
Present: Ashley Bloomfield (Chair), Arthur Morris, Lorraine Rees, Sheldon Ngatai, Mo Neville, Theresa Dyer, Sue Wood, Trevor English, Sally Roberts, Jo Stodart, Gillian Bohm, Josh Freeman and Nick Kendall (for IPC IT section).

In attendance: Gary Tonkin, Andrea Flynn, Nikki Grae, Olivia Jones (minutes), Debbie Jowitt and Lynette Drew (9.35am-12.30pm).

Guests: Rosemary Jarmey (9.35am-12.30pm), Julie Artus (1.00pm -1.20pm)

Apologies: Richard Everts, Bridget Goggin and Jane Pryer.

The meeting commenced at 9.35am and members were asked to introduce themselves.

Nick Kendall joined the meeting for the IPC IT section of the discussion, and Julie Artus to present the Surgical Site Infection Improvement (SSII) Programme evaluation plan.

1.1 Minutes of the previous meeting held 25 October 2016

A correction was noted on Page 3, Section 3.1, para 2 – ‘clinical areas’ should read ‘acute clinical areas’.

The minutes will be corrected to reflect the changes.

The minutes were confirmed as a true and correct record with changes noted above.

1.2 Actions update

Action 1 and action 2: Programme team to seek update on actions from Jane Pryer.

2 Hand Hygiene New Zealand (HHNZ) proposals for structure measure and process/outcome measure validation methods

Structure measure

The Board met on 21 July and agreed that the HHNZ programme should increase the range of wards audited for hand hygiene compliance and introduce a structure measure to provide assurance that there is spread of hand hygiene auditing.

Lynette Drew initiated the discussion on HHNZ’s proposal to measure the spread of auditing into all acute clinical areas. The Board’s request was discussed at SIPCAG in August and October 2016. A working group consisting of sector experts and IPC programme staff was convened to discuss options for a structure measure. The IPC programme team carried out a stocktake survey of DHBs’ local auditing practice and also evaluated data from the Hand Hygiene New Zealand database to gain more understanding of the current level of ‘spread’ of hand hygiene audits in DHBs. The data indicated that approximately half of all DHBs have already spread their auditing practice. This analysis and the pros and cons of the different options were then discussed with the Health Quality Evaluation team.

The HHNZ programme proposes that spread throughout all acute clinical areas can be achieved without the introduction of a structure marker by publishing information in the national compliance reports on increased spread by DHBs alongside the existing quality and safety marker (QSM) and working in partnership with DHBs to build their capability to implement spread. This information will be presented in the National Hand Hygiene Compliance report which is published three times per year. DHBs will be provided with the programme's definition of an acute clinical area and will be asked to provide the number of acute clinical areas at each hospital twice per year. A formal QSM will not be introduced at this time.

The group endorsed the proposal. There was discussion around the implications of asking IPC teams to undertake additional auditing and questioned the returns from auditing a high risk ward compared with a low risk ward. The group agreed that the programme should continue to communicate that high risk wards should be the main area of focus.

The group noted that auditing high risk areas such as the emergency department is likely to decrease the national compliance rate. To reduce concerns around this DHBs could choose to submit data on poor performing areas to a local audit initially to provide a chance to understand and improve the compliance rate before submitting data to the national audit.

There was a comment that there is diminishing returns on focusing on improving the quality of the data collected and that the greater focus for the programme could be on using the data in a more visible and meaningful way to drive improvement and achieve outcomes rather than refinement and more collection of data.

Process measure validation

Nikki Grae lead the discussion on options for validating the hand hygiene process measure following the Board's request in July 2016 to ensure more effective auditing of the hand hygiene compliance rate. Nikki Grae presented the programme's proposed approach to validating auditor data as outlined in the draft Board paper:

- continue training, annual validation test, and requirement for auditors to submit a minimum of 100 moments per annum
- paired/parallel gold auditor observation sessions
- cross-ward auditing.

