Ngā āmiki / Minutes of the 33rd meeting of the Strategic Infection Prevention and Control Advisory Group (SIPCAG) on 31 August 2022, 9.30am–2.30pm, Rydges Airport Hotel, Wellington

HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND

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

---

1. Ngāpei Ngatai opened the meeting at 9.35am with a Karakia. Apologies were given and Greg Simmons mentioned that the declarations of interest need to be updated.
   Action: Send members a copy of their declaration of interest forms to update

2. **Ngā āmiki o mua / Minutes of the previous meeting - held 13 April 2021**
   Sally Roberts asked for an item discussed at the 13 April meeting to be added to the meeting **actions:**
   - Increase Māori representation on SIPCAG – Add a clinical Maori representative to the SIPCAG membership.

   The minutes were then accepted as a true and correct record.

   Ngā take korero / Matters arising:
   - Approaching New Zealand Orthopaedic Association (NZOA) to ensure they are aware of the surgical site infection (SSI) data and CUSUM/VLAD charts. Arthur Morris gave an update on this item – waiting for further surgical site infection improvement programme (SSIIP) data analysis and stakeholder engagement plan for the point prevalence survey (PPS) prior to meeting with NZOA.

   Ngā tino korero / Papers for noting:
   - None.

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

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

- Risk factor analysis for cardiac and orthopaedic surgery is being undertaken. Results will be used to engage with surgeons on actions that are required e.g. maintaining high compliance with timing and dosing, focus on the anti-staph bundle, and good glucose control.

  Comments and questions:
  - Josh Freeman commented that it would be good to understand the differences in between hospitals to help reduce inequities and infection rates
  - Ngāpei Ngatai commented that, for Māori, it is important to understand what is happening outside the hospital setting as well as within it
  - Sally Roberts commented that further investigation needs to occur on how components of the anti-staph bundle are implemented and communicated.

Action: Lyn Downing to share instructions for using preoperative body wash with the group.

- In May 2022, a report on the first year of light surveillance was provided to the Board that covered the following points:
  - A survey of SSI champions indicated a median saving of 16 hours per quarter for data gathering/entry
  - A surveillance monitoring tool that will trigger an early warning of an increase in the risk for an SSI (variable life-adjusted display (VLAD) report) was launched in July 2022
  - Analysis undertaken to determine if SSI rates changed over time since the introduction of light surveillance found there has been no increase in SSI rate
  - The SSI investigation tool was launched in December 2021 to be used for mandatory investigations of deep, organ space and superficial (leading to readmission) infections. A summary of SSI investigations, for each District, is completed quarterly followed by a meeting to discuss best practice and ideas, resolving challenges and information sharing.
- Ruth Barratt gave an update on the September 2022 VLAD report. The Commission IPC specialists will check this report quarterly and contact Districts that have triggered an alert to provide advice and support.

  Comments and questions:
  - Greg Simmons asked if any themes have been identified from the investigations done to date? Amanda Wood responded that initial contacts made with Districts highlighted that most were already aware of increasing numbers of infections and had investigations underway.

5. Hand Hygiene New Zealand (HHNZ) Programme

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

- Auditing for HHNZ was paused in response to the Omicron surge from 1 March to 30 June 2022 and no report was published covering this period. Auditing recommenced on 1 July 2022
- World Hand Hygiene Day was celebrated on 5 May 2022 and was an opportunity to reflect and celebrate 10 years of HHNZ at the Commission.

6. **Healthcare associated *Staphylococcus aureus* bacteraemia (HA-SAB) source data collection**

Ruth Barratt gave an overview of this programme that included the following points:

- The programme started on 1 July 2022 and from that date, in addition to collecting healthcare-associated SAB numbers, Districts are to submit standardised detail on the source of each infection
- Over time this will enable the team to drill down into risk factors for HA-SAB events
- HA-SAB source data can be entered using an electronic form in the national ICNET
- A manuscript on the analysis of the retrospective data, that initiated the collection of source data, will be published in the next issue of the NZ Medical Journal.

Comments and questions:

- Anne Huntley asked if there has been feedback from District IPC teams on the collection of additional data. Ruth Barratt responded that there had been one enquiry asking if it was mandatory to collect the data but that most hospitals collect HA-SAB source data already and it's a minimal increase in reporting. Sally Roberts commented that it's an incredibly valuable thing to do and has enabled the Auckland District to identify areas for improvement.
- There was discussion about the ethics approval required for publications and the difference in advice from the NZ Health and Disability Ethics Committee and publication editors. The IPC Team is working on this and will present a framework, for how to proceed with this issue, at the next SIPCAG meeting.

