Minutes of the 13th meeting of the Strategic Infection Prevention & Control Advisory Group held on 4th November 2015

Present:	Sally Roberts (Acting Chair), Gillian Bohm, Geoff Cardwell, Richard Everts, Trevor English, Joshua Freeman, Bridget Goggin, Adrienne Morgan, Arthur Morris, Jane Pryer, Nick Kendall, Lorraine Rees, Jo Stodart, Deborah Jowitt (minutes).
Apologies:	Gabrielle Nicholson, Mo Neville, Jenny Parr, Karen Orsborn.

The meeting was held in the Viscount Room, Wellington Airport Conference Centre, and it commenced at 9.35am.

Bridget Goggin, Senior Injury Prevention Specialist, Accident Compensation Corporation (ACC), who is currently working with the Commission on IPC-related projects, attended the meeting with Nick Kendall, Manager Treatment Injury ACC.

1.1 Minutes of the teleconference held 5 August 2015

The minutes were approved without correction.

Richard Everts and Lorraine Rees joined the meeting at 9.45am.

1.2 Actions update

The action table was considered and updated – refer to appendix one.

Two action items were discussed more fully by the group:

- Item 2.1: A letter from SIPCAG to the Ministry of Health Healthcare Associated Infection Governance Group (HAIGG) to formally request the establishment and funding of a project for the development of a national antimicrobial stewardship (AMS) framework taking a multiagency approach was not sent as the timeframes before the August HAIGG meeting were very short.

- Item 2.3: Invitation to Helen Heffernan, Environmental Science and Research (ESR) senior scientist, to present to the group on ESR's national antimicrobial resistant organism surveillance programme. Helen is on leave in February 2016, but has accepted an invitation to present at the 4th May 2016 meeting.

2.1 HAIGG update

Sally Roberts opened the discussion on the most recent HAIGG teleconference held on 28 October 2015 and invited Jane Pryer (Senior Advisor, HAIGG) to give a summary of the topics discussed:

- IPC IT Business Case: the Ministry of Health's IT Governance Group have requested a meeting with the Director of the National Health IT Board, to gain support in

raising the priority of this project from 'emerging' to 'important', and to progress the development of a business case for national IPC IT.

- Carbapenem-resistant Enterobacteriacea*e* (CRE) cases reported: Small 'clusters' have been reported at Waikato and Canterbury DHB hospitals (see Item 2.3 NMLN minutes). There are limited treatment options for CRE infection and other infections caused by multiresistant organisms (MROs) which pose a serious threat to vulnerable patients. Sally advised that there have been 35 confirmed CRE isolates to date (timeframe 2009 -2014). In 2015 limited spread between patients has been evident at Waikato and Christchurch DHBs. Sally is a member of the Australian Commission's Multi-resistant Gram Negative (MRGN) Guideline Review Group which is developing advice for the Australian national strategy for CRE and she will keep SIPCAG informed of this work.

  Jane is working with Sally and other members of the HAIGG to develop a one page document with advice on the management and notification of patients colonised or infected with CRE in response to a request from Capital & Coast DHB for a nationally consistent approach.

- AMS guidelines: Eamon Duffy, ADHB antimicrobial stewardship pharmacist and member of HAIGG, was tasked with developing a draft briefing paper of what AMS guidelines should look like for use within the New Zealand healthcare setting (including activities expected in the health sector); however, in his absence Sharon Gardiner (CDHB antimicrobial stewardship pharmacist) and Jane are now liaising on this. The Ministry has also completed a briefing paper on antimicrobial resistance (AMR) activities within New Zealand against the World Health Organization (WHO) 5 point AMR strategy.

  The approach agreed by HAIGG at their October meeting is to support the development of four regional antibiotic stewardship guidelines to allow for local epidemiology and context. Arthur Morris raised concerns about the potential for duplication with this approach. This issue was also discussed at the August SIPCAG meeting where consensus was reached that the best way forward would be for the Ministry of Health to fund the development of a core national document that could then be modified as necessary for local / regional settings. Jane agreed that a dedicated person was needed to manage and lead the project.

  Debbie Jowitt was also asked to outline the actions the Commission is taking to highlight Antibiotic Awareness Week (AAW) in 2015, and also to provide links to the Australian Commission's AMS Guidelines. The NZ Commission will be joining the international community again in a global twitter feed on 18 November 2016 to raise awareness of the issues of antimicrobial resistance. The theme for AAW 2016 is "Antibiotics: handle with care".

