

SECTION 4: VICNISS PARTICIPATION REQUIREMENTS

4.1. VICNISS Performance Indicators

Performance indicators are one of the many tools to help answer the question: how do you measure what you are achieving? One definition of a performance indicator is the measurement of the performance of a program expressed as a percentage, index, rate or other comparison which is monitored at regular intervals and is compared to one or more criteria.

The performance indicators for hospitals participating in the VICNISS Type 1 surveillance program are: measured in alignment with the financial year calendar; reviewed annually by the VICNISS Coordinating Centre (VCC) and the Department of Health (the Department) and; are endorsed by the VICNISS Advisory Committee (VAC).

The VICNISS [Type 1 Performance Indicators](#) are set out on the VICNISS website. These outline the defined set of surveillance activities and data quality indicators that hospitals are required to perform and achieve. These include the HAI surveillance activities set out in the [Victorian Health Service Performance Monitoring Framework](#). A health service's performance is analysed quarterly by the VCC according to these indicators. The VCC provides a report to the Quality, Safety and Patient Experience Branch at the Department detailing each hospital's performance.

VICNISS data compliance is a Key Performance Indicator (KPI) in the Statement of Priorities (SOP). The Statement of Priorities is an agreement between the minister and hospital boards on key deliverables and performance priorities for the year, including KPIs. Each month, performance against targets agreed in the Statement of Priorities is summarised in the Integrated Performance Report (IPR). This report, which is for limited distribution to the Chief Executive Officer and board chair, gives a summary of the health service performance.

The infection control data compliance KPI aims to improve the quality of infection control reporting by requiring health services to be fully compliant in their data submission to the VCC.

If a hospital is unable to undertake the surveillance activities as listed in the Performance Indicator document for any period of time, formal notification to the VCC is required by completing the form [Notice of Inability to Undertake VICNISS Surveillance Activities](#) on the VICNISS website. This notification needs to be signed by the Infection Control Coordinator and the Infection Control Executive Sponsor. This information will then be forwarded to the Department.

4.2. VICNISS Annual Surveillance Plans

Surveillance Plans are **due annually on the 1st June**, for the following financial year. Annual Surveillance Plan forms are on the VICNISS website in both [Word](#) and [PDF](#) formats. Contact the VCC if you have any inquiries regarding the Surveillance Plans.

When formulating a surveillance plan you should consider the following points:

- [Performance Indicators](#) for hospital's participating in Type 1 Surveillance (Also refer to [section 4.1](#) above).
- Changing priorities at hospitals may prompt changes to the initial Surveillance Plan. The VICNISS Coordinating Centre (VCC) should be informed of any changes as soon as practicable (Refer to section 4.1 above).
- Surveillance components are collected for a minimum of 3 consecutive months, preferably in the same quarter.

- The Annual Surveillance Plan should meet the individual requirements of the hospital. When developing a surveillance plan for your facility the following key questions should be addressed:
 - *What are the priorities for healthcare-associated infection surveillance?*
 - *How will the data be used?*
 - *What patients should be included?*
 - Certain high-risk patients.
 - Certain operative procedures or patients exposed to high-risk procedures.
 - Patients in certain areas of the hospital.
 - *What kinds of data are needed?*
 - Data primarily on infections and their characteristics.
 - Data on the populations who are at risk.
 - Data that will permit the calculation of infection rates by risk index.
 - Data that will permit the calculation of device-associated infection rates.
 - What time period should the data cover to provide useful information.
 - *What resources are required?*
 - Personnel (surveillance, clerical, data processing, other department).
 - Data sources, including both laboratory and patients records
 - Information technology.

Table 4.1 Examples of Annual Surveillance Plans

Example 1 CORRECT: Surveillance plan of different procedure groups/ICU

Modules / SSI Procedures	Financial Year: / (Please mark Months as appropriate below)											
	J	A	S	O	N	D	J	F	M	A	M	J
ICU - CLABSI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
APPY	✓	✓	✓									
CARD												
CBGB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Example 2 INCORRECT: APPY should be 3 consecutive months, preferably in the same quarter

Modules / SSI Procdeures	Financial Year: / (Please mark Months as appropriate below)											
	J	A	S	O	N	D	J	F	M	A	M	J
ICU - CLABSI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
APPY	✓		✓	✓								
CARD												
CBGB												

4.3. Key Dates for Data Submission

Hospitals are required to submit surveillance data each quarter. Dates for data submission to the VICNISS Coordinating Centre can be obtained from [Key Dates for Data and Reports](#) on the VICNISS website.