Minutes of the 28th meeting of the Strategic Infection Prevention and Control Advisory Group on 29 September 2020, 9.30am–3pm, Rydges Hotel, Wellington Airport

Present:	Andi Shirtcliffe, Arthur Morris, Claire Underwood, Gillian Bohm, Greg Simmons (Chair), Jocelyn Peach, Jo Stodart, John Robson (from 1.30pm), Josh Freeman, Max Bloomfield, Sally Roberts, Sheldon Ngatai, Sue Wood (for parts of the meeting – via Zoom), Tanya Jackways (for parts of the meeting – via Zoom)
In attendance:	Andrea Flynn, Ashvindev Singh, Carmela Petagna, Marie Talbot (minute taker), Nikki Grae
Guests:	Carolyn Clissold, Juliet Elvy (item 11 – via Zoom), Margareth Broodkoorn (item 3 – via Zoom), Margaret Macky
Apologies:	Claire Doyle

1. The meeting began at 9.30am. Sheldon Ngatai opened the meeting with a karakia. Greg Simmons announced apologies and confirmed that the declaration of interests register was correct.

2. **Minutes of the previous meeting held 28 July 2020**
   The minutes were accepted as a true and correct record. The action log was reviewed and the DHB chief executives' report was noted.

   Matters arising:
   - Follow up to action item 2 – the Health Quality & Safety Commission (the Commission) to request attendance at an upcoming chief medical officers (CMOs), chief operating officers (COOs) and directors of nurses (DONs) meetings.
   - Review hand hygiene (HH) compliance data to look for differences between district health boards (DHBs), the number of HH moments collected and infection rates – this has been looked at, but it is not possible to show due to a number of factors.

3. **Ministry of Health (MoH) state of the nation workshop**
   Margareth Broodkoorn joined the meeting to give an update on the MoH state of the nation workshop and subsequent feedback on the terms of reference (TOR) for the planned National IPC Expert Group (NIPCEG). The purpose of this group is to provide expert advice to support infection prevention and control (IPC) best practice in the health sector. It was initially developed to respond to the impact of COVID-19, which highlighted concerns regarding IPC knowledge and the application of consistent practice but will provide a broader longer-term direction. The NIPCEG will be responsible for setting the national IPC strategy and will be supported by key workstreams of activity.

Next steps:

- Feedback on revised TOR ends 2 October
- Director-General briefing on the NIPCEG and seek endorsement of TOR and work programme direction
- Calling for NIPCEG membership recommendations
- First NIPCEG meeting planned for 20 October.

The group discussed the representation and membership of NIPCEG, and provided feedback and support for NIPCEG, to Margareth.

4. Clinical lead update

Sally Roberts gave a clinical lead's report, which covered the following points.

(i) Clinical leadership over the IPC portfolio:

- Atlas of Healthcare Variation and behavioural insights team – nudge project. The purpose was to use a behaviour science approach to change the prescribing behaviours in primary care. Letters were sent to the 30 percent highest prescribing general practitioners, considering equity variations, with an aim to shift prescribing patterns. The letter was well received and effective. This simple intervention will be considered again in a year's time.
  Action: Circulate the proportion in total proportion of community prescribing that was represented by the 30 percent highest prescribing GP's – **Sally Roberts**.
- Healthcare-associated infection point prevalence survey – update included in a separate agenda item.

(ii) COVID-19 response:

- Member of the MoH Technical Advisory Group (TAG) – including fortnightly meetings, responding to requests for advice and providing input into documents.
- Chair of IPC sub-TAG – including weekly meetings with membership, provision of guidance for IPC issues across the health sector and for other government agencies and regular meetings with Australian counterparts.
- Participation at a local and regional level.

(iii) Operational activities – Auckland DHB

- Orthopaedic and cardiac surgical site infection improvement (SSII) programme
- Anti-staphylococcal bundle
- Use of ICNet to capture device days.

(iv) Publications

- Invited commentary for Lancet Infectious Diseases – Surgical antibiotic prophylaxis: more is not better - https://pubmed.ncbi.nlm.nih.gov/32470330/

(v) Antimicrobial resistance (AMR)

- Ongoing discussion with the Australian National Centre for Antimicrobial Stewardship (NCAS) around access to the National Antimicrobial Prescribing Survey (NAPS) from a NZ perspective so can support DHBs with national participation in the survey. The data can then be put into a national framework/reporting which, linking in with the antimicrobial stewardship group, will ensure good improvements are achieved in both local and national areas that need to be worked on. Currently waiting on costings from NCAS.