- ESR DHB pilot to capture the rate of hospital onset *Clostridium difficile* infection (CDI): the results of this pilot study were due at the end of June 2015 but no report has been received to date. Jane confirmed that the report will be shared with SIPCAG as soon as it has been received and reviewed. An update will be given at the next HAIGG meeting on 16 December 2015. Sally noted that the Northern region is developing agreed CDI surveillance definitions and will report regionally from 1 January 2016.

Action: Send SIPCAG members the link to the Australian Commission on Safety and Quality in Healthcare (ACSQHC) AMS guidelines with November minutes (HQSC IPC team).

2.2 National IPC clinical lead report

Sally gave a comprehensive report on her activities since August 2015 which include:

1. Clinical Leadership over the IPC Portfolio
    a. Conferences/Presentations/Workshops
        - Annual Queenstown Update in Anaesthesia, 20-22 August 2015
          "Reducing post-operative infections; the role of anaesthetists"
        - World Congress of intensive and Critical Care Medicine, Seoul, South Korea, 29th August-1st September
          "Optimising culture change to improve patient outcomes"
          "Quality improvement in trauma and critical care"
        - APAC, 23-25th September 2015
          Poster presentations:
          "Doing the right thing every time; improvement in clinical practice following implementation of the NZ SSII Programme"
          "NZ HQ&SC IPC Programmes: evidence for sustained improvement in infection prevention interventions.
          Workshops:
          Values-based healthcare, medical behaviour, social media, improvement from an academic perspective and big data
        - ACC Injury Prevention Partners Conference, 22/10/2015

2. Clinical Leadership & Development
    a. Ministry of Health Healthcare-associated infection Governance Group (HAIGG)
        i. Face-to-face 27/8/2015 (DNA)
        ii. Teleconference 28/10/2015
    b. Member of the Australian Commission on Safety and Quality in Healthcare "Carbapenemase-producing Enterobacteriaceae IPC Guideline" writing group

3. Regional Network Development
    a. Planning of Regional Patient Safety and IPC Networks
        i. Northern DHB Region 26/11/2015
        ii. South Island Alliance 14/12/2015
        iii. In discussion with Midlands and Central DHB Regions

4. Operational activities
    a. Preparation and review of documents in conjunction with Debbie Jowitt
    b. National SSII Programme Steering Group meeting (Chair)
    c. HHNZ Programme meetings
        i. Working on manuscript for HHNZ
    d. ADHB activities
        i. Surgical Antimicrobial Prophylaxis Guidelines
        ii. Submitted paper to NZMJ around cost of THJ and TKJ arthroplasty SSI
        iii. Orthopaedic and Cardiac SSII programme.

Sally works 0.2FTE for the Commission, and also acts as director of the SSII Programme at ADHB.

2.3 National Microbiology Laboratory Network (NMLN) Report

Josh Freeman provided an update of the NMLN, noting that it is a good forum for information sharing and intelligence gathering at a national level. Richard suggested that NZ Bug, the online communication group he manages which effectively links Infectious Disease Physicians, Microbiologists and IPC practitioners, could be a useful platform for consultation by the NMLN on microbiology issues.

3.1 IPC Programme 2016/17

Sally led the discussion on the IPC Programme work plan for the next financial year working through the primary drivers for reducing HAIs in the NZ health and disability sector. Discussion focused on how best to raise the profile of IPC, initially in DHBs, but also more generally across the sector.

Raising the profile of IPC
As part of her Master of Public Health dissertation on IPC governance, Jo Stodart has been examining how lines of accountability and communication function within DHBs. She has found that these are very diverse as they have evolved in isolation across the country. Gillian Bohm agreed, emphasising the complexity of DHB organisations, and the challenges of communicating effectively with them. Her experience is that DHB Communications Departments tend to prefer that documents such as programme reports are directed to Chief Executives which may not always be the best way to facilitate spread of key information to all leads and departments.