Actions:

- Circulate the HA-SAB source data article once published
- Present the next steps regarding publication ethics approvals

7. **National sepsis stocktake**

Jeanette Bell gave an update of the national sepsis stocktake that was undertaken this year with Synergia Ltd which included the following points:

- The stocktake has been completed and will be released on 13 September 2022, World Sepsis Day
- The aim is to understand current clinical practices, guidance, the environment where treatment is provided for patients with sepsis and the variation in the management of sepsis. The report will be used to inform future improvement initiatives at a local and national level and progression of the National Sepsis Action Plan
- The methods used were a survey, interviews and collation of local guidelines. The scope covered District health boards, private surgical hospitals, ambulance services and emergency/urgent care centres
- The findings covered equity, governance, prevention, recognition and treatment, and management and included the following:
    - Confirmation of variation in the management of sepsis
    - Pockets of great work occurring
    - There is an opportunity to standardise and streamline the response to sepsis
    - Agreement and consistency around data collection and reporting would be a significant step forward
    - There are workforce and training needs
    - Need to connect with primary care to support the whole patient journey

The report recommendations included:
    - Governance – set up a national steering group
    - Within organisations – sepsis reporting at clinical governance level, monitoring priority groups, establishing sepsis roles and consumer, Māori, and pacific engagement
    - Prevention – standardised tools, more patient information resources
    - Recognising sepsis – staff education, sepsis recognition tools with an equity focus, compatible electronic patient information systems, appropriate diagnostic testing and early referral to intensive care services
    - Treatment – standardised guidelines including national antimicrobial guidance, standardise approaches to referral and escalation, electronic system to guide treatment support
    - Follow-up – standardised step-down and transfer of care approaches, and appropriate post sepsis information for patients and whanau
- Next steps for the report:
    - Report to the Board
    - Publication, on World Sepsis Day (13 September), on the Commission's website with social media coverage
    - Work with key stakeholders on findings – identify next steps and future opportunities to progress the National Sepsis Action Plan
    - Scope the Commission's potential future involvement

Comments and questions:

- Ngāpei Ngatai commented that health is often about a clinician's ability to convey a message to the patient rather than a patient's health literacy. Supportive care and wrap around services assist with this and culturally we need to be careful not to over complicate what tikanga is in relation to te reo, it's simply a matter of how you convey a message appropriately without getting too technical
- Josh Freeman asked if there is information on the burden of disease due to inappropriately or inadequately treated sepsis? Arthur Morris responded that there isn't. Josh commented that this information would help to decide where to focus improvement efforts. Josh also commented that, as mentioned during the presentation, while there is a component of IPC, much of this work falls outside the remit of IPC. Understanding sepsis due to healthcare associated infections (HAI's) is an area relevant to this group and would provide an opportunity to reduce the burden of sepsis related harm
- Sue Wood commented that the patient experience survey suggests that organisations need to do a significant amount of work on how they engage with patients and their families. There is no standardisation of ward rounds, and in reviewing adverse events, implicit bias relating to diagnoses and a lack of differential diagnosis processes are evident.

8. Website update

Ruth Barratt updated the group on changes to the IPC section of the Commission's website.

9. Point prevalence survey (PPS) update

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

Key findings include:

- HAI's were more common in intensive care and surgical patients than medical patients
- The four highest infection types were surgical site, urinary tract and blood stream infections, and pneumonia
- 66 percent of patients had at least one invasive device
- Ethnicity, gender, or referral of patients from regional Districts were not associated with higher HAI rates
- Age, presence of a peripheral/central venous catheter and length of hospital stay were associated with higher HAI rates

PPS next steps include:

- Ethnicity risk needs to be age adjusted
- Analyse blood stream infections that are non-line related, surgical site infections by type of surgery and wound class, large bowel surgery volumes, surgical procedures by District and adverse event reporting data
- Economic analysis, including ACC data, which is being completed by NZIER
- Develop an engagement plan

Comments and questions:

- Other data sources could be useful for this work e.g. MoH and Health Round Table (HRT) data
- Janine Ryland asked if consideration has been given to running a second PPS? Arthur Morris responded that completing further research on the issues highlighted in the PPS would be the priority

Action: IPC Team to investigate the HRT data in relation to the programme

10. Group representative updates

- **The Australasian Society of Infectious Diseases (ASID)** – Max Bloomfield provided a written report for the group. ASID is discussing the establishment of an infectious diseases network in conjunction with Health NZ. A summary of infectious diseases in New Zealand is being written.