Other validation techniques such as regional peer auditing and patient experience surveys are not recommended because they are resource intensive and difficult to interpret, retrospectively.

The group discussed the options presented and agreed with the proposed techniques for validating the process measure. The group reiterated the need to encourage health care workers to prompt each other to wash their hands.

There was a suggestion for the programme to consider adding a consumer focus through surveying discharged patients about their observations of health care workers' hand hygiene practice during their stay in the hospital. The group noted that this would be resource intensive for DHBs and that asking for consumer feedback isn't always viable because patients are not always in a position to be giving informed feedback. Patients would need to be prepared in the community to enable them to be in the best position to be observing hand hygiene compliance during their time in hospital and then providing feedback. The DHB consumer network meetings were suggested as an opportunity for discussing hand hygiene observations.

A number of private surgical hospitals administer a comprehensive patient survey. The content of the survey varies between hospitals however it is thought that some include specific questions around hand hygiene practice.

The draft Board paper will be updated to reflect SIPCAG's suggestions.

Outcome measure validation

Debbie Jowitt presented options for the validation of the hand hygiene outcome measure, healthcare associated Staphylococcus aureus bacteraemia (HA-SAB). The three options considered were external validation, internal validation, and the use of a quality improvement approach to assist and support DHB IPC teams to improve the accuracy of their data by ensuring consistency in the application of the definition of HA-SAB and to support the use of data for improvement.

The programme's recommended approach includes the following methods as outlined in the draft Board paper:

- survey of IPC teams to determine current methods and team involvement
- clinical scenarios for discussion at regional meetings; range of clinical cases
- regular updates for staff who survey HA-SAB data
- ongoing checks of data quality by the programme team on an as required basis.

The group discussed the proposed approach and there was a comment that the emphasis is on improving the data quality rather than considering how the data could be used to improve patient outcomes. Other members suggested that the data needs to be validated to ensure its accuracy before it can be useful for quality improvement initiatives. DHBs do not currently offer staff training on validation of HA-SAB cases. There is a need to highlight the value of HA-SAB data and to encourage DHBs to utilise the information. The programme could consider communicating to DHBs that HA-SAB validation could be a standing item on IPC committee agendas.

The Board paper will be updated to incorporate the group's feedback.

3 IPC IT - ACC

Nick Kendall joined the meeting to provide an update on ICNET. Five DHBs have at least partially implemented ICNET and ACC are looking to support wider roll out of ICNET across New Zealand. The introduction of ICNET at each DHB will enable skilled staff to decrease the amount of time spent on manual data entry. A workshop is scheduled on 8 February 2017 with experts from around the sector to consider possible options for expanding ICNET.

Action: Present outcome of ICNET workshop at SIPCAG meeting on 11 May.

ACC is interested in understanding the number of office based procedures because there is currently limited visibility over infection rates for these procedures.

There was a comment that the DHBs are consistently achieving high compliance against the three QSMs but the outcome marker has taken time to move. The group noted that other programmes have taken three or more years to show a decrease in the outcome marker and discussed the impact of human factors.

The data shows that forty percent of all patients undergoing arthroplasty are obese and the SSI rate is around 10 percent for revision arthroplasty procedures for morbidly obese patients.

The group noted that there are a number of options to explore to reduce the number of SSIs. The proposed anti-staph bundle provides an opportunity to reduce staphylococcal infections.

Lynette Drew and Rosemary Jarmey left the meeting at 12.30 pm.

4 2017 National IPC workshop

Debbie Jowitt led the discussion on options for the next national IPC workshop. One of the options is to hold a workshop at the Infection Prevention and Control Nurses College (IPCNC) conference which is held every two years in October and has good attendance. It was noted that this is the only national forum for IPC education and is an opportunity to promote the programme's activities.