Sally suggested that changing the 'branding' of the IPC programme may be helpful to gain broader engagement across disciplines and the sector. She highlighted how historically IPC has been seen as a nurse-led activity in NZ, unlike in the US where hospital epidemiologists were part of the multidisciplinary team. Limited medical interest in IPC appears to have hindered the development of a multidisciplinary approach in NZ. Josh also commented that raising the importance and profile of IPC to DHB Chief Executives was essential to building a strong and influential base nationally.

ACC involvement in HQSC IPC Programme
Nick Kendall outlined the potential partnership between ACC and the Commission in reducing harm and cost to patients from healthcare associated infections (HAIs).

The topics ACC has decided to focus on are:

- *Perioperative harm;*
- *Infection prevention and control;*
- *Pressure injuries.*

The emphasis on the hospital sector is likely to be followed by partnership initiatives in the primary sector. ACC has been raising the profile of treatment injury with ACC Minister Nikki Kaye and will bring its resources to bear on raising the profile of IPC more generally. Bridget Goggin, Senior Advisor Treatment Injury Programme, also has an interest in reducing peripheral IV complications, including infection, and is looking at claims more closely to identify any trends.

4.1 HHNZ update

Josh Freeman presented the most recent results from the national hand hygiene programme for July to October 2015. The national audit report is yet to be finalised and sent to the

Commission before distribution to DHBs, however, the aggregated DHB hand hygiene rate for this period has been confirmed as 81 percent. This is up one percent from the April to June 2015 audit and demonstrates the on-going commitment by DHBs to improving hand hygiene. All DHBs contributed the appropriate 'moments' and twelve DHBs have achieved improved performance.

Richard raised the 'bare below the elbows' approach being taken in some DHBs, particularly in intensive care units (ICUs). This has not been adopted at Nelson Marlborough DHB due to the lack of evidence-based studies on its effectiveness in reducing HAIs. Josh agreed that while 'bare below the elbows' policies have some basis in common sense, the evidence base is not strong; as a result the national programme has not promoted this approach. Instead it has focused on frontline ownership (FLO) as a way of supporting engagement by all members of the healthcare team to hand hygiene improvement at the local level.

Nick Kendall suggested the 'Uses and Abuses of Performance Data' page on the Dr Foster Intelligence website would be interesting reading for the group. Lorraine Rees discussed the difficulties of collecting data in mental health and maternity units where patient contact is either very limited or is often on a one-to one basis behind closed doors / curtains (for example to provide privacy for checking the breasts or perineum). Josh suggested that Tessa Grant, ADHB hand hygiene coordinator, may be able to be of assistance with approaches to data collection in these clinical areas.

Action: Dr Foster link to be sent to SIPCAG members with November minutes (HQSC IPC team).
Action: Lorraine to be sent contact details for Tessa Grant (HQSC IPC team).

4.2 Healthcare associated *Staphylococcus aureus* bacteraemia (SAB) outcome marker reporting update

Josh Freeman reaffirmed the challenges of SAB as an outcome marker for hand hygiene, including community associated HAIs, and the variables that can potentially influence the rate:

- The HASABSI definition includes community-onset healthcare-associated bloodstream infections (BSIs), for example, infections among renal dialysis patients who access their vascular lines regularly as part of their home-based care. It is unlikely that hospital hand hygiene practice will impact on the BSI rates of this group.

- The improvement approach being taken impacts on a myriad of areas and a single measure will not reflect this.

Sally noted that whereas ADHB has 40 fewer cases annually than it did at the start of the hand hygiene programme, the impact of this reduction has been diluted by variations in the 20 DHBs contributing to this measure. As a consequence, the national report does not reflect on-going local improvement.

The Australian Commission has developed a stratification system based on size of hospital and 'vulnerability' of patients to stratify its HASABSI results. Debbie and Sally proposed stratifying the NZ data by size of DHB (as a surrogate for the acuity and complexity of patients being cared for). They circulated two potential stratification models based on differing bed numbers. After some discussion a consensus was reached that it would be useful to trial a three-tiered stratification (small and rural DHBs; medium-sized DHBs; and metro and larger DHBs) with report back to SIPCAG in February 2016.

Action: Trial SAB reporting stratified by DHB bed numbers for discussion at February 2015 meeting (Sally & HQSC IPC team).

