

# Putting good policy into practice and good practice into policy

Prof Marilyn Cruickshank  
Director National HAI Prevention Program  
24 November 2015

**The Australian Commission on Safety and Quality in Healthcare  
and the Australian Infection Control Association invite you to  
attend a facilitated workshop on**

# **Infection Control is everybody's business**

**Wednesday September 26 2007  
Bellerive Oval  
Hobart**

**For further information and registration contact:**

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# National HAI program 2015

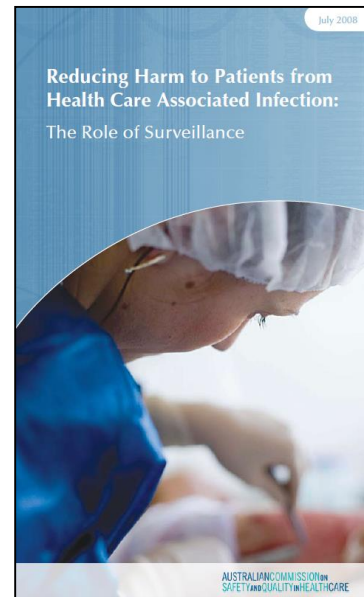
- HAI Surveillance
- Hand hygiene
- Infection control guidelines
- Antimicrobial stewardship
- Standard 3 of NSQHS
- Where to in 2016

# Surveillance initiatives

SAB— minor revision to case definition:

Definition of neutropenia:

*Neutropenia is defined as at least 2 separate days with values of total white blood cell count (WBC) or absolute neutrophil count (ANC) < 500 cells/mm<sup>3</sup> ( $0.5 \times 10^9/L$ ) within a 7 day time period which includes the date of the BSI (Day 1), the 3 calendar days before and the 3 calendar days after.*

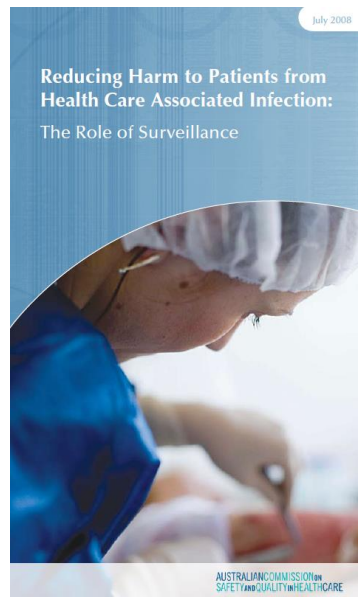


# SAB— minor revision to case definition:

## Number of patient days, total

*The total number of days for all patients who were admitted for an episode of care and who separated during a specified reference period.*

*Excludes patient days for unqualified newborns, hospital boarders and posthumous organ procurement cases.*



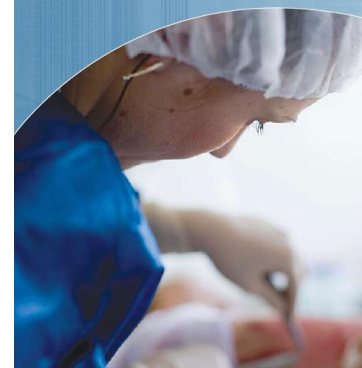
July 2008  
Reducing Harm to Patients from  
Health Care Associated Infection:  
The Role of Surveillance

# Definitions of MRSA and MSSA

*MRSA is an isolate that is identified by a laboratory as being Staphylococcus aureus resistant to methicillin or a test that predicts methicillin resistance.*

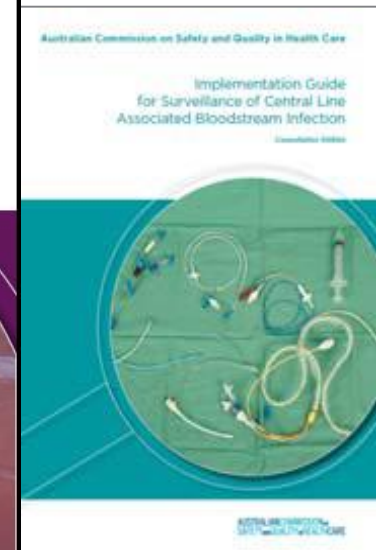
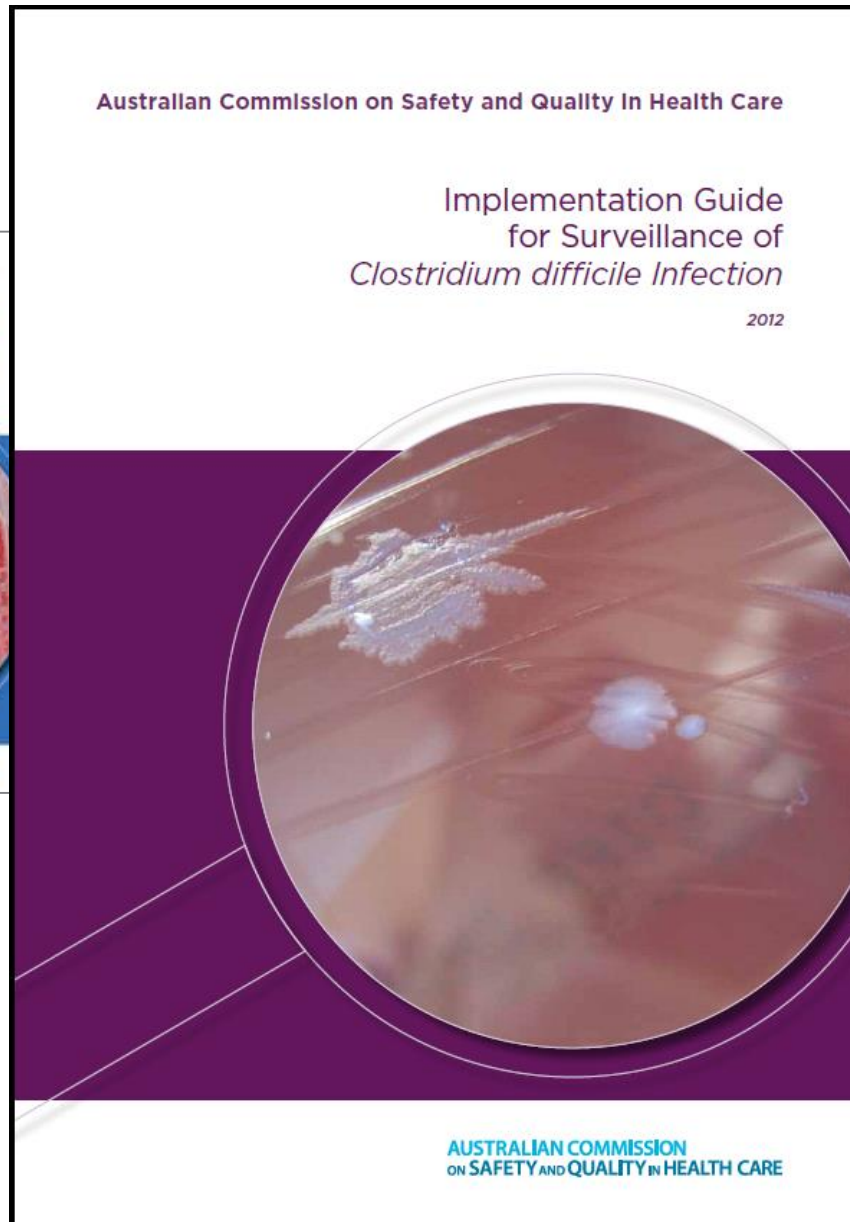
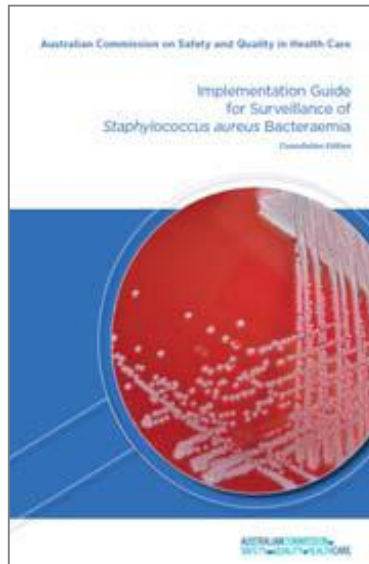
*MSSA is an isolate that is identified by a laboratory as being methicillin susceptible Staphylococcus aureus.*

July 2008  
Reducing Harm to Patients from  
Health Care Associated Infection:  
The Role of Surveillance