5. SSII programme

Arthur Morris gave an overview of the SSII programme, which covered the following points:

- Orthopaedic surgery – 12 DHBs are about to move to undertake light surveillance rather than full surveillance. Eight DHBs are continuing with full surveillance.
- Anti-staphylococcal bundle – a large proportion of SSIs are directly related to *Staphylococcus aureus*. One cohort of hospitals have already implemented the anti-staph bundle and another cohort of 10 hospitals (5 x DHBs and 5 x private surgical hospitals) will start soon. This is voluntary at present and the results of the first cohort look promising. The impact of the bundle, for the whole group, will be seen in approx 12 months and this may encourage non-participating DHBs to implement the bundle.
- A paper about the dosing of cefazolin has been published. This spreads the findings about dosing to a broader part of surgical practice than those procedures included in the programme and applies to any class of surgery. Link to published paper and editorial on AB prophylaxis.
- An antibiotic timing paper has been delayed due to COVID-19 and will be resubmitted. Comments to date have been easily fixable, but one comment will take time to gather the data. Once published, the findings about antibiotic timing will also be applicable across all clean surgery, not just those procedures included in the programme.
- The deep dive tool – the IPC team has convened a small working group of interested SSII champions to develop a protocol/tool for doing a deep dive review on orthopaedic SSIs to identify any correctable parts of the patient pathway that need to be addressed when serious infections occur. This work also links in with serious adverse event reporting. Some DHBs and private surgical hospitals report serious deep and organ-space infections as a reportable event, others don't. Clarification of what is expected to be reported is needed with examples of the types of events.
  Action: ensure the draft deep dive tool is circulated to orthopaedic surgeons.
- Copies of the cardiac and orthopaedic SSII dashboard results for quarter 1, 2020 (previously circulated) were reviewed.
  A question was asked about the orthopaedic skin preparation rate dropping to 90 percent nationally and what might have caused this.
  Action: Verify if the options of 'unknown' or 'other' are included in the denominator as non-compliant for the orthopaedic skin preparation measure.
  A question was asked re relation to the costs of collecting orthopaedic data and whether evidence supports DHBs staying on more intensive surveillance. It was explained that the NZ Orthopaedic Association is fully supportive of the programme; it is mostly automated in DHBs and the NZ joint registry isn't as flexible and doesn't provide enough information for orthopaedic surgeons.
  A question was asked if there could be an option for orthopaedic surgeons to get data beyond the reports? Data is available to surgeons at a local level, but it has never been reported on in the national reports.

6. Summary of results from survey identifying gaps and opportunities during the COVID-19 response

Nikki Grae gave an overview of high-level results of two similar surveys relating to identifying gaps and opportunities during the COVID-19 response. The first survey was

for acute care (hospitals) which was sent out to IPC stakeholders in all DHBs and private surgical hospitals. The second survey was for aged residential care (ARC) facilities. The hospital survey questions included:

- IPC resources used
- gaps in IPC resources during the COVID-19 preparedness and response period
- opportunities related to improving equity related to IPC practices
- requests for IPC projects/initiatives
- factors that added to organisational resilience and responsiveness.

There were 145 responses to the survey from a wide range of role types.

Resource gaps identified included:

- outbreak management and preparedness
- staff knowledge and application of transmission-based precautions
- staff practical application of IPC principles for specific patient populations
- staff knowledge and application of personal protective equipment (PPE) donning/doffing.

Specific IPC projects/initiatives that would be valuable included:

- standard precautions and transmission-based precautions
- general IPC training specific to the ARC and primary care settings
- understanding and applying principles of risk assessment in IPC
- environmental cleaning.

Other important topics to highlight about IPC included:

- inadequate funding for IPC
- no clarity regarding PPE availability
- more leadership support needed
- improved and consistent communication needed.

Qualities that added to organisational resilience and responsiveness included:

- collaboration/teamwork
- dedication/commitment/overtime
- good organisational support
- good communication.

Additional ARC survey questions included:

- facility type, services and number of beds
- IPC resource allocation and training
- sources and preferred channels for IPC best practice information and support networks
- IPC resources used and gaps in resources.

