Minutes of the 30th meeting of the Strategic Infection Prevention and Control Advisory Group on 30 July 2021, 12pm–2pm, via zoom

Present:	Andi Shirtcliffe, Anne Hutley, Arthur Morris, Claire Underwood, Erin Downs, Greg Simmons (Chair), Jocelyn Peach, Lynne Downing, Sally Roberts, Sheldon Ngatai, Susan Barnes, Sue Wood
In attendance:	Andrea Flynn, Ashvindev Singh, Barb Gibson (until 1pm), Marie Talbot (not present, minutes taken from zoom recording), Nikki Grae
Apologies:	Gillian Bohm, Josh Freeman, Jo Stodart, Max Bloomfield
Did not attend:	Claire Doyle

1. The meeting began at 12pm. Greg Simmons opened the meeting with a Karakia, announced apologies, introduced changes of membership and confirmed that the declaration of interests register was correct.

2. **Minutes of the previous meeting held 24 March 2021**
   A wording change to the second point under matters arising was agreed and then the minutes were accepted as a true and correct record.

   Matters arising:
   1. Response letter to the Australian and New Zealand College of Anaesthetists (ANZCA), regarding normothermia, to include recommendations from the group - Arthur Morris provided an update and this action is now completed.
   2. IPC team to follow up with DHBs on light surveillance about engaging with their relevant PSHs about the changes – completed.
   3. Progress the National Antimicrobial Prescribing Survey (NAPS) in a national framework, that will ensure sharing of national data and access to an online training package – agenda item.

   Papers for noting:
   - The DHB chief executives' (CE's) May 2021 report was tabled and noted.

3. **National point prevalence survey (PPS)**
   Sally Roberts and members of the IPC team gave a presentation on the recently completed National point prevalence survey, which covered the following points.

   - Reasons for running this national survey are that it is a cost-effective means of providing a 'snapshot' of healthcare associated infections (HAIs) to estimate the total HAI burden in DHB hospitals and the findings can be used to identify priority areas for action and inform infection prevention recommendations and policy direction.
   - Initial planning commenced in 2017 following contact made with IPC colleagues in Wales and then subsequently with Australia and Singapore which enabled the team to build upon previously used methodology.

- The objectives of the survey were to estimate the total prevalence in HAIs among inpatients aged 18 years and over in New Zealand public hospitals, determine if ethnic disparities exist for HAI prevalence or device utilisation and to understand the burden of HAIs to inform future quality improvement activities.
- Full planning started in July 2020 and included methodology development, running pilots and subsequent process refinement, development of a data capture tool and inpatient data extracts, recruitment and training of surveyors and logistics.
- The survey itself ran from February – June 2021 and the data analysis phase has now commenced. All 20 DHBs completed the PPS which covered 31 hospitals and 291 in-scope wards. 93 local DHB staff acted as buddies for the surveyors during visits and there was over 100 hours of prep meetings held with DHB staff. 5,464 individual patient files were surveyed in total.
- A post PPS review has been completed to ensure that the benefits of the survey have been realized and included both hospital and surveyor feedback.
- Following the completion of data collection, a high-level interim summary of their results was supplied to each DHB.
- An overview of the overall interim PPS results was shared with the group as well as the additional data analysis that is planned.

Questions asked:

- Is there a strategy for publication papers and what areas will be covered? A minimum of two papers are planned, one summarizing most of the data and a second one analyzing the cost to New Zealand in bed days and benefits realization e.g. potential for effective interventions.
- A suggestion was made to include a methodological paper including what went well and what didn't go well. This was supported.
- Comment was made that ACC is really interested in the PPS data and information from the survey in relation to ACC's treatment injury claims data and infection prevention programme of work.
  Discussions around this are already underway and steps identified to explore the opportunity to share the PPS data.
- Comment was made that there are multiple parts of the Ministry of Health (MoH) that would get great value from understanding what the system level burden of HAIs are in New Zealand. Andi Shirtcliffe offered to facilitate this knowledge sharing.
- Comment was made that private surgical hospitals (PSHs) are still very interested in participating in the PPS.
  While it was originally intended to include the PSHs in the PPS, it wasn't possible to do this within the timeframe. Quality improvement initiatives that result from the PPS will have applicability for both DHBs and PSHs.
- Is it planned to look at the DHB health roundtable (HRT) data for similarities or gaps and to check what work is already underway? Agreed this was a good suggestion. Comment was made that a useful process for DHBs would be to compare their HRT with the PPS data.
- A suggestion was made to hold a workshop to go through the final results with interested parties.