# Surveillance implementation guides



# 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*



# Hand hygiene 2015

## 860 organisations submitted data

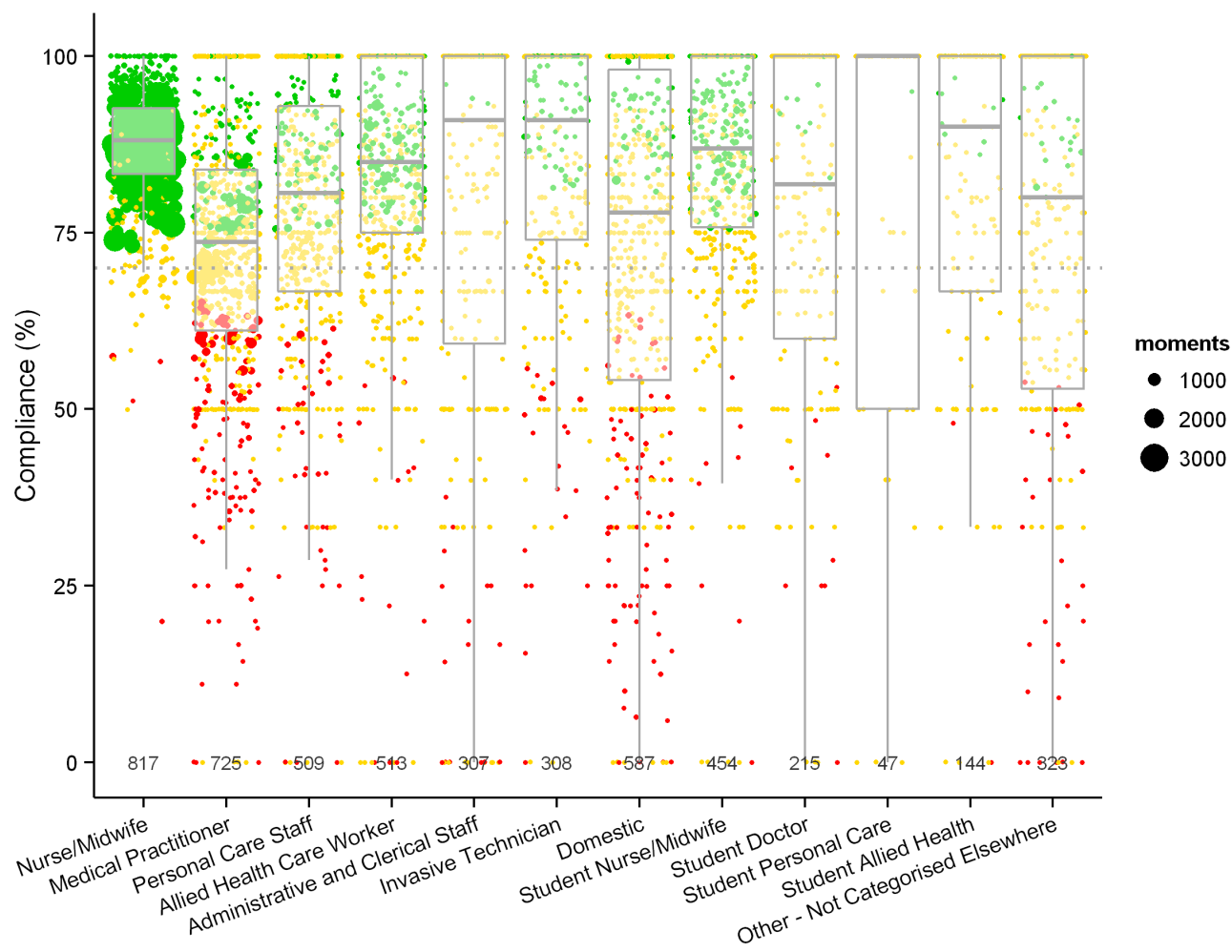
- 560 (65%) public sites
- 300 (35%) private sites

