

# Guidelines for determining and reporting healthcare-associated infections

## PURPOSE

To assist the Hospital Infection Control Department (ICD) in determining the incidence of healthcare-associated infections (HAI) for all services and wards.

## SCOPE

All health care providers are responsible for reporting any known or suspected HAI and/or all infections which require isolation to the ICD.

## METHOD

Infections may be reported by:

- Completing the Medical Center electronic Patient Safety Report (PSR) (NAVMEDECENPTSVA 6320.62E/REV10/18/2011).
- Telephoning the Infection Control Department and giving the information by phone.
- Directly reporting to the Infection Control Department.
- Send an encrypted e-mail to NMCP – Infection Control group or to one of the Infection Control Nurse Consultants (ICNCs).

## GENERAL GUIDELINES

- Infections present on admission which do not require isolation and clearly are not associated with a previous admission or outpatient procedure need not be reported to the ICD.
- If a question exists about whether a condition meets the criteria of infection or not, the report should be made and determination will be made by the ICNCs.
- If a question exists about whether an infection is community acquired or healthcare-associated, the ICNCs will make the determination.
- When reporting an infection, include the patient's first and last name, their FMP and Social Security number, and type of infection or body site where infection is located.
- The medical staff is responsible for promptly reporting any known or suspected healthcare-associated infection to the Infection Control Department (ICD). Infections may be reported by using the Medical Center PSR form at the following link <https://patientsafety.csd.disa.mil/datix/live/index.php>, or via telephone and/or e-mail. When more than one patient simultaneously exhibits symptoms of an infection or if one or more patients in a particular setting develop clinical sepsis after a medical procedure, medical staff will report these occurrences **IMMEDIATELY** by phone or e-mail to the ICD. If no one is available to take the call or e-mail message, the on-call Infectious Disease physician will be the correct point of contact (POC).

**NOTE:** In the event of a suspected or known multiple patient exposure resulting in a healthcare-associated infection, all disposable and non-disposable equipment/supplies involved in the event will be secured until released by Infection Control in accordance with NAVMEDECENPTSVA INST 6000.2C Safe Medical device Act of 1990.

## HEALTHCARE-ASSOCIATED INFECTIONS

### DEFINITION:

Infections that occur during hospitalization but which were not present or incubating upon hospital

admission are defined as healthcare-associated (formally called nosocomial). Infections with onset after discharge are also considered healthcare-associated if the infecting pathogens were judged to have been acquired during hospitalization. Other infections are designated as community acquired.

#### CATEGORIES OF HEALTHCARE-ASSOCIATED INFECTIONS

- Infections appearing during hospitalization.
- Infections appearing after patient's discharge but which are incubating prior to discharge.
- Infections present on admission or incubating at time of admission which were directly related to or are the residual of a previous admission or outpatient procedure.

#### SOURCES OF HEALTHCARE-ASSOCIATED MICROORGANISMS

- Endogenous infections are those caused by microorganisms already part of the host flora (the normal flora of the skin, nose, oral cavity, GI tract, etc.).
- Exogenous infections are those caused by microorganisms obtained from animate or inanimate sources within the hospital.

#### GENERAL INFORMATION

Naval Medical Center Portsmouth participates in the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) formally the National Nosocomial Infection Surveillance system (NNIS). Surveillance components developed by the NHSN are followed. NNIS was established in 1970 to create a national database of HAI and provides hospitals with risk-adjusted HAI data that can be used for comparison. NHSN (a web-based program) replaced NNIS in 2005. Any infection reported to NHSN must meet the definition of a NHSN nosocomial infection, that is, a localized or systemic condition resulting from adverse reaction to the presence of an infectious agent(s) or its toxin(s). There must be no evidence that the infection was present or incubating at the time of hospital admission. Other important considerations include the following:

- Information used to determine the presence and classification of an infection should be a combination of clinical data and results of laboratory and other tests.
- Clinical evidence may be derived from direct observation of the infection site or review of information in the patient's electronic record.
- Laboratory evidence may include results of cultures, antigen or antibody detection tests, or direct visualization methods.
- Other diagnostic studies may include routine x-rays, ultrasound, CT scan, magnetic resonance imaging (MRI), radiolabel scans, endoscopic procedures, biopsies, or needle aspiration.
- A physician or surgeon diagnosis of infection derived from direct observation during a surgical operation, endoscopic examination, or other diagnostic studies or from clinical judgement is an acceptable criterion for a NHSN infection, unless there is compelling evidence to the contrary (i.e., information written on the wrong patient record, presumptive diagnosis that was not substantiated by subsequent studies).

Infections may be caused by infectious agents from endogenous or exogenous sources.

- Endogenous sources are body sites, such as the skin, nose, mouth, GI tract, or vagina that are normally inhabited by microorganisms.
- Exogenous sources are those external to the patient, such as patient care personnel, visitors, patient care equipment, medical devices, or the hospital environment.

Infections occurring in the following special situations are to be considered healthcare-associated:

- Infections that are acquired in the hospital and become evident after hospital discharge.
- Infections in infants that result from passage through the birth canal (coded as maternally acquired).

Infections occurring as the result of the following special situations are not considered healthcare-associated:

- Infections associated with complications or extensions of infections already present on admission, unless a change in pathogen or symptoms strongly suggests the acquisition of a new infection.
- Infections in infants that have been acquired transplacentally (i.e., herpes simplex, toxoplasmosis, rubella, cytomegalovirus, or syphilis) and become evident  $\leq 48$  hours after birth.

The following conditions are not infectious:

- Colonization, which means the presence of microorganisms on skin, on mucous membranes, in open wounds, or in excretions or secretions but are not causing adverse clinical signs or symptoms.
- Inflammation that results from tissue response to injury or stimulation by noninfectious agents, such as chemicals.

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