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The Official HISS Program
Newsletter

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NSW Health Department*

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Nosocomial Infection

Surveillance Unit

United Kingdom

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HISS NEWSLETTER

NSW HEALTH

Message from the Director:

The old adage about data that goes "garbage in garbage out" over simplifies the problems of data collection for nosocomial infection surveillance with regards to reliability and validity. Some so-called "garbage" can be useful whereas other data are unusable. It takes time and practice to achieve both validity and reliability of data collection for nosocomial infection surveillance.

During the past 12-months of development and testing, NSW members have moved towards using standardised surveillance techniques to identify those patients at risk of becoming a case. This hard work and dedication will allow members to rely on their data - for validity and reliability (see guest editorial).

Dates to Remember



10th August 1999:

Extract completed data for

May 1999, June 1999 and July 1999

**These data are due to arrive at the HIES Unit
by the 10th August 1999**



24th August 1999

Lecture: Ms Judith Sedgwick

Senior Nurse

Public Health Laboratory Service UK

Westmead Hospital: 17.00 – 19.00 hrs.



6th October 1999

Training Day – Introduction to HISS

New Member Sites (pilot sites please contact HIES Unit if you need to place new staff on the list of attendees).

Welcome

to Karen Hanel at Albury Base Hospital and
Lindy Ryan at Nepean Hospital.

Farewells

are extended to Mr Brian Collopy from the
Care Evaluation Program at ACHS and a member of our Reference
group and to Judy Bowmaker from St George Hospital. Many thanks
for the work undertaken on behalf of the program and best wishes
for the future.

Guest Editorial: Dr McLaws

In the past, surveillance of nosocomial infections took on the ICPs individual approach. If infection rates changed over time it may have been due to a change over of ICP or clinician with his/her own definitions and methodology. The old adage about data that goes "garbage in garbage out" over simplifies the problems of the nosocomial surveillance. If the definition of a case does not include all manifestation of infection (i.e. it's not validity) but the same definition is used in the same manner time and time again (i.e. reliably applied) rates can be comparable. Often there is a trade-off between reliability and validity due to difficulties when applying valid definitions. This means that the true extent of nosocomial infections may never be identified. The HISS program was funded to develop valid and reliable rates of infection for members so that data can be aggregated and thresholds of infection can be identified for the sentinel surveillance modules. The benefits of an excellent software program to collect surveillance data will be lost if surveillance is not standardised to achieve both reliability and validity.

The past 12 months of development and testing has demonstrated that Australian surveillance of nosocomial infection is now ready to attempt to achieve validity not just reliability. NSW members are also applying for the first time the same definitions for SSI and IVD-RB. The SSI definition was a modified CDC definition and included NSW Taskforce recommendations. These may or may not be the definitions approved by experts further a field than those on the HISS Reference Group. But its a start towards the development of a valid and reliable state aggregated data base where all cases have met *standardised criteria* and all data are collected with the same methodology. When the time is right for Australia to adopt one set of criteria for nosocomial infections the HISS members will be in a position to quickly adopt them and compare their rates with interstate colleagues collecting the same minimum data sets.

Interim reports of the findings during the pilot phase have been sent to the Area Health Services Units and are also on their way to each ICP. The Unit would like to congratulate and thank the pilot sites for their continued application of *standardised* surveillance methodology. Membership to HISS is now open to all NSW hospitals, please apply through Ms Deborah Best, NSW Health email: dbest@doh.health.nsw.gov.au phone 9391 9275, or for information contact the HIES Unit.

International Visitor: Ms. Valerie Ward

The Public Health Laboratory Services (PHLS) developed the Nosocomial Infection National Surveillance Scheme (NINSS), headed by Dr Pearson, and is currently advocated for public hospitals throughout the United Kingdom. Valerie Ward, the Surveillance Co-ordinator for NINSS, meet with HIES Unit staff, Ms Cathryn Murphy (Department of Health Representative) and ICPs from seven (7) pilot sites during a visit to the HIES Unit on April 15 1999.

Since the inception of NINSS in the early 1990's over 150 hospitals have joined the program. Valerie discussed the development of the NINSS and requirements of their participating hospitals. Similar to the HISS program, participating hospitals are able to nominate the modules they choose to follow. Unlike HISS, the ICPs of the NINSS program still enter data onto paper, which is electronically scanned by the NINSS Unit. The scanning process means that data entry and analyse is not immediate. Valerie was very impressed with PA hospital staff's ingenuity in their development of a handheld computer, which allows for single data handling. HISS members have been able to achieve between 92% and 99% completeness of the data set, requirement for each of their sentinel modules!

Right Front Row: (L) Valda Mentjox, Valerie Ward, Dr McLaws

Back Row: (L) Pauline Michell, Chris Mackay, Judy Bowmaker, Toni Schouten and Judith Hoyle



Guest Valerie Ward with Toni Schouten from Prince of Wales Hospital



Member Site Focus: St George



HISS IS THE WORD, IS THE WORD ...

IS THE WORD, IT'S GOT GROOVE AND IT'S
GOT FEELING 🎵 🎵 🎵 🎵
HISS IS THE WORD....



Every-one got together and had their photos taken for the HISS newsletter at St George Hospital: many thanks to the staff of the Orthopaedic Unit, the Intensive Care Unit, Cardiothoracic and Gastroenterology Units