D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

Date: January 19, 2016

Subject: New Hospital Infections Disclosure Act (HIDA) Reporting Requirements:
- Reporting additions and changes in reporting methods

To: South Carolina licensed acute care faculties, long term acute care (LTAC) facilities, and inpatient rehabilitation facilities (IRF).

Note: Behavioral health facilities, long term care facilities and veteran administration (VA) hospitals are exempt from the HIDA reporting statute.

From: Nijika Shrivastwa
Healthcare Associated Infections Coordinator

Effective date for changes: **January 1st, 2016**

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

Appendix 1: HIDA NHSN Data Completeness and Quality Requirements

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) Change in the contact information
2) Addition of *Enterobacter* species under Carbapenem-resistant Enterobacteriaceae infections
3) Updated Appendix 3

HIDA Reporting requirements for NHSN

1. Surgical Site Infections (SSI), for all reportable procedure types listed below must be entered into NHSN. Procedure denominator data must also be entered for all reportable procedure types in accordance with the CDC NHSN Patient Safety Protocol's Procedure-Associated Module available online: http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf?agree=yes&next=Accept. HIDA reporting healthcare facilities must report SSIs for the following procedure types:

- Coronary Artery Bypass Graft (CBGB) (both chest and donor site incisions)
- Coronary Artery Bypass Graft (CBGC) (with chest incision only)
- Hysterectomy (abdominal - HYST)
- Hip – prosthesis- (HPRO)
- Knee – prosthesis – (KPRO)
- Colon (COLO)

2. Central Line Associated Bloodstream Infections (CLABSI) in all inpatient location categories listed below must be entered into NHSN. Central line denominator data must also be entered for all reportable locations as described in the CDC NHSN Patient Safety Protocol's Device-Associated Module available online: http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf.

- Adult Critical Care Locations
- Pediatric Critical Care Locations
- Adult Ward Locations
- Pediatric Ward Locations
- Adult Specialty Care Area Locations
- Pediatric Specialty Care Area Locations
- Adult Step Down Locations
- Pediatric Step Down Locations
- 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)

3. Ventilator Associated Events (VAE) in all inpatient location categories listed below must be entered into NHSN. Ventilator denominator data must also be entered for all reportable locations as described in the CDC NHSN Patient Safety Protocol's Device-Associated Module available online: http://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf.

- Adult Critical Care Locations
- Adult Critical Care Long Term Acute Care Locations
- Adult Critical Care Inpatient Rehabilitation Locations

4. Multidrug-Resistant Organism (MDRO) Laboratory Identified (LabID) Events should be reported facility wide for inpatients for the organism types listed below. Facility-wide inpatient denominator data must also be entered be entered into NHSN as described in the CDC NHSN Multidrug-resistant Organism and Clostridium difficile Module available online: http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf

- **Facility wide Methicillin resistant *Staphylococcus aureus* (MRSA) bloodstream infections (BSI),** are required to be reported as labID events in the NHSN Patient Safety Component.

- **Facility wide Carbapenem-resistant Enterobacteriaceae infections (*E.coli, Enterobacter,* and *Klebsiella*),** are required to be reported as labID events in the NHSN Patient Safety Component.

- **Facility wide inpatient *Clostridium difficile* infections (CDI)** are required to be reported as labID events in the NHSN Patient Safety Component**. All (inpatient & outpatient) CDI laboratory reports must also be submitted to DHEC via manual data entry into the Carolinas Electronic Surveillance System (CHESS), disease report card with attached laboratory report, or electronic laboratory report.**

5. Healthcare personnel (HCP) influenza vaccination summary data is to be reported into the NHSN Healthcare Safety Component Protocol as described in the NHSN Healthcare Safety Component Protocol available online: http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf

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.

Healthcare facility staff assignments and changes:

- Healthcare facilities must immediately notify DHEC when the NHSN Facility Administrator changes. They must submit the name, e-mail address, phone number and their assigned role.

- Healthcare facilities 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.

Device Associated Module Location Codes: To report VAE & CLABSI, healthcare facilities 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.

It is very important that all reporting locations are mapped correctly in NHSN. Locations should be assessed regularly and remapping should occur when significant changes in patient mix occur (e.g., merging of units, taking on a new service).

Definition of CDC Location Codes from the NHSN Patient Safety Protocol:
"CDC 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).**")."**

Healthcare facilities should create a list of locations 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 locations 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, facility comparison, and assigning location codes based upon patient mix.)

