Minutes of the 19th meeting of the Strategic Infection Prevention & Control Advisory Group on 11 May 2017
9.35am – 2.35pm

HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND

Present:	Ashley Bloomfield (Chair), Arthur Morris, Lorraine Rees, Sheldon Ngatai, Theresa Dyer, Sue Wood, Trevor English, Sally Roberts, Jo Stodart, Gillian Bohm, Nick Kendall, Richard Everts, Bridget Goggin and Jane Pryer
In attendance:	Gary Tonkin, Andrea Flynn, Nikki Grae, Olivia Jones (minutes), Debbie Jowitt and Lynette Drew
Apologies:	Sally Roberts, Josh Freeman, Mo Neville.

The meeting commenced at 9.35am and members were given an opportunity to update the declaration of interest register. One change was noted by Arthur Morris and the register was revised.

1.1 Minutes of the previous meeting held 2 February 2017

A correction was noted on Page 2, Section 2, para 1: include publishing information in the 'national compliance reports'.

Page 3, Section 3, para 1 was revised: 'provide an update on ICNET. Five DHBs have at least partially implemented ICNET and ACC are looking to support wider roll out of ICNET across New Zealand'.

Page 4, Section 5, para 3: 'expected standard' was replaced with 'expected practice'.

The minutes will be corrected to reflect the changes. The minutes were confirmed as a true and correct record with changes noted above.

Debbie Jowitt announced her resignation and that this will be her last meeting. The group thanked her for her significant contribution to the programme and the sector.

1.2 Actions update

Action 8 - *Share ESR CDI report once finalised*
The report is still not finalised by ESR so not released.

2 Work to collaborate with the Australian Commission on *Staphylococcus aureus* bacteraemia (SAB)

Nikki Grae provided an update on the work to collaborate with the Australian Commission on Safety and Quality in Health Care (ACSQHC) on reducing SAB. The ACSQHC published a report titled "Reducing harm" in 2008 which identified SAB as a national priority and it was established as a key national clinical indicator in 2009. The Australian SAB programme reports the data nationally with locally led improvement. The SAB rate per 10,000 days of patient care reduced from 1.68 in 2010-11 to 0.73 in 2015-16.

The Hand Hygiene NZ (HHNZ) programme team will be looking at what can be learnt from the Australian programme and consider opportunities to collaborate. The HHNZ programme

is investigating a method of deriving the denominator data nationally to improve consistency and reduce data entry required by DHBs.

HHNZ's SAB programme has a lower profile than in Australia and the national rate remains unchanged at 1.3 per 10,000 bed days. Through 2017 the programme will be working with DHBs to increase validation of the numerator.

There was a comment that it may not be realistic for the programme to attempt to match the Australian rate because of the different demographic profile. The programme could consider development of an additional range of strategies to target specific populations.

3 Antimicrobial Resistance Action Planning Group

Jane Pryer provided an update on the work of the antimicrobial resistance (AMR) action planning group.

The national action plan has been signed off by the Ministry of Health and Primary Industry sponsors and will be presented at the World Health Assembly in May. Technical experts from the AMR Action Planning Group (AMRAPG) will review the plan before it is distributed for general publication.

The plan outlines workstreams for five years. To monitor progress there will be regular reporting against KPIs to measure what has been achieved. The plan meets the five objectives outlined by the WHO. Each objective will have designated leads and there will be multiple agencies involved.

A question was raised about whether the plan outlines any specific interventions for reducing antibiotic prescribing practice in primary care. Each objective outlines elements of what needs to be achieved and there will be KPIs outlined for each one.

Action: Programme team to review the national action plan and consider what it means for the programme. Add AMR National Action Plan as an item on the agenda at the next meeting.

4 Healthcare Acquired Infections Governance Group (HAIGG)

Jane Pryer provided an update on HAIGG. The last meeting included a discussion about disestablishing HAIGG because of the AMR work being undertaken and the need to ensure that HAIGG doesn't duplicate the role of the AMR governance group or SIPCAG. There was a comment that the role of HAIGG is far wider than AMR and that SIPCAG could review gaps to ensure all key areas are covered.

In the context of concern about the prevalence of peripheral IV (PIV) infections, a question was raised about whether there is educational material available for nurses, doctors and paramedics about PIV insertion and management. PIVs are New Zealand's most widely used medical device and there appears to be variation in training and in local guidelines and policies. The group discussed how this could be addressed to enable a national standard. It was noted that developing a standard would most appropriately be led by the Ministry of Health. Three DHBs are currently running initiatives to improve PIV practice.

