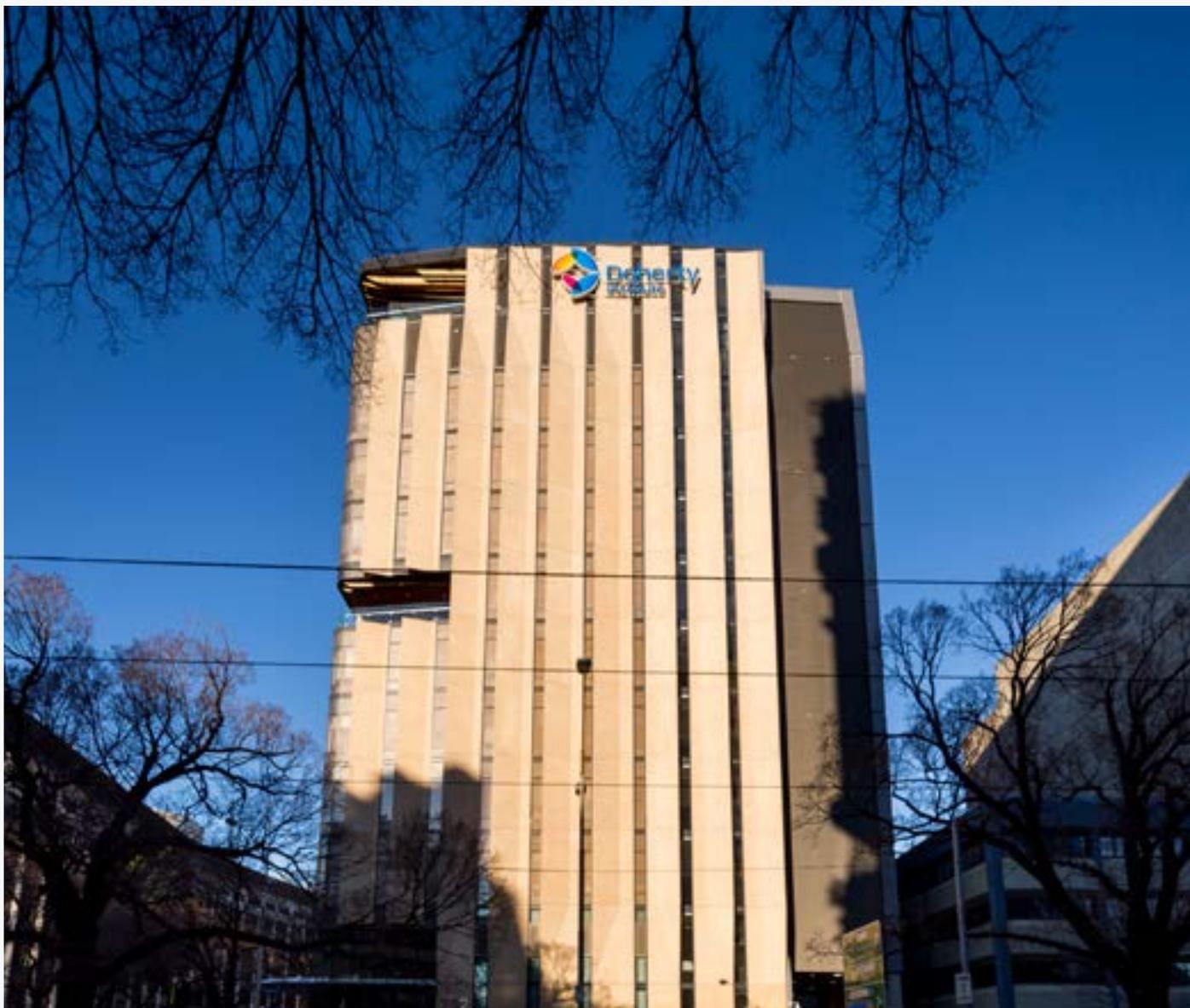


VICNISS: What we do



What we do

The VICNISS Coordinating centre (VICNISS) is fully funded by the Department of Health and Human Services (DHHS) Victoria. VICNISS coordinates a range of programs designed for monitoring, reporting on and reducing healthcare associated infections (HAI). HAIs are infections which result from receiving healthcare, for example a visit to hospital for surgery. Not all HAIs occur in hospital; they may also occur in outpatients who are receiving treatment, for example those receiving chemotherapy.

