10 Years of National HAI – 2007-2016
Prof. Marilyn Cruickshank, Australian Commission on Safety and Quality in Health Care
Broadcast live from the Australian College of Infection Prevention and Control

10 years of national HAI
2007 - 2016

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AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Prof Marilyn Cruickshank
Director National HAI Prevention Program
22 November 2016

Hobart 2007 – Hobart 2015

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ACIPC 2015: Where to in 2016

1. CDI – laboratory and reporting
2. Guide for surgical site surveillance
3. Revising the national infection control guidelines
4. Reviewing resources for standard 3
6. Preparing a business case for a national HAI point prevalence survey

Surveillance and Monitoring of Clostridium difficile infection in Australia

- CDI laboratory testing practice.
- Review the CDI infection control position statement.
- Hospitals continue to collect hospital-identified CDI
- Hospitals undertake HA-HFO CDI surveillance
- Jurisdictional rates discussed biannually
- Monitoring severe cases of CDI
- Rates of CDI from private hospital ownership groups
- Key research priorities:
  a) Targeted surveys exploring the burden of CDI in RACFs
  b) Periodic surveys of circulating strains of C difficile
1. CDI – laboratory and reporting

- PHLN: *Clostridium difficile* Laboratory case definition  
  March 2016

- ASID updated guidelines for the management of *Clostridium difficile* infection in adults and children in Australia and New Zealand  
  July 2016

- ACIPC Position paper on CDI infection prevention  
  In progress

- Highlighted the need for research on CDI in aged facilities

- CDI Community of practice - surveillance, best practice guidelines  
  October 2016

2. Guide for surgical site surveillance

- Assist health services in providing evidence to demonstrate compliance with NSQHS Standard 3: 3.2: surveillance for HAI

- Uses CDC National Healthcare Safety Network definitions and methodology.
2. Guide for surgical site surveillance

- outlines key principles of a SSI surveillance program relevant to acute health services
- designed to complement existing jurisdictional SSI surveillance programs.
- provides an overview
  - selection of procedures for surveillance
  - risk adjustment
  - post-discharge surveillance
  - case studies/example
  - case review and case validation
  - benchmarking

3. Revising national infection control guidelines

- Partnership between NHMRC and the Australian Commission on Safety and Quality in Health Care
- These agencies, and the Australian Government of Health are working together on a pathway to reform clinical guideline development
- Completed:
  - Consultation
  - Horizon scan
- In progress:
  - Systematic and literature reviews
4. Resources for Standard 3

Safety and quality improvement guides

- Hospital guide  
  draft in progress
- Dental practice
- Community facilities
- Workbooks for small hospitals

4. Resources for Standard 3

AS 4187 advisory on sterilisation

- The requirement for organisations to have responded to AS/NZS 4187:2014 in December 2016
- There is variation in the compliance requirements between:
  - Australian guidelines for infection prevention & control in healthcare
  - Standard 3 of NSQHS Standards
- ‘Economies of scale’ and expectations
- Sterilising services are being stretched by service delivery, supply and demand issues
The new edition – what’s in & what’s out?

Section 2: Who is involved in AMS and what is their role?

1. Engagement with the consumer
   - Including the role of the AMS CCS
2. The role of the ID physician
3. The role of the clinical microbiology service
4. The role of the prescriber
   - Medical and non-medical
5. The role of the pharmacist and pharmacy services
   - Including the community pharmacist
6. The role of the nurse/midwife/ICP
6. HAI point prevalence survey

- Established a key working group to develop funding options for a national point prevalence survey  Aug 2016
- Business case developed  Oct 2016
- Literature review  in progress
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Other 2016 projects

The National AMR Strategy 2015-19

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HAI Advisory Terms of Reference
Amended November 2015

Provide leadership and advice on issues of national importance in infection prevention and control.

- In addition, where the Commission is requested to undertake specific activities of national interest, the HAI Advisory Committee may be asked to lead on developing a response.
- Where this occurs, a specific Working Group would be formed with the appropriate skills, and in order to respond in a time appropriate manner.

Membership extended to include CDNA, OHP, IJC, AHPPC

Updated MRGN Guide 2013
-> CPE Guide 2016

Includes:
- Preparation and planning
- Detection and surveillance
- Strategies – limited transmission
- Outbreak management
- Laboratory screening & confirmation
- Recommendations for States

Resources
- information for clinicians on CPE
- information for general ward staff
- a checklist for ward-staff and afterhours managers
- information for patients who have been diagnosed with CPE
- information for patients who are to be screened for CPE

2017 Implementation workshops with ACIPC and HCSIG

NTM infections in Heater – cooler devices

- National guidance
- Collaboration between experts, jurisdictions policy, TGA
- CDNA advice on lookback strategies
- Partnership with ACIPC Webinar

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Support HAI/AMR research proposals 2016

