D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health
and Environmental Control

Date: October 20, 2008

Subject: HIDA Update # 3 New Reporting Requirements / 12-01-08 –start date (also posted on
www.scdhec.gov/hidainfo **for inpatient hospitals, excluding behavioral health (psychiatric and substance abuse):**
South Carolina Hospital Infections Disclosure Act (HIDA)
Code of Laws of South Carolina, 1976, Chapter 7, Article 20, Title 44

Contents:
  A. Summary of New HIDA Reporting Requirements (effective date December 1, 2008) and SSI, CLABSI, and MRSA reporting requirements in Chart A and Chart B.
  B. HIDA NHSN Data Completeness and Quality Requirements
  C. HIDA Background, Legal Basis for Reporting, and Description of Data Reporting Systems
   • Includes 2009 HIDA Reporting - Phase in Plan

A. HIDA Reporting Requirements Chart A and Chart B
Reporting requirements are continuing to be phased in over time. Please note the additional requirements described below and underlined in the complete list of reporting requirements in **Chart A: HIDA Reporting Requirements (December 1, 2008).** Some reporting requirements are designated only for a specific licensed bed size category: a) 200 beds or less, or b) over 200 beds. All hospitals must submit all Surgical Site Infection (SSI) and Central Line Associated Bloodstream Infection (CLABSI) reports for Locations that are designated on the enclosed list, unless otherwise designated by bed size. There have been no changes in **Chart B: HIDA MRSA**.
.
Hospitals **must** follow all reporting instructions in the current CDC NHSN Patient Safety Protocol http://www.cdc.gov/ncidod/dhqp/pdf/nhsn/NHSN_Manual_PatientSafetyProtocol_CURRENT.pdf, and the specific instructions in the SSI portion of the Procedure Associated Module and the CLABSI portion of the Device Associated Module (including referenced tables, key terms, and location codes).

Chart A:
  Surgical Site Infections (SSI) additions (Procedure Associated Module):
    Hospitals must use the most current version of the NHSN Patient Safety Protocol - Table 12. NHSN Operative Procedure Categories for the ICD-9 codes for each reportable SSI. Whenever CDC announces revised NHSN Protocols, you must begin using all codes in the newest version of Table 12.
   • Spinal fusions (FUSN) **– all hospitals** – "Immobilization of the spinal column". These are currently, **ICD-9-CM Codes** 81.00-81.08, 81.62-81.64, 84.51-84.52
   • Colon surgery (COLO) - **hospitals licensed for 200 beds or less** -. "Incision, resection, or anastomosis of the large intestine: includes large to small and small to large bowel anastomosis, does not include rectal operations". These are currently: [**ICD-9-CM Codes** 45.03, 45.26, 45.41, 45.49, 45.52, 45.7145.76, 45.79-45.8, 45.92-45.95, 46.0346.04, 46.10-46.11, 46.13-46.14, 46.43, 46.52, 46.75-46.76, 46.94]

  Central Line Associated Bloodstream Infections (CLABSI) additions (Device Associated Module):
    Hospitals must assign a CDC Location Label for each unit where reporting is required based on the Definitions in the NHSN Protocol.
   • All patient care "Locations" in hospitals licensed for 200 beds or less
   • Inpatient Surgical Ward in hospitals licensed for over 200 beds
   • Inpatient Rehabilitation (all hospitals)
   • Long Term Acute Care (LTAC) (all hospitals)

Chart B: MRSA bloodstream infections (Chart B): <u>Underlined revision of how to report instructions</u>.