The programme could also consider hosting a standalone multidisciplinary team (MDT) event. There would need to be careful consideration about the purpose, topic and content of the workshop to ensure it is attractive to an MDT group.

The group recommended that the programme holds a standalone MDT event in addition to a workshop at the IPCNC conference in October 2017.

5 Feedback on discussion paper on a positive bundle to reduce Gram-positive SSIs

Nikki Grae presented the feedback on the discussion paper on a positive bundle to reduce Gram-positive SSIs. The discussion paper was sent to the sector on 8 November 2016 and there was a six-week feedback period. Fifty-four responses were received from a range of organisations including 16 DHBs, private surgical hospitals, organisations and colleges.

The feedback was grouped into the following categories:

- quality of evidence
- method of implementation
- logistics
- operationalising process, patient education, costs
- universal decolonisation won't identify MRSA carriers
- strategy needed to identify reactions with povidone-iodine
- timing of bundle (two or five days prior to procedure)
- safety of products
- triclosan as an acceptable alternative.

The bundle will be recommended as an expected practice but will not be a mandatory requirement. To enable the programme to report compliance against the bundle additional questions will be incorporated into the SSI data collection form however it is not recommended that it will become a QSM at this time. The bundle will be implemented using a collaborative methodology with a group of five to seven DHBs that are early adopters. There will be a number of learning sessions and shared teleconferences.

The group endorsed the implementation of the bundle and agreed that the evidence is sufficient for the programme to proceed in this direction. The group commented that it is good to see a whole workstream around consumer co-design.

The group questioned the cost of the product and it was suggested that it would be around twenty dollars per application. There was a suggestion that the programme could provide greater clarification about the types of procedures the bundle is applicable for.

The group noted that cost could be a large barrier to implementing the bundle at each DHB. There was a suggestion that the programme could consider showing DHBs where they could make cost savings elsewhere if they implement the bundle.

6 SSII evaluation

Julie Artus from Sapere Research Group provided an overview on the evaluation of the SSII programme that is currently being undertaken. The formative report is due in June 2017 and will be used to look at key insights to inform planning of the programme. The final evaluation report will include a focus on economic evaluation and is due in June 2018.

Sapere are undertaking interviews with people who were involved in planning the programme. This includes surgeons, theatre staff, and SSII champions.

The group asked if the evaluation could include a focus on consumer engagement and suggested that this could be something to consider. There was a suggestion to include international literature and patient stories from those who have experienced an SSI. The evaluation will include suggestions on how the programme can build a focus on equity.

Action: Discuss incorporating consumer focus, patient stories and international research at the next evaluation steering group meeting on 23 February 2017.

7 2017/2018 Programme plan

Andrea Flynn presented the draft 2017/2018 programme plan.

The group discussed the plan and commented that using data for improvement could have a greater emphasis. There were a number of suggestions to update the stakeholder list to include:

- Chair of the Consumer Councils
- IPC Committees
- Laboratory sector representatives
- Pathology round table.

There is an opportunity for Arthur Morris to engage with the NZ Orthopaedic Association and the Australian & New Zealand College of Anaesthetists about the anti-staphylococcal bundle.

There was a suggestion that the programme could consider developing stronger links with academic institutions to maximise use of the data to answer pertinent research questions. This wouldn't impact on the purpose of collecting the data which is for quality improvement.

Action: Ashley Bloomfield to write to Stewart Jessamine and ask for update on HAIGG, AMR strategy programme.

8 SSII Programme update orthopaedic and cardiac work streams

Arthur Morris provided an update on the orthopaedic and cardiac workstreams for the SSII programme. The cardiac and orthopaedic expert faculty groups are meeting on 20 and 21 February.

The national orthopaedic report for April to June 2016 shows that a small number of DHBs are consistently meeting all three QSM's every quarter. The report is being optimised to enable DHBs to better identify areas for quality improvement initiatives. The Commission retired the skin preparation QSM and it will no longer be included in the orthopaedic report from July 2016 onwards.

