



Government of **Western Australia**
Department of **Health**

Healthcare Infection Surveillance Western Australia (HISWA)

Information for new contributors

Introduction

The Healthcare Associated Infection Surveillance Western Australia (HISWA) program monitors and reports on healthcare associated infections (HAIs) for select indicators in Western Australia (WA).

The Healthcare Associated Infection Unit (HAIU), within the Public Health Division of the Department of Health Western Australia (WA), manages the HISWA program and also develops infection prevention and control (IP&C) policy for WA health services. HISWA data is analysed, collated and reported by the HAIU.

The purpose of this document is to provide new HISWA contributors with information on your role and responsibilities, to ensure that the requirements of the program are met. It is essential that you complete the five key actions identified in this document. In addition, as a new contributor to HISWA, we ask that you take the time to read the following two documents that will provide you with essential background information on the HISWA program and HAI surveillance

- Module 1 of the HISWA Surveillance Manual: *Surveillance of Healthcare Associated Infections* (Refer Appendix 1).
- Operational Directive OD 0527/14 *Healthcare Associated Infection Surveillance in Western Australian Healthcare Facilities* can be accessed from http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13106

The HAIU team would like to welcome you to the HISWA program and we look forward to working with you.

The HAIU Team

September 2016

Key Actions for New Contributors

1. Healthcare Associated Infection Unit (HAIU)

- **Action 1: Contact the HAIU via e-mail hiswa@health.wa.gov.au to arrange a suitable time for a meeting/teleconference to discuss the HISWA program.**

The HAIU team is readily available to provide support to hospital surveillance personnel as required.

- Rebecca McCann: Program Manager - 9388 4859
- Allison Peterson: IP&C Nurse - 9388 4808
- Simone Tempone: Program Officer (data and database) - 9388 4866

All queries and communication should be sent to the generic HISWA e-mail address hiswa@health.wa.gov.au

The HAIU conducts quarterly HISWA Forums at the Communicable Disease Control Directorate (CDCD) located at Grace Vaughan House, Shenton Park. This is a great opportunity for you to network with Infection Prevention and Control staff from other hospitals. Video conferencing is available. See *Key dates* (Refer Appendix 1).

The HAIU reports to the Healthcare Infection Council of WA (HICWA) Executive Committee which is comprised of nursing, medical and safety and quality executive representatives from WA health services. HICWA meets quarterly to discuss HISWA reports and issues associated with HAIs.

2. HISWA surveillance indicators

- **Action 2: Identify the indicators for surveillance relevant to your hospital**

Certain indicators are mandatory* (refer to table) for those hospitals that are part of the WA health system. This includes all public hospitals and all private facilities contracted to provide care to public patients including Peel, Joondalup and Midland hospitals and the privately operated haemodialysis facilities.

Indicator Group	Indicators
Surgical Site Infection (SSI)	Primary and Revision hip and knee arthroplasty* Elective and emergency caesarean section
Significant Organisms	Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) HAIs * Hospital-identified <i>Clostridium difficile</i> infections (HI-CDI)* Vancomycin-resistant enterococci (VRE) sterile site infections* (data not entered into HISWA database)
Specific Organism Bloodstream Infections	<i>Staphylococcus aureus</i> bloodstream infections (SABSI) (MRSA and MSSA)*
Occupational Exposures (OEs)	Parenteral*, non-parenteral occupational exposures*
Central line associated bloodstream infection (CLABSI)	ICU*, haematology, oncology
Haemodialysis access-associated bloodstream infections (HD-BSI)	HD-BSI * data is stratified by type of access: AVF, AVG, cuffed and non-cuffed catheter.

3. Surveillance process

□ Action 3: Identify healthcare associated infections (HAIs) for each indicator

- Familiarise yourself with the indicators appropriate to your facility by reading the relevant indicator chapters in the *HISWA Surveillance Manual*. This will assist you to understand the data collection requirements you need to perform in order to submit data.
- Collect relevant data for potential HAIs for each indicator
 - liaise with your laboratory service and ensure you are receiving all relevant positive laboratory results from all hospital departments, including emergency and outpatient departments
 - identify and document case-finding methods for consistency e.g. use of case report form.
- Investigate all potential HAIs and consistently apply the definition outlined in the *HISWA Surveillance Manual* to every potential HAI in order to :
 - classify as HAI or CAI and
 - identify the attributable healthcare facility.
- Contact the HAIU to assist with classification of HAI cases if necessary.

