approved internally by the HIQA Executive Management Team and subsequently by the HIQA Board on 25 January 2017. The National Standards were submitted to the Minister for Health for approval on 30 January 2017.

The National Standards were mandated by the Minister and published by HIQA on 23 May 2017.

Appendix 1 — Organisations that made submissions to the public consultation

- Academy of Clinical Science and Laboratory Medicine
- Beaumont Hospital, Dublin
- Cork University Hospital
- Galway University Hospital
- Health and Safety Authority
- Health Promotion & Improvement, Health and Wellbeing Division, HSE
- Infection Control Subcommittee of the Irish Society of Clinical Microbiologists
- Irish Antimicrobial Pharmacists Group
- Irish Medical Organisation
- Mayo University Hospital, Castlebar, Co Mayo
- National Immunisation Office
- Nursing and Midwifery Board of Ireland
- Public Health, Health and Wellbeing Division, HSE
- Rotunda Hospital, Dublin
- South Tipperary General Hospital
- St James's Hospital, Dublin
- St Vincent's University Hospital and St Columcille's Hospital, Dublin
- Surveillance Scientists Association of Ireland
- The Pharmaceutical Society of Ireland.

1. Appendix 2 — Types of healthcare professionals who made submissions



Appendix 3 — Consultation feedback form

Draft revision of the national standards for the prevention and control of Healthcare Associated Infections in acute healthcare services



Consultation feedback form

10 October 2016

Your views are very important to us. We would like to hear what you think about the *Draft revision of the national standards for the prevention and control of Healthcare Associated Infections in acute healthcare services*. We will consider your comments, which will inform the development of the final national standards.

The draft revision of national standards contains 31 standard statements under eight themes. Each standard statement has a list of features that services meeting the standard are likely to have in place. You can comment on any or all of them, or you may wish to make general comments. When commenting on a specific standard or feature, it would help us if you tell us the number of the standard (such as Standard 2.3) or the feature number (for instance, Feature 2.3.1) that you are commenting on.

- The draft revision of the national standards are designed to apply to all acute healthcare services, provided or funded by the Health Service Executive (HSE).
- The draft revision of the national standards does not cover primary and community health and social care services, and does not set out specific clinical practice detail, which is best described in clinical practice guidelines.

Please note the focus for this consultation is the content, design and structure of the draft standards.

**The closing date for consultation feedback
is Friday 18 November 2016 at 5pm.**

Instructions for submitting feedback

- If completing this form online, please scroll down and complete the full form.
- Include the reference number of the standard (such as Standard 2.3) or feature number (such as Feature 2.3.1) that you are commenting on.
- If commenting on behalf of an organisation, please combine all feedback from your organisation into one single submission.
- Do not paste other tables into the boxes already provided. Please type directly into the box as the box will automatically expand.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any initialisms, acronyms or abbreviations that you may use.

You can email or post a completed form to us. You can also complete and submit your feedback on www.hiqa.ie.

Freedom of Information

Please note that the Health Information and Quality Authority (HIQA) is subject to the Freedom of Information (FOI) Acts and the statutory Code of Practice regarding FOI. Following the consultation, we will publish a paper summarising the responses received. For that reason, it would be helpful if you could explain to us if you regard the information that you have provided to us as being confidential.

If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances.

Personal data

Any personal data collected as part of this consultation will be held securely and used only for the purpose of developing the draft standards. It will be retained until the standards development process is complete. All personal data will be erased once the standards development process is complete.

1. About you

Name:	
Are you commenting on behalf of your organisation or in a personal capacity?	Organisation <input type="checkbox"/> Personal <input type="checkbox"/>
Please include the name of the organisation if making this submission on its behalf	
If you work in a healthcare service, please specify your role	

Contact details (optional) We are requesting your contact details as we may need to contact you to seek clarification on specific aspects of your feedback. It is not mandatory to provide this information.	
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2.2. Accessibility

It is intended that these draft standards will be frequently referenced by service providers, patients and members of the public.

Question 2: What do you think would be the most useful format for the draft standards?

