

Policy Applies to:

All Staff at Mercy Hospital.

Credentialed Specialists and Awanui Laboratory staff will be assisted in complying with this policy.

Related Standards:

- EQuIP Standard 1.5. Criterion 1.5.2.
- Ngā Paerewa Health and Disability Services NZS 8134.3:2021 Section 5, Infection Prevention and Antimicrobial Stewardship

Rationale:

This policy outlines the systematic approach for the 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.

Cultural Considerations:

Language and Communication: Effective communication is vital for understanding and compliance. It is understood that while this policy is written in English, this may not be the preferred language of those who use it. If another language is preferred this can be communicated to the owner and translator and interpreter services can be used to convey the messages contained in this policy.

Cultural Beliefs and Practices: there are many differing cultural beliefs and practices related to health and illness within the community that impact on staff and their practices and beliefs. Respecting these beliefs while educating about the importance of infection prevention and antimicrobial stewardship is important. Education can be tailored to individuals.

Healthcare Access and Infrastructure: The existing healthcare access and infrastructure within the community can impact on patients and staff infection rates. This policy is published on the internet and accessible for all, regardless of socioeconomic status or geographical location

Traditional Healing Practices: Acknowledge and respect traditional healing practices that coexist with conventional medical approaches. Practices are led by the patient or the staff member and where able or acceptable are practiced in conjunction with empirical treatment of infections.

Family Dynamics and Decision-Making: Recognize the importance of family dynamics and decision-making processes in healthcare. Involve family members in discussions about infection prevention and antimicrobial stewardship, particularly when it comes to treatment decisions.

Trust and Authority: Build trust and credibility within the community by demonstrating transparency, accountability, and cultural sensitivity in policy development and implementation. Establishing trust is essential for effective collaboration and compliance.

Religious and Spiritual Beliefs: Be mindful of religious and spiritual beliefs that may influence healthcare decisions and practices. Respect these beliefs while promoting evidence-based approaches to infection prevention and antimicrobial stewardship.

Socioeconomic Factors: Consider socioeconomic factors that may impact access to healthcare services and adherence to the policy. Implement strategies to address disparities and ensure equitable access to infection prevention measures and antimicrobial therapies.

Continuous Education and Feedback: Provide ongoing education and feedback to the community about the importance of infection surveillance and antimicrobial stewardship. Use culturally appropriate channels and approaches to reinforce key messages and encourage active participation.

Definitions:

Surveillance

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

Hospital-acquired infection (HAI) (referred to internationally as Nosocomial Infection).

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.

Levels of Surgical Site Infections (SSI)

Mercy Hospital uses the Health Quality and Safety Commission Surgical Site Improvement Program definitions of surgical site infections. If no definition is available nationally, definitions from CDC, ECDC, or Australian verified sources – Clinical Excellence Centre, and Australian Commission on Safety and Quality in Health will be used. To ensure that data is comparable and consistent, the definition for each infection must be used for all infections of the same characteristics.

Objectives:

- To 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 HAI and provide the rationale for infection prevention and control interventions and recommendations for Antimicrobial Stewardship.
- Calculate standardised rates of HAI 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.

- Education/information is provided to staff / credentialed specialists on infection control surveillance issues, updates and trends.

Implementation:

The Infection Prevention and Control Committee will:

- Review national and international surveillance quality markers and determine the type of surveillance required and the 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, analyse and interpret data and report on findings to relevant stakeholders
- Provide information to credentialed specialists on infection prevention and control requirements at the time of their credentialing visit
- Provide education on infection control matters relating to the prevention and management of HAI
- 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 a communication of information about infections and outbreaks
- Provide a bi-monthly report on HAI to the Infection Prevention and Control Committee
- Provide an annual report on hip and cardiac surveillance to the Infection Prevention and Control Committee

Nursing Staff will:

- Assess patients on pre-admission and admission for their infection risk in particular multi-drug resistant organisms (MDRO), gastrointestinal and respiratory illness 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.

Awanui Clinical Laboratory

- Notify the relevant credentialed specialist and Infection Prevention and Control Nurse of any positive cultures: notifiable diseases, outbreak-related gastrointestinal infections, bacteraemia and occupational exposure to notifiable disease.
- Provide a monthly electronic report regarding 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.
- 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

- SSI Surgical Site Infection Surveillance Programme Implementation Manual, Orthopaedic Surgery, (2018), Health Quality and Safety Commission
- SSI Surgical Site Improvement Programme, Cardiac Implementation Manual, December 2014, Health Quality and Safety Commission
- Australian Council of Healthcare Standards, Infection Control, Clinical Indicator Program 2023, Version 7
- Controller and Auditor-General Office (2003) *The management of hospital-acquired 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.
- MicroGuide App Version 7.0.0, Southern District Health Board, Adult Antimicrobial Guide V 1.6, Released 7.05.2021.

Internal

- Antimicrobial Stewardship Policy
- MDRO Policy
- Outbreak Management Policy
- Antimicrobial Stewardship Policy
- Credentialing Policy
- Transmission Based Precautions (Isolation) Policy
- Infectious Diseases-Patient Management Policy
- Infectious Diseases-Staff Management Policy
- Pandemic Plan, Emergency Management Policy