Surveillance - NSW Health

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Clinical Excellence Commission

Disclosure

We have no potential conflicts of interest to declare.

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What we collect?

1. Centrally inserted CLABSI in adult and paediatric intensive care units
2. Peripherally inserted CLABSI in adult and paediatric intensive care units
3. Staphylococcus aureus bloodstream (SABSI) infection
4. Acquisition of MRSA in adult and paediatric intensive care units
5. Vancomycin-resistant enterococcal blood stream infection (VRE-BSI) (Enterococcus faecium or Enterococcus faecalis only)
6. Carbapenemase-producing Enterobacterales blood stream infection (CPE-BSI)
7. Carbapenemase-producing Enterobacterales (CPE) healthcare acquired screening and/or clinical isolates
8. Clostridioides difficile infection (CDI)
9. Surgical site infections (SSI) following cardiac surgery
10. Surgical site infections (SSI) following knee arthroplasty
11. Surgical site infections (SSI) following hip arthroplasty

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Current program

NSW Health Mandatory Clinical Indicators

A mix of process and outcome measures

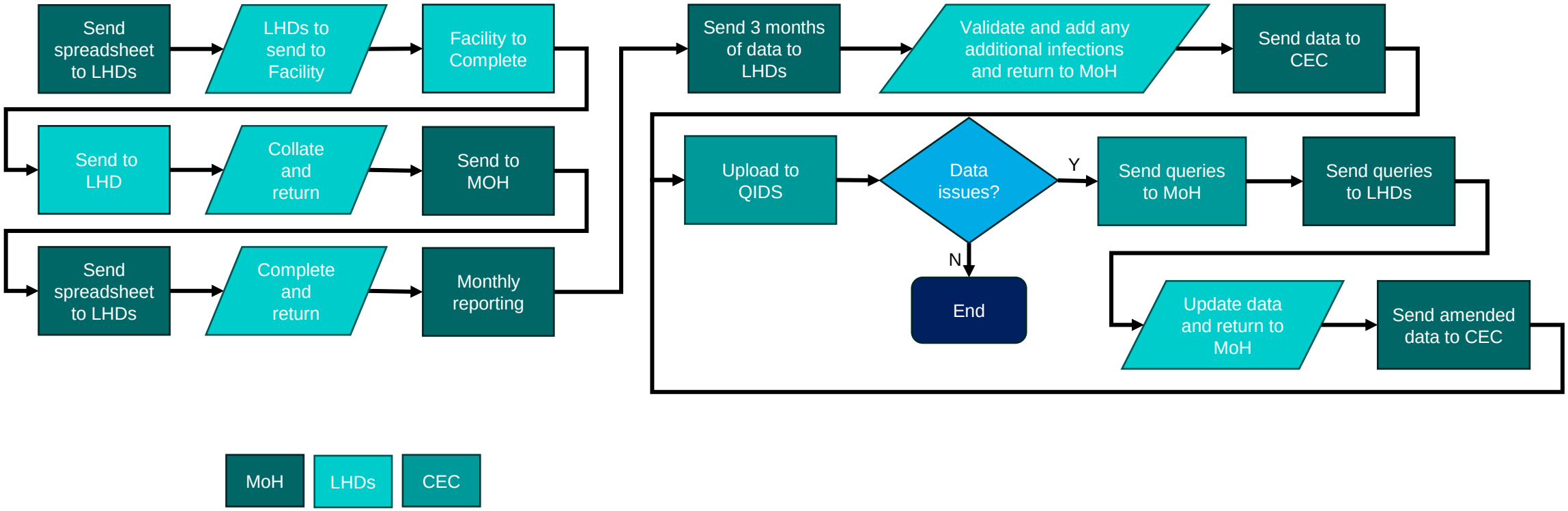
The process uses an ‘audit and feedback’ model with the aim being behaviour change.