Hard copy

Electronic

Audio

Easy-to-read

All of the above

If other, please specify

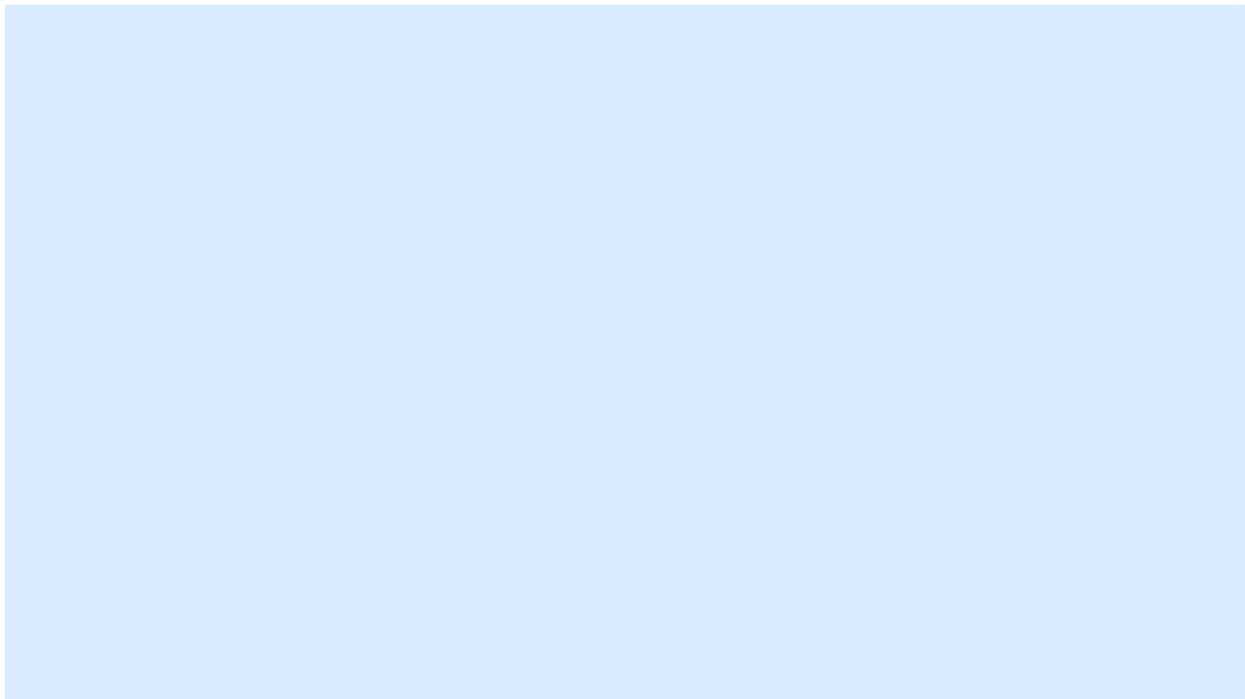
2.3. Acute healthcare services

Acute healthcare services are hospital-based healthcare services for inpatients (people who stay overnight), outpatients (people who attend the hospital during the day) and people having day-case treatments (such as surgery, but who attend hospital and return home on the same day).

For the purposes of the standards, service providers are defined as any person, organisation or part of an organisation delivering healthcare services.

Question 3: What impact will the draft revised standards for the prevention and control of Healthcare Associated Infections have in Irish hospitals when they are in place?

