

Minutes

Meeting: HAIGG

Date:	27 August 2015
Time:	09.00am – 3.00pm
Location:	Freyberg building. (G.08) Wellington
Chairs:	Jane O'Malley ,Don Mackie
Attendees:	Bob Buckham, Sheldon Ngatai (12.30), Grant Pidgeon, Chris McKenna, Noeline Whitehead, Carolyn Clissold, Eamon Duffy, Michelle Balm, Josh Freeman (for Sally Roberts) Deborah Jowitt (via teleconference, for Gabrielle Nicholson until 10.15) Virginia Hope (ESR, for Deborah Williamson), Don Mackie & Jane O'Malley (Co-chairs), Jane Pryer, Gemma Crook
Apologies:	Sally Roberts, Arthur Morris, Gabrielle Nicholson, Debbie Williamson, Lisa Oakley

Item	Notes
1	<p>Welcome and introductions</p> <p>Jane O'Malley welcomed Eamon Duffy, representative for hospital Antimicrobial Stewardship Pharmacists</p>
2	<p>Confirmation of minutes 28 July 2015</p> <p>Minutes reviewed. Discussion around point 5 – Atlas update. Further work on the rates of infection and antibiotic use to be done by ID registrar (ADHB) Once work undertaken, feedback to group on results (Josh to action this on Sally's behalf)</p> <p>Agreed: That the minutes of the HAIGG teleconference on the 28 July 2015 were a true and accurate record.</p>
3	<p>Action Plan update</p> <p>13.1 Governance</p> <p>Need for a separate Chief Executive HAI champion discussed in view of HAIGG having CMO representation.</p> <p>Update</p> <p>Follow up of this underway and further discussion at next CE's meeting.</p> <p>13.25 Victorian Cleaning Standards</p> <p>Health Legal team (MOH) working with the legal team in Victoria (Australia) in resolving one section of the copyright laws. – Group to be updated once resolved. (Ongoing)</p> <p>13.26 IT/IPC programme requirements for DHBs</p> <p>See item 4</p> <p>13.30 Vaccination requirements for healthcare workers</p> <p>See item 5</p> <p>13.31 Antimicrobial Stewardship</p> <p>See item 6.</p>

<p>4</p>	<p>IT/IPC programme requirements for DHBs (Project summary documents provided to HAIGG members)</p> <p>Update and recap given by Jane Pryer on the work achieved by the joint working group (representation from ESR, HQSC and MoH), from January 2015 to June 2015. Main points covered included; the initial identification of an indicative business case being developed, formation of a steering group for this project and identification of a Senior Responsible Owner (SRO). The project summary presented to the group included findings of the survey/interviews held with health professionals who work in the infectious diseases field. Work done by the IT/IPC working group has been discussed internally at the Ministry through the Clinical Leadership Protection & Regulation (CLPR) IT Governance Group.</p> <p>Don updated the group on the progress of this project within the CLPR/IT governance group. A SRO has not yet been identified.</p> <p>Acknowledgement that several hospitals do already have or are purchasing IT systems to enhance surveillance and IPC work.</p> <p>Key discussion points:</p> <ul style="list-style-type: none"> • Who needs what, ie smaller hospitals may not need all functions of a IT system • Surveillance definitions need to be identified and agreed upon as there are differences between areas such as ARC and acute care and use different definitions within their setting. • Knowing what work is already happening across the sector ie HQSC IPC programmes • Surveillance definitions and standardisation needs to be agreed on nationally but may only be applicable within an IPC improvement programme • Recognition of the IPC workforce, quality and patient safety are fundamental. • Awareness of level of risk if nothing is done in this area <p>Agreed:</p> <ul style="list-style-type: none"> • This is a whole of sector issue • Chief Executives - target group <p>Actions:</p> <ul style="list-style-type: none"> • Briefing paper to be written for Graeme Osborne <p>Next steps:</p> <p>Don Mackie and Jane O'Malley to present information /case to CE's once action complete</p>
<p>5</p>	<p>Staff Vaccination:</p> <p>Update and re-cap given by Jane O'Malley on the previous teleconferences and work done by the health sector on Influenza planning, immunisation in the workplace, the role of Unions and National B.A.G. Emphasis on a clinical leadership approach to this.</p> <p>Noeline discussed some issues in the Aged Residential Care setting including; funding for staff to become vaccinators, issues around storage of vaccines and uptake of vaccination within the Pacific Island population in NZ.</p> <p>It was agreed by and recognised by group that this is a wider problem than just ARC and same issues arise in other areas of health. Plans are underway for a system that will allow pharmacists to register that a vaccination has been given to a person and this will be reflected in GP notes.</p> <p>Action:</p> <ul style="list-style-type: none"> • Post influenza teleconference meeting once immunisation data collated from DHB around staff vaccination rates.

