



Minutes of the Strategic Infection Prevention and Control Advisory Group / Te Rōpū Tohutohu Rautaki Ārai Mate, Whakahaere (SIPCAG)

Chair	Greg Simmons
Members	Greg Simmons, Anne Hutley, Arthur Morris, Dennis Te Moana, Jo Stodart, Lynne Downing, Maree Sheard, Marj Allan, Martin Thomas, Max Bloomfield, Rosie Moore on behalf of Brittany Jenkins, Sally Roberts, Sarah Marshall, Sue Barnes, Tanya Jackways, Vivian Black.
In attendance	Jeanette Bell, Marie Talbot (Minutes), Nikki Grae, Sue Atkins.
Apologies	Anne Huntley, Brittany Jenkins, Martin Thomas, Max Bloomfield, Sally Roberts, Sarah Marshall
Guests	Carolyn Clissold - Co-Lead Infection Services Network Clinical Principal Advisor IPC, Health NZ Te Whatu Ora

The hui was held via Zoom on Wednesday, 24 July 2024.

The hui began at 1pm.

1. Welcome | Mihi whakapāha

Greg Simmons opened the meeting and Jeanette Bell gave the Karakia.

There were no changes to declarations of interest.

Apologies noted as above.

Greg Simmons provided an update on membership changes. Rawiri McKree Jansen has resigned as co-chair of SIPCAG with the disestablishment of the Māori Health Authority - Te Aka Whai Ora. Tanya Jackways was welcomed in her new role of Infection prevention and control Specialist, Te Tāhū Hauora. The Terms of Reference membership list will be updated once organisational changes are complete.

2. Ngā āmiki o mua / Minutes of the previous meeting

The minutes of the 20 March 2024 meeting were accepted as a true and correct record.

2.1 Ngā take korero / Matters arising

Action items from previous meeting:

Item	Meeting	Topic	Action required	By whom	Status
1.	6 June 2023	SIPCAG Terms of reference	Update SIPCAG ToR representation as needed.	Nikki Grae, Jeanette Bell	On hold
2.	25 Oct 2023	Antimicrobial guidelines project presentation from Sharon Gardiner	Confirm if the antibiotic prescribing dashboard will be linked to 1 or 4 apps. Update - Jeanette Bell has been in contact with Sharon Gardiner who will ensure the IPC Team receives a newsletter around the guidelines at the end of the month.	Rawiri McKree Jansen	Complete
3.	20 Mar 2024	Clinical leads update	Identify MOH contact responsible for supplying information to the WHO and arrange a meeting to ensure that NZ IPC data contributed by mid-April	Brittany Jenkins	Complete
4.	20 Mar 2024	SSIIP - Private surgical hospital data	IPC team to check if Te Whatu Ora has standard contracts for outsourcing, and if these include requirements for reporting of publicly funded procedures. Update – Nikki Grae been in contact with Abby Anderson, from the Commissioning Directorate, and is waiting to receive more information.	Nikki Grae	In progress
5.	20 Mar 2024	SSIIP- member request to meet quarterly to go over IPC results	IPC team to send SIPCAG members email links to updated data for HA-SAB, Hand Hygiene dashboard, and SSI dashboards. A follow up meeting can be set up if needed.	IPC Team	Complete
6.	20 Mar 2024	SSIIP – Direct data entry	Let Waitaha Canterbury team know that Royston Hospital Hastings is interested in direct SSI data entry	Jeanette Bell	Complete
7.	20 Mar 2024	SSIIP – SSI investigations	Look at ways to improve completion of SSI investigations	IPC Team	Complete
8.	20 Mar 2024	New data tile on IPC webpage	Send out link to new data tile with draft minutes	Marie Talbot	Complete
9.	20 Mar 2024	HHNZ – review of new ACSQHC auditing	Provide progress update on review of new Australian hand hygiene auditing processes at next meeting.	IPC Team	Complete
10.	20 Mar 2024	HHNZ – annual letters to districts	Consider sending annual district hand hygiene letters to coincide with World Hand Hygiene Day (starting 2025). Update – to be actioned	IPC Team	Complete

Item	Meeting	Topic	Action required	By whom	Status
11.	20 Mar 2024	HHNZ – patient experience survey	Request addition of hand hygiene question to primary healthcare survey. Update – Survey team have declined request.	Jeanette Bell	Complete
12.	20 Mar 2024	Hand hygiene	ACC to include hand hygiene in provider contracts.	Sarah Marshall	In progress
13.	20 Mar 2024	HHNZ compliance target	Look at evidence for increasing the compliance target and report back at the next meeting. Update – Refer to minutes 6. HHNZ programme update.	IPC Team	Complete
14.	20 Mar 2024	HA-SAB	Send a copy of the comparison data with Health Roundtable to Rawiri McKree Jansen	Marie Talbot	Complete
15.	20 Mar 2024	PIVC quality improvement initiative	Elevate to Service Improvement & Innovation director about enabling project and freeing capacity locally. Update – IPC Team now working directly with the Service Improvement and Innovation Team.	Rawiri McKree Jansen	Complete
16.	20 Mar 2024	Representative updates	Send glossary of IPC terms to Dennis.	Jeanette Bell	Complete
17.	20 Mar 2024	Infection services network	Send updated VRE guidelines to group.	Carolyn Clissold	Complete
18.	20 Mar 2024	Infection services network	IPC team and Carolyn Clissold to meet about linking with Te Tāhū Hauora and SIPCAG. Update - Meetings established	Carolyn Clissold IPC Team	Complete

2.2 Ngā tino korero / Papers for noting:

Quarterly IPC update for Te Whatu Ora – March 2024.

