



NATIONAL HAI SURVEILLANCE

THE NEW BLACK

Philip Russo
Deakin University



One Reason

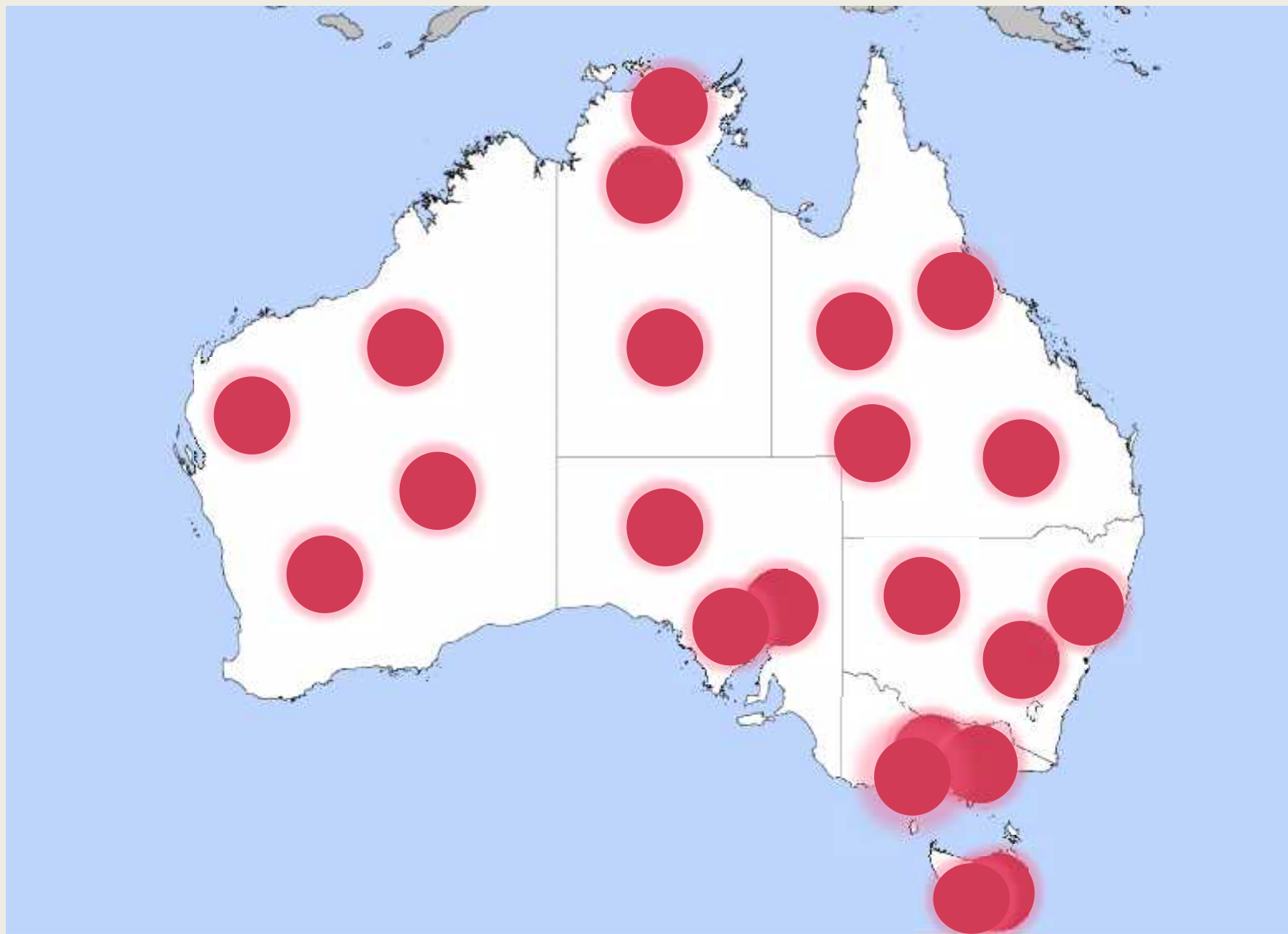
Patient safety and quality

One Reason

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- a) Right to safe care

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One Reason

Patient safety and quality

- a) Right to safe care
- b) Performance, measurement and money



b) Performance, measurement and money

- Funders have a right to expect healthcare facilities are making ***informed*** and ***wise*** decisions based on sound data to direct precious infection prevention resources appropriately
- Regulatory bodies expect that facilities under their jurisdiction are providing ***safe care***, and accreditors need to know that the processes and outcomes they review are ***valid*** measures of safety and quality
- Uniform method to measure other HAI outcomes nationally
 - *Public reporting*

