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Present:	Julie Patterson (chair), Lorraine Rees, Linda Shepherd, Sheldon Ngatai (from 11.30am), Sue Wood, Jo Stodart, Richard Everts, Josh Freeman, Tanya Jackways, Arthur Morris and Gillian Bohm
In attendance:	Gary Tonkin, Andrea Flynn & Nikki Grae
Guest presenter:	Ashvindev Singh, Jennifer Castle & Megan Lattie, ADHB (Item 4).
Apologies:	Sally Roberts, Mo Neville & Jane Pryer

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The meeting commenced at 9.30am. Gary Tonkin welcomed Julie Patterson as the interim chair and led the introductions.

### **1. Declaration of interest**

There were no updates the declaration of interest register.

### **2. Minutes of the previous meeting held 20 March 2018**

The minutes were accepted as a true and correct record. Updates required to the action log.

#### Matters outstanding

Jane Pryer to provide a copy of the terms of reference and a list of membership for the antimicrobial resistance (AMR) governance group. Follow up required.

Gary and Nikki met with HealthCert following the last SIPCAG meeting and briefly discussed the review of the IPC standard. Awaiting confirmation about the standards review and will update the group once information is available.

### **3. ACC update**

Linda Shepherd gave an update on the ICNet expansion programme and ACC's infection programme.

The midland region is looking at a coordinated approach and other DHBs are progressing their business case.

The ICNet NZ user group meeting will be held in Auckland on 13 November 2018. This will involve discussion of experience to date, functionality and other developments, and will benefit current users and potential new users.

Med Lab is currently being tested. Interfacing of both Med Lab Central and Path Lab will be complete by March 2019. Some work is underway to upgrade the lab system used in the South Island which takes precedence over ICNet implementation.

The definitions working group first met in March 2018. There haven't been any further meetings. An experienced IPC nurse has been contracted to develop a draft definitions document for the working group to consider. The draft is nearing completion.

CDHB is working on a road map relating to systems capability to support new users. It is important that when ICNet is rolled out, both IT departments and DONs, nursing leaders and IPC teams are engaged – during the business case development phase and throughout the implementation process.

The New Zealand Private Surgical Hospitals Association (NZPSHA) asked about private hospital involvement in the ICNet expansion programme. It was indicated that there would be engagement in 2019.

ACC contracted the University of South Australia to undertake a literature review on interventions, including behavioural and human factors approaches, to reduce the occurrence of healthcare acquired infections. A report has been produced, divided into eight chapters:

1. Improving Hand Hygiene Compliance
2. Ventilator Acquired Pneumonia
3. Catheter Associated Urinary Tract Infection
4. Catheter Associated Blood Stream Infection
5. Surgical Site Infections
6. Multi Drug Resistant Organisms
7. Clostridium difficile
8. Healthcare Acquired Infections

The summary report is available on the ACC website - <https://www.acc.co.nz/for-providers/treatment-safety/#preventing-treatment-injuries>.

The full report is available on request. It was questioned why norovirus wasn't included in the chapters. This may be part of outbreak response and something not commonly claimed for.

ACC partnered with the NZPSHA on a Private Hospital Innovation in Infection Prevention project. ACC are meeting with the NZPSHA on Monday 8 October to review and prioritise the innovations.

There was some discussion about the possible overlap of work between ACC's expert advisory group and SIPCAG. ACC's advisory group has had three meetings to date and is next due to meet in late November. The group discussed the importance of the Commission and ACC having a transparent relationship and of the Commission being aware of the discussions and work programme of the ACC group to avoid duplicating effort. Richard Everts is a member of both groups. It was noted that ACC is represented on SIPCAG, but the Commission is not represented on the ACC Expert Group.

Action:

1. SIPCAG recommends ACC consider extending to the Commission a place on the membership of their expert advisory group. SIPCAG further recommend the Commission accept a position on the membership, if offered.

Linda acknowledged the need to use resources wisely and agreed to take responsibility for actioning the above recommendation.

#### **4. ADHB ICNet update**

Ashvindev Singh (Quality Improvement Advisor), Jennifer Castle (Lab specialist) & Megan Lattie (PAS Specialist) connected by video conference to present on the benefits experienced in the 11 months since going live with ICNet.

Benefits are quantified as benefits to patient safety, releasing time to care and efficiency. ICNet has resulted in time savings for IPC and laboratory staff.

Information from the lab to the hospital is real time. This results in better outcomes for patients due to earlier notification and management of infections. It eliminates the need to phone or fax information which improves accuracy of the information being passed on, and is particularly beneficial for leave, handover and during weekends.

IPC staff have a series of alerts configured that identify patients with HAIs and MROs in the hospital. This information is real time and reports are configured and ready to run. Time saved through automation and allows IPC to respond earlier. There is also the ability to track influenza cases across the hospital.

The next step is to undertake a point prevalence survey using extended properties (XPs) in the system.

