



Te Tāhū Hauora
Health Quality & Safety
Commission

Healthcare-associated *Staphylococcus aureus* bacteraemia training webinar

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5 July 2023


Infection prevention
and control programme
Te rōpū tohutohu
rautaki ārai mate



Karakia tīmatanga

E te huinga
Whāia te mātauranga, kia mārama
Unuhia te anipā,
te nguha, kia mahea
Kia whai take ngā mahi katoa
Tū māia, tū kaha
Aroha atu, aroha mai
Tātou i a tātou katoa
Hui e tāiki e

For this gathering
Seek knowledge, for understanding
Draw out the anxiety
and uncertainty, clear it away
Have purpose in all that you do
Stand tall, be strong
Let us show respect
for each other.
It is complete





Agenda

- Opening karakia
- Introductions
- Data collection form
- Uploading data
- How to determine healthcare-associated *Staphylococcus aureus* bacteraemia (HA-SAB) infections
- Q&A
- Closing karakia



Purpose of HA-SAB surveillance

- HA-SAB – high morbidity and mortality
 - Contributes to antimicrobial resistance (MRSA)
- HA-SAB is a largely preventable healthcare-associated infection
- Increasing HA-SAB rates in Aotearoa New Zealand (reported as part of the Hand Hygiene New Zealand programme)
- Collection of source data can help focus quality improvement projects and initiatives
 - Peripheral intravenous catheter initiative



HA-SAB surveillance guide

Available on our website:

www.hqsc.govt.nz/resources/resource-library/implementation-guide-for-the-surveillance-of-staphylococcus-aureus-bacteraemia-sab/

[Home](#) > [Our work](#) > [Infection prevention and control](#) > [Our work](#)

Hōtaka akoranga

Our work

Ringa horoia

Hand hygiene →

Hōtaka whakapai wāhi hāparapara

Surgical site infection improvement programme (SSIIP) →

Mahi haumarū mō te HA-SAB

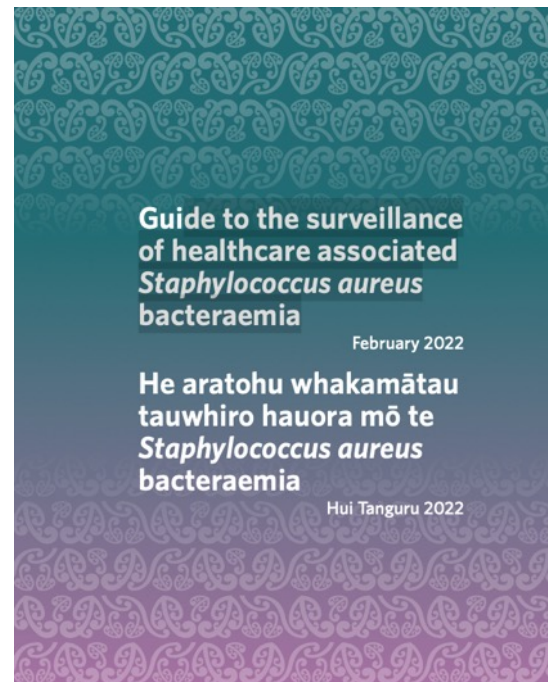
Healthcare-associated Staphylococcus aureus bacteraemia (HA-SAB) →

Uiui tukipū

Point prevalence survey →

Mate kitakita pīrau

Sepsis →





Completing and uploading the data collection form

Current version – v2 May 2023

The image displays a screenshot of an Excel spreadsheet. On the left, a table titled "HA-SAB source data collection form (v 2 May 2023)" is shown, with columns A through E. The table has the following structure:

HA-SAB source data collection form (v 2 May 2023)				
District				
Current reporting quarter				
Number of SAB cases for this quarter				
Month	Month	Age	Gender	Ethnicity

A red circle highlights the first three rows of this table. To the right, a larger spreadsheet is partially visible, with columns L, M, and N. A dropdown menu is open over a cell in column L, showing a list of "Device" options:

- Device
- Surgical_Site_Infection
- Organ_source_Not_SSI
- Neutropaenic_sepsis
- Other_source
- Unknown
- Other_procedure_or_intervention

Below the dropdown menu, a row of cells is visible with the following headers: "Specify other source", "Other procedure or intervention (not listed in Column K)", and "Other information".