There were 353 responses to the survey, mainly from clinical nurse and facility managers. Hours allocated to IPC per week ranged from 0 hours to more than 100 hours. Resource gaps and valuable specific projects/initiatives were similar to the hospital survey results.

Opportunities for improvement at a national level included:

- increased collaboration with IPC in other facilities and local DHBs
- capability building in quality improvement related to IPC measures
- support from regional or national agencies regarding IPC roles and responsibilities and for meeting Health and Disability Services Standards for IPC.

Other specific IPC projects/initiatives suggested included:

- IPC training, education and discussions
- DHB support and collaboration
- national ARC outbreak response plan
- PPE supply and research.

Additional information that will be considered in relation to learning from responses to COVID-19 will include:

- national or local reports for example, Incident Review Report COVID-19 Staff Infections Waitakere Hospital April 2020
- Independent Review of COVID 19 Clusters in Aged Residential Care Facilities
- MoH action plan and WHO global IPC assessment framework in which 10 NZ DHBs participated.

The MoH action plan items for ARC, with Commission involvement, are:

- workstream 1 – national outbreak management policy (the draft is ready for sector feedback and will be sent to SIPCAG, ARC Leadership Group and ARC Quality Leads Forum)
- workstream 2 – pandemic management workbook developed for ARC for applying IPC policy at a local level
- workstream 5 – networks for quality improvement learning (the Commission is leading this action item)

There was general discussion on next steps and feedback on the survey findings.

Actions:

- Share the integration with ARC facilities plan that Canterbury DHB has developed – **Josh Freeman**
- Share survey questions/structure with Andi Shirtcliffe – **IPC team**

7. Expansion into ARC

Carmela Petagna spoke to the expansion of the IPC programme into the aged residential care sector. The Commission has been working in this sector for two years mainly building relationships, partnerships and understanding what is important for residents. Following a long process of engagement with the sector and COVID-19 outbreak response, preparedness guidance work, two areas of focus have been identified:

- the management of urinary catheters
- the appropriate use of antibiotics.

Connections to work being led on medication variations, are being maintained, with Ryman Healthcare for anti-psychotics and Summerset for fentanyl opioids. The aim is to develop a set of good legacy documents in the sector including:

- a how-to guide
- a range of interventions and ideas
- resources and tools.

Initial quality improvement work will start in October 2020 with five weeks of one-hour sessions, twice a week, on capability building and intervention ideas testing. This will be with 10 ARC facilities around NZ using a project structure that will be sustainable. Four project leads, from both DHBs and the ARC sector, will work with 2 or 3 facilities with a steering group sitting across it. This is potentially a model that can be used for other work and/or projects.

Another area being worked on is the MoH response, which the Commission will facilitate, including a webinar to share findings from the survey and identifying who has responsibility for sustaining these networks going forward.

Independent review of COVID-19 clusters in ARC and action plan

8. Update from IPC nurses college (IPCNC) – new education module for IPC

Jo Stodart gave an overview of a new IPC orientation programme being developed by the IPCNC.

(i) Background: The programme is based on the Canadian programme and has been adapted to the NZ context with funding from the ACC treatment injury prevention team.

(ii) Aims:
- to strengthen knowledge and practice by using a standardised approach, introducing key IPC concepts and resources early and cross sector examples and learnings
- to create a supportive learning environment by recommending online readings and resources, mentor support during module completion and opportunities to network with others moving into an IPC role.

(iii) Benefits: the benefits include the early introduction of IPC concepts, covers knowledge base relevant to IPC practice in all health settings, aligns with the Professional Development Framework for IPCNC and includes experienced mentor support.

(iv) Outline of modules: The modules are an introduction/checklist, hand hygiene, standard and transmission-based precautions, microbiology, surveillance, outbreak management, communicable diseases, occupational health, cleaning, disinfection and sterilisation, construction and renovation.

(v) Progress to date: The adaptation of the modules/programme is in its final stages, funding for the first year is confirmed and planning in place to start in February 2021.

There was general discussion regarding linkages to accredited training, the need for modules/programmes for other health professional groups and overarching consistent guidance and principles.

Action: IPCNC to have a conversation with the Commission regarding the identifying gaps and opportunities during the COVID-19 response survey and results.

