VICNISS USER GROUP NOTES

Held Sept 15th 2004 1430 – 1600hrs, VICNISS

ISSUE	DISCUSSION
VICNISS Tender/Software Update	VICNISS tender specifications developed. Waiting for tender to be advertised.
ICU Update of Issues • Risk adjustment for VAP	• Difficult to prevent episodes of VAP when some patients have definite risk factors for VAP acquisition eg. Smoking, COAD • Unable to prevent many cases of VAP therefore, surveillance felt to be of little value and very time consuming. • Consider possibility of risk adjusting for morbidity. • Examine patients most likely to be at risk. Eg. Young people who are targeted for elective surgical procedures and monitor for ICU infections however, there is implications for excluding some patients altogether. • Collect more data on other risk factors however, a baseline is needed for VAP to determine those patients who are at increased risk and those episodes of VAP that are preventable. • VICNISS to explore options to increase uptake of VAP surveillance in hospitals with ICUs. • VAP Criterion 3 – Immunocompromised definition very difficult to apply. No cases reported to VICNISS. • A hospital currently examining additional risk factor data for LC-BSIs. Eg. Number of lines/lumens and location of device and where device was inserted eg. Theatre/ICU/Radiology. These types of surveillance activities found to be worthwhile as Infection Control measures can be implemented and affect clinical practice.
• Additional data collection for LC-BSI episodes	• A hospital would find this type of information more useful than LC-BSI on its own. They find this application of LC-BSI definition too subjective, possibility that cases are 'under called'.
Data Quality Issues – Ann Bull	• On the whole most facilities reporting data that is complete and able to be risk adjusted however, AB prophylaxis field is often missed or not submitted. Time given frequently missing. Importance of collecting this type of data explained to group. • Organism and AB sensitivities often excluded from submitted data. It is helpful for this information to be recorded so that VICNISS can determine appropriateness of AB prophylaxis for each surgical procedure. • Difficult for VICNISS to determine what is 'appropriate' for AB prophylaxis as each facility may have unique AB prescribing policies. VICNISS reiterated that audits are conducted against the CDC and local TGA AB guidelines. • AB prescribing differs dependent on clinician, various combinations of ABP used for procedures. • VICNISS will be asking for feedback on this type of quality measure.
Reports – Phil Russo	• VICNISS is currently reviewing efficacy of reporting cumulative data. Cumulative rate reporting may not be beneficial where a hospital's rate has improved in recent quarters but may have been poor in earlier months of data contribution. • Proposed that this issue be taken to TAG for further discussion and consensus. Reports must be useful.
Surveillance Plans – Claire Boardman	• A reminder to users to start thinking about what types of surveillance activities are useful and appropriate for each facility for 2005. A reminder notice will be sent out in next e-Bulletin. Surveillance plans for 2005 due end November 2004.
VICNISS Orthopaedic Costings Study – Claire	• Purpose of costings study outlined. Each hospital ethics committee needed to approve study design. Work has commenced on data collection. A courtesy letter will be sent to each facility's Infection Control team where the study is taking place.