
Present: Ashley Bloomfield (Chair), Lorraine Rees, Josh Freeman, Mo Neville, Sheldon Ngatai, Sue Wood, Sally Roberts, Jo Stodart, Nick Kendall arrived at 10.30am left at 12pm, Richard Everts, Bridget Goggin, Jane Pryer and Jane Barnett

In attendance: Gary Tonkin, Andrea Flynn, Nikki Grae and Katie Monteith (from 9.30am to 11.30am)

Guest presenter: Donna Gordon, HealthCert (Item 3), Karen Orsborn (Item 6) and Leona Dann (Item 12)

Apologies: Arthur Morris and Gillian Bohm

The meeting commenced at 9.30am.

1. Declaration of interest

There were no updates the declaration of interest register.

2. Minutes of the previous meeting held 9 November 2017

The minutes were accepted as a true and correct record. The actions were updated.

3. Antimicrobial Resistance (AMR)

AMR Action Plan

Jane gave an update on the AMR action plan in particular objective three.

Objective One: Awareness and understanding

Gap analysis underway on current communication activities.

Objective Two: Surveillance and Research

Review of lab standards for CPE testing underway.

Discussion document being prepared to understand the requirements for a critical resistance alert system.

Objective Three: Infection Prevention and Control

Internal discussions with HealthCert are underway in relation to the review of the IPC Standard.

Discussion planned to progress engagement with senior leaders and clinical champions on IPC functions in healthcare facilities.

Objective Four: Stewardship

Engagement with relevant partners and stakeholders including Maori healthcare providers and pharmacists, to discuss inequities in prescribing and dispensing.

Planned meeting to discuss with Australian counterparts NACS (National Centre for Antimicrobial Stewardship).

Objective Five: Governance

The Health Antimicrobial Resistance Coordination group met in February 2018 and the AMR governance group are due to meet in April 2018. There has been a joint meeting with the Minister of Health and Minister for Primary Industries to discuss the AMR Action plan.

Feedback and questions relating to the implementation of the AMR action plan should be directed to AMR@moh.govt.nz.

AP - Jane offered to provide this group with a list of members of the governance group and share a copy of the terms of reference.

Jane introduced Donna Gordon, Principal Advisor, Quality Assurance and Safety, HealthCert. Donna talked to the group about the Health and Disability Services IPC Standards, the process for reviewing the standards and auditing against the standard.

The Health and Disability Services (Safety) Act 2001 is the legislation that underpins the certification of health care services. The Act requires healthcare services to be audited against set of standards and accredited.

HealthCert consult every 4 years to determine whether a set of standards need to be amended, reviewed or changed. Standards NZ manage the process for reviewing the standards. A standards review usually takes around two years to complete.

The most recent consultation on the IPC standards was in 2017. SIPCAG recommends a review of the list of stakeholders the consultation is sent out to as many health professionals working in IPC did not receive the survey.

HealthCert are seeking agreement to take consultation to the next phase. The first activity would be a literature review looking at the IPC standards in Ireland, Wales, Australia and Canada.

There was discussion about the opportunities for strengthening the IPC standard.

Comments:

- National leadership is absent from the standard and focusing on DHB led activity leads to variation. Shift from DHB to national expectations.
- Clinical governance should be more prominent.
- Multimodal approaches are absent.
- No mention of monitoring and auditing processes.
- No assessment of education.
- Currently allows for inconsistencies in assessment against the standard. Relies on the knowledge of the auditors.
- Appears to be a siloed approach to standards rather than an organisational approach. IPC – can be left on the side.
- Focusing on inpatients – excludes a high population of the workforce (eg. aged-residential care, primary care, etc.).

The IPC standard could be compared to the WHO core competency standard to identify gaps. The WHO have separate standards for national vs health care facility.

The standards are permissive as they have to apply to a range of health care settings. Any updates following a review to be future proofed e.g. not reference other standards/guidelines that are likely to change. Developing an IPC focused schedule to the standards was suggested as a way to have more specific guidance that can be updated without needing to make any changes to the standards.

SIPCAG was asked whether they felt the standards needed to be reviewed or whether to focus on strengthening the auditors approach. Their view was that a combination of both is needed.

The group asked about opportunities to strengthen accreditation against the current standards in the interim. There may be opportunity to strengthen the IC systems tracer and /or the DAA handbook. SIPCAG would be happy to provide guidance relating to the review of the standard or guidance. It was suggested this come via Sally or Josh as HARC members.

The first step would be to look at the current guidance.

AP – Donna to share the current guidance relating to the IPC standard.

