

**10 Years of National HAI – 2007-2016**  
**Prof. Marilyn Cruickshank, Australian Commission on Safety and Quality in Health Care**  
**Broadcast live from the Australian College of Infection Prevention and Control**




Australasian College  
for Infection Prevention and Control  
**2016 CONFERENCE**  
Melbourne, Australia | 20-23 November 2016  
Pullman Melbourne, Albert Park

## 10 years of national HAI 2007 - 2016

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Prof Marilyn Cruickshank  
Director National HAI Prevention Program  
22 November 2016



**AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE**  
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NSQHS  
STANDARDS  
November 22, 2016

## Hobart 2007 – Hobart 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:**

<p><b>Marilyn Cruickshank</b>  <small>Manager Clinical Safety &amp; Quality Projects            Australian Commission on Safety and Quality in Health Care            Tel (02) 9263 3706            Email <a href="mailto:marilyn.cruickshank@safetyandquality.gov.au">marilyn.cruickshank@safetyandquality.gov.au</a></small></p>	<p><b>Rachel Thomson</b>  <small>President            Australian Infection Control Association            Tel (03) 6222 7892            Email <a href="mailto:rachel.thomson@dhhs.tas.gov.au">rachel.thomson@dhhs.tas.gov.au</a></small></p>
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### ACIPC 2015: Where to in 2016

1. CDI – laboratory and reporting
2. Guide for surgical site surveillance
3. Revising the national infection control guidelines
4. Reviewing resources for standard 3
5. New edition of AMS book
6. Preparing a business case for a national HAI point prevalence survey

### 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*

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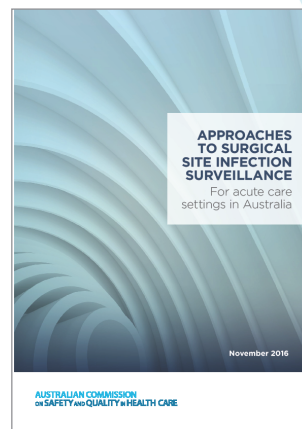
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### 1. CDI – laboratory and reporting

- PHLN: *Clostridium difficile* Laboratory case definition  
March 2016
- ASID updated guidelines for the management of *Clostridium difficile* infection in adults and children in Australia and New Zealand  
July 2016
- ACIPC Position paper on CDI infection prevention  
In progress
- Highlighted the need for research on CDI in aged facilities
- CDI Community of practice - surveillance, best practice guidelines  
October 2016

### 2. Guide for surgical site surveillance

- Assist health services in providing evidence to demonstrate compliance with NSQHS Standard 3: 3.2: surveillance for HAI
- Uses CDC National Healthcare Safety Network definitions and methodology.



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### 2. Guide for surgical site surveillance

- outlines key principles of a SSI surveillance program relevant to acute health services
- designed to complement existing jurisdictional SSI surveillance programs.
- provides an overview
  - selection of procedures for surveillance
  - risk adjustment
  - post-discharge surveillance
  - case studies/example
  - case review and case validation
  - benchmarking



### 3. Revising national infection control guidelines

- Partnership between NHMRC and the Australian Commission on Safety and Quality in Health Care
- These agencies, and the Australian Government of Health are working together on a pathway to reform clinical guideline development
- Completed:
  - Consultation
  - Horizon scan
- In progress:
  - Systematic and literature reviews



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## 4. Resources for Standard 3