HIDA Reporting Chart A = Surgical Site Infections and Central Line Associated Bloodstream infections

---

<u>**A. New HIDA Reporting requirements - effective date: December 1, 2008**</u>
All licensed hospitals must continue reporting the current requirements in the NHSN Patient Safety Protocol and add the new requirements as underlined below:
<u>NHSN Patient Safety Protocol</u>

See also "Data Completeness and Quality Requirements":

1. **Surgical Site Infections (SSI)** for the following procedures, in all hospitals where these procedures are performed (except where designated only for hospitals $\leq$ 200 beds).
   o   Coronary Artery Bypass Graft (CBGB) (both chest and donor site incisions)
   o   Coronary Artery Bypass Graft (CBGC) (with chest incision only)
   o   Hysterectomy (vaginal- VHYS)
   o   Hysterectomy (abdominal - HYST)
   o   Cholecystectomy & cholecystotomy (CHOL)
   o   Hip – prosthesis- (HPRO)
   o   Knee – prosthesis – (KPRO)
   o   <u>* Colon (COLO) - (only report from hospitals of 200 beds or less)</u>
   o   <u>* Spinal fusion (FUSN)</u>

2. **Central Line Associated Bloodstream Infections (CLABSI**), in all hospitals unless otherwise designated, in the following CDC NHSN defined "Locations" and ICD-9 Codes in the manual:
   o   Adult Medical and/or Surgical Critical Care Units (all combinations of Medical and Surgical, unless designated as other Specialty Location.)
   o   Pediatric Medical and/or Surgical Critical Care Units, (all combinations of Medical and Surgical, unless designated as other Specialty Location.)
   o   <u>* All inpatient locations- (in hospitals of **200** beds or less)</u>,
   o   <u>* Inpatient Surgical Ward</u> - <u>Adult and Pediatric – (**over** 200 beds)</u>
   o   <u>* Inpatient Rehabilitation</u>
   Specialty Care Areas
   •   <u>* (Long Term Acute Care (LTAC)</u>

---

* New reporting requirements effective December 1, 2008

Chart B = MRSA Reporting
Explanation of how a case is defined and how the dates are obtained
- **New instructions for submitting reports**

<div style="border:1px solid black">

B. HIDA Reporting requirements - effective date: January 22, 2008
DHEC List of Reportable Conditions:
All clinical laboratories must begin reporting MRSA bloodstream infections as shown below:

1. Methicillin resistant *Staphylococcus aureus* (MRSA) bloodstream infection (BSI)

- MRSA bloodstream infections (BSI) have been added to the **DHEC 2008 List of Reportable Conditions**.
- Microbiology laboratories are required to report all MRSA positive blood culture results in patient and outpatient and the associated antibiograms.
- All required information listed below must be submitted with the report in order to link this data with other patient information needed to calculate infection rates.
- A hospital associated MRSA infection is defined as an MRSA bloodstream infection in a patient with the first positive culture collected more than 48 hours after admission.
- Infection incidence rates will be calculated based on the number of inpatient hospital associated MRSA infections reported in 6 months over the number of total occupied bed days in the same 6 month period stratified by hospital size.
- DHEC will link the Lab reports (date of specimen collection) with the Office of Research and Statistic Hospital Discharge Data for each patient (date of admission) to identify cases meeting the definition and then find the denominator (total number of occupied bed days in each hospital / 6 months period.)

Two ways to report laboratory results may be used.
1. Hospitals that use the Electronic Laboratory Reporting (ELR) system must submit the reports to SC DHEC through this route. ELR reports are downloaded electronically from the hospitals lab system.
2. Hospitals that do not use the Electronic Laboratory Reporting system must mail the reports to DHEC via hardcopy at least once per week to DHEC DADE Reporting, P.O. Box 101106, Columbia, SC 29211 or enter the report into the DHEC Carolina Health Surveillance System (CHESS)
*Call the DHEC Carolina Health Surveillance System (CHESS) Help Desk at 1-800-917-2093 to request information on how to report MRSA using ELR or enter directly into CHESS on the web.