The group discussed the need for customers to be fully aware of the ongoing resource requirements to maintain such a system in addition to the upfront costs/resource when preparing to implement/allocating resources. Once implemented there is ongoing effort required to maximise the benefits.

Action:

2. Linda to feedback to Rosemary the need for her, Jim and Trevor to engage with nurses as well as management when visiting DHBs.

#### **5. HAI workshop Putting Prevention First**

Nikki provided a summary of the national workshop held in Wellington on 17 May 2018. The videos of the morning session and all of the presentation slides are on the Commission website [click here](#).

The afternoon session comprised of an 'unconference', a participant-driven meeting that starts with an empty schedule and that relies on the people taking part to work out a schedule by suggesting, planning, holding and evaluating sessions, collaboratively.

Participants voted on the top topics. The #1 voted topic was Peripheral Intravenous Catheter (PIVC) insertion and maintenance bundle nationally. The #2 voted topic was SSIIP – less counting more prevention.

*PIVC insertion and maintenance bundle nationally*

Suggestions from the conference relating to PIV included collaboration between the Commission, ACC and IV Nurses NZ; information for patients; supporting rollout of Practice Responsible IV Cannulation Today (PRICT) or Antiseptic Non-Touch Technique (ANTT) nationally; and unknown infections/phlebitis in primary health.

PIV has been an area of interest for SIPCAG and at the last meeting the group provided feedback on actions the Commission could undertake within our current resource and with additional resource.

The Commission acted on SIPCAG's advice; working with IV Nurses NZ and developing an infographic to shine a light on PIV as an area of opportunity for quality improvement. The Commission has printed copies of the infographic in portrait and landscape A3 and A4 size that are available to hospitals. <https://www.hqsc.govt.nz/our-programmes/infection-prevention-and-control/publications-and-resources/publication/3478/>

SIPCAG was asked to review the list of further potential activities and identify priorities and gaps. The group advised that collecting more data should be prioritised to act as a baseline and help determine where to focus the effort. Not all DHBs have IV nurses so it will be important to engage with the IPCNC. Engagement with Ambulance organisations was also identified as a gap for the Commission to include in planning.

CDHB can get data from ICNet and ADHB are about to embark on a point prevalence study. There may be existing data sources we can draw upon to get a better picture.

#### *Less counting, more preventing (SSI)*

SIPCAG considered a paper that described feedback from the conference and summarised qualitative and quantitative information on data collection associated with the SSI Improvement Programme. The paper also looked at approaches undertaken in other jurisdictions.

In terms of the information presented, it was suggested that surveillance other than the national orthopaedic and cardiac surgery programme undertaken by DHB is likely to be taking place. To ensure we have a full picture the programme should contact the clinical heads of surgery, via Chief Medical Officers.

Julie queried why DHBs are anonymised in the paper and noted the national Chief Executives group have agreed to DHB data being identifiable.

3. Action: Julie reaffirm the Chief Executives commitment to publishing identified data as a general principle.

SIPCAG discussed options for future data collection associated with the Programme.

The group agreed that reducing the data burden would free up capacity for frontline staff to undertake improvements in other areas of infection prevention.

There may be a rationale for considering a less intensive surveillance for the programme if it was considered that the Programme is nearing the point where there are diminishing returns in terms of benefits. It is not easy to determine when this point has been reached. The relatively low rate of SSIs in some DHBs was noted, as was the remaining variability among DHBs and that the NZ SSI rate is still higher than some other international comparators.

The anti-staph bundle is in the monitoring phase and the data on procedures through to December 2018 will be available in June 2019. At this point the impact on the SSI rate should be apparent.

4. Actions: The Commission team to develop an options paper before the end of 2018, for discussion with SIPCAG via Zoom. Associated messages should be sent to champions alongside the SSIIP evaluation report to acknowledge to stakeholders that options are being considered.

## **6. SSIIP programme updates**

Updates were provided by the Clinical Lead on his activities and the group discussed further opportunities for quality improvements, such as antibiotics being administered earlier prior to first incision.

The [SSIIP final evaluation report](#) was discussed at the recent Board meeting and the copy of the report was included in the meeting papers. The report will be published in the coming weeks.

The final learning session for the anti-staph bundle collaborative was held 27 June and each team presented on their project. Invited guest (Dr Bill Berry) provided a presentation on operating theatre culture and teamwork via videoconference. Participants discussed next steps and their involvement in future implementation/spread and celebrated completion of 'collaborative'.

The programme will continue to monitor the aggregated data and hold teleconference catch-ups in November to review outcome data and check on periodic compliance data.

A SSI patient education video has been developed with input from collaborative participants and consumers. The short video is relevant for all surgical procedures. The video includes reminders for patient to reduce their risk of SSI. A Te Reo and Samoan version are also available. The videos can be accessed on the Commission website [www.hqsc.govt.nz/staysafe](http://www.hqsc.govt.nz/staysafe).

