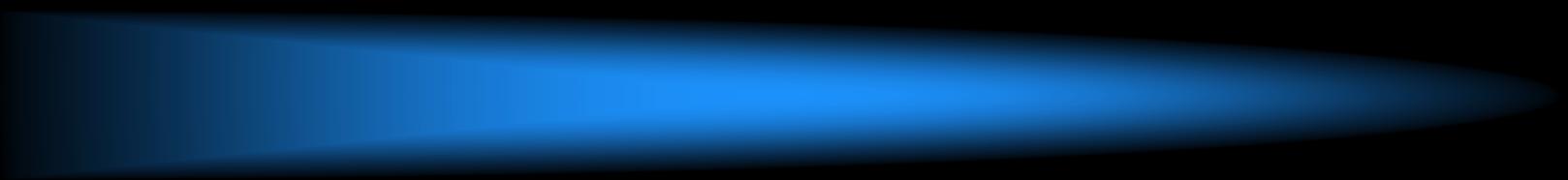


# *Hospital-Acquired Infection Reporting*



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# *Public Health Law 2819*

- **Enacted in July 2005**
- **“Hospital-acquired infection” = any localized or systemic condition that**
  - ◆ **(a) resulted from the presence of an infectious agent(s)/toxin(s) as determined by clinical examination or by lab testing; and**
  - ◆ **(b) was not found to be present or incubating at admission unless related to a previous admission to the same setting**
- **General hospitals must have programs for identifying and tracking HAI for reporting purposes under this law and also for quality improvement**

# *Legislative Requirements – NYSDOH Responsibilities*

- **Establish guidelines, definitions, criteria, standards and coding for hospital identification, tracking and reporting of HAIs;**
  - ◆ **Consistent with NHSN or other recognized center of expertise**
- **Establish data collection and analytical methodologies that meet accepted standards for validity and reliability**
- **Initially require reporting of central line associated blood stream infections and surgical site infections associated with critical care units**
- **Subsequently, may require tracking and reporting of other HAIs in consultation with technical advisors**

# ***NYSDOH Responsibilities***

- **Report annually to governor, legislature & the public (on the web)**
  - ◆ **Pilot project and data (Year 1 – hospitals de-identified)**
  - ◆ **Annually thereafter, hospital risk-adjusted rates**
  - ◆ **Quality improvement efforts**
- **Audit hospitals for completeness and accuracy of reporting**
- **Department may award grants (if funding is made available)**

# *Timeline and Progress To Date*

- **7/1/06–DOH must have a reporting system**
  - ◆ NYS designated the National Healthcare Safety Network for reporting
- **1/1/07-Hospitals must begin collecting data for reporting**
  - ◆ Nine training sessions were held throughout the state between August and November 2006
  - ◆ Attended by all but three hospitals required to report
  - ◆ GNYHA videotaped presentations which are available statewide
- **1/1/07-12/31/07- Pilot Year**
- **May 2008 – legislative requirements**
  - ◆ DOH will publish report but will not identify hospitals
  - ◆ Only DOH will know the identity of hospitals

# *Reporting System*

- **CDC's National Healthcare Safety Network (NHSN) – Why?**
  - ◆ Standard definitions, surveillance, risk adjustment
  - ◆ National benchmarks/comparison data
  - ◆ Healthcare networks cross state lines and can use the system to share data, collaborate in prevention initiatives and evaluate effectiveness
  - ◆ Data is immediately available for hospital use
  - ◆ System can be used for all infection surveillance activities, not limited to NYS selected indicators

# *Pilot Year Indicators*

- **Selected in conjunction with technical advisors**
  - ◆ **Central-line associated blood stream infections in ICUs**
  - ◆ **Surgical Site Infections – Which Procedures ?**
    - **Frequency**
    - **Severity**
    - **Preventability**
    - **Likelihood that they can be detected and reported accurately**
      - **Cardiac**
      - **Colon**

# *Goal: Eliminate Duplication in Reporting*

- NYPORTS Surgical Site Infection Reporting Letter – January 2007
  - ◆ 808 no longer reportable
  - ◆ Deaths related to a surgical site infection are still reportable (900 codes)
- Cardiac Database
  - ◆ Cardiac Advisory Committee
    - Recommended evaluation during pilot year
    - HAI Program with conduct and report on findings

# *Evaluation of Resources*

- Infection Control Resources Survey 2007
  - ◆ <https://commerce.health.state.ny.us/doh3/applinks/hospcap/BuildMenu>
  - ◆ Intensity of surveillance
  - ◆ Other duties and responsibilities for infection control professionals
  - ◆ Consider for possible public reporting
- Repeat in future
  - ◆ Monitor trends and potential impact on infection control

# *Audit and Validation*

## *Medical Record Review start June 2007*

- Selection of records
  - ◆ Cases to ensure accurate documentation
  - ◆ Controls to determine if infections are missed or underreported
  - ◆ Controls to identify risk factors
  - ◆ Controls to evaluate potential prevention measures
- Apply the definitions
  - ◆ Evaluate for possible misclassification
  - ◆ Determine if there are problems in applying the definitions
  - ◆ Determine if there are systematic issues with the definitions
  - ◆ Purpose: to provide clarification and/or consider revisions

# *Integrated Case/Control Study*

- Purpose

- ◆ Improve risk adjustment, if necessary
- ◆ Determine factors associated with infection
- ◆ Assess for possible prevention strategies  
“Why are matched control patients not developing infections?”

# ***NYSDOH Goals and Objectives***

- **Develop and implement meaningful and useful HAI reporting system for the Public, Hospital, and Department**
- **The ultimate goal is the prevention of the HAI indicators selected.**
- **The system will be used to evaluate potential interventions, risk factors, and risk adjustment strategies for those factors that are not amenable to change.**
- **The NYSDOH may, in the future, consider supporting regional research efforts in the area of infection prevention and control.**
- **The HAI reporting system will be used to evaluate impact of quality initiatives.**