1. AMR Research collaborative QUT, NCAS, Bond Unis
2. AVATAR (Vascular access) Griffith University
3. CRE in ID emergencies University of Sydney
4. CRE in HAI QUT
5. AMS sociology UNSW
6. Culturally and linguistically diverse patients UNSW
7. Video reflexive ethnography Westmead Hospital
8. HAI Point Prevalence Survey QUT, Avondale, Monash

Business as usual
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Building clinician capacity

- Education
  - Web based modules for new antibiotic prescribers
  - Seminars for ID/Micro trainees
  - Workshops AMS for nurses
  - AMS and Antibiotic classes videos
- Online orientation for infection prevention and control
- Hand hygiene modules
- 10 infection & prevention modules

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Basic principles of infection management

> 20,000 registered users
1. Principles of infection control
2. Basic epidemiology/statistics
3. Surveillance
4. Basic microbiology/multi-resistant organisms
5. Introduction to infectious diseases
6. Immunisation of healthcare workers
7. Outbreak investigation and management
8. Building works
9. Occupation exposure management
10. Cleaning, disinfection and sterilisation

Online Orientation Module for Infection Prevention and Control

> 23,500 registered users in first year 2014-15

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Online Learning Package Completions

Hand hygiene 2016

860 organisations submitted data
- 560 (65%) public sites
- 300 (35%) private sites

Notable results
- Aggregate national hand hygiene compliance remains >80%
  - 82.8% (82.7-82.9)
- Medical Practitioner compliance >70%
  - 71.3% (70.2-72.3%)
- Almost all hospitals are “similar to” or “above” 70%
  - 98.7% (806/817)
National Hand Hygiene Benchmark

Revised benchmark for hand hygiene - Commonwealth
AHMAC members endorsed:

• An increase for the national hand hygiene benchmark to 75% in 2016, followed by an increase to 80% in 2017.
• Reporting against a benchmark for 75% in 2016, and 80% in 2017, for all professional groups.
• Reporting against a benchmark for 75% in 2016, and 80% in 2017, for each of the five moments.
• Reporting to occur through the MyHospital web site taking into account small cell sizes.

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The NSQHS Standards

- Standard 1: Governance for Safety and Quality in Health Service Organisations
- Standard 2: Partnering with Consumers
- Standard 3: Healthcare Associated Infections
- Standard 4: Medication Safety
- Standard 5: Patient Identification and Procedure Matching
- Standard 6: Clinical Handover
- Standard 7: Blood and Blood Products
- Standard 8: Preventing and Managing Pressure Injuries
- Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care
- Standard 10: Preventing Falls and Harm from Falls

Other ACSQHC projects

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Implementation takes place at the bedside-
The Clinical Care Standard for AMS

Supporting documents
Fact sheets for consumers and clinicians
Indicator specifications

Implementation happens at the bedside

AURA 2016


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National Alert System for Critical Antimicrobial Resistances (CARAlert): Laboratory Handbook

The CARAlert Handbook

Table 1: Critical antimicrobial resistances for National Reporting under CARAlert

<table>
<thead>
<tr>
<th>Species</th>
<th>Critical resistance (as at December 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enterobacteriaceae</td>
<td>Carbapenemase-producing strains, or Ribosomal methylase-producing strains</td>
</tr>
<tr>
<td>Enterococcus species</td>
<td>Linezolid non-susceptible</td>
</tr>
<tr>
<td>Mycobacterium tuberculosis</td>
<td>MDR (at least rifampicin and isoniazid resistant) strains</td>
</tr>
<tr>
<td>Neisseria gonorrhoeae</td>
<td>Ceftriaxone non-susceptible or azithromycin resistant strains</td>
</tr>
<tr>
<td>Salmonella species</td>
<td>Ceftriaxone non-susceptible strains</td>
</tr>
<tr>
<td>Shigella species</td>
<td>MDR strains</td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td>Vancomycin, linezolid or daptomycin non-susceptible</td>
</tr>
<tr>
<td>Streptococcus pyogenes</td>
<td>Penicillin reduced susceptibility</td>
</tr>
</tbody>
</table>

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Thank you

HAI Program Team
• Cate Quoyle
• Sue Greig
• Fiona Gotterson
• Jan Gralton

Partners
• HAI & AMS Committees and working groups
• ACIPC
• ASID
• HICSIG

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December 1  2017 TELECLASS SCHEDULE RELEASED

December 8  VIABILITY OF BACTERIA ON FABRICS
Prof. Jerry H. Kavouras, University of Illinois at Chicago

December 15  (FREE Teleclass)
INFECTION CONTROL IN ELDERLY CARE INSTITUTIONS – WHERE SHOULD WE GO?
Prof. Andreas Voss, Radboud University Medical Centre, The Netherlands

www.webbertraining.com/schedulept.php

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