Two new SSI dashboards have been developed to replace the SSII national quarterly orthopaedic and cardiac reports. The dashboards were released 28 September and a link has been sent to DHB CEOs, CMOs, Clinical Directors of orthopaedic and cardiac surgery, Infection control committee chairs, SSIIP champions and quality and risk managers. A public facing dashboard will be available from December 2018 with limited functionality. A demonstration of the dashboard was provided.

## **7. HAI/IPC Matrix**

A draft matrix was presented as a tool for helping to decide on future areas of focus. This had previously been requested by SIPCAG.

The group felt the matrix is comprehensive, but there is scope for simplifying it. Judgement and assumptions will be a factor in any future decision-making so the tool should not be overly prescriptive.

One option is to consider potential areas of focus using a simple framework: high risk, high cost, high volume and known solution. A revised version of the matrix could then be used in a more comprehensive consideration of a small number of options.

5. Action: members feedback on the matrix. A revised version to be considered by SIPCAG at the next face to face meeting.

## **8. Updates from sector groups**

Jo Stodart gave an update from the IPC Nurses College. The college's national conference will be held in November. A position statement on vaccinations is in development.

Tanya Jackways gave an update from the NZ Private Surgical Hospitals Association. Current areas of focus include working with Hand Hygiene NZ on expansion of the hand hygiene programme to include private hospitals, and working with ACC to develop options for potential joint work.

## **9. Hand Hygiene NZ (HHNZ) Update**

Patient Safety Week, a national awareness raising campaign to be held in early November, will this year focus on hand hygiene and its link with antimicrobial resistance. A range of resources have been developed, for the public and for clinicians.

The Commission (HHNZ) has been working with the NZ Private Surgical Hospitals Association to explore spread into private hospitals. A readiness assessment and other preparatory resources have been produced by the Commission and provided to private hospitals.

The HHNZ team has been discussing with Hand Hygiene Australia (HHA) the potential for HHA to provide Gold Auditor Training in New Zealand in the first half of next year. Discussions are ongoing.

A main focus for the HHNZ programme has been to work with DHBs to spread effective hand hygiene practices to all appropriate clinical areas in hospitals. The team provided an overview of progress over the last 'transition' year. Excellent progress has been made by DHBs. The number of wards audited and compliance rates have improved in the majority of DHBs. The programme will soon write to DHB Chief Executives with an update on progress at each DHB.

SIPCAG discussed barriers and challenges that had arisen during the transition year - including achieving the required number of audits, particularly in small high risk areas; and maintaining adequate levels of trained auditors – and discussed possible responses.

6. Action: further investigate the moments required in Australia and the rationale for setting that level.

## **Update on AMR Action Plan**

The Ministry representative, Jane Pryer, was an apology but had tabled a written update on progress in implementing the AMR Action Plan. Josh Freeman, a member of the Health AMR Coordination Group (HARC) added more information about the recently completed draft Carbapenem-resistant Enterobacteriaceae (CPE) Guideline. SIPCAG is interested in hearing more information about plans for how the guideline will be implemented.

7. Action: request the plan for implementing the CPE guideline from Jane Pryer.

The meeting closed at 3.20pm.

### Action list following SIPCAG meeting 3 October 2018

No	Meeting date	Topic	Action required	By whom	By when	Status
1.	3 October 2018	HARC group	ACC consider extending to the Commission a place on the membership of their expert advisory group. SIPCAG further recommend the Commission accept a position on the membership, if offered.	Linda Shepherd	December 2018	Complete
2.	3 October 2018	Nurse engagement	Feedback to Rosemary the need for her, Jim and Trevor to engage with nurses as well as management when visiting DHBs	Linda Shepherd	October 2018	Complete
3.	3 October 2018	DHB data	Reaffirm the Chief Executives commitment to publishing identified data as a general principle	Julie Patterson	December 2018	Complete
4.	3 October 2018	SSIIP future data collection	Develop an options paper before the end of 2018, for discussion with SIPCAG	IPC team	December 2018	Complete – paper tabled for discussion
5.	3 October 2018	HAI matrix	Members to feedback on the draft matrix	Advisory group	December 2018	Open – Nikki to resend the matrix to members for feedback (30/01/19)
6.	3 October 2018	HH moments	Investigate the moments required in Australia and the rationale for setting that level	HHNZ team	December 2018	In progress
7.	20 March 2018	HealthCert	Share the current guidance relating to the IPC standard	Donna Gordon	December 2018	In progress

No	Meeting date	Topic	Action required	By whom	By when	Status
8.	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	Complete
9.	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
10.	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	Planning day 31 January
11.	9 November 2017	IPC programme plan	Scope up PIV as a QI programme	IPC team	Update at the next meeting	In progress
12.	3 August 2017	HHNZ - GAT	HHNZ programme to identify and prioritise actions relating to each theme from the survey feedback.	IPC team	9 November	Workshop scheduled 27-29 March