ATTACHMENT "Organisational model of H.I.C. in Hesperia Hospital"

Document written by HIC Coordinator: Dr. Carla Tucci	Document verified and approved by the Chief Medical Officer: Dr. Stefano Reggiani

Institutional Group

President: Chief Medical Officer

Members:

- Critical Care Director
- Cardiac Surgery OU Director
- Cardiology OU Director
- General Surgery OU Director
- Analysis Laboratory Manager
- Drug Storage Manager
- Non-Medical Staff Coordinator
- Infections Control Nurse (ICN)

Permanent Operational Group

Components:

- Analysis Laboratory Manager (microbiologist)
- Infections Control Nurse (ICN)
- 3 Nurses

Responsible Doctors and Nurses

Components:

- 1 Doctor per Operational Unit
- 1 Nurse per Operational Unit

Temporary Project Groups

- **Monitoring:** microbiologist, OU responsible doctors, infectious disease specialist
- **Clinical:** surgeons, doctors, Drug Storage Manager
- **Organisational**: Non-Medical Staff Coordinator, OU responsible doctors
- **Structural**: Technical Service Manager, OU responsible doctors
- **Diagnostic:** microbiologist, OU responsible doctors, infectious disease specialist
- ……..

This newly proposed model has been tailored primarily to meet the important need of managing in a concrete and capillary manner the risk of infection in a context which, although only medium-sized, is nevertheless complex in terms of the diversity of highly specialised fields of surgery it contains, the increasingly complex typology of patients being treated and, last but not least on the scale of importance, the high turnover of staff which is characteristic the healthcare industry today.
The HIC consists of a dedicated institutional group comprising only key figures in the corporate context, namely:

President – Chief Medical Officer (by Italian law responsible for organisation and health and hygiene monitoring);

Components – OU directors, non-medical staff coordinator and ICN (Infections Control Nurse).

On the basis of ministerial and regional requirements, as well as local needs, the functions are defined as follows:

- defining company strategies
- planning and prioritising interventions
- implementing a company monitoring and control plan
- comparing end-of-year results with beginning-of-year monitoring and control programmes.

Ultimately, the HIC has the task of developing intervention strategies and discussing topics of general interest for the various OUs, delegating specific tasks and the implementation of interventions to the Operational Group and the Project Groups.
Organisational matters (frequency and verbalisation of meetings, keeping records of activities, etc.) and the designation of the functions indicated above will be clarified in the formalisation process and regulations of the HIC.

With regard to the activities and functions of the various bodies, the following specific aspects may be highlighted:

1) OPERATIONAL GROUP

The Operational Group, which is a permanent element in the organisation, consists of the microbiologist, the IC nurse and 2-3 nurses members of the group since 2003.

The OG is responsible for the following activities:

- implementing interventions defined by the HIC with the assistance, where necessary, of the responsible doctors and nurses identified in each OU;
- ensuring the adoption of integrative measures for preventing the risk of infection for staff, patients and visitors;
- ensuring ongoing training in hospital hygiene and HI prevention and control.
- establishing a reference point for health workers in all OUs addressing question relating to hygiene and prevention;

- collaborating, according to responsibility, with the project groups involved in HI prevention.

2) PROJECT GROUPS

The Project Groups are multidisciplinary in their composition and have been conceived as temporary work groups geared to tackling specific issues requiring specific skills and knowledge.
As well as prioritising interventions, the HIC has the responsibility of identifying components and setting up the groups which are to be tasked with running projects targeting specific problems.
Once formed, and having received a formal mandate from the HIC, the groups are expected to report to the committee on progress made and results achieved.
Once the work is finished, completed projects are then submitted to the HIC for discussion and approval.

3) PERSONNEL RESPONSIBLE FOR INFECTION CONTROL

In every OU a doctor and a nurse are formally nominated as responsible for HI control.
These figures play a central role in the flow of communication and information between the HIC and OUs and provide support for the implementation of infection risk control strategies within their own OUs.
They are therefore an institutional point of reference for the HIC, and within their own OUs they are responsible for ensuring the application of prevention and infection risk control measures.
In order for the responsible doctor and nurse to carry out their functions and fully embody their central role in the network as members of an extended team with specific functions, they must receive the appropriate training to:

- acquire the most up-to-date knowledge of matters relating to HIs
- feel part of a group in which the differences between those who give and those who receive training is mitigated;
- feel responsible for and involved in the roles and functions pertaining to their own OU

While maintaining the general structure of the committee appointed to infection risk control as defined, in Italy, by the two ministerial circulars referred to elsewhere in this organisational proposal and the regional directives, the aim is to create an infection risk culture within the context of healthcare which from the top (designated personnel) down meshes together all aspects of routine healthcare activities within the individual OUs.
Naturally, the primary vehicle of such a culture is ongoing staff training: only with a complete grasp of the scientifically-based motivations behind the choice of an appropriate procedure can it be fully appreciated and applied. A system based on imposition and corrective reprimand in a context as complex as the healthcare system, in which the human element is fundamental, is destined to fail.
The document 'Risk Management in Hesperia Hospital' was written by our General Director as part of the creation of a legal framework for the companies operating within the

healthcare system regulating “cure safety’’, and may prove to be a useful means for managing on a structured rather than ad hoc basis the risk of infection as an important factor, albeit with its own specific characteristics and body of knowledge, in clinical risk management, with which it shares objectives (safety of patients and operators, quality improvement) and tools (standardisation of methods for monitoring/overseeing relevant events and promoting interventions which have been vetted for effectiveness).
It is crucial, within the context of a healthcare facility, that there be a clear perception of the will of the management to commit to and allocate resources for the prevention and control of hospital infections, as even the most well-thought out organisational model, if not supported by a solid mandate and the appropriate human and operational resources, will fail to adequately meet all demands and have a beneficial impact on the context of the hospital.
Therefore, once having shared the organisational model and identified and allocated functions and responsibilities, it would be advisable to make it official (by means of a resolution or equivalent document), defining its mandate, scope, organisation and objectives.

The two coordinators, the microbiologist and the ICN, play a key role in this organisational model providing a link between all personnel involved in treating the patient.
After careful consideration and the close examination of other well-established organisations in our region, it was decided first to select the nurse for the control function (ICN) from among hospital employees by means of an internal competition published by the hospital directorate establishing the admission criteria, to be followed by an interview with a panel of examiners.
The appointed nurse is required to give 24 of their weekly working hours to the position.
The Hospital and General Directorate may also consider calling a meeting with the OU managers and head nurses prior to publishing the competition with a view to showcasing the organisation's need for a figure appointed to the control and surveillance of the risk of infection and the training of all healthcare operators in a clinical risk culture within the context of the healthcare system.

The functions of the ICN may be summarised as follows:

1) **Prevention and Control**: identifying Hospital Infection control measures and isolation procedures;

2) **Monitoring**: carrying out Hospital Infection monitoring and control studies;

3) **Elaboration/Revision**: assistance procedures;

4) **Verification**: application of protocols (audit);

5) **Training/Information** for all nursing and support staff and users to ensure correct behaviour, training new operators in hospital hygiene, running training projects on infection risk prevention;

6) **Research**: collaboration on data collection, analysis and interpretation for epidemiological research projects. Running projects to introduce innovative nursing practices based on scientific evidence.

The information and procedural details relating to infection risk control in healthcare facilities issued by the Ministry of Health are contained in circulars n.52 of 1985 and n. 8 of 1988.
Point 2.1.1. of n. 52 states that in every healthcare facility a committee (technical commission) must be set up to take charge of the programme for combating Hospital Infections based on defining a strategy for combating Hospital Infections, verifying that the monitoring programmes are being implemented and checking their effectiveness, defining objectives and indicators of process or result, cultural and technical training for personnel.
Furthermore, it identifies the individuals who are required to take part in it and designates an Operational Group for the daily running and development of programmes.
“The Committee, with the support of the Hospital Director, must include at least one representative of the functional areas, but the experts in hygiene, infectious diseases and microbiology must have a central role, likewise the nursing manager has an essential role.”
Point 2.1.2 of the same circular defines roles and tasks of the nurse appointed to infection control, a key figure for the monitoring of HIs who “*must be selected from the existing staff and have specific skills to perform the necessary tasks.”*
The following (supplementary) ministerial circular n. 8 of 1988 outlines certain key points for the implementation of a specific monitoring system and defines Hospital Infections with reference exclusively to those that affect patients.
The subsequent ministerial decree (September 1988) reiterates the need for the creation of a technical commission, working in collaboration with the central hospital administration, in every local hospital facility.
Furthermore, it states that the creation of such facilities must be used as an opportunity for promoting innovations that guarantee improved quality in healthcare provision and allow interventions to be performed with a higher degree of technical professionalism.
Decree 502/92 deals specifically with the question of quality.
For this purpose, quality control is regulated (article 10) by supplements (n.229/99) to the decree, as a standard means of ensuring quality in the provision of healthcare to the general citizen.
As a quality control tool, article 10 includes, alongside the healthcare facility accreditation institute operating within the context of the national health service, a series of indicators (regulated by another degree, July 1995) making it possible to systematically verify results and ensure a higher degree of safety for the patients.
In subsequent national health plans, HI control and monitoring is referred to, developed and treated as an essential indicator in the quality of the healthcare provided in local hospital facilities.
Regions such as Tuscany (1990-1992), Piedmont and Lombardy were the first to include this indicator as a requisite for accreditation and, in terms of the organisational

implications, studied the level of application and the actual use of resources, confirming that the creation of HI control committees and the role of the epidemiology nurse are fundamental.

In 2003, Emilia Romagna ran a survey on the various organisational models adopted by the regional health authorities for the purposes of infection risk prevention and control in order to encourage a comparison between organisational solutions and to critically analyse them.
The risk infection area (Dr. Maria Luisa Moro) has succeeded in highlighting the topic to the extent that a culture has evolved and awareness has been raised among hospital and general directorates region-wide, allowing the creation of the relevant control bodies to be tackled in an organic and concrete manner.
In 2006, a network of HICs was born which we joined from its inception as Azienda Hesperia with a dedicated website and quarterly meetings tackling scientific and organisational problems, with the involvement each time of external consultants with expertise in the topic under discussion.
In June 2010, at a conference held in Parma, our region undertook to explicate in exact and detailed terms the requirements for accreditation in the control and monitoring of infections connected with healthcare provision.
One of the existing requirements for surgery OUs is participation in the SICHER project (continuous surgical site infection monitoring); likewise, participation in the SITIER project (intensive care infections monitoring Emilia Romagna) is requisite for intensive care OUs.

In this perspective, it is my belief that we in Hesperia must begin to work in concrete and organic terms with trained staff dedicated to specific functions with the aim of creating efficient bodies capable of guaranteeing levels of quality in healthcare provision that are compliant with the standards.