ESCALATION PROCEDURE FOR OUTBREAKS/ INCIDENTS /SITUATIONS OF HEALTHCARE ASSOCIATED INFECTION (HCAI)

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01	August 2016	New policy developed	Not applicable
02	January 2018	Policy updated	Not applicable
03	June 2018	Responsibility for Implementation	Not applicable

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Purpose of Document

This document is focused on outbreaks of healthcare associated infections (HCAI) and other HCAI incidents or situations of concern. It outlines the steps in escalation of serious concerns about management of a HCAI outbreak/incident/situation. It is expected that the majority of such issues will be addressed by the facility management team in association with the Department of Public Health Medicine and will not need to be escalated. The emphasis is on working collaboratively with healthcare staff, patients and the public to ensure that situations are addressed in mutually agreeable and reasonable timeframes. However, when the situation is not being effectively controlled at the facility management team level, the situation is escalated to protect patient, staff and public safety.

At a minimum, all hospital acquired *Staphyloccus aureus* blood stream infections, severe hospital associated *Clostridium difficile* Infections (CDI), other serious HCAIs and outbreaks should be reported, managed and investigated in line with the HSE Incident Management Framework (2018) requirements. A National Incident Report Form (NIRF) must be completed by staff as soon as is practicable after the HCAI has been identified. The NIRF must be inputted onto the National Incident Management System (NIMS). The entering of an incident onto NIMS fulfils the service's obligation to inform the State Claims Agency.

Definitions
An outbreak of HCAI is defined as two or more linked cases of infection.
Other incidents or situations of concern may include (a) evidence of ongoing transmission of multidrug resistant bacteria even if most patients are colonised rather than infected (b) high levels of a specific healthcare associated infection (for example *Clostridium difficile* Infection) even if the cases of infection are not clearly linked to each other (c) single cases of infection if they are assessed as having potential for major public health impact.

Assessing Risk
In the context of an outbreak or other HCAI/AMR incident or situation, a risk assessment needs to be conducted at the appropriate level. Consideration should be given to the risk posed to patient safety and wider risks to public health. Decisions should be informed by infection prevention and control and epidemiological expertise, understanding of the local situation and local HCAI intelligence. The Medical Officer of Health (Director of Public Health or Specialist in Public Health Medicine) should be consulted in all situations with potential for wider population impact.

In conducting the risk assessment, the following criteria need to be considered:
- Severity (what is the actual/potential impact on affected individuals)
- Spread (what is the evidence of actual or potential spread and how effective are measures to mitigate spread likely to be)
- Confidence (how confident are we that we understand what is happening and what is likely to happen next)
- Complexity (how complex is the situation and the interventions required)
- Situation (what is the potential for public concern that may cause anxiety and or undermine confidence in the healthcare service)

The following questions need to be asked and if they are not addressed satisfactorily, escalation is likely to be appropriate.

1. Does the local data (KPI data and other surveillance data) combined with other local intelligence indicate that there is a significant problem?
2. Are there concerns about the capacity to collate appropriate intelligence and provide appropriate technical guidance to support investigation and response e.g. root cause analysis, epidemiological data, hand hygiene audits, prescribing data etc.?
3. Is it likely that implementing advice from local IPC/stewardship team/committee will reduce the risk to patients to an acceptable level?

4. If IPC/AMS recommendations cannot be implemented promptly, is the healthcare service putting patients/staff/public health at unacceptable risk?
5. Are there concerns about the capacity of the institution to ensure a coordinated response or agree an action plan to investigate and manage the outbreak/incident/situation?
6. Is the outbreak/incident associated with a longer term pattern of recurrent problems of a similar nature in this institution and have gaps in capacity to manage such issues been identified the past?
7. Is there a potential for a wider public health risk?

Escalating the risk
Incidents/outbreaks should be escalated if:
- There is an inability to engage fully with and follow good practice and management advice
- The institution does not have the organisational attributes and practice skills to properly deal with the incident/outbreak
- The institution is not acquiring/is not able to acquire those organisational attributes and practice skills to properly deal with the incident/outbreak
- There are not sufficient resources to properly deal with the incident/outbreak
- Available resources are not deployed in a manner that allows the institution to properly deal with the incident/outbreak

Roles and Responsibilities
The HSE Accountability Framework reflects the governance and accountability arrangements for HCAI and AMS (Antimicrobial Stewardship) at local healthcare institutional level. Responsibility for ensuring healthcare workers can and do comply with infection control precautions and antimicrobial stewardship is a line-management role, and overall responsibility for HCAI AMS rests with the Chief Executive/Manager of the institution.

