Date: August 6th, 2012

Subject: 2013 New Hospital Infections Disclosure Act (HIDA) Reporting Requirements, Update #8:
  - **Reporting additions and changes in reporting methods**

To: South Carolina Licensed Inpatient Acute Care Hospitals (excluding psychiatric /substance abuse)

From: Kathleen Antonetti, MD
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Effective date for changes: January 1st, 2013

Legal authority: S.C. Code Ann. § 44-7-2410, et seq.

Appendix 1: HIDA NHSN Data Completeness and Quality Requirements – No Changes.

Appendix 2: HIDA Background, Legal Basis for Reporting, and Description of Data Reporting Systems

Appendix 3: HIDA as amended in May 2010 changed the date the annual report and semi-annual reports are
      due and allows DHEC to levy fines for noncompliance.

Important HIDA reporting additions/changes in this document include:

1) The addition of healthcare personnel (HCP) seasonal influenza vaccination reporting

2) The reporting methods change for Methicillin resistant *Staphylococcus aureus* reporting

3) The addition of completing the Incomplete/Missing List data quality tool in NHSN.

Surgical Site Infections (SSI) and Central Line Associated Bloodstream Infections (CLABSI),
When reporting SSI and CLABSI, it is recommended that hospitals follow reporting, training, and data quality
requirements and instructions from the following documents and websites:

1. **Hospital Infections Disclosure Act (HIDA) Reporting Requirements –Update #8**
    ---- No changes in CLABSI or SSI reporting requirements from Update #7 www.scdhec.gov/hidainfo

2. **CDC National Healthcare Safety Network (NHSN) Enrollment, Training, and Patient Safety Component
    and Healthcare Personnel Safety Component** http://www.cdc.gov/nhsn/index.html

    - Hospitals must follow CDC NHSN Patient Safety Component http://www.cdc.gov/nhsn/psc.html for

        - Case Surveillance Definitions, referenced tables, key terms, and location codes.

        - SSI Procedure Associated Module
            - NHSN Patient Safety Module - Table 12 - most current version of the Operative
              Procedure Categories and all of the ICD-9 codes and case definitions for each reportable
              SSI. Always use the appropriate ICD-9 Procedure Codes associated with each procedure.

        - CLABSI Device Associated Module

- Hospitals must assign a CDC Location Label for each unit based upon the Location definitions in the NHSN CLABSI Device associated protocol.

  - Multidrug-resistant Organism and Clostridium difficile Infection (MDRO/CDI) Module
    - MRSA BSI labID Event Reporting (Starting January 1st, 2013).
    - CRE labID Event Reporting (Starting January 1st, 2013)

- Hospital must follow CDC NHSN Healthcare Personnel Safety Component
  http://www.cdc.gov/nhsn/hps.html

    - HCP seasonal influenza vaccination reporting beginning January 1st, 2013. Details are forthcoming.

1. **Surgical Site Infections (SSI)** for the following procedures, in all hospitals where these procedures are performed.
   o Coronary Artery Bypass Graft (CBGB) (both chest and donor site incisions)
   o Coronary Artery Bypass Graft (CBGC) (with chest incision only)
   o Hysterectomy (abdominal - HYST)
   o Hip – prosthesis- (HPRO)
   o Knee – prosthesis – (KPRO)
   o Colon (COLO)

2. **Central Line Associated Bloodstream Infections (CLABSI**) in all hospital inpatient categories listed below must be entered into NHSN. Central line denominator data must also be entered for all reportable locations as described in the NHSN Protocols.

   a. All inpatient units must be assigned a Location Code as defined in the CDC NHSN Protocols

   b. All units listed in the following categories are reportable inpatient units (locations):

   Adult Critical Care
     Pediatric Critical Care
     Inpatient Specialty Care Areas
     Inpatient Adult Wards
     Inpatient Pediatric Wards
     Step Down Units

   *Hospitals designated in the most current South Carolina Health Plan http://www.scdhec.gov/health/cofn/hrshp.htm as care providers in the following Neonatal Intensive Care Units (NICU) must report CLABSIs using all NHSN requirements into NHSN location codes.

   - Level III Nursery (CDC Location - NICU Level III)
   - Level II / III Nursery (CDC Location combined NICU Level II/III)
   - Level II E Nursery (CDC Location combined NICU Level II/III)

   The decision to phase in reporting for neonatal units was made by DHEC in 2009, with advice from the HIDA Advisory Committee. The reporting requirements were deferred until such time that the CDC revised the NHSN CLABSI surveillance definition for neonates. The CDC has now deleted "clinical sepsis in neonates without a positive lab culture" from the NHSN case definition, therefore the CLABSI NICU reporting requirement began on January 1, 2011. Please see the Appendix for instructions on how to add a CDC NHSN Location.

