

Healthcare Associated Infection Surveillance in Western Australia Policy

1. Purpose

This policy describes the Healthcare Infection Surveillance Western Australia (HISWA) program to monitor healthcare associated infections (HAIs) in Western Australia (WA) and sets the mandatory HAI surveillance and reporting requirements for WA public hospitals.

Infections resulting from the provision of healthcare are one of the most common causes of unintended harm suffered by health consumers. They can cause patients' pain and suffering, often result in readmissions, re-operations and antibiotic use, prolong hospital admissions and are associated with significant morbidity and mortality. As such, HAIs lead to the utilisation of significant human and financial resources and can be associated with adverse publicity and litigation.

It is increasingly recognised that many HAIs are preventable adverse events rather than an inevitable complication of medical care. Reliable surveillance data underpin all quality improvement processes. Undertaking HAI surveillance is an essential component of effective infection prevention and allows for evaluation of prevention programs, thereby improving patient outcomes.

The HISWA HAI indicators have been developed to enable some standardised surveillance of HAIs across the WA health system. These indicators are based on definitions that have been adopted both nationally and internationally, to support comparability of data. Further, they have been selected by a process of review and consultation and are applicable to a variety of healthcare settings within WA. The indicators incorporate the requirements under the Commonwealth Healthcare Agreement that all Australian jurisdictions perform surveillance of healthcare associated *Staphylococcus aureus* bloodstream infection and hospital-identified *Clostridium difficile*.

Data reported for healthcare-associated *Staphylococcus aureus* bloodstream infection and surgical site infection following primary hip and knee arthroplasty indicators are also used to contribute to the Health Service Performance Reporting (HSPR) function for the Department of Health WA.

This Policy is a mandatory requirement under the *Public Health Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

This Policy supersedes Operational Directive OD 0527/14 *Healthcare Associated Infection Surveillance in Western Australian Healthcare Facilities*.

2. Applicability

This Policy is applicable to all Health Service Providers. Participation in the HISWA program is available to private healthcare facilities on a voluntary basis.

3. Policy requirements

Health Service Providers must ensure:

- Their current HAI surveillance activities are aligned with the HISWA mandatory reporting requirements, as detailed in the document *HISWA Surveillance Program and Reporting Requirements* (Attachment 1).
- Robust and efficient surveillance systems are in place to collect the data required, and definitions are applied consistently, as stipulated in the *HISWA Surveillance Manual* (provided at section 5).
- Periodic internal validation of hospital data is performed to ensure the continued validity of data submitted to HISWA.
- Required data, as detailed in the *HISWA Surveillance Program and Reporting Requirements* (Attachment 1), are reported within 30 days from the end of the reporting month.
- HAI surveillance results are integrated into organisational clinical governance structures, including reporting results to governing bodies, key stakeholders and consumers.

4. Compliance monitoring

Health Service Providers are responsible for ensuring their HAI surveillance program meets the requirements described in this Policy.

The Healthcare Associated Infection Unit (HAIU), within the Department of Health WA, monitors compliance by Health Service Providers with this Policy at the end of each reporting month to ensure data are submitted in accordance with the reporting requirements set out in section 3. The HAIU also undertakes data validation processes to ensure reliable data are being submitted by the Health Service Providers.

5. Related documents

The following documents are mandatory pursuant to this Policy:

- *HISWA Surveillance Program and Reporting Requirements* (refer to Attachment 1)
- [HISWA Surveillance Manual](#)

6. Supporting information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- [National Safety and Quality Health Service Standards Second Edition.](#)
- [Implementation Guide for the Surveillance of Staphylococcus aureus Bacteraemia](#)
- [Validation Guide for Healthcare Associated Staphylococcus aureus Bloodstream Infection](#)
- [Implementation Guide for the Surveillance of Central-line Associated bloodstream infection](#)
- [Approaches to Surgical Site Infection Surveillance](#)

- [National Healthcare Safety Network \(NHSN\) Surveillance Manual](#)

7. Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Healthcare associated infection	An infection acquired by a patient as a consequence of the provision of healthcare and was not present prior to the commencement of treatment.

8. Policy contact

Enquiries relating to this Policy may be directed to:

Title: Healthcare Associated Infection Unit

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9. Document control

Version	Published date	Effective from	Review date	Effective to	Amendment(s)
MP 0108/19	10 June 2019	10 June 2019	June 2022 and as required to ensure relevancy and currency	Current	Original version

10. Approval

Approval by	Angela Kelly, A/Director General, Department of Health
Approval date	31 May 2019



Attachment 1: HISWA Surveillance Program and Reporting Requirements

HISWA HAI Indicators	Data Collection Commenced	Requirements for Data Submission	Status (Mandatory Status Assigned)	Comments
Healthcare-associated infections due to methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	July 2005	All data are required to be submitted within 30 days from the end of the reporting month.	Mandatory (October 2007)	Any private hospital can voluntarily submit data to HISWA where the indicator is relevant to their facility. Mandatory for all public metropolitan, regional resource centres and integrated district hospitals.
Surgical site infection following hip and knee arthroplasty	July 2005		Mandatory (October 2007)	Mandatory for all public metropolitan, regional resource centres and integrated district hospitals where arthroplasty procedures are performed.
Health-care associated bloodstream infection due to <i>Staphylococcus aureus</i> (methicillin-sensitive and MRSA)	October 2007		Mandatory (October 2007)	Mandatory for all public metropolitan, regional resource centres and integrated district hospitals.
Healthcare associated <i>Clostridium difficile</i> infection	January 2010		Mandatory (January 2010)	Mandatory for all public metropolitan, regional resource centres and integrated district hospitals.
Central line associated bloodstream infections in adult intensive care units	July 2005		Mandatory (October 2009)	Mandatory for all public hospitals with adult intensive care units.
Haemodialysis access-associated bloodstream infection (AV fistula, AV graft, non-cuffed and cuffed catheters)	July 2005		Mandatory (July 2009)	Mandatory for all public metropolitan, regional resource centres and integrated district hospitals where haemodialysis is performed.
Healthcare worker occupational exposure to blood / body fluids	January 2008		Mandatory (January 2008)	Mandatory for all public metropolitan, regional resource centres and integrated district hospitals.
HISWA Non- Mandatory HAI Indicators		All data should be subject to internal validation processes prior to submission.		
Central line associated bloodstream infections in Haematology/ Oncology.	July 2005		Voluntary participation	Any private or public HCF where the indicator is relevant to the provision of care.
Surgical site infection following caesarean section	April 2011		Voluntary participation	Any private or public HCF performing these procedures



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