

Policy Applies to:

All Staff at Mercy Hospital. Credentialed Specialists and Southern Community Laboratory staff will be assisted in complying with this policy.

Related Standards:

- EQuIP Standard 1.5. Criterion 1.5.2.
- Health and Disability Services Infection Prevention and Control Standards NZS 8134.3:2008, criterion 3.5

Rationale:

This policy outlines the systematic approach for collection, collation, analysis and dissemination of information on infection events and rates at Mercy Hospital. This assists in promoting patient safety through identifying areas for improvement which may support minimising infection rates,

Definitions:

Surveillance

Is defined as the continuous and systematic process of collection, analysis, interpretation and dissemination of descriptive information for monitoring health problems

Nosocomial infection or hospital acquired infection (HAI)

A localised or systemic condition resulting from an adverse reaction to the presence of an infectious agent not present at the time of admission to the healthcare facility. Nosocomial infections are also referred to as a hospital or healthcare acquired or associated infections.

Levels of Surgical Site Infections (SSI)

Mercy Hospital uses the Health Quality and Safety Commission Surgical Site Improvement Program definitions of surgical site infections.

Objectives:

- Established surveillance objectives inform the annual infection prevention and control programme
- To define and identify infections, through analysing and interpreting data, observing and evaluating patient care practices, monitoring equipment and the environment
- Monitor changes in infection rates and maximise control measures to minimise the impact of epidemics or outbreaks.
- Identification of patients who are at risk for nosocomial infection and provide rationale for infection control intervention.
- Calculate standardised rates of hospital acquired infection on specific surgical procedures/categories to enable comparative rate analysis and feedback reports to patient care personnel and other stakeholders.

- Participate in national and international surveillance initiatives where able and provide hospital data for benchmarking
- Ensure education is provided to staff / credentialed specialists on infection control surveillance issues

Implementation:

The Infection Prevention and Control Committee will:

- Review national and international surveillance quality markers and determine the type of surveillance required and frequency with which it is undertaken
- Review infection control surveillance findings and make recommendations regarding infection control intervention

The Infection Prevention and Control Nurse will:

- Coordinate the ongoing surveillance programmes; identify infections, analysing and interpreting data and report on findings to relevant stakeholders
- Provide information to credentialed specialists on infection prevention and control requirements at time of their credentialing visit
- Provide education on infection control matters relating to the prevention and management of hospital acquired infections
- Conduct regular hospital walk rounds to review infection control practices against best practice standards
- Follow up notifications of patient infections analysing and interpreting data and report on findings to relevant stakeholders
- Liaise with local and national infection prevention and control nurse specialists to ensure there is communication of information about infections and outbreaks
- Circulate (via email and SharePoint) a monthly High Risk Hospital Multi-resistant Organisms list to Mercy Hospital booking staff, pre admissions, credentialed specialists and other relevant stakeholders
- Provide a bi-monthly report on hospital acquired infections to the Infection Prevention and Control Committee
- Provide an annual report on hip and cardiac surveillance to the Infection Prevention and Control Committee

Clinical Coordinators and Nursing Staff will:

- Assess patients on pre-admission and admission for their infection risk (in particular MRSA, multi-drug resistant organisms, (MDRO) gastrointestinal and influenza type conditions) and follow relevant Mercy Hospital policy and procedures
- Notify the relevant credentialed specialist and Infection Prevention and Control Nurse of any positive cultures
- Notify the Infection Prevention and Control Nurse of any suspected or confirmed patient infections

Credentialed Specialists

- Notify the Infection Prevention and Control Nurse of any patient infections; this includes both in-patients and patients who have been discharged

Southern Community Laboratory

- Notify the relevant credentialed specialist and Infection Prevention and Control Nurse of any positive cultures: notifiable diseases, multi-resistant organisms, gastro-intestinal infections and bacteraemia
- Provide a monthly electronic report on Mercy Hospital microbiological specimens and sensitivity data

Evaluation:

- Bi-monthly and annual surveillance reports will be reviewed by the Infection Prevention and Control Committee to identify trends and recommendations for infection prevention and control intervention.
- Annual Mercy Hospital cardiac and hip surveillance infection rates will be reviewed against national and international rates.
- Annual Mercy Hospital cardiac and hip surveillance infection rates will be reported and reviewed as part of the ACHS indicator evaluation programme.
- Credentialed specialists and nursing staff will comply with Mercy Hospital preadmission and admission infection risk assessment and intervention procedures and this will be reported on as part of monthly key performance indicators by the Infection Prevention and Control Nurse in a report to the Quality and Risk Advisory Committee.
- Infection control staff education will be recorded in staff training records

Associated Documents

External

- Health Quality and Safety Commission Surgical Site Improvement Program <https://www.hqsc.govt.nz/our-programmes/infection-prevention-and-control/projects/surgical-site-infection-improvement/>
- SSI Surgical Site Infection Surveillance Programme Implementation Manual, Orthopaedic Surgery, Version 1.4, December 2015, Health Quality and Safety Commission
- SSI Surgical Site Improvement Programme, Cardiac Implementation Manual, Version 0.3, December 2014, Health Quality and Safety Commission
- Australian Council of Healthcare Standards, Infection Control, , Clinical Indicator Program
- Controller and Auditor General Office (2003) *The management of hospital-acquired infections*. www.oag.nz/2003/hospital-infections

- CDC Guidelines for the Prevention of Surgical Site Infections 2019; Association for Professionals in Infection Control (APIC) and Centres for Disease Control and Prevention. (CDC)
- Guidelines for the Control of Methicillin-resistant *Staphylococcus aureus* in New Zealand, Wellington: Ministry of Health, 2002.
- Guidelines for the Control of Multi-drug Resistant Organisms in New Zealand, Wellington: Ministry of Health, 2007.

Internal

- Antimicrobial Stewardship Policy
- MDRO Policy
- Outbreak Management Policy
- Antimicrobial Guidelines
- Credentialing Policy
- Transmission Based Precautions Policy
- Disease Specific Isolation Precautions-patient Management