## 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)

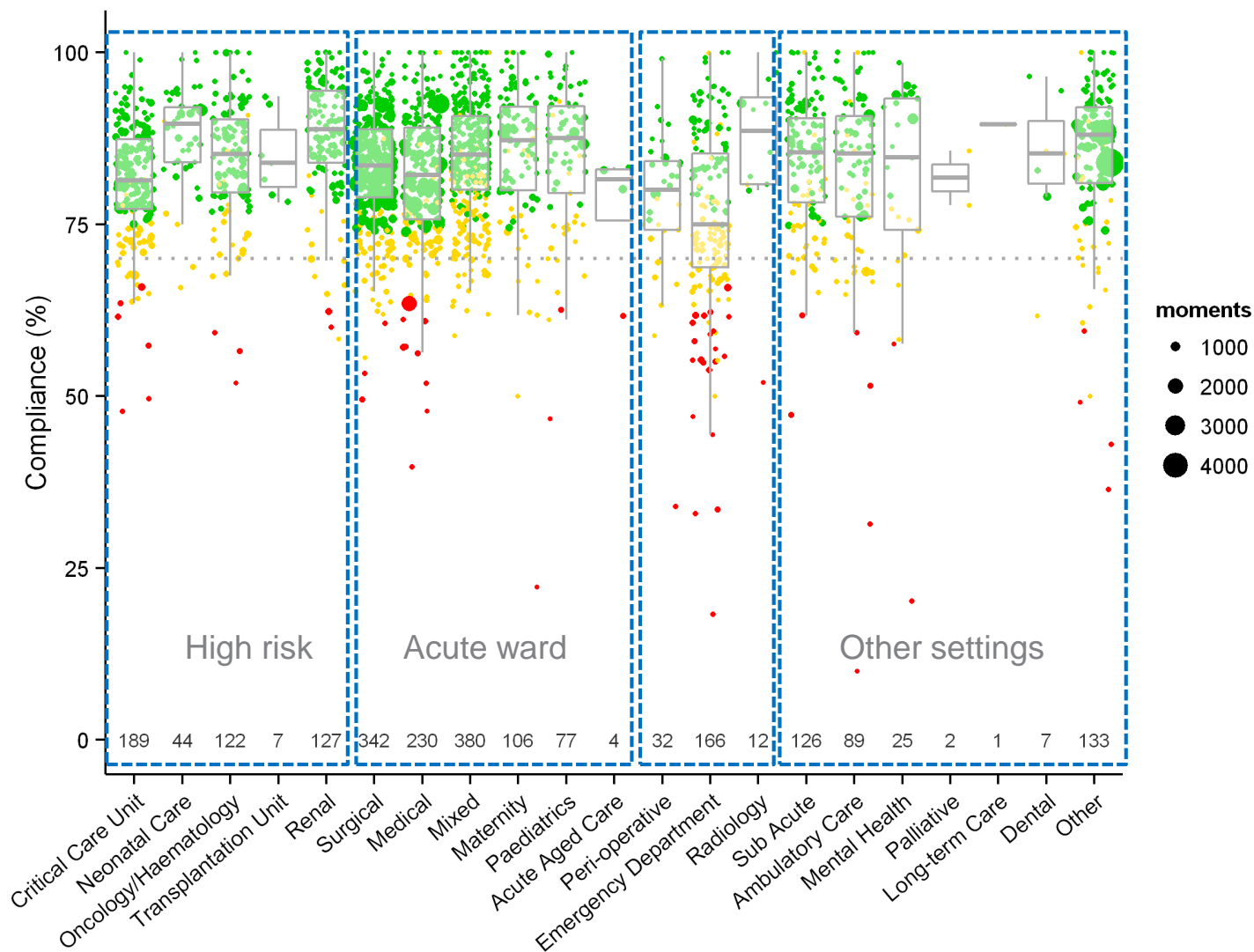
# Hand Hygiene Performance: Profession

Hospitals, Period 2, 2015



# Hand Hygiene Performance: Department Type

Hospitals, Period 2, 2015

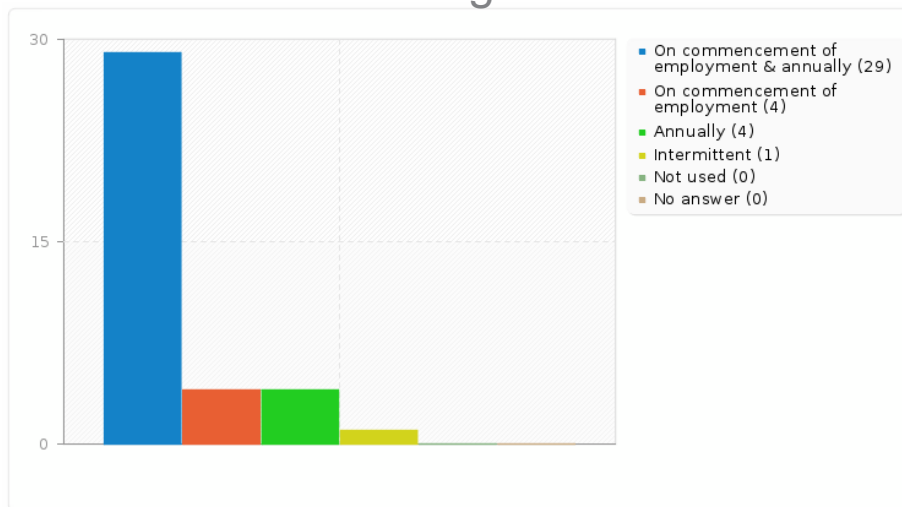


# Combining HH with Aseptic Technique

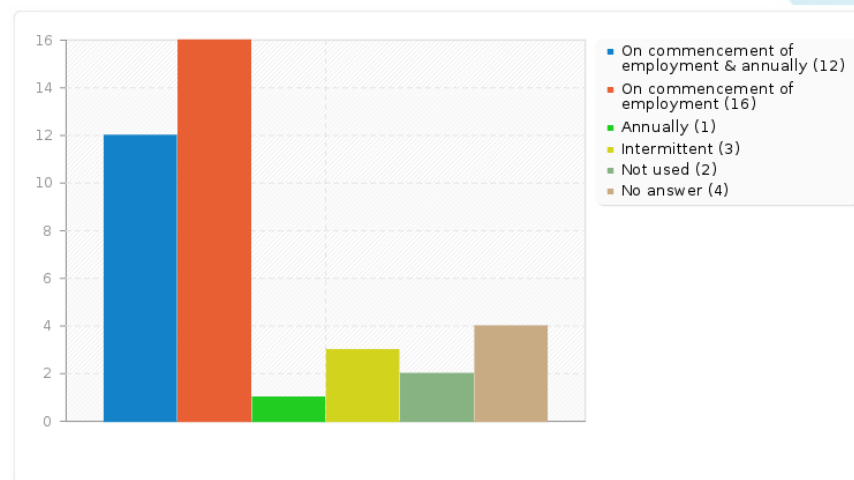
- Concurrent auditing – Initial data collection
  - Explore feasibility
- Questions
  - Main: What procedures are observed during hand hygiene audits?
  - If possible: Frequency of procedure
- Approach
  - Convenience sample plus expression of interest
  - Modified HH audit tool – occurrence (not compliance with AT)
- Results
  - Many ICPs expressed interest: “Good idea”
  - 6 hospitals do concurrent auditing (3 had designed own audit tools)
  - Three sites provided data during audit period 1

