

Additional Resources

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New Hampshire HAI Reporting Requirements

The HAI reporting requirements and processes for hospitals within the state of New Hampshire as of 2014. For hospitals and ambulatory surgical centers.

<http://www.dhhs.nh.gov/dphs/cdcs/hai/publications.htm>

**New Hampshire Department of Health and Human Services
Division of Public Health Services
Healthcare-associated Infections Hospital Reporting Requirements 2014**

Who is required to report:

Any hospital licensed pursuant to RSA 151:33 (this includes all acute care, critical access, psychiatric, and rehabilitation hospitals).

What must be reported:

Central Line-associated Blood Stream Infections (CLABSI)

1. Monitor CLABSI all 12 calendar months using NHSN protocols and definitions and report in NHSN
2. Monitor CLABSI in all adult, pediatric, and neonatal intensive care units

Central Line Insertion Practices (CLIP)

1. Monitor CLIP all 12 calendar months using NHSN protocols and definitions and report in NHSN
2. Monitor CLIP in all adult, pediatric, and neonatal intensive care units

Catheter-Associated Urinary Tract Infections (CAUTI)

3. Monitor CAUTI all 12 calendar months using NHSN protocols and definitions and report in NHSN
4. Monitor CAUTI in all adult and pediatric intensive care units (excludes neonatal intensive care units)

Surgical Site Infections (SSI)

1. Monitor surgical patients in any inpatient/outpatient setting where the selected NHSN Operative Procedure(s) are performed using NHSN protocols and definitions
2. The NHSN Operative Procedures that must be monitored are:
 - a. Abdominal hysterectomy (abdominal approach with uterine removal)
 - i. NHSN Operative Procedure HYST (ICD-9: 68.31, 68.39, 68.41, 68.49, 68.61, 68.69)
 - b. Coronary Artery Bypass Graft (chest incision and donor site)
 - i. NHSN Operative Procedure CBGC and CBGB (ICD-9: 36.10-36.14, 36.15-36.17, 36.19, 36.2)
 - c. Colon Surgery (incision, resection, or anastomosis of the large intestine)
 - i. NHSN Operative Procedure COLO (ICD-9: 17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71-45.76, 45.79, 45.81-45.83, 45.92-45.95, 46.03, 46.04, 46.10, 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94)
 - d. Knee Arthroplasty
 - i. NHSN Operative Procedure KPRO (ICD-9: 00.80-00.84, 81.54, 81.55)
3. Monitor for SSI all 12 calendar months and report in NHSN

Surgical Antimicrobial Prophylaxis Administration

1. Follow JCAHO/CMS protocols and definitions under the Surgical Care Improvement Project
2. Hospital data will be reported through the usual CMS mechanism
3. NH DHHS will access data from the NH Quality Care website

Influenza Vaccination Rates

1. Staff and resident/patient vaccination rates will be reported directly to NH DHHS via online survey.
2. Data for vaccine administered during the previous influenza season must be reported by April 30th.
3. Data will be collected through an online survey. Survey website and instructions will be provided each year prior to the survey deadline.
4. Submission of this data will meet the requirements of both the HAI law (RSA 151:32-35) and the healthcare immunization law (RSA 151:9-b)

NHSN definitions and protocols are available at: http://www.cdc.gov/nhsn/TOC_PSCManual.html

JCAHO/CMS definitions and protocols are available at:

<http://qualitynet.org/dcs/ContentServer?cid=1141662756099&pagename=QnetPublic%2FPage%2FQnetTier2&c=Page>

Drug Diversion

The possession or use of prescription medicines, without a prescription, is known as drug diversion. When healthcare providers steal and/or use controlled substances, the result can be harmful to their patients, and may result in:

- Substandard care delivered by an impaired health provider,
- Denial of essential pain medication or therapy, or
- Risks of infections and/or outbreaks if the provider tampers with injectable drugs (e.g. hepatitis C, viral or bacterial pathogens).

Resources on Drug Diversion

Centers for Disease Control and Prevention:

Risks of Healthcare-associated Infections from Drug Diversion

<http://www.cdc.gov/injectionsafety/drugdiversion/index.html>

Hepatitis B and C outbreaks and Patient Notifications

<http://www.cdc.gov/hepatitis/Outbreaks/HealthcareHepOutbreakTable.htm>

New Hampshire HCV Investigation report

<http://www.dhhs.state.nh.us/dphs/cdcs/hepatitisc/documents/hepc-outbreak-rpt.pdf>

3 Steps to Drug Diversion Response for Healthcare Facilities

A one-page flyer outlining the steps a healthcare facility will implement after a drug diversion incident has been reported.