### Safety and quality improvement guides

- Hospital guide draft in progress
- Dental practice
- Community facilities
  
- Workbooks for small hospitals

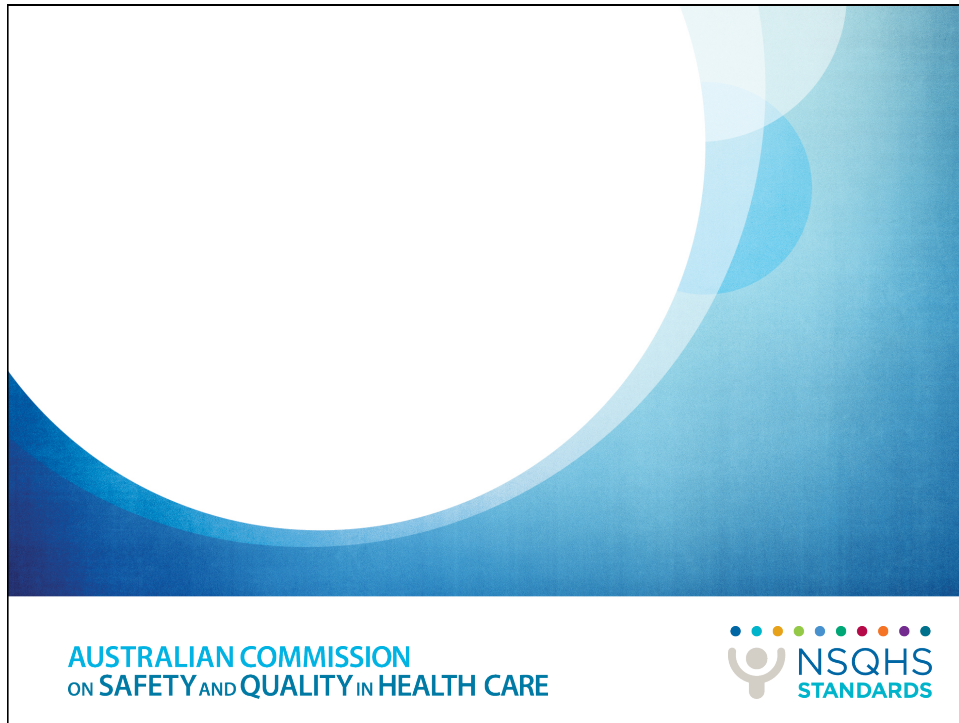
## 4. Resources for Standard 3

### AS 4187 advisory on sterilisation

- The requirement for organisations to have responded to AS/NZS 4187:2014 in December 2016
- There is variation in the compliance requirements between:
  - office practice settings (AS/NZS 4815:2006) and health service organisations (AS/NZS 4187:2014)
  - *Australian guidelines for infection prevention & control in healthcare*
  - *Standard 3 of NSQHS Standards*
- 'Economies of scale' and expectations
- Sterilising services are being stretched by service delivery, supply and demand issues

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### The new edition – what's in & what's out?

#### Section 2: Who is involved in AMS and what is their role?

- 1. Engagement with the consumer**
  - Including the role of the AMS CCS
- 2. The role of the ID physician**
- 3. The role of the clinical microbiology service**
- 4. The role of the prescriber**
  - Medical and non-medical
- 5. The role of the pharmacist and pharmacy services**
  - Including the community pharmacist
- 6. The role of the nurse/midwife/ICP**

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### 6. HAI point prevalence survey

- Established a key working group to develop funding options for a national point prevalence survey Aug 2016
- Business case developed Oct 2016
- Literature review in progress

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**Other 2016 projects**

**The National AMR Strategy 2015-19**



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### HAI Advisory Terms of Reference Amended November 2015

*Provide leadership and advice on issues of national importance in infection prevention and control.*

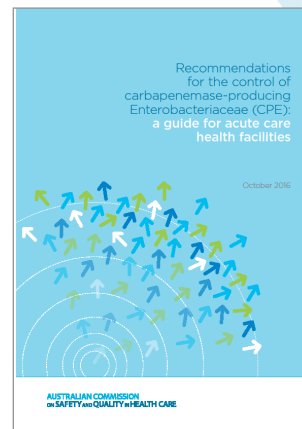
- *In addition, where the Commission is requested to undertake specific activities of national interest, the HAI Advisory Committee may be asked to lead on developing a response.*
- *Where this occurs, a specific Working Group would be formed with the appropriate skills, and in order to respond in a time appropriate manner.*

