Hospital Infections Disclosure Act
HIDA

HIDA Update

Preparing for the next HIDA Report (October 15, 2010)

It's that time of year again, when we start preparing for the HIDA report. Since HIDA first started in 2007, the reports were due February 1st and August 1st.

HIDA was amended this year to allow future annual reports to be released on April 15 and for DHEC to set the date of the semiannual reports. See chart to the right for the new reporting dates.

Data should be entered by **August 6, 2010,** so that we can get it back to you in time to preview your data before posting it on the web.

Things you can do to prepare for the report:

1. Check your conferred rights.
2. Make sure you have all of your locations listed
3. Perform line listings on events and procedures
4. Make sure that your reporting plans are up-to-date
5. Complete incomplete procedures
6. Make sure your hospital survey is up-to-date

Reporting Months	Report Dates
Dec. 2009 - Jun. 2010	Oct. 15, 2010
Dec. 2009 - Dec. 2010	Apr. 15. 2011
Jan. 2011 - Jun. 2011	Oct. 15, 2011
Jan. 2011 - Dec. 2011	Apr. 15, 2012

Quick and Dirty Confer Rights Instructions

1. Select "Group>Confer Rights" from the menu on the left of the screen.

2. Highlight the state health department and choose the gray "Confer Rights" Box in the upper right hand corner. Choose "OK"

3. Next you will see a form titled "Confirm Rights-Patient Safety". Please make sure the three boxes under "Confer Rights - Patient Safety" are checked and that you have the "With identifiers" circle filled.

4. Under "Surveys" add a row . Start year is 2007 and Survey Type is "Facility Survey Data"

5. Under the "Infections and Other Events" heading, add one row for each of the procedures that need to be shared with DHEC. After each row, click "Add Row" to add another row to the list.

Confer Rights Cont'd

6. When all rows have been created, go to "Summary Data for Events" and click "Clear All Rows". Then go back to "Infections and Other Events" and click "Copy Locations to Summary Data".

7. Do the same for procedure denominators. When all rows have been created, go to "Denominator Data for Events" and click "Clear All Rows". Then go back to "Infections and Other Events" and click "Copy Procs to Denominator Data"

8. Click "Save" at the bottom of the page.

Plan	Start Month/Year	End Month/Year	Event	Location Type	Location	Procedure	Setting
IN	07/2007[1]	N/A	BSI-Bloodstream Infection (CLA)	ALL	ALL	N/A	N/A
IN	07/2007	N/A	SSI	N/A	N/A	CBGB	IN
IN	07/2007	N/A	SSI	N/A	N/A	CBGC	IN
IN	07/2007	N/A	SSI	N/A	N/A	HYST	BOTH
IN	07/2007	06/2009	SSI	N/A	N/A	VHYS	BOTH
BOTH	01/2008	06/2009	SSI	N/A	N/A	CHOL	BOTH
IN	01/2008	N/A	SSI	N/A	N/A	KPRO	BOTH
IN	01/2008	N/A	SSI	N/A	N/A	HPRO	BOTH
IN	12/2008	06/2009	SSI	N/A	N/A	FUSN	IN
IN	12/2008	N/A	SSI	N/A	N/A	COLO	BOTH

Completed Chart should look like above. Only required to monitor COLOs if $\leq$ 200 beds.

How do you do that line listing thing again?

1. Click on "Analysis"

2. Choose "Generate Datasets" (to have the latest data) or Output Options

3. Click "Expand All"

4. Go to Advanced and under Procedure-Level Data and choose "Line Listing all Procedures"

5. Click "Run"

OR

6. Click "Modify"

7. Modify the date and variables

8. Click "Run"

OR

9. Click "Export Output Dataset"

OPTIONAL

10. Click "Save As "(if you would like to save this line listing for future use)

So that's why my rate was so high! I had an import error causing all of my HYSTs to be risk category three!

Add a location

1. Log into NHSN

2. Click "Facility" Click "Locations"

3. Choose "Your Code"

4. Choose "Your Label" (be very descriptive)

5. Choose "Your CDC Location Description"

6. Click "Add"

Notes from the Council of State and Territorial Epidemiologist (CSTE) Annual Conference

Amber Taylor received a scholarship to attend the CSTE HAI Pre-Conference Workshop in Portland, OR. The day long workshop included many topics, ranging from NHSN updates to determining what constitutes an outbreak.

