

HAI Surveillance Victoria

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VICNISS: Victorian HAI Surveillance System Est. 2002

Objectives

- Promote standardised and validated surveillance methodology for HAIs using internationally accepted methodology
- Provide aggregated risk-adjusted data to enable health services to benchmark
- Promote use of evidence-based information to permit timely recognition of HAIs for prevention, early intervention & cost containment
- Improve the way health services use surveillance results

Functions

- Collate, risk-adjust & aggregate results
- Monitor SSI rates
- Report infection rates (includes PSRACS*)
- Assist hospitals to respond to surveillance results
- HAI and IPC education
- Outbreak investigation/support
- Research

* Public Sector Residential Aged Care Services

Victorian Statewide Surveillance Modules

Aligned with
CDC/ NHSN
definitions

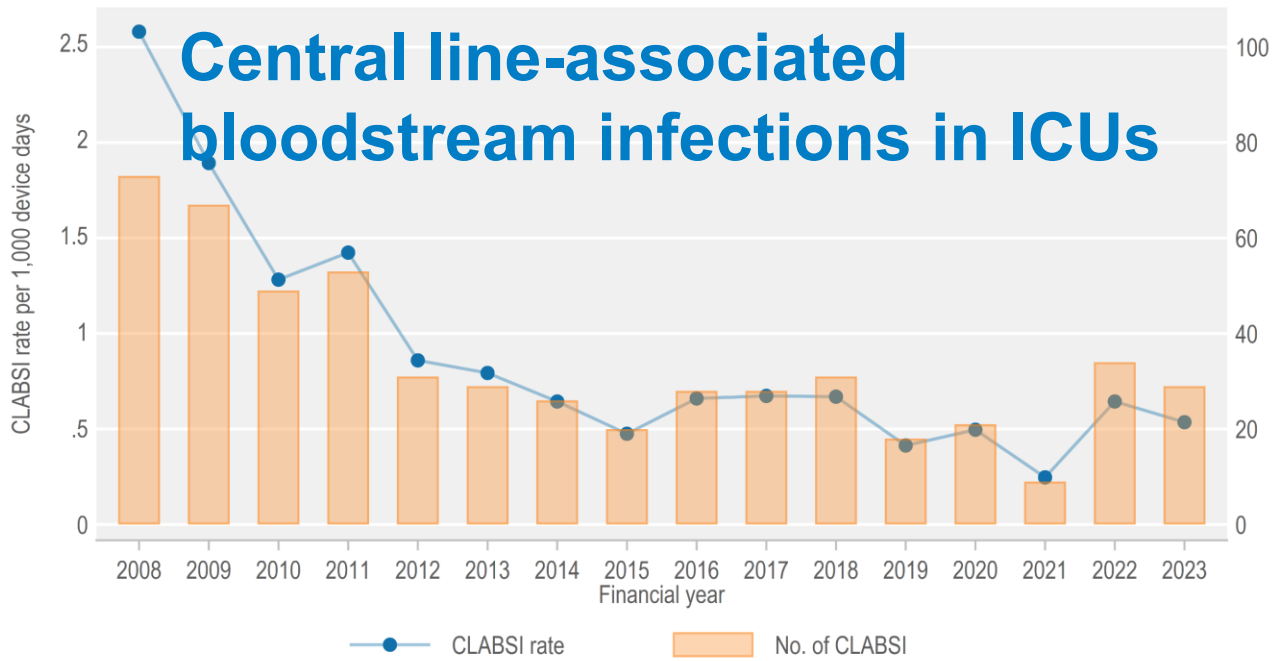
*If >50 procedures or
>400 birth episodes
per year

PSRACS:
-Significant organisms
-Resident & staff
Vaccination
-Infections &
antimicrobial use
(ACNAPS)

Will transition to
NISPAC in 2025

Module	Type	Status
SSI surveillance (CABG, THJR, TKJR, COLO, LUSCS)*	Outcome	Mandatory for public hospitals based on activity
ICU CLABSI	Outcome	Mandatory for hospitals with funded ICU
NNL-CLABSI/PLABSI	Outcome	Mandatory for hospitals with NICU
SAB	Outcome	Mandatory for all public hospitals
CDI**	Outcome	Mandatory for all public hospitals
HCW Influenza vaccination**	Process	Mandatory for all hospitals
Outpatient haemodialysis events	Outcome	Optional
ICU-VAE	Outcome	Optional
ICU-VAP	Outcome	Optional (hospitals with paediatric ICU)
Non-ICU CLABSI	Outcome	Optional
Occupational Exposures	Outcome	Optional
Signal event - surgical site infection	Outcome	Optional
MRSA infections**	Outcome	Optional
VRE infections**	Outcome	Optional
Central line insertion practices (CLIP) monitoring	Process	Optional
Colorectal surgery process adherence monitoring (COLO-PAM)	Process	Optional
HCW Hep B immunity	Process	Optional
HCW Measles immunity	Process	Optional
Peripheral venous catheter monitoring	Process	Optional

