This Operational Directive describes the Healthcare Infection Surveillance Western Australia program to monitor healthcare associated infections. It outlines the mandatory surveillance and reporting requirements for all WA public hospitals and licensed private healthcare facilities funded to provide care to public patients. Participation in the program is available to other private healthcare facilities on a voluntary basis.
1. **BACKGROUND**

Infections resulting from the provision of healthcare are one of the most common causes of unintended harm suffered by health consumers. They cause patients pain and suffering, prolong hospital stays and some patients die as a result. For the healthcare facility (HCF), these infections utilise significant human and financial resources and are associated with adverse publicity and litigation. It is increasingly recognised that many healthcare-associated infections (HAI) are preventable adverse events rather than inevitable complications of medical care and that HCFs should aim to eliminate these infections. 

Prevention of HAI has been identified as a major priority by expert groups including the Australian Commission on Safety and Quality in Healthcare, the Australian Council of Healthcare Standards, the National Health Service (UK), Joint Commission on Accreditation of Healthcare Organizations (USA) and the World Health Organization. In 2009, reporting of hand hygiene compliance, and surveillance of *Staphylococcus aureus* bloodstream infection and hospital-identified *Clostridium difficile* infection were incorporated into the National Healthcare Agreement. In addition, undertaking surveillance, developing and implementing systems and processes for reporting, investigating, analysing and reducing HAI is a mandatory requirement of the National Safety and Quality Health Service Standards. 

Reliable surveillance data underpin all quality improvement processes. In addition, a surveillance program complements other strategies to reduce HAI, including adequate provision of appropriately trained staff, high levels of compliance with hand hygiene, adoption and use of evidence-informed practice, outbreak identification and management, and infection prevention education for healthcare workers (HCWs). 

Western Australian (WA) hospitals commenced contributing data to the Healthcare Infection Surveillance WA (HISWA) program on a voluntary basis in 2005. Mandatory reporting of key HAI indicators for all public and private hospitals funded to provide care to public patients commenced in 2007. Private hospitals continue to participate on a voluntary basis. 

The HISWA indicators are aligned with nationally and internationally recommended surveillance definitions. They have been selected by a process of review and consultation, are applicable to a variety of healthcare settings within WA, are feasible to collect, and are credible indicators of quality of care. Collection of this standardised data in WA supports improved patient care and evaluation of local infection prevention programs. The HAI indicators included in the HISWA mandatory reporting program are reviewed by the Healthcare Infection Council of WA (HICWA). Where appropriate, changes will be implemented based on local and national requirements. Appendix A details the current surveillance indicators and requirements of the HISWA program.
2. POLICY

All WA public hospitals and licensed private HCFs funded to provide care to public patients are to undertake surveillance of HAIs in accordance with this Operational Directive (OD).

3. DEFINITIONS

<table>
<thead>
<tr>
<th>Healthcare associated infection (HAI)</th>
<th>Infections that occur as a result of healthcare interventions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate data</td>
<td>Is the combined data received from all facilities contributing data for a specified period.</td>
</tr>
</tbody>
</table>

4. GOALS of the HISWA PROGRAM

The goals of the HISWA program are to:

- Ensure HISWA surveillance is aligned with Australian and international surveillance programs, where possible, to allow for external benchmarking where relevant.
- Ensure all WA hospitals engaged in HISWA surveillance use standardised definitions and methodology.
- Ensure validity of data through validation exercises and ongoing education to infection prevention and control professionals collecting and submitting data.
- Identify trends in HAI rates and collaborate with clinicians to review clinical care and processes to minimise infection risks.
- Evaluate the impact of implemented changes on infection rates in WA.

5. ROLES AND RESPONSIBILITIES

- Executive Directors of HCFs are responsible for ensuring implementation and compliance with this OD.
- All HCFs are to use Appendix A to align their HAI surveillance activities with the mandatory reporting requirements.
- All HCFs are to ensure robust and efficient surveillance systems are in place to collect the data required as stipulated in the HISWA Surveillance Manual3.
- All HCFs submitting data to HISWA are responsible for ensuring the accuracy and timeliness of data provided, according to the requirements of this OD. Periodic internal validation of hospital data are to be performed to ensure the continued validity of data submitted to HISWA. Data are to be reported to HISWA at the frequency and data deadlines as stipulated in Appendix A.
- All HCFs are to ensure their HAI surveillance results are integrated into their organisational clinical governance structures and that surveillance data are reviewed regularly to identify adverse trends and target areas for improvement.
• The Healthcare-associated Infection Unit (HAIU) at the Communicable Disease Control Directorate (CDCD) is responsible for the collation, validation and analysis of HISWA data and dissemination of reports.

• The HAIU is available to support HCFs in the implementation of this OD.

6. REPORTING

The HAIU is responsible for the release of hospital level and aggregated data for:

• The Commonwealth National Healthcare Agreement.
• The WA Health National Emergency Assessment Target (NEAT) and Activity Based Funding/ Management Performance Management reports.
• Other reports as directed by the Director General of Health WA.

The HAIU will provide reports for all indicators submitted to HISWA including:

• Routine HCF reports accessible by designated HCF staff via automated reporting functions on the HISWA database.
• Quarterly reports of state-wide aggregated data.
• Quarterly reports for hospital Executives describing performance at their HCF.
• An annual report of state-wide aggregated data.
• Ad hoc reports as requested by HCFs.

The HAIU risk-adjust infection rates, where possible, to better reflect differences in clinical case-mix and service level between participating hospitals.

Aggregated data are available on the HISWA website in the form of quarterly and annual reports. These reports do not identify individual hospitals.