Instructions for mapping patient care locations in NHSN and a complete listing of available CDC locations and corresponding descriptions are available online:
http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf.

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 healthcare facilities to report selected healthcare-associated infections to DHEC. South Carolina healthcare facilities 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 based on the recommendations of the HIDA advisory committee. Please see http://www.scdhec.gov/Health/FindingQualityHealthcare/CompareHospitalInfectionRates/ for current reporting requirements and reporting resources.

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/FindingQualityHealthcare/CompareHospitalInfectionRates/LawsRegulations/

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 has selected NHSN for use as the reporting system to comply with HIDA participation and reporting requirements for SSI, CLABSI, VAE, MDRO labID events (MRSA bloodstream infections, CRE, and CDI), and healthcare worker influenza summary data. The data are submitted to CDC through a secure digital network. Therefore, all CDC NHSN protocols must be followed by all hospitals when reporting to DHEC through NHSN. DHEC reporting requirements must be followed.

a. For public reporting of CLABSI rates:
    i. Individual healthcare facilities will report numerator and denominator data for all required locations.
    ii. 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)
    iii. Comparison reports will include only those locations with a pooled mean in the most recent NHSN Data Report. [1]
b. For public reporting of VAE rates:
    i. Individual healthcare facilities will report numerator and denominator data for all required locations.
    ii. The HIDA Advisory Committee will evaluate the collected data and available benchmarking data and advise DHEC on how VAE rate and/or comparison reports should be published.
c. For public reporting of SSI rates:
    i. Individual healthcare facilities will report numerator and denominator data for all required procedure types.
    ii. DHEC will publish rates for each reportable procedure type.
    iii. Comparison reports will include only those procedures with a pooled mean in the most recent NHSN Data Report. [1]
d. For public MDRO labID event rates:
    i. Individual healthcare facilities will report all laboratory identified events for MRSA (blood specimens only), CRE, and CDI for facility wide inpatients only.
    ii. DHEC will publish hospital onset rates for each type of reportable labID event.
    iii. Comparison reports will include only those labID events with a pooled mean in the most recent NHSN Data Report.[2]

e. For public healthcare personnel influenza vaccination rates:
    i. Individual healthcare facilities will report healthcare personnel influenza vaccination summary data in accordance with the NHSN healthcare personnel influenza vaccination reporting protocol.
    ii. DHEC will publish rate data for each hospital as well as influenza vaccination campaign information as reported in the Healthcare Personnel Safety Component annual surveys.

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

For HIDA reporting purposes, the CHESS system will be utilized for reporting *Clostridium difficile* labs. DHEC's existing disease surveillance system, receives reports from all healthcare facilities, 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 healthcare facilities 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. 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 CDI 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 – healthcare facilities 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, 2100 Bull St., Columbia, SC 29201

3. Office of Research and Statistics (ORS): Hospital Discharge Data Set: Data from either of these systems can be linked with data from the Hospital Discharge Data Set in the SC Revenue and Fiscal Affairs Office (RFA), which will include the admission date to obtain information needed to complete a CDI report. ORS data can 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.

- 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.

- HIDA reports are published every six months. A list of previously published HIDA reports is listed below:
  - 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)
  - Jan 2012 – June 2012 (6 mos) Oct. 15, 2012 (Individual Hospital Reports)
  - Jan 2012 – Dec 2012 (12 mos) April 15, 2013 (HIDA Annual Report with Comparison)
  - Jan 2013 – June 2013 (6 mos) Oct. 15, 2013 (Individual Hospital Reports)
  - Jan 2013 – Dec 2013 (12 mos) April 15, 2014 (HIDA Annual Report with Comparison)
  - Jan 2014 – June 2014 (6 mos) Oct. 15, 2014 (Individual Hospital Reports)
  - Jan 2014 – Dec 2014 (12 mos) April 15, 2015 (HIDA Annual Report with Comparison)
  - Jan 2015 – June 2015 (6 mos) Oct. 15, 2015 (Individual Hospital 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. NHSN Annual Report: data summary for 2006-2008, issued December 2009
Am J Infect Control 2009;37:783-805, Available online:
http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.PDF

2. Risk Adjustment for Healthcare Facility-Onset C. difficile and MRSA Bacteremia Laboratory-identified Event Reporting in NHSN, Published March 12, 2013, Available online:
http://www.cdc.gov/nhsn/pdfs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf