

NSW State News



Profile: Dianne Dalton

Position: Vice President

Work: Project Officer NSW Infection Control Resource Centre

I have just taken up a position as a Project Officer at the NSW Infection Control Resource Centre, and have been actively working in Infection Control for 13 years, with 12 years of that at the Childrens Hospital. I have a background in operating theatres and clinical education. We have just been through very exciting times at the hospital, as we have just moved into a new hospital that has been designed for children and houses some of the most advanced medical technology to be found in Australia.

I have been on the NSW Infection Control Association Executive for three years and have held various positions. At the local level I have spent 13 years on the region executives.

I believe that the regional groups are a very important part of the structure of the association and provide an excellent source of networking and support at the local level. Communication I believe is an essential part of the future of Infection Control and I guess that's why I also hold the position of Editor in Chief of this journal.

Profile: Sue Resnik

Position: Public Relations Assistant

Work: Project Officer, NSW Infection Control Resource Centre

History: In 1984 I participated in the formation of the Northern Metropolitan Region Infection Control Group.

Since that time I have held the position of Regional Chairperson and Vice-Chairperson.

I have been actively involved in the Infection Control Association NSW Inc holding the position of Admin. Assistant and Vice-President before attaining the position of President of the Infection Control Association NSW Inc in 1993 to 1995.

In the position of Project Officer of the NSW Infection Control Resource Centre, funded by NSW Health I have been able to offer a unique service to all Infection Control Practitioners in NSW where a recognised link has been forged between the government of

NSW and Infection Control Practitioners at the workplace and as such as been able to demystify the nature of NSW Infection Control practice.

I am interested in Hospital Epidemiology and in 1995 I took part in the Society for Healthcare Epidemiology of America training course held in San Francisco.

As Infection Control Practitioners are becoming increasingly involved in sterilisation and disinfection I am enrolled as a part-time student in the TAFE/OTEN Sterilisation Course.

With my long history of clinical involvement and as Project Officer with the NSW Infection Control Resource Centre I look forward to a continued liaison with Infection Control Practitioners both through the NSW Infection Control Resource Centre and the Infection Control Association NSW Inc.

Profile: Margaret Evans

Position: NSW Editorial Representative

Work: CNC Infection Control Royal Hospital for Women (RHW) Paddington. I have a Bachelor of Health Science majoring in both science and nursing, and a Masters of Public Health. 1991 at RHW was the beginning of a steep learning curve in Infection Control, a job I believe that is never completed.

My role is very much seen as a resource person for the hospital executive, medical and nursing staff as well as to the external customers such as general practitioners and other hospitals intra- and interstate.

My interests are in sharing knowledge, thus my involvement in the editorial committee of the Australian Infection Control Journal and lecturing throughout the state in infection control for midwives. I am also interested in research, virology, epidemiology and neonatology.

Profile: Joy Borgert

Position on Executive: Secretary

Qualifications: RN Infection Control Certificates Basic & Advanced Course, College of Nursing.

Position: CNC Infection Control in Dentistry

Hospital Position: Infection Control CNC

History: Nursing training RPAH; Private Oral Surgery Practice Macquarie Street, eight years;

Medical Secretary, Macquarie St, Specialist Physician; Dental Hospital, Emergency clinic; Dental Hospital, CNC Infection Control 1986

Areas of Interest: Dentistry – bringing them up to acceptable standards in infection control in both private and public practice.

Profile: Valda Mentjox

1996 is my tenth year in Infection Control and for eight years I have been associated with the NSW Executive:

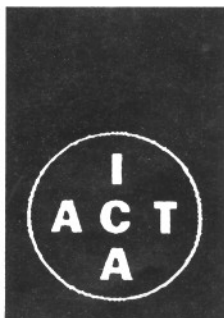
- Two years – Assistant Treasurer
 - Four years – Treasurer
 - Two years – Assistant Treasurer
- and if all goes to plan my term in 'the Treasury' will conclude in October 1996.

Prior to Infection Control I spent some years in diverse areas, the Northern Territory, the Pacific, large multi-national company, the Australian Council, University of Sydney, joining the staff of Mona Vale Hospital (situated on Sydney's northern beaches) in 1986. Completing the Sydney Hospital Infection Control Certificate in 1991.

Infection Control has expanded enormously in recent years, the demands are being met and not so much through an increase in practitioners, but rather by dedication, professionalism, a strong belief in the discipline and visionary leadership supported by committed membership.

Special Interests: 1995-96 I represented Infection Control on the NSW Public Hospital Cleaning Standards Steering Committee "Standards, Guidelines and Policy for NSW Public Hospital Cleaning Services" which will be released September 1996. 1996-97 Infection Control representative NSW Peak Purchasing Council Linen Provider/User Sub Committee.

Those things which balance my life: my family, my friends, music – jazz, good food, good wine, colour, design and fabric creativity.



ACT State News



The Annual General Meeting of the ICA ACT Inc was postponed until 7 August. The Office bearers remain the same and these are:

President: Helen Bedford, Clinical Nurse Consultant, Infection Control Population Health, ACT Department of Health & Community Care.

Secretary: Dianne Dreimanis, Avg CNC Infection Control, the Canberra Hospital.

Treasurer: John de Vry, Senior Scientist Barrett & Smith & Moran Pathologists.

Publicity Officer: Elaine Men, CNC Infection Control, John James Memorial Hospital.

Journal Sub-Ed: Elaine Graham, CNC Infection Control, the Canberra Hospital.

Even though small, the Association is active and membership is varied, including registered nurses from hospitals and nursing homes, central

sterilising staff, a dentist, an environmental health officer and a scientist. At most monthly meetings there were educational presentations.

In 1993 the Standards Australia Laundry Practice AS 4146 was published. The Standard is being reviewed and will become an Australian/New Zealand Standard. The writer is again representing AICA on this Committee, TX/16. The draft review will be available for public comment before the end of the year.

Vancomycin Resistant *Enterococci* (VREs) have not yet been isolated from the hospitals within the ACT – but give it time! However high level gentamicin resistant *Enterococci* have been detected during the past twelve months, mainly from the Canberra Hospital, the trauma and referral hospital for the ACT and the south eastern region of New South Wales. Within this institution there have been

presumed cross infections and investigation identified many bad hygiene practices of some staff in the areas concerned. The problems appear to have been rectified through education. There is an increase of Methicillin Resistant *Staphylococcus aureus* isolated being reported from the hospitals and we believe this reflects the increase within the metropolitan teaching hospitals on the eastern seaboard. Will the bugs eventually outsmart us? We can ponder, but only time will tell!

On the credit side, a second successful "Office Practice" Seminar was held during October. Again it was organised in collaboration with the Australian Association of Practice Managers with over one hundred registrants from dental, medical and nursing. More seminars are planned for 1997.

Elaine Graham
Sub-Editor ACT



Queensland State News



The first full-time Infection Control Course was run on 22 July, 1996,

at the Princess Alexandra Hospital over a period of two weeks. Evaluation by participants indicated that the course was relevant and explored practical Infection Control issues and practices. Dr John Youngman, Deputy Director, Queensland Health Department demonstrated support for this initiative by encouraging hospital administrators to send relevant personnel to this forum.

Tertiary education for Infection Control Practitioners will become a reality in 1997. The Griffith University will commence a certificated course in the second semester of 1997. Further development will result in the university offering students a diploma course and the opportunity for external education.

The 10th Annual State conference was hosted by the Sunshine Coast Infection Control Network. The executive would like to take this opportunity to congratulate members of the organising committee. Their commitment, professionalism and hard work

was appreciated by those who attended the conference which was innovative and creative. The association sponsored Gabrielle Bicton and Jacqui Young to attend. They both felt that the conference was applicable and provided a forum for networking and the exchange of updated Infection Control information.

Dolly Olesen,
Sub-Editor
Queensland
8 November 1996



Western Australian State News



Annual State Conference

The annual ICAWA conference held on 20 September 1996 was an outstanding success. Approximately 270 delegates attended from throughout the state and 28 companies joined the trade exhibition. As the venue was the Burswood Resort Casino Convention Centre, the theme of the conference seemed appropriate – "Infection Control – is it a gamble?". Topics covered included: emerging infectious diseases; TB; antibiotic resistance; pregnant HCW; CVCs; the hidden costs of antibiotics; hepatitis A vaccine and HCW; hepatitis C in dialysis patients; comparison of wound closures; alternative therapies for infectious diseases; congenital infections – rubella, listeria; Group B Strep; illness in child care centres; hospital at home programs; home infusion therapy. Barbara Elliott and her committee are to be congratulated on a most successful and informative day of "home grown" talent.

ICAWA AGM

Following the conference, the ICAWA AGM was held to provide country members with the opportunity to attend. The new executive members were elected and comprise: President – Helen Cadwallader, CNS, Infection Control, QEII Medical Centre, and Membership Secretary – Rebecca McCann, CNS, Infection Control SJOG Hospital (Murdoch). The Treasurer, Sylvia Gandossi and Education Coordinator, Colleen Lark were re-elected unopposed. The vacancy of Vice-President was filled by Terri Orrell, CNS, Infection Control KEMH. Congratulations and welcome to all new members.

ICAWA Conferences/Workshops for 1997/1998

The National AICA Conference is

planned for Perth in May 1998.

Subsequently, it has been decided not to hold a State Infection Control Conference in 1997. Alternatively, workshops are being planned for 1997 for more remote regions to provide a more practical infection control forum for Infection Control Practitioners. The vastness of Western Australia tends to isolate many people, so ICAWA has decided to go to the practitioners.

Nurse of the Year Award

Colleen Lark, Infection Control Nurse at the Osborne Park Hospital, has been awarded Karrinyup Rotary's Nurse of the Year Award. Colleen, who has seven years' experience in surgical and medical nursing, theatre, midwifery and emergency, is the Infection Control Nurse for the Lower North Metropolitan Region. Apart from her demanding infection control role, Colleen convened the State Health and Environmental Conference in March this year. Her other achievements include a Bachelor of Theology degree and she is a foundation member of the Ethics for Nurses Committee (an educational body with a non-denominational status). Colleen is currently Education Officer for ICAWA which involves organising educational sessions at bi-monthly meetings.

Congratulations Colleen!



**Gabby Robathan,
Sub-Editor ICAWA
PO Box 674,
Claremont
WA 6010**

Tasmanian State News



On Monday 26 August TICA in co-operation with ROCHE and the Royal Hobart Hospital Acute Care Programme, presented a special lecture on CJD Registry, Diagnosis and Treatment. Our presenter was Dr Stephen Collins, whom we can strongly recommend. The lunch time lecture was attended by a very good cross section of neuroscience specialists, medical students, nurses and administrators. The organisers, Cynthia Bryce and Pam Sykes, are warmly congratulated by their colleagues. Cynthia has provided the following report:

Dr Collins is the co-ordinator of the National CJD (Creutzfeldt-Jakob Disease) Registry in Australia.

This Registry is located at Melbourne University and has been established to collect and analyse all cases of CJD in Australia. This unit collaborates internationally.

Dr Collins discussed the various forms of transmissible spongiform encephalopathies and in particular the conformational changes the normal host prion protein undergoes and switches on to prion scrapie protein, the so-called 'infectious' protein. This protein accumulates particularly in the brain and neural tissue causing the clinical signs of progressive dementia and other debilitating symptoms.

While sporadic cases remain static at approximately one in one million cases worldwide, iatrogenic cases have increased with time since the 1980s.

In Australia the current situation is: iatrogenic via Dura mater (2); iatrogenic via Gonadotrophin (4); iatrogenic via Growth Hormone (one possible); iatrogenic total (7).

Diagnostic tests remain difficult to interpret with brain biopsy the only absolute laboratory confirmation.

Particular bands noticed on CSF can be of assistance, with a characteristic pattern sometimes detected on EEG.

Decontamination procedures were discussed, along the lines of the recent NH&MRC guidelines (December 1995).

The situation of Bovine Spongiform Encephalopathy was also discussed, together with other animal encephalopathies. The spectrum unfolding in Great Britain and Europe is of international interest.

TICA in 1996 is changing. We have made a cordial separation from the ANF Tasmanian Branch, with whom we have been an interest group since inception. ANF have given much needed financial and secretarial assistance over the years, and we look forward to our new relationship. No longer an interest group of ANF, we can expand our membership to non ANF members. TICA intends to offer educational opportunities and publicise the excellent national publication, to increase our membership. Under consideration is the formation of an incorporated association, undertaking a longitudinal study on infection control culture in Tasmania, and resuming our State Conference programme 10 October 1997.

Membership/conference/other enquiries: contact us on 0419 560 712, or write to the Membership Secretary, PO Box 656 Moonah 7009.

Brief

- The teaching hospitals are working on the revision of the IV protocol, which we would expect TICA to endorse in the near future.
- The first edition of our State newsletter for publication September 1996, articles to Mary Bates, c/o Launceston General Hospital please.

Forthcoming Meetings: 1996 General Meeting: Launceston, October 8 (9.45); Strategic Planning 1997: Ross, November 12 (9.45); Christmas Meeting: Jen's House, December 10 (10.30).



Northern Territory State News



National Clinical Indicators – What do these measurements really tell us? And what should they be used for?

As part of the National Health Strategy, States and Territory Governments, through the forum of the Australian Health Ministers' Conference have agreed to actively participate in the development and implementation of health outcome indicators and measures.

Of the five quality indicators initially selected, three are directly related to infection surveillance. These are rates for wound infections occurring in clean and contaminated surgery, and hospital acquired bacteraemia. The definitions for these three indicators are almost the same as those developed by ACHS, however there are slight but significant changes which need consideration. ACHS for their clinical indicators determined a **threshold range** based on hospital bed numbers for performance evaluation. The National Health Strategy project, on the other hand, intends to focus on **benchmarking** which is described as being a process of assessing how well an organisation is doing in comparison with its industry peers and analysis of how to ensure that the organisation achieves best performance/ best practice. To be really valid and meaningful, benchmarking must only be used to compare "apples with apples". This means that service variations caused by population base, facility location, size and complexity of function, as well as methods of surveillance must be matched. Is this possible? Whether it is will probably never be known as we are informed that benchmarking at a national level will allow hospitals across the country to be compared according to their **case mix profiles**, which does not take into account any of the variables I have listed above.

Leaving aside the problems of comparing different hospitals of different sizes, location and population

base, consider the issue of "inter-rater-reliability" in basic data collection and the very different interpretations which can be placed on definitions. For example, in the National Clinical indicator definitions, **surgery** is defined as including those therapeutic procedures for which there is a visible incision; and **clean operations** are defined as those performed in a sterile field, ie uncontaminated by bacteria. Neither the definitions for wound classification, or the additional criteria provided, limits an operation to having been performed in a designated operating theatre. If no such limiting statement is made, does this mean that patients having a range of minor ward procedures, such as a cutdown for vascular access, are to be included. This question has been raised by a clinician reviewing the national clinical indicator definitions and our application of them. As an ex-theatre nurse, I have always considered that operations are only performed in operating theatres but this may not be the perception of others. This example highlights the need for clear, unequivocal definitions to be agreed, and the data collection methodology to be specified before any attempt is made to use the results for benchmarking.

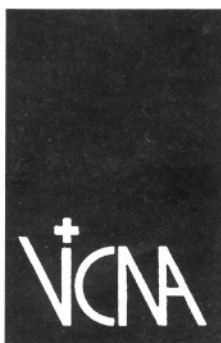
What is the purpose of benchmarking as opposed to having pre-determined thresholds? If, at some time in the future, funding for public hospitals was to be linked to their clinical (quality) indicator performance, hospitals with good surveillance systems and data collection techniques may well be penalised for having achieved more accurate and reliable reporting of infections, while those with less reliable surveillance, reporting pseudo-low rates could end up being rewarded by gaining better funding. It could be argued that they need the extra funding to improve their outcomes but if they don't know they have a problem, the extra dollars will not be spent on better infection surveillance.

I am a strong supporter of data collection. I have always been of the view that if you don't know you have a problem, you can't fix it. Concurrent data collection allows problems to be recognised as they occur, corrective action can then be implemented immediately, and the outcome measured as an ongoing process of continuous quality improvement or, at the least, attainment of realistic thresholds.

While the clinical indicators were a proposal put forward by ACHS for motivating continuous quality improvement and the attainment of acceptable clinical standards, I accepted the definitions without too much critical analysis. However, when the outcomes of applying these definitions are too be used for benchmarking with other hospitals on a case mix profile, I suggest they need to be looked at more critically, especially the definition for hospital acquired bacteraemia.

In theory benchmarking may seem like a good idea but I would suggest that a very low infection rate may well indicate poor surveillance rather than good clinical performance.

Anne Arthur
NT Sub-Editor



Victorian State News



National Conference

The venue for the National Conference is now the World Congress Centre. The Centre will comfortably accommodate the number of delegates expected and it is also quite central.

The dates for the conference are now 7-9 May 1997.

See advertisement in this issue.

Note: This is a change from the dates published in the AICA journal of September 1996.

Infection Control Audit

The Annual State Conference was held on 16 and 17 September, at the Hilton on the Park Hotel.

There were five sessions over one and a half days and despite the conference being on a Monday and Tuesday over 140 delegates attended.

The Conference was opened by Ms H Sellers, Secretary of the Victorian Branch of the Australian Nurses Federation. Ms Sellers spoke on issues related to the role of the Clinical Nurse Consultant.

A wide range of topics was addressed by speakers from several disciplines including a good representation from the nursing profession.

All aspects of Infection Control practice seem to have been covered.

Topics covered included those relating to policy formulation, the impact of legislative directions and education strategies. Clinical practice including wound care was mentioned and well illustrated with appropriate case presentations. 'Best practice for infection control in office based practice' added another dimension to the many facets of infection control.

Much appreciated was at most instructive and entertaining presentation: 'The Art of Recycling'.

Standing Committee on Infection Control (SCIC)

VICNA is represented on this committee by a member of the Executive Committee; at present by the President, Bronwyn Holbeche.

Issues currently before the Committee:

VRE

In August 1996 the Committee released guidelines for the "Management of a patient with confirmed Vancomycin Resistant Enterococcus (VRE) Infection/Colonisation". "In response to a number of requests from various institutions, the Committee has formulated additional guidelines on isolation, cleaning and decontamination of equipment and

terminal cleaning of the patient's room".

All hospitals are requested to develop contingency plans for the management of such patients. It is suggested that 'Standard Precautions' are not adequate for the control of spread of these organisms and any contingency plan should take account of this. These guidelines for the cleaning and terminal disinfection are most comprehensive.

Recommendations on the use of Vancomycin are currently being prepared by the Antibiotics Working Party of the NH&MRS.

Other issues being considered by SCIC are:

- drug therapy for Health Care Workers following exposure to blood or body fluids;
- isolation requirements for various diseases.

The conference was a great success and the changed venue was very popular with delegates and the trade. Twenty-three companies were represented at this conference and the program was structured to allow ample time for delegates to visit displays.

The organising committee is to be commended.



South Australia State News



Epi Info Workshop

Epi Info is a very useful computer program for assisting with the collection, storage and analysis of data. The beauty of this program is that it is a public domain program so there is no major financial outlay required.

Whilst it is mainly known for its use related to epidemiology, it can also be

used for collation and analysis of any survey that the user wishes to set up on the built in word processor.

Due to increasing interest amongst Infection Control Practitioners in South Australia, a workshop was set up in October to provide hands on experience with using the program and utilising its features more efficiently.

Ron Somers was the excellent facilitator who provided a comprehensive overview of how Epi Info works. Even those with limited computer experience were able to work their way through the instructions and to their

Continued on page 38

surprise, produced a questionnaire, entered data and successfully performed many analysis functions. More experienced users were able to fine-tune their knowledge in order to reap greater benefits in future use.

The best feature about this workshop was being part of a smallish group (12) with all participants having an on-screen display to work with.

This is the second workshop of this nature that has been run in South Australia and I'm sure that as word spreads there will be a demand for more.

Infection Control in Office Practice

South Australian Infection Control Practitioners have run their third seminar for healthcare workers involved in office practice. Again there was a great attendance from surgeons, podiatrists, nursing staff and dentists.

Pole Position!

As those who know a little about Grand Prix's, pole position is rather important. One might say there is an advantage in it.

A local hospital who use a well known brand of needleless system encountered a small hiccup that may give you a chuckle.

Four clients all having a normal saline infusion, had their IVTs unplugged whilst they went for showers. This of course is a very convenient feature of this needleless system. Meanwhile enter the cleaner. This cleaner was better than a white tornado and moved everything in the room to one side while she polished that room until it shone.

The four clients returned to find a sparkling environment with their IV poles neatly located in one corner. The trouble was that as the infusions had no names or identifying features such as the original pole position, nobody knew which infusion was theirs. In this case pole position was a crucial factor!

Perhaps in future we will find infusion bags named in this hospital.

Alison Grierson

Infection Control Associations of South Australia Seminars

The Infection Control Association of South Australia (ICASA) has in the past twelve months presented three seminars for office practice personnel specifically aimed at preparing their office practice for the Australian Medical & Dental Associations (AMADA) program. These requests have increased as office principals looked at quality

management and infection control within their practice. Office practice staff may be registered or enrolled nurses, dental assistants, practice managers and reception or clerical staff. The opportunities for these workers to update their infection control knowledge has been limited in the past so our aim was to make these sessions as accessible as possible. The seminars were held in the evening which meant the office working day would not be affected, and also allowed for more than one member of the practice to attend. We encouraged office principals to attend, and there were representatives from the armed forces, public dental clinics, and podiatry.

The first seminar was held in the central city area, at the Wakefield Hospital Auditorium. We were overwhelmed by the response for this seminar, and an analysis of the evaluations supported planning repeat sessions at outer metropolitan venues. The second seminar was held in the north eastern suburbs of Adelaide at the Modbury Education Centre adjacent to the hospital complex. Our third and most successful of the seminar was held in the southern districts at the Flinders Medical Centre. We found that using a venue adjacent to a hospital or on the hospital campus had several advantages, and an 'on-site' infection control practitioner proved to be the main one. 'Known location', economical cost, equipment availability, and size of lecture theatres were other considerations and advantages. Several trades have supported these evenings by way of providing small trade displays of Infection Control related products complying with standards and policy. ICASA is appreciative of the support given by our trade colleagues and the delegates showed great interest by their attendance at the displays.

Commencing at 5.30pm meant that many attendees would have come straight from work and would need some refreshment prior to the start of the evening and so a light supper was served in the trade display area.

The seminar was advertised by circulating a one page flier through laboratory courier services, professional association newsletters, and trade representative travellers. A sub-committee of volunteer members undertook the planning and subsequent arrangements. It was always the planning committees' intention that the evening's cost be kept to a minimum. The monies and documentation was all directed through out existing association structure, with the exception of

secretarial duties which were undertaken by a sub-committee appointed secretary (Caroline Walker SAHC) and some printing which was outsourced.

The program consisted of ten-minute presentations. Meredith Ochota (AMADA and Flinders Medical Centre) and Marg Annells (AMADA) gave an overview of the AMADA certification process and the documentation required in an office practice.

Jenny Wallace (Memorial Hospital) and Chris Hunt (Ashford Hospital) discussed Occupational Health, Vaccinations needlestick exposure and medication storage and dispensing.

Marilyn Leaver (Wakefield St, Hospital) covered the clinical environment (cleaning, chemicals, work surfaces, work flow). Linda McCaskill (Queen Elizabeth Hospital) and Paulina May (St Andrews Hospital) addressed Australian Standard 4187 in office practice, instrument decontamination, packaging sterilising and sterile stock storage. Denys Smith (Industrial Testing Services) and Brett Brenz (Atherton's) discussed the sterilising process, steriliser care, maintenance and validation as well as the implications of the updated standard for bench top sterilisers.

The evening concluded with Alison Grierson (Lyell McEwin Hospital) giving a lively presentation about waste and linen. ICASA President, Jacqui McLean was instrumental in the preparation of the visual equipment and the general overseeing of the program content, remaining prepared to act as a stand-in for any segment. All speakers used computer-generated and photographic slides in their presentations and there were handouts on many subjects, a resource list and contact numbers were also available.

All three seminars have been very well received by those attending. The ICASA members involved in these evenings made short work of the preparation. I sincerely thank them for their commitment.

We now have a practical, concise and adaptable presentation of Infection Control in a variety of practice settings. In November 1996, a mini intrepid group of Infection Controllers and trade members will travel to the North West Region - Port Augusta, to participate in a Saturday seminar for our remote colleagues. We have also received a request from the river land for a similar session.

**Jude Bail (SA Dental Service)
Seminar Convener**