STEP 1: PREVENT FURTHER RISK TO PATIENTS AT THE FACILITY

A. REMOVE THE IMPLICATED HEALTH CARE PROFESSIONAL FROM THE CLINICAL ENVIRONMENT. REVOKE ANY PREVIOUSLY AUTHORIZED ACCESS TO CONTROLLED SUBSTANCES PENDING FURTHER INVESTIGATION

B. EVALUATE SECURITY OF CONTROLLED SUBSTANCES TO ADDRESS GAPS IN ADHERENCE TO RECOMMENDED AND REQUIRED PRACTICES

C. IDENTIFY ANY PREVIOUS OR CURRENT DISCREPANCIES IN NARCOTICS OVERSIGHT

STEP 2: PREVENT RISK TO PATIENTS AT OTHER HEALTH CARE FACILITIES

A. CONTACT LAW ENFORCEMENT

i. Local law enforcement

ii. Drug Enforcement Administration (DEA)
DEA registrants are required to notify the DEA of the theft or significant loss of any controlled substance within 1 business day of discovery.

iii. Food and Drug Administration Office of Criminal Investigation, particularly if product tampering, including substitution is suspected

B. FILE REPORT WITH APPLICABLE LICENSURE AGENCIES (BOARD OF MEDICINE, BOARD OF NURSING, BOARD OF PHARMACY)

C. FILE REPORT WITH THE NEW HAMPSHIRE DIVISION OF PUBLIC HEALTH SERVICES TO ENSURE NO PATIENT RISK TO BLOOD-BORNE PATHOGENS (603-271-4496)

STEP 3: ASSESS RETROSPECTIVE RISK TO PATIENTS

A. ASSESS THE MECHANISM(S) OF DIVERSION USED BY THE IMPLICATED HEALTH CARE PROFESSIONAL.

I. WERE INJECTABLE MEDICATIONS DIVERTED? OR DID IMPLICATED HEALTH CARE PROFESSIONAL HAVE ACCESS TO INJECTABLE MEDICATIONS?

II. WAS ANY TYPE OF TAMPERING WITH INJECTABLE MEDICATION PERFORMED? IF YES, ASSESS POTENTIAL FOR PATIENTS TO BE EXPOSED TO THE HEALTHCARE PROFESSIONAL'S BLOOD (E.G., THROUGH SWAPPING WITH SYRINGES PREVIOUSLY USED BY HEALTH CARE PROFESSIONAL)

II. CONVENE A RESPONSE TEAM THAT INCLUDES INFECTION CONTROL AND PREVENTION EMPLOYEE(S)

B. IF TAMPERING WITH INJECTABLE MEDICATION IS SUSPECTED, PURSUE BLOOD-BORNE PATHOGEN TESTING OF THE IMPLICATED HEALTH CARE PROFESSIONAL.

I. IF IMPLICATED HEALTH CARE PROFESSIONAL TESTS NEGATIVE: TEST AGAIN 6 MONTHS LAST DATE OF EMPLOYMENT TO ACCOUNT FOR A WINDOW PERIOD

II. IF IMPLICATED HEALTH CARE PROFESSIONAL TESTS POSITIVE: SAVE SAMPLE FOR TYPING ANY POTENTIAL PROSPECTIVE CASES OF INFECTION

C. PERFORM SURVEILLANCE TO DETECT ACUTE CASES OF ILLNESS WITH NO RISK FACTORS OR INCREASED NUMBER OF HCV, HIV, OR HBV CASES.

D. USE INFORMATION FROM STEPS 3 A-C TO DETERMINE NEED FOR PATIENT NOTIFICATION AND TESTING. THIS SHOULD BE PERFORMED IN CONSULTATION WITH THE NHDPHS.

National Healthcare Safety Network (NHSN)

CDC's National Healthcare Safety Network is the nation's most widely used HAI tracking system. NHSN provides organizations with the data and ability to identify problem areas, measure progress toward prevention efforts, track infection control adherence rates and blood safety errors, and ultimately eliminate HAIs.

NHSN is available to:

- Acute Care Hospitals/Facilities
- Long-term Acute Care Facilities
- Long Term Care Facilities
- Ambulatory Surgery Centers
- Inpatient Rehabilitation Facilities
- Outpatient Dialysis Facilities

For more information about NHSN, visit: <http://www.cdc.gov/nhsn/about.html>

National Healthcare Safety Network (NHSN)
Tracking Infections in Long-term Care Facilities

Eliminating infections, many of which are preventable, is a significant way to improve care and decrease costs. CDC's National Healthcare Safety Network provides long-term care facilities with a customized system to track infections in a streamlined and systematic way. When facilities track infections, they can identify problems and track progress toward stopping infections. On the national level, data entered into NHSN will gauge progress toward national healthcare-associated infection goals.

NHSN's long-term care component is ideal for use by: nursing homes, skilled nursing facilities, chronic care facilities, and assisted living and residential care facilities

1 to 3 million serious infections occur every year in long-term care.

As many as 380,000 patients die of the infections they contract.

Infections are among the most frequent reasons LTC patients get admitted to hospitals

MDRO/CDI - Surveillance for *C. difficile*, MRSA, and Other Drug-Resistant Infections

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

To report urinary tract infections, click here.

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

To report prevention process measures including hand hygiene adherence, click here.

- Training
- Protocols
- Forms


For resources to help prevent infections in long-term care facilities, click here.

- Guidelines
- Toolkits
- Publications

Centers for Disease Control and Prevention (CDC): Healthcare Associated Infections Widgets

Online applications that display HAI related content directly on your web page, blog or networking site. Widgets require no maintenance and CDC will update them automatically.