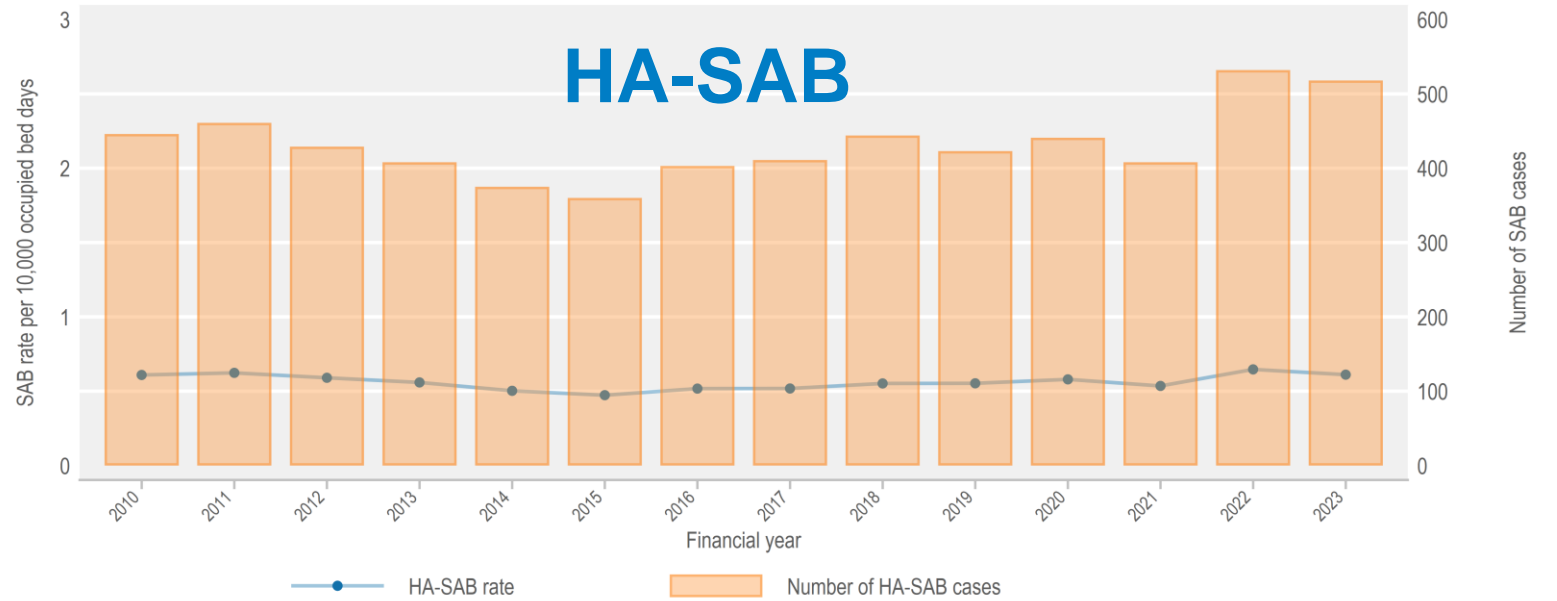
Central line-associated bloodstream infections in ICUs



