



MERCYHEALTH

Surveillance of Health Care-Associated Infections in the Acute Care Setting

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Planning

Planning is the first step in a strong surveillance program. An annual infection Control risk assessment will include the following elements:

1. Required mandatory reporting elements (e.g., antibiotic-resistant organisms, ventilator-associated pneumonia, epidemiologically-significant infections).
2. Client population served in the acute care setting
3. Scope of services offered
4. The frequency of particular types of infections within the acute care setting
5. High-volume, high risk procedures performed.
6. The impact of the infection and the preventability of the infection
7. Geographic location and community variables presenting risk or support.

Planning, cont'd

- Priority goals are established under the direction of the Manager responsible for Infection Control, based on the annual risk assessment results.
- Goals will be prioritized, but in reality are equally important as a deficit in one goal can create deficiencies in another target goal.

Data Collection/Surveillance Process

Surveillance definitions for healthcare acquired infections developed by the Centers for Disease Control (CDC) and National Healthcare Safety Network (NHSN) are utilized.

Data Collection/Surveillance Process, cont'd

Electronic surveillance tools, laboratory data, case reports, admission data, chart review, and verbal communication are used for data collection purposes.

1. Pulls culture results from EPIC
2. Alerts set to receive results of any positive blood or urine culture regardless of colony count, number of sets or day of hospital stay
3. Reviewed every weekday multiple times and on the weekends
4. This system allows detection of 100% of potential CAUTIs and CLABSIs

Data Collection/Surveillance Tools

Tools used for surveillance:

- SafetySurveillor
- Midas
- Epic
- Nursing concerns
- Incident Reporting System
- Daily IP Rounds

Data Analysis

- Once a potential infection/colonization has been identified, preventive and control measures are instituted in the following situations:
 1. upon evidence or suspicion that an infection/colonization exists
 2. to prevent transfer of an infection from client-to-client, client-to-employee, or employee-to-client

Data Analysis, cont'd

- Priority directed, targeted surveillance approaches will be conducted for specific units or areas, specific client populations, or specific procedures.
- Problem-oriented or outbreak response surveillance, as directed by the committee responsible for Infection Control such as:
 1. clusters of infections above expected level
 2. unusual or epidemiologically-significant healthcare acquired infections

Data Analysis/Evaluation of Cultures- CLABSI & CAUTI

- Charts are flagged with MDROs and implementation of isolation is verified
- Culture & admission dates reviewed for present on admission or possible health-care acquired (HCA) infection
- Potential HCA cases are reviewed using NHSN definitions
- Cases are reviewed using physician and nursing documentation

Ventilator –associated Event Surveillance

- Per NHSN definition at least 4 days of ventilation are necessary
- Patients meeting this criteria are identified by Midas and are automatically assigned to the IPs worklist

Interpretation of the Data-Case Finding is Only the Beginning

- Each case is evaluated in detail looking for opportunities for improvement or educational needs

- Was the documented reason for device use appropriate and supported by documentation?
- Was the device inserted in an appropriate fashion?
- Was appropriate daily care of the device documented?
- Was the specimen collected appropriately?
- Was obtaining a culture appropriate?
- Was there an opportunity to use a device with less risk
 - Condom cath vs. indwelling catheter
 - PICC line vs. triple lumen
- What is the rate of hand hygiene compliance on the unit?

Communication of Results-HCA

Infections are not only the IPs problem

- Tools used to hold staff accountable and improve awareness & practice
 - Harm letters sent to specific caregivers involved in the harm event
 - Unit manager, nursing leadership and quality are notified
 - Case passed onto Magnet committees to review and share findings with staff
 - Sharing “days since” harm events on all units
 - Reporting number of central lines and urinary catheters and how many could be discontinued during daily safety calls
 - PICC teams rounds twice weekly to evaluate central lines sites, intravenous lines and chart documentation
 - Daily Safety Call
 - IP daily rounds include continual education about recent events and prevention techniques.

Communication of Results

- Infection Prevention/Control information is made available through the following:
 - Infection Control policies /posting on Mercy HUB site
 - Use of electronic medical records
 - In-service education
 - On hire and annual computer-based learning
 - Bulletin board postings / newsletters
 - Departmental meetings
 - Departmental policies and procedures
 - E-mails
 - Consultations

Evaluation

- Evaluation and Goals - An annual risk assessment and summary of surveillance data and program activities will be performed.
- Based on this information, measurable priority goals and activities will be identified for the following year.