
Office of Origin: Department of Hospital Epidemiology and Infection Prevention (HEIP)

I. PURPOSE

To ensure ongoing data acquisition, analysis, and reporting of healthcare-associated infections (HAI) using standardized definitions and surveillance methods such as the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) definitions, in order to use this information to assess and identify HAI risks that can be mitigated by implementation of evidence-based practices. HAI surveillance data is reported to NHSN, the California Department of Public Health, and other quality improvement organizations to satisfy reporting requirements.

II. REFERENCE**III. DEFINITIONS**

- A. NHSN standardized surveillance definitions <http://www.cdc.gov/nhsn/>
- B. HEIP defined hospital onset invasive fungal infection (IFI) surveillance
- C. HEIP defined hospital onset multi-drug resistant organism (MDRO) surveillance
- D. Epidemiologically significant organism surveillance in part guided by Title 17, California Code of Regulations:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>

IV. POLICY

HEIP performs and documents infectious disease surveillance activities to prevent and control healthcare-associated infections in accordance with law and regulation, based on risk assessments, and in accordance with recognized surveillance practices.

V. PROCEDURES

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

- A. 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.
- B. Patient Populations include but are not limited to:
 - 1. Inpatients
 - 2. Ambulatory patients
 - 3. Students, Staff, Faculty, Volunteers

- C. Methods for Reporting and Follow-up
1. The goal of reporting and follow-up is to identify improvement opportunities and implement interventions to reduce infection-related outcomes.
 2. Surveillance reporting is an ongoing component of the Infection Prevention Committee agenda, with summary reports made to Quality Improvement Executive Board, Executive Medical Board, and the Chancellor as requested.
 3. Reports are made to the appropriate unit, department, service, or committee in a timely manner by HEIP or through the Department of Quality and Safety for Medical Staff issues as appropriate.
 4. Data sources are developed to support both internal HEIP and Enterprise Tableau dashboards to communicate outcome and process measures relating to HAI events. This includes the development of a data source and dashboard to track progress towards Standardized Infection Ratio (SIR)-based True North goals.
- D. Surveillance and data sources may include, but are not limited to:
1. Epic ICON “Bugsy” module
 2. Sunquest Microbiology Laboratory results
 3. Epic Apex medical record
 4. Epic Clarity SQL database
 5. HEIP SQL databases (e.g., patient demographics, hospital encounters, patient diagnoses, summary measures (SIR), Sunquest laboratory data, radiology findings (for a subset of patients), surgical procedures etc.).
 6. Verbal or written reports
- E. Quality Control Procedures
1. Thresholds will be established, when appropriate, and deviation from a threshold will trigger investigation.
 2. Single occurrences of unusual diseases/organisms will trigger investigation.
 3. Clusters/outbreaks of infections or organisms among patients or healthcare personnel will trigger investigation; generally, an outbreak is suspected when types of HAIs, recovery of specific pathogens, or other adverse events occur at rates above historical baselines.
 4. Microbiologic surveillance testing of patients, staff, or the environment may be collected based on community data (e.g., relatively high risk of *Candida auris* colonization among patients transferred from specific healthcare settings), in the setting of an outbreak/cluster investigation, or as required by law.

VI. RESPONSIBILITY

- A. Data collection: HEIP, Occupational Health, unit staff.
- B. Data analysis and reporting: HEIP, Occupational Health, Enterprise Information & Analytics.
- C. Follow-up: HEIP, Infection Prevention Committee and appropriate unit(s), department(s), service(s), or committee(s).
- D. Health care worker issues are the primary responsibility of Occupational Health. HEIP provides consultation and support.

VII. 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, 07/24

This guideline is intended for use by UCSF Medical Center staff and personnel and no representations or warranties are made for outside use. Not for outside production or publication without permission. Direct inquiries to the Office of Origin or Medical Center Administration at (415) 353-2733.