



HOSPITAL EPIDEMIOLOGY AND
INFECTION CONTROL:
**INFECTIOUS DISEASE
SURVEILLANCE**

POLICY 8.2
Issued: 5/07
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Office of Origin: Department of Hospital Epidemiology and Infection Control (HEIC)

I. PURPOSE

To ensure continuous data acquisition, analysis and reporting of healthcare-associated infections (HAI) that is standardized and comparable to large databases, such as the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN), Vermont-Oxford Network (VON), National Quality Forum (NQF), and others, and against facility- or department-specific historic data; to identify and mitigate risk factors related to HAI based upon populations served, services provided, equipment used, regulations or guidance recommendations.

II. PROCEDURES

HEIC develops an annual Infection Control Risk Assessment and Surveillance Plan for review and approval through the committee process beginning with the Infection Control Committee and upward to the Chancellor. Standardized definitions and criteria are used for data derivation.

A. Definitions

Infection criteria are the current NHSN surveillance criteria <http://www.cdc.gov/nhsn/>

B. Rationale

Surveillance provides a process for monitoring specific outcomes of patient care delivery related to infection risk factors and infection prevention/control activities. It provides baseline and trend data for use in problem identification and monitoring and for assessment of outcomes related to interventions. It assists in targeting intervention and identifying educational needs.

C. Patient Populations include but are not limited to:

- a. Inpatient
- b. Outpatient
- c. Students, Staff, Faculty, Volunteers

D. Methods for Reporting and Follow-up

- a. The goal of reporting and follow-up is to identify improvement opportunities and implement interventions to reduce infection-related outcomes.
- b. Surveillance reporting is an ongoing component of the Infection Control Committee Agenda, with summary reports made to Quality Improvement Executive Board, Executive Medical Board, and the Chancellor as requested.
- c. Reports are made to the appropriate unit, department, service, or committee in a timely manner by Infection Control or through the Department of Quality for Medical Staff issues as appropriate.
- d. When possible, rates and/or Standardized Infection Ratio (SIR) will be used when reporting data. Denominators will vary based on appropriateness and availability (e.g. admissions, discharges, patient days, procedures, device days, at-risk days).

E. Data Collection Sources may include, but are not limited to:

- a. Microbiology Laboratory reports
- b. Patient records
- c. Pathology reports
- d. Pharmacy

- e. Existing databases—patient focused (includes demographics, admit/discharge dates and diagnoses, laboratory, radiology, surgical procedure, and clinic visit data).
- f. Unit specific data, e.g. patient days, device days
- g. Verbal or written reports

F. Quality Control Procedures

- a. Thresholds will be established, when appropriate, and deviation from a threshold will trigger investigation.
- b. Single occurrences of unusual diseases/organisms will trigger investigation
- c. Clusters/outbreak of unusual or routine disease/organisms in any patient or health care worker population will trigger investigation; generally, an outbreak is suspected when healthcare-associated infections (HAI), recovery of specific pathogens, or other adverse events occur above the background rate.
- d. Routine microbiology sampling from patients, staff or environmental surfaces provide limited information, and are collected only after careful consideration in the setting of outbreak or cluster investigation, or as required by law.

III. RESPONSIBILITY

- a. Data collection: HEIC, Occupational Health, unit staff
- b. Data analysis and reporting: HEIC personnel; Occupational Health
- c. Follow-up: HEIC, Infection Control Committee and appropriate unit(s), department(s), service(s), or committee(s).
- d. Health care worker issues are the primary responsibility of Occupational Health. HEIC provides consultation and support

IV. HISTORY OF POLICY

Revised 7/91, 7/92, 10/95, 4/01, 8/03, 9/03, 5/07, 5/10, 06/15, 11/18, 2/19

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