Individual HCFs have responsibility for determining public disclosure of the data they provide to HISWA.

7. CONFIDENTIALITY

Surveillance data shall be submitted to HISWA using the secure web-based data submission system. Data will be held in strictest confidence by the HAIU and in accordance with the WA Health Operational Directive OD 0360/12 Information Access and Disclosure Policy.

8. COMPLIANCE

Compliance with this OD is mandatory for all public hospitals and those private HCFs, including satellite haemodialysis units, contracted to provide services to public patients.

9. EVALUATION

Monitoring of compliance with this OD is undertaken by the HAIU, on an ongoing basis, by review of data submissions from all contributors to the HISWA program.
10. REFERENCES


3. HISWA Surveillance Manual

## APPENDIX A: HISWA PROGRAM AND REPORTING REQUIREMENTS

<table>
<thead>
<tr>
<th>HISWA INDICATORS</th>
<th>DATA COLLECTION COMMENCED</th>
<th>FREQUENCY FOR REPORTING</th>
<th>REQUIREMENTS FOR DATA SUBMISSION</th>
<th>STATUS (MANDATORY STATUS ASSIGNED)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical site infection following hip and knee arthroplasty</td>
<td>July 2005</td>
<td>Monthly</td>
<td>Within 30 days from the end of the reporting month</td>
<td>Mandatory (October 2007)</td>
<td>Mandatory for all public metropolitan, regional resource centres and integrated district hospitals and private hospitals funded to provide care to public patients where arthroplasty procedures are performed.</td>
</tr>
<tr>
<td>Surgical site infection following caesarean section</td>
<td>April 2011</td>
<td>Monthly</td>
<td>Within 30 days from the end of the reporting month</td>
<td>Voluntary</td>
<td>Any public or private HCF performing the procedure</td>
</tr>
<tr>
<td>Healthcare associated bloodstream infection due to <em>Staphylococcus aureus</em> (MSSA and MRSA)</td>
<td>October 2007</td>
<td>Monthly</td>
<td>Within 30 days from the end of the reporting month</td>
<td>Mandatory* (October 2007)</td>
<td>*Requirement under National Healthcare Agreements 2009 Mandatory for all public metropolitan, regional resource centres and integrated district hospitals and private hospitals funded to provide care to public patients.</td>
</tr>
<tr>
<td>Central line associated bloodstream infections in intensive care units</td>
<td>July 2005</td>
<td>Monthly</td>
<td>Within 30 days from the end of the reporting month</td>
<td>Mandatory (October 2009)</td>
<td>Mandatory for all public hospitals and private hospitals funded to provide care to public patients with intensive care units.</td>
</tr>
<tr>
<td>Central line associated bloodstream infections in: Haematology/ Oncology/</td>
<td>July 2005</td>
<td>Monthly</td>
<td>Within 30 days from the end of the reporting month</td>
<td>Voluntary</td>
<td>Any public or private HCF where the indicator is relevant.</td>
</tr>
<tr>
<td>Haemodialysis access-associated bloodstream infections (AV fistula, AV graft, Non-cuffed and cuffed catheters)</td>
<td>July 2005</td>
<td>Monthly</td>
<td>Within 30 days from the end of the reporting month</td>
<td>Mandatory (July 2009)</td>
<td>Mandatory for all public metropolitan, regional and integrated district hospitals and private HCFs funded to provide care to public patients for renal dialysis. It includes all licensed private satellite day dialysis facilities.</td>
</tr>
<tr>
<td>Healthcare associated infections due to methicillin-resistant <em>Staphylococcus aureus</em> (MRSA)</td>
<td>July 2005</td>
<td>Monthly</td>
<td>Within 30 days from the end of the reporting month</td>
<td>Mandatory (October 2007)</td>
<td>Mandatory for all public metropolitan, regional resource centres and integrated district hospitals and private hospitals funded to provide care to public patients.</td>
</tr>
<tr>
<td>Hospital-identified <em>Clostridium difficile</em> infection</td>
<td>January 2010</td>
<td>Monthly</td>
<td>Within 30 days from the end of the reporting month</td>
<td>Mandatory* (January 2010)</td>
<td>*Requirement under National Healthcare Agreements 2009 Mandatory for all public metropolitan, regional resource centres and integrated district hospitals and private hospitals funded to provide care to public patients.</td>
</tr>
<tr>
<td>Sterile site vancomycin-resistant enterococci (VRE) healthcare and community associated infections</td>
<td>January 2012</td>
<td>Monthly</td>
<td>Within 30 days from the end of the reporting month</td>
<td>Mandatory (January 2012)</td>
<td>Mandatory for all public metropolitan, regional resource centres and integrated district hospitals and private hospitals funded to provide care to public patients.</td>
</tr>
<tr>
<td>Occupational exposure to blood and/or body fluids</td>
<td>January 2008</td>
<td>Monthly</td>
<td>Within 30 days from the end of the reporting month</td>
<td>Mandatory (January 2008)</td>
<td>Mandatory for all public metropolitan, regional and integrated district hospitals, Graylands Hospital and private hospitals funded to provide care to public patients.</td>
</tr>
<tr>
<td>Hand Hygiene Compliance (National Hand Hygiene Initiative)</td>
<td>February 2009</td>
<td>Audit periods and requirements as specified in National Hand Hygiene Initiative</td>
<td>Mandatory (February 2010)</td>
<td>Mandatory (February 2010)</td>
<td>Mandatory for all public metropolitan, regional resource centres and integrated district hospitals and Joondalup, Peel and Midland Health Campus. (WACHS Small Health Services in consultation with Regional Infection Control/ Safety&amp; Quality)</td>
</tr>
</tbody>
</table>
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