

**INFECTIOUS DISEASE
SURVEILLANCE****Purpose**

Surveillance of endemic and epidemic healthcare-associated infections (HAI) and risk factors related to those infections in patients and health care workers is an ongoing process. Each year, an assessment of infection risks based upon populations served, services provided, equipment used, regulations or guidance recommendations informs the focus and activities of the Department of Hospital Epidemiology and Infection Control (HEIC). Standardized definitions and methodologies allow comparisons of findings across facilities and against 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. Facility- or department-specific methodologies allow for comparisons over time for those areas with internal longitudinal data to compare over time.

Procedure

The Infection Control Department will develop an annual Infection Control Risk Assessment and Surveillance Plan and Evaluation for review and approval through the committee process beginning with the Infection Control Committee and upward to the Chancellor. Standardized definitions and criteria, developed by acknowledged leaders in the area of interest, or by leaders within the institution, will be used for inclusion/exclusion of cases, infections, compliance elements, and other areas of interest.

1) Definitions

Identification of healthcare- versus community-acquired infection is based upon definitions developed by NHSN, or may be developed as needed by the Infection Control Department in consultation with services or departments, which will be approved by the Infection Control Committee when developed or revised.

2) 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.

3) Patient Populations**a) Inpatient**

- i) Acute care
- ii) Psychiatric

b) Outpatient

- i) Related to prior UCSF inpatient care
- ii) Related to specific outpatient procedures as appropriate
- iii) Diseases and organisms of interest: UCSF/Public Health

c) Students, Staff, Faculty, Volunteers**4) Methods for Reporting and Follow-up**

- a) The goal of reporting and follow-up is to implement interventions to improve 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 Quality Improvement Department for Medical Staff issues as appropriate.
- d) When possible, rates 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).

5) Responsibilities

- a) Data collection: HEIC, Occupational Health, Quality Improvement, unit staff
- b) Data evaluation: HEIC, Hospital Epidemiologist, and 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.

6) Data Collection Methods and Intensity

- a) Microbiology Laboratory reports—comprehensive availability, focused review
- b) Patient records—focused
- c) Pathology reports—focused and periodic
- d) Pharmacy—limited and disease/condition specific
- 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—focused and periodic
- g) Verbal or written reports—limited, focused, and disease/condition specific

7) Quality Control Procedures

- a) Single occurrences of unusual diseases/organisms will trigger investigation
- b) Clusters/outbreak of unusual or routine disease/organisms in any patient or health care worker population will trigger investigation
- c) Routine microbiology sampling on patients, staff or environmental surfaces provide limited information, and are collected only after careful consideration in the setting of outbreak or cluster investigation.
- d) Thresholds will be established, when appropriate, and deviation from a threshold will trigger investigation.

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