This version is available in your Cache upload folder

HA-SAB reporting form

- Download Excel form and complete locally
- Upload to secure cloud-based storage (Cache)
 - Access using login details that Te Tāhū Hauora Health Quality & Safety Commission provides to the designated person in your district IPC team
- Upload three-monthly (quarterly)
 - Use a new form each quarter
 - Upload within 30 days of last date in quarter



USERNAME/EMAIL

ruth.barratt@hqsc.govt.nz

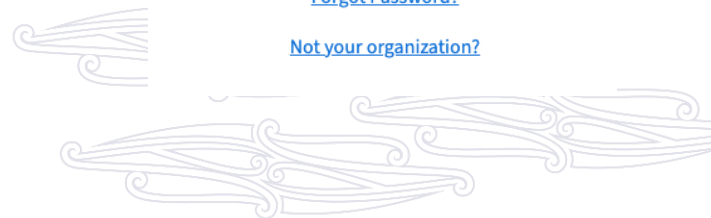
PASSWORD

.....

✓ Log In

[Forgot Password?](#)

[Not your organization?](#)




The form explained

- Excel spreadsheet
- Columns with dropdown lists
- Two tabs
 - Notes for completing the form
 - Listing of HA-SAB cases for quarter

HA-SAB surveillance data collection form (v 2 May 2023)

HA-SAB surveillance data collection form (v 2 May 2023)						
District						
Current reporting quarter						
Number of SAB cases for this quarter						
Month	Hospital	Age	Gender	Ethnicity	Unique District number/code	

Enter the total number for the quarter including zero cases





- Choose your district
 - The choice in column B is automatically populated based on the district
- Enter the month for all rows because blank fields are not easily captured in the data analysis
- Remember to insert the total of HA-SAB for the quarter – even if zero

	A	B	C	D
1	HA-SAB surveillance data collection form (v 2 May 2023)			
2	District		Waikato	
3	Current reporting quarter		Apr-Jun 2023	
4	Number of SAB cases for this quarter		8	
5				
6	Month	Hospital	Age	Gender
7	Apr			
8	Apr	Waikato		
9	Apr	Thames		
10	Apr	Tokoroa		
11	May	Taumarunui		
12		Te Kuiti		
13		Matariki		
14		Rhoda Reid		
15				

You must first select district in cell (C2)
Then select relevant hospital from drop down list



Age, gender and ethnicity

- Enter age in years – use numbers only
- Gender – M, F or O (other/not specified)
- Ethnicity – use dropdown box

Age	Gender	Ethnicity	Unique DHB number/code	Cul
55	F	E	<input type="text" value="C001"/>	
64	f	<input type="text" value="e"/>		

M Maori
P Pacific
A Asian
E European
O Other
R Residual Categories



Columns F and G

Unique number/code

- Free text field
- Enter a unique number or code for this field. Create one that works for your organisation
- This number/code is for you to be able to easily trace the HA-SAB case in the future

Blood culture date

- Blood culture date is the first date *S. aureus* was isolated in a blood culture for this event

Incidence	Unique DHB number/code	Date Blood Culture collected
E	C001	23/02/21
e	C002	19/07/21

Enter a unique number or code for this SAB (free text)

Clinical speciality

Clinical Speciality	S. aureus susceptibility	SAB source	SAB source detail	Specify other source
Ear, Nose and Throat	MRSA	Organ_source_Not_SSI	Skin / soft tissue	
Care of the elderly				
Ear, Nose and Throat				
General surgery Including: upper and lower bowel surgery, acute surgery and Surgical High Dependency Unit				
Haematology				
Infectious diseases				
Intensive care				
Maxilo-facial surgery				
Medicine Including: General medicine, Acute medicine, Respiratory medicine, Dermatology, Palliative care, Medical high dependency unit				
Neurosurgery Including: spinal surgery				
Obstetrics and Gynaecology				
Oncology				
Ophthalmology				

- Identify the clinical speciality managing the care of the patient
- May differ from the ward/unit, eg, a patient receiving dialysis in the emergency department would be listed as renal medicine
- Scroll down the dropdown list to see all the choices
- Note the different examples in medicine and general surgery
- If a specific speciality is not listed, choose the one closest to it

SAB source and SAB source detail

- Source detail is linked to choice of source
- If you choose 'Device', SAB source detail dropdown list will give a choice of devices

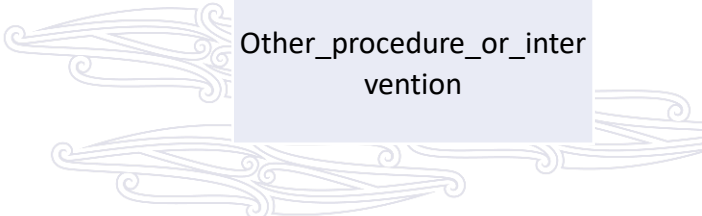
SAB source	SAB source detail
Organ_source_Not_SSI	Skin / soft tissue
Device	Non-tunelled CVC