# Hand Hygiene review of high compliance hospitals

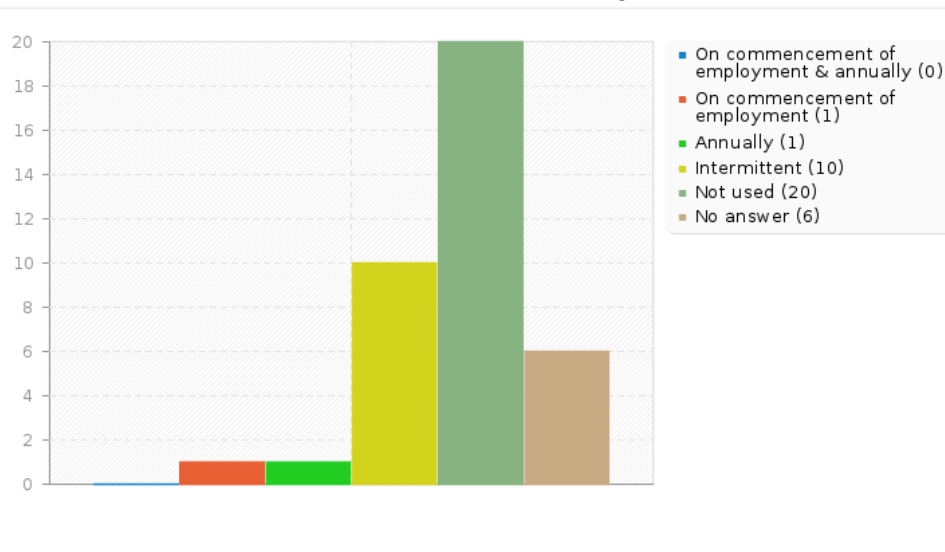
## eLearning



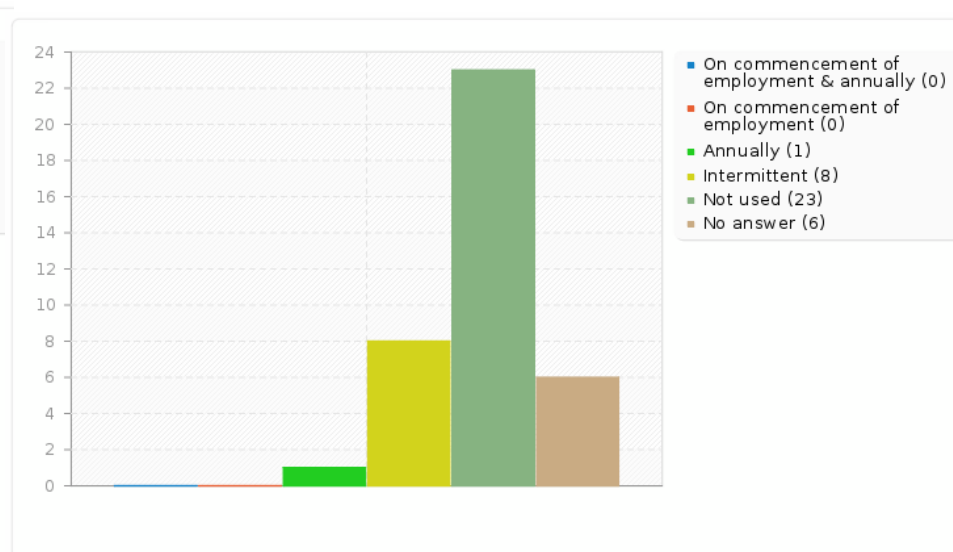
## Formal presentation



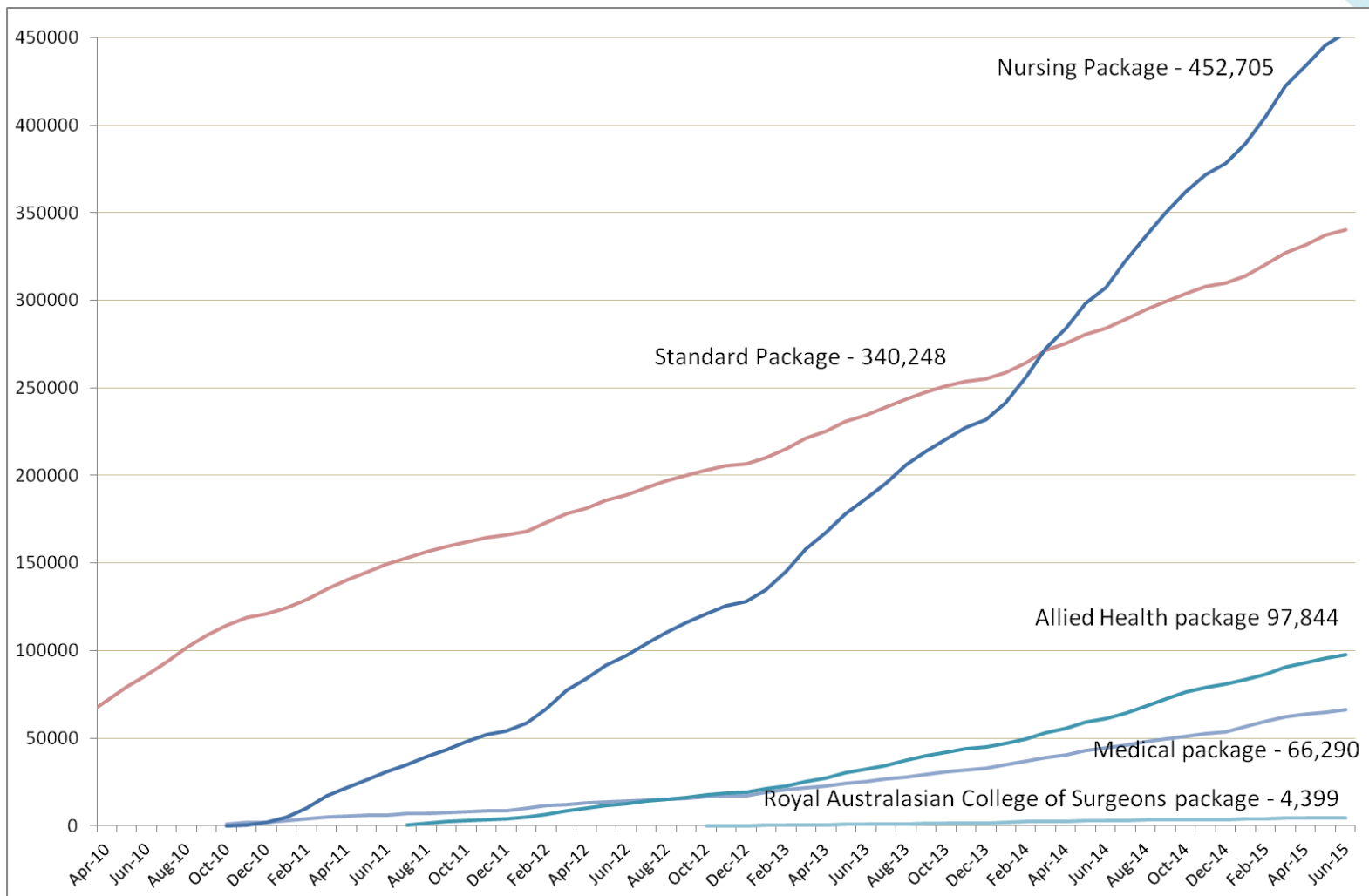
## Interactive workshops



## Simulated clinical scenarios



# Online Learning Package Completions



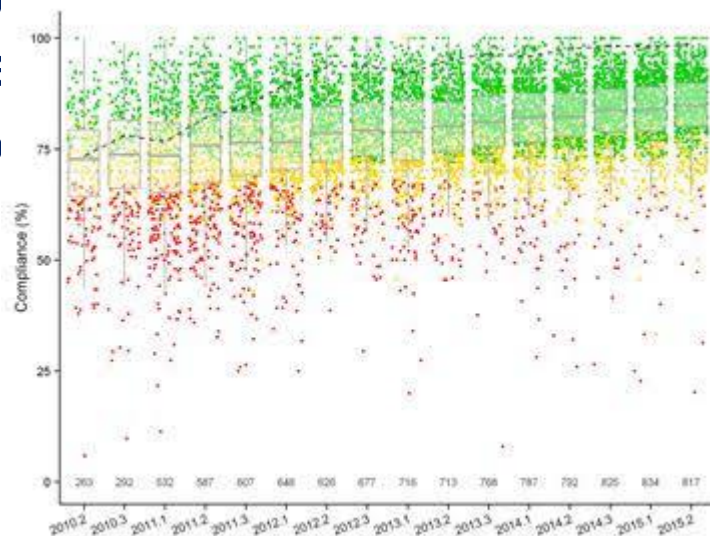


# National Hand Hygiene Benchmark

## 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
- Reporting to occur through the MyH taking into account small cell sizes.



# On line infection prevention modules

The 10 modules cover the following:

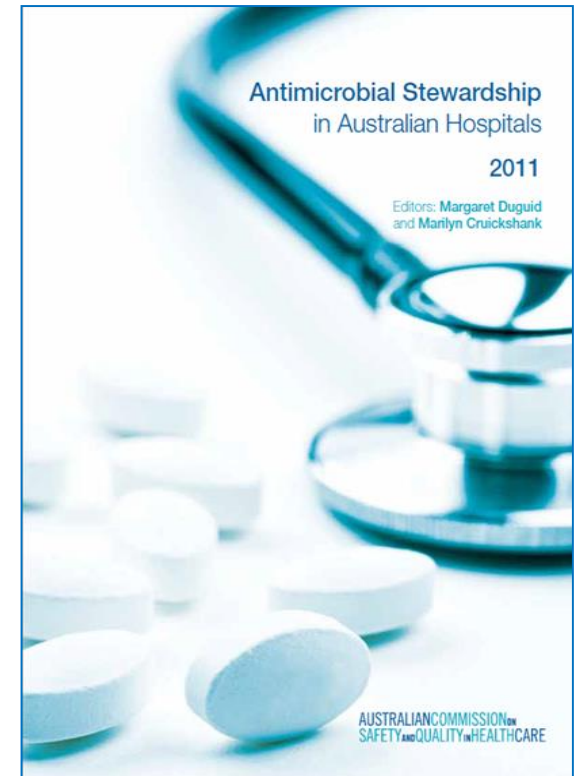
- Principles of IPC
- Basic Epi and Statistics
- Surveillance and QI
- Basic Micro and MRO
- Risk Management
- Screening & Immunisation of HCW
- Outbreak Management
- Renovation, Repairs and Redevelopment
- Management of Occu Exposures
- Cleaning, Disinf and Sterilisation



# Antimicrobial Stewardship

## Additional chapters

- General practice
- Rural and remote
- Aboriginal Medical Services
- Veterinary practices
- Role of the nurse



# Building AMS capacity

- Education
  - Web based modules for new prescribers
  - Seminars for ID/Micro trainees
  - Workshops AMS for nurses
  - AMS and Antibiotic classes videos
- Master classes for AMS leaders with international speakers

# Antibiotic Awareness week

## a 'One Health' approach



## Raising Antibiotic Awareness in Australia

On the farm, at the vet, in the hospital and the community

Gotterson E, Carter D, Cruickshank M, Duguid M  
Australian Commission on Safety and Quality in Health Care



### Introduction

Addressing antimicrobial resistance (AMR) requires consistent messages and collaboration across all sectors where antimicrobials are used. Antibiotic Awareness Week (AAW) provides an opportunity to raise awareness of this issue. In 2013, AAW was observed in Australia for the second time.

### Aim

To promote a coordinated "One Health" approach to activities, and provide consistent messages about responsible antibiotic use to reduce AMR.

### Method

The Australian Commission on Safety and Quality in Health Care (the Commission), convened a working group comprising representatives from agriculture, animal and human health (see acknowledgements for details of participating organisations).

The Commission's activities targeted hospital based clinicians using the tagline "No action today, no cure tomorrow".

- Resources with seven actions to improve antibiotic use (posters, presentation for download, fact sheets)
- Supporting and promoting the National Antimicrobial Prescribing Survey (NAPS)\*\*
- Coordination of a recorded interview with the Chief Medical Officer and Chief Veterinary Officer discussing the problem of AMR, promoted nationally via YouTube
- Coordination of Australia's participation in global twitter discussions
- Contribution to an article on international AAW activities, and
- Editorial in the Australian Veterinary Journal "Taking action to preserve the miracle of antibiotics"

NPS MedicineWise activities targeted community health professionals and consumers, including online pledges to join the fight against antibiotic resistance. Participating organisations developed resources and undertook activities relevant to their respective target audiences for jurisdictions, animal health and agriculture.

### Results

- Nationally consistent messages across all targeted sectors
- An increase in the utilisation of resources (poster downloads during November totalled 1,359 compared to 524 in 2012)
- Over 200 health care organisations registered for the NAPS, and
- Over 3,500 health professionals made the NPS MedicineWise pledge.

### Conclusion

While a range of activities occurred, the message was consistent: whenever they are used, antibiotics need to be used responsibly. Collaboration reduced duplication of effort and enabled spread of consistent messages. Bringing key groups together has paved the way for strengthened collaboration in future Australian campaigns, as part of a national approach to addressing AMR.

### Key messages

**Antibiotic Awareness Week**

- Antibiotics are a limited and precious resource.
- Antibiotic resistance is a global problem, and a major public health and patient safety issue.
- Resistant infections are more difficult to treat than other infections and can be associated with higher rates of morbidity and mortality.
- Inappropriate prescribing and over use of antibiotics is a major driver of the development of resistance - up to 50% of antimicrobial prescribing in our hospitals is inappropriate or unnecessary.
- Antimicrobial Stewardship Programs can improve the appropriateness of antibiotic use in hospitals, and help reduce adverse outcomes - including the development of resistance.
- Australia is taking a "One Health" approach to antimicrobial resistance, with experts from human health, animal health, and agriculture working together to understand and address resistance
- We need to take action now to preserve the miracle of antibiotics and still have a cure for tomorrow and into the future.