Comment

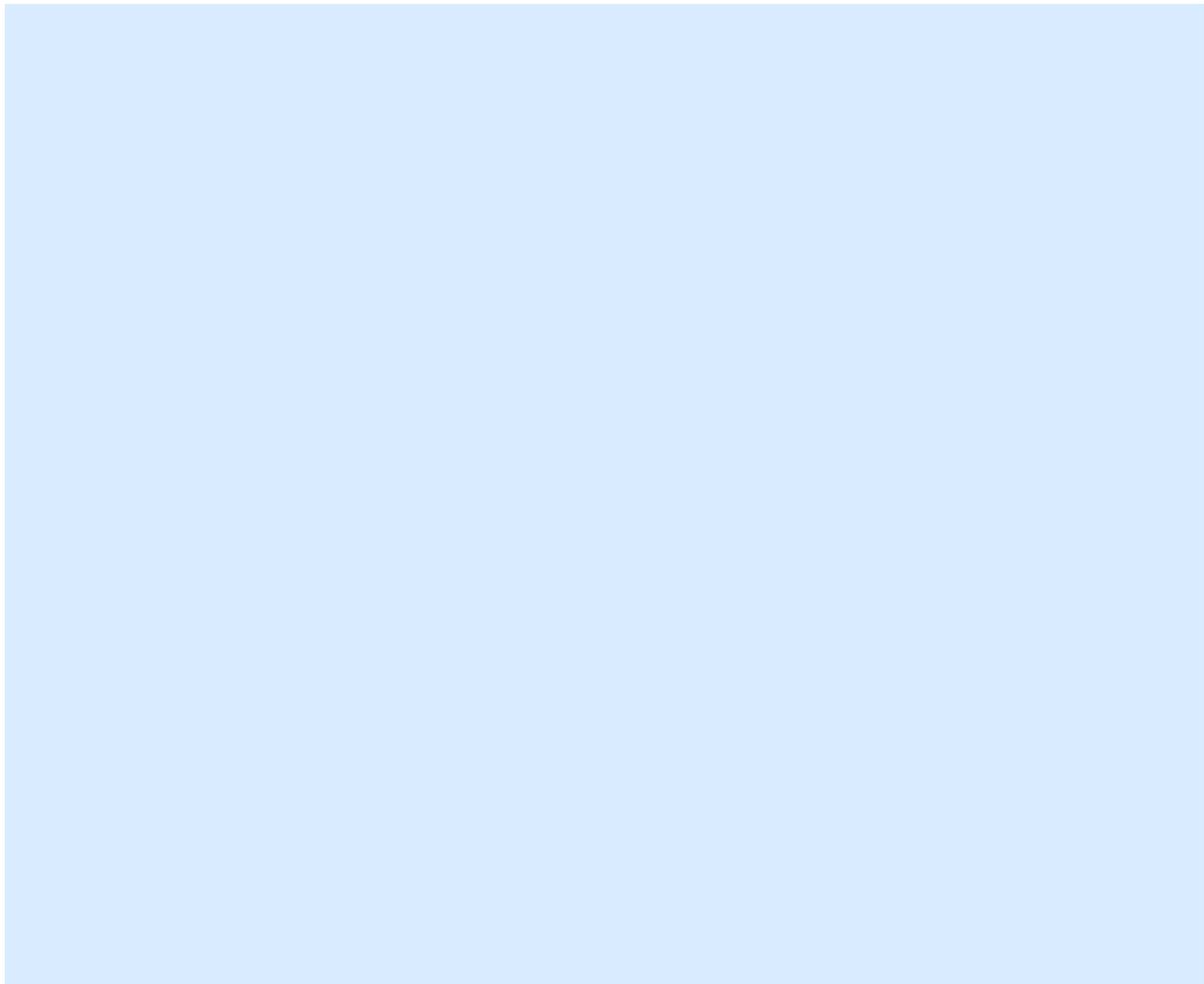


1.2. Person-centred care

Person-centred care ensures that patients are well informed, involved and supported in the prevention and control of Healthcare Associated Infections throughout their care pathway.

Question 4: Is a person-centred care approach evident throughout