For NHSN news, some of the changes that will be happening over the next year include:

"True zero" feature for SSIs, similar to the "true zero" function for CLABSIs. This will eliminate the need to do the quarterly reporting log.

The group administrator (aka Amber Taylor) will configure all of the conferred rights and you will just have to approve them. No more sending out email instructions on conferring rights.

Digital Certificates will slowly become a thing of the past. Don't jump for joy just yet, but this does show that NHSN is listening and recognizes that digital certificates can be a little, shall we say—cumbersome.

Other HAI News:

CDC is developing case definitions for HAI outbreaks and working to improve the HAI infrastructure in public health departments to improve surveillance and response for HAI outbreak investigations.

Case Study by: Shirley Mahy, RN, BSN
Bon Secours St. Francis Health Care System

Since our hospital has begun reporting Colon infections, I have reviewed operative procedure notes for several colon surgeries.

A consistent finding is the use of GIA staples and EEA staples. Having never observed a colon surgery, I called upon my experienced colleague, the Director of Surgical Services for one of our hospitals, for her expertise.

Here are the facts she gave on staples used in colon surgeries :

Made of metal

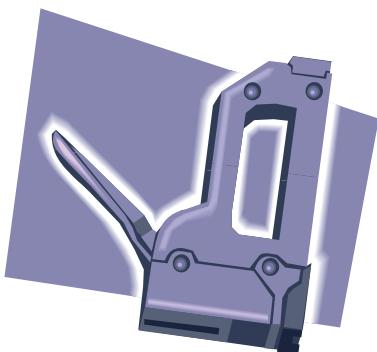Used to anastomose intestinal ends during surgeries

Used in almost all colon surgeries

These are left in permanently.

They do qualify as an implant under the NHSN implant definition:

A nonhuman-derived object, material, or tissue that is permanently placed in a patient during an operative procedure and is not routinely manipulated for diagnostic of therapeutic purposes."

These pesky staples...are they really implants?

So ...if you are tracking colon surgeries, take a look at the op notes from your surgeons. Chances are, they are using these staples also. Tracking of any infections resulting from the colon surgery for one year post-op will be required per NHSN guidelines if the staples were used.

NHSN Newsletter Highlights

- ASA Required for inpatient procedures only
- If patient has tunneled line, count first day that line was accessed and continues throughout their stay
- Addition of mixed acuity locations (pediatric and adult)
- Even if there are clinical signs or symptoms of localized infection at a vascular access site, but no other infection can be found, the infection is considered a primary BSI.
- Aseptically Obtained definition added

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Stanley Ostrawski Status Update

We regret to report that Stanley Ostrawski, Infection Preventionist, is leaving full time employment with DHEC for another great opportunity. Since February 2008, Stan has provided valuable consultation and expertise to SC Hospital IPs and DHEC HAI staff. He validated the HIDA data and provided consultation, training, and "coaching" as we all worked to implement HIDA. Because of his validation work, we can all have confidence in the quality and accuracy of SC HAI data. Thankfully, he has agreed to continue to provide consultation on an hourly basis for a while. While his time will be very limited, for now, you can continue to contact him through DHEC. Good luck Stan and we will miss you!!!

From the desk of Stanley Ostrawski; I would like to thank everyone for their help and support during the past two years. Keep up the good work!

Don't Forget to Save the Date:
HAI Prevention and Public Health: A Whole New World

September 1, 2010

8:15 a.m. to 4:30 p.m.

SCHA's William L. Yates Conference Center

1000 Center Point Rd.

Columbia, SC 29210

DHEC requires acute care hospitals to send at least one infection prevention staff member to attend the NHSN training on September 1, 2010. The Hospital Infections Disclosure Act (HIDA) requires DHEC and the Advisory Committee to "evaluate on a regular basis the quality and accuracy of hospital information reported under this article and the data collection, analysis, and dissemination methodologies." Hospital validation site visits have identified the need for additional training on surveillance case definitions and internal validation procedures to ensure that data reports are complete and accurate.

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The NHSN Training agenda and registration information will be sent out soon.

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