

DEPARTMENT: Infection Control

POLICY: IC-305

SUBJECT: Surveillance

PURPOSE:

To collect information to use in making decisions about infection prevention and control practices and control of adverse outcomes related to infections.

RESPONSIBILITY:

- All Staff
- Infection Control

POLICY:

1. Data will be collected by the Infection Control Practitioner (ICP) utilizing hospital-wide surveillance.
2. The ICP will provide reports quarterly to the infection control committee, Medical Staff, and the Board, as applicable.
3. The Healthcare Associated Infection rate will be calculated using the following formula:

$$\text{Health Care Associated Infection Rate} = \frac{\text{Number of infections for the quarter}}{\text{Patient days for the quarter}} \times 1000$$

4. The surgical site infection rate will be calculated using the following formula:

$$\text{SURGICAL SITE INFECTION RATE} = \frac{\text{Number of infections for the quarter}}{\text{Number of surgeries for the quarter}} \times 1000$$

5. Healthcare Associated Infection and site attack rates will be benchmarked with established internal FMDH baseline attack rates and external benchmarks as applicable. Additional evaluation and assessment will be done whenever quarterly rates exceed rates listed in the table below or for the circumstances listed below.

Rate	FMDH baseline rates	External Benchmarks
Healthcare Associated Infection	5.2/1000 patient days or 0.52/100 patient days	9.8/1000 patient days ¹ or 0.98/100 patient days
Surgical Site Infections	1.08/100 surgeries	Only site specific rates available.

- a. any multiple-drug -resistant or unusual organism.
- b. any cluster of three infections by organism or site.
- c. all ventilator acquired pneumonia (which will be reported per ventilator days).
- d. any cluster of three or more healthcare-associated infections caused by the same organism.
- e. any central line associated bloodstream infection (CLABSI).
- f. any catheter associated urinary tract infection (CAUTI).

REVIEW AND REVISION STATEMENT:

This policy will be reviewed and revised as necessary and at least annually by the Infection Control Practitioner, Physician Advisor, FNP, and CEO. (original document date 06/1992)

References:

APIC Infection Control and Applied Epidemiology: Principles and practice (2005). Washington. D.C.

¹Stone, P. W.; Larson, E.; Kavar, L. N. A Systematic Audit of Economic Evidence Linking Nosocomial Infections and Infection Control Interventions: 1990-2000. American Journal of Infection Control; 30: 145-15