all themes within the draft standards? **Yes** **No**

Additional comments if necessary



3. Specific feedback questions

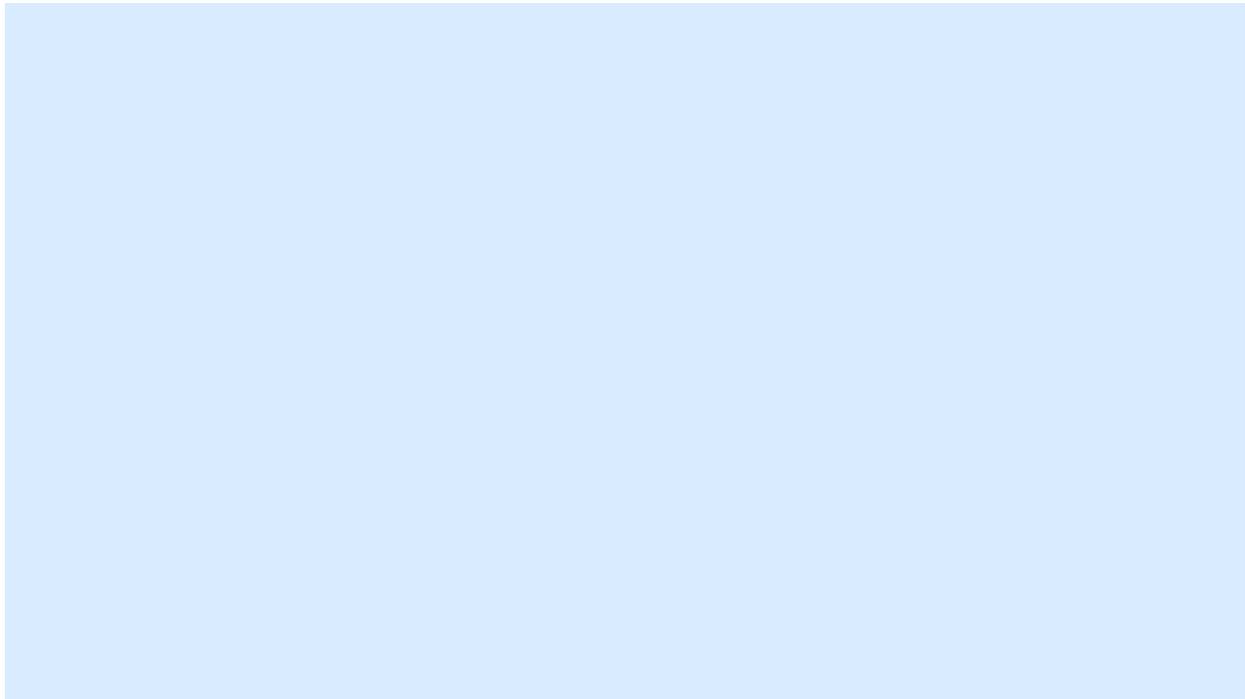
In this section, please provide your comments on the draft revised standards and or features. Please consider the following questions as part of your review.