One Reason

Patient safety and quality

- a) Right to safe care
- b) Performance, measurement and money
- c) Identify effective interventions



c) Identifying effective interventions

National initiatives aiming to reduce burden of HAI

- National Hand Hygiene Initiative
- National Guidelines on Infection Prevention and Control
- National Safety and Quality Health Service Standards: *Standard 3*
- CREs
 - *National Centre for Antimicrobial Stewardship*
 - *Redefining Antimicrobial Use to Reduce Resistance*
 - *Protecting the Public from Emerging Infectious Diseases*
 - *Australian Partnership for Preparedness Research on Infectious Diseases Emergencies*

What do we want?

When do we want it?

- >95% KSH believe that a national surveillance program would be beneficial to their IC program
- KSH want
 - *Mandatory participation of targeted infections*
 - *Standard (simple RA) surveillance protocol*
 - *Publicly reported hospital data with no financial penalty*

Russo et al BMJ Open 2016

It can be done

Reason

- *Improved patient safety and quality*

Precedent

- *State and Territories working together: HHA, SAB*

Expertise

- *IC&P, ID, Epidemiology, Surveillance, National infection prevention initiatives*

We can learn from others

- *Implementation framework*

Why now?

Our understanding of HAIs in Australia?

N F I

Our understanding of HAIs in
Australia?

No Frank Idea

Google “hospital infection rates in Australia”

1. AIHW webpage with 2010-11 State SAB data
2. Hospital acquired infection: MJA (Spelman 2002)
3. AIHW webpage Hospitals 2014-15 at a glance (3 clicks to 25 page pdf document on SABs)
4. National Guidelines for the prevention and control of infection (NHMRC)
5. Same as 3 !

200,000 HAIs in Australia

“Estimated at 200,000 HAIs per annum”

Graves 2009

175,000 HAIs

2004 - 2005 data from 2 hospitals in
one state

2004/5



2004/5



2004/5



2004/5



2004/5



2004/5



2004/5



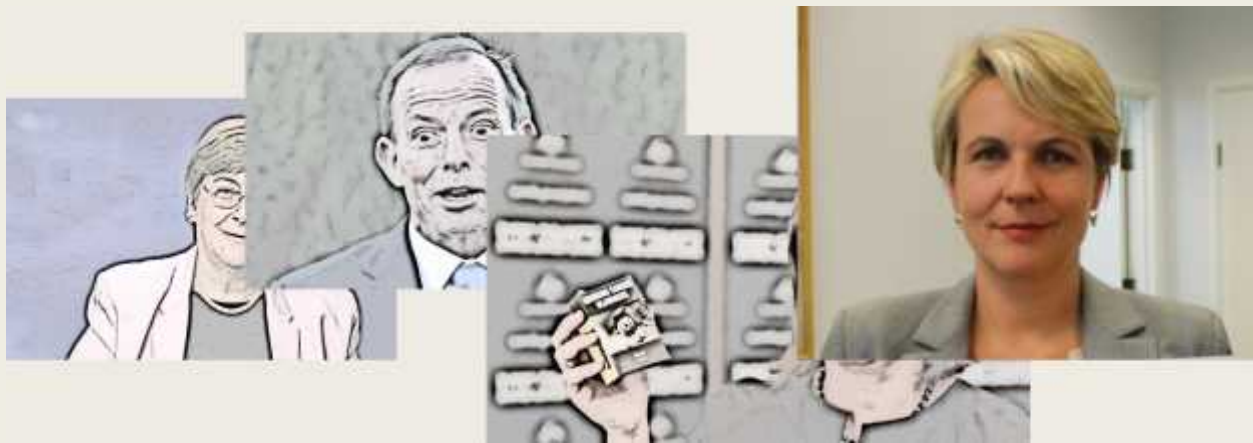
2004/5



2004/5



2004/5



2004/5



2004/5



Surveillance mantra

Feedback data to those who

- *need to know*
- *can **authorise change***

2004/5





The Capital Markets
Cooperative Research Centre
2016

- The time for *piecemeal data initiatives* is *long* since *passed*
- The nation must embrace an initiative that is *truly transformative*
- Data needs to be '*freed up*' for use by all key stakeholders. The resultant '*transparency*' will *drive* the *transformation* of the market over time