e.g., hand hygiene audits to improve hand hygiene

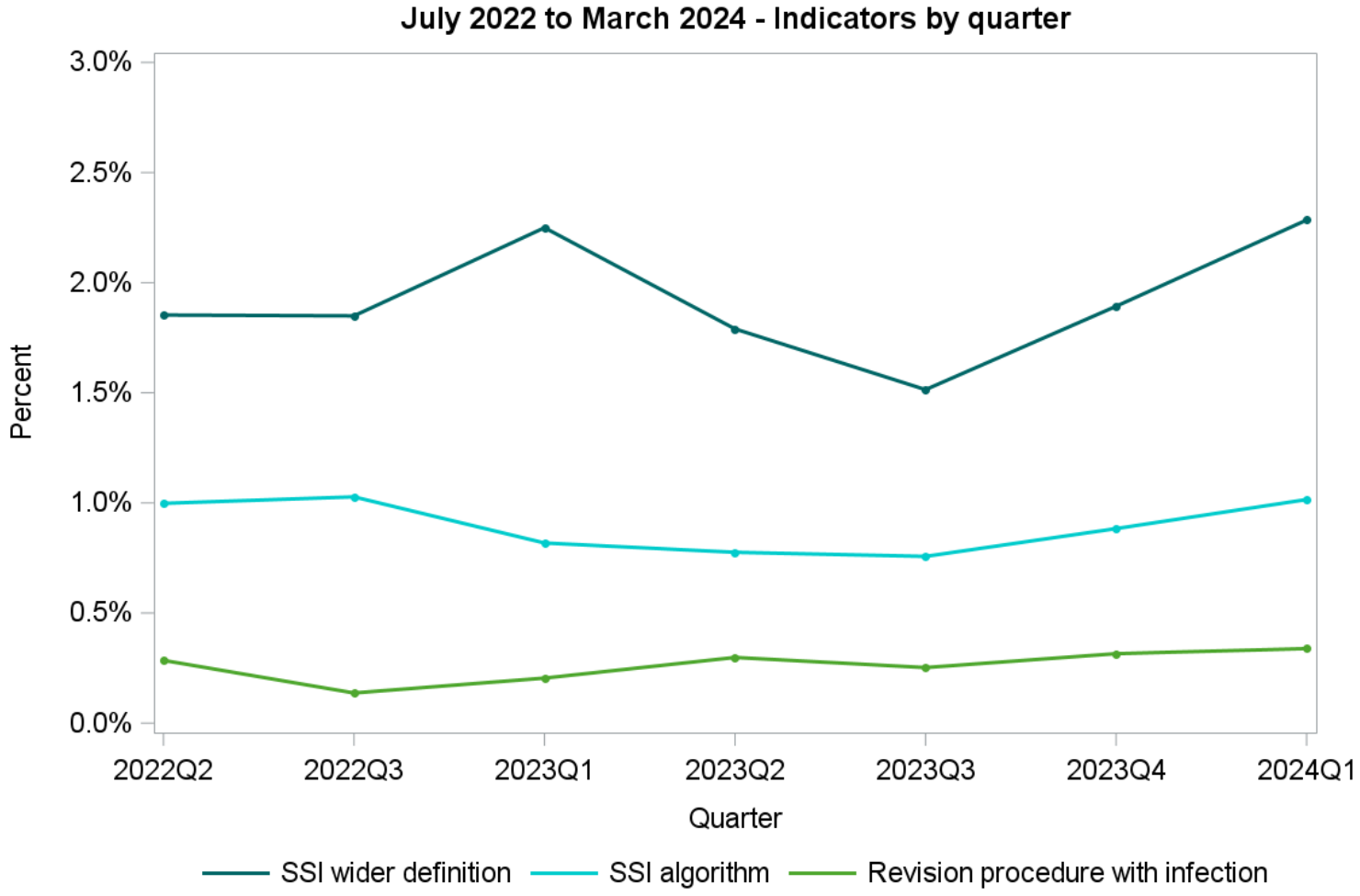
Evaluation of SSI after surgery (but important to note the implementation arm of for SSI data is adherence to multicomponent SSI prevention bundles)

CLASBI surveillance (associated with decrease in CLABSI rates across NSW, also associated with a significant implementation bundle with audit and feedback on bundle adherence)

Current process flow for indicator data



SSI after knee arthroplasty



Source: EDWARD Admitted Patient data

Challenges

- The collection of HAI clinical indicators is **manual** and **time-consuming**
- The data process flow is **complex**
- **Long lag time** between infection event and the data being available in QIDS
- No statewide surveillance

Do the indicators reflect effectiveness of infection prevention and control?

Future recommendations

Jurisdictional

1) How can we make the HAI Clinical Indicators meaningful?
2) What aspects of an IPAC program can be assessed by clinical indicators?
3) What indicators should we be using? (noting that SABSIs, *C. difficile* and CLABSIs are national indicators)
4) How to make best use of ICPs time when considering the time taken for HAI clinical indicators collection and reporting.

National

- Harmonisation between states
- Choice of indicators
- Definition
- Risk-adjustment
  - Advantages include pooling resources and infrastructure, data from specialised settings, lower volume procedures, better risk-adjustment models etc

This is always a challenge!

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