- Have all important areas been covered within each standard or are there any areas that should be included or excluded?
- Do the features listed provide sufficient guidance to service providers to meet the standard?

In the case of each of your comments, please provide the reference number of the standard (such as Standard 2.3) or feature (for instance, Feature 2.3.1) that you are commenting on.

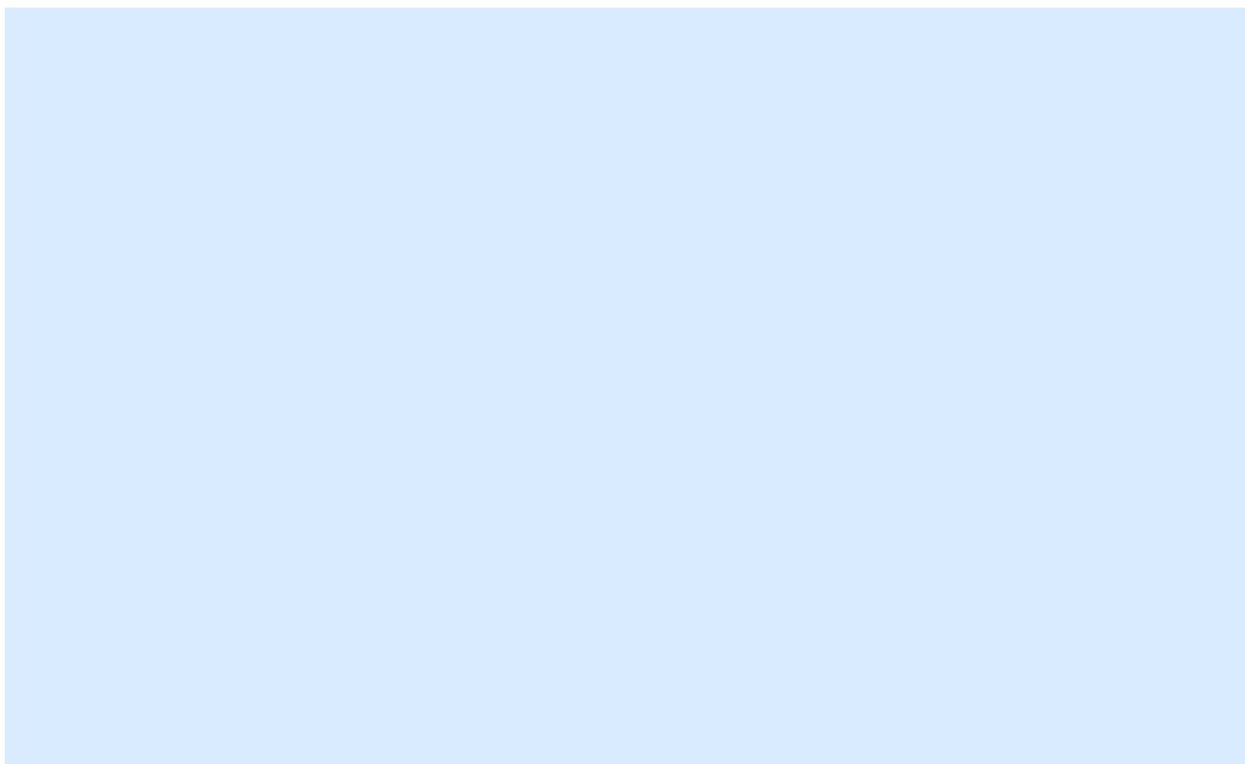
3 (a) Theme 1: Person-centred Care and Support

