

Tasmanian Healthcare Associated Infection - Common Questions and Answers (for healthcare professionals)

Companion Document to the Tasmanian Acute
Public Hospitals Healthcare Associated Infection
Surveillance Report

Version 1.0

Can I compare Tasmanian hospital infection rates?

There are major issues in trying to compare Tasmanian hospitals with each other. Some of the issues include the fact that the hospitals are carrying out very different services with a different mix of patients. The range of services can affect infection rates. For example, very sick immuno-compromised patients are generally more susceptible to infections.

There are other reasons why hospitals should not be directly compared. These include:

- Some hospitals may look for infections more than others. This variance can affect rates for CDI and VRE.
- Hospital laboratories may use different ways of identifying organisms. Therefore a laboratory that has a very sensitive way of looking for organisms may find more.
- For hand hygiene, rural hospitals do not collect as much data as the four acute public hospitals, so comparisons between rural and acute hospitals are not recommended.

If I cannot compare hospitals in Tasmania, how do I know if they are doing well?

You can look to see how a hospital is tracking against itself. The graphs in the report show rates over time for each hospital. You can also read the key points sections in the surveillance reports. These provide details about how Tasmania and Tasmanian hospitals are comparing to other similar organisations or states.

Hand hygiene and *Staphylococcus aureus* bacteraemia rates are collected in a standardised manner and are generally not affected by differences such as laboratory techniques. In the case of hand hygiene, as rural hospitals do not audit as much as acute hospitals, comparisons between rural and acute hospitals are not recommended.

Overall, how is Tasmania doing in preventing HAIs?

Overall, Tasmania is doing well, with:

- one of the lowest rates of MRSA bacteraemia (bloodstream infections) in Australia
- a considerable reduction in the number of MRSA bacteraemia (bloodstream infections) since the introduction of the hand hygiene initiative. This would lead to a lives being saved.
- very low numbers of VRE infections compared to other Australian states and territories
- similar rates of healthcare associated *Staphylococcus aureus* bacteraemia (bloodstream infection) to that of other Australian states and territories
- major improvements in hand hygiene compliance rates.

How can I tell if the rates of HAIs are increasing?

Each report contains an Executive Summary which will dot point the key findings of the report, including any significant increases or decreases. It is important to look at all the different measurements in the report, not one in isolation. You can look at the quarterly rates in the report to see whether a rate is increasing or decreasing.

Are HAIs really preventable?

Yes. There is now a wealth of evidence to suggest that a large proportion, although probably not all, HAIs are preventable. For example, in some countries the rate of SAB has halved after improving infection control measures and introducing new initiatives. Another example is that of bloodstream infections occurring in Intensive Care Units, where some studies and surveillance programs have shown that intervention programs can result in a fall in infection rates to near zero.

Are HAIs really an issue?

Yes. Approximately eight per cent of patients admitted to a hospital acquire an infection they did not have upon admission. This situation is not unique to Tasmania and is experienced worldwide. Infections impact on patients and the health service as a whole. Patients with infections often require more treatment (such as medication) and prolonged hospital stays. Therefore infections cost the health service money and use valuable hospital beds.

Why are you publishing rates of infections and other indicators relating to HAIs such as hand hygiene?

Many countries and some states in Australia have been publishing rates of HAIs for a number of years. However, where rates have been published in Australia, hospitals have not been identified. Publishing rates of HAIs means that patients and the public can understand what is happening in their hospitals and clinicians can use the data to evaluate the impact of new initiatives to reduce HAIs.

Why are you identifying hospitals in surveillance reports?

Tasmania has been at the forefront of many new initiatives to reduce HAIs and it is the first state in Australia to identify hospitals in HAI surveillance reports.

Identifying hospitals in surveillance reports ensures clear, transparent information for the Tasmanian population. Lessons from overseas have shown us that infection rates can fall when patients and the public are engaged and involved in reducing infections. In these experiences, publicly identifying hospitals in surveillance reports has been one part in achieving a reduction in infection rates. The publication of this information will help the public in working with healthcare professionals to reduce the risk of infections.

It is also important for healthcare professionals and managers to have the opportunity to share successful experiences and initiatives used to reduce HAIs. The identification of hospitals enables hospitals to better understand each others issues and share their work where appropriate.

Why are hand hygiene compliance rates not 100 per cent?

Australia is only at the beginning of the first nationally coordinated hand hygiene campaign. As a result, it is the first time we have 'taught' and 'measured' hand hygiene in the same way nationwide.

Hand hygiene rates are now measured using a strict audit tool that makes it very difficult to obtain high hand hygiene compliance rates. Research has shown that maintaining hand hygiene compliance rates above 60% will have the biggest impact on decreasing the rates of HAIs. As the rate increases above 70% the additional benefit gained in reducing HAI rates is less dramatic. This is why other important infection control measures, for example the correct use of personal protective equipment, appropriate antibiotic use and hospital cleanliness are also important.

One reason for low rates of hand hygiene compliance has been the lack of availability or access to hand hygiene products. Issues such as these are being addressed through the national hand hygiene initiative.

What are hospitals doing to decrease their rates of HAI?

Each hospital has an infection control program and infection control committee, and must meet infection control accreditation standards.

Tasmanian hospitals continue to implement a range of activities to reduce the risk of HAIs. Examples of these activities include hand hygiene programs, antimicrobial surveillance and stewardship (or control) programs, implementation of new national infection control guidelines and screening and isolating patients with specific infections.

Who does the testing for infections?

Tasmanian laboratories generally undertake testing - at the request of hospitals or clinicians - for the infections included in the report. Results are provided to the requesting clinician, the hospital infection control team and TIPCU.



Tasmania
Explore the possibilities

TASMANIAN INFECTION PREVENTION AND CONTROL UNIT

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