



## ***Infection Surveillance Project*** **Procedures for Data Collection**

By definition, *active infection surveillance* is a system of actions completed by an infection control practitioner to obtain the number of infection occurrences in a given population. The following guidelines are required to assist you in achieving this goal and to protect the integrity of our data pool.

1. Each agency must have methods in place to insure **ALL patients** in a given quarter **with a trackable device have been identified**. We require 100% sampling of the patient population. You must use “\*” items and at least one additional method listed below to insure completeness and accuracy of information on the designated population for which you are submitting data.
  - \*A. Staff nurses, care managers, or project supervisors report patients with devices
  - \*B. Refer to previous month or quarter’s list for ongoing patients
  - C. Review all referrals; review all admits by chart audit or by nurse who remembers if device was present
  - D. Review 485's
  - E. HH clerks keep list of all patients with trackable devices while billing supplies, completing typing of 485's, etc.
  - F. Routine chart audit reviews
  - G. Review initial admit information reports/documentation
  - H. Review interim orders for inserted or discontinued trackable devices
  - I. Investigate admission lists to be sure you have ALL patients with trackable devices
  - J. Generate a computer list of patients with trackable devices if agency has that capability
  
2. Each agency must have method to insure you have **identified ALL APPLICABLE INFECTIONS** in a given quarter and have validated that the infections meet MAHC criteria as stated on quarterly report form. Must do “\*” item and one additional procedure to insure completeness and accuracy of data.
  - \*A. Infection report (MAHC Active Surveillance Infection Rate Internal Report or one similar) is accurately and thoroughly completed. If completed by a staff nurse, then it is reviewed by project supervisor before infection included in quarterly data to be sure form is complete and information meets MAHC criteria.
  - B. Chart audit of patients with trackable devices by project supervisor or infection control nurse to be sure no infection missed.
  - C. Review all physician orders for antibiotics, lab work, cultures, etc. Cross check with infection reports received.
  - D. Review all lab results and cross check with infection reports received.

*(Only B as a second measure insures you have gathered ALL infections. A and D may miss infections that meet criteria, but have had no culture or lab work or antibiotic ordered for them.)*

3. **UNDUPLICATED PATIENT COUNT:** Each agency must have a method to insure a patient is counted only once in a quarter no matter how many times they were admitted and discharged in that quarter. List all active patients with trackable device in a given quarter by name and number so you will not count a patient with multiple admissions more than once in a quarter.
4. **CALCULATING CATHETER DAYS FOR THE DEVICE:** This category is the number of days in a given quarter that a patient is on service with your agency **and** is actually in their home even if only part of a 24 hour day, **and** has the trackable device in place.
- A. If a patient is admitted one day and sent back to the hospital the next day, and has the device both days, that is two catheter days (also referred to as line or device days).
  - B. If a patient is admitted with a trackable device on the 10<sup>th</sup> and discharged on the 27<sup>th</sup> that is 18 catheter days NOT 17 as you are to count BOTH admission and discharge days.
  - C. If a patient has two insertion sites, take the number of days as defined above and multiply by two (2) in order to calculate catheter days with device. **However**, this is only one patient for your unduplicated patient count.
5. **RESOLUTION DATE OF AN INFECTION OCCURRENCE:** Please note carefully our definition and all comments on the quarterly report form when deciding if a repeat set of symptoms for a specific patient is a second infection occurrence or simply a continuation of the first. In order to be counted as a second occurrence, the patient must be asymptomatic for 14 days post-treatment (i.e., no symptoms within 14 days **after** they have completed their **last** dose of antibiotics). Note also that the antibiotic Zithromax, by pharmacological description, extends treatment five (5) days beyond last dose. Therefore, **DO NOT** start counting the 14 days post-treatment until five (5) days after the last dose is taken of Zithromax.
6. In order to receive results back from the project for a given quarter, your agency must have submitted accurate data to MAHC on the quarter report form within 45 days of the end of the quarter.