Membership extended to include CDNA, OHP, IJC, AHPPC

### Updated MRGN Guide 2013 -> CPE Guide 2016

Includes:

- Preparation and planning
- Detection and surveillance
- Strategies – limited transmission
- Outbreak management
- Laboratory screening & confirmation
- Recommendations for States



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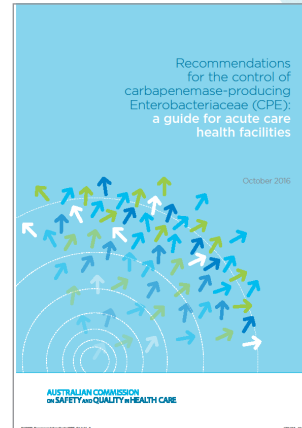
## Updated MRGN Guide 2013

-> CPE Guide 2016

### Resources

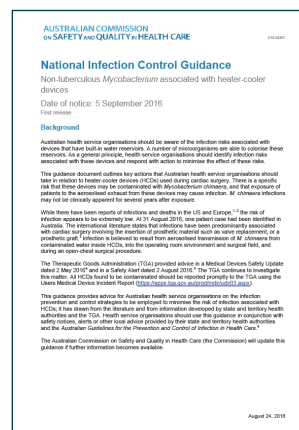
- information for clinicians on CPE
- information for general ward staff
- a checklist for ward-staff and afterhours managers
- information for patients who have been diagnosed with CPE
- information for patients who are to be screened for CPE

2017 Implementation workshops with ACIPC and HCSIG



## NTM infections in Heater – cooler devices

- National guidance
- Collaboration between experts, Jurisdictions policy, TGA
- CDNA advice on lookback strategies
- Partnership with ACIPC Webinar





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**Support HAI/AMR research proposals 2016**

1. AMR Research collaborative QUT, NCAS, Bond Unis
2. AVATAR (Vascular access) Griffith University
3. CRE in ID emergencies University of Sydney
4. CRE in HAI QUT
5. AMS sociology UNSW
6. Culturally and linguistically diverse patients UNSW
7. Video reflexive ethnography Westmead Hospital
8. HAI Point Prevalence Survey QUT, Avondale, Monash

**Business as usual**

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## Building clinician capacity

- Education
  - Web based modules for new antibiotic prescribers
  - Seminars for ID/Micro trainees
  - Workshops AMS for nurses
  - AMS and Antibiotic classes videos
- Online orientation for infection prevention and control
- Hand hygiene modules
- 10 infection & prevention modules

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Home Help & Support Login



infection prevention & control

### Welcome to our training portal

This training portal is one of several strategies undertaken by the Commission to prevent HAIs. The Commission was established by the Australian, State and Territory Governments to develop a national strategic framework and associated work program that will guide its efforts in improving safety and quality across the health care system in Australia.

This portal is made up of a series of educational modules for the health care worker who is undertaking infection control activities to enhance their knowledge and provide them with resources to assist them in safe practice, quality healthcare delivery and risk management strategies.

Having problems viewing courses?  
[Click here for Help & Support](#)

#### Training Login

Please enter your username and password below to access your training.

Username

Password

Have you forgotten your password?  
[Click here to use our online recovery form.](#)

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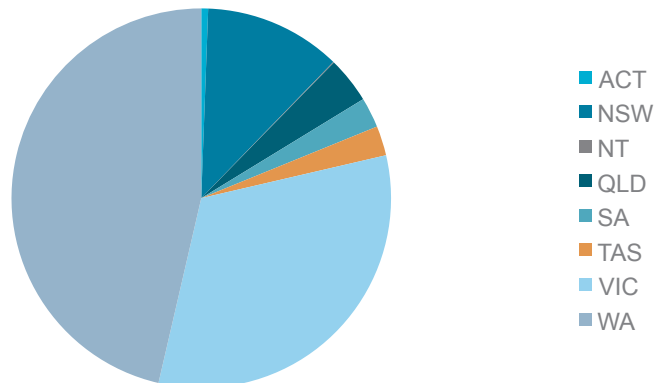
## Basic principles of infection management