9. Summary of results from the healthcare associated infection platform survey

Andrea Flynn gave a summary of the results from the healthcare associated infection (HAI) platform survey. The aims of an HAI platform are to expand the scope of the IPC programme beyond current targeted improvement programmes, increase the

Commissions support to the sector, ensure a 'whole of sector' approach and be a 'one stop shop', trusted site for IPC related information.

Recent actions related to this project have been to:

- contract FrankAdvice to review existing material on the Commission's website, complete an international best practice internet scan and present findings and advice on next steps. The observations that FrankAdvice reported were that the IPC information on the Commission website is too many levels down and difficult to find, they suggested some broad subject areas and listed what the HAI platform could host:
  - reporting and data dashboards
  - best practice information including clinical pathways
  - standards and guidelines including principles and process measures
  - quality improvement and clinical resources including tools, checklists and case studies
  - consumer resources including patient stories and where to go for support
  - news and events updates
  - links to overseas programmes
  - a question portal
  - conference learnings and reflections.

  Other observations included having a clear audience definition, ensuring ease of orientation of information that is also simple to navigate
- conduct a survey with both the hospital and ARC sectors regarding what HAI topics are of most interest, how people like to consume content, where people currently access relevant IPC information and what would optimise the existing IPC information on the Commission website.

  The total number of responses was 166 across a range of health care professional groups. High level results included:
  - people wanted to access information that is up-to-date and on current issues, including standard and transmission-based precautions, outbreak management, hand hygiene and prevention of urinary catheter associated infections
  - the forms that people wanted to access information were reading on a website, downloading a document to read, attending webinars or conferences and watching videos
  - the main ways that people currently access IPC information is on the Commission website, peer networks/meetings, professional body affiliations, education/training providers, journals, conferences, other NZ websites, online forums, newsletters.

There was general discussion among the group about the proposed HAI platform and who should be responsible for it. It was suggested that a HAI platform should be developed by updating and improving the current information with a quality improvement focus with links to other sites with relevant information, for example, MoH.

10. Point prevalence survey – status update

Sally Roberts and Ashvindev Singh gave a status update on the point prevalence survey (PPS) project covering the following points:

- a 2020/21 project plan covering the different stages of the project including planning, implementation of pilot, evaluate/refine, implementation of full PPS and data analysis including project milestones for each phase

- during the planning phase a data collection system (REDCap) has been set up, the study design has been finalised and approved and the development of training materials is in progress
- the project is currently in the implementation of the pilot phase which will be completed by the end of October 2020. The organisations included in the pilot are Nelson Marlborough DHB, Lakes DHB, Southern Cross Hospital (Wellington) and Counties Manukau DHB (currently on hold) and one day will be spent at each site. A pilot scope has been defined, lists of patients and wards requested, a hospital survey completed, required approvals and clearance to access patient information and lab systems completed.

A question was asked about the utility of the data and how much confidence can be placed on this snapshot survey representing the long-term burden of infection. A suggestion was made that individual DHBs' data/results could be compared to their locally collected historical surveillance data for rates of the top HAIs.

11. Hand hygiene update

Juliet Elvy from the Institute of Environmental Science and Research (ESR) joined the meeting.

The compliance rate for hand hygiene has increased by 2.5 percent during the initial COVID-19 lockdown period (March–June), which is the largest increase to date. The outcome measure for hand hygiene is the rate of healthcare associated *S aureus* bacteraemia (HA-SAB) which can be caused by several things including medical devices, medical interventions/procedures and pressure areas, which makes it a difficult measure for improving hand hygiene. The causes of HA-SABs include a significant proportion that are vascular access devices, some are SSIs, and some are skin and soft tissue infections. There is an anti-staph bundle that has been put in place in some DHBs and is continuing to be rolled out for others to help reduce *S aureus*, a common cause of SSIs, a peripheral IV line programme at Hutt Valley DHB and a central line-associated bloodstream infection (CLAB) collaborative for intensive care settings. We need to know more about all *S aureus* bacteraemia in general in NZ, because it is a big problem.

ESR is planning a laboratory-based surveillance programme for *S aureus* across NZ, starting in 2021. This will involve requesting laboratories to send *S aureus* isolates to ESR for further characterisation for both community and hospital *S aureus* bacteraemia. The aim is to get an understanding of the clinical and molecular epidemiology of *S aureus* in NZ. The purpose is to:

- describe the current rates
- monitor trends over time
- determine the current sequence types
- record susceptibilities
- monitor antimicrobial resistance trends
- compare 30-day all-cause mortality in hospital length of stay
- compare inter-regional rates.

