Minutes of the 29th meeting of the Strategic Infection Prevention and Control Advisory Group on 24 March 2021, 9am–3.30pm, Rydges Hotel, Wellington Airport

Present:	Arthur Morris, Claire Doyle, Greg Simmons (Chair – via zoom), Jocelyn Peach (via zoom), Jo Stodart, Lynne Downing, Sally Roberts, Sheldon Ngatai (via zoom), Susan Barnes
In attendance:	Andrea Flynn, Ashvindev Singh, Marie Talbot (minute taker), Nikki Grae
Guests:	Juliet Elvy (item 8 – via Zoom)
Apologies:	Andi Shirtcliffe, Claire Underwood, Gillian Bohm, Max Bloomfield, Sue Wood
Did not attend:	John Robson, Josh Freeman

1. The meeting began at 9am. Greg Simmons opened the meeting with a Karakia, announced apologies and confirmed that the declaration of interests register was correct.

2. Minutes of the previous meeting held 29 September 2020

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. Review evidence for preventing inadvertent hypothermia as a contributing factor to surgical site infections (SSI) - on agenda for current meeting.
2. SSI reporting - Verify if the options of 'unknown' or 'other' are included in the denominator as non-compliant for the orthopaedic skin preparation measure – it was clarified that these options are no longer being included and that the data has now changed. Action completed.
3. Share the integration with Aged Residential Care (ARC) facilities plan that Canterbury District Health Board (DHB) has developed – still to be followed up on with Joshua Freeman.
4. Infection Prevention and Control Nurse's College (IPCNC) and the Commission to discuss identifying gaps and opportunities during the COVID-19 response survey and results – Webinars and discussions are ongoing to ensure alignment of programmes and work between the two organisations. Action completed.

Papers for noting:

- The DHB chief executives' (CE's) report was tabled and noted. A slight change to the distribution of this report was mentioned, it is now being sent to Quality and Risk Managers at the same time as the CE's meeting. Previously there was a week delay.

3. Clinical lead's update

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

- Atlas of Healthcare Variation and Behavioural Insights project:
  Worked with the 'Nudge' team on a behavioural science approach to reduce unnecessary antibiotic prescriptions by NZ Doctors. A simple intervention, a letter from the Commission, was sent to a number of General Practitioners who were identified as the top prescribers in their DHB group. This resulted in a 10 percent decrease in prescribing. New Zealand has one of the top prescribing rates, by percentage of population, of high-income countries. This is the first time an intervention has been put in place. A revised manuscript has been submitted to New Zealand Medical Journal 15 March 2021. If accepted the article will be sent to SIPCAG members to read.

- Healthcare-associated Infection Point Prevalence Survey (HAI PPS):
  Involvement in the three pilots that were run at Nelson Marlborough, Lakes and Counties Manukau DHBs and the roll-out of the full national PPS. Members of the team have visited Auckland and Waikato DHBs with daily support including reviews of HAI's found via zoom meetings.

- COVID-19:
  - Member of the Ministry of Health Technical Advisory Group - includes fortnightly meetings, responding to 'requests for advice' and providing input into documents.
  - Chair of the IPC Technical Advisory Group (TAG) – includes weekly meetings with TAG membership and provision of guidance for IPC issues across the health sector and for other government agencies
  - Participation at a local and regional level – includes attendance at the Northern Region ARC Outbreak Planning Meetings.

- Other National Leadership roles:
  - Member of the National Infection Prevention and Control Expert Group (NIPCEG) from February 2021 onwards
  - Review of the Health & Disability Services Standards (NZS 8134) – ongoing contribution to revision. Release date is May 2021.

- Operational activities – Auckland DHB:
  - Orthopaedic and Cardiac Surgical Site Infection Improvement (SSII) programme
  - Anti-staphylococcal bundle
  - Use of 'ICNet' system to capture device days

- Publications: Rahardja R., Allan R., Frampton CN., Morris AJ., McKie J., Young SW. Completeness and capture rate of publicly funded arthroplasty procedures in the NZJR 2020 ANZJ Surg 2020; 90: 2543-48.

- Antimicrobial Resistance (AMR): Ongoing discussion with the Australian National Centre for Antimicrobial Stewardship (NCAS) around access to the National Antimicrobial Prescribing Survey (NAPS).

4. Surgical Site Infection Improvement

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

- Normothermia – A letter has been received from ANZCA saying they are keen on what the Commission is doing but asking about temperature control. In response we should say that the Commission doesn't have the resources to record and report on normothermia but agree that the literature is supportive of this and if ANZCA wanted to do something to measure it within their group, or other groups of interested anaesthetists, the Commission could offer advice from a quality improvement perspective.

  There were questions from the group about if normothermia is collected nationally at all, what methods have been used for collection and if this should be collected for all types of surgery.