### JOIN THE FIGHT AGAINST ANTIBIOTIC RESISTANCE

THE NAPS MEDICINEWISE PLEDGE



### VETERINARY JOURNAL



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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE



# ▶ 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**





# Hospitals undergoing assessment to Standard3, 2013-15

Year	Public hospitals	Private hospitals	Total
2013	278	165	443
2014	552	201	753
2015*	116	72	188
Total	946	438	1 384

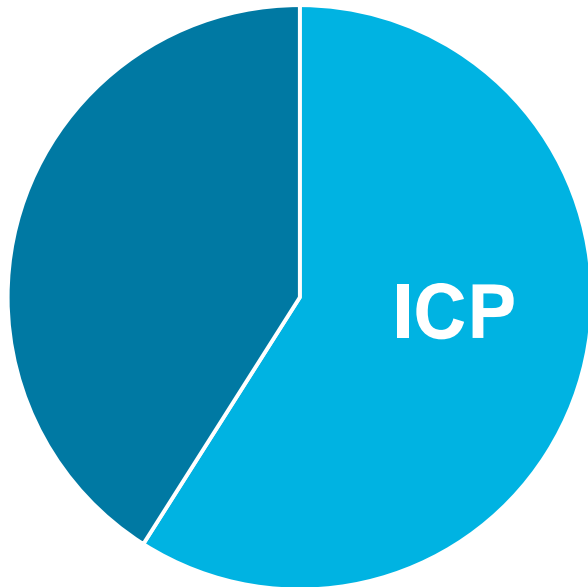
\*to June 2015

Numbers include mid- cycle review and organisation-wide assessments

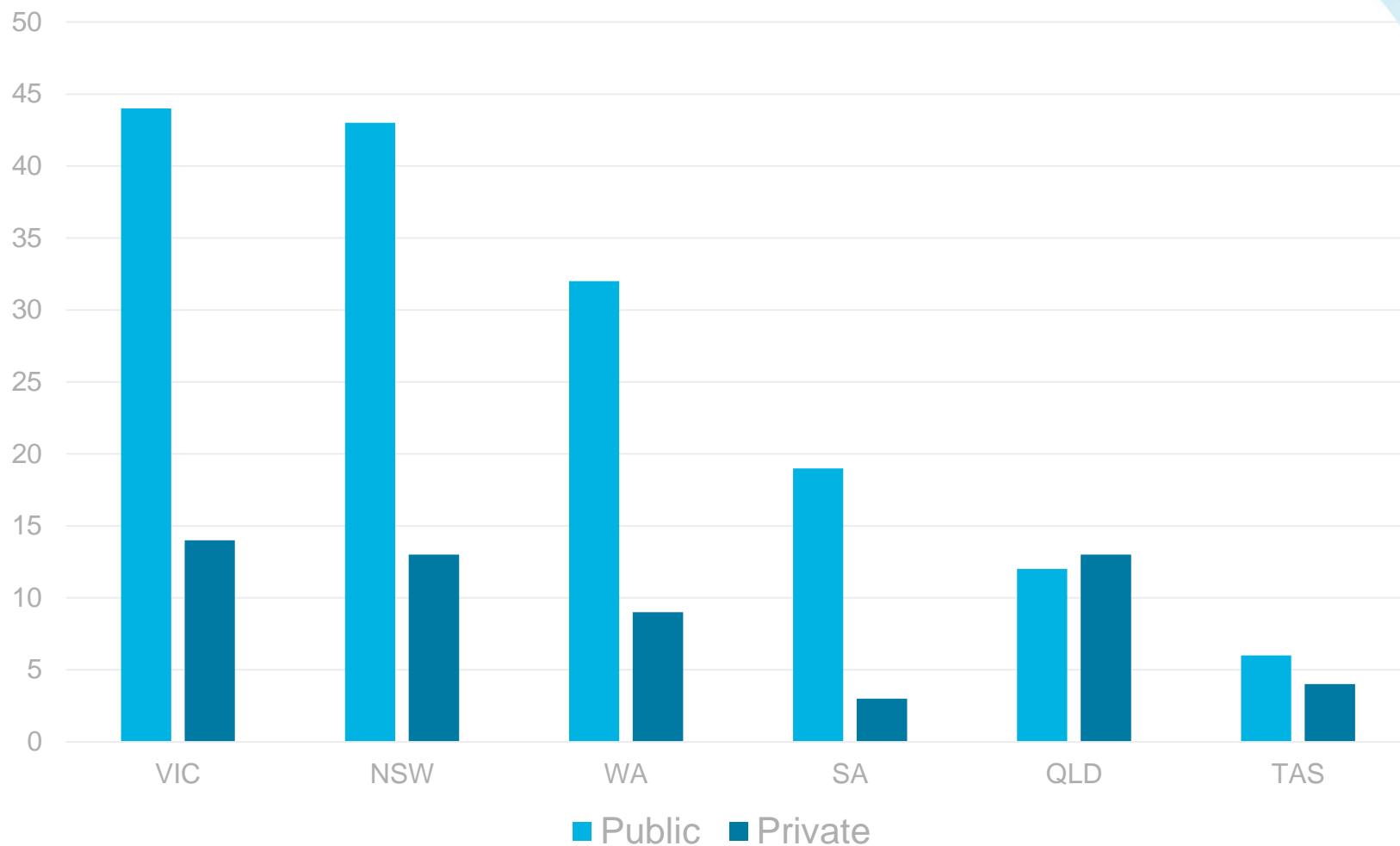
# Commission survey – perceived impact of Standard 3

- Piloted, tested and reviewed by:
  - ACIPC
  - Participants from Standard 3 workshops
  - Advice Line callers
- 305 responses
  - 178 from ACIPC
  - 88 from workshops
  - 39 from Advice Line