The following codes for reporting must be used if reporting electronically (ELR):
- SNOMED code: L-24852   Methicillin resistant Staphylococcus aureus
- LOINC code: 600-7   MICROORGANISM IDENTIFIED   BLOOD CULTURE

The following information is required when the MRSA report is submitted to SC DHEC and when submitting blood cultures to reference labs to report on the hospitals behalf:
1. Patient's name
2. Date of birth
3. Unique Patient ID number: SSN, if possible, or Hospital billing number.
4. Sex
5. Date of collection of blood
6. Date of positive blood culture result
7. Whether specimen was drawn from a peripheral or central line (if known)
8. Name of laboratory processing the blood culture
9. Name of hospital/medical office or healthcare institution where the blood culture was drawn
10. Submit the antibiogram for the isolate

</div>

B.   HIDA NHSN Data Completeness and Quality Requirements:

1. Hospitals **must** follow all reporting instructions in the current CDC NHSN Patient Safety Protocol http://www.cdc.gov/ncidod/dhqp/pdf/nhsn/NHSN_Manual_PatientSafetyProtocol_CURRENT.pdf, and specific instructions in the SSI portion of the Procedure Associated Module and the CLABSI portion of the Device Associated Module (including referenced tables, key terms, and location codes).

2. This requirement includes Table 12, which defines all ICD-9 Codes for each reportable Operative Procedure Code: [e.g. Gall bladder surgery (Cholecystectomy and cholecystotomy) ICD-9 Codes: 51.03-51.04, 51.13, 51.21-51.24]. This is not a new requirement, but is a reminder that the ICD-9 Procedure Codes are part of the SSI Procedure definitions and must be used for complete reporting.

3. Please note that the Long Term Acute Care (LTACH) location is a Specialty Care Area and Table 7 in the Protocols provides "Instructions for the Completion of Denominators for Specialty Care Areas".

4. Device Associated Module Location Codes: To report CLABSI, each hospital must identify their patient care units that meet the definition of a HIDA reportable location (e.g. Surgical Critical Care or Long Term Acute Care - LTACH.) You must create the three location identifiers before you create your monthly reporting plan. However, once you establish your locations, you can create your monthly reporting plans from your already established locations.   "Your Code" and "Your Label" identifiers should be easily recognizable and descriptive. The names should be descriptive (e.g. ICU) and self-explanatory for the DHEC State Group Administrator and not just numbers that an individual institution understands. If you would like to have numbers in your code, put the numbers at the end and use a prefix (i.e. ICU 123). Then each unit should be assigned an appropriate CDC Location Code selected from the NHSN manual (e.g. inpatient medical/surgical ward).   Lastly, make the unit active, enter the bed size, choose save and repeat as needed. For further instructions search the HELP feature for "add a location."

5. Notes on Hip and Knee prosthesis (no change, but included here as a data quality reminder):
- When the HPRO or KPRO procedure code is entered in the NHSN system, you are required to pick the NHSN procedure code from the drop down list. You are not required to pick an ICD-9 code (although those are also listed in a drop down list).
- In the procedure details section, you are **required** to choose the kind of HPRO or KPRO
  - For HPRO the options are: TP - Total Primary, PP - Partial Primary, TR - Total Revision, or PR - Partial Revision; For KPRO the options are: T- Primary (Total), or R - Revision (Total or Partial)

6. Use the medical record number or hospital billing number for patient id. This will ensure that we can link the records for validation efforts

7. Hospitals must notify DHEC of changes in hospital staff assigned as primary HIDA contacts and their name, e-mail address, phone number and role. These positions are Hospital Administrator or person responsible for notifying the Administrator, Director of Infection Control, and the NHSN Facility Administrator. These positions will receive all Updates on reporting requirements.

8. Maintain a list of NHSN Users in your facility and their training dates.

C.   HIDA Background, Legal Basis for Reporting, and Description of Data Reporting Systems
     (includes 2009 Phase in Reporting Plan:)

Background:
In May 2006, the South Carolina General Assembly passed the Hospital Infections Disclosure Act (HIDA) requiring hospitals to report selected hospital acquired infections to DHEC. South Carolina hospitals began

reporting selected procedures on July 1, 2007, after training for and enrolling into the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). HIDA also allows reporting requirements to be phased in. Hospitals have a limited number of Infection Control Professionals (ICP), also known as "Infection Preventionist", that are trained in the detection and prevention of hospital acquired infections. Reporting requirements are being phased in to allow hospitals to adjust staffing to meet the increased demands of reporting and to limit, as much as possible, professional staff time away from prevention efforts during this transition to public reporting. Please see www.scdhec.gov/hidainfo for current and archived reporting requirements.