> 20,000 registered users

1. Principles of infection control
2. Basic epidemiology/statistics
3. Surveillance
4. Basic microbiology/multi-resistant organisms
5. Introduction to infectious diseases
6. Immunisation of healthcare workers
7. Outbreak investigation and management
8. Building works
9. Occupation exposure management
10. Cleaning, disinfection and sterilisation

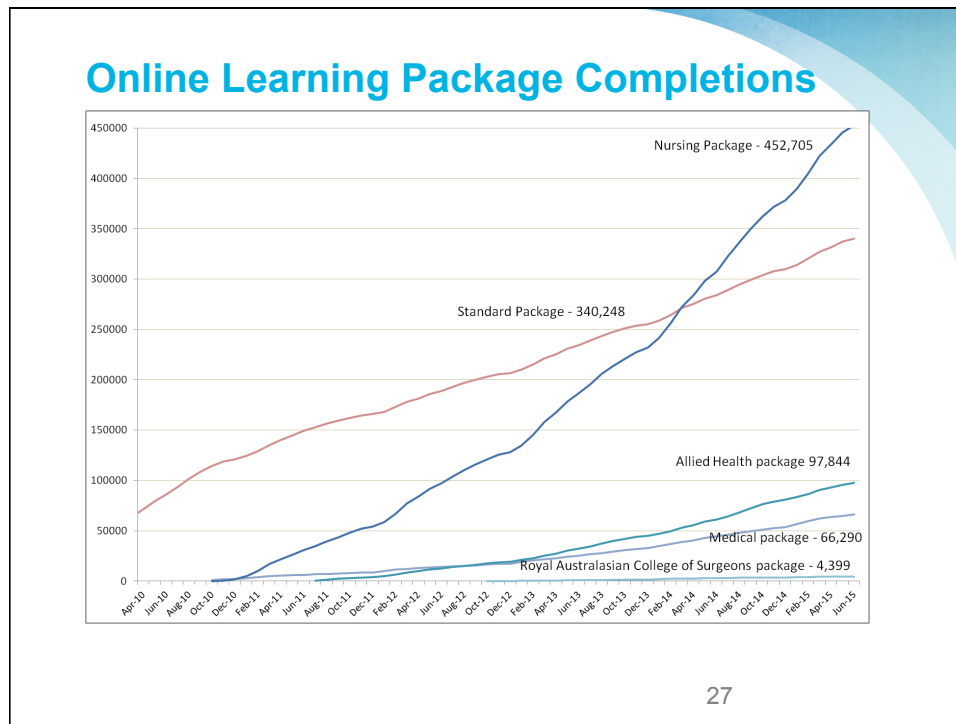
## Online Orientation Module for Infection Prevention and Control