Karen Orsborn arrived at 10.20am.

4. Draft CPE position statement

Josh gave an overview of the purpose of the draft position statement that was included in the meeting papers and the process for feedback. The draft position statement is based on the Victorian guideline. It was discussed at the ASID conference in November 2017 and has since been sent to ASID members for feedback. Once the feedback has been considered and the position statement updated it will be sent to the HARC group via Jane Pryer.

The position statement provides a framework for developing a plan and can support the work of the HARC group. It is expected that the HARC group would develop more detailed solutions/components. Jo offered to send to the IPCNC for feedback.

There was a question about where this sits in relation to updating the national guidelines on methicillin-resistant *Staphylococcus aureus* (MRSA) and multi-drug resistant organisms (MDRO).

Feedback on the draft position statement should be directed to Josh Freeman.

5. Update from the latest HAI Governance Group

The national HAI group met for the second time on 20 February 2018. Representation includes HQSC, MoH, ACC and Pharmac. A paper on the development of the national SSI/HAI sustainability hub was discussed and the action was to hold a further meeting and extend the invite to those with a particular interest in national leadership in HAI/IPC. The chair of SIPCAG sits on the national HAI Governance group and suggested opening the invite to members of SIPCAG as well as inviting a DHB planning and funding representative.

SIPCAG members interested in participating in this meeting should register their interest by contacting Karen Orsborn.

The driver diagram in the strategic plan was suggested as a good reference for identifying stakeholders.

6. The Commission's internal improvement hub process

Karen explained the Commission is adopting a new 'hub' model. There will be a Health Quality Intelligence Hub and a Health Quality Learning and Improvement Hub. Infection prevention & control sits within the improvement hub. Within the improvement hub programmes will be grouped based on the sector they service for example hospital/secondary, and community, with a patient safety group working across all programmes. This will mean that over time there will be a move away from topic based

programmes towards a structure that allows greater flexibility and ability to align with sector networks. A leadership group that can provide insights and cross sector input to the improvement hub will be developed.

7. ACC update

ICNet expansion programme

Nick provided an update on the ICNet rollout. The goal for this project is to reduce the incidence and severity of healthcare associated infections, taking account of growing antimicrobial resistance.

A project leadership group has been established. The group provides oversight for the eight workstreams:

- User group/national support
- Standardised definitions
- Data use/stewardship
- Product architecture
- Commercial
- Business case and implementation products
- Interoperability
- Joint plans with other agencies

Nick gave an update on each of the workstreams.

Supporting patient safety: treatment injury information report is expected to be released on 18 April. The latest report will include national level private surgical hospital data. This latest report will include equipment failures, surgical mesh and omissions (missed diagnosis).

Nick left the meeting at 12pm.

8. Clinical lead update – Dr Sally Roberts

Sally Roberts gave a quarterly update on clinical leadership in relation to IPC.

Sally gave some insights into how ADHB are using ICNet that was of interest to others using or considering purchasing ICNet.

We now have real time reporting of influenza cases that allows us to know where patients are around the hospital and get them put into droplet precautions sooner.

ICNet will be very useful to plot real-time data such as influenza outbreaks, flu cost savings, line days, and sepsis cases.

9. Peripheral intravenous (PIV) line management

Nikki introduced the paper on peripheral intravenous catheter (PIVC) which provides a high level summary of international guidelines for PIVC and a proposal for activities that could be incorporated in the current IPC programme within existing resources. SIPCAG was asked to provide feedback and endorse the next steps.

SIPCAG agreed that the proposed activities to raise awareness and improve PIVC management outlined in the paper should be implemented as the team's capacity allows.

There was some discussion pertaining to various PIVC-related topics:

- the target groups e.g. targeting reducing unnecessary insertion in ED and assessing EMT technique

- using the QIFs (quality improvement facilitators) that were trained in 2017 to apply their QI knowledge and skills toward PIVC management
- the existence of any audit tools for PIVC; there are a couple of templates already used by OMG and ECDC.
- If a point prevalence study is conducted, it was recommended to focus on peripheral lines only rather than all intravascular devices. The device tab in ICNet can capture line days which may be an easier method to capture peripheral line days for those DHBs that use ICNet.
- Comparison of the PIVC bundles currently used internationally was recommended
- Reviewing the curriculum for trainees would be beneficial. Health Learn, a South Island module for PIVC education may exist.

It was suggested that PIVC be a topic for discussion at an upcoming Q&R managers meeting to raise awareness of the opportunity for improvement.

