Minutes of the 32nd meeting of the Strategic Infection Prevention and Control Advisory Group (SIPCAG) on 13 April 2022, 11am–2pm, via zoom

HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND

Present:	Anne Hutley, Arthur Morris, Claire Underwood, Greg Simmons (Chair), Janine Ryland, Jocelyn Peach, Jo Stodart, Josh Freeman, Lynne Downing, Martin Thomas (until 12pm), Max Bloomfield, Sally Roberts, Ngāpei Ngatai, Sue Barnes, *Jane Pryer (standing in for Andi Shirtcliffe).
In attendance:	Amanda Wood, Harini Srinivasan, Jeanette Bell, Marie Talbot (minute taker), Nikki Grae, Ruth Barratt
Apologies:	*Andi Shirtcliffe, Claire Doyle, Susan Wood

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1. Ngāpei Ngatai opened the meeting at 11am with a Karakia. Apologies and introductions given. Greg acknowledged Gillian Bohm, who has stood down as a member of SIPCAG. Greg also noted that Harini Srinivasan is replacing Emily Mountier as team data analyst.

2. **Minutes of the previous meeting held 10 November 2021**
   The minutes were accepted as a true and correct record.

   Matters arising:
   - Susan Wood to share the code set that CDHB uses for ongoing monitoring of healthcare associated infections (HAIs) with the IPC team is outstanding, Marie Talbot to follow up.

   Papers for noting:
   - The DHB chief executives' (CE's) March 2022 report was tabled and noted.

3. **Clinical Lead update**
   - Sally Roberts provided the group with a written update.

4. **Surgical Site Infection Improvement (SSII) programme update**
   Arthur Morris and Amanda Wood gave an update on the SSII programme which covered the following points:

   - 14 District Health Boards (DHBs) have moved to light surveillance.
   - A webinar was held with SSI champions in December on SSI investigations. This was followed by a meeting in April on findings provided by the DHBs.
   - Sally Roberts, Nikki Grae and Arthur Morris have co-authored, with Aakash Chhibber, a publication in the New Zealand Medical Journal titled: Risk factors differ for Gram-negative surgical site infection following hip and knee arthroplasty: an observational study from a national surveillance system.
   - Ruth Barratt and Harini Srinivasan provided an update on the CUSUM and VLAD charts. The publication of these charts, as an online report, is planned for the end of

April and this will provide DHBs with a visual alert that assists with the detection of any increase in the risk for orthopaedic infections. Education and training on how to interpret the chart will be provided. Guidance from the IPC team will be provided for DHBs that have either a yellow or red alert.

Comments and questions:

- Sally Roberts commented that it would be useful for this report to be included in monthly IPC committee reporting at each DHB. Members commented that in some DHBs, IPC Committee meetings have been on hold due to COVID demands. Sally suggested a webinar for IPC Committee Chairs, on how to access the reports would help to ensure the information goes to all DHB IPC/quality committees.
- Members commented that there needs to be a regular review process and that there is sometimes a gap between IPC Committees and those who can make changes in practice. Focus needs to be on getting the data to orthopaedic and anaesthetic teams, and forming networks and relationships to ensure ownership, with IPC teams playing more of a supportive role. Colleges could be a way of encouraging ownership and there needs to be different approaches.
- Nikki Grae commented that there is an opportunity with the investigation tool to link in with anaesthetists, surgeons, and surgical services teams to initiate discussion around specific cases.
- Sally Roberts suggested reconnecting with New Zealand Orthopaedic Association (NZOA), and suggested that a webinar is held with, and distributed by, NZOA to make them aware of this information. Lynne Downing also recommended including the Australian and New Zealand College of Anaesthetists (ANZCA).

Action: Approach NZOA, possibly hold a webinar so they are aware of the reporting of the data. Consider including ANZCA and IPC Committee Chairs in webinar. IPC Committees to receive data routinely and guidance on the use of the alert system to monitor for increases in infections.

5. Hand hygiene (HH) programme

Sally Roberts and Amanda Wood gave an update on the programme that included the following points:

- A celebration of 10 years of HHNZ data collection and reporting is being organised and promoted alongside World Hand Hygiene Day on 5 May 2022
- Participation in the first Delphi survey on the World Health Organisation global hand hygiene research agenda
- An overview of the latest HH results:
  - The HH compliance rate, for DHBs, was 86.7 percent compared to 87.5 percent in the previous auditing period. For private surgical hospitals (PSHs) it was 82.4 percent compared to 82.9 percent for the previous period
  - 19 DHBs and 17 PSHs achieved at or above the national target of 80 percent
  - DHBs in the Auckland region have maintained both high compliance and high numbers of auditing moments during the delta and omicron outbreaks
  - There is currently a pause in data collection for the March – June auditing period due to COVID-19 demands.