	<ul style="list-style-type: none"> Noeline to inform group on specific challenges with vaccinating Pasifika peoples. <p>Agreed:</p> <ul style="list-style-type: none"> Following follow up teleconference, evaluation summary of all information gathered to be presented to CE's at a future meeting.
6	<p>Antimicrobial Stewardship (Papers circulated to group)</p> <p>Michelle Balm re-capped work achieved by the small working group within HAIGG. A survey around antibiotic guidelines in DHB's was undertaken by Michelle who identified gaps, including ID coverage and advice for some smaller hospitals, and risk of duplication of antimicrobial guidelines work occurring. (Survey attached as Appendix A)</p> <p>Eamon briefly discussed a pilot study in NZ across 5 DHB's which will be looking at prescribing restrictions – this follows a programme run in Australia through the Australian Health and Quality Commission.</p> <p>Key discussion points:</p> <ul style="list-style-type: none"> General consensus that the Australian Therapeutic Guidelines were informative as a reference document but would not be easy to adapt. The South island is already working collegially to produce antibiotic guidelines. Overarching guidance would be of benefit as would allow for local adaptation and a benefit for those smaller hospitals that do not have the same support as other larger DHB's. A regional approach may be more achievable to standardise guidelines as cluster of hospitals already sharing guidelines. DON's CMO's and DA's (Director of Allied Health) to be involved/updated on HAIGG work programme around AMR Sharing, peer review standardisation all key salient points. AMR pharmacists is a consideration for leading /writing guidance documents PTAC, PHARMAC, HQSC and key stakeholders need to be involved Ensuring linkages of monitoring of antibiotic use for smaller DHB's Long-term thoughts on electronic prescribing and how national guidelines/principles could be built into this. <p>Agreed/Actions:</p> <ul style="list-style-type: none"> HAIGG to develop a strategic framework. A regional approach to antimicrobial stewardship programme to be explored A sub-committee to be established in the future to explore key points with a focus on regional collaboration between DHB's (Aim for four regional guidelines to be developed) Clarity around the purpose of guidelines would need to be established Michelle will discuss points from HAIGG including AMR group discussion at ASID meeting to gauge feedback. (will liaise and update Sally) Regional interest and agreement needs to be established through CMO and DON's meetings. (Early 2016 once strategic framework developed)
7	<p>HAIGG work plan (T.O.R and Schematic diagram papers)</p> <p>Discussion on how HAIGG's strategic /governance function could be strengthened and how we can support healthcare facilities as necessary.</p> <p>Key discussion points</p> <ul style="list-style-type: none"> How do organisations govern their approach to infection rates, AMR and IPC, and what is their accountability to results and current local data?

- What are HAIGGs key issues and influences that we want to address
- What are the priorities of the group, main drivers and best return on patient outcomes
- Data information needed to establish what is happening around HAI in the country as no clear data reported to group in this area
- What data information is already being collected and analysed. (HQSC IPC programmes collect data pertinent to established programmes)
- How do all IPC committees communicate at CE level?
- How is governance for IPC used in DHB within other committees?
- Who at DHB level decides on what information should be collected (in relation to AMR activities)?
- What are the systems/data that improve patient outcomes
- How and what improvements for IPC committees have occurred, after reporting lines changed

Agreement

- Governance from the strategic plan recognised as the mechanism to support IPC risk.
- Key objectives and strategy still current
- Work going forward needs to be against the strategic framework
- Agenda items need to be focused on key areas of work
- HAIGG to endorse and support IPC and accountability within DHB's at an executive level. Rapport essential with IPC leads within the health sector
- Workforce capability issues identified around data collection to support IPC issues.
- HQSC quality markers and public reporting is one way that raises issues around HAI's.
- HAIGG members to think of how governance, accountability and data, functions within the sector and what IPC is accountable for.

Action:

- Governance first strand that will be discussed in depth at next face to face meeting
 - HAIGG to review governance structures for IPC reporting within DHB's
- Chris McKenna and Jane O'Malley to discuss governance and accountability structures at DoN's meeting

Close of meeting:

3.00 p.m.

Next meeting:

28 October, Teleconference 10.00 – 11.00