Update # 3 reporting requirements differ for some procedures based upon the size of the hospital and the types of critical care units and surgical procedures that are usually performed in large and small hospitals. These differences are intended to phase in reporting while reducing the negative impact on prevention efforts.

Phase in Plan for 2009:

Infection Prevention Process Survey: Hospitals will receive instructions in the next mailing**.**

Surgical Site Infections:

Start Date	Reportable Procedures	Other information
December 1, 2008	(1) Hospitals --- Spinal fusion (all hospitals) (2) Hospitals $\leq$ 200 Beds --- Colon	
June 1, 2009	(1) Hospital --- Laminectomy	
December 1, 2009	(1) Hospital --- Craniotomy (2) Hospital $\leq$ 200 Beds – Hernia repair	
CLABSI Locations		
December 1, 2008	(1) LTAC, Rehab (all hospitals) (2) Hospitals $\geq$ 201 --- Inpatient Surgical Ward (2) Hospitals < 200 --- all locations	
June 1, 2009	(1) Hospitals (all): Cardiac and Neuro ICUs (medical and surgical) adult and pediatric	
December 1, 2009	(1) Hospitals (all) Oncology/ hematology	

Other:

Proposed Start Date	"Other" Reportable	
June 1, 2009	(1) Deaths attributable to HAIs *(pending development of standardized definition and methodology for comparable data.)*	

Legal Basis:
South Carolina Law, Chapter 7, Article 20, Title 44 - South Carolina Hospital Infections Disclosure Act (HIDA) amended Chapter 7 Title 44 by adding Article 20 to require hospitals to collect data and submit reports to the Department of Health and Environmental Control on hospital acquired infection rates.

South Carolina Law, Chapter 7, 44-29-10, and DHEC Regulations 61-20 requiring laboratories (in and out of state) to report to DHEC certain conditions designated on the List of Reportable Conditions and published by January of each year.

Data Reporting Systems:
Three data systems will be used for collecting HIDA reports. These are the CDC National Healthcare Safety Network (NHSN), the DHEC Carolina Health Surveillance System (CHESS), and the Office of Research and the Statistics' (ORS) Hospital Discharge Data Set.

1. NHSN Patient Safety Protocol:
DHEC selected NHSN for use as the reporting system to comply with HIDA participation and reporting requirements for SSI and CLABSI. The data are submitted to CDC through a secure digital network. Therefore, all CDC NHSN protocols, including definitions for infections, procedures, and hospital units (locations), must be followed by all hospitals when reporting Surgical Site Infections and Central Line Associated Bloodstream Infections. DHEC reporting requirements must be followed.

2. DHEC List of Reportable Conditions: Carolina Health Surveillance System (CHESS):

For HIDA reporting purposes, the CHESS system is only used for reporting MRSA bloodstream infections. DHEC's existing disease surveillance system, receives reports from all hospitals, physicians, and laboratories that are mandated to report certain conditions on the annual List of Reportable Conditions. These reports are submitted to DHEC CHESS through Electronic Laboratory Reporting (ELR) directly from the hospital or reference lab computer system; entered into the CHESS web based reporting page; or submitted by paper reports disease reporting cards that are mailed to DHEC and then entered into CHESS. Hospitals and labs that do not use the ELR system or enter into the CHESS web based reporting system, must mail the reports to DHEC via hardcopy at least once per week to DHEC Division of Acute Disease Epidemiology Reporting, P.O. Box 101106, Columbia, SC 29211.

All hospital and reference labs are eligible to report by Electronic Lab Reporting, with modifications to their laboratory information management system**.** Call the DHEC CHESS Help Desk at 1-800-917-2093 to request more information on how to use ELR reporting or CHESS Web based reporting.

3. Office of Research and Statistics (ORS): Hospital Discharge Data Set: Data from either of these systems will be linked with data from the Hospital Discharge Data Set in the Office of Research and Statistics (ORS), which will include the admission date to obtain information needed to complete an MRSA report. ORS data will also be used to validate some of the data submitted into NHSN.