Comments and questions:

- Both Nikki Grae and Sally Roberts acknowledged the continued focus on hand hygiene compliance and monitoring which speaks highly of the engagement of executive leadership, an important aspect of any programme.
- Sally Roberts commented on the importance of continuing to hold IPC committee meetings in DHBs to ensure resource needs can be delivered.
- Josh Freeman commented that big inroads have been made with hand hygiene over the past 10 years and compliance rates have now flattened out. The data suggests that it would be difficult to increase compliance rates further and the returns on improvement and outcomes have also levelled off and it is time for the group to re-evaluate the approach to auditing.
- Arthur Morris agreed that while it would be worthwhile to look at the workload value of hand hygiene auditing it would take a lot to justify that auditing could be stopped. There would need to be evidence that practices are ingrained and would be maintained. If resourcing from the current staffing levels is a problem, then maybe staffing levels should be increased. There needs to be a national strategy and national recognition of the importance of IPC. A literature search for evidence that the level of auditing can be changed and still maintain practices should be completed.
- Nikki Grae let the group know that the IPC team is going to complete a stocktake to understand organisational challenges across DHBs and PSHs. This will include what support and resource allocation is currently in place.

Action: Include a discussion about the hand hygiene programme on the agenda for the next SIPCAG meeting.

6. National sepsis stocktake

Jeanette Bell gave an overview of the national sepsis stocktake that is being undertaken this year with Synergia Ltd. The stocktake is focusing on current clinical practices, guidance, and protocols in use at all DHBs, a selection of PSHs, ambulance services and emergency/urgent care centres. It is being conducted through a survey, targeted interviews and collation of policies and reporting methods.

<u>Comments and questions:</u>

- Ngāpei Ngatai asked why progress on sepsis has been so slow. Nikki Grae responded that there has been ongoing work across New Zealand around sepsis, but the team wanted to wait until the national sepsis action plan was published. The Commission, Taranaki DHB and ACC have been involved in a specific project to roll out the Sepsis Ready Programme over the last couple of years. Greg Simmons commented on Taranaki's involvement with the Sepsis Ready Programme and the development of a range of resources that include patient stories and tools for assessment. There is a plan to make these resources available across New Zealand.
- Jane Pryer asked if the stocktake will include staff attitudes towards patients from an equity perspective. Nikki Grae responded that there are equity questions in the survey, and that the Taranaki DHB project had a strong focus on equity and ethnicity.
- Josh Freeman questioned where this work sits and commented the programmes should be put into the hands of frontline staff with IPC support. Nikki Grae commented that further work undertaken at the Commission on sepsis could sit within the Improved Service Delivery group, rather than IPC.

7. Point prevalence survey (PPS) update

Arthur Morris gave an overview of the national HAI PPS report which included the following points:

- The national point prevalence of HAIs was 6.6 percent
- The HAI rate was 7.7 infections per 100 patients which is similar to other countries
- HAIs are more common in intensive care (23 percent) and surgical (8 percent) patients than medical patients (4 percent)
- Four HAI types contributed 74 percent of all HAIs
- 66 percent of all patients had at least one invasive device
- Univariate analyses did not show any association between ethnicity, gender and regional DHBs and the risk of HAIs
- Age, presence of a device and emergency admission were associated with high risk of HAIs
- Most common isolates were *Staphylococcus aureus* (21 percent), *Escherichia coli* (20 percent) and Enterococcus species (12 percent)
- Of the isolates, 14 percent had antimicrobial resistance, 13 percent of *S. aureus* were MRSA and 28 percent of enteric Gram-negative bacilli had cephalosporin or carbapenem resistance
- *Clostridioides difficile* was uncommon (1.7 percent)
- No *Enterococcus* isolates were vancomycin resistant

PPS next steps include:

- Performing an in-depth review of the published evidence to reduce the most significant HAIs, which will inform future HAI initiatives
- Conducting a multivariate analysis to examine if age and/or ethnicity are related to risk factors for an HAI
- Identifying the economic burden of HAI in New Zealand based on the PPS findings
- Seeking sector feedback on proposed surveillance or improvement projects based on the findings of the PPS. The areas of focus will include the reduction of:
    - *S.aureus* infections associated with intravascular catheters
    - Surgical site infection due to *S.aureus*
    - All infections associated with medical devices

8. SAB source discussion

Ruth Barratt and Sally Roberts gave an overview of the HA-SAB source report. This was provided to DHBs in January 2022. HA-SAB source data between 2017 and 2021 was collected from all 20 DHBs. There were 1,867 HA-SAB events during this period, of which 10 percent of the *S. aureus* isolates were resistant to methicillin. Medical devices were responsible for most HA-SAB events (65 percent), and of this, 50 percent were central line catheters and 45 percent peripheral intravenous catheters. Ten percent of HA-SAB events were attributed to surgical site infection and 8 percent to other organ sites. One of the main findings was the increase of HA-SAB events related to peripheral intravenous catheters which increased from 34 percent to 46 percent between 2017 to 2021. There have been initiatives at individual DHBs to reduce infection rates and a national programme, Know Your IV Lines, has been piloted at Hutt Valley DHB and run by ACC. COVID has been disruptive to these and it's time to consider how to address this issue at a national level.

Comments and questions:

- Jocelyn Peach suggested a regional approach, and nationally consistent process after the transition to Health NZ. Jocelyn offered to partner up on this work.
- Nikki commented that the audit survey in Know Your IV Lines programme could potentially be adapted for national use.
- Lynne Downing commented that the PSHs would also like to be involved.

9. SIPCAG Terms of Reference (ToR) – update

Jeanette Bell gave an overview of proposed changes to the SIPCAG ToR, which are updated every three years.

Comments and questions:

- Jane Pryer asked if the group would consider a representative from the MoH IPC team.
- Greg Simmons commented that there is currently good SIPCAG representation on the MoH IPC Leadership Group which is probably sufficient.
- Ngāpei Ngatai asked if the word 'including' could be removed from the statement 'consumer representation, including a Māori representative' and replaced with 'consumer representations Māori and non-Māori.
- Josh Freeman commented that it would be good to bring frontline people into the group at appropriate times e.g., people from relevant professional societies. Arthur Morris agreed. Sally Roberts commented that the connection with the Royal College of Surgeons needs to be reinvigorated as a priority over the next year.

Action: The draft SIPCAG ToR to be recirculated to members and any feedback sent to Jeanette Bell by the end of April.

10. IPC Programme Plan 2022/23

Nikki Grae gave an overview of the activities the IPC team plans to focus on during the 2022/23 financial year. The agreed principles and considerations include:

- Alignment with the Commission's strategic priorities and the Quality Systems Group plan – Māori and consumer focus
- Focusing on supporting IPC teams
- A year for consolidation, reflection, and future planning
- Acknowledgement of team and sector risks, issues, and dependencies when planning
- Planning what we can do if IPC teams, and the sector are not available to work with us

The aims and key activities included:

- SSIIP Programme
    - Complete analysis of the SSI cardiac and orthopaedic surveillance programme results to 2021
    - Review and monitor orthopaedic light surveillance
    - Monitor the anti-staph bundle collaborative results
- HHNZ programme
    - Increase sector capacity for HH auditing and auditor training
    - Develop a HH dashboard

- HA-SAB
    - Implement routine and standardised collection of SAB source data to identify areas for improvement
    - Scope and implement an improvement collaborative to reduce rates of HA-SAB due to PIVC
- 2021 HAI point prevalence survey
    - Complete dissemination of findings of national HAI PPS 2021
    - Use PPS findings to identify future HAI surveillance and quality improvement initiatives
- Antimicrobial resistance
    - Support implementation of the National Antibiotic Prescribing Survey (NAPS) to improve antibiotic prescribing (dependent on Ministry of Health funding)
    - Liaise with other AMR-related Commission activity
- Data governance and sharing
    - Identify options and alternative IT platforms for national HAI surveillance to support improved and expanded HAI surveillance
    - Build capacity to share data across the sector
- Partnering with external organisations and stakeholders
    - Strengthen collaboration with organisations and networks
    - Uphold our enduring priorities, based on Te Tiriti o Waitangi
    - Increase consumer engagement
    - Share and discuss completed national sepsis stocktake and results with other agencies
- Education and training
    - Develop a structured education and training plan for the programme