> 23,500 registered users in first year 2014-15



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### Hand hygiene 2016

**860 organisations submitted data**

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

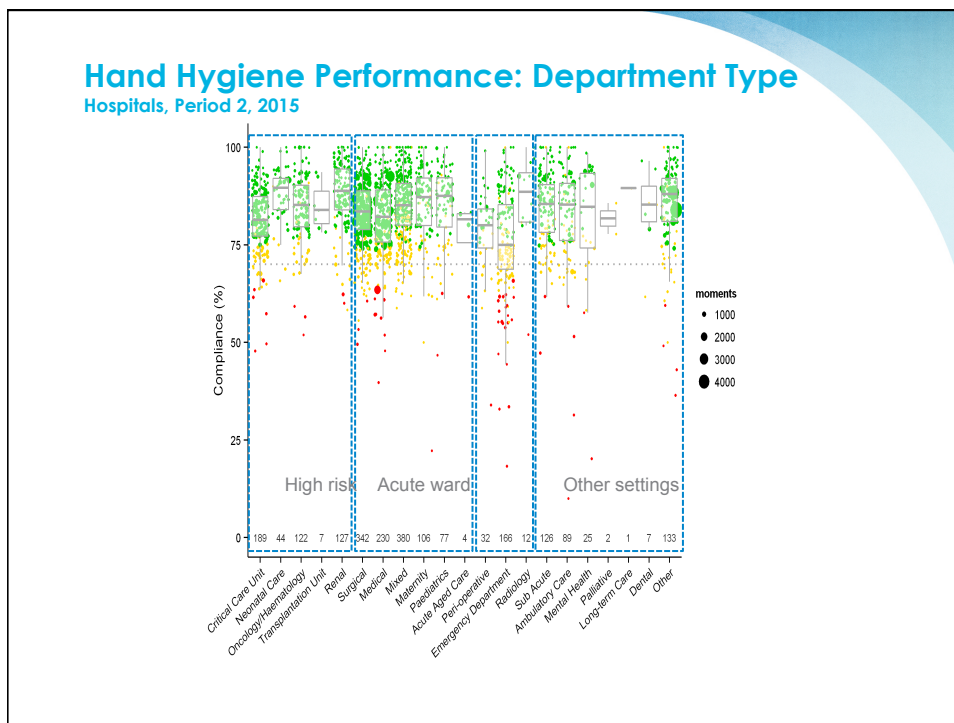
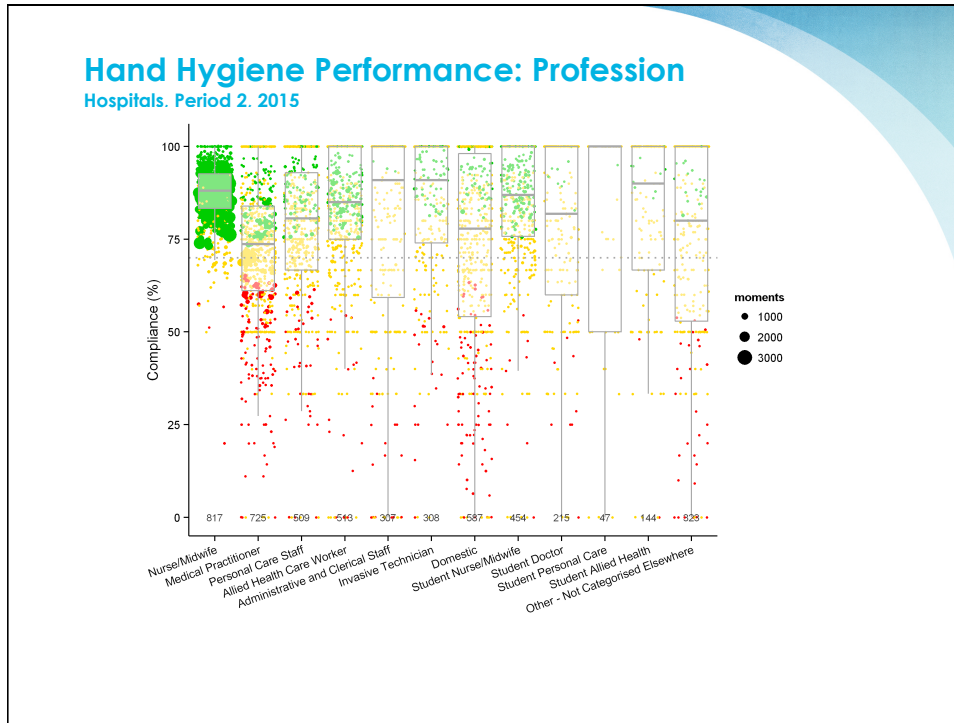
**Notable results**