  The Commission has added temperature to the deep dive tool so it can collect on SSI cases where DHBs are looking for other risk factors. This won't provide a lot of data.

  Action: A letter to be drafted with the recommendations given above.

- Anti-staph bundle – A collaborative is underway with 10 hospital teams, five from DHBs and five from private surgical hospitals (PSHs). One full-day learning session plus two webinars have been held despite the effects of COVID-19. The current bundle uses a Lean angle and asks what issues participants had and how the course can be best tailored for the participants. The general themes that have been identified are that stakeholder engagement during the transition from current state to future state and the demonstration of the diagnostic tool are issues. To address this a session will be held focusing on root cause analysis and identifying potential solutions.

- The latest national SSIIP data was reviewed by the group. A question was raised about the possibility of moving cardiac SSI reporting to a light surveillance model? It was felt that the impact of the anti-staph bundle rollout would need to be monitored for a longer period before this could be considered.

- New equity reporting, that is being released shortly, was displayed. The data is over a 12-month period and is a match between the SSI data and the National Minimum Dataset (NMDS). Approval for this matching process was gained from all DHBs and is completed by the Ministry of Health (MOH) who supply HQSC with an encrypted data file. The file includes National Health Index (NHI) numbers which enables the analysis, of the outcome measures data, by equity group e.g. Māori vs non-Māori non-Pacific. The data is age standardised (risk adjusted) due to the presentation of hip and knee infections at a younger age by Māori. This new reporting will be communicated to SSI champions via a webinar. A question was raised regarding the reason for this additional data reporting? This is due to HQSC's commitment to reporting health related inequities and highlight opportunities for improvement.

- Light surveillance – The Commission board approved offering DHBs the option to move to a light surveillance model for orthopaedic surgery. This was due to DHBs demonstrating a consistent high level of compliance with the process measures and the opportunity to increase the focus on reviewing the SSI cases through reducing the time spent on data collection. and increase by undertaking a deep dive assessment of each SSI. DHBs, who move to this model, will complete a full data collection form only for procedures that result in an SSI. For other procedures a minimum amount of denominator data is collected to enable data matching and ethnicity reporting. This is done electronically via a CSV upload of the data as opposed to manually entering each procedure. Comment was made that the move to light surveillance by some DHBs hasn't been well communicated to contracted private surgical hospitals (PSHs) one of which commented they are still collecting full data for all procedures.
  Action: IPC team to follow up with DHBs on light surveillance about engaging with their relevant PSHs about the changes.
  Twelve DHBs have now moved to light surveillance. Webinars have been held to communicate the new process as well as documentation provided. Denominator data is required to be uploaded at the end of each month following the procedure, while numerator data is entered monthly, after the 90-day follow up period. Monitoring of data entry is ongoing. Monitoring to ensure early detection of an increase in the infection rates, by 50 percent or more compared to the baseline rate, is being provided via a Cusum chart which was shown to the group. Going forward, DHBs will be able to monitor their own monthly infection rates using this reporting. A draft 'deep dive' tool, for reviewing deep and organ space orthopaedic SSI's, has been developed by a working group and sent to all DHBs to trial. Feedback and suggested changes have been requested within the next two months.

5. 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:

- The pilot phase has been completed at three DHBs and one PSH.
- The process was evaluated and refined with lots of changes coming out of the pilot site visits.
- A proposed national schedule was developed and presented to national DHB Chief Medical Officers, Directors of Nursing, Chief Operating Officers and Chief Executive groups.
- Extensive training for the three main healthcare-associated infection (HAI) surveyors was conducted over a three-week period.
- Currently in the full PPS implementation phase which commenced on 22 February 2021. Engagement with each DHB, prior to auditing, includes five separate meetings covering: overall requirements, IT requirements, comms and schedule, training for IPC buddies helping the HAI Surveyors and final pre-go live.
- Auditing has been completed at five DHBs and the full survey is expected to be finished in June 2021. The biggest challenge has been the changing COVID-19 alert levels.
- An inter-rater reliability (IRR) coefficient is being used to assess how consistently the three main HAI Surveyors are judging the HAI status of patients.

Questions asked:

- When do we expect preliminary data to be available? The aim is to report back high-level data to each DHB two weeks after their audit. A full data set should be available within weeks of completion of the survey.
- What is the expectation for involving PSHs? Considering including the PSHs on a voluntary basis. Will discuss this further after the survey has been completed at the DHBs but it would need to be done remotely due to the HAI surveyors finishing at the end of June.
- Are the rates being found higher or lower than expected so far? The rate will vary across DHBs and there is nothing unusual to date. Other interesting information coming through e.g. the use of IV lines.

