

Healthcare Associated Infection Surveillance Clinical Directive

Version No.: 1.2
Approval date: 4 November 2020

INFORMAL COPY WHEN PRINTED



Contents

1. Policy Statement	3
2. Roles and Responsibility	3
3. Policy Requirements	4
3.1. National Healthcare Agreement Indicators.....	4
3.2. State Performance Agreement Indicators	4
4. Implementation and Monitoring	5
4.1. Annual reporting of National healthcare infection indicators to:.....	5
4.2. Monthly reporting of State and National indicators to:.....	5
4.3. Annual statewide reports:	6
5. National Safety and Quality Health Service Standards	6
6. Definitions	6
7. Associated Directives / Guidelines & Resources	7
7.1. National	7
7.2. Associated policy directives and guidelines	7
7.3. State resources	7
8. Document Ownership & History	8

INFORMAL COPY WHEN PRINTED

Healthcare Associated Surveillance Clinical Directive

1. Policy Statement

The purpose of this policy directive is to:

- > standardise surveillance of healthcare associated infection (HAI) across the public health care sector
- > enable the continuous monitoring of the incidence of selected HAI at the state, local health network and health facility level
- > provide governance that clearly outlines the responsibilities of individuals and health services in the surveillance of HAI.

For the purpose of this policy directive, acute care public hospitals are defined as per the Australian Institute of Health & Welfare as: all types of public hospital, both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care.

Participation in the South Australian HAI surveillance program is available to private healthcare facilities on a voluntary basis.

2. Roles and Responsibility

All SA Health acute care facilities must adhere to this policy.

Healthcare facilities should have processes in place to ensure that infection prevention staff are adequately trained in surveillance methods and that data are submitted in a timely fashion.

Chief Executive SA Health:

- > ensuring that all SA Health hospitals conduct surveillance for healthcare associated infection in accordance with this policy directive.

Executive Director Public Health and Clinical Systems through the Director of Communicable Disease Control Branch:

- > maintain the statewide HAI surveillance program and integrity of the associated data
- > provide analysis of data and publication of regular reports on the key infection measures listed in sections 3.1, 3.2 and 3.3
- > develop standardised definitions and communicate methodology to data contributors
- > ensure that surveillance activities are aligned with Australian and international surveillance definitions, to allow for external benchmarking where relevant
- > ensure consistency and accuracy of submitted data through validation exercises and ongoing education to Infection Control Professionals responsible for collection and submission of data.

Local Health Network (LHN) Boards:

- > ensure that surveillance programs are in place to continuously monitor key infection rates (where appropriate), and that these are supported by adequate information technology systems and human resources

- > ensure the day-to-day responsibility for establishing and monitoring the implementation of this policy is delegated to the relevant senior managers
- > ensure surveillance data are reviewed regularly by appropriate committees and actioned accordingly.
- > support the collection and analysis of facility-based HAI surveillance data by adequately trained staff
- > facilitate the contribution of surveillance data to the statewide HAI surveillance system, ensuring the accuracy and timeliness of data provided.

3. Policy Requirements

Reliable surveillance data underpin all quality improvement processes, and regular monitoring and feedback is associated with improved patient outcomes. An effective surveillance system is one that delivers timely information to drive change and to evaluate the effectiveness of interventions.

Surveillance complements other prevention strategies including clinical interventions to improve the quality of care, adoption of evidence-based best practice and outbreak identification and management.

SA Health hospitals must have in place a system for the collection and reporting of all mandatory national and state infection indicators as detailed in this policy directive. This requirement is in line with the National Safety and Quality Health Service Standards.

This policy directive is to be read / administered in conjunction with the relevant information provided in the SA Health *Healthcare Associated Infection Surveillance Manual*, the SA Health *Healthcare Associated Infection Prevention Policy Directive*, and the Australian guidelines for the prevention and control of infection in healthcare.

Surveillance data on the selected HAI indicators below must be submitted to the Department of Health and Ageing according to the definitions and within the time frames and in the format specified in the *SA Health Healthcare Associated Infection Surveillance Manual*.

3.1. National Healthcare Agreement Indicators

In December 2008, Australian Health Ministers endorsed the recommendation that all hospitals monitor and report through their relevant jurisdiction the following two infections:

- > Healthcare associated *Staphylococcus aureus* bacteraemia (SAB)
- > Hospital identified *Clostridioides difficile* (previously known as *Clostridium difficile*) infections (CDI)

Data on these two national indicators are required to be reported from all SA Health facilities identified in section 1 above.

3.2. State Performance Agreement Indicators

Current hospital performance agreements for metropolitan and larger regional hospitals require hospitals to report on two infection control indicators, in addition to the national indicators above.

- > Healthcare associated methicillin-resistant *Staphylococcus aureus* infections (MRSA)
- > Healthcare associated vancomycin-resistant Enterococcus species (*E. faecium* or *E. faecalis*) infections (VRE)

Both the National and State Agreement Indicators are reported monthly via the LHN Analytics and Reporting Service (LARS) for these facilities.

3.3. Additional SA Health HAI surveillance

Metropolitan and larger regional hospitals also contribute data on the following indicators in order to provide statewide benchmarking reports, and to monitor overall trends in South Australia. These data include information on acquisitions, infections and hospital burden.

