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HISS NEWSLETTER

NSW HEALTH

Message from the Director:

Congratulations to all pilot site ICPs and clinicians involved in the HISS program who have successfully sent us their data sets from the first three months of surveillance – well done! The HIES Unit will provide you with a preliminary analysis on the data sets for completeness and an exploratory analysis of delinked aggregated data sets.

Many thanks to the ICPs who attended the second HISS member teleconference. I hope you found the teleconferences an effective method for learning about other pilot site activities. As a group we have learnt a great deal from these problem-solving discussions.

A reminder to sites undertaking IVD-RB surveillance – if assistance for weekend surveillance from your ICU is unavailable or becomes too difficult to organise, discontinue attempts to collect data on lines insitu over the weekend and continue surveillance between Monday and Friday. However, you will need to remind the intensivists and infection control committee that the control charts and line-day rates will only represent IV lines insitu and outcomes between Monday – Friday.

Dates to Remember

◆ 7th May 1999:

Extract completed data for

February 1999, March 1999 and April 1999

**These data are due to arrive at the HIES Unit
by the 11th May 1999**

◆ 20th May 1999

HISS Reference Group Meeting

13:00 – 16:00 hours

Room 241 Samuel's Building
University of New South Wales

◆ 8th June 1999:

HISS Workshop 2: Data Analysis

09:00 – 17:00 hours

Room 241 Samuel's Building
University of New South Wales

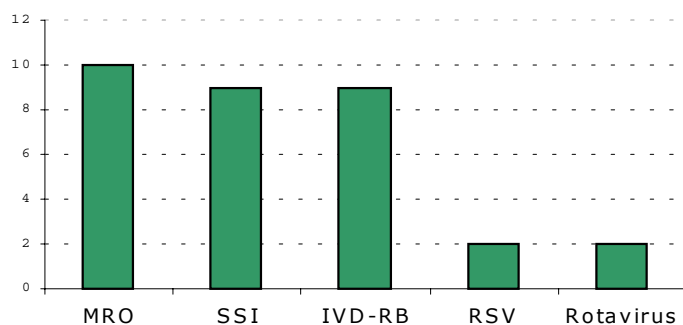
Congratulations

Kathy Dempsey, on behalf of the HIES Unit presented a paper at the inaugural conference for the Queensland Intravenous Nurses Society (Inc) in March and was awarded the prize for best verbal presentation. Well done Kathy.

Surveillance activities

A total of ten (10) pilot sites submitted their surveillance plans in December 1998 and the surveillance modules being undertaken are shown in Table 1 below.

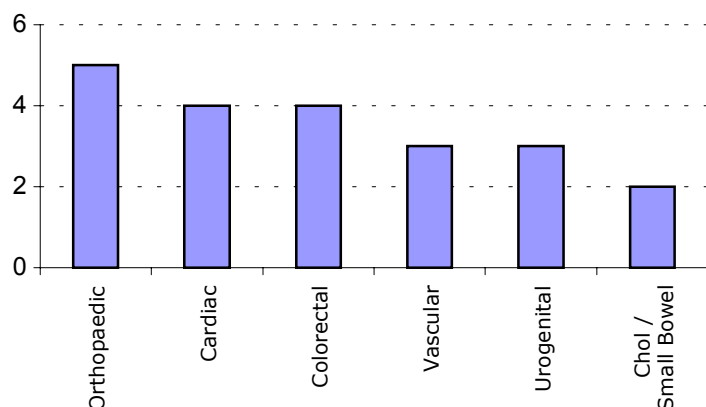
Table 1: Surveillance Modules



All pilot sites are undertaking the compulsory MRO module. Nine pilot sites have chosen the Surgical Site Infection (SSI) and the Intravascular Device-Related Bacteraemia (IVD-RB) modules.

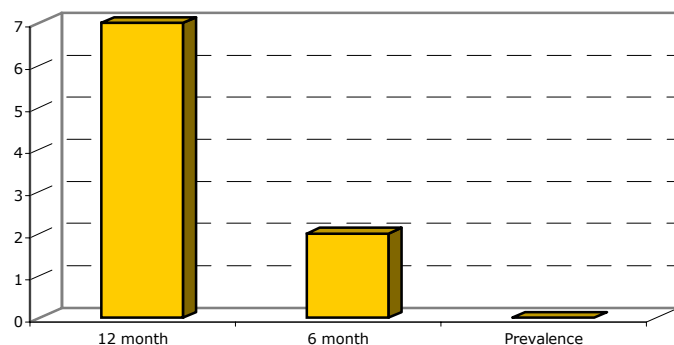
Two pilot sites have elected to undertake the RSV / Rotavirus modules and a third site is considering undertaking this module later this year.

Table 2: Sentinel Surgical Procedure



The nine sites undertaking SSI will survey 21 different surgical procedures (Range: 1-5) from six surgical specialities. Five sites have nominated Orthopaedic Sentinel Surgical Procedures; four sites are monitoring Cardiac Surgery, which includes Valve Replacement and Coronary Artery Bypass Grafts. Four sites are monitoring Colorectal Surgery and three sites are monitoring Vascular Surgery. Urogenital Procedures are being monitored in three sites and two sites are monitoring Small Bowel Surgery.

Table 3: Intravascular Device-Related Bacteraemia



Of the nine sites electing IVD-RB Surveillance, seven will continue this for twelve months while two sites will survey for a six-month surveillance period.

Discussions with Dr. D. McWilliams, the Project Manager of ANZICS, which examines adverse outcomes in ICU patients, are currently underway to achieve a consensus for definitions of IVD-RB among ANZICS members and a common data set.

Farewells

are extended to **Judith Hoyle** from Albury Base Hospital, **Lyndall Daly** from POW and **Kate Goedee** from Nepean Hospital. They are leaving their respective facilities and their input to the HISS program will be missed. Good luck to you all and many thanks for all your hard work.