4.3 Michael Gardam frontline ownership national workshop

Debbie gave a brief report on this workshop which was funded by the Commission's Capability Building and IPC Programmes. Over 40 participants from 12 DHBs and 13 private surgical hospitals, as well as a representative from Hand Hygiene Australia, attended. Jo and Adrienne, who both attended the workshop, gave very positive feedback on the workshop itself and the subsequent uptake of the techniques shared for engagement and local ownership of improvement in their organisations.

Action: Link to workshop videos on Commission website to be sent to SIPCAG members with November minutes (HQSC IPC team).

4.4 National hand hygiene programme transition update

Sally outlined the progress that has occurred with the programme transition:

- ADHB has delivered the audit report for July - October 2015; future audit reports will be delivered by the Commission's Measurement & Evaluation and IPC teams;
- A national hand hygiene coordinator role has been proposed to undertake clinical leadership, administrative and regional support roles for the programme in 2015/16; this role is currently at the approval stage;
- Regional networks are continuing to support gold auditor training and local programmes are effectively sustaining improvement at local DHB level.

Josh and Debbie held a teleconference with Hand Hygiene Australia on 23rd October to discuss the database upgrade, and data entry requirements for New Zealand. The new database will provide more opportunities for 'slicing and dicing' local data by clinical area, healthcare worker, by 'moment' and by combinations of these filters.

Regional IPC network meetings are planned in the Northern region on 26th November and in the South Island region at Canterbury DHB on 14 December. The SI meeting will be by videoconference; Geoff Cardwell asked to be invited as the consumer representative of SIPCAG. The meetings in the Central and Midland regions have been deferred to February 2016.

Action: SIPCAG to be advised on progress of Hand Hygiene Coordinator role (HQSC IPC team).

Action: Approach Irena DeRooy, Quality & Risk Manager Canterbury DHB re Geoff Cardwell's attendance at the SI regional IPC network meeting on 14th December, (HQSC IPC team).

4.5 National IPC programme workshop 2016

At the SIPCAG meeting in August, a national multidisciplinary IPC workshop was proposed in conjunction with the NZ subcommittee of the Australasian Society for Infectious Diseases (ASID) meeting in October 2016. Sally approached the organiser of the ASID 2016 meeting with this proposal; however, the University of Otago International Health Network has already partnered with ASID on a pre-meeting workshop. ASID organisers suggested that the 2017 meeting is a possible partnership opportunity.

Lorraine outlined the difficulties for IPC teams in getting release time and funding for travel to regional and national meetings. However, she considered holding a multidisciplinary national workshop as a very positive particularly as the IPC Nurses College national conferences are biannual with no national conference in 2016.

The group agreed that the 2016 workshop should be pitched at a reasonably high level to be of interest to medical, nursing and quality improvement advisors. An international medical speaker with a strong interest in IPC and quality improvement was suggested as the best way to attract a sizeable group. Gillian offered support from the Capability Building Programme to fund speaker travel. Wellington was suggested as the preferred venue being central to all regions; August-September the best timing for the meeting/workshop.

Action: International speaker(s) and venue to be confirmed by February 2016 meeting of SIPCAG (HQSC IPC team)

5.1 SSII Programme update

Arthur led the discussion on the SSIIP orthopaedic report published in September 2015. Highlights included the improved quality and safety markers (antibiotic timing at 96 percent (target 100 percent); antibiotic dosing (95 percent – the target has now been reached); skin prep (99% - the target is 100 percent). Gillian asked how many DHB Chief Executives would be aware of these excellent results. The discussion that followed linked to earlier consideration of how best to raise the profile of the overall IPC programme.

Arthur noted that the Expert Faculty for the programme is very active and engaged. Among their recent suggestions are to:

- Combine deep and organ space rates in the quarterly report to DHBs;
- Give consideration to reporting post-op duration for primary orthopaedic procedures only;
- Discontinue collecting data on a revision procedure occurring for infection.

In addition the Expert Faculty is developing sampling packages and instructions for when infection is suspected. Arthur also noted that in future the Expert Faculty may give consideration to a proposal to replace the skin prep QSM because it is now standard practice in DHBs for orthopaedic surgery.

5.2 Progress on cardiac surveillance and reporting

Of the five DHBs that carry out Cardiac Surgery, three (Auckland, Canterbury, and Southern) are currently participating. A more automated data collection process is being developed and implemented in Waikato and Capital & Coast DHBs prior to them coming onboard. The SSII Programme will work with these DHBs once this process has been established to assist them to implement the surveillance aspects of the Cardiac Surgery programme.