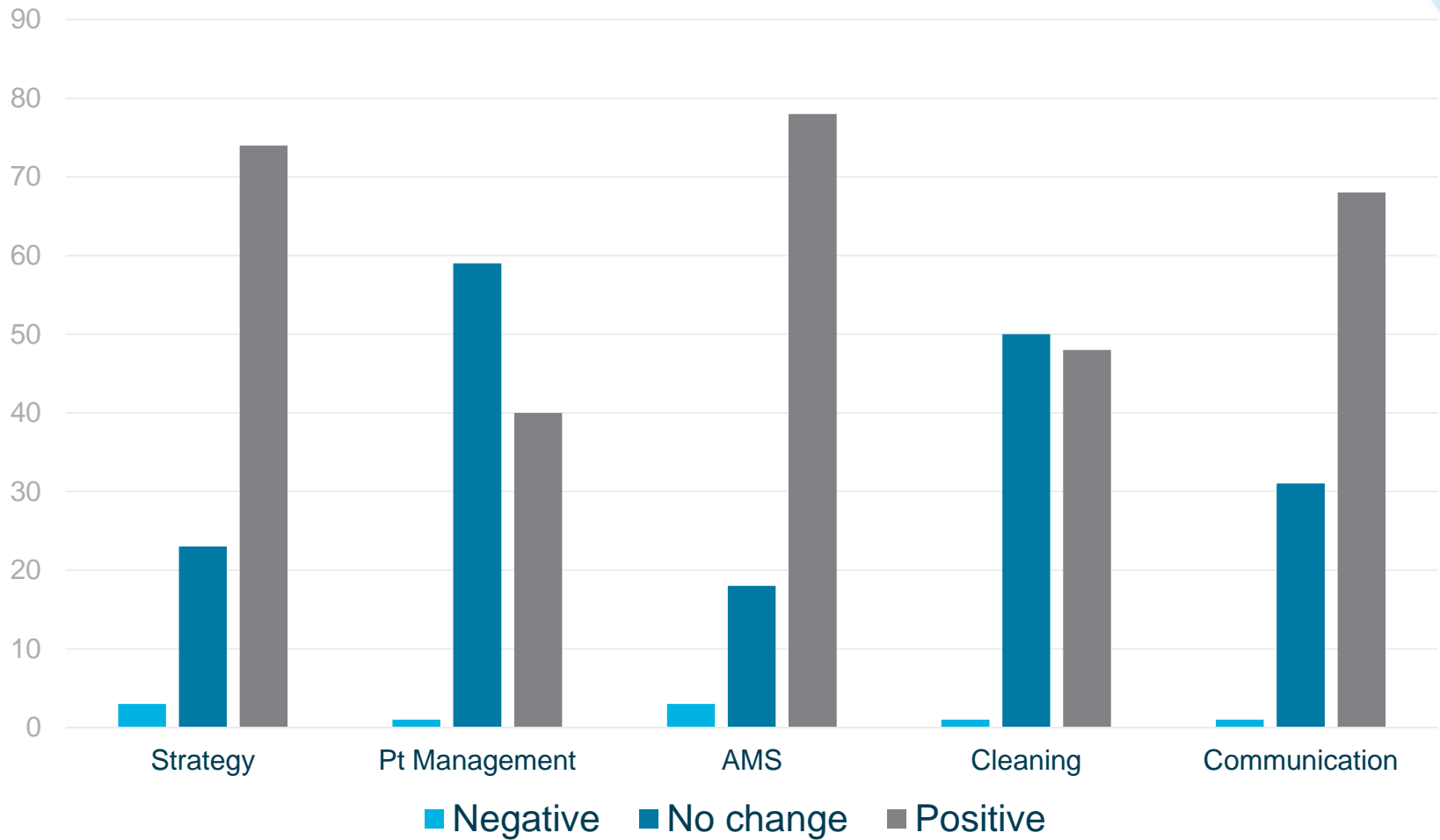
# Respondents



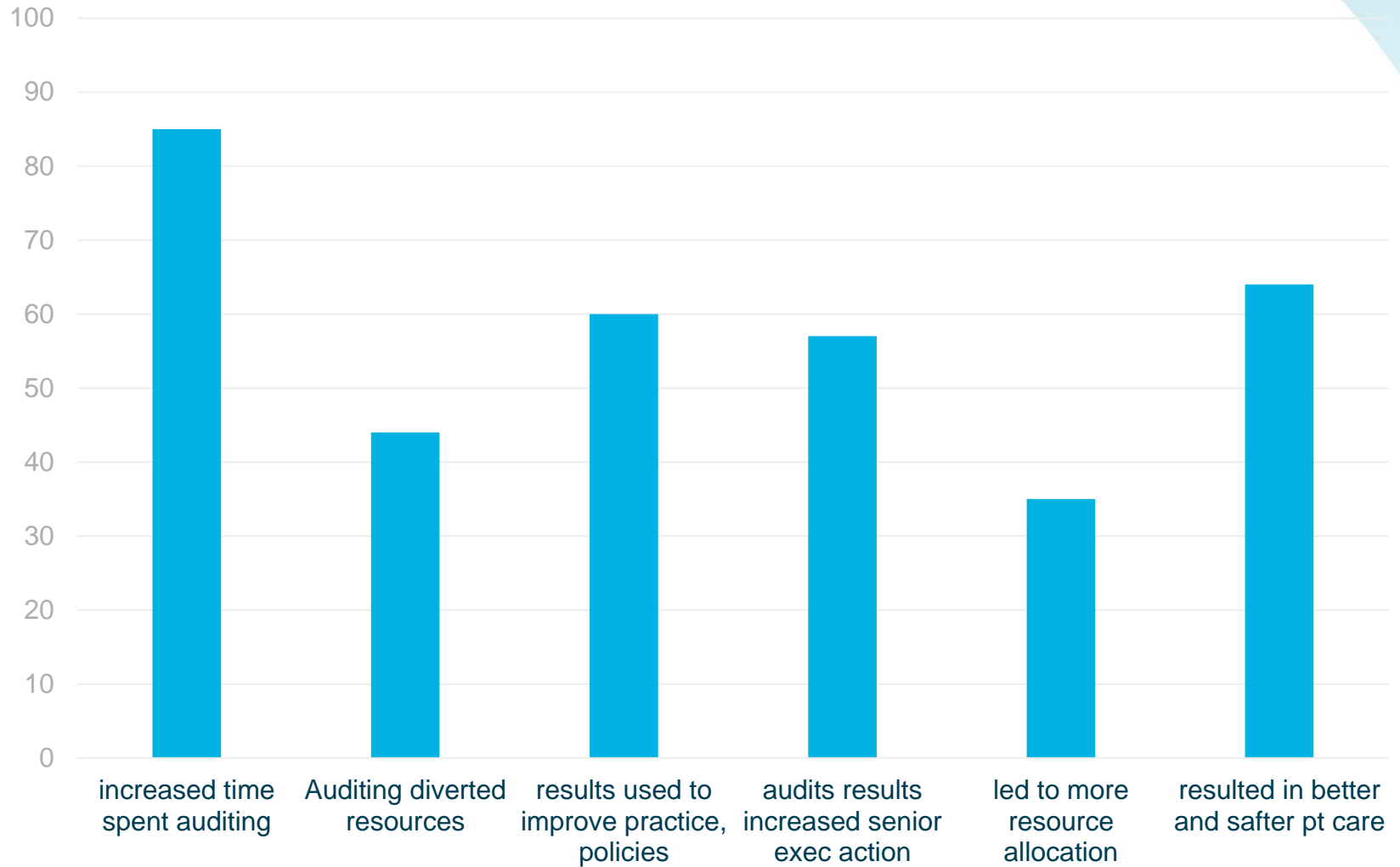
# Public and private respondents by state