Action: Programme team to learn about DHB PIV initiatives and provide a summary at next SIPCAG meeting.

Action: Programme team to liaise with Intravenous Nursing NZ.

5 HHNZ – update following paper to the Board February 2017

In February 2017 the Board agreed to the publication of data relating to hand hygiene spread by DHBs as part of the existing national hand hygiene compliance reports, which are published three times per year. The Board agreed that a quality improvement approach to increase spread was preferable and could be achieved without introduction of a national quality and safety marker.

Debbie Jowitt provided an update on the work undertaken by the programme since February. A focus has been updating the hand hygiene auditing manual, which has included input from a working group and three DHB hand hygiene coordinators. The guide is intended for hospital settings only and applies to an inpatient setting. The manual includes an increased focus on spreading auditing activities to build improvement across organisations. The publication is planned for June 2017.

In consultation with the measurement and evaluation team, the programme will develop a reporting framework to show spread of auditing across all acute clinical areas. The baseline data on spread of hand hygiene auditing will be published in the national compliance report in July 2017.

Communication about changes to the programme will be sent to a range of stakeholders including DHB chief executives, infection control committee chairs, hand hygiene coordinators, Infection Prevention and Control Nursing College, and the Australian Society for Infectious Diseases. The programme team will be running a series of webinars throughout May and June 2017 to discuss the changes, answer questions, and provide support.

A question was raised as to whether the programme would consider aligning HH audit periods with quarterly reporting, i.e. have four three-month HH audit periods. However, the group agreed that four audit periods would be too resource intensive for DHBs.

There was a comment that instead of consistently auditing hand hygiene all year around, the time could be spent on other activities such as auditing PIV insertion. The programme could consider this when there is sufficient evidence that hand hygiene is embedded in all acute areas and activities within a hospital. Findings from the three DHBs implementing PIV programmes would inform this discussion.

The programme could also consider developing a plan to transition hand hygiene from an IPC team's responsibility to a frontline approach that is embedded within DHBs' internal accountability structures. This would increase engagement and support for the programme, and enable IPC teams to shift their efforts to include other key areas.

6 HHNZ –system for validating gold auditor trainers (GATs)

Jo Stodart and Lorraine Rees initiated a discussion on a system for validating GATs. There is a concern that there could be inconsistent approaches being taken to training gold auditors at individual DHBs because of the lack of a national approach to training GATs. There is currently no method of evaluating how well trained the trainers are. There needs to be a way to ensure that the trainers are providing the correct information at an appropriate standard. The programme team could look at how Hand Hygiene Australia ensures a consistent approach to training gold auditor trainers.

Action: Programme team to discuss and develop options for validating/standardising GAT training.

Action: Programme team to consider holding a national 'train the trainer' masterclass.

7 HHNZ – General update

HH workshop

Andrea Flynn provided an update on the hand hygiene workshop that will be held on the Sunday before the Infection Prevention and Control Nurses College conference in October 2017.

A suggestion was made to specifically encourage all hand hygiene coordinators to attend the workshop because not all of them will work within an IPC team. The workshop could incorporate a gold auditor trainer section and it was recommended that a consumer representative attends the workshop. The workshop could include a guest speaker to discuss behavioural change.

Pilot with private surgical hospitals

Olivia Jones provided an overview of the HHNZ pilot with private surgical hospitals. The Commission agreed to run a pilot of the programme last year and partnered with the New Zealand Private Surgical Hospital Association, which selected three private hospitals to participate. The pilot commenced on 1 April 2017 and will run until 31 October 2017. At the end of the pilot the programme will look at the lessons learned and how the programme could support expansion to include private hospitals.

8 SSIIP – Approach to introducing anti-staphylococcal bundle to reduce SSIs

Lynette Drew and Nikki Grae provided an update on the approach to developing and implementing an anti-staphylococcal bundle to reduce SSIs. Two DHB site visits were completed in April/May and another is scheduled in July 2017. This has enabled the programme to compare and contrast the current screening and decolonisation protocol at these DHBs.

The group was asked to provide feedback on the letter for DHB chief executives requesting participation in the collaborative. It was suggested that DHBs discuss possible participation with their infection control committee chairs and SSI champions, and that the New Zealand Private Surgical Hospital Association were copied into the letter.