3. IPC Programme Plan

Nikki Grae gave details on the recent organisational restructure at Te Tāhū Hauora and the expected transition of the IPC Programme to Te Whatu Ora. To date there hasn't been a transition plan established or indication of resourcing, in Te Whatu Ora, for the programme. Communication with the sector has not yet occurred so this information is confidential as there are a lot of unknowns to work through.

The transition has impacted the IPC work programme and some work streams have been put on hold. Nikki gave details of the IPC programme plan for 2024/25.

Discussion:

There was a concern raised that the scope Te Whatu Ora will be limited secondary health and not include primary health.

Actions:

Information about the transition to be kept confidential.

4. Clinical Leads update

A written update was circulated with the papers for the meeting.

Arthur Morris reported that the burden of economic cost paper has been accepted for publication in the journal Infection Control and Hospital Epidemiology. The publication date is pending.

5. Surgical Site Infection Improvement Programme (SSIIP) update

Sue Atkins provided an update on the October to December 2023 period for cardiac and orthopaedic surgery.

Arthur Morris presented the outcome of the Orthopaedic surgery light surveillance 3-year analysis. There has been no increase in surgical site infection (SSI) rate following light surveillance. There has been a trend for lower compliance for some process measures for those doing light surveillance and the SSI review process will be used to monitor process measure compliance.

Sue Atkins presented an analysis on SSI investigations. Over the last three years the percentage of SSIs that have been investigated and reported in the quarterly summary reports has improved from 50 percent to 77.5 percent. Work is continuing to improve this through community of practice meetings.

Discussion:

There was discussion about districts that have opted to remain on full surveillance and the reasons for this. It was also raised that if Private Surgical Hospitals (PSH's) were able to enter data directly into National Monitor this could improve the percentage of SSI's reported on the quarterly summaries.

Action:

Sue Atkins to talk to Lynne Downing about PSH's being able to enter SSI data directly into National Monitor and completing the SSI investigation tool.

6. Hand Hygiene New Zealand (HHNZ) programme update

Tanya Jackways presented the HHNZ compliance audit results for March – June 2024.

Tanya also provided the following programme updates:

- World Hand Hygiene Day 2024 was celebrated on 5 May with resources shared, a quiz, and prize packs distributed in each district.
- A Hand Hygiene Network group has been set up with the first meeting on 30 July.
- The new Australian National Hand Hygiene Initiative Hand Hygiene Auditor Pathway has been reviewed for potential use in New Zealand. A meeting is planned with the Australian Commission on Safety and Quality in Health Care to find out how the programme has been working since its implementation.
- Hand hygiene question in national inpatient survey - Results of the first three quarters were presented. In May 2024, 73 percent of 3479 respondents who answered indicated that hospital staff always washed or sanitised their hands before they touched them.

- A literature review has been conducted to identify the latest guiding evidence on:
 - The possibility of increasing the hand hygiene compliance rate from 80 per cent to 85-90 percent, as raised at the last SIPCAG meeting
 - The impact this would have on the risk of HAIs
 - Whether the costs would be offset by the benefits gained
 - The impact on hand hygiene compliance if observational audits are paused or less frequent.

The conclusions were:

- Very high compliance rates have been achieved but are the exception rather than the rule
- Systematic review and real-world data suggest that the rate of benefit slows (flatlines) beyond 70 percent
- Further research is needed accounting for the costs and benefits of programmes that increase hand hygiene compliance from already high levels
- It is generally agreed that hand hygiene compliance decreases if audits are stopped, but intermittent audit (electronic or observational) appears to sustain compliance.

As a result of this literature review the current target of 80 percent compliance will be retained with focus on improving compliance and auditing practices. A copy of the full report was included with the meeting papers.

Discussion:

Northland shared their experience of auditing using overt surveillance. This has increased the number of moments collected but decreased the compliance rate giving a more accurate result, noting that other measures on infections have not increased. The decrease in national compliance rates for doctors over the last five audit periods was noted.

There was discussion on the value of overt surveillance because it raises the profile and reminds people to do hand hygiene.

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

Sue Atkins provided the results for January–March 2024.

8. Peripheral intravenous catheter (PIVC) quality improvement initiative

Sue Atkins gave an update on the PIVC quality improvement initiative. Sue presented an analysis of PIVC related HA-SAB. Sue shared the finalised PIVC bundle that has been developed with the PIVC advisory group and discussed the development and testing of an audit tool for the PIVC pilot using Microsoft Forms and Power BI software for reporting. An education and implementation package to support the PIVC bundle is in progress.