Our program is based on methods developed at the Centers for Disease Control and Prevention (CDC) in the United States. Some of the data we collect require quite a lot of time and effort (usually by infection control nurses at each hospital). As a result surveillance is concentrated on infections which have serious consequences or are the most preventable.

What we monitor

We monitor all hospitals in Victoria, public (since 2003) and private (since 2009), and also public residential aged care services. Monitoring (or surveillance) of infections in hospitals is known to decrease the incidence of these infections.

The infections that we monitor routinely include:

- Infections after major surgery (hip or knee replacement, coronary artery bypass etc)
- Infections occurring in patients in intensive care units
- Infections occurring in the blood

We also regularly monitor activities that are important to reduce infections such as:

- Healthcare workers observance of hand hygiene (e.g. performing hand hygiene before changing a dressing)
- Proportion of healthcare workers vaccinated for seasonal influenza at each hospital/health service/public aged care service
- Proportion of residents vaccinated at public aged care facilities for
- Seasonal influenza
- Pneumococcal pneumonia
- Herpes zoster (Shingles)
- Administration of antibiotics for patients prior to major surgery

For more information on the infections we monitor or other activities mentioned above, please visit our website and refer to our 'fact sheets for patients and carers'.

How we monitor or collect data on patients undergoing surgery

Information is collected on all patients undergoing certain types of surgery. This includes some demographic data (although patients are not identifiable) and information about the surgical procedure which are relevant to the risk of the patient acquiring an infection. Factors collected which influence the risk of an infection after surgery include:

- Type of surgery (for example colorectal surgery is riskier than a hip or knee replacement)
- Length of surgery
- Comorbidities (patients with other medical conditions which can increase risk for infection e.g. diabetes, obesity, vascular disease)
- Pre-existing infections
- Details of antibiotics given just before the surgery
- Whether the surgery was done through a large incision or laparoscopically (usually involving several small incisions)

Additional information is collected on patients who acquire an infection either during their hospital stay or who return to hospital with an infection related to their surgery. This includes information such as:

- Whether the infection is superficial (involving just the surgical incision) or is deep (involves the tissues below the incision site).
- The date the infection was diagnosed
- The bacteria or other organism causing the infection

Infection rates and other information are passed to the DHHS every three months and these are discussed in regular meetings held between the DHHS and hospital executives as part of health system performance monitoring. At individual hospitals and health services infection control teams are continuously monitoring infections and can request advice and assistance from VICNISS as needed.

How are healthcare infections reported? And does surveillance help?

How is information on healthcare infections reported?

Reports on infection rates and related activities are reported to the hospitals themselves, to the DHHS and to the public.

Infection control staff are able to produce reports from the VICNISS website including use of statistical tools to monitor their performance against other hospitals

Regular reports are produced for agencies of the Department of Health Victoria including Safer Care Victoria (SCV) and the Victorian Agency for Health Information (VAHI)

Information collated and analysed by VICNISS is available to the public through both the VICNISS (vicniss.org.au) and VAHI websites (vahi.vic.gov.au).

How does surveillance help?

Performing surveillance of healthcare associated infections has been shown to reduce the incidence of these infections through the monitoring and feedback of results.

VICNISS has experienced staff who can assist hospitals with activities to reduce their infection rates.

Infection rates monitored in Victoria have fallen significantly since surveillance began in 2003. For example the risk of acquiring an infection after a monitored surgical procedure fell by 11% each year between 2003 and 2015.

VICNISS Expertise

At VICNISS, our expertise includes infectious disease physicians, senior infection control nurses, epidemiologists/biostatisticians and information technology specialists.

VICNISS staff construct and modify tools to assist hospitals with reduction of infections (for example checklists to monitor insertion and care of catheters inserted into veins used to administer fluids and medications). Our staff also assist hospitals with providing education to staff on infection control issues including outbreaks of new and emerging infections, local education and respond to general enquiries. There is also a comprehensive hand hygiene education program in Victoria coordinated by VICNISS.

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