Please include standard and or feature number



3 (b) Theme 2: Effective Care and Support

Please include standard and or feature number

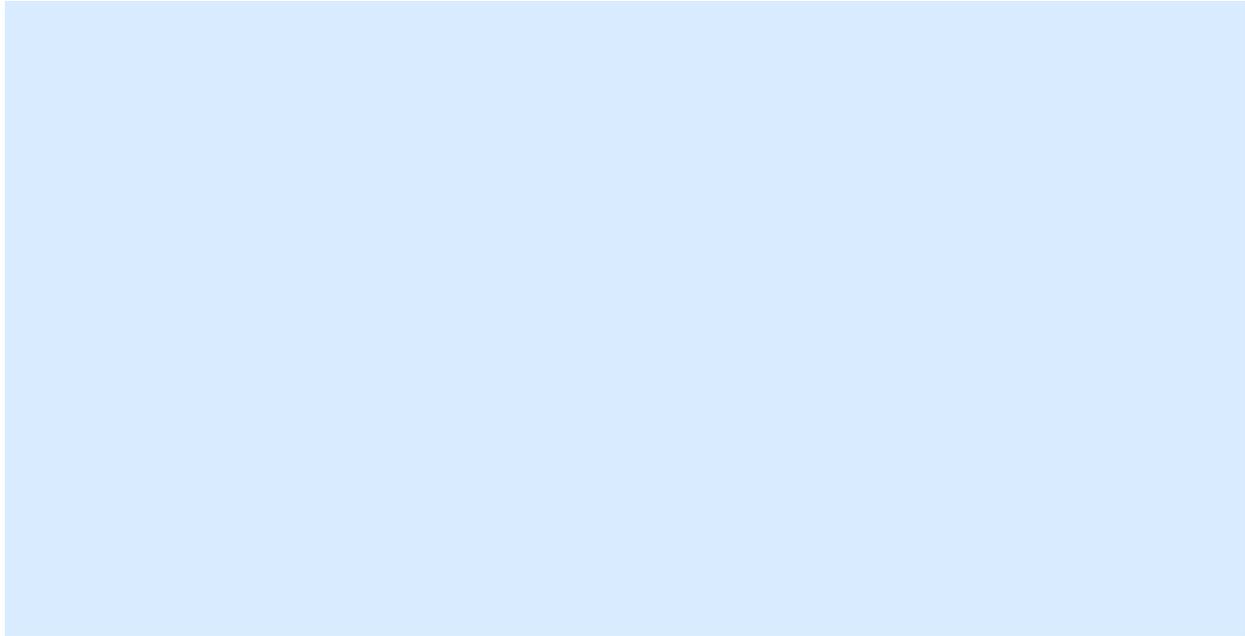


3 (c) Theme 3: Safe Care and Support

Please include standard and or feature number

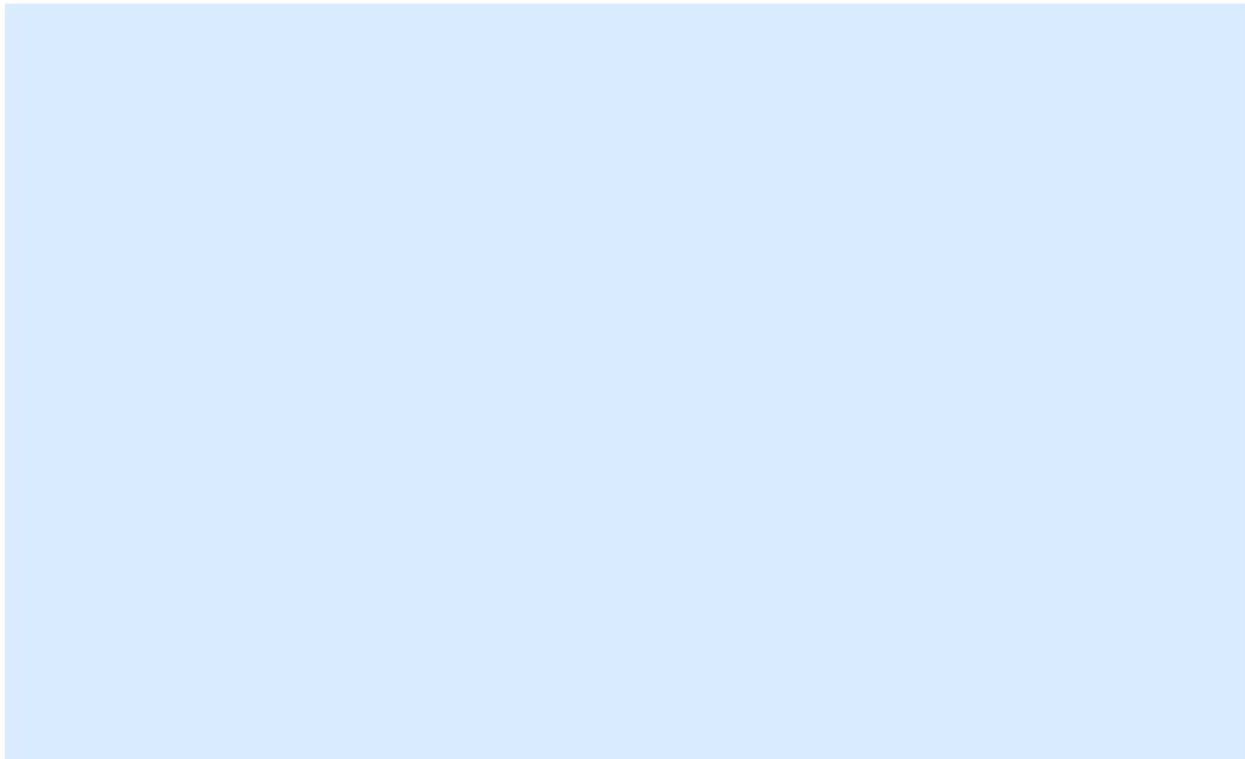
3 d) Theme 4: Better Health and Wellbeing

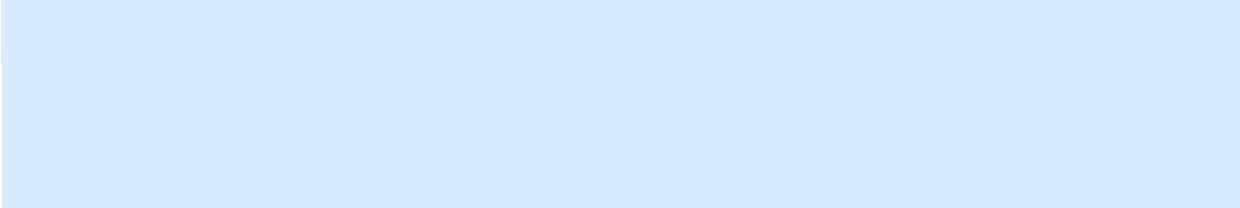
Please include standard and or feature number