Discussion:

There was discussion about the risk of infection rates in relation to the length of time patients are in hospital and how long devices are in place, how the PIVC bundle will be progressed within hospitals, use of the antecubital fossa, and patients not feeling they can ask about their device(s) if painful or in a long time.

9. Health New Zealand Te Whatu Ora and Infection Services Network Aotearoa update

- Carolyn Clissold provided an update of role changes at Health New Zealand Te Whatu Ora that have an impact on IPC.
- Two IPC nursing leaders' meetings have been held where outbreaks of Vancomycin-resistant enterococci (VRE), Neonatal Intensive Care Unit Methicillin-resistant *Staphylococcus aureus* (MRSA) and Covid -19 were discussed. Funding for Covid testing has been decreased.
- Anne Whitfield has been recruited for co-lead role alongside Carolyn and they have completed statements on masking, food service assistance, building standards and keeping an oversight on multi drug resistant organism screening. The learning process in place is that documents or statements go through to the National Clinical Leadership Team for sign-out and distribution, and this has been working well.
- The first meeting of the Infection Services Network has been held and discussion has started on the programme of work. The network membership and programme of work needs to be approved by the Network Oversight Group. The next meeting will be held in two weeks.

Discussion:

There was discussion about IPC presently being the focus of the clinical specialities for the network.

10. Representative updates

- *The Infection Prevention and Control Nurses College (IPCNC)*– Jo Stodart reported the IPCNC conference is on 21-23 August.
- *Accident Compensation Corporation (ACC)* – Sarah Marshall provided a written update. ACC is going through a time of change, so roles and areas of focus are uncertain.
- *New Zealand Microbiology Network (NZMN)* – Vivian Black reported on the current situation with infections circulating in New Zealand and the impact of the funding decrease for Covid testing.
- *Ministry of Health – Manatū Hauora* – Rosie Moore reported that the Ministry is continuing to work through internal changes and the final structure should be in place by September. The Government Policy Statement (GPS) has been published by the Minister and sets out what is expected of health to deliver in the next three years. There is a chapter on quality in the GPS which outlines the Ministers expectations of how systems have been set up to improve quality over the next three years. The aim of the GPS is to provide timely access to quality healthcare.
- *Consumer Representatives* – Marj Allan commented on the level of work completed by the IPC Team during this time of uncertainty and change. Dennis Te Moana gave an update on his attendance at the Consumer Engagement Conference.
- *Private Surgical Hospitals* - Lynne Downing reported that the NZPSHA conference is on 11-13 September 2024, in Auckland and what is included on the agenda for this conference.
- *Directors of Nursing* – Maree Sheard reported that the focus of the Directors of Nursing has been on efficiencies. They are going to develop some nurse sensitive care indicators

to act as balancing measures for efficiency measures. Current IPC measures will be tabled for inclusion as indicators.

- *Quality and Risk Managers* – Sue Barnes reported that there have been changes in leadership for this group. The group is currently focusing on core business with an increase in data requests being made.
- *District management* – Greg Simmons reported that clinical leadership roles across the districts are currently being worked on. The rise in infection rates during winter and the moratorium on recruitment has resulted in wards being at capacity.

11. General Business

There were no items of general business raised.

12. Karakia and close

The meeting was closed at 3.30pm with a Karakia.

13. Actions list

Item	Meeting	Topic	Action required	By whom	Status
1.	6 June 2023	SIPCAG Terms of reference	Update SIPCAG ToR representation as needed.	Nikki Grae, Jeanette Bell	On hold
2.	20 Mar 2024	SSIIP - Private surgical hospital data	IPC team to check if Te Whatu Ora has standard contracts for outsourcing, and if these include requirements for reporting of publicly funded procedures.	Nikki Grae	In progress
3.	20 Mar 2024	Hand hygiene	ACC to include hand hygiene in provider contracts.	Sarah Marshall	In progress
4.	24 Jul 2024	IPC programme transition to Te Whatu Ora	Information about the transition of the IPC programme to be kept confidential until formal communications have been sent.	All	Ongoing
5.	24 July 2024	SSIIP update	IPC team to talk to Lynne Downing about capturing PSH data in National Monitor and on SSI investigation forms.	Sue Atkins	Not started

14. List of abbreviations used in meeting

GPS	Government Policy Statement
HA-SAB	Healthcare-associated <i>Staphylococcus aureus</i> bacteraemia
HHNZ	Hand Hygiene New Zealand
IPC	Infection prevention and control

MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
PIVC	Peripheral intravenous catheter
PSH	Private Surgical Hospital
SIPCAG	Strategic Infection Prevention and Control Advisory Group
SSIIP	Surgical Site Infection Improvement Programme
SSI	Surgical site infection
VRE	Vancomycin-resistant <i>Enterococci</i>