

Performance Indicators for Hospitals Participating in the VICNISS Type 1 Surveillance Program in 2006

This document lists the revised VICNISS Hospital Participation Indicators and the VICNISS Data Quality Indicators for all hospitals participating in Type 1 surveillance activities in 2006.

These Performance Indicators have been endorsed by the VICNISS Advisory Committee and the Department of Human Services.

The VICNISS Coordinating Centre is required to report this information to the Department to meet contractual obligations. The Department will incorporate the indicators into the hospital Integrated Performance Reports which are routinely provided to hospital Boards and the Minister.

The VICNISS Coordinating Centre acknowledges that the ability to meet the Hospital Participation Indicators is dependent on Infection Control resources at each hospital. If surveillance activities are unable to be undertaken continuously as outlined below, please notify the VICNISS Coordinating Centre.

1. VICNISS Type 1 Surveillance Hospital Participation Indicators 2006

Participation indicators will be reported by VICNISS Coordinating Centre to the Department annually.

Mandatory Indicators

Intensive Care Units

- Central line associated bloodstream infections in Adult Intensive Care Units - Collect and submit a minimum of 9 (preferably 12) surveillance-months data annually and submit to the VICNISS Coordinating Centre quarterly.
- Central line associated bloodstream infections in Neonatal Intensive Care Units - Collect and submit a minimum of 9 (preferably 12) surveillance-months data annually and submit to the VICNISS Coordinating Centre quarterly.
- Peripheral line associated bloodstream infections in Neonatal Intensive Care Units - Collect and submit a minimum of 9 (preferably 12) surveillance-months data annually and submit to the VICNISS Coordinating Centre quarterly.

Surgical Site Infections

- If coronary artery bypass grafts surgery is performed data must be collected continuously and submitted to the VICNISS Coordinating Centre quarterly.
- If more than 50 hip arthroplasty procedures are performed annually, data must be collected continuously and submitted to the VICNISS Coordinating Centre quarterly.
- If more than 50 knee arthroplasty procedures are performed annually, data must be collected continuously and submitted to the VICNISS Coordinating Centre quarterly.
- If none of the above apply, data from other VICNISS Surgical procedures must be collected continuously and submitted to the VICNISS Coordinating Centre quarterly (total 12 surveillance months of data).

2. VICNISS Type 1 Surveillance Data Quality Indicators 2006

VICNISS Coordinating Centre will report these indicators to the Department quarterly. Hospitals will also receive a report on these indicators as part of the usual VICNISS Quarterly Reports.

Mandatory Indicators

- Quarterly surveillance data submitted within 1 week of the required date (as specified by VICNISS Coordinating Centre).
- For surgical procedure groups, a minimum of 90% of risk factor data must be complete for all procedures submitted.
- Complete organism data including antibiotic resistance patterns to be submitted for all SSI and CLABSI infections.
- Complete surgical antibiotic prophylaxis data be submitted for all SSI procedures under surveillance.