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Proposed changes to 2018 New York State hospital-acquired infection reporting requirements

The New York State (NYS) Department of Health (Department) requires that hospitals report certain hospital-acquired infections using CDC's National Healthcare Safety Network (NHSN). In 2017, hospitals are required to report central line-associated bloodstream infections (CLABSIs) in intensive care units, medical/surgical wards, and step-down units; surgical site infections following colon, hip replacement, coronary artery bypass graft, and abdominal hysterectomy procedures; *Clostridium difficile* infections; and carbapenem-resistant Enterobacteriaceae infections. The Department is proposing the following two expansions to the reporting requirements beginning July 2018.

1. Expand mandated reporting of central line-associated bloodstream infections (CLABSIs) to include Oncology units and Mixed-acuity units.

The data would be reported to the National Healthcare Safety Network (NHSN) using the following location names:

For Oncology:

IN:ACUTE:WARD:ONC_LEUK - Oncology Leukemia Ward
IN:ACUTE:WARD:ONC_LYMPH - Oncology Lymphoma Ward
IN:ACUTE:WARD:ONC_LL - Oncology Leukemia/Lymphoma Ward
IN:ACUTE:WARD:ONC_ST - Oncology Solid Tumor Ward
IN:ACUTE:WARD:ONC_HSCT - Oncology Hematopoietic Stem Cell Transplant Ward
IN:ACUTE:WARD:ONC_HONC - Oncology General Hematology/Oncology Ward
IN:ACUTE:WARD:ONC_HSCT_PED - Oncology Pediatric Hematopoietic Stem Cell Transplant Ward
IN:ACUTE:WARD:ONC_HONC_PED - Oncology Pediatric General Hematology/Oncology Ward
IN:ACUTE:WARD:STEP:ONC - Oncology Step Down Unit

For Mixed Acuity:

IN:ACUTE:MIXED:ALL_ADULT - Adult Mixed Acuity Unit
IN:ACUTE:MIXED:ALL_PEDS - Pediatric Mixed Acuity Unit
IN:ACUTE:MIXED:ALL - Mixed Age Mixed Acuity Unit
IN:ACUTE:MIXED:ONC - Oncology Mixed Acuity Unit

The two designated cancer hospitals in NYS are currently reporting all CLABSIs as part of the PPS-Exempt Cancer Hospitals Quality Reporting (PCHQR) Program, which has required reporting of CLABSIs on all bedded inpatient locations since 2013. The proposal to include oncology units that are maintained in all hospitals will allow for consistent reporting in this

important patient population that is at high risk for CLABSIs. Mixed Acuity units include patients whose conditions are at varying levels of acuity and may be followed by different services in the hospital. These units may hold patients at varying risk for CLABSI, so it may be more difficult to interpret differences in CLABSI rates in this location type; however, it is important to conduct surveillance in these areas because they may hold patients requiring intensive care and at high risk for CLABSIs. Monitoring CLABSIs in all hospital inpatient locations is supported by the National Quality Forum (CLABSI measure 0139).

Expanding CLABSI surveillance is important to decrease morbidity and mortality associated with these preventable infections. Evidence-based central line insertion and maintenance practices to reduce the risk of CLABSIs are applicable to central line use across hospital locations. Standardized surveillance allows hospitals to track their progress over time and compared to other facilities.

2. Expand mandated reporting of surgical site infections (SSIs) to include spinal fusions.

Currently in NYS, hospitals are mandated to report procedures from the following surgical specialties: Cardiac (coronary artery bypass), Orthopedic (hip replacements), Gastrointestinal/General (colon), and Gynecology (abdominal hysterectomy). To broaden the surgical subspecialties and personnel involved in reporting, the Department, following discussion with our Technical Advisory Workgroup, proposes to require surveillance of SSIs following spinal fusion surgery. Spinal fusions are performed predominantly by Neurosurgeons. Approximately 27,000 spinal fusions are performed by 120 NYS hospitals each year, and the National 2015 spinal fusion SSI rate was 7 out of every 1000 procedures.¹ Spinal fusion SSIs can be devastating, requiring surgical debridement, prolonged antibiotic use, and potential long-term disability.² Mandatory reporting of spinal fusion procedures determined by NHSN ICD-10 PCS procedure codes, and resulting surgical site infections (SSI), would follow the NHSN protocol. Several established risk factors for SSI would be collected as part of the standard protocol, including age, diabetes mellitus, obesity, procedure duration, and American Society of Anesthesiologists (ASA) score. CDC guidelines for the prevention of SSIs noted that approximately half of SSIs are deemed preventable using evidence-based strategies.³

Annual NYS HAI reports

(https://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/) continue to show significant variation in risk-adjusted HAI rates across hospitals, indicating opportunities for improvement among the hospitals with the highest rates. To encourage the continued progress of preventing HAIs by NYS hospitals, there will be no change in current mandated reporting indicators. Standardized surveillance for CLABSIs and SSIs allows hospitals to track their progress over time and compare to other hospitals.

Mandatory reporting for the additional CLABSI inpatient units listed above would begin July 1, 2018. Mandatory reporting of the additional procedure (spinal fusions) would also begin July 1, 2018. Data submitted from July-December 2018 would be considered a pilot phase. The purpose of the pilot phase is to ensure the completeness and accuracy of the data being reported into the NHSN database. Hospital-specific data collected during the pilot phase will not be published in

the HAI annual report. The department will provide hospital-specific data to each hospital for that time frame for internal quality improvement purposes. Public reporting of the new hospital-specific data in the HAI annual report will begin with data reported as of January 1, 2019.

For additional information about the NYSDOH HAI Reporting Program, see http://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/

Please email comments to: HAI@health.state.ny.gov or write to: Hospital-Acquired Infection Reporting Program, New York State Department of Health, Corning Tower Room 523, Albany NY, 12237 by April 6, 2018.

Sincerely,



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References:

1. New York State Department of Health. Statewide Planning and Research Cooperative System (SPARCS). Spinal fusion billing data summary, unpublished.
2. Rao SB, Vasquez G, Harrop J, Maltenfort M, et al. Risk Factors for Surgical Site Infections following spinal Fusion Procedures: A Case-Control Study. CID 2011;53:686-691.
3. Berrios-Torres SI, Umscheid CA, Bratzler DW, et al. Centers for Disease Control & Prevention Guideline for the prevention of surgical site infection, 2017. JAMA Surg. 2017;152(8); 784-791.