Action: A copy of the summary of infectious diseases in NZ to be circulated to the group when finalised.

- **National IPC Leadership Group (NIPCLG)** – Nikki Grae reported that the draft IPC strategy and action plan was sent out for consultation and some constructive and positive feedback has been received. Main themes of questions/comments were wanting to add in more about equity, requesting more information on implementation and more clarity around leadership, planning and coordination.

- **The Infection Prevention and Control Nurses College** (**IPCNC)**– Jo Stodart reported that their upcoming conference is fully subscribed, their membership is continuing to grow, and the Foundation programme continues to be popular. Of note

there is a high turnover of IPC nurses and challenges associated with many new practitioners starting.

- **Accident Compensation Corporation (ACC) –** Janine Ryland reported that ACC is changing the way they define HAIs in their reporting which will increase reported numbers. ACC is publishing the guiding principles for HAI on their website. The NZ aseptic technique education package is in production. The Sepsis Ready Programme in Taranaki is in its final stages of the pilot. Know your IV lines is in nine District hospitals, five Districts are interested in joining next year and resources have been shared with the remaining six Districts.

- **New Zealand Microbiology Network (NZMN) Meeting** – Josh Freeman reported that this group is discussing the health sector reforms, particularly the setting up of the public health laboratory science system to capture intelligence on HAIs and potentially other pathogens, for infectious disease control and IPC. The development of an operational plan for this system has been contracted out and consultation with SIPCAG will be included. The centralisation of laboratory data into a data 'lake'/repository is also being worked on.

- **Ministry of Health (MoH)** – Jane Pryer reported that a formal review of national IPC requirements is to be undertaken by a suitably qualified IPC external reviewer is planned. The review will look at the current and potential future state of a national IPC function, and how to move the national IPC strategy forward.

- **Consumer Representative** – Ngāpei Ngatai reported on the launch of the code of expectations. Also, that she is on the Taranaki Consumer Council which has been set up recently. Ngāpei commented that it is difficult to be the only consumer at the meeting and suggested that it might be time to revisit consumer membership. Ngāpai suggested that the headings in SIPCAG documents need to be translated into te reo Māori and offered to share some templates that she uses for agendas and minutes.

Action: Share a copy of agenda and minutes templates that include translated headings with the IPC Team.

- **Private Surgical Hospitals** - Lynne Downing reported that the group is looking at *S. aureus* bundles and the 'Know your IV lines' programme. Evolution Healthcare now has a standardised "anti-Staph" bundle.

- **Directors of Nursing** – Jocelyn Peach reported that a lot of work is going into workforce development because of the pressure put on IPC nurses during COVID. Specialist nurses, aged care, education, and training.

- **Quality and Risk Managers** – Sue Wood reported on changes to quality and risk structures and that it is currently unclear where quality sits in the new health structure.

- **District management** – Greg Simmons reported that four regions are now working together on clinical lists and other initiatives and that Districts will soon be working on setting up their Iwi-Māori Partnership Boards. Equity and co-governance with Iwi-

Māori are two key focus areas that need to be considered by governance bodies, including this group, regarding how they are formed and operate.

11. National IPC governance

Martin Thomas spoke to this item regarding a draft memo on national IPC governance, prepared in response to a national quality forum discussion. The memo aimed to facilitate cross sector discussion on national IPC governance. This work may now be superseded by the planned MoH review as reported by Jane Pryer.

Comments and questions:

- Josh Freeman expressed concern that this item is a duplication of the work of the National IPC Leadership Group
- Arthur Morris expressed concerns relating to the National IPC Leadership Group. That the group needs to reflect its purpose and that expertise such as IT interconnectivity, mega data analysis knowledge, and health economics should be represented. The funder should also be present so that resourcing can be agreed. The proposed composition was more reflective of a stakeholder list rather than the composition needed to devise a national strategy. Arthur also suggested that there should be a consumer chair for any consumer group formed. Josh Freeman agreed that the function of the group needs to be precisely defined so that membership will be clearer.
- There was then general discussion on the role of NIPCLG and the memo's proposed new IPC and AMR governance group function, structure, and membership.