□ Action 4: Identify denominator data required and the source of the data

Indicators	Denominator data
SABSI, MRSA, HI-CDI and OEs	Number of bed-days and separations
SSI: Hip and knee arthroplasty, caesarean section	Total number of surgical procedures performed for the specific indicator
HD-BSI	Number of patient-months
CLABSI	Number of line-days

- Bed-day and separation data: liaise with the business unit that provides bed-day /separation data for your hospital and ensure the data submitted to HISWA aligns with the requirements outlined in the *HISWA Surveillance Manual: Module 10 Bed-day and Separation Data*.
- WACHS bed-day and separation data will be e-mailed to you by the HAIU on a monthly basis. You are responsible for entering this data.
- SSI denominator data: can be obtained from theatre staff and/or Theatre Management System (TMS) or theatre admission lists/databases.
- Haemodialysis (HD): liaise with HD staff who will collect the data and send to you monthly. HD patient-month data collection forms (Refer Appendix 1).
- CLABSI ICU line day data: collected by either ICU or IP&C staff. ICU line day data collection form (Refer Appendix 1).
- Contact HAIU before commencing haematology or oncology unit CLABSI surveillance and to obtain the data collection tool for these units.

- Ensure you receive all denominator data from external sources monthly and validate the data before submitting to HISWA database.

- **Action 5: Submit HAIs and denominator data to the HISWA database**
- Contact the HAIU for login details to the HISWA database if required. HAIU will provide you with the link to the *Login* page and a username and password for your hospital.
- Go to the Menu page of the database and click on the link: [View HISWA Database Manual](#). This manual contains instructions for using the database and is only available via the HISWA website due to security reasons.
- Data must be submitted monthly and finalised within 30 days from the end of the reporting month. See Key dates on the HAIU website (Refer Appendix 1).
- Finalisation of data for your hospital each month is essential because the HAIU cannot generate reports until all hospitals have completed this step (Refer Appendix 2).

Appendix 1 Department of Health Website

You will find useful resources on the Departments website to assist you with your HISWA responsibilities including tools and resources, HISWA reports and infection prevention and control policies.

Please visit <http://ww2.health.wa.gov.au/Health-for/Health-professionals/Infectious-diseases> and click on link to Healthcare associated infections.

The link to HISWA resources and tools includes:

Resources

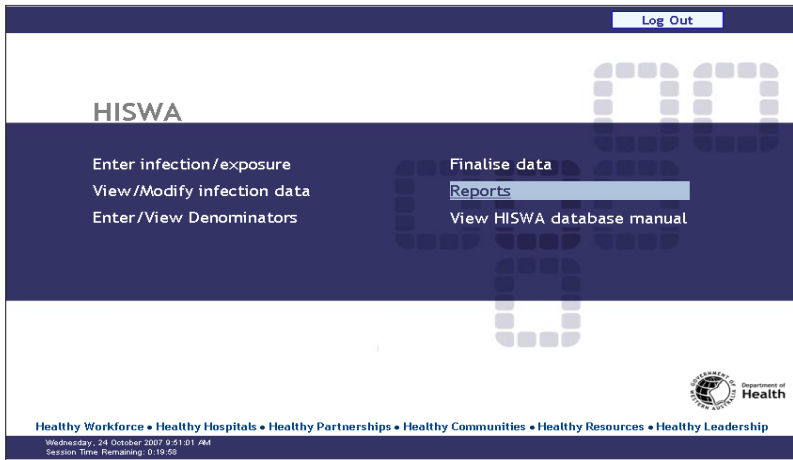
- HISWA Surveillance Manual: outlines standardised definitions and requirements for each indicator
- Key dates: list dates for HISWA data deadlines and HISWA forums
- HISWA mandatory indicators
- MRO letters: to be sent when a patient attending your hospital is identified with MRSA, VRE or CRE.
- MRSA decolonisation information

Surveillance tools

- Notification forms – for outbreaks and VRE / CRE surveillance
- ICU CLABSI tally tool - line day data collection tool
- Haemodialysis - denominator data collection tool