6. Focus for IPC programme 2021/22

Nikki Grae and Andrea Flynn gave an overview of the focus of the IPC programme for 2021/22 which included:

- HAI Point Prevalence Survey – analysing and disseminating the results. Engaging with the sector on what the next area of focus should be and what that will look like
- Surgical Site Infection Improvement Programme (SSIIP) – Monitoring the impact of the anti-staph bundle. Light surveillance monitoring and support for DHBs with submission of denominator data, reporting using Cusum charts, use of the deep dive tool for orthopaedic surgery and starting reporting on ethnicity for cardiac surgery
- Hand Hygiene – ongoing continuation of the programme
- Healthcare-associated *Staphylococcus aureus* bacteraemia (HA-SAB) – begin collecting and analysing source data
- IT surveillance system – review of the current system is underway. There are several issues with the current system and so need to identify a system that's an improvement and will allow DHBs with ICNet to provide data.

Other opportunities include:

- The Sepsis Ready pilot project – Ashvin Singh gave an overview of the pilot at Taranaki DHB. This has taken the Sepsis Ready Programme developed by the Sepsis Trust in Waikato DHB, based on the UK version, and adapted it in another DHB with an equity focus. Alongside this, a National Sepsis Action Plan has been drafted, by a consensus group with 5 actions: create a sepsis network, increase public awareness, improve recognition of sepsis in healthcare settings, collect and use quality data for improvement and support sepsis survivors.
  The group was asked how they would like to see the Commission's IPC programme support the National Sepsis Action Plan? Comment was made that the need for quality improvement needs to be identified and then how the IPC team can give advice. The IPC team should have a role in supporting standardising diagnosis and treatment, to do a stocktake of what has already been done by DHBs and to give advice on how to replicate the model in other DHBs. Further comment was made that institutional racism is a factor that has been observed by SIPCAG members where assumptions have been made about how patients have presented, and the assumptions were wrong. It is in the frontline where attention needs to be focused. There needs to be support systems in place so that patients who are experiencing difficulties can converse with clinicians.
- Aged residential care (ARC), activities where there are links to opportunities identified through the COVID-19 response will be explored.

- Areas identified through the surveys relating to gaps identified through COVID-19 and National Antimicrobial Prescribing Survey (NAPS).

7. HA-SAB (Healthcare associated *Staphylococcus aureus* bacteraemia)

Juliet Elvy, Clinical Microbiologist at the Institute of Environmental Science and Research (ESR) joined the meeting via zoom and gave an update on the new *Staphylococcus aureus* bacteraemia (SAB) surveillance programme. The programme started on 1 January this year and involves ESR requesting NZ diagnostic laboratories to submit SAB isolates for characterisation. To date, 264 SAB isolates from bloodstream infections have been received and the following statistics were provided:

- 9.2 percent were MRSA and 90.1 percent MSSA
- The most common MRSA spar-type is T002
- There has been a lot of diversity with MSSA spar-types with over 100 different types found

Susceptibility data is being collected and a deep dive review is planned once more data has been collected. A more detailed first quarter analysis will be provided once the information is available.

Questions asked: If information on line-related and type of line is being collected? Yes, there will be more information on this in mid-April. What is the plan for propagation of the findings, and will it be a regular report? An annual report will be published on the ESR website starting from the beginning of 2022. Also, the information will be disseminated through the NZ Microbiology Network and other stakeholders.
Action: IPC team to provide further information from ESR to the group when available.

Barb Gibson, on secondment from Nelson Marlborough DHB to the IPC team until 31 July 2021, joined the meeting and was introduced to the group by Nikki Grae.

8. Hand hygiene update

Andrea Flynn shared the latest hand hygiene compliance report and noted that the compliance rate remains high. Work is still underway with the private surgical hospitals (PSHs), but the data isn't currently published. A joint webinar with both DHB and PSH has been held and the focus is to consider them as one group.

9. IPC in aged residential care

Nikki Grae introduced the work that is underway in the ARC programme and the overlap with IPC related to urinary tract infections (UTI's). Currently there are a lot of different definitions of UTI's, that vary slightly, so there is an opportunity for standardisation in NZ. The workstreams of the ARC programme: medicines optimisation (use of antibiotics), resident deterioration / DEWS, adverse events learning, IPC/COVID-19 response, capability for quality improvement, frailty care guides and health related quality of life (HRQoL) measures.

The Commission has been asked to lead one of the workstreams of the Aged Residential Care COVID-19 action plan – setting up networks for learning across IPC coordinators/leads across the ARC sector as well as networking between DHBs and

ARC. The action plan was identified through the Ministry of Health (MOH) independent COVID-19 cluster review.

Two other workstreams that came out of the ARC pandemic response cluster include a pandemic response policy, which is specific to COVID-19 and an outbreak response toolkit, which is a practical application that can be used for any type of outbreak. The toolkit is in draft and has tasks outlined for public health units, DHBs and ARC. Scenario based testing of the toolkit has been suggested and Nikki went through some of the other feedback from ARC facilities.