   Level II Nurseries do **not** need to report CLABSI to DHEC at this time.

3. **IMPORTANT CHANGE: Facility wide Methicillin resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSI),** will be required to be reported as labID events in NHSN. Since 2009, hospital and clinical reference laboratories have been required to report MRSA BSIs to DHEC as designated laboratory reporting requirements on the annual S.C. List of Reportable Conditions through the Carolina's Health Electronic Surveillance System (CHESS). MRSA BSI reporting through CHESS will be discontinued after December 31st, 2012.

4. **IMPORTANT CHANGE: Facility wide Carbapenem-resistant Enterbacteriaceae infections (*E.coli* and *Klebsiella pneumonia*),** will be required to be reported as labID events in NHSN. Since 2011, hospital and clinical reference laboratories have been required to report CRE infections to DHEC as designated laboratory reporting requirements on the annual S.C. List of Reportable Conditions through the Carolina's Health Electronic Surveillance System (CHESS). CRE reporting through CHESS will be discontinued after December 31st, 2012.

5. **IMPORTANT ADDITION: Healthcare personnel (HCP) influenza vaccinations** will be required to be reported in NHSN through the Healthcare Personnel Safety Component. Reporting requirements will mirror the HCP influenza vaccination reporting requirements of The Centers for Medicare and Medicaid Services (CMS). Additional details are forthcoming.

Current: *Greenville Hospital System, McLeod Regional Medical Center, MUSC, Palmetto Health Richland, Palmetto Health Baptist, Spartanburg Regional, Self Regional Health, Piedmont Medical Center.*

Plus *any additional hospitals approved by DHEC to provide care in the reportable nursery categories.*

Appendix 1

HIDA NHSN Data Completeness and Quality Requirements:

Patient ID Number: Use the SSN and the medical record number or hospital billing number for patient ID. This will ensure that we can link the records for validation efforts.

Hospital staff assignments and changes:
- Hospitals must immediately notify DHEC when the NHSN Facility Administrator changes.   They must submit the name, e-mail address, phone number and their assigned role.

- Hospitals must also notify DHEC when the Hospital Administrator or person responsible for notifying the Administrator, Director of Infection Control, or the NHSN Facility Administrator changes. These above positions will receive all HIDA reporting requirements updates.

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

NHSN Patient Safety Protocol (PSP): Hospitals **must** follow all reporting instructions in the current CDC NHSN Patient Safety Protocol http://www.cdc.gov/nhsn/psc.html 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).

- The SSI portion of the PSP includes the specific ICD-9 Codes for each reportable Operative Procedure Code. All ICD-9 codes listed for each procedure, must be monitored and reported to ensure complete reporting.

- Notes on Hip (HPRO) and Knee (KPRO) prosthesis (no change, but included here as a data quality reminder):
  - 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)

Device Associated Module Location Codes: To report CLABSI, hospitals must assign each inpatient unit with an NHSN Location Code (e.g. Surgical Critical Care, Long Term Acute Care, Medical Inpatient Ward.) You must add a location, before you create your monthly reporting plan. When adding a location "Your Code" and "Your Label" will tell the Group Administrator what kind of unit you are referring to. The code and label 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). Once the code and label have been established, then each unit should be assigned an appropriate "CDC Location Description"* 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."

It is very important that you choose the right "CDC Location Description", so that it can be appropriately mapped to the type of unit you intend it to be. For example if your code is MSWard3rd and you choose "CDC Location Description" Medical/Surgical Critical Care, your standardized infection ratio (SIR) would be incorrect when calculated.   Your SIR would be calculated from the wrong pooled mean, and could result in you having a higher SIR when that's not the case. It will also make the state SIR higher.

Definition of CDC Location Codes from the NHSN Patient Safety Protocol:
"CDC Location (formerly labeled "NHSN Location"): A CDC-defined designation given to a patient care area housing patients who have similar disease conditions or who are receiving care for similar medical or surgical specialties. Each facility location that is monitored is "mapped" to one CDC Location. The specific CDC Location code is determined by the type of patients cared for in that area according to the **80% Rule**. That is, if 80% of patients are of a certain type (e.g., pediatric patients with orthopedic problems) then that area is designated as that type of location (in this case, an Inpatient Pediatric Orthopedic Ward).**")."**   CDC has recently added mixed acuity wards, and those may be chosen, when appropriate.