# Overall impact of Standard 3

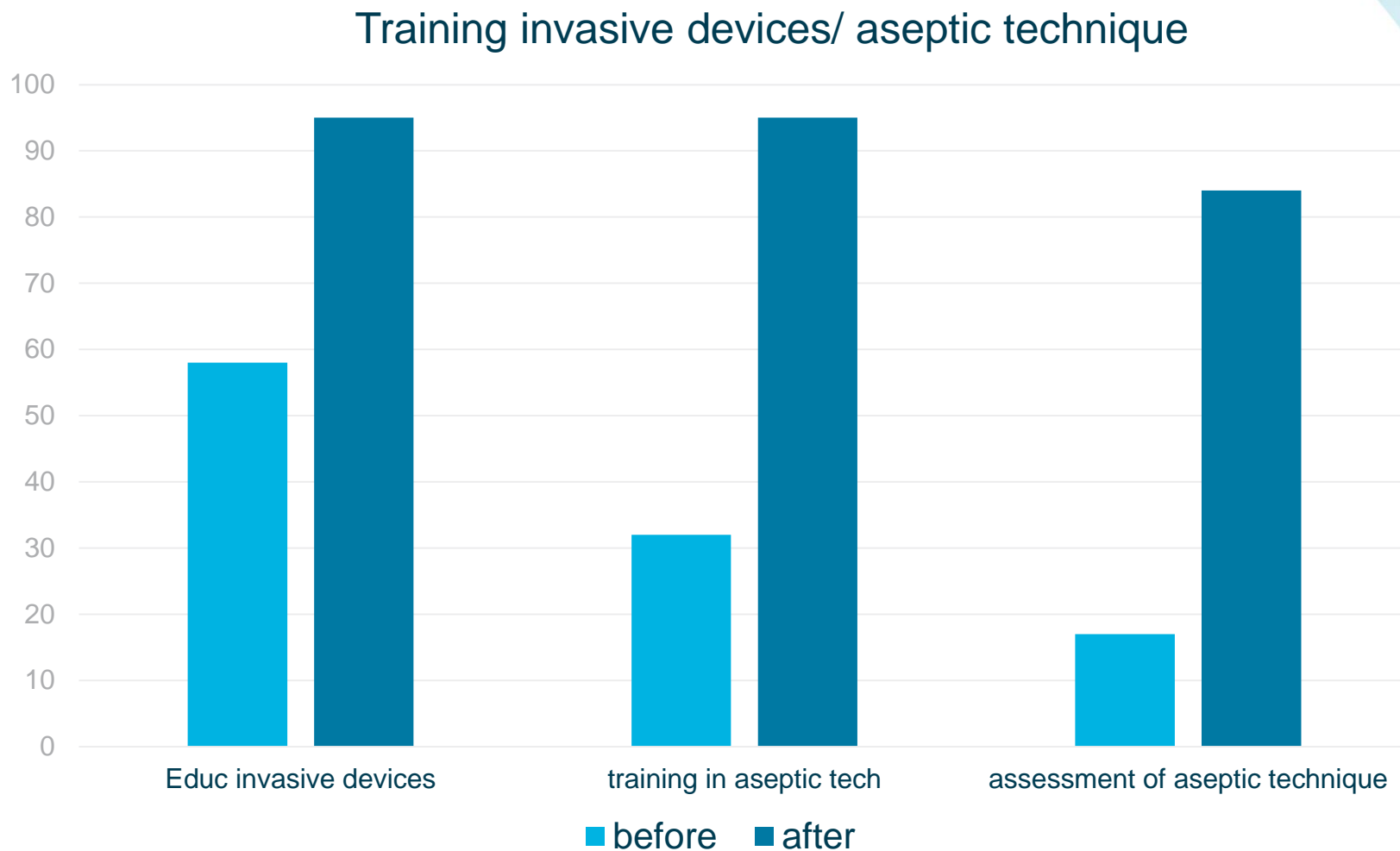


# Perception of auditing

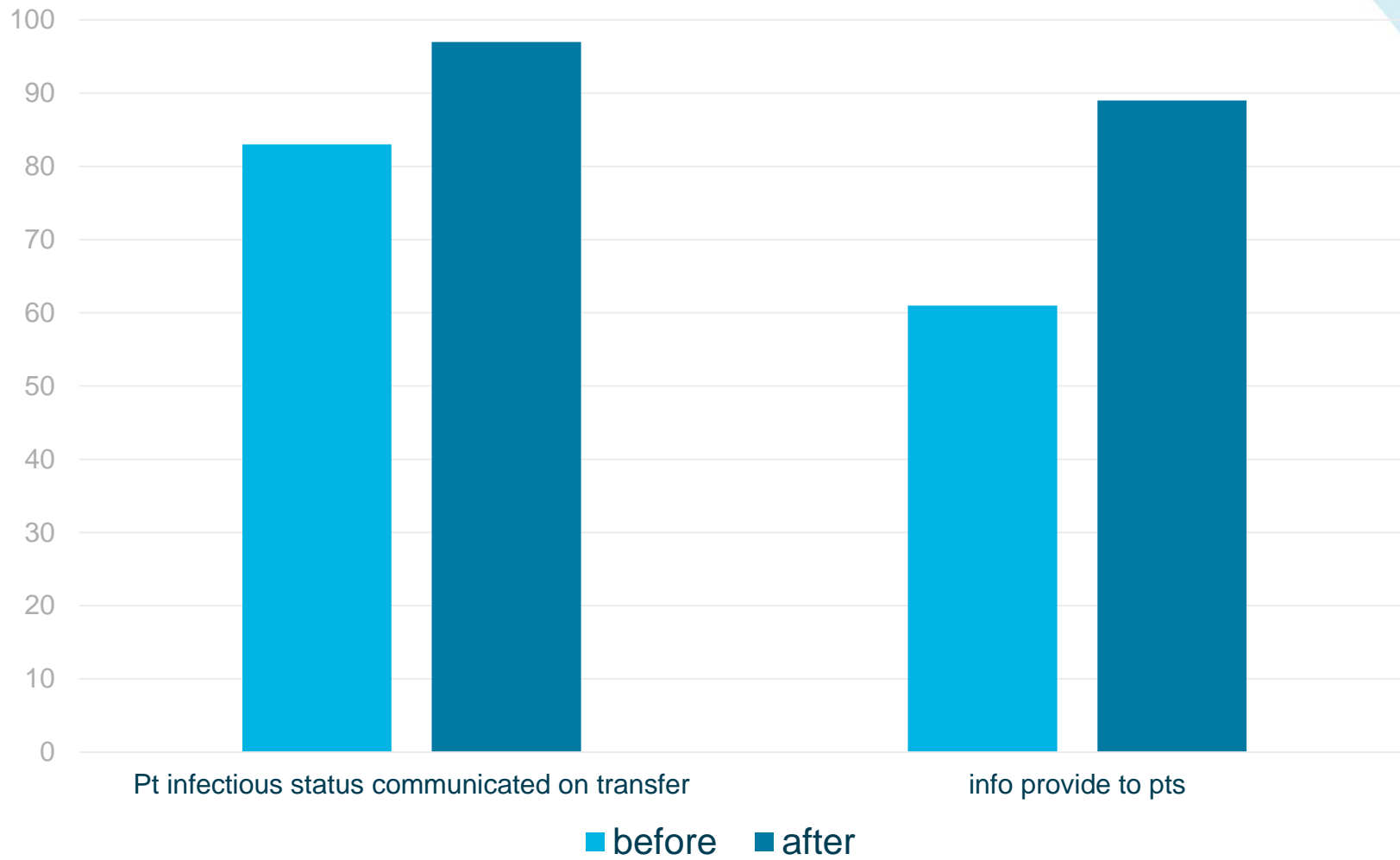




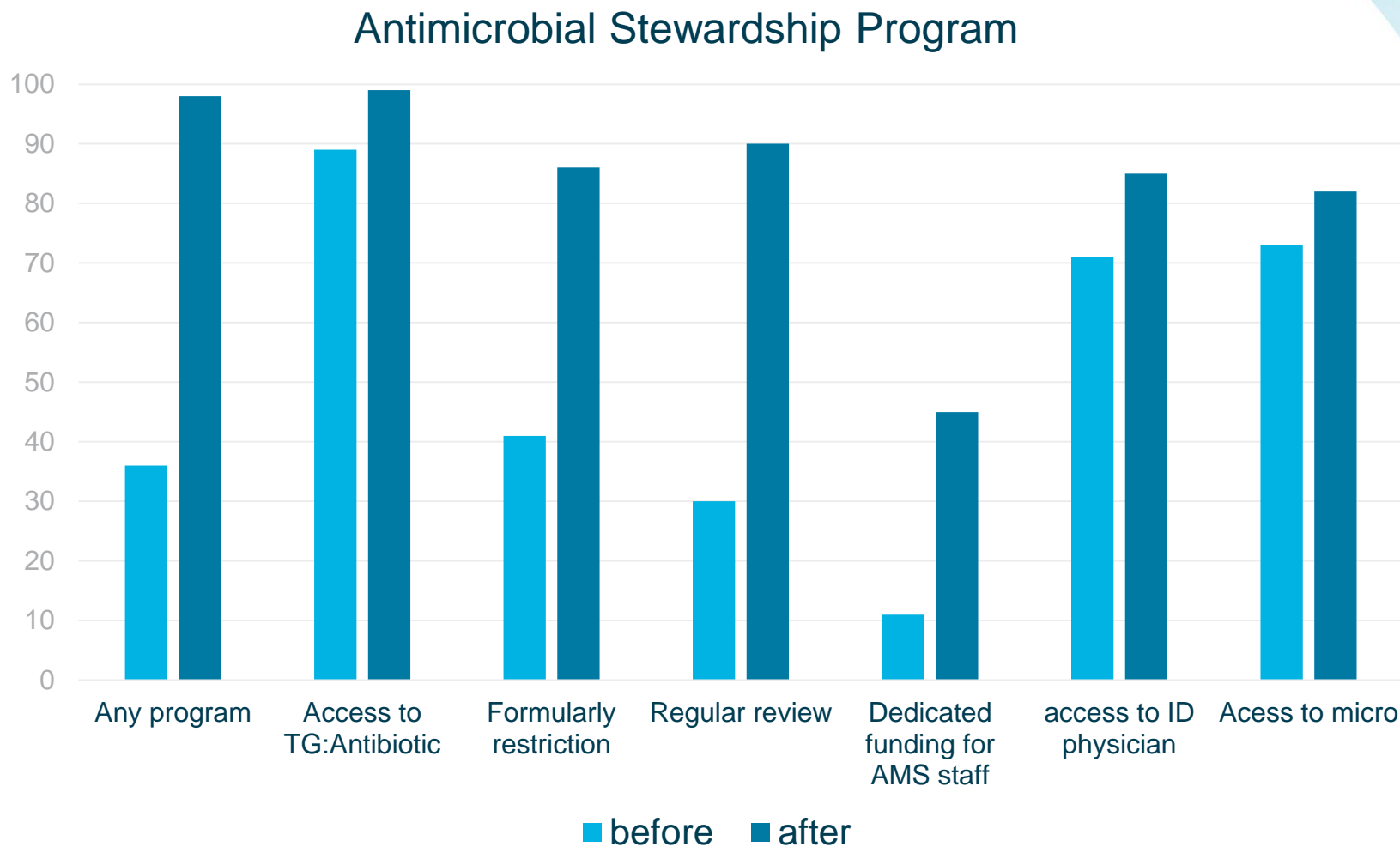
# Activities before and after Standard 3



