**Draft Minutes**

**Healthcare Associated Infections Governance Group (HAIGG)**

Date: Monday 18 August 2014

Venue: Wellington Airport Conference Centre, Wellington

Time: 09.00 – 15.00

Present: Arthur Morris, Deborah Williamson, Chris McKenna, Bob Buckham, Hasan Bhally, Ruth Barratt, Noeline Whitehead, Sheldon Ngatai, Geoffrey Roche, Jane Pryer, Don Mackie & Jane O'Malley (Co-chairs)

Invited: Karen Osborn &Gabrielle Nicholson (HQSC), Greg Williams & Sarah Fitts (PHARMAC), Craig Thornley & Warren Hughes (MPI), Grant Storey, Ryan McLane, Darren Hunt & Lisa Oakley (MoH)

Apologies: Margaret Wilsher, Sally Roberts, Darren Hunt, Lisa Oakley, Gabrielle Nicholson

1. **Welcome and introductions**
2. **Confirmation of Teleconference minutes (16 June2014)**

Minutes confirmed and accepted as true and accurate

3. **Confirmation of revised meeting minutes (12 May 2014)**

Minutes confirmed and accepted as true and accurate

4. **Action plan update**

**13.1 Governance:** *Comments and Discussion on DHB IP&C capabilities*

The HAIGG would like to convey to District Health Boards an overview of how the governance group can support them.

Agreed:

It was agreed that the Co-chairs will raise this matter at the next Executive Leadership Team (ELT) meeting in September

Action:

The Co-chairs to decide what the key IPC strategic messages will be and attend next ELT meeting.

**13.3 Surveillance:** *Hospital-based surveillance for CDI*

Deborah Williams provided an update on the Microbiology Network (MN) group in relation to C-diff surveillance. A consultation document around definitions for hospital based surveillance for CDI was circulated to the MN group, but due to emergency planning around Ebola, the deadline for this document has been extended until the end of August 2014. Several hospitals will be chosen as pilot sites once definitions agreed upon by MN group.

Agreed:

Surveillance data is not intended to act as a hospital performance indicator

A purpose statement should be formulated to help clarify a national overview on CDI surveillance

Action:

Debbie Williamson and Jane Pryer to write a brief one page purpose statement for the sector.

**13.14/15/16 Governance:** *Strategic Plan*

Item discussed under item 5

**13.24 Workforce Capacity:** *Drafting of workforce development and post graduate education papers*

Jane O'Malley updated the group on the progress of this item. For a number of reasons, work has been delayed on this document. Jane will work with Ruth and Chris, the original contributors to the paper but broaden the document to encompass a broader range of health professionals.

Agreed:

A review of the training package around IPC procedures on the Ministry of Health website needs to be reviewed after workforce paper written to reflect such changes.

Action:

Paper will be drafted by member of Jane O'Malley's team in conjunction with relevant HAIGG members. This may take some time with progress being updated at subsequent HAIGG meetings

**13.25 Infection Prevention & Control Procedures:** *Development of best practice guidelines and standards for environmental cleaning of hospitals*

Discussion of use of the Victorian Cleaning Standards (VCS) throughout healthcare facilities as a way of standardising environmental healthcare practices as it offers an audit tool.

Agreed:

It was noted that approximately 70% of District Health Board hospitals had already implemented the VCS as a way to audit cleaning standards within their facility.

The VCS to be included in the revised New Zealand Health and Disability Sector Standards as guidance for environmental cleaning

Action:

Chris McKenna to follow up with Helen Pocknall (chair of the DHB Directors of Nursing national lead group and Nurse Executives of New Zealand ) regarding DHB agreement

Jane Pryer to contact lead for Health and Disability Standards to discuss inclusion of VCS

Jane Pryer to follow up with Victoria Health to ensure that there is no copyright issues for New Zealand to use across health facilities.

**13.26 Surveillance:** *IT/IPC Programme requirements for DHBs*

A broad discussion around current IT programmes and progress by individual DHB's using a variety of IT solutions to enable them to enhance surveillance systems within their own hospital.

Themes covered included:

Cost - Karen Orsborne informed the group that HQSC has discussed with the National IT board and the South Island Quality & Safety Alliance the benefit of a national agreement for cost.

Leadership – There is still a lack of national leadership.

Business cases – Lack of clarity of what would be needed in a business case to be presented to the National IT Board

Surveillance programmes already in existence – Some DHB's have used their own IT people to help develop local surveillance programmes without the need for purchasing ICNet.