Some representative sequence types or isolates from particular clinical syndromes will be put through full genome sequencing to see if there are any particular prevalence strains with genes that might be causing hypervigilance within those clinical groups. ESR will also link in with the Commission's HA-SAB data and need to ensure there is no

duplication of data collection. The Commission's current definitions for HA-SAB will be used to ensure alignment. Comments were made that it will be important to have clarity around the questions that are wanted to be answered through this work for example, whether people are acquiring *S aureus* bacteraemia in the community and bringing that into the hospital environment or acquiring them in the hospital, why there are equity issues. Also, that it would be good to source other funding so that full genome sequencing could be completed.

Actions:

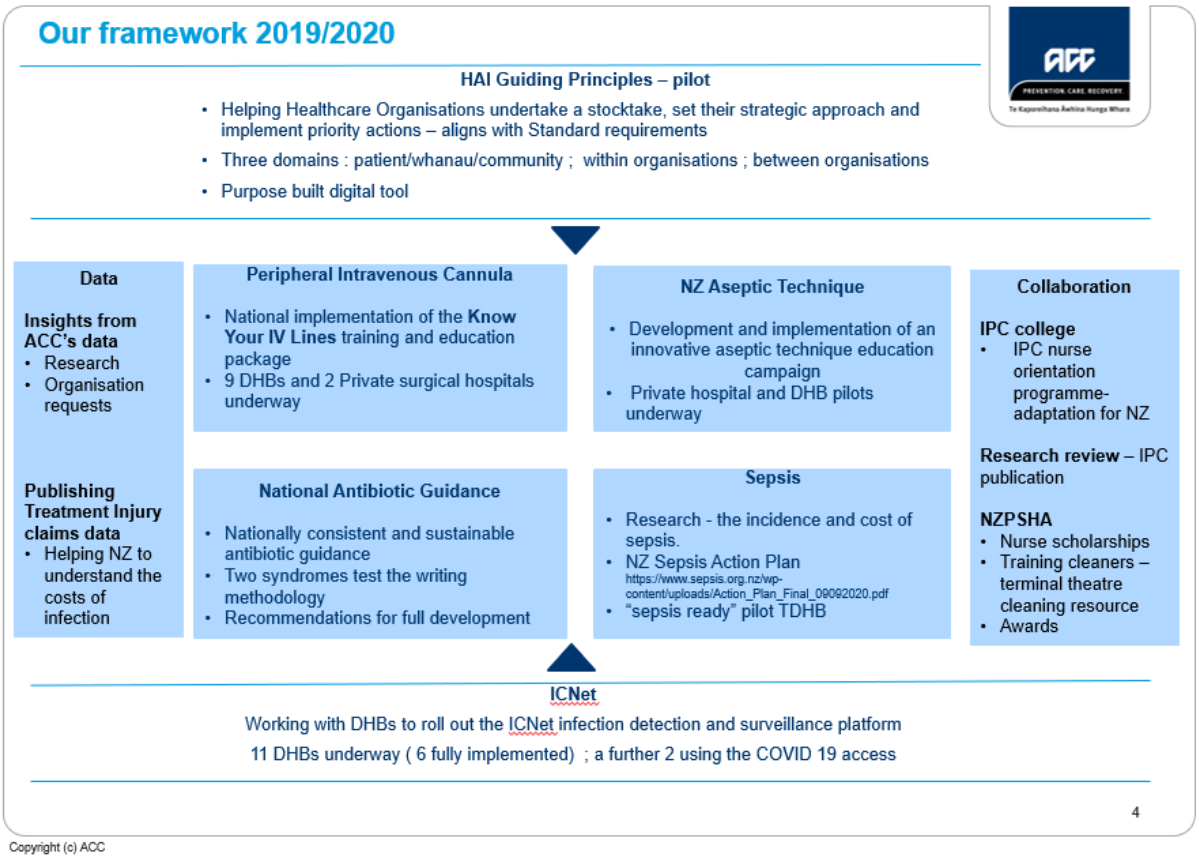
- ESR and the Commission to meet for further discussion about/collaboration on this project – **IPC team**

