

Minutes Working group meeting Surveillance of blood stream infections in Belgian hospitals ('SEP')

Date	June 24, 2015
Place	WIV-ISP
Present	Bonte Julie (CHU Brugmann), Cherifi Soraya (CHU Brugmann), De Geest Ilse (UZ Leuven) De Mars Hinde (UZBrussel), Depotter Sara (AZ St Lucas, Gent), De vleeshouwer Catheline (Bordet), Gerard Michèle (CHU ST Pierre), Goovaerts Emile (UZA), Heyneman Bea (AZ St Jan Brugge), Janiczek Jean (CHU Charleroi), Manderyck Greet (AZ St Lucas Brugge), Metango Albertine (CHU Brugmann), Nmanga Marie (Valida), Simon Anne (UCL), Van Rossom Paul (AZ Klina), Vandecandelaere Patricia (Jan Yperman Ieper), Verbraeken Nicole (UZBrussel), Velghe Yves (CHU Brugmann) Lambert Marie-Laurence, Catry Boudewijn, Hammami Naïma, Cristina Valencia Temporary during the feedback module discussion: Benaud Etienne
Excused	Boelens Jerina, Demaiter Guido, De Vlaminck Annick, Dewaegemaeker Pascal, Famerée Dominique, Gordts Bart, Milas Sandrine, Moonens Françoise, Surmont Ignace, Van den Abeele Annemarie, Van den Driesshe Natalie, de Moreau Anne-Isabelle, Byl Baudouin, Janssen Hilde,

Objectives of the meeting :

- To present preliminary results from annual report 2000-2014
- To discuss on changes to the SEP protocol and the data collection tool (preparation for health data)
- To present research projects

Decisions made :

TOPIC	DECISION MADE AND ACTIONS
<u>CHANGES IN PROTOCOL</u>	
Integrate mucosal barrier injury laboratory confirmed blood stream infection (MBI LCBI) in SEP protocol	The MBI LCBI will be inserted in the protocol 2016 and in the registration form as a separate new origin ('MBI-LCBI') . The definition including the criteria (the CDC definition) will be integrated in the protocol and as a footnote in the registration form.
Antimicrobial resistance (AMR): harmonize phenotype markers in SEP surveillance with those from EARS-net	Opposite views have been expressed: 1) Remove all AMR data from the SEP module as these are time-consuming, only useful at national level, and available elsewhere (EARS-net, MRSA surveillance) and 2) Include all AMR in line with EARS-net to increase the number of hospitals contributing data at national level. Decision is to wait until new health data platform is developed to assess technical feasibility of combining AMR data collection to meet both EARS-net and SEP objectives.
Estimation of central line days (CLD) via sampling in ICU	The results of the research project on estimation of CLD in ICU in Belgium were presented. The decision rules for sampling (once a week,

	three times a month, etc.) based on the number of CLD in the ICUs will be integrated in the protocol (section Denominator, counting central line days in ICU)
Usefulness of denominator data at ward level (admissions, patient days, CLD)	No changes (keep optional). Useful for hand hygiene for calculation of consumption of hydro-alcoholic solution.
Need of conceptualization of 'audit module' for measurement of compliance with guidelines around procedures at insertion and maintenance of a central line . Role of WIV-ISP?	No need. These guidelines are available (France, CDC) and can be used by hospitals. Other instances (e.g. Patient Safety) could take the lead.
<u>FEEDBACKS IN REGISTRATION TOOL</u>	
Useful in the current options	SEP per service, per origin and device association
Other requests	To be discussed with health data: <ol style="list-style-type: none"> 1. Option to add all the ICUs together, but keeping also option to have data on separate ICU's 2. Association invasive device and causal germ 3. Various display issues (e.g. include the numerator and denominator data for the ICU's in the calculation of incidence per service (to discuss with Sylvanus)).
Useful in real time	Keep N SEP/ward (and in hospital) per month in real time To be discussed with health data: Add central line associated SEP/service in real time
Other remarks	To be discussed with health data: We need to improve the display of results: the presentation in tables and graphs need to be improved, so that they can be directly used in the presentations at hospital level
<u>RESEARCH PROJECT</u>	
Presentation on the international survey for assessment of prevention measures of central associated infections, launched on June 12 th 2015.	This survey is intended for doctors and nurses working in the ICU. The survey is online since June 12th 2015 and will be available till end of October. Given the international scope of this project, priority has been given to dissemination via international ICU societies. Country-specific dissemination plans are now developed. For Belgium, apart from ICU societies this includes informing IPC doctors and nurses so that they can inform their own ICU staff. We will include a link to the survey in our mailing to the infection control practitioners (team hospital hygiene), to inform them about this survey. They could motivate their ICU doctor(s), nurses to participate to this survey.
<u>GENERAL</u>	
Annual report will be published in July 2015 and	Accepted.

in English with elaborated executive summary in French and Dutch (4-5 pages)	
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Planning & Summary :

- 1. The addition of 1/ MBI-LCBI (based on CDC definition 2013) and 2/ the rules for sampling for estimation of CLD at ICU, will be integrated in the protocol and registration form 2016. In order to apply the same protocol for a full year, we will implement the revised protocol and data to be collected from January 2016 onwards (NH needs to check with ICT if this is feasible deadline).**
- 2. The requests for changes in analysis will be useful for the future discussions with health data.**
- 3. The English SEP report should be online by the end of July 2015.**