

Minutes

Teleconference: HAIGG

Date: 28 July 2015

Time: 3.00pm – 4.00pm

Location: Teleconference

Chair: Jane O'Malley ,Don Mackie

Attendees: Sally Roberts, Gabrielle Nicholson, Bob Buckham, Noeline Whitehead, Michelle Balm, Sheldon Ngati. Jane Pryer, Arthur Morris, Carolyn Clissold

Apologies: Chris McKenna, Debbie Williamson, , Grant Pidgeon

Item	Notes
1	<p>Welcome and introductions</p> <p>Don welcomed Carolyn Clissold to the group as the new nurse representative for Infection Prevention & Control from the Infection Control Nurses College</p>
2	<p>Confirmation of minutes 30 April 2015</p> <p>Minutes reviewed, following points noted: Page 1, 13.3 Surveillance Paragraph to clarify that the pilot sites at the 6 DHB are capturing surveillance rates of CDI and not implementing guidance. Page 2, 13.31 Antimicrobial Stewardship Agreed: to read; The need for national antibiotic guidelines and standardisation. Agreed: communication plan across the sector to keep DHB's and other stakeholders informed on the HAIGG work plan in this area.</p> <p>Agreed: That with the above corrections made, the minutes of the HAIGG teleconference on the 30 April 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>Awaiting response from identified possible HAI champion. Follow up of this underway and further discussion at next CE's meeting.</p> <p>13.3 Surveillance</p> <p>6 DHB pilot sites have been capturing surveillance results around hospital CDI. Awaiting the interim report on results. Permission from the Communicable Diseases team (MOH) to be sought before findings discussed.</p> <p>Update</p> <p>Awaiting report from ESR on pilot site surveillance activity.</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.</p> <p>13.26 IT/IPC programme requirements for DHBs Project on track, final meeting with steering committee complete. Sector consultation complete. It was acknowledged that the work done by the working group has reached its natural end and that a plan of how this can be taken further needs to be advised. Action: The working group will provide the HAIGG with a project summary at the next face to face meeting. Update : Don informed group that this project has been discussed at the CLPR IT governance group with a view of developing this project and how it can be progressed within the Ministry.</p> <p>13.30 Vaccination requirements for healthcare workers Agreement that planned post flu season teleconference will occur (end of September likely date). Aged Residential Care are keen to receive feedback from the findings following this flu season. Carolyn Clissold will be able to provide some data on immunisation rates of staff and residents from ARC. Discussion around rates of staff vaccination in general, across the health sector and not just uptake of the influenza vaccination. Question asked whether HAIGG wants to know the rates in general of staff vaccination. Clarity provided that the purpose of the teleconferences was to look at influenza staff vaccination Action: Aged care sector representatives to be invited to September meeting Staff vaccination to be on agenda for next HAIGG meeting in August to discuss staff vaccination as a whole.</p> <p>13.31 Antimicrobial Stewardship Update given regarding work that has been done so far. Discussed as item 4.</p>
4	<p>Sally discussed the paper she has written on the value of having national antibiotic guidelines. Feedback from some members of the group indicates that there are some questions being asked within DHB's on why a review of antibiotic guidelines is being done by HAIGG as the majority of DHB's already have antimicrobial guidelines. Agreed: Wider communication needed on what aspect of AMR HAIGG is reviewing, in relation to the use of the Australian Therapeutic Guidelines as a reference document.</p> <p>Michelle updated group on the work /questionnaire that she sent out to all DHBs on what antimicrobial guidelines are currently being used in each DHB. General consensus from DHB's is positive and the majority of DHB's are familiar with the ATG's. There was also a willingness to share local guidelines and that national guidelines for antimicrobials would be welcome as long as there was the ability to 'localise' on a regional level. Action: Michelle will provide a full summary of the responses she received, to the group for discussion at next meeting.</p> <p>Bob informed the group that BPAC have sent out the NICE consultation paper on the guidance of Self- Limiting Respiratory Tract Infections. Question posed on whether HAIGG should submit a group response or whether there would be a duplication of work done through BPAC [BPAC currently amend NICE guidelines for NZ conditions]</p>

	<p>Action:</p> <ul style="list-style-type: none"> • BPAC/ NICE consultation paper to be sent round to group for information • Don to contact Murray Tilyard in regard to the NICE consultation paper for a clear steer of how/if input from HAIGG could be used • A review of all work done up to now, be discussed at next HAIGG meeting to ensure that the original purpose of antimicrobial stewardship is on track, and how this work can be carried forward and communicated effectively.
5	<p>Atlas update</p> <p>Sally Roberts gave an update on the HQSC, Atlas of healthcare variation for Infection and antibiotic use following major surgery, to explore areas of variation between DHBs and identify possible areas for local quality improvement. The mapping was achieved through using various data sets including ACC injury claims, the Ministry of Health's national hospital inpatient data, and pharmaceutical collection. The main findings found that on average 34 % of people are dispensed an antibiotic within 30 days of discharge after major surgery from a public hospital, and 50 % of those people are prescribed the antibiotics either on day of discharge or the day after. The rate of infection following major surgery is 2.6 % .These figures raise questions such as how many scripts were for prolonged surgical antimicrobial prophylaxis or for treatment of superficial wound infections arising after surgery? How many scripts were generated in a follow-up appointment and what proportion was unrelated to the surgery but occurred as a consequence of hospitalisation? For the full summary go to http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/infection/</p> <p>Action:</p> <p>Paper on Australian results around similar work/findings to be sent to group</p>
6	<p>Next meeting</p> <p>August 27, Freyburg building, Wellington 09.00 – 3.00 p.m.</p> <p>Close of meeting</p> <p>4.00 p.m</p>