There was a question about whether the programme will provide any guidance on acute procedures e.g. fractured neck of femur. The focus will initially be on procedures that the programme has baseline data for and once established the bundle could be expanded into other clinical pathways.

9 SSIIP – Clinical lead update

Arthur Morris provided a summary of his clinical lead duties for the SSII programme:

- Canterbury DHB visit to understand their clinical pathway
- Counties Manukau Health visit to meet with surgeons, IPC and ID staff involved with periprosthetic joint infections. The discussion was around the introduction of pathway for those with BMIs greater than 40
- Taranaki DHB – presented at a Grand Round and met with the orthopaedic surgeons
- Letter to New Zealand Orthopaedic Association about attending one of their board meetings
- An article is being submitted to the New Zealand Medical Journal about SSI risk factors. BMI is the biggest risk factor for deep and organ space infections. Smoking and diabetes increase the risk by about half however this is very small compared to BMI.

There is ongoing discussion about the statistical tools that are being applied to the data and how the results are presented in the quarterly reports. There is an opportunity to analyse data from the joint registry, and compare and contrast with the SSII programme's data for quality control purposes. This would provide more certainty about the accuracy of the denominator.

There was a question around how the programme translates the data into tangible actions. The programme could consider interventions that might reduce the risk for patients with diabetes or smokers.

10 SSIIP – Perception survey summary

Lynette Drew provided a summary of the SSIIP perception surveys that were conducted in March 2017. Two surveys were administered, one for clinical directors and surgeons, and the other for SSIIP champions, quality and risk managers and infection control committee chairs.

The overall survey findings were mainly positive and the feedback will enable the programme team to better understand issues and know where to focus their effort. There was a suggestion that the programme could build informatics skills through webinars.

The survey findings will be published in July 2017 and distributed to the programme's stakeholders, subject to the Commission's current web-freeze.

11 ACC update

Update on surgical site infection cases captured by ACC

Nick Kendall provided an update on ACC's investment into the SSII programme. The group discussed figures presented at the meeting showing an increase in treatment injury claims year on year from 2011 to 2016 for infection following coronary artery bypass graft procedures and hip and knee arthroplasty surgery at DHBs. ACC's investment into the SSII programme ends in June 2018 and there is uncertainty about whether the investment will continue beyond this date.

ACC treatment injury data was matched with the national minimum data set (NMDS) which presents an opportunity to determine where there is overlap. There is a strong interest from the sector in understanding the number of rooms and office based procedures, and associated infections.

Update on stakeholder meeting re: ICNet

A large stakeholder engagement meeting was held in February 2017 to discuss a national approach using ICNet for infection prevention surveillance and opportunities for broadening the scope of work related to ICNet implementation.

Infections expert group

Nick Kendall and Bridget Goggin provided an overview of the role of the infections expert group that ACC has convened. The group includes representation from across the sector and will be a reference group that provides advice on ACC's spending in relation to infections. The first meeting is on 1 June.

12 Any other business

Terms of Reference

The group was asked for their feedback on the terms of reference that was included in the papers and suggested minor adjustments.

Other matters

When a decision is made around the future of HAIGG there could be a discussion about the perceived gaps.

The meeting closed at 2.25 pm.

The next SIPCAG meeting will be on 3 August 2017.

Action list following SIPCAG meeting 11 May 2017

No	Meeting date	Topic	Action required	By whom	By when	Status
1.	11 May 2016	Train the trainer session	Consider holding a national 'train the trainer' masterclass.	IPC team	August 2017	In progress
2.	11 May 2016	GAT approach	Discuss and develop options for validating/standardising GAT training.	IPC team	August 2017	In progress – update tabled
3.	11 May 2016	PIV initiatives	Liaise with Intravenous Nursing NZ.	IPC team	August 2017	Complete
4.	11 May 2016	PIV initiatives	Learn about DHB PIV initiatives and provide a summary at next SIPCAG meeting.	IPC team	August 2017	Complete – discussion tabled
5.	11 May 2016	AMR action plan	Review the national action plan and consider what it means for the programme. Add AMR National Action Plan as an item on the agenda at the next meeting.	IPC team	August 2017	Discussion tabled – action plan not yet released
6.	4 May 2016	HAIGG Update	Jane to share ESR CDI report once finalised.	Jane	August 2016	Email update send to members – this action can be closed.