Number of CLABSI events



HA-SAB

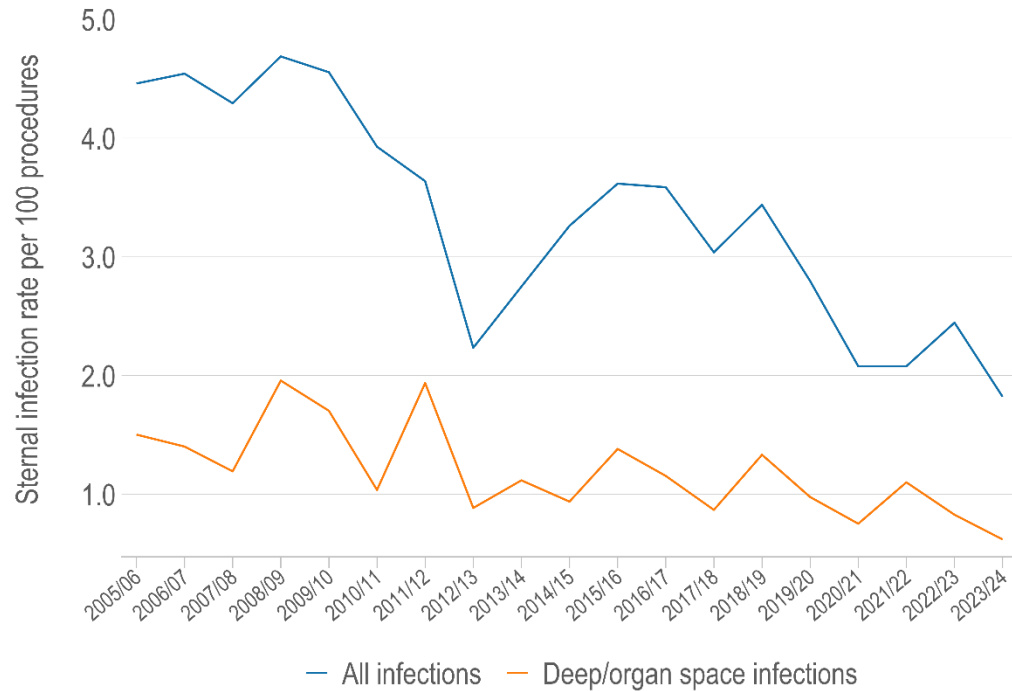


Number of SAB cases

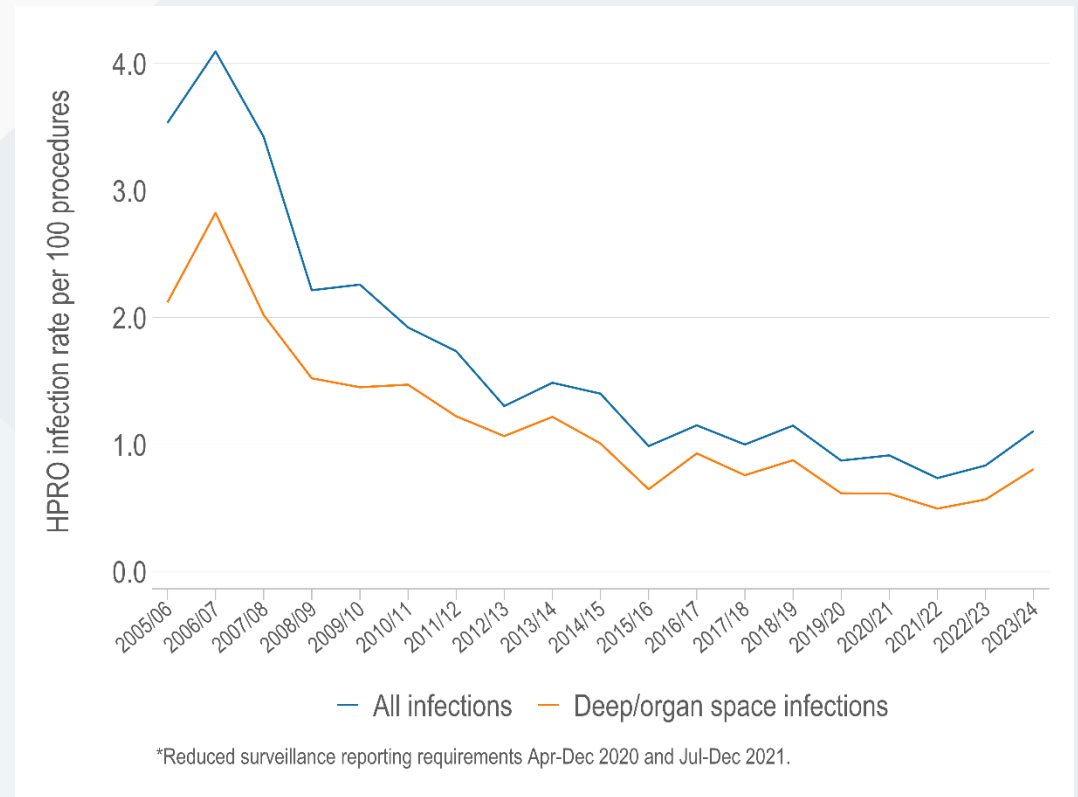
Surgical site infections

Diminishing Surgical Site Infections in Australia: Time Trends in Infection Rates, Pathogens and Antimicrobial Resistance Using a Comprehensive Victorian Surveillance Program, 2002–2013

Leon J. Worth, MBBS, FRACP; Grad Dip Epi, PhD; Ann L. Bull, PhD, M.App.Epid; Tim Spelman, BSc, MBBS; Judith Brett, BN; Michael J. Richards, MBBS, FRACP, MD



*Reduced surveillance reporting requirements Apr-Dec 2020 and Jul-Dec 2021.



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Cardiac bypass surgery

Hip replacement

Recent surveillance additions

- Catheter-associated UTI in hospitals
- HA-UTI in RAC settings (current pilot)
- CLABSI in non-ICU settings
 - Extension of CLABSI module

Future Directions

- Strive for a national HAI surveillance program
- Increased focus on MDRO surveillance data for action -- VRE as notifiable disease
- Attention to preventability – Colorectal SSI clinical guideline
- Promote quality improvement in accuracy of documentation of complication acquisition to improve HACs data accuracy