"Interventions targeted at reducing the HA-SAB rate, such as bundles of care for insertion and maintenance of vascular access devices and skin and nasal decolonisation of staphylococci prior to surgery, are urgently required" Roberts et al (2020).

Reference:
Staphylococcus aureus disease is associated with significant morbidity and mortality and of concern, it disproportionately affects Māori and Pacific Peoples. New Zealand has high rates of skin and soft tissue infection caused by S. aureus. Healthcare-associated S. aureus bacteraemia (HA-SAB) accounts for a significant proportion of all S. aureus bacteraemia events. Measurement of HA-SAB has been reported in New Zealand for over 20 years but it has not been linked to quality improvement interventions to reduce the rate. It has been used as an outcome measure for the Hand Hygiene New Zealand programme; however, a recent review of submitted data questioned the accuracy of it. This has been addressed. National programmes such as the Health Quality & Safety Commissions Hand Hygiene New Zealand and the Surgical Site Infection Improvement programme have led to reduced harm from healthcare-associated infections. Interventions targeted at reducing the HA-SAB rate, such as bundles of care for insertion and maintenance of vascular access devices and skin and nasal decolonisation of staphylococci prior to surgery, are urgently required.

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