Currently, the programme is uploading data from Auckland and Canterbury with Southern DHB entering data manually. This stage is expected to be completed in mid-December after which a test Cardiac Surgery report will be extracted and shared with the participating DHBs to assist with refining and improving the data collection processes. It is anticipated that full national reporting will not occur until the Jan-Mar 2016 reporting period (June 2016).

5.3 Proposal for spread of SSIIP interventions to other surgical sub-specialties

Debbie and Arthur opened the discussion on the 'spread' proposal, which was received positively by the group. Richard expressed his support for a standardised approach and Lorraine Rees suggested that it would be useful to partner with the Royal Australasian College of Surgeons (RACS) NZ Executive to promote the spread proposal.

Debbie pointed to the results of the Swiss NOSO baseline survey of perioperative practice across a range of surgical disciplines which drew attention to the relatively low level of compliance with evidence-based practice even in a well-resourced healthcare system. Sally confirmed that the experience at Auckland DHB from local data on appropriate cefazolin dosing was that the intervention introduced by the SSII Programme in 2013 had been much more widely adopted than orthopaedics, indicating spread was occurring. At ADHB anaesthetists were recognised as key change agents and as such should be included in any spread initiative.

Decision: The Strategic IPC Advisory Group endorsed the recommended approach to spreading the interventions implemented in the orthopaedic and cardiac workstreams of the SSII Programme to other surgical sub-specialties (Arthur and HQSC IPC team).

6.1 Board paper SSIIP sustainability model

Debbie led the discussion on the revised sustainability paper which will go to the Board on 25th November 2015. SIPCAG has discussed the earlier version of the paper at the August 2015 meeting, so the focus was on the additional content including the proposed options for a sustainability model. Gillian explained that the Board may indicate a preference for a preferred 'end state' for the SSII Programme, or it may suggest that a more formal framework is developed.

Discussion centred on the Commission as the preferred lead agency for a long term sustainability model. The consensus of the group was that programme lead by organisations and agencies other than the Commission would potentially reduce the programme to 'number crunching' and almost certainly lead to a reduction in the current focus on quality improvement and patient-centred care.

The Commission was endorsed as the preferred lead of a multidisciplinary SSIIP 'hub' in both the short and long term.

Decision: The Strategic IPC Advisory Group endorsed the Commission as the preferred lead for the SSIIP sustainability model.

Action: Include SIPCAG's endorsement in the final version of SSIIP sustainability paper that is presented to the Commission Board on 25th November 2015 (HQSC IPC team).

7.1 Review of SIPCAG TOR; terms of membership

Sally introduced this topic, noting that a preliminary review of the TOR in August had revealed that the term of membership has not been included. She also noted that the national IPC clinical lead was not identified as a key member of the group. Trevor proposed that it would be useful to include a Director of Nursing (DON) and the ACC on the membership list.

Discussion on the term for membership resulted in a proposal by Gillian that the State Services model be adopted (membership term of three years with renewal for another three years). This was endorsed by the group.

Decision: The Strategic IPC Advisory Group endorsed the State Services Commission model for terms of membership of SIPCAG

Action: SIPCAG terms of reference including term of membership to be updated following feedback by SIPCAG (HQSC IPC team).

8.1 Consumer representation on SIPCAG

Geoff asked that his request for a second consumer representative in August be re-visited at the February 2016 meeting. Debbie explained that previously Gabrielle had indicated there was no problem having two consumers on the group, provided there was funding and a clear purpose for increased representation. While the group confirmed its willingness to have a second consumer representative, these issues needed to be clarified.

Geoff also asked that his request for a specific agenda item for consumer engagement be considered. Sally confirmed that this would be done, with Gabrielle as chair of the SIPCAG making the final decision on how it would be implemented.

Action: Revisit the appointment of a second consumer representative on SIPCAG at the February 2016 meeting (HQSC IPC team).

Action: Include consumer engagement as a regular agenda item at SIPCAG (HQSC IPC team).

The meeting closed at 3.05pm.

Proposed 2016 meeting dates:

- Wednesday 10th February 2015
- Wednesday 4th May 2016
- Wednesday 3rd August 2016
- Wednesday 2nd November 2016.