HA-SAB source – column J

- If more than one source is identified, please choose the most likely one
- Only choose ‘Unknown’ if investigations have not identified a source that meets the definitions in the HA-SAB guide
- An HA-SAB resulting from a surgical site infection (SSI) must be captured under SSI rather than ‘Organ source - not SSI’

Device
Surgical_Site_Infection
Organ_source_Not_SSI
Neutropaenic_sepsis
Other_source
Unknown
Other_procedure_or_intervention



Device



PIVC

Arterial catheter

Non-tunnelled CVC

Tunnelled CVC

CVC – type unknown

PICC

Portacath

Urethral catheter

Suprapubic catheter

Peritoneal dialysis catheter

External ventricular drain

PEG tube

Endotracheal tube

Other device



Surgical site infection (SSI)

Always include the type of SSI

- Organ space
- Deep
- Superficial
- Unknown



Organ source (not SSI)

- Pulmonary
- Hepatobiliary
- Skin and soft tissue
- Urinary tract (not CAUTI)
- Cardiac
- Other organ source





Procedure or intervention

- Temporary pacing wires
- Cardiac catheterisation
- Endoscopy
- ERCP
- Cystoscopy
- Trans-vaginal ultrasound
- Trans-rectal ultrasound
- Placement of a body cavity drain or tube, eg, chest drain, nephrostomy, biliary drain
- Other





Unknown source for HA-SAB

- Understanding the source of an HA-SAB event supports quality improvement initiatives to reduce these events
- The source is not identified in up to 20 percent of cases¹
- Te Toka Tumai Auckland investigation of ‘Unknown’ events
 - In 2017–21, 15 percent of all HA-SAB events were reported as ‘unknown source’
 - The microbiology registrar retrospectively reviewed patient medical records





Results of the Review

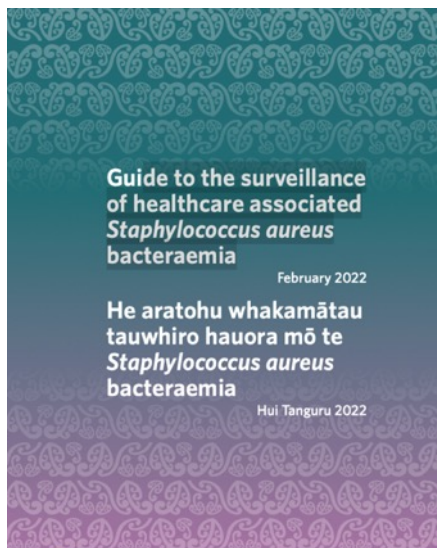
- Review of all ‘Unknown’ sources cases
 - 15 percent had of all HA-SAB had an unknown focus
 - Of the 67 cases with an ‘unknown’ source, 41 (60 percent) could be attributed to a source
 - The majority of sources were vascular access devices.
 - Only 6 percent of all HA-SAB events had an unknown source.



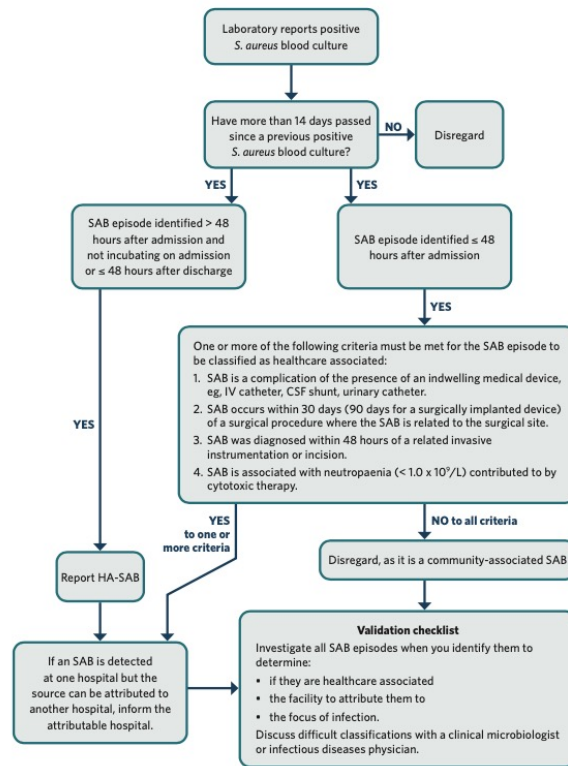


Examples

Use the guide



Appendix 1: Flowchart to determine HA-SAB | Āpitihanga 1: Mahere ripo hei whakatau HA-SAB