12. Hand hygiene (HH) review

Sally Roberts gave an introduction that covered the following points:

- Hand Hhygiene NZ reached its ten-year anniversary this year which provided an opportunity to check on the current programme and its ongoing sustainability
- At the previous SIPCAG meeting it was asked if the programme is still fit for purpose
- The IPC team has commenced a review of the HHNZ programme, including a contracted literature review, a survey of current programme implementation in public and private hospitals and an investigation into alignment with our Australian colleagues through a horizon scan with Hand Hygiene Australia and the Australian Commission on Safety, Quality and Healthcare.

1. Literature review

Matt Boyd, from Adapt Research Limited, joined the group to give an overview of the findings of the literature review he has completed on this topic:

- The aim of the review was to examine literature from 2015 onwards that might inform on any changes to the programme structure, education, training, monitoring, performance, feedback, and leadership
- It was a focused and time-limited literature review to identify academic literature, institutional guidance, and international, national and subnational programmes
- More than 2000 titles were screened, and 55 papers, reports and guidelines included

Findings

- High-level academic literature - showed that alcohol-based handrub is the preferred approach to HH, the World Health Organisation "6-steps" technique for HH is still

very effective, and multimodal intervention strategies appear to be more effective to improve compliance

- Education – a mixed approach is better than self-directed learning alone, multiple continuous education interventions are more effective than single sessions and education is commonly mandatory on an annual basis for all staff with resources allocated
- Governance – recommendations from various organisations were that HH programmes be nationally coordinated, several jurisdictions have national standards regarding hand hygiene e.g. accreditation, KPIs and quality standards
- Monitoring compliance – monitoring can improve HH compliance, but hand hygiene technique is neglected. WHO recommends direct observation of the five moments as the 'gold standard'
- Other audit activities include HH product availability, knowledge, and perception surveys (including Management), product consumption, and use of the WHO self-assessment framework. Electronic monitoring may help but evidence base is not yet robust
- Reporting – WHO recommends immediate feedback to healthcare workers (HCWs) after observation, regular (at least 6 monthly) feedback of HH data to HCWs and facility leadership, data should be continually validated and checked for reliability and reporting of ward/unit level data and by HCW profession
- Programmes – a study completed in 2015 found that multimodal strategies are considered the best improvement programmes and should involve HH culture change, programme support from facility leaders, education and training, compliance monitoring, multidisciplinary teams, accessible HH products, reminders in the workplace and outcome monitoring. Standardised monitoring process, consistency, regular observation periods, use of validation instruments and feedback to staff, managers and leaders are also recommended.

Conclusions:

- Multimodal HH improvement strategies effective with increasing focus on teamwork and leadership engagement and attention to a climate of safety recommended
- National programmes with leadership at facility Board and CEO level recommended
- Simplified approaches might be appropriate (e.g. four moments framework or three-steps, 15-seconds technique) using a pilot approach
- All staff, students, volunteers, and patients should receive ongoing education about HH, and for HCWs this should be mandatory with competence assessed
- Monitoring should be a combination of direct observation, product consumption, staff surveys and tracking HAIs.

<u>Comments and questions:</u>

- Sue Wood asked if asking patients about staff washing their hands before they touch them came up in the literature? Sue mentioned that her District post discharge patient survey shows patient reported staff handwashing compliance matches with observational audits. Matt responded that this did come up in the literature but a barrier to this is that some patients are reluctant to challenge staff and validity needs to be robust
- Josh Freeman asked if the expected returns, as compliance improves, and the point of diminishing returns had been looked at? Matt responded that the baseline facility

assessment is critical to finding out where the strengths and weaknesses are, so that resources can be targeted on areas that have low scores. A cost effectiveness analysis completed in Australia showed a variation across different states which probably reflects the different levels of engagement with the programme.

2. Survey

- Semi-structured interviews were used to administer the survey with the aim of understanding how the HHNZ programme is currently being implemented
- Three interviewers conducted video surveys of all 20 healthcare Districts and 15 PSHs. The survey questions focused on local governance, gold auditor trainers, gold auditors' education and the challenges and enablers for the programme
- The results are being analysed and a report will be produced, but preliminary results show that sustainability during the pandemic has been challenging, there are major difficulties maintaining a pool of gold auditors, there is a lack of senior leadership support and responsibility for the program largely sits with IPC teams.