- 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)

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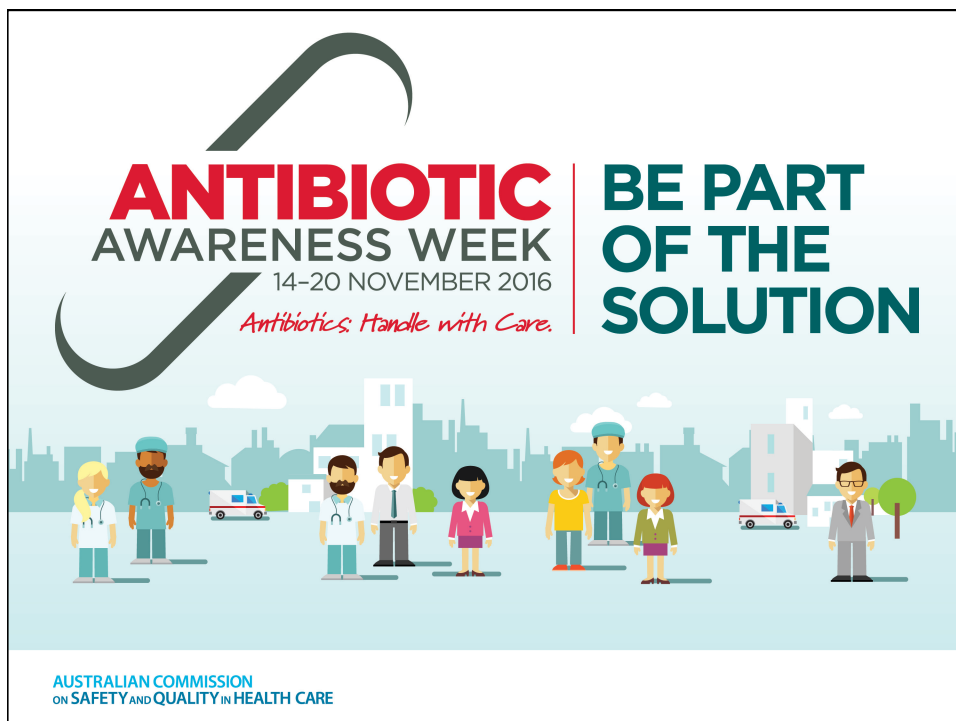
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## National Hand Hygiene Benchmark

### 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 moments.
- Reporting to occur through the MyHospital web site taking into account small cell sizes.



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### Other ACSQHC projects

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## Implementation takes place at the bedside- The Clinical Care Standard for AMS



Supporting documents  
Fact sheets for consumers and clinicians  
Indicator specifications



