



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

Healthcare-associated *Staphylococcus aureus* bacteraemia (HA-SAB) source reporting

Infection prevention and
control learning resource



7th July 2022

Agenda

- Welcome and opening karakia
- Background to reporting
- Healthcare-associated *Staphylococcus aureus* bacteraemia (HA-SAB) source reporting form
- Examples
- Q&A
- Closing karakia



Karakia Timatanga

E te huinga

Whāia te mātauranga, kia mārama

Unuhia te anipā,

te nguha, kia mahea

Kia whai take ngā mahi katoa

Tū māia, tū kaha

Aroha atu, aroha mai

Tātou i a tātou katoa

Hui e tāiki e

For this gathering

seek knowledge, for understanding

draw out the anxiety

and uncertainty, clear it away

have purpose in all that you do

stand tall, be strong

let us show respect

for each other.

It is complete

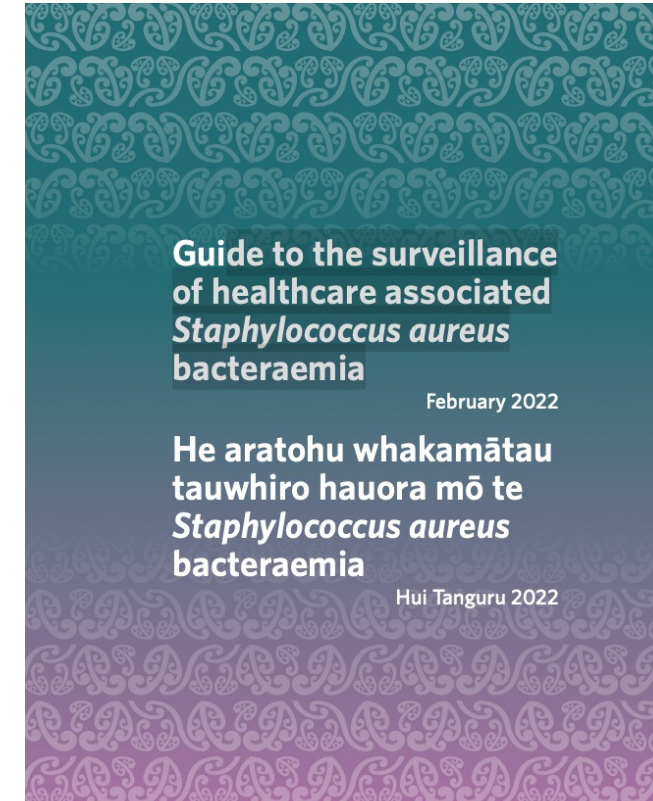
Purpose of HA-SAB source reporting

- SAB – high morbidity and mortality
 - Contributes to antimicrobial resistance (MRSA)
- HA-SAB is a largely preventable HAI
- Increasing HA-SAB rates in New Zealand (reported as part of HHNZ programme)
- Currently no national reporting of HA-SAB source
- Recent review of SAB sources (2017-2021)
 - High number related to IV devices
 - High number where source not identified or reported
- Findings can help focus quality improvement projects and initiatives



HA-SAB guide

- Previous guide:
 - Implementation guide for the surveillance of *Staphylococcus aureus* bacteraemia (SAB)
- Revised guide:
 - Guide to the surveillance of healthcare associated *Staphylococcus aureus* bacteraemia



HA-SAB source reporting form

- Excel spreadsheet
 - Columns with dropdown lists
 - Two tabs
 - Notes for completing the form
 - Listing of SAB cases for quarter
- Upload by DHB to secure cloud-based storage (c-Cache)
 - Access using login details provided by HQSC to designated person in IPC team/DHB
 - Download the template form and save as an excel form
- Complete form monthly but upload 3-monthly (quarterly)
 - Use a new form each quarter
 - Upload within 30 days of last date in quarter

SAB Source data collection form													
DHB													
Current reporting quarter													
Month	Hospital	Age	Gender	Ethnicity	Unique DHB number/code	Date Blood Culture collected	Clinical Speciality	S. aureus susceptibility	SAB source	SAB source detail	Specify other source	Procedure or intervention (if applicable)	



Completing the form

Entering data

Reporting period

1. Choose the **Current reporting quarter**
2. **MONTH** - The month will be the same as the blood culture month date

DHB and Hospital


1. Choose your **DHB**
2. **HOSPITAL** - a list of hospitals / facilities for your DHB will be shown in the drop down box