- > Targeted organisms of significance:
 - methicillin-resistant *Staphylococcus aureus*
 - vancomycin-resistant *Enterococcus* species
 - multidrug-resistant *Pseudomonas aeruginosa*
 - extended spectrum beta-lactamase producers
 - carbapenem-resistant *Acinetobacter* species and Enterobacterales
 - Plasmid-mediated AmpC beta-lactamase producers
 - Metallo-beta-lactamase producers
 - multidrug-resistant *Acinetobacter baumannii*
- > Healthcare associated bloodstream infection caused by all microorganisms, in addition to *S. aureus*.
- > Surgical site infection occurring in the following surgical procedures:
 - hip replacement
 - knee replacement
 - lower segment caesarean section
 - other procedures as may be recommended by the SA Infection Reference Group.

This additional surveillance information is only collected from current contributors to the State Performance Agreement Indicators data collection.

Smaller regional hospitals contribute data on MRSA and VRE acquisitions, infections and hospital burden, in addition to the national indicators.

4. Implementation and Monitoring

The Infection Control Service (ICS) of the Communicable Disease Control Branch will be responsible for statewide analysis and reporting of national and state indicator surveillance data including (but not limited to) the provision of validated data for:

4.1. Annual reporting of National healthcare infection indicators to:

- > The Australian Institute for Health and Welfare (including the MyHospitals website)

4.2. Monthly reporting of State and National indicators to:

- > SA Health Executive and Staff via LARS
- > SA ICS surveillance program contributors









4.3. Annual statewide reports:

- > Comprehensive annual HAI surveillance reports on key infection indicators, such as bloodstream infection and multi-resistant organisms
- > Summary HAI data on key indicators for the SA Health Patient Safety Report as requested
- > Hospitals may have additional local reporting requirements, for example to accreditation bodies, and to their local governance committees.

Performance indicator contributor HAI surveillance data are currently collected and stored in the SA Health Infection Control Information Management System (ICIMS) in Oacis. Prior to the decommissioning of Oacis, EPAS will be developed to facilitate the collection of the required data for infection control indicators, including the current alerting and reporting functions.

It is important that compliance with all elements of this policy is demonstrated. This will be achieved by ensuring key performance indicator reports on healthcare associated infections are generated from the data that have been collected from contributing metropolitan and regional hospitals and are provided to the relevant monitoring authorities in a timely fashion.

5. National Safety and Quality Health Service Standards

							
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8
Clinical Governance	Partnering with Consumers	Preventing & Controlling Healthcare-Associated Infection	Medication Safety	Comprehensive Care	Communicating for Safety	Blood Management	Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Definitions

In the context of this document:

- > **Healthcare associated means:** acquired by a patient during the course of receiving treatment provided by a healthcare facility.
- > **Surveillance means:** the ongoing systematic collection, analysis and interpretation of data essential to the planning, implementation and evaluation of clinical practice, closely integrated with the timely dissemination of these data to those who need to know
- > **Multi-resistant means:** a micro-organism that has acquired resistance to several antibiotics normally used for treatment.
- > **Validation means:** a process of data checking to ensure its accuracy, completeness and alignment to specific standardised definitions.

7. Associated Directives / Guidelines & Resources

7.1. National

- > Cruikshank M, Ferguson J, editors. Reducing Harm to Patients from Healthcare Associated Infection: The Role of Surveillance (2008) Available at: <http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/national-hai-surveillance-initiative/>
- > National definition and calculation of hospital identified Clostridium difficile infection. Available at: <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/consultation-on-clostridium-difficile>
- > Implementation Guide for Surveillance of *Clostridioides* difficile Infection (2020). Australian Commission on Safety & Quality in Health Care. Available at: <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/consultation-on-clostridium-difficile>
- > National definition and calculation of healthcare associated Staphylococcus aureus bacteraemia. Available at: <https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/national-hai-surveillance-initiative/myhospitals-staphylococcus-aureus-bacteraemia-data>
- > NHMRC (2019) Australian Guidelines for the Prevention and Control of Infection in Healthcare. Commonwealth of Australia. Available at: <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

7.2. Associated policy directives and guidelines

- > [SA Health Healthcare Associated Infection Prevention Policy Directive](#)

7.3. State resources

Resources relating to HAI surveillance are available on the [SA Health website](#), including:

- > Healthcare associated multi-resistant organism surveillance definition
- > Healthcare associated bloodstream infection surveillance definition
- > Hospital identified Clostridium difficile infection surveillance definition
- > Surgical site infection surveillance definition
- > Healthcare associated infection surveillance contributors manual

8. Document Ownership & History

Document developed by: Infection Control Service, Communicable Disease Control Branch
File / Objective No.: A2409885 | 3025-04502
Next review due: 4/11/2025
Policy history: Is this a new policy (V1)? **N**
 Does this policy amend or update an existing policy? **Y**
 If so, which version? V1.1
 Does this policy replace another policy with a different title? **Y**
 If so, which policy (title)?
 Healthcare Associated Infection Surveillance Policy Directive
ISNB 978-1-76083-335-0

Approval Date	Version	Who approved New/Revised Version	Reason for Change
4/11/20	V1.2	Director, Communicable Disease Control Branch	Update references and converted in updated template
7/03/17	V1.1	Director, Communicable Disease Control Branch	Scheduled revision with minor modification to reflect current practice. .
4/12/14	V1	Portfolio Executive Group	Original PE approved version.