Attribution of district

- Patient admitted to Hospital B with HA-SAB
 - The source is previous cardiac surgery 60 days ago
- Surgery was undertaken in Hospital A
 - Hospital B to notify Hospital A
 - Hospital A reports the event

See HA-SAB guide – scenario 10, page 20





Skin and soft tissue examples

→ Organ source – not SSI

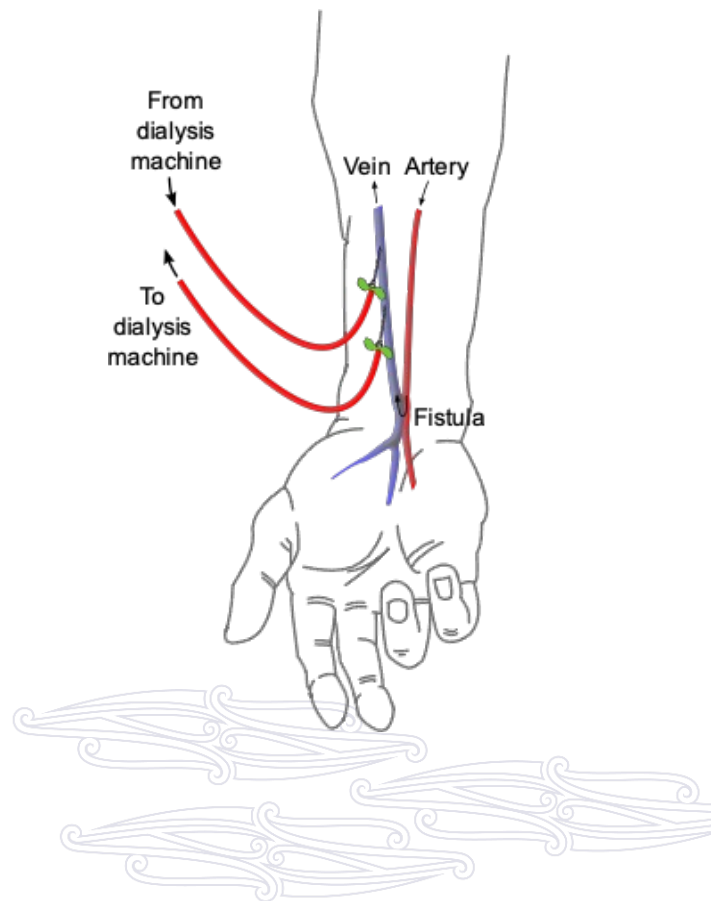
→ skin and soft tissue

- Infected burn
- Infected pressure sore
- Tracheostomy site infection
- Cellulitis
- Fistula abscess



Arteriovenous fistula

- Not a device
- Infected site is a skin and soft tissue infection – if accessed within previous 48 hours





Pacemaker infections

- Temporary pacemaker and wires
 - Procedure-related
- Permanent pacemaker (PPM)
 - Not a device for HA-SAB surveillance
 - Captured under surgical procedure – therefore would meet SSI criteria

‘If a patient has a surgically implanted device, extend the 30-day time limit to 90 days after surgery if you detect a deep incisional/organ space infection related to the device. This recognises the possibility of a delay in presentation of infection in this context. Items classified as surgically implanted devices include (but are not limited to): permanent pacemakers, joint prostheses, brain and spinal cord nerve stimulators, breast implants and surgical mesh’. (Health Quality & Safety Commission 2022, p 8)



Hospital-acquired pneumonia (HAP)

→ Organ source – not SSI

→ Pulmonary

- Defining HAP – may be:
 - diagnosed and written in notes or
 - HA-SAB attributed to chest infection by infectious diseases team





Community parenteral medications given by whānau

- An HA-SAB arising from an IV in a patient receiving care at home is still counted
- Device
- This applies even if whānau administer IV medications, because the patient is under care of the district



Other examples of 'Organ source – not SSI'

- Eye infection
- Oral infection
- Septic arthritis
- Gastrointestinal



Procedure or intervention

- Washout
- Septic shower following fistulogram
- Angioplasty and stenting
- TURP



Questions and answers





Karakia whakamutunga

Kua mutu a tātou mahi
Ka tae te wā
mō te whakairi te kete
I te kete kōrero,
I te kete whakaaro
Hei tiki atu anō mā tatou
Tauwhirotia mai mātou katoa
Ō mātou hoa
Ō mātou whānau
Āio ki te Aorangi.
Hui e tāiki e.

Our work has finished
The time has arrived
to gather one's thoughts in the basket
That contains discussion
and concepts
That we may use it again in the future
Protect us all
Our colleagues
Our families
Peace to the universe.
It is complete.

