

Surveillance

Contents

Policy	1
Purpose	1
Scope/Audience	2
Associated documents	2
1.1 Surveillance	2
1.1.1 Continuous surveillance:.....	2
1.1.2 Other surveillance:	2
1.2 Microbiological Monitoring	3
1.3 Reporting.....	3
Measurement/Evaluation	3
References	3
Appendix 1: A&RHS Healthcare-acquired Infection Reporting procedure	5

Policy

The Canterbury DHB Infection Prevention and Control Service will undertake the surveillance of specific healthcare associated infections in accordance with objectives, priorities and methods developed in consultation with the relevant service and agreed to by the Infection Prevention and Control Committee.

All infection prevention and control surveillance will use standard definitions for identifying cases. Definitions and reporting methods are located in the Infection Prevention and Control Location Manual

Purpose

- To improve health care associated infection rates.
- To identify health care associated infection concerns and/or outbreaks.
- To evaluate control measures designed to reduce infection rates.
- To monitor rates of epidemiologically important organisms.
- To comply with NZ Infection Prevention and Control Standard NZS 8134.3:2008.

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Scope/Audience

All members of the Infection Prevention and Control Service and Canterbury DHB staff.

Associated documents

Canterbury DHB Infection Prevention and Control Annual Programme

HQSC SSII Programme Implementation Manuals

CDHB SSI Notification Form (Ref. 3436)

CDHB Quality Indicator Database

[SMHS Infection Surveillance Policy and Procedures](#)

CDHB Ashburton & Rural Health Services – [Healthcare-acquired Infection Report – Ashburton Forms 7-110](#)

1.1 Surveillance

1.1.1 Continuous surveillance:

- Canterbury DHB wide healthcare-associated blood stream infections (HABSI).
- Multi drug resistant organisms (MDRO) e.g. MRSA, ESBL, VRE, *Acinetobacter baumannii* and other significant Gram-negative bacteria.
- Orthopaedic Surgical Site Infection (HQSC programme)
- Cardiac Surgery Surgical Site Infection (HQSC programme)
- Other organisms that are of significance for infection prevention and control including but not limited to:
 - Seasonal Influenza,
 - Clostridium difficile- associated diarrhoea

1.1.2 Other surveillance:

- Ashburton & Rural Health Services health care-acquired infection in long term care facilities (Refer Appendix 1)
- Lower segment caesarean section (LSCS) surgical site infection – Christchurch Women’s Hospital.
- Healthcare acquired seasonal influenza
- Healthcare associated paediatric infections for Children’s Healthcare Australasia (CHA) indicators

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- Outbreak surveillance as required and as listed in the current Canterbury DHB Infection Prevention and Control Programme

1.2 Microbiological Monitoring

- Endoscope testing as per GENCA guidelines 2012
- CHOC and BMTU air level sampling for Aspergillus and fungi.
- Legionella testing in domestic hot water and shower heads (Canterbury DHB wide).
- Weekly patient clinical isolates in selected populations e.g. ICU, Burwood Spinal Unit.

1.3 Reporting

- Data is entered monthly into IPC Service spreadsheets for MDRO and CDI and rates are determined. Inpatient bed day numbers supplied by Decision Support
- HABS data is entered into the CDHB Quality Indicator database for each division for the following indicators:
 - *S.aureus* HABS
 - Total HABS (including *S.aureus*)This data is used by CDHB Corporate Quality for annual reports.
- A monthly report is generated for rates of CDI, MDRO and HABS which is tabled at the CDHB ICC meetings.
- Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated and reported to relevant personnel and management in a timely manner.

Measurement/Evaluation

This policy will be evaluated as part of the annual planning and programme development of the IPC Service.

References

1. New Zealand Health and Disability Services (Infection Prevention and Control) Standards NZS 8134.3:2008
2. Health Quality & Safety Commission New Zealand, [Infection Prevention & Control Programme](#)
3. Australian Guidelines for the Prevention and Control of Infections in Healthcare 2010

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4. The Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria.
<http://www.jstor.org/stable/10.1086/667743>

Policy Owner	Infection Prevention & Control Service
Policy Authoriser	Executive Director of Nursing
Date of Authorisation	9 September 2015

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Appendix 1: A&RHS Healthcare-acquired Infection Reporting procedure

Scope

All Long Term Care (LTC) facilities and community hospitals within the Ashburton & Rural Health Services of Canterbury District Health Board.

Definition

A healthcare-acquired Infection is 'any infection that occurs in a patient 48 hours after admission and was not present or incubating on admission'.

Procedure

The Infection Prevention & Control Link Representative or Nurse Manager will review the inpatients records each month to identify healthcare-acquired infections using the definitions from the Healthcare-acquired Infection Resource folders as defined by the divisional CNS -Infection Prevention & Control.

Long Term Care residents' healthcare-acquired infections will meet the Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria

All infections which:

- *Were not present upon admission and,*
- *Occur 48 hours or more, after admission OR*
- *Re-admissions with an infection (particularly POST OP wound infections),AND*
- *Occur up to 30 days post-operatively,*

are reported on the A&RHS [Healthcare-acquired Infection Report \(7-110\)](#) which is then sent to the A & RHS CNS-Infection Prevention & Control for follow-up.

Key user review group

A & RHS Infection Control Committee

Reference

Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria: <http://www.jstor.org/stable/10.1086/667743>

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