Appendix 2 HISWA Database - three key points

Refer to the Menu page on the HISWA database



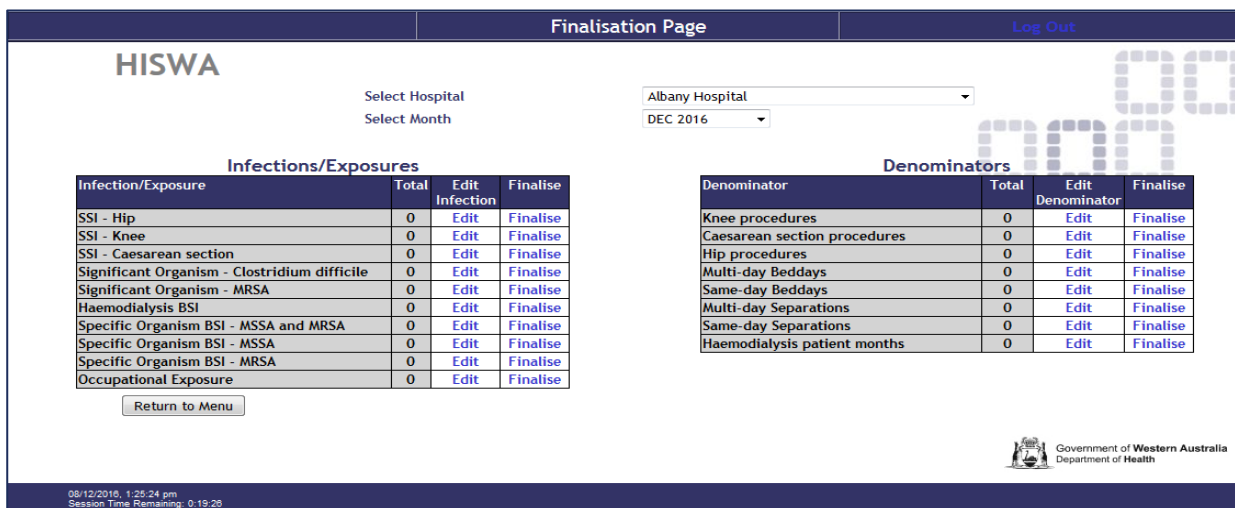
1. Raw data

You can access a line-listing of all submitted data for your hospital directly from the database for internal validation purposes and export it to Excel for analysis.

- Click on the Reports link on the Main Menu page and refer to page 30 of the *HISWA Database Manual*.
- Raw infection and denominator data for the hospital can be accessed by clicking the Raw Data Report on the bottom left of the Reports screen.

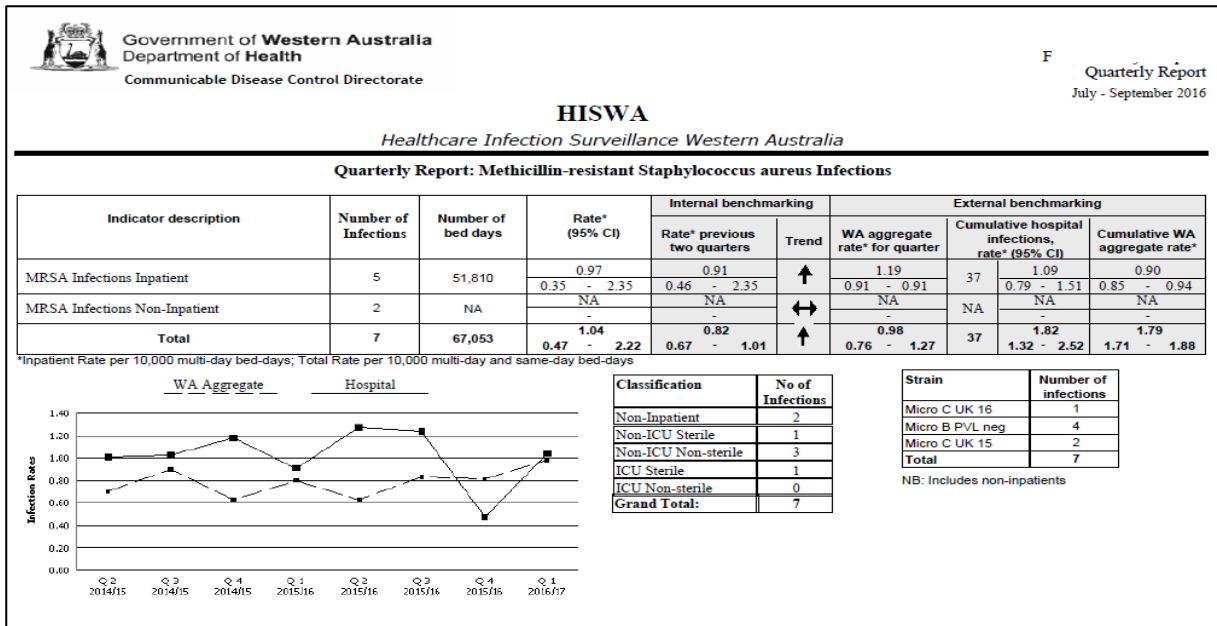
2. Monthly finalisation of data

Click on the Finalise data link on the Main Menu page to open the Finalisation Page and refer to Section 6 pages 27- 29 of the *HISWA Database Manual* to complete finalisation process.



3. Quarterly individual hospital reports

You can access these reports for your hospital directly from the database by clicking on [Reports](#) once quarterly data is finalised and reports are approved by the HAIU. Refer to page 30 of the *HISWA Database Manual*.



Appendix 3 Abbreviations

BSI	bloodstream infection
CAI	community-associated infection
CDCD	Communicable Disease Control Directorate
CDI	<i>Clostridium difficile</i> infection
CI	centrally-inserted (central line)
CLABSI	central line-associated bloodstream infection
HAI	healthcare-associated infection
HA-SABSI	healthcare-associated <i>Staphylococcus aureus</i> bloodstream infection
HAIU	Healthcare Associated Infection Unit
HD	haemodialysis
HD-BSI	haemodialysis bloodstream infection
HI-CDI	Hospital-identified <i>Clostridium difficile</i> infection
HISWA	Healthcare Infection Surveillance Western Australia
IP&C	Infection prevention & control
IVD	intravascular device
MSSA	methicillin-sensitive <i>Staphylococcus aureus</i>
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>
OE	occupational exposure
SABSI	<i>Staphylococcus aureus</i> bloodstream infection
SSI	surgical site infection
VRE	vancomycin-resistant enterococci
WACHS	WA Country Health Service

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