4. Infection prevention and control – 2021/22 programme plan

The key areas of the programme plan were presented:

- Monitor the success of the anti-staph bundle improvement project
- Reduce SSIs in patients undergoing cardiac surgery
- Increase the focus on reviewing SSIs through offering light surveillance as a surveillance method and requiring a deep dive review on orthopaedic SSIs
- Develop a hand hygiene dashboard to replace current manual reporting
- Include aggregated hand hygiene data for PSHs in national reports
- Reduce healthcare-associated *Staphylococcus aureus* bacteraemia (HA-SAB) rates in New Zealand
- Report the estimated burden of HAIs in New Zealand hospitals based on the 2021 HAI point prevalence survey findings
- Expand the scope of HAI surveillance/quality improvement initiatives based on findings from the HAI PPS
- Identify and procure a suitable alternative data collection and warehousing solution for national HAI surveillance
- Ensure that the Commission's resources and evidence-based systems thinking, informs the content of the sector specific guidance for the updated Ngā Paerewa Health and Disability Services Standard NZS 8134:2021
- Improve antibiotic prescribing through national implementation of National Antibiotic Prescribing System (NAPS), in partnership with MoH, by including a quality improvement component
- Provide IPC expertise in aged residential care (ARC)
- Provide a central point of access for information relating to IPC
- Working collaboratively with organisations and networks

Questions asked:

- What is the link between the HAI data and the severity assessment coding (SAC) of adverse events reporting? There has been discussion around incorporating specific examples of what is a SAC 1,2,3 or 4 event to get some more consistency across DHB reporting.
- Erin Downs commented that she would be happy to provide an update of the work that ACC is doing or has planned in the area of IPC.
    - Agreed that this would be very useful and is always an agenda item for full day SIPCAG meetings.

5. Surgical Site Infection Improvement

Ashvindev Singh gave an update on the anti-staph bundle collaborative which covered the following points:

- A collaborative has been completed with 10 hospital teams, five from DHBs and five from PSHs during the period of January 2020 to June 2021 (this included a 7-month delay due to COVID-19)
- The collaborative included a pre-collaborative teleconference, three learning sessions, three webinars, multiple 1:1 teleconferences
- The methodology used was Lean Six Sigma including five learning phases – define, measure, analyse, improve, control

- Some examples of the outcomes of the collaborative include
  - ADHB have produced a video on 'How to apply povidone-iodine nasal swab sticks' as well as a patient, whānau and staff information sheet. Both of these have been very successful
  - Mercy Dunedin Hospital completed a root cause analysis and created a fishbone diagram that identified several findings, e.g. staff turnover, protocols and clinics being unaligned, incomplete information, multiple users, reduction in numbers for physical distancing. These were used to assess how the teams applied the collaborative tools and showed that they had been used very well
  - Braemar Hospital created four measurement tables, each measuring a different aspect e.g., outcome, process and balancing measures, as a blanket approach to assess the whole programme
  - Grace Hospital created a process audit tracer to ensure that good data was collected
- The next steps for the collaborative are:
  - Ongoing monitoring
  - Measurement of patient and bundle compliance
  - Reporting of outcome data for PSHs
  - Periodic data analysis for both cohort 1 and 2

Andrea Flynn gave an update on the move to light surveillance for orthopaedic surgery from October 2020 which covered the following points:

- The benefits of light surveillance are that it reduces time spent on data collection and increases the focus on case review of SSIs using a deep dive tool to identify contributing factors
- Eleven DHBs are now actively submitting light surveillance data and three DHBs are in the process of moving to light surveillance and submitting data. The IPC team is working with these DHBs to encourage monthly uploads of the data and facilitated a training session to help resolve issues with delays. The IPC team also distributed a survey to gather feedback and information related to light surveillance
- The deep dive tool has been updated, following feedback from stakeholders, and covers what happened, why did it happen, what are the contributing causal factors and what can be done to prevent it happening again. The focus is currently on deep and organ space SSIs but analysis of superficial SSI's, that led to a readmission or delayed discharge, is encouraged. It is recommended that the analysis is completed as soon as possible following identification of an SSI
- The SSIIP dashboards and quality and safety marker reports have been updated to incorporate changes due to the move to light surveillance which were shown to the group. These changes have also been presented to the IPC nurses.

Questions asked:

- Lynne Downing asked if it was possible for PSHs to be included in discussions with DHB IPC staff re the development of tools etc? Agreed this was a good idea.

Action:

- IPC team to share the SSIIP webinar recording about light surveillance with PSHs.

Andrea Flynn mentioned that there have been several changes to DHB IPC staff in recent months, which has led to additional requests for support from the IPC team. This

does present a risk for the IPC programmes when there are pauses to data submission until new staff are trained.

6. Hand hygiene update

Sally Roberts and Nikki Grae gave an update of the hand hygiene programme which included:

- An overview of the latest hand hygiene compliance report and noted that the compliance rate remains high despite ongoing adverse conditions
- May 5 was World Hand Hygiene Day and was celebrated this year by providing DHB and PSH hand hygiene coordinators with printed t-shirts. Communications around this event included pictures of Ashley Bloomfield, Minister Chris Hipkins and Siouxsie Wiles wearing the t-shirts which was included in social media posts. A record of how several DHBs celebrated has been published on the HQSC website
- The incorporation of the PSHs in the hand hygiene programme has now reached the stage that the data collected can be incorporated into national reporting
- Analysis will be completed on the numbers of hand hygiene auditors that are validated to audit and the spread of audits across all hospital's clinical areas
- The rate of healthcare associated *Staphylococcus aureus* bacteraemia (SAB) cases has been increasing over the last four years. The number of SAB cases is an outcome measure for hand hygiene, but we know there are a lot of factors that contribute to this and a direct causal link to hand hygiene can't be made. Currently only the number of SAB cases per month, per DHB, is collected. To get an understanding of where SAB cases were coming from and how they were being linked and identified, DHBs were asked for SAB source data in 2017. This is data that they were already collecting and at the time gave a good indication of key focus areas, e.g. peripheral IVs (20-23 percent), central lines (30 percent). It has now been decided to make reporting of SAB source data a requirement from the beginning of 2022. While this formal process is put in place DHBs have been requested for additional data from January 2017 to June 2021 so updated analysis can be completed. A webinar is planned, for DHB IPC teams, to discuss this new reporting requirement, a system for collecting the data will be developed and the SAB manual is being updated.