Comments and questions:

- Josh Freeman commented that exploring a different approach to hand hygiene auditing needs to be included. Jeanette Bell responded that the plan includes review of hand hygiene training and auditing options.
- Max Bloomfield asked if, in relation to NAPS, automatic tracking of antimicrobial use has been considered? Sally Roberts commented that all DHBs are at different stages of having electronic prescribing and NAPS offers an opportunity for DHBs and PSHs who don't have this to be able to track prescribing patterns. There also needs to be a national quality improvement framework to ensure information and processes are shared widely.
- Josh Freeman commented that it needs to be clear whether leadership for some of these initiatives should be at a national level, including data governance and sharing. Josh also commented it is important to consider what modifiable factors might allow for the reduction of equity issues.
- Ngāpei Ngatai commented that there needs to be a clinical Māori member on the group.

11. Group representative updates

- **The Australasian Society of Infectious Diseases (ASID)** – Max Bloomfield reported that this group has been very involved with various COVID groups and input into the health changes in relation to infection services.

- **National IPC Leadership Group (NIPCLG)** – Nikki Grae reported that this group has had two meetings since SIPCAG last met, that the terms of reference for the group has been reviewed and the National IPC Expert Group will now be called the National IPC Leadership Group. The draft strategy has continued to be refined and there is a draft work programme which will go out to the sector for feedback.
- **The IPC Nurses College** (**IPCNC)**– Jo Stodart acknowledged that the pause on hand hygiene auditing for one audit period has been a big help to IPC nurses. IPCNC executive team meets at the end of April. Recruitment, training, and retention of IPC nurses is an issue. There is concern that IPC nurses won't have time to complete the SSI investigation tool while the COVID response is still on.
- **New Zealand Microbiology Network (NZMN) Meeting** – Josh Freeman reported that most of the discussion has been around COVID testing strategies and retesting RAT tests, and the advice provided for these. NZMN have made submissions to Health NZ.
- **Ministry of Health (MoH)** – Jane Pryer stated that the report on uniting against infectious diseases and antimicrobial resistance from the Office of the Prime Minister's Chief Science Advisor was completed last month. One of the six key themes is strengthening IPC.
  The MoH and Ministry of Primary Industries (MPI) joint leads from the AMR Action Plan are reviewing the report's recommendations to understand how they align with the AMR Action Plan. Advice on this will go to the next AMR Governance Group meeting on 19 May.
  The MoH IPC team's advice for DHBs on COVID management has been updated. A webinar has been held recently with DHB IPC teams to share their perspectives of the pandemic, what's been learnt, what was difficult, and what they would do differently. Videos on PPE guidance for ARC, home and community have been released.
  The MoH winter plan will incorporate IPC measures and messaging.
  The team has been asked for input to the draft resolution on a global strategy for IPC, for the upcoming World Health Assembly to be held in May and is also involved with the national quarantine capability.
- **Consumer Representative** – Ngāpei Ngatai reported that it's a busy time with the health reforms and the consumer forum. Ngāpei commented she is impressed with the increased involvement of consumers, that patients and their whānau are being considered, and the efforts being made to pronounce te reo Māori.
- **Private Surgical Hospitals** - Lynne Downing is going to recommend to the National PSH Association that IPC benchmarking is added to current quarterly reports. PSHs perform 172,000 surgeries a year so that's a large amount of data that is missing from benchmarking. Lynne commented that they are using an adapted version of the SSI investigation tool, which is providing good insights into infections.

The meeting was closed at 2.05pm with a Karakia.

Action list following SIPCAG meeting 13 April 2022

Action No.	Meeting date	Topic	Action required	By whom	Status
1.	10 Nov 21	PPS	Share the code set that CDHB uses for ongoing monitoring of HAIs with the IPC team	Marie Talbot to contact Sue Wood	Completed
2.	13 April 22	SSIIP	Approach NZOA, possibly hold a webinar so they are aware of the SSI data and CUSUM/VLAD charts. Consider including ANZCA and IPC Committee chairs for webinar	IPC team	Update to be provided at Aug meeting
3.	13 April 22	HHNZ	Table a discussion about the hand hygiene programme on the next SIPCAG meeting agenda.	Jeanette Bell	Completed
4.	13 April 22	SIPCAG TOR	The draft SIPCAG ToR to be recirculated to members and any feedback sent to Jeanette Bell by the end of April.	Jeanette Bell	Completed