<http://www.cdc.gov/HAI/widgets/widgets.html>

	<p>Copy this code for the "Get Smart for Healthcare" Button Width: 180 pixels; Height: 180 pixels</p> <pre></pre>
	<p>Copy this code for the "Get Smart for Healthcare – Know When Antibiotics Work" Button Width: 288 pixels; Height: 144 pixels</p> <pre>s_cid=dhqp_004" title="Get Smart for Healthcare &dash; Know When Antibiotics Work"></pre>
	<p>Copy this code for the "Sharps Safety" Button Width: 150 pixels; Height: 150 pixels</p> <pre></pre>
	<p>Copy this code for the "Hand Hygiene Saves Lives" Button Width: 150 pixels; Height: 150 pixels</p> <pre></pre>

Toolkit Appendix

Healthcare Associated Infections Toolkit



Appendix

General Guidance

Get Smart for Healthcare

A CDC campaign focused on improving antibiotic prescribing practices in patient healthcare facilities.

<http://w.cdc.gov/drugresistance/healthcare/>

Compendium of Measures to Prevent Disease Associated with Animals in Public Settings

Standardized recommendations for public health officials, individuals in professions with frequent animal contact and others concerned with minimizing the health risks.

<http://www.nasphv.org/Documents/AnimalContactCompendium2013.pdf>

High Five for a Healthy NH

A statewide hand hygiene campaign geared toward engaging hospitals and ambulatory surgery centers in a multi-faceted patient safety program. Includes education materials, training and other resources.

<http://www.healthynh.com/index.php/high-5-for-a-healthy-nh.html>

Hand Hygiene in Healthcare Settings

A variety of resources including provider guidelines, patient empowerment materials, promotions, and educational tools.

<http://www.cdc.gov/handhygiene/>

Healthcare Infection Control Practices Advisory Committee (HICPAC) Publications

Recommendations on the practice of infection and control and strategies for surveillance, prevention, and control of HAIs and antimicrobial resistance.

<http://www.cdc.gov/hicpac/pubs.html>

Institute for Healthcare Improvement

How-to guides, lessons and videos for preventing HAIs and establishing a culture of safety in healthcare facilities.

<http://www.ihl.org/Topics/HAI/Pages/default.aspx>

Acute Care

National Action Plan to Prevent HAI – Acute Care Hospitals

National strategy for reducing the most common infections in acute care settings. Some approaches may be applicable to multiple facility types.

<http://www.health.gov/hai/pdfs/hai-action-plan-acute-care-hospitals.PDF>

Long Term Care

Agency for Healthcare Research and Quality – Improving Patient Safety in LTCF Training Modules

A 3-module training program covering detecting change in a resident's condition, communicating change, and fall prevention and management. Materials can be downloaded for free.

<http://www.ahrq.gov/professionals/systems/long-term-care/resources/facilities/ptsafety/index.html>

Agency for Healthcare Research and Quality – HAIs and Antibiotic Stewardship in LTCFs Presentation

An educational presentation on the national priorities for HAI prevention in LTCF and strategies and success stories in collaborative approaches used to reduce HAIs in these settings.

<http://www.ahqa.org/quality-improvement-organizations/clinical-discussion-webinars/video/hai-and-antibiotic-stewardship-ltc>

National Action Plan to Prevent HAI – Long-Term Care Facilities

National strategy for identifying and prioritizing efforts to prevent HAIs in LTCFs.

<http://www.health.gov/hai/pdfs/hai-action-plan-ltcf.pdf>

CDC Clinical Staff Information – LTCF

Guidance, documents, and links to resources on common infections and how to prevent them.

<http://www.cdc.gov/longtermcare/staff.html>

SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility

Basic infection control recommendations for minimizing HAIs in long term care.

http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf

Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria

2012 Society for Healthcare Epidemiologists of America (SHEA) update to the McGeer infection surveillance definitions for long term care facilities.

<http://www.jstor.org/stable/10.1086/667743>

Medical Transport

Communication During Patient Transfer of Multidrug-Resistant Organisms

The impact of MDROs and guidance on the sharing of MDRO status between facilities.

http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Documents/InterFacility_Transfer/Rule_333-019-0052_Webinar_OHA_web.pdf

APIC Guide to Infection Prevention in Emergency Medical Services

Guide for maintaining the safety of EMS system responders and their patients while reducing exposure risks.

http://apic.org/Resource_/EliminationGuideForm/e1ac231d-9d35-4c42-9ca0-822c23437e18/File/EMS_Guide_web.pdf

Outpatient

CDC Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care

Infection prevention recommendations for outpatient/ambulatory care settings. Includes an infection prevention checklist.

<http://www.cdc.gov/HAI/pdfs/guidelines/Outpatient-Care-Guide-withChecklist.pdf>

Basic Infection Control and Prevention Plan for Outpatient Oncology Settings

A model for basic infection control and prevention plans containing policies and procedures tailored to Oncology settings.

<http://www.cdc.gov/HAI/settings/outpatient/basic-infection-control-prevention-plan-2011/index.html>

National