

VICNISS Surveillance Manual Summary of Revisions, July 2019

Below is a summary of significant modifications for the VICNISS Manual which will go into effect July 1, 2019. Please ensure you have read the latest version of the module, including protocol, when performing surveillance.

You will note all private hospitals in Victoria commenced VICNISS surveillance in 2019 and this is now reflected in a number of protocols.

Module	Summary of Revision
VICNISS – An Overview	
VICNISS Participation Requirements	No significant changes
Identifying HAIs in VICNISS (relevant to CLABSI)	No significant changes
BSI (CLABSI/PLABSI)	<ul style="list-style-type: none"> • Revision of the "pus at the site" CLABSI exclusion reporting guidance (p11, 1d). Revised guidance requires collection of an organism from the site of one of the specified vascular access devices and the specimen collected from the site matches at least one organism identified in blood. • <i>Rothia spp</i> is now listed in the protocol as an eligible organism to meet MBI LCBI-2 and MBI LCBI-3 criteria. Note: this is in addition to the previously recorded viridans group streptococci only • Denominator device day count – all patients with at least one central line are to be included in count regardless of access. Note: When determining a CLABSI event eligible central line days begin with first line access. A number of examples can be found in the protocol • Viruses and parasites are excluded as LCBI pathogens • Appendix 2, Secondary BSI Guide – Examples have been added to add clarification when investigating if the BSI is primary or secondary.
Central Line Insertion Practices Adherence Monitoring (CLIP)	No significant changes
<i>Clostridioides difficile</i> Infection (CDI) previously known as <i>Clostridium difficile</i>	<ul style="list-style-type: none"> • In 2016 <i>Clostridium difficile</i> was reclassified and is now referred to as <i>Clostridioides difficile</i> • Added field: Date CDI Symptom onset • Added field: Toxic megacolon now a stand-alone option under Severity of Disease section • Added field for Healthcare Associated CDI (Definitions 1 & 2) and/or Severe Disease only: 'Treatment Review' contains two additional questions <ul style="list-style-type: none"> ○ Was CDI specific therapy administered ≤ 72 hours after specimen collection (Yes, No or Unknown answer option) ○ Attending physician review of antibiotic therapy (other than CDI-

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	specific therapy) ≤ 72 hours after specimen collection (Yes, No or Unknown answer option)
Colorectal Surgery Process Adherence Monitoring (COLO-PAM) If NOT performing concurrent Colorectal SSI Surveillance	Surgical Antimicrobial Prophylaxis (SAP) section updated as for SSI module <ul style="list-style-type: none"> • Updated Vancomycin administration (start) times adjusted • Updated 2nd dose SAP questions updated in line with revised TG-antibiotic guidelines • Added ‘other antibiotic’ section – to provide further details of antibiotics that the patient was administered prior to surgery (not SAP) to allow better assessment of antibiotic prophylaxis
Hand Hygiene	No significant changes
<i>Haemodialysis Event (HDE)</i>	No significant changes
Healthcare Worker Hepatitis B Immunity	No significant changes
Healthcare Worker Influenza Vaccination	No significant changes
Healthcare Worker Measles Immunity	No significant changes
Methicillin Resistant <i>Staphylococcus Aureus</i> (MRSA) infection	No significant changes
Occupational exposure (OE)	<ul style="list-style-type: none"> • Numerator form: Field added to Question When did injury occur— ‘during cleaning’ (available from October) • Protocol <ul style="list-style-type: none"> ○ Inclusion of uploading numerator instructions ○ Breastmilk included in ‘fluids that do not carry a risk of bloodborne pathogen transmission...unless visibly contaminated with blood.
Peripheral Venous Catheter Use (PVC)	Currently under review
Resident Herpes Zoster Vaccination	No significant changes
Resident Influenza Vaccination	No significant changes
Resident Pneumococcal Vaccination	No significant changes

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Signal Event-Surgical Infection (SESI)	<ul style="list-style-type: none"> • Added option N/A (not available) to other data fields if information is not available e.g. record lost • Updated Vancomycin administration (start) times adjusted • Updated 2nd dose SAP questions updated in line with revised TG-antibiotic guidelines • Added ‘other antibiotic’ section – to provide further details of antibiotics that the patient was administered prior to surgery (not SAP) to allow better assessment of antibiotic prophylaxis.
<i>Staphylococcus aureus</i> Bacteraemia (SAB)	No significant changes
Surgical Site Infection (SSI)	<ul style="list-style-type: none"> • VICNISS operative procedure codes have been updated. ICD-10-AM codes are no longer required. Users can record the ACHI (Australian Classification of Health Interventions); or the Medicare Benefits Schedule (MBS) code. If a code cannot be found please contact VICNISS. • For each operative procedure at least one of the ACHI or MBS code/s must be recorded. If a procedure code is not recorded on the patient’s record, the user must record the name of the procedure on the form. These fields were previously optional however to improve validation that the procedure does belong to the selected procedure group this data is now mandatory • Added clarification: All elements required to meet an SSI criterion usually occur within a 7-10 day timeframe with no more than 2-3 days between elements. The elements must be relational to each other, meaning you should ensure the elements all associate to the SSI, and this can only happen if elements occur in a relatively tight timeframe. Each case differs based on the individual elements occurring and the type of SSI. • Emergency operative procedure – A procedure that is documented per the facility’s protocol to be an Emergency or Urgent procedure. An emergency operative procedure is a non-elective, unscheduled operative procedure. Emergency operative procedures are those that do not allow for the standard immediate preoperative preparation normally done within your hospital for a scheduled operation (e.g., stable vital signs, adequate antiseptic skin preparation, colon decontamination in advance of colon surgery, etc). • Laparoscope – revised guidance “A procedure that is documented per the facility’s protocol to be performed laparoscopically. If the procedure is converted from laparoscopic to an open procedure then the procedure should be entered into VICNISS as laparoscope = No” • Robotic Assistance – Added question to indicate whether procedure was performed using robotic assist method • Denominator Form – Some fields have been removed and others added/changed: <ul style="list-style-type: none"> • Removed HERN – mesh • Removed CSEC – blood loss • Removed FUSN – transoral approach/technique • Added option N/A (not available) to other data fields if information is not available e.g. record lost

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Surgical Antibiotic Prophylaxis (SAP)	<ul style="list-style-type: none"> • Added option N/A (not available) to other data fields if information is not available e.g. record lost • Updated Vancomycin administration (start) times adjusted • Updated 2nd dose SAP questions updated in line with revised TG-antibiotic guidelines • Added ‘other antibiotic’ section – to provide further details of antibiotics that the patient was administered prior to surgery (not SAP) to allow better assessment of antibiotic prophylaxis
<i>Vancomycin Resistant Enterococcus</i> (VRE) Infection	No significant changes
Ventilator Associated Events (VAE)	No significant changes
Pneumonia Ventilator-associated pneumonia (VAP); Non ventilator-assoc pneumonia (PNEU)	<ul style="list-style-type: none"> • Definition PNU2A and PNU2B are both now known as PNU2