The national cardiac report will be published for the first time in March 2017 and it will include data from all five DHBs that perform cardiac surgery. The report will also include weight data for paediatric procedures so that compliance against a weight based dose can be measured.

The group expressed a concern that by not reporting the skin preparation data this might encourage DHBs to perceive this as being less important. DHBs can choose to continue to submit this data and this will be reported in the local reports that are prepared quarterly alongside the national report.

9 Updates

IPC Clinical Lead

Sally Roberts provided a summary of her clinical lead duties between August 2016 and February 2017:

- presented an update on the programme at the Australasian Society of Infectious Diseases New Zealand in Dunedin in November 2016. The focus was on Staphylococcus aureus bacteraemia data and the paper on pre-screening for staphylococcal infections
- a manuscript on pre-screening options for staphylococcal infections has been accepted for publication but not published yet.
- presented an update on the programme at the Private Surgical Hospital Association Conference. This appears to have driven awareness of the programme.
- attended the ACC steering group meetings
- an article on the impact of the Hand Hygiene New Zealand Programme on hand hygiene practices in New Zealand's public hospitals was published in the New Zealand Medical Journal in October 2016
- involvement in quality improvement programme at Ko Awatea.

Antimicrobial Resistance Action Planning Group (AMRAPG)

Debbie Jowitt provided an update on the work of the group. The next meeting is on 10 March.

The draft AMR situation analysis and priority areas for action publication is close to being finalised and work is ongoing on the national action plan. The most recent draft has a focus on antimicrobial stewardship which is an important strategy but in the face of increasing antimicrobial resistance, in particular by emerging microorganisms such as carbapenem-producing Enterobacteriaceae (CPE), an equally strong focus on infection prevention and control is needed.

Australia has recently updated its national recommendations for the control of carbapenem resistant Enterobacteriaceae (CRE) to give clear national guidance to all healthcare professionals and consumers. This provides a lead to include CPE in our action plan in response to evidence of secondary spread in both households and healthcare facilities in NZ over the past year. CPE are resistant to nearly all antibiotics and are readily transmitted through contact in the community and in hospital settings.

NZ Microbiology Network

Josh Freeman provided an update on the NZ Microbiology Network.

The group met on 21 November 2016 and discussed the national surveillance programme on clostridium prevention. A working group was convened and met in January 2017. The group discussed what they are trying to achieve on surveillance programmes. It is not a quality indicator for hospitals but is a big picture for monitoring the state of the country with regard to incidence of clostridium infections. It will display changes over time.

The system will be designed to minimise the level of data that needs to be collected by IPC teams. The surveillance definition will be based on laboratory data and combination of data that can be collected from the national minimum data set.

The information collected will be disseminated to the Ministry of Health at a national level for strategic prioritisation and deployment of resources.

Any other business

Lorraine Rees is working with Hand Hygiene Australia to update the content for the learning management system. SIPCAG members were asked to send suggestions for updating the content to Lorraine.

The meeting closed at 2.35 pm.

The next SIPCAG meeting will be on 11 May 2017.

Action list following SIPCAG meeting 2 February 2017

No	Meeting date	Topic	Action required	By whom	By when	Status
1.	2 February 2017	IPC IT	Present outcome of ICNET workshop at SIPCAG meeting on 11 May.	Nick	11 May 2017	On agenda
2.	2 February 2017	SSII evaluation	Discuss incorporating consumer focus, patient stories and international research at the next evaluation steering group meeting on 23 February 2017.	Gary	23 February 2017	Complete
3.	2 February 2017	2017/018 programme plan	Write to Stewart Jessamine and ask for update on HAIGG and AMR strategy programme.	Ashley Bloomfield	ASAP	Complete
4.	4 May 2016	HAIGG Update	Jane to share ESR CDI report once finalised.	Jane	August 2016	The report is still not finalised by ESR so not released.