10. SSIIIP – update

A SSIIIP quarterly update report was included in the meeting papers. Andrea gave an overview of the highlights from the last quarter.

Historic data cleaning and validation of the orthopaedic and cardiac data sets is now complete. The historic data will be archived once Baxter release the functionality. This will speed up the system for users.

The cleaned up data set was analysed to see if there is any impact on the SSI rates over time. This was commented on in the December 2017 SSIIIP reports.

The new draft report template is now operational. The report excludes commentary, graphs, cumulative data and confidence intervals and aims to make the review process easier. The report refers users to the relevant national monitor reports so the user can run the report and drill down into the detail where necessary.

The future focus is on developing a SSIIIP dashboard.

The Commission has undertaken a privacy impact assessment and developed a draft data use policy. A data governance group has been established for the SSII programme. This group will have oversight of any data requests.

The list of SSIs has been removed from the national SSIIIP reports to ensure there is no possibility for an individual to identify themselves in the report. This information will still be sent out to the SSII champions.

The interim SSIIIP evaluation report was published in December and the final evaluation report will be finalised in June 2018. SIPCAG will have the opportunity to provide feedback on the draft final report electronically.

Nikki provided an update on the reducing staphylococcal SSI collaborative. Two face-to-face learning sessions and three webinars have occurred.

Recent activities included teleconferences with each hospital team to understand progress, barriers, and best practices. These updates in addition to templates and tools developed using QI methodology were shared among the hospital teams. Current activities include two site visits that have been scheduled for the hospital teams that haven't fully implemented their bundle.

A proposal for a patient education video to provide an overview of an SSI and associated symptoms along with an introduction to the preoperative interventions to reduce risk of *S. aureus* SSI is being developed. This was discussed, including the need for consumer input into the resource as it is developed. A literature review is being conducted to identify research related to anti-staph bundles that has been published in the last two years (since the meta-analysis was performed).

11. HHNZ – update on the pilot with private surgical hospitals

The three pilot sites have now been participating in the programme for a year. They started off focusing on a couple of wards but are now looking to spread and meet the minimum requirements of the HHNZ programme.

The Commission met with the NZPSHA and the pilot sites on 9 March to discuss expanding the programme. Following the meeting the NZPSHA have surveyed their members to find out the 'current state' e.g. how many sites use the 5 moments, do observational auditing, have trained gold auditors. This will help determine the demand for training and a plan for expansion.

12. National multidisciplinary workshop on reducing HAIs

A draft programme for the national workshop was provided with the meeting papers. Gary took the group through the different sections of the programme.

Feedback from SIPCAG was around the absence of equity in the programme and there was discussion about whether this should be a separate presentation or tied into the morning session and panel discussion.

The afternoon session includes 'unconferencing'. Leona Dann gave a presentation on what unconferencing is and how it works.

13. Any other business

Ashley notified the group that this would be his last meeting due to competing priorities. The group thanked Ashley for his support as chair over the last couple of years and championing IPC.

The meeting closed at 2.30 pm.

The next SIPCAG meeting will be on 3 October 2018.

Action list following SIPCAG meeting 20 March 2018

No	Meeting date	Topic	Action required	By whom	By when	Status
1.	20 March 2018	HealthCert	Share the current guidance relating to the IPC standard	Donna Gordon	December 2018	In progress
2.	20 March 2018	HARC group	Provide a list of members of the governance group and share a copy of the terms of reference	Jane Pryer	October 2018	In progress
3.	9 November 2017	HHNZ spread	HHNZ team to track progress of spread by DHBs, discuss with specific hand hygiene coordinators as needed and include in letter to senior leaders during 2018.	HHNZ team	February 2018	Letter planned for April (to align with audit period)
4.	9 November 2017	HHNZ transition	Consider an end point for the Commission's investment and discuss with the Ministry of Health options for embedding hand hygiene within the existing accountability frameworks.	IPC team	March 2018	Ongoing
5.	9 November 2017	IPC programme plan	Continue to develop 5 year vision and emphasis on capability, as part of ongoing development of the Commission's Improvement Hub and HAI programme planning	IPC team	March 2018	Ongoing
6.	9 November 2017	IPC programme plan	Develop a matrix to help assess potential areas of focus	IPC team	End June 2018	Discussion tabled.
7.	9 November 2017	IPC programme plan	Scope up PIV as a QI programme	IPC team	Update at the next meeting	In progress
8.	3 August 2017	HHNZ - GAT	HHNZ programme to identify and prioritise actions relating to each theme from the survey feedback.	IPC team	9 November	In progress