3 (e) Theme 5: Leadership, Governance and Management

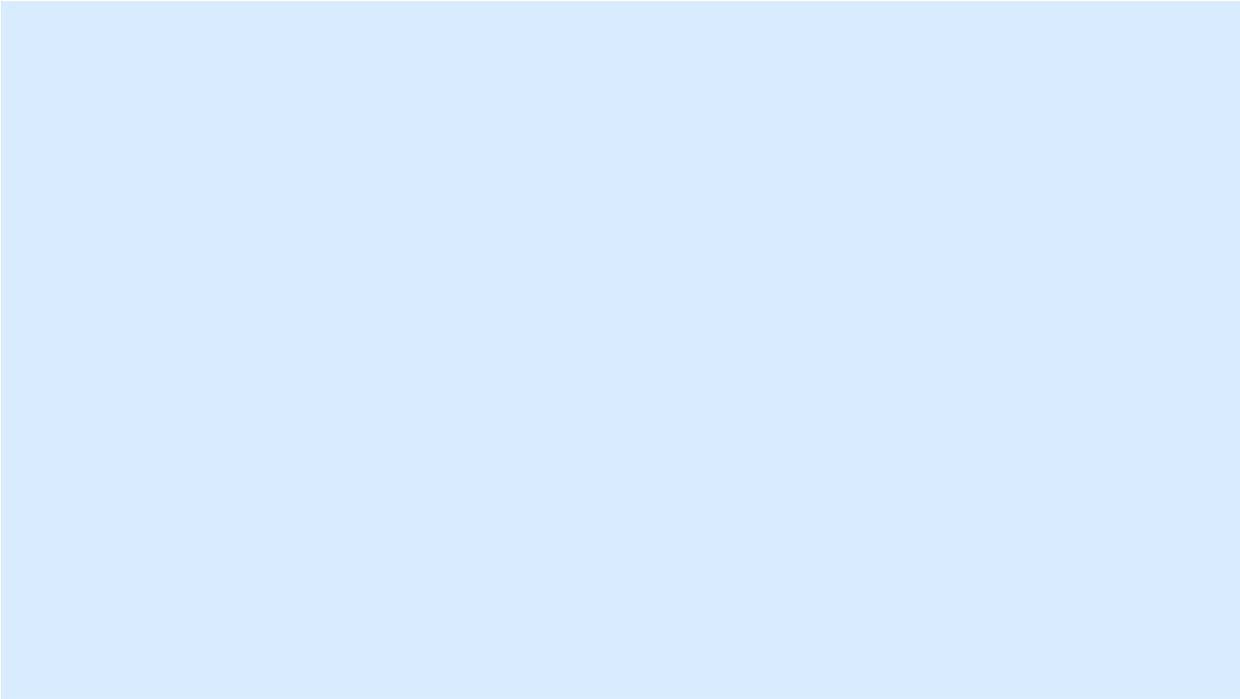
Please include standard and or feature number





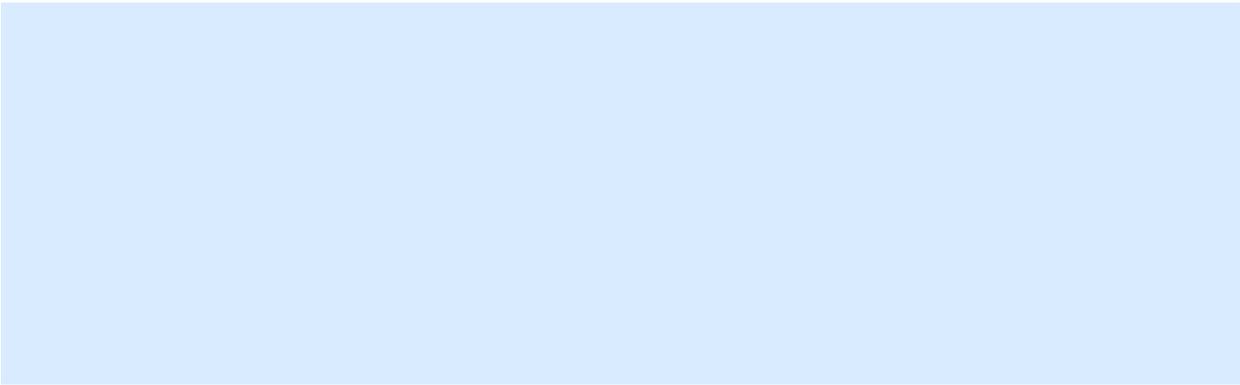
3 f) Theme 6: Workforce

Please include standard and or feature number



3 (g) Theme 7: Use of Resources

Please include standard and or feature number



3 (h) Theme 8: Use of Information

Please include standard and or feature number

- 3 (i) Are there any other general comments relating to the draft standards that you would like to make? Please feel free to use additional space or continue on a separate page.**

Thank you for taking the time to give us your views on the *Draft revision of the national standards for the prevention and control of Healthcare Associated Infections in acute healthcare services.*

Please return your form to us either by email or post.



You can download a feedback form at www.higa.ie and email the completed form to standards@higa.ie.



You can print off a feedback form and post the completed form to:

Health Information and Quality Authority
Draft National Standards for Safer Better
Maternity Services Consultation
George's Court
George's Lane
Smithfield
Dublin 7
D07 E98Y



If you have any questions on this document, you can contact the team by phoning 01 814 7400.

Please ensure you return your form to us either by email or post by 5pm Friday 18 November 2016. Unfortunately, it will not be possible to accept late submissions.

Please note that HIQA is subject to the Freedom of Information (FOI) Acts and the statutory Code of Practice regarding FOI.

Following the consultation, we will publish a paper summarising the responses received. For that reason, it would be helpful if you could explain to us if you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances.

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