## AURA 2016

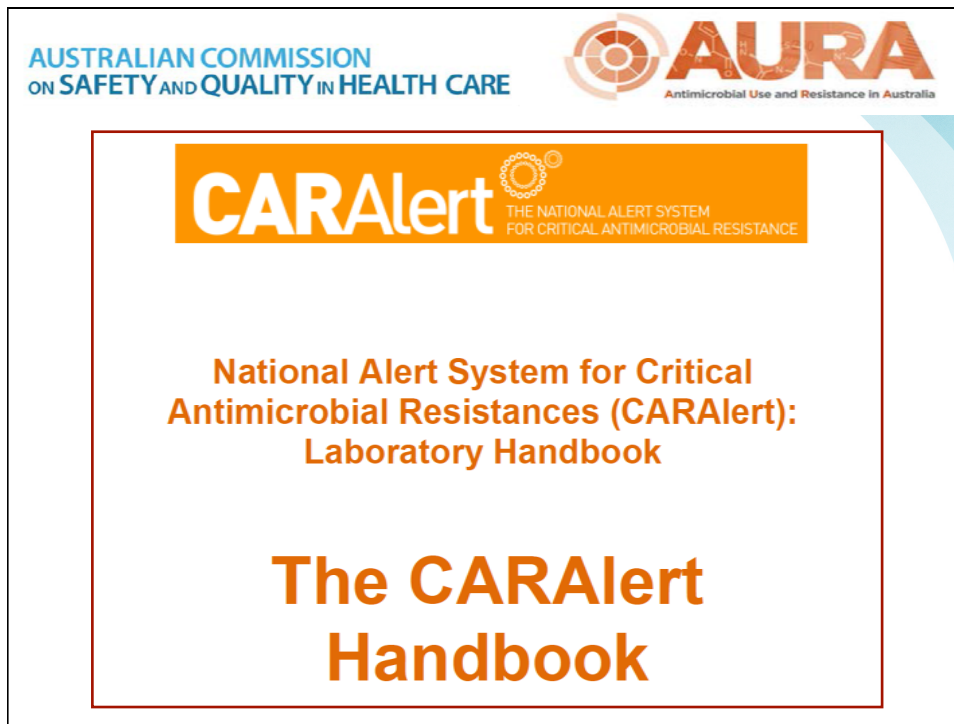


<http://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia/resources-page/>

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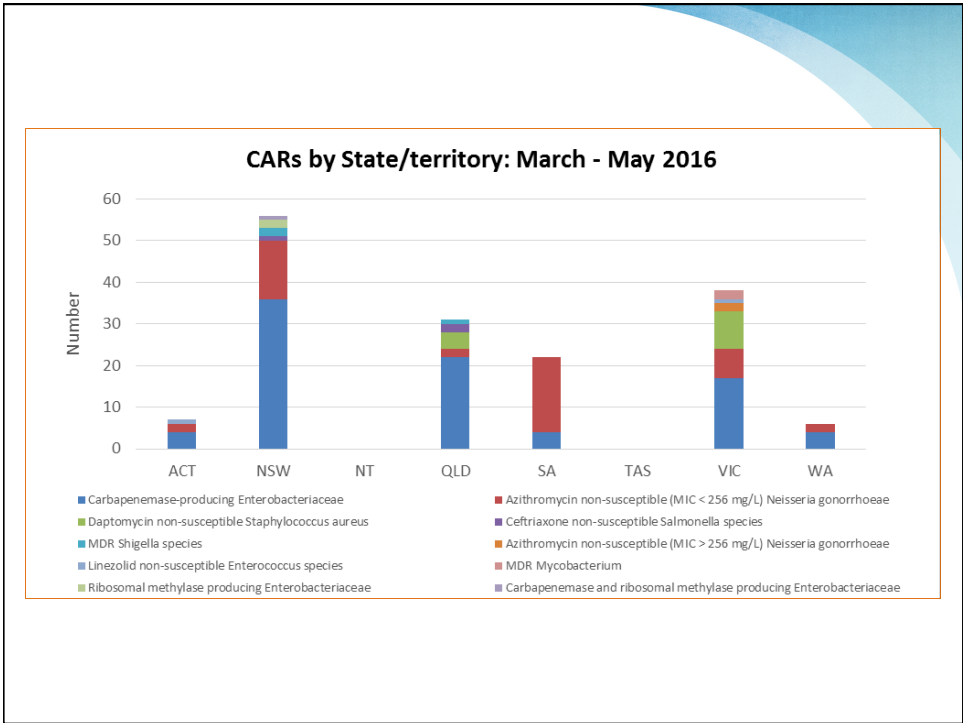
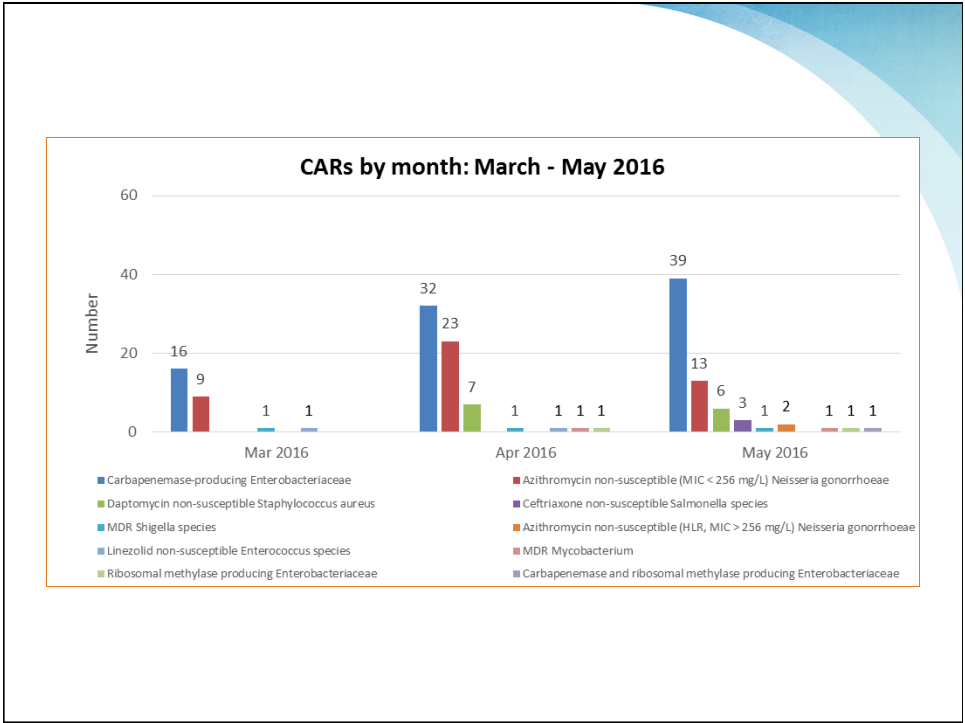
The image shows the cover of the CARAlert Laboratory Handbook. At the top left is the logo for the Australian Commission on Safety and Quality in Health Care. At the top right is the logo for AURA (Antimicrobial Use and Resistance in Australia). The central text reads: "National Alert System for Critical Antimicrobial Resistances (CARAlert): Laboratory Handbook" and "The CARAlert Handbook".

