Policy Directive: compliance is mandatory

Healthcare Associated Infection Surveillance Policy Directive

Objective file number: 2014-04502
Policy developed by: Infection Control Service, CDCB, PHCS
Approved at Portfolio Executive on: 7 March 2017
Next review due: 30 April 2020

Summary
Healthcare associated infections, in particular those caused by antibiotic-resistant organisms, are responsible for significant morbidity, mortality and economic cost to individual patients, healthcare facilities and the community.


Keywords
HAI, healthcare-associated, infection, monitoring, surveillance, reporting, hospital, mro, multi-resistant, organisms, Healthcare Associated Infection Surveillance Policy Directive

Policy history
Is this a new policy? N
Does this policy amend or update an existing policy? Y
Does this policy replace an existing policy? N
If so, which policies?

Applies to
All Health Networks
CALHN, SALHN, NALHN, WCHN, CHSALHN, SAAS

Staff impact
All Clinical, Medical, Nursing, Emergency, Mental Health, Pathology

PDS reference
D0361

Version control and change history

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<th>Version</th>
<th>Date from</th>
<th>Date to</th>
<th>Amendment</th>
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<td>1.0</td>
<td>04/12/2014</td>
<td>04/12/2016</td>
<td>Original version</td>
</tr>
<tr>
<td>1.1</td>
<td>07/03/2017</td>
<td>current</td>
<td>Scheduled revision with minor modification to reflect current practice.</td>
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## Document control information

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<tr>
<th>Document owner</th>
<th>Manager, Infection Control Service, Communicable Disease Control Branch, Public Health &amp; Clinical Systems</th>
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<tr>
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<td>Manager, Infection Control Service, Communicable Disease Control Branch, Public Health &amp; Clinical Systems.</td>
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<tr>
<td>Document Classification</td>
<td>Public -I1-A2</td>
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<tr>
<td>Document location</td>
<td>SA Health internet – ‘policies page’</td>
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<td></td>
<td>SA Health intranet only – ‘policies page’ (only if publishing exemption requested and approved by Portfolio Executive)</td>
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<tr>
<td>Reference</td>
<td>2014-04502</td>
</tr>
<tr>
<td>Valid from</td>
<td>7 March 2017</td>
</tr>
<tr>
<td>Anticipated Date of Review</td>
<td>April 2020</td>
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## Document history

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<th>Version</th>
<th>Who approved New/Revised Version</th>
<th>Reason for Change</th>
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<td>PE Approved version.</td>
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<td>7/03/2017</td>
<td>V1.1</td>
<td>Infection Control Service, Communicable Disease Control Branch, Public Health &amp; Clinical Systems</td>
<td>Scheduled revision with minor modification to reflect current practice.</td>
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1. Objective

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.

2. Scope

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

3. Principles

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.
4. Detail

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.

4.1 National Healthcare Agreement Indicators

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

- Healthcare associated Staphylococcus aureus bacteraemia (SAB)
- Hospital identified Clostridium difficile infections (CDI)

Data on these two national indicators are required to be reported from all SA Health facilities identified in section 2 Scope above.

4.2 State Performance Agreement Indicators

Current hospital performance agreements for metropolitan and larger country hospitals require hospitals to report on two infection control indicators, in addition to the national indicators above. The following are reported monthly to the Portfolio Performance Review Committee:

- Healthcare associated methicillin-resistant Staphylococcus aureus infections (MRSA)
- Healthcare associated vancomycin-resistant Enterococcus species infections (VRE)

4.3 Additional SA Health HAI surveillance

Metropolitan and larger country 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
  - multi-resistant Pseudomonas aeruginosa
  - extended spectrum beta-lactamase producing Enterobacteriaceae
  - carbapenem-resistant Acinetobacter species and Enterobacteriaceae
  - Plasmid-mediated AmpC beta-lactamase producers
  - Metallo-beta-lactamase producers.

- Healthcare associated bloodstream infection caused by all microorganisms, in addition to S. aureus.

- Surgical site infection occurring in the following surgical procedures:
  - total hip replacement
  - total 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.
5. Roles and Responsibilities

5.1 Chief Executive SA Health is responsible for:
- ensuring that all SA Health hospitals conduct surveillance for healthcare associated infection in accordance with this policy directive.

5.2 Executive Director Public Health and Clinical Systems through the Director of Communicable Disease Control Branch will:
- 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 4.1, 4.2 and 4.3
- 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.

5.3 Local Health Network (LHN) Chief Executive Officers will:
- 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.

5.4 Executive Directors, Heads of Service and other Senior Managers will:
- 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.

6. Reporting

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

6.1 Annual reporting of National healthcare infection indicators to:
- The Australian Institute for Health and Welfare
- The National Health Performance Authority (including the MyHospitals website)

6.2 Monthly reporting of State and National indicators to:
- SA Health Portfolio Performance Review Committee
- All SA surveillance program contributors

6.3 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 annual SA Health Patient Safety Report
- Hospitals may have additional local reporting requirements, for example to accreditation bodies, and to their local governance committees.
7. EPAS

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

8. Exemption

This policy applies to all public acute hospitals, as defined above in Section 2 – Scope.

9. Associated Policy Directives / Policy Guidelines

- SA Health Healthcare Associated Infection Prevention Policy Directive

10. References, Resources and Related Documents

10.1 State resources

Resources relating to HAI surveillance are available on the SA Health website: [www.sahealth.sa.gov.au/infectionprevention](http://www.sahealth.sa.gov.au/infectionprevention) 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.

10.2 National resources

10.3 References


11. Other

N/A

12. National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Health Care has developed 10 National Safety and Quality Health Service Standards (the Standards).

This policy directive contributes to the following listed standards:

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**National Standard 1:** Governance for Safety and Quality in Health Service Organisations

1.2.1 Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance.

**National Standard 3:** Preventing and Controlling Healthcare Associated Infections.

3.1 Developing and implementing governance systems for effective infection prevention and control to minimise the risks to patients of healthcare associated infections

3.2 Undertaking surveillance of healthcare associated infections

3.3 Developing and implementing systems and processes for reporting, investigating and analysing healthcare associated infection, and aligning these systems to the organisation’s risk management strategy

3.4 Undertaking quality improvement activities to reduce healthcare associated infections through changes to practice.
13. Risk Management

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.

14. Evaluation

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 country hospitals and are provided to the relevant monitoring authorities in a timely fashion.

The effectiveness of this policy will be reviewed in July 2019.

15. 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.