12. ACC update

Margaret Macky and John Robson gave a presentation on the injury prevention work being led by ACC which is a core part of ACC strategy. The aim is to reduce the incidence and severity of injury and they work as a partner in IPC. Work is planned:

- by being data informed – utilising ACC data and new investigation to understand and communicate the toll of injury, target interventions and ensure projects are underpinned by evaluation for example quality measures and incidence data, informs a 'return on investment' view
- following Whāia Te Tika – upholding the Treaty of Waitangi, embedding Whāia Te Tika ways of working - communicating and designing work in partnership, ensuring change is measured thoughtfully and improves the safe health experience and outcome for Māori
- by improving uptake and standardisation – supporting best practice IPC activities across primary, community and aged residential care, public and private hospitals and fostering excellence in strategic planning for IPC
- by supporting the sector – to gather data, recognise drivers of risk, make changes and work with clinicians to enhance treatment safety, build and deliver sustainable programmes and a reduction in severity and cost of injury
- through collaboration – with MoH, the Commission, professional bodies and interest groups to ensure ACC projects complement other work programmes, leveraging the work of clinical champions and sector innovation.

The ACC framework for 2019/20:



Projects that are coming up are:

- national antibiotic guidance – report and recommendation (Nov 2020)
- HAI guiding principles – initial experience with pilot sites (Dec 2020)
- Response to the NZ Sepsis Action Plan.

Questions were asked about:

- how ACC will measure the success of these programmes?
  Each programme with have its own measures of success for example audits and participation and also reporting on claims data and how this is tracking in relation to the programme.
- if all 20 DHBs are involved with ACC projects? No, this is on a voluntary basis and there are incentives for DHBs to be included.

A comment was made that claims may still increase despite reductions occurring because of increased awareness and utilisation of the claims process. Ways that ACC mitigate this is by looking for quality measures that are tracked to incidents and ways to link data together.

13. Member updates for those representing a national organisation

Microbiology Network – Joshua Freeman said that he will reconnect with the network now that the COVID-19 situation has eased and will update the group on the items discussed at SIPCAG.

IPCNC – Jo Stoddart mentioned that as well as the orientation education programme discussed earlier on the agenda the college is in the process of updating their website, have had one meeting with its members, gave feedback to MoH re the 'State of the

nation' TOR (earlier agenda item) and have had their annual college general meeting via zoom. The next conference is planned to be held in Invercargill in 2021.

14. Any other business

The next SIPCAG meeting was discussed. A short meeting in December 2020 will be held if needed.

Sheldon Ngatai closed the meeting at 2.50pm with a karakia.

Action list following SIPCAG meeting 29 September 2020

Action No.	Meeting date	Topic	Action required	By whom	By when	Status
1	4 April 2019	SSIIP – reducing the burden of orthopaedic data collection	Review evidence for preventing inadvertent hypothermia as a contributing factor to SSI	Arthur Morris	October 2020	On hold
2	28 July 2020	PPS	Present to the chief medical officers (CMOs), chief operating officers (COOs) and directors of nursing (DONs) national groups to assist with full buy-in	IPC team	December 2020	Added to programme plan
3	29 September 2020	SSI improvement	Ensure that the draft deep dive tool is circulated to orthopaedic surgeons	IPC team		
4	29 September 2020	SSI improvement	Verify if the options of 'unknown' or 'other' are included in the denominator as non-compliant for the orthopaedic skin preparation measure	IPC team		
5	29 September 2020	Summary of results from survey – identifying gaps and opportunities during the COVID-19 response	Share the integration with ARC facilities plan that Canterbury DHB has developed	Joshua Freeman		

Action No.	Meeting date	Topic	Action required	By whom	By when	Status
6	29 September 2020	Summary of results from survey – identifying gaps and opportunities during the COVID-19 response	Share survey questions/structure with Andi Shirtcliffe	IPC team	6 October	Completed
7	29 September 2020	Update from IPC nurse's college – new education module	IPCNC to have a conversation with the Commission regarding the 'identifying gaps and opportunities during the COVID-19 response survey' and results	IPC nurse's college		
8	29 September 2020	Hand hygiene update	ESR and the Commission to meet for further discussion about/collaboration on the *Staphylococcus aureus* bacteraemia project	ESR and the Commission		
9	29 September 2020	Hand hygiene update	Put together a budget, to complete full genome sequencing, to assist with funding applications	ESR		