Agreed:

It was agreed that national leadership is required to move this issue forward for the purpose of managing risk of HAIs at both local and national levels

A business case needs to be formulated and presented to National IT board which includes the elements of the strategic plan, standardisation and long term vision.

DHB's will ultimately be responsible for funding IT programmes themselves.

Action:

Karen Orsborne, Debbie Williamson, Ruth Barratt and Jane Pryer to collaborate on a business case for IT needs.

**13.28/29/30**

Above action points discussed as individual agenda items.

**5. Strategic Plan Update**

The final version of the strategic plan was reviewed by HAIGG members. A few minor changes and additions need to be made.

Agreed:

Overall agreement by group that plan is now at stage where it can go to Director General for sign off and put on HAIGG web page.

Action:

Jane Pryer to make necessary changes to document before final sign off by Co-chairs.

**6. Round the table**

- On June 30, 2014, Minister Jo Goodhew signed the World Health Organization Patient Safety Global Challenge pledge which New Zealand's support to implement actions to reduce health care-associated infection within their countries and to share results and learning internationally. The document can be viewed using the following link:

  http://www.who.int/gpsc/statements/countries/EN_PSP_GSPC1-WPRO_Country/en/

- **HAIGG membership**: Membership is a rolling 3 year term.

  Agreed:

  Agenda item for next meeting, whether additional professional groups needed to be added to HAIGG, the need for an annual meeting with key representatives from stakeholder groups and how information from this group is disseminated.

  Process for renewing membership – could be in the form of a pro-forma letter to each organisation

  Review of terms of reference to ensure that they cover skills and knowledge required for HAIGG membership

  Action:

  Jane Pryer to follow up on current memberships and advise members accordingly

  Karen Orsborne announced that the Hand Hygiene NZ is now drawing to a close and an evaluation of the project is underway.

- Bob Buckham had recently attended the Hospital Pharmacist Association (HPA) meeting. One of items discussed was the importance of antibiotic stewardship. Members of the HPA had expressed an interest to work with HAIGG through Bob on a way forward with this.
- Ruth Barratt raised a point that during the recent Streptococcus Aureus out- break in a rest home in Canterbury, it highlighted that not all Public Health Units have IPC knowledge or expertise – Item to be re-visited at future meeting.

Ebola update to be discussed after item 9

**7. Antimicrobial Resistance (AMR)**

A substantial discussion was held on various aspects of AMR, a brief summary from each of the invited speakers is outlined below.

Invited guests to this discussion include:

Grant Storey & Ryan McLane (MoH), Greg Williamson & Sarah Fitts (PHARMAC), Craig Thornley & Warren Hughes (MPI).

Grant Storey, Communicable Diseases team, (MoH) provided the group with a flow diagram to demonstrate the Ministry's programme of action to reduce increase in AMR.

Current MoH activities

- Use of the Microbiology Network in moving issues forward with hospital definitions, lab testing for C.*diff*
- The establishment of a TB reference laboratory, which will strengthen TB services and will offer advice and guidance for cases of multi-drug resistance TB
- Surveillance of AMR and antibiotic consumption
- Ongoing surveillance on Multi-Resistant Drug Organisms such as Extended Beta-Lactamase Producers (ESBL) which will include additional molecular survey to identify resistance patterns

- Future surveillance activities will include Neisseria Gonorrhoea due to the increasing resistant patterns to common treatment antibiotics
- Overview of previous meetings with ESR and PHARMAC in Feb 2014 to discuss how information from antibiotic prescriptions could be compared to ESR data on resistance patterns. This will allow for better guidance on prescribing on a specific group of antibiotic used to treat a range of infections. A draft report should hopefully be completed in November.
- Following a WHO meeting that both Grant Storey and Deborah Williamson attended, key outcomes and recommendations which will be discussed at the regional committee for endorsement. New Zealand is keen to support this work

Greg Williamson, Senior Therapeutic Manager (PHARMAC)

PHARMAC took over the hospital medicines list which has enabled some restrictions to be placed on antibiotic prescribing (Clinician level)

Current work programme

- Funding application, to move a range of medicines into general practice which should help align hospital and community guidelines
- Compliance work underway to review hospital compliance with specific antibiotics
- Jointly working with ESR to obtain resistance patterns
- Assess new treatments through the anti-infective subcommittee
- Highlight the need for an internal authority on Gp surveillance system to ensure that doctors are aware of what they should be prescribing
- To continue working with HAIGG and MoH on these issues

Warren Hughes, Ministry for Primary Industries (MPI)

MPI is responsible for monitoring agricultural medicines act, all require restrictive veterinarian authorisation to gain access. He gave us an update on the following:

<u>Antibiotic sales report between 2009 -2011</u>

- decrease by 19% in the sale of antibiotics, although this does not always match consumption levels. This decrease may be due to changes in farming practice due to alternative measures being implemented
- usage in pigs, sheep and beef cattle has reduced over 15 years
- some increase in antibiotic usage in dairy and poultry

Further work to be done, with a focus on the increase in certain antibiotics being used, the 2012-2013 report will give a better indication if there is an emerging trend in the use of such antibiotics.