SAB Source data collection form		
DHB	Canterbury	
Current reporting quarter	Jan-Mar 2022	
Hospital	Age	Ge
	55	
Christchurch	64	
ChCh Women's		
Burwood		
Ashburton		
Hillmorton		
Rural Hospitals		

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Age, Gender and Ethnicity

- Enter **AGE** in years – use numbers only
- **GENDER** – M, F or O (other/not specified).
- **ETHNICITY** – Drop down box

Age	Gender	Ethnicity	Unique DHB number/code	Cul
55	F	E	 C001	
64	f	e	<div>M Maori P Pacific A Asian E European O Other R Residual Categories</div>	



Unique DHB number/code

- Free text field
- Enter a unique number or code for this field. Create one that works for your organisation
- This number/code is for you to be able to easily trace the HA-SAB case in the future if you need to

Blood culture date

- Blood culture date is the first date *S.aureus* was isolated in a blood culture for this event

Locality	Unique DHB number/code	Date Blood Culture collected
E	C001	23/02/21
e	C002	19/07/21

Enter a unique number or code for this SAB (free text)

Clinical speciality

- This field is the clinical speciality managing the care of the patient
- May differ from the ward/unit, for example, a patient receiving dialysis seen in the emergency department would be listed as renal medicine
- Scroll down the dropdown list to see all the choices
- Note the different examples in medicine and general surgery
- Choose the closest if a specific speciality is not listed

Clinical Speciality	S. aureus susceptibility	SAB source	SAB source detail	Specify other source
Ear, Nose and Throat	MRSA	Organ_source_Not_SSI	Skin / soft tissue	
Care of the elderly				
Ear, Nose and Throat				
General surgery Including: upper and lower bowel surgery, acute surgery and Surgical High Dependency Unit				
Haematology				
Infectious diseases				
Intensive care				
Maxilo-facial surgery				
Medicine Including: General medicine, Acute medicine, Respiratory medicine, Dermatology, Palliative care, Medical high dependency unit				
Neurosurgery Including: spinal surgery				
Obstetrics and Gynaecology				
Oncology				
Ophthalmology				

SAB source and SAB source detail

- Source detail is linked to choice of source
- If 'Device' is chosen SAB source detail dropdown list will give a choice of devices

SAB source	SAB source detail
Organ_source_Not_SSI	Skin / soft tissue
Device	Non-tunelled CVC



SAB source

- If more than one source is identified please choose the most likely
- Only choose 'Unknown' if investigations have not identified a source that meets the definitions in the SAB manual
- If no investigation has been undertaken then leave blank
- A SAB resulting from a SSI must be captured under SSI and not 'Organ source - not SSI'

Antibiogram	SAB source	SAB source
	<div><div>▼</div><div>Device</div><div>Surgical_Site_Infection</div><div>Organ_source_Not_SSI</div><div>Neutropaenic_sepsis</div><div>Other_source</div><div>Unknown</div></div>	



Organ source (not SSI) & SSI

- Organ source (not SSI)
 - Skin and soft tissue
 - Pulmonary
 - Hepatobiliary
 - Urinary tract (not CAUTI)
 - Cardiac
 - Other organ source
- Surgical Site Infection
 - Organ space
 - Deep
 - Superficial
 - Unknown



Invasive devices

- Intravenous
 - Peripheral intravenous catheter
 - Non-tunnelled CVC
 - Tunnelled CVC
 - PICC
- Urinary catheters
 - Urethral
 - suprapubic
- Endotracheal tube
- External ventricular drain
- Peritoneal dialysis catheter
- PEG tube
- Arterial catheter
- Other



Procedure or intervention

- Temporary or permanent pacing wires
- Cardiac catheterisation
- Endoscopy
- ERCP
- Cystoscopy
- Tran-rectal ultrasound
- Trans vaginal ultrasound
- Placement of a body cavity drain or tube e.g. chest drain, nephrostomy, biliary drain



Case examples to work through

1. Dialysis patient with infected tunneled line
2. SAB arising from an infected pressure sore
3. SSI following caesarian section
4. Hospital-acquired pneumonia
5. HA-SAB following urinary stent insertion



Question time



Karakia Whakamutunga

Kua mutu a tātou mahi
Ka tae te wā
mō te whakairi te kete
I te kete kōrero,
I te kete whakaaro
Hei tiki atu anō mā tatou
Tauwhirotia mai mātou katoa
Ō mātou hoa
Ō mātou whānau
Āio ki te Aorangi.
Hui e tāiki e.

Our work has finished
the time has arrived
to gather one's thoughts in the basket
that contains discussion
and concepts
that we may use it again in the future
protect us all
our colleagues
our families
peace to the universe.
it is complete.