Unit/Facility Management
(Level 1 Accountability Service Manager to Hospital Group CEO or CHO CO)
Identifying and managing outbreaks/incidents/situations is primarily the responsibility of the local facility manager and management team. The capacity of the team to manage HCAI/AMR issues will vary with the size and scope of activity of the facility. As HCAI and AMR (antimicrobial resistance) are clinical risks, it is essentially that the senior medical and nurse managers are closely involved. In major healthcare facilities such as acute hospitals, the management team should be supported in identifying and managing risks by infection prevention and control and antimicrobial stewardship teams. The teams and managers will be supported by the local Infection Prevention Control Committee and Antimicrobial Stewardship Committee, Clinical Governance Committee and other relevant expertise e.g. Clinical Director, QPS manager, services manager etc.
If the Unit/Facility manager is concerned that an outbreak/situation is not effectively being controlled by their team they should consult with the experts available to them including Medical Officer of Health and, if appropriate, should inform the Hospital Group CEO /Community Health Officer Chief Officer that they require support in managing the outbreak/situation.

Hospital Group/CHO Level
(Level 2 Accountability Hospital Group or CHO CEO to National Director)
In accordance with the Accountability Framework document, the CEO of the HG or CO of CHO is responsible for management of risks and incidents in his/her area of responsibility (including those that have been escalated from local level). He/she will be supported by relevant expertise e.g. Group Clinical Director, Group Director of Nursing, IPC/AMS Committees, Quality and Patient Safety (QPS) mangers etc.

If the CEO of the HG or CO of CHO is concerned that an outbreak/situation is not effectively being controlled by their team they should consult with the experts available to them including Medical Officer of Health and, if appropriate ,should inform the relevant National Director that they require support in managing the outbreak/situation.

National Director Level
(Level 3 Accountability National Director to Deputy Director General and Director General)
National Directors and line managers must ensure that staff are aware of relevant HSE policies and procedures and are supported in understanding how these policies apply to their role. They must facilitate training for employees. They must ensure that staff can and do comply with these procedures. Finally, they must ensure the Escalation Procedure is utilised when necessary.

Deputy Director General and Director General Level
(Level 4 and above, Accountability, Deputy Director General and Director General to Minister)

Deputy DGs and DG will ensure that all levels are supported through available resource allocation, training and education. The DG is responsible for escalation of issues to Department of Health if HSE measures fail to control.

Process and Timescale for Escalation*

Step	Timeframe	Action	Responsible Person
Inform	Within 24 hours of forming an opinion that escalation is appropriate	Make direct contact with the next level initially by voice with follow by email	Senior manager at level sending notice of escalation
Engage	Within 24 hours of receiving voice notification of escalation	Engage by voice with the senior manager sending notice of escalation	Senior manager at level receiving notice of escalation
Assess	Within 2 working days of receiving notification of escalation	Convene a meeting to assess the situation (note Medical Officer of Health should attend)	Senior manager at level receiving notice of escalation
Action	Within 4 working days of receiving notification of escalation	Complete a plan of action and begin to implement	Senior managers at level sending and receiving notice of escalation
Evaluation	Within 7 working days of notification of escalation	Convene a meeting to assess if the plan is working (note Medical Officer of Health should attend)	Senior manager at level receiving notice of escalation
Escalate/Deescalate	Within 2 weeks of receiving notification of escalation	Written assessment indicating status – further escalation/ continued engagement/de-escalation	Senior manager at level receiving notice of escalation in consultation with Medical Officer of Health

- ***Note: timeframes outlined are considered maximum, the level of concern at local level should dictate if shorter timeframes are appropriate***.

References

Health Care Associated Infection Operational Guidance and Standards for Health Protection Units. HPA 2012

Safety Incident Management Policy, 2014 amended January 2017

HSE Performance Accountability Framework (available on hse.ie)