3. Horizon scan

- A meeting has been held with the Australian Commission on Safety and Quality to find out more about the transition of operational aspects of their HH programme from HH Australia to them. This occurred in 2019 and included system enhancements and helpdesk functions. The Australian Commission is planning to develop their online learning modules by 2023. A meeting with HH Australia is planned

Next steps – once all the information has been analysed findings and any changes will be communicated to key stakeholders and included in the next SIPCAG meeting.

Comments and questions:

- Jo Stoddart commented that the difficulty is with resourcing. The programme often sits with IPC teams, there is a high turnover of trained staff, and there is a need for improved training resources for gold auditors
- Josh Freeman commented that a lot has been learnt around the transmission of respiratory viruses, and therefore we need to question the evidence and importance of different HH moments. One strategy could be to focus on HH before a procedure. The HH programme has come a long way but once it is embedded and running well there isn't any need to invest a lot more in the programme to raise compliance further
- Jocelyn Peach commented that the HH programme has been the most successful control measure in relation to IPC, team engagement and culture change that has been implemented at her District. Staff who are running the programme are still engaged and if changes are made it would be difficult to resell it
- Sue Wood agreed with Jocelyn's comment and commented the issue is about freeing up IPC staff, who are the experts, from doing routine work and how the management of the programme can be transitioned to quality improvement teams. This could be a key measure for the new health organisations. Training materials need to use blended learning so that all learning styles are covered
- Sally Roberts commented that due to high staff turnover training on HH needs to be embedded. There is an opportunity for senior Te Whatu Ora leadership to determine

how the programme should be run in all Districts. The gold auditor training resources need to be updated and supported in a better way

- Ruth Barratt commented that there is a lot of variation in how the programme is working across the health Districts.

13. IPC programme governance

Sally Roberts introduced this topic. There is a need to clarify where SIPCAG fits in the new health structure and the need to continue the group. The terms of reference (TOR) were revised before the new structure was known and it planned to revise the TOR again once this structure was known. While the new structure is in flux, this would still be for an interim period.

Comments and questions:

- Sue Wood commented that the role of the Commission is strengthened in the new health structure. The purpose of the programme should be anchored to the purpose of the Commission as one of its workstreams
- Arthur Morris asked if there should be a Māori co-chair? Greg Simmons responded that this was a decision for the Board. Arthur also mentioned that the ICNet representation has been dropped from the membership list and this needs to be reconsidered
- Ngāpei Ngatai commented that consideration also needs to be given to Māori representation on the group.

Action: IPC team to review the SIPCAG membership as planned and seek guidance on a Maori co-chair role.

14. General Business

- Josh Freeman commented that a holistic view of structural inequities needs to include socio-economic status and that some analysis and measures for this need to be explored.

Action: Add this as an agenda item for the next meeting.

The meeting was closed at 2.44pm with a Karakia.

Action list following SIPCAG meeting 31 August 2022

Action No.	Meeting date	Topic	Action required	By whom	Status
1.	31 Aug	Declaration of interest	A copy of SIPCAG members declaration of interest forms to be sent to members to update	Marie Talbot	Completed
2.	31 Aug	SIPCAG ToR and membership	Update ToR as planned. Include Commission purpose Revise membership as planned Add a clinical Māori representative to SIPCAG membership Explore option of a Māori co-chair Seek additional consumer representation	IPC Team	Tabled
3.	31 Aug	Using body wash	Share Royston instructions for using body wash with the group	Lyn Downing to send to Marie Talbot	Completed
4.	31 Aug	SAB source data collection	Circulate a copy of the published New Zealand Medical Journal HA-SAB source article when published	Ruth Barratt	Completed
5.	31 Aug	Ethics approval	Present an update regarding ethics approval process for programme publications	Sally Roberts	Tabled
6.	31 Aug	PPS data	Investigate the health round table data in relation to usefulness to the programme	IPC Team	In progress

Action No.	Meeting date	Topic	Action required	By whom	Status
7.	31 Aug	ASID	A copy of the summary of infectious diseases in NZ to be circulated to the group when finalised	Max Bloomfield	Pending
8.	31 Aug	SIPCAG agenda and minutes	Headings of SIPCAG documents to be translated into te reo Māori. Templates for this to be shared with the IPC Team	Marie Talbot Ngāpei Ngatai	Completed
9.	31 Aug	HH review	Present findings of completed review at next SIPCAG meeting	Amanda Wood	Tabled