Table 1: Critical antimicrobial resistances for National Reporting under CARAlert

Species	Critical resistance (as at December 2015)
<i>Enterobacteriaceae</i>	Carbapenemase-producing strains, or Ribosomal methylase-producing strains
<i>Enterococcus</i> species	Linezolid non-susceptible
<i>Mycobacterium tuberculosis</i>	MDR (at least rifampicin and isoniazid resistant) strains
<i>Neisseria gonorrhoeae</i>	Ceftriaxone non-susceptible or azithromycin resistant strains
<i>Salmonella</i> species	Ceftriaxone non-susceptible strains
<i>Shigella</i> species	MDR strains
<i>Staphylococcus aureus</i>	Vancomycin, linezolid or daptomycin non-susceptible
<i>Streptococcus pyogenes</i>	Penicillin reduced susceptibility

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### Thank you

#### HAI Program Team

- Cate Quoyle
- Sue Greig
- Fiona Gotterson
- Jan Galton

#### Partners

- HAI & AMS Committees and working groups
- ACIPC
- ASID
- HCSIG



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December 1 2017 TELECLASS SCHEDULE RELEASED

December 8 VIABILITY OF BACTERIA ON FABRICS  
Prof. Jerry H. Kavouras, University of Illinois at Chicago

December 15 (FREE Teleclass)  
INFECTION CONTROL IN ELDERLY CARE INSTITUTIONS – WHERE SHOULD WE GO?  
Prof. Andreas Voss, Radboud University Medical Centre, The Netherlands

[www.webbertraining.com/schedulepl.php](http://www.webbertraining.com/schedulepl.php)



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