Nikki also gave an overview of the optimising the use of antibiotics project. This project was initiated by the ARC team and is related to medication management across three different types of medication – antibiotics, opioids (specifically fentanyl) and antipsychotics. Due to COVID-19 the project was scaled back and based on the alignment with IPC, focused on UTI's and the use of antibiotics for UTI's for residents in ARC facilities. The national level aim is to reduce the rate of antibiotic prescriptions for suspected UTI's by 10 percent for residents whose symptoms do not meet the criteria for UTI's, in participating facilities by 30 April 2021. To date a decision support tool has been tested in 11 sites.

10. AMR action plan and NZ version of NAPS

Deborah Woodley, Deputy Director, General Population Health and Prevention Directorate, at the MOH, provided a written update for this item. Implementation of the NZ antimicrobial resistance plan is progressing slowly due to competing COVID-19 priorities. Current work, that aligns with the AMR action plan, includes:

- drafting a public health surveillance strategy which includes an action on assessing new priorities for surveillance that respond to health risks and inequities
- working with Standards NZ to update part six of the health and disability standard – infection prevention and antimicrobial stewardship. Completion is planned for November 2021 and the MOH is currently engaged with planning
- ACC coordinates an infection prevention advisory group that meets quarterly. Included on their workplan is development of national antibiotic prescribing guidelines. To date, some NZ DHBs have been able to use the Australian national antimicrobial prescribing survey (NAPS) for free but charges are due to be implemented therefore MOH is considering options for establishing a version of the survey for NZ use. HQSC may assist with the implementation of the NAPS in the future. Sally Roberts gave an overview of the NAPS work that has completed to date. **Action**: Sally Roberts and Nikki Grae to meet with Deborah Woodley to progress NAPS in a national framework, that will ensure sharing of national data and access to an online training package.

11. National IPC Expert Group (NIPCEG) overview

Nikki Grae gave an overview of this group that has been created to provide expert advice to support IPC best practice in the health sector. The group will develop a national IPC strategy that sets the direction for the health sector and will consist of key IPC experts. There are five workstreams:

- Governance
- IPC workforce capacity & capability

- Surveillance, risk & monitoring
- environment, equipment & infrastructure
- Outbreak management.

It is proposed that the group meet monthly and regular updates will be provided to SIPCAG. A question was raised about the timeframe for engaging consumer representatives?
Action: IPC team to follow up on timeframe for engagement of consumer representatives on NIPCEG.

11. IPC Nursing College – new orientation programme

Comment was made about how valuable this new programme has been. It is a 4-month programme with 8-9 modules followed by regular zoom meetings and support from a mentor. The first intake is due to complete the programme in another few weeks and there are people waiting to join the second intake. Some initial funding was supplied by ACC. Participants are eligible to claim up to 60 hours of official professional development time and receive a certificate on completion.

12. General Business

A question was raised from the Private Surgical Hospital Association re consideration for including PSHs as part of pandemic planning? Modifying resources for PSHs, that are written for DHBs, does not always work. Also, DHBs don't always pass on resources that are available in PSHs e.g. certified and provisional vaccinators available but MoH hasn't been notified.

PSHs provide frontline surgical services for the DHBs during COVID-19 levels 3 and 4 and the Association feels that they should be included in pandemic and vaccination planning. A suggestion was made that during the COVID-19 debrief it should be encouraged that nationally there is a discussion for each of the regions to ensure that linking up occurs.
Actions:

- IPC to feed this issue and suggestion back to the MoH team leading the debriefing work
- Jocelyn Peach to provide a flowchart that has been developed for the process for provisional vaccinators

Ashvindev Singh closed the meeting at 3.30pm with a Karakia.

Action list following SIPCAG meeting 24 March 2021

Action No.	Meeting date	Topic	Action required	By whom	By when	Status
1.	24/3/21	SSIIP	Response letter to ANZCA, regarding Normothermia, to include recommendations from the group	Arthur Morris		In progress
2.	24/3/21	SSI – light surveillance	IPC team to follow up with DHBs on light surveillance about engaging with their relevant PSHs about the changes.	IPC team		In progress
3.	24/3/21	HA-SAB	Share information and updates from ESR as they become available.	IPC team		
4.	24/3/21	AMR action plan and NZ version of NAPS	Meet with Deborah Woodley to progress NAPS in a national framework, that will ensure sharing of national data and access to an online training package.	Sally Roberts & Nikki Grae		Complete
5.	24/3/21	NIPCEG	Follow up on timeframe for engagement of consumer representatives on NIPCEG	IPC team		Awaiting response
6.	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
7.	24/3/21	General business	Provide flowchart that has been developed for the process for provisional vaccinators.	Jocelyn Peach		