It was noted that MPI's work programme covers a lot of areas with limited resources.

Craig Thornley (MPI)

Craig Thornley's role is to monitor antimicrobial resistant organisms within food, including import assessments.

- Low level of AMR bacteria in poultry but currently looking at the importation of poultry products from overseas.
- Further analysis needed to monitor antimicrobial resistance and health outcomes

Following the presentations, a lengthy discussion was held with a focus on the following areas:

- Surveillance
- Reporting
- Guidelines
- Education
- Prescribing
- Data collection
- National guidelines
- Information sharing

Agreed:

Flow diagram provided by Grant Storey is a good example of describing the different elements involved – a few alterations are needed to some parts of the diagram.

As a whole, New Zealand has some excellent work already underway around antimicrobial stewardship

Sharing of information is a key element between all agencies involved in AMS/R activities

Action:

Maintain good working relationship with key stakeholder in this area

HAIGG to -

- Facilitate, coordinate and monitor progress
- AMR to remain as an agenda item

*Attached is the representative diagram defining some of the identified issues. Appendix 1*

**8. Discussion on re-usable items**

A request was made by Dr Tim Blackmore (ID physician and Microbiologist Capital and Coast DHB), for the HAIGG to review current practice by other hospitals around multiple use of equipment labelled by the manufacturer as single use only.

Agreed:

The guidance set out in the New Zealand standards and the Therapeutic Goods Act is adequate for a hospital to base its equipment and reprocessing policy on

Risk assessment for re-use of equipment is an individual DHB choice

Action:

The Co-chairs to write to Dr Blackmore with a response on behalf of the HAIGG

**9. Healthcare workers and Vaccination**

A discussion around vaccination for all healthcare staff took place which identified the difficulties in making this a mandatory requirement.

It was noted that different approaches are taken by DHBs to improve and encourage vaccination [influenza] by healthcare workers and that certain vaccines such as hepatitis B are, and have been mandatory for several years.

Several papers were reviewed by the HAIGG which encompassed different views around healthcare vaccination.

It was noted that one DHB had looked into the legality of making vaccination mandatory for staff but was deemed not to be possible under human rights.

Some states in Australia and USA have had mandatory vaccination policies for several years.

Agreed:

- HAIGG can only encourage and continue to support DHB's with annual Influenza vaccination programmes and other vaccinations such as Pertussis
- Occupational health are one of the biggest driving forces across DHB's to promote and encourage staff to undertake vaccinations offered to them
- Use of the standards to encourage immunisation

**Update on Ebola**

Jane Pryer provided an update on the Ministry's actions and activities and made reference to the two urgent HAIGG teleconferences held and summary documents sent to the group following this.

One HAIGG member raised the issue that ownership of the current Ebola situation was not well defined within their DHB and no collegial meeting had been held by all parties as outlined in the emergency Plan

The HAIGG's involvement in this health emergency was discussed which included;

Was HAIGGs involvement at the right time as Communicable Diseases (CD) team were managing the event?

What are the triggers or threshold that decided when HAIGG becomes involved?

Agreed:

HAIGGS involvement was timely

DHB's need to individually review and de-brief on their own emergency management plan

The CD team have managed the event in line with information received from global agencies such as public health emergencies of international concern (PHEIC) and Australian boarder control

**10. Meeting closed at 15.00**

18/8/2014

## Whats the shape of the problem?

data | tools that tell the story? → trends → survey → hosp → community
data capture - prescription / health problem

Black holes = topical a/bs
- not 1 health approach
- a/b useage linked to resistance
- Community

Coordinated National Approach

## What is the evidence for the intervention?

## What are the drivers?

no one thing by itself
Communication that is effective (cunning plan)

- Information = data - why are people getting Rx? volume vs consumption
  Knowledge, skills, attitudes & behaviours
  guidelines
- Consumer awareness
- Reducing infections
- funding / reporting levers
- prescriber variations - atlas / regional mapping
- Supportive infrastructure for stewardship
- restrictions
- National approach (guidelines) local response (models of care vs good examples around the country)

CONNECTION & SYNERGY (esp when uncomfortable ↑ uncomfortable)