  Other projects that are aligned to this work are:

  - ESR are collecting SAB isolates from across New Zealand and looking at SAB cases from the lab perspective
  - ACC has a 'Know your IV lines' project that has been running for a couple of years. The outcome measure for this project is peripheral IV SAB cases

  Comments made:

  - Sally Roberts commented that work completed in 2017 to review the collection of SAB data and to standardise the definition has resulted in improved data quality which will support this ongoing work
  - Sue Wood requested that there are coordinated communications across the different national programmes to ensure that DHB staff are not overwhelmed. Also, that while IPC staff are involved with projects, it's not up to them to get things solved without expert support

- Sally Roberts commented that this is where a national strategy could bring together a whole series of groups that are doing different projects. The IPC sector is very small and are under a lot of pressure, so this will be crucial

7. National antimicrobial prescribing survey (NAPS)

Sally Roberts gave an update on the progress of developing a New Zealand national programme which included:

- NAPS allows for a snapshot of what is happening in hospitals to be obtained
- There are several modules, one for hospitals that includes the appropriateness of prescribing, the dose and the length of therapy. There is a module for the aged residential care sector and one for surgery, which will work well in the PSHs and includes surgical antimicrobial profile access
- These three modules would support DHB antimicrobial stewardship, pharmacy, infectious diseases, microbiology, IPC and nurse prescriber teams to understand snapshots of their practices that could be used for reporting and development of quality improvement initiatives
- NAPS comes with a data collection tool, some automated reports, a training module, and support service. The Australians have refined the system and provided information on what is required to support the roll out
- To date there has been no national reporting of data
- Currently investigating how to deliver NAPS to New Zealand. An initial reference group will be set up and a subsequent steering group for implementation
- Discussions around funding have started with the MoH
- NAPS will support the revised health and disability sector standards, on infection prevention and antimicrobial stewardship, requirement for self-auditing of practices and PSHs accreditation

Comments made:

- Andi Shirtcliffe commented that she has been able to reinforce, at the MoH, the history relating to NAPS and the importance of it. Also, that the antimicrobial stewardship pharmacists regard NAPS as the best international validated tool

8. General Business

- Andi Shirtcliffe commented that the private health sector has frequently raised their desire and need to be engaged on national initiatives. Considering that up to 50 percent of surgical procedures performed in PSHs are publicly funded it would be good if the initiation of all national projects included considering the participation of the private sector
  In response Nikki Grae agreed that this is an important consideration and that PSHs have been participants in some of the Commission's programmes. While inclusion of the private sector in new initiatives is discussed this need to be balanced by what is feasible and where the risk and burden of HAIs lies.
  Sally Roberts commented that the funding for the HQSC IPC programme comes from DHBs and consideration to how some of the cost could be transferred to the private sector would need to be made.
- Andi Shirtcliffe asked if the group has looked at the merit of strategic IPC initiatives in community care settings? Considering the importance of antimicrobial resistance and the fact that most antibiotics are prescribed and

consumed in the community and that DHB responsibilities are wider than just hospitals

Sally Roberts commented that one of the key things for the National IPC Expert Group (NIPCEG) strategic plan is to cover right across the whole sector.

Action: add this topic as an agenda item for the next SIPCAG meeting.

- Nikki Grae gave an update on staff changes to the Commission's IPC team. Greg Simmons, on behalf of the group, thanked the three-departing staff for their tireless work.

The meeting was closed at 2.10pm with a Karakia.

Action list following SIPCAG meeting 30 July 2021

Action No.	Meeting date	Topic	Action required	By whom	Status
1.	24/3/21	NIPCEG	Follow up on timeframe for engagement of consumer representatives on NIPCEG	IPC team	Followed up with NIPCEG -Nikki Grae will provide update at meeting
2.	24/3/21	General business	Give feedback, to MOH team leading the COVID-19 debriefing work, re including PSHs as part of pandemic planning	IPC team	Complete – Nikki Grae relayed to the MOH IPC subgroup
3.	24/3/21	General business	Provide flowchart that has been developed for the process for provisional vaccinators.	Jocelyn Peach	Closed
4.	30/7/21	SSIIP	Share the recent SSIIP webinar recording about light surveillance with PSHs	IPC team	Complete – slides and documents shared.
5.	30/7/21	General business	Add 'Strategic IPC initiatives in community care settings' as an agenda item for the next SIPCAG meeting	IPC team	Added as November agenda