# Activities before and after Standard 3



# Activities before and after Standard 3



# Notification of KPC ....2015

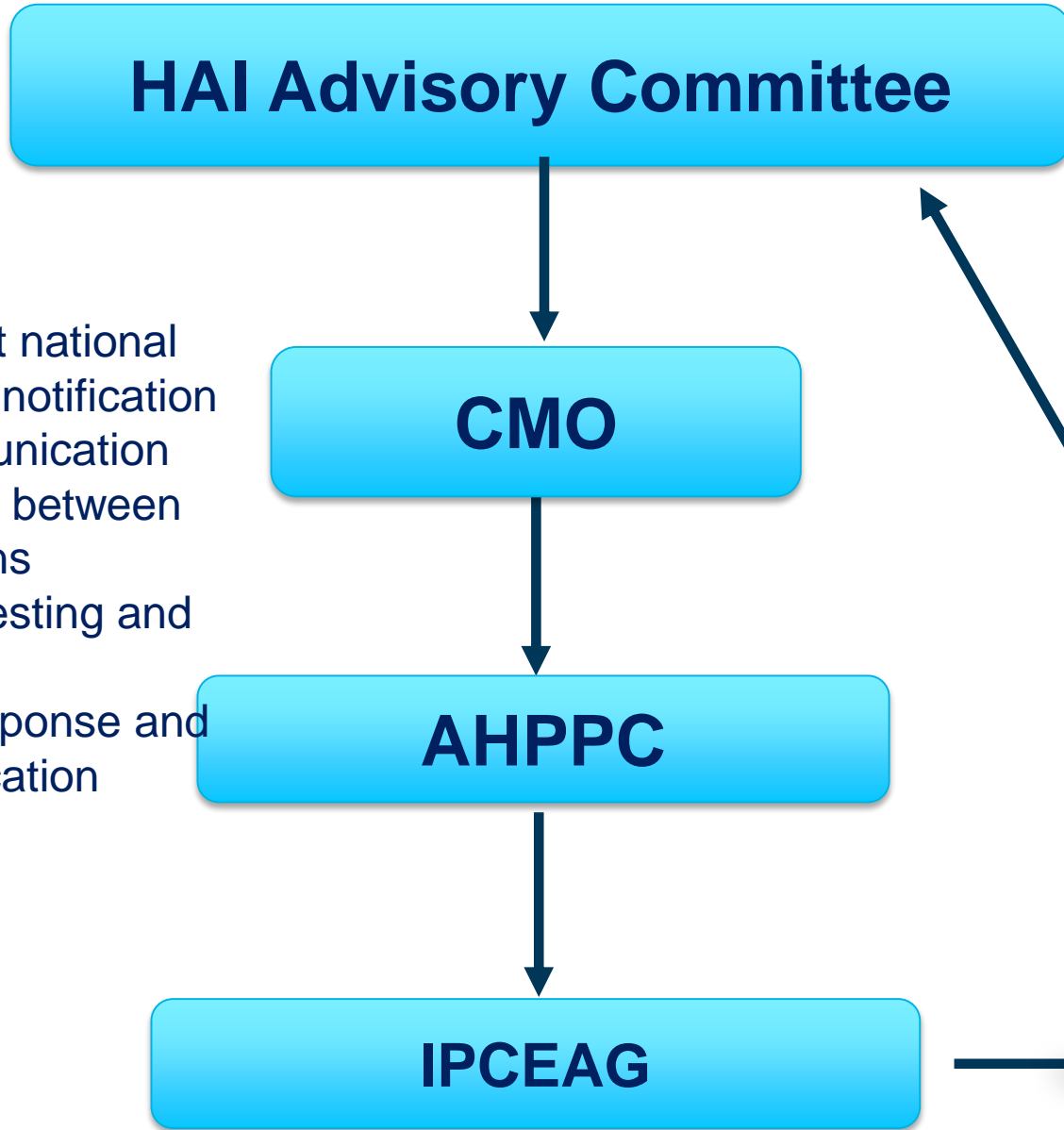
- Urgency
- No current national system of notification
- No communication within and between jurisdictions
- Variable testing and reporting
- Varied response and communication

**HAI Advisory Committee**

**CMO**

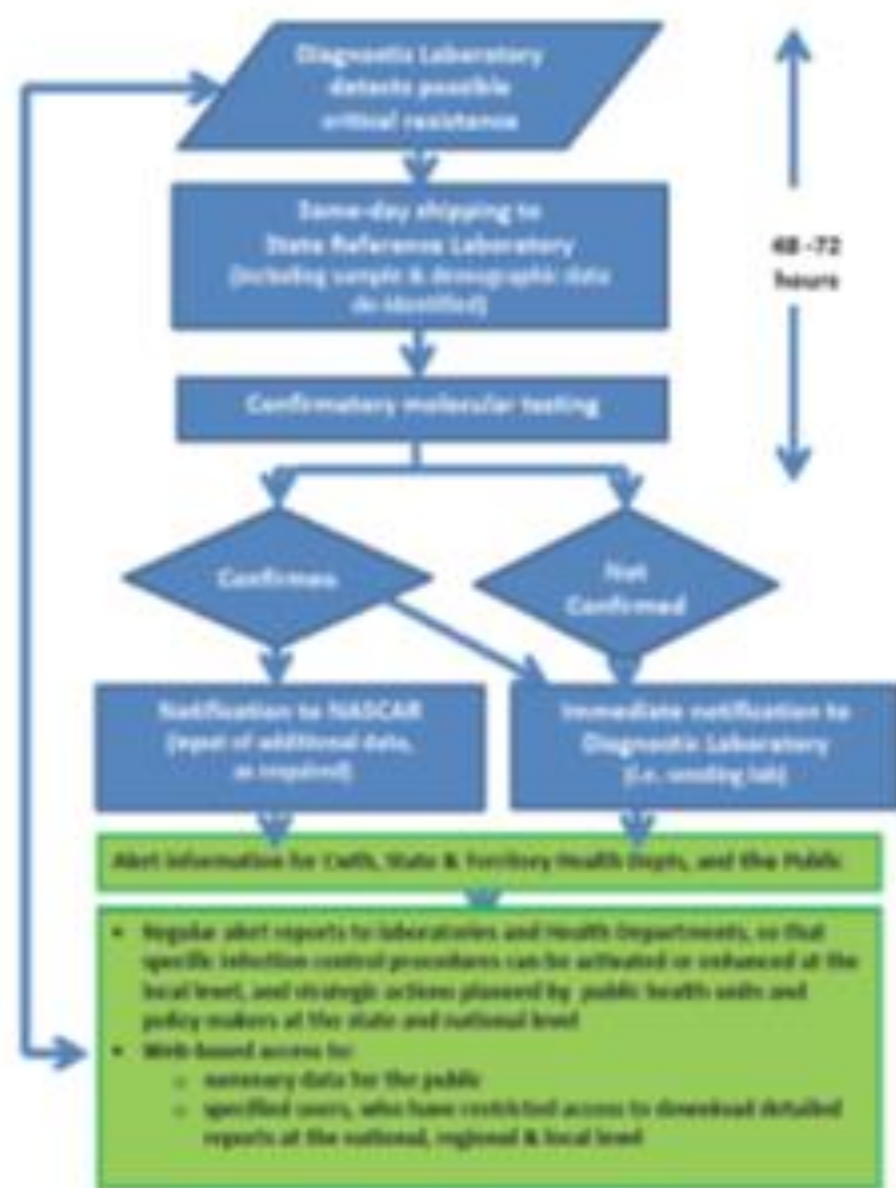
**AHPPC**

**IPCEAG**



# Following May 18 HAI Advisory meeting:

- Membership increased to include:
  - Infection Prevention and Control Expert Advisory Group, CDNA, PHLN, Office of Health Protection and jurisdictions
- Review of the MRGN guidelines
  - Threshold for action
  - Trigger tools
  - Patient/epi data to be included
- Request CRE be added to the National Notifiable Diseases Surveillance System (NNDSS)
- Strategy for jurisdictions to respond to CRE be included
- ?Urgent advice group be set up within HAI Advisory with representation on AHPPC



## NASCAR:

The National Alert System for Critical Antimicrobial Resistances is currently under development by the Commission.

NASCAR is a formalised alert network to allow for the early recognition and communication of critical antimicrobial resistances.

It is proposed that NASCAR will initially be operational during 2015, with full implementation by May 2016

BUT:

- Only MRO
- Limited patient/epi data
- No response arm
- No national coordination planned
- ? Analysis



# Issues:

- Communicable diseases vs HAI
  - Community acquired vs hospital acquired
    - CDI esp in haem/onc patients
    - When is an out-patient an in-patient
  - Aged care
  - General practice
  - Private hospitals and private laboratories
- Timely Communication within/between jurisdictions/national
  - ?CDNA model
  - ?AHPPC
  - ?Commission's Technical Working Group
  - ?NASCAR
- National response and advice
  - Urgent/immediate
  - Longer term
- Infrastructure for action - ?national
  - National Notification/mandatory reporting
  - Communicable Diseases Strategic Plan
  - AMR Strategic Plan

# CPE guide update



additional information on outbreak management,  
threshold for action and trigger tools for notification  
recommendation for notification to AHPPC,  
response by jurisdictions to outbreaks,

# Where to in 2016

- CDI – laboratory and reporting
- Guide for surgical site surveillance
- Revising the national infection control guidelines
- Reviewing resources for standard 3
- Releasing new edition of AMS book
- Preparing a business case for a national HAI point prevalence survey

# Thank you

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