Hospitals should create a list of hospital wards and assign each one a CDC Location Code that meets the 80% rule for the type of care described in the Location Code definition. Then select wards that meet the definition of the HIDA required CDC Locations and collect denominator data and report infections in **all** patient care units that meet these location definitions. These location codes present challenges for data analysis, hospital comparison, and assigning location codes based upon patient mix.)

Appendix 2

HIDA Background, Legal Basis for Reporting, and Description of Data Reporting Systems

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 Preventionist (IP), 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.

Legal Basis:
S.C. Code Ann. § 44-7-2410, et seq. - The Hospital Infections Disclosure Act (HIDA) requires hospitals to collect data and submit reports to the Department of Health and Environmental Control on hospital acquired infection rates.
http://www.scdhec.gov/health/disease/hai/docs/Statute_ARTICLE_20_as_amended.pdf

S.C. Code Ann. §§ 44-29-10 and 44-29-15, and S.C. Code Regs. 61-20 require laboratories to report to DHEC certain conditions designated on the List of Reportable Conditions, published by January of each year.

HIDA Data Reporting Systems:

Three data systems are being 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.
   a.   For public reporting of CLABSI rates:
      i.   Individual hospitals will report rates for all locations. DHEC will combine Infection rates for multiple locations of the same location type into one rate. (e.g. data from two Medical Surgical Critical Care units will be combined into one rate)
      ii.   Comparison reports will include only those locations with a pooled mean in the most recent NHSN Data Report. [1]

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 -**Carolina's Health Electronic Surveillance System (CHESS).** CHESS is a free web-based system that allows physicians, nurses, and lab professionals to report to DHEC as quickly and simply as possible. Anyone with a CHESS account can enter an electronic MRSA report using Lab Report. Complete instructions are available under Special Instructions at http://www.dhec.sc.gov/health/disease/chess/clubhouse.htm
To request an account and training, contact:
CHESS Help Desk at 1-800-917-2093 or Ann W. Bell bellaw@dhec.sc.gov

DHEC 1129 Disease Reporting card – Hospitals and labs that do not use the ELR system or the CHESS web-based 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.

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.

Appendix 3

HIDA sets reporting dates and allows DHEC to levy fines for non-compliance.

1. **HIDA Reporting Dates:** DHEC will submit the annual HIDA report by April 15 of each year. HIDA requires reports every six months in the timeframe established by DHEC.

- HIDA Reporting Dates every 6 months
    - Dec. 2009 – June 2010   (7 mos) Oct. 15, 2010 (Individual Hospital Reports)
    - Dec. 2009 – Dec 2010   (13 mos) April 15, 2011 (HIDA Annual Report with Comparison)
    - Jan 2011 – June 2011   (6 mos) Oct. 15, 2011 (Individual Hospital Reports)
    - Jan 2011 – Dec 2011   (12 mos) April 15, 2012 (HIDA Annual Report with Comparison)

    *Facilities are required to submit data continuously on a monthly basis to NHSN. If a facility is unable to continuously submit data for any reason, they should notify DHEC immediately for assistance.

- In NHSN, data for analysis is available 30 days following the end of a reporting period. The dates DHEC can access the full data set will be August 1 and February 1, leaving about 10 weeks to complete the annual and six month reports.

- Non-compliance: DHEC shall ensure and enforce compliance with HIDA by imposing fines and as a condition of licensure pursuant to S.C. Code Ann. § 44-7-2460.

References

1. National Healthcare Safety Network (NHSN) Report, data summary for 2006 through 2008, issued December 2009, http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf
Jonathan R. Edwards, MStat, Kelly D. Peterson, BBA, Yi Mu, PhD, Shailendra Banerjee, PhD, Katherine Allen-Bridson, RN, BSN, CIC, Gloria Morrell, RN, MS, MSN, CIC, Margaret A. Dudeck, MPH, Daniel A. Pollock, MD, and Teresa C. Horan, MPH Atlanta, Georgia.
Published by the Association for Professionals in Infection Control and Epidemiology, Inc. (Am J Infect Control 2009;37:783-805.)

2. South Carolina State Health Plan: http://www.scdhec.gov/health/cofn/StaffHealthPlan0809.pdf (no changes in NICU designation for the new draft for 10-11).