

# Don't make a hack of your HACs (Hospital Acquired Complications)



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## Background

Health care associated infection (HAI) data has been collected by Infection Prevention (IPC) staff at Bowral & District Hospital since 1998, with all HAI infections (BSI, SSI, UTI, MRO, HAI Respiratory infections) entered into Incident Management System (IMS) from 2017 onwards.

Hospital Acquired complications (HAC) data collected by clinical coders were added in 2019.

All these cases were entered in the IMS system and classified by notifier, but it was found on review not all HACs were True cases according to international HAI criteria (only 98 out of 135 cases were true cases).

There was also a disconnect between cases identified, improvement action recommended in IMS and improvements implemented in units

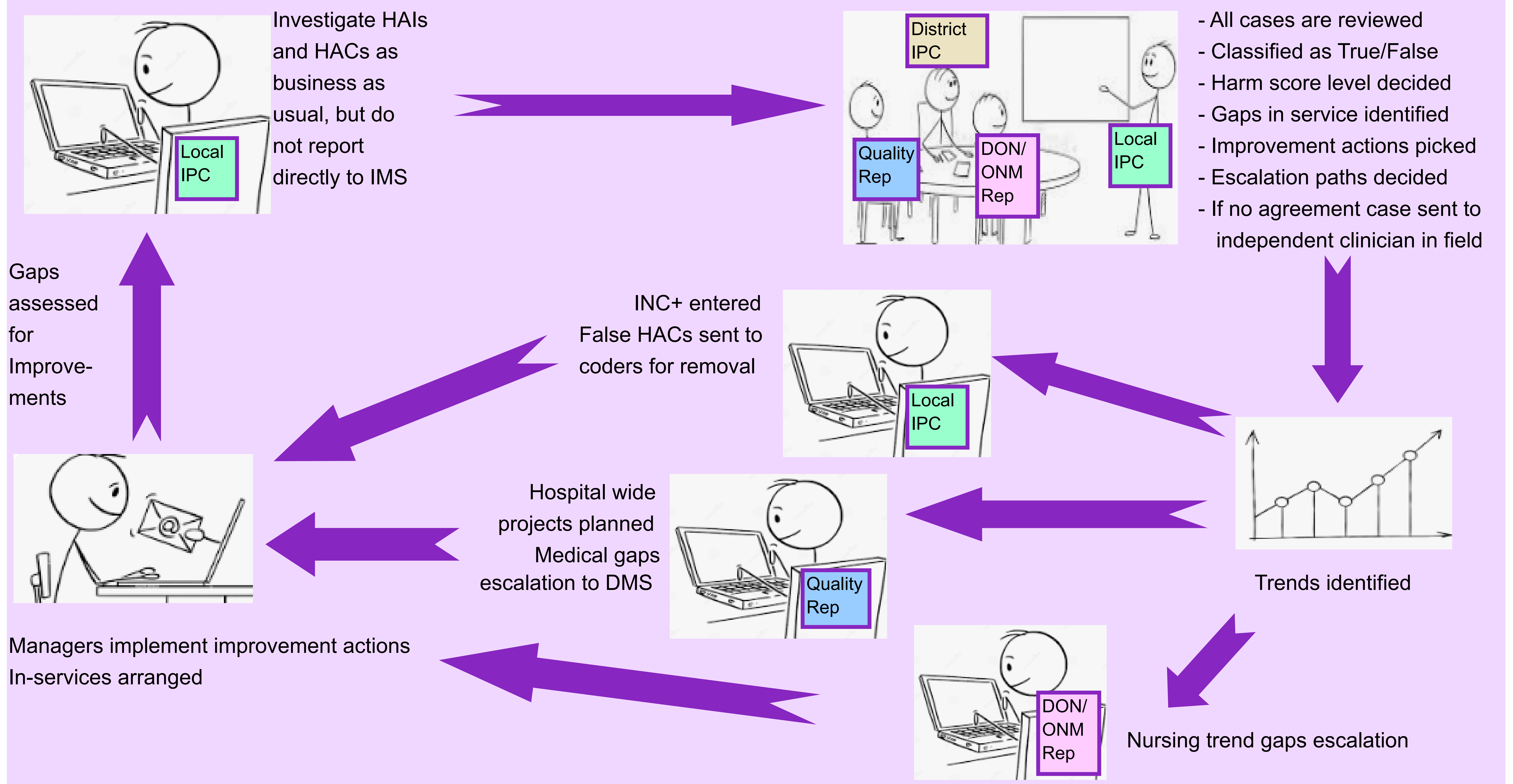
## What is the problem?

- Not all HAC cases were true cases
- HAC and HAI cases were entered into IMS system with harm score classified according to the dropdown menu, not preventable factors
- Harm scores were modified later without clinician review, causing improvement actions to be considered less important and causing queries from district reviewers
- Incidents were managed individually, by individual managers, without identifying trends

## Aim

- To reduce number of false HACs reported
- To ensure correct harm score is allocated to each case based on preventable factors
- To prevent already confirmed current harm score change later
- To reduce the number of severe harm causing HAIs by identifying trends and changing practice facility wide

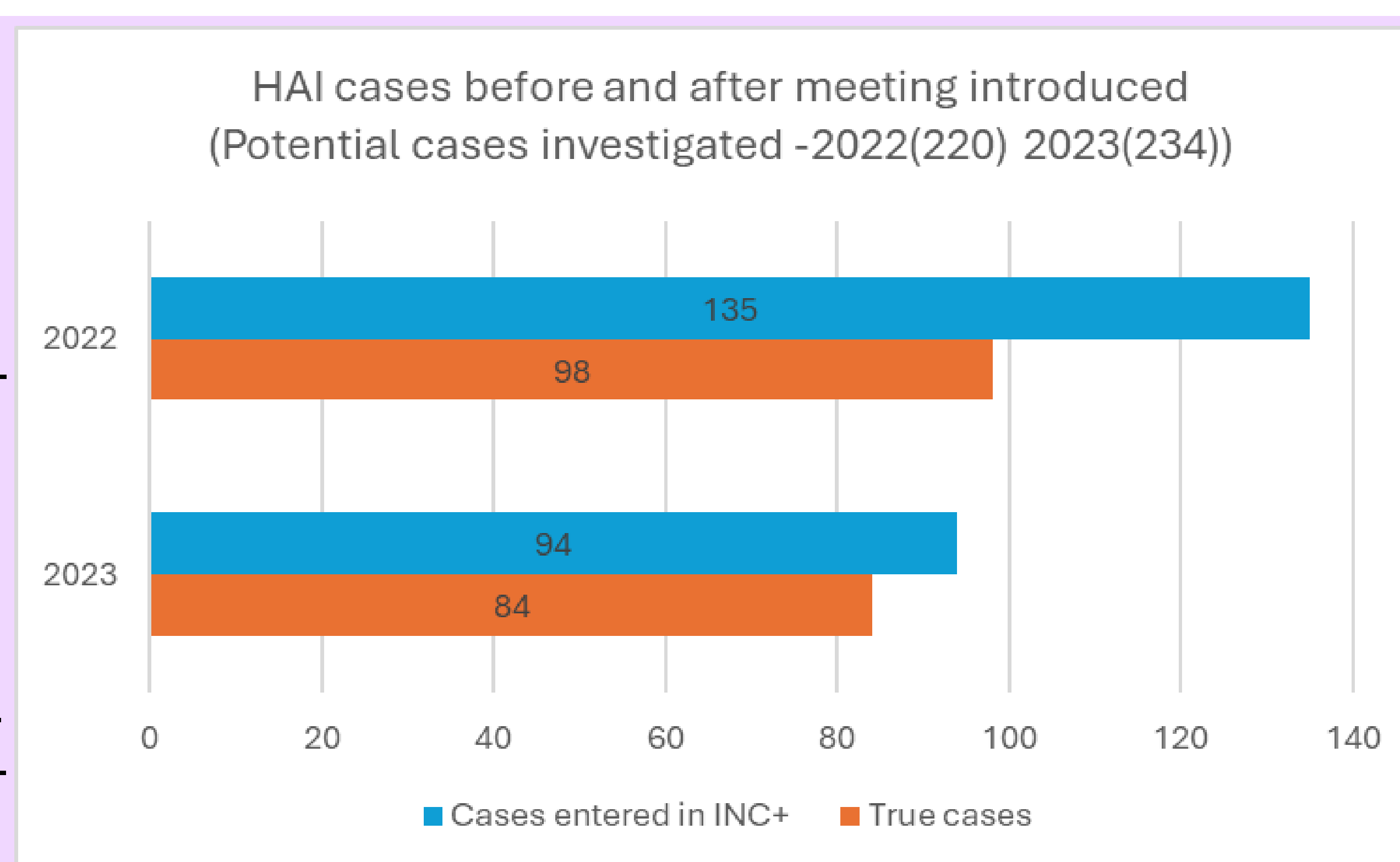
## Methods



## Results

- IMS queries related to harm score level have been reduced to 0
- HAI cases have reduced from 12 harm score 2 and 2 harm score 1 cases identified in 2022 (some disputed) to 4 harm score 2 cases for 2023 (none disputed).
- All gaps identified as contributing to HAIs have decreased in volume and severity
- See figure 1 for case comparison before and after the meeting was implemented

Figure 1



## Conclusion

- The monthly HAI Meeting has improved the accuracy of HAI data entered in IMS
- HAC cases not meeting minimum HAI criteria are being removed from the system improving correctness of HAC data
- Improvement activities being implemented is based on correct data and trends identified in infection prevention gaps
- HAC data does not match HAI data with further investigation finding 65% of HACs does not meet international criteria for a HAI.

## References:

- Clinical Excellence Commission, *Quality Improvement Data System (QIDS)*.
- Prevention, C.f.D.C.a. *International Classification of Diseases, (ICD-10-CM/PCS) Transition – Background*. 2015 November 6, 2015; Available from: [https://www.cdc.gov/nchs/icd/icd10cm\\_pcs\\_background.htm](https://www.cdc.gov/nchs/icd/icd10cm_pcs_background.htm)
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## Disclosure:

No disclosures or conflicts to declare

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