

Performance Indicators for Hospitals Participating in the VICNISS Type 1 Surveillance Program July 2011 - June 2012

Hospitals that do not follow **VICNISS Type 1 Surveillance Hospital Participation Indicators** as listed below, are requested to document this decision with an outline of the reasons for not following these activities, and submit to the VICNISS Coordinating Centre. The documentation will then be forwarded to the Victorian Department of Health.

This document lists the VICNISS Hospital Participation and Data Quality Indicators for all hospitals participating in Type 1 surveillance activities. The VICNISS Coordinating Centre is required to report hospital level indicators to the Victorian Department of Health.

1. VICNISS Type 1 Surveillance Hospital Participation Indicators

Required Surveillance Activities

1.1 Intensive Care Units

- 1.1.1 Central line associated bloodstream infections in Adult Intensive Care Units - collect data continuously and submit to the VICNISS Coordinating Centre quarterly.
- 1.1.2 Central line associated bloodstream infections in Neonatal Intensive Care Units - collect data continuously and submit to the VICNISS Coordinating Centre quarterly.
- 1.1.3 Peripheral line associated bloodstream infections in Neonatal Intensive Care Units - collect data continuously and submit to the VICNISS Coordinating Centre quarterly.

1.2 Surgical Site Infections (SSI)

- 1.2.1 If coronary artery bypass grafts surgery is performed data must be collected continuously and submitted to the VICNISS Coordinating Centre quarterly.
- 1.2.2 If more than 50 hip arthroplasty procedures are performed annually, data must be collected continuously and submitted to the VICNISS Coordinating Centre quarterly.
- 1.2.3 If more than 50 knee arthroplasty procedures are performed annually, data must be collected continuously and submitted to the VICNISS Coordinating Centre quarterly.

NOTE:

- If only one of the above applies, at least another 12 surveillance-months of VICNISS surgical procedure data must be collected and submitted to the VICNISS Coordinating Centre quarterly. (e.g. CSEC Jan-Dec; or, CSEC Jan-Jun & HYST Jul-Dec)
- If none of the above applies, at least another 24 surveillance-months of VICNISS surgical procedures or VICNISS modules must be collected and submitted to the VICNISS Coordinating Centre quarterly. (e.g. CSEC Jan-Dec & HDE Jan-Dec)

1.3 Hand Hygiene Compliance Initiative (HHCI)

Collect HHCI data and submit via HHCApp three times per year.

1.4 Staphylococcus aureus Bacteraemia (SAB)

Collect SAB data continuously and submit to the VICNISS Coordinating Centre quarterly.

1.5 Clostridium difficile Infection (CDI)

Collect CDI data continuously and submit to the VICNISS Coordinating Centre quarterly.

2. VICNISS Type 1 Surveillance Data Quality Indicators

- 2.1 Quarterly surveillance data submitted within 1 week of the required date (specified by VICNISS Coordinating Centre).
- 2.2 HHCI data submitted three times per year no later than the required date (specified by Hand Hygiene Australia).
- 2.3 Each health service must have the required number of HH observations for the number of acute in-patient beds at each facility (specified by Hand Hygiene Australia)
- 2.4 For surgical procedure groups, a minimum of 90% of risk factor data must be complete for all procedures submitted.
- 2.5 Organism data including antibiotic resistance patterns (where available) to be submitted for all infections.
- 2.6 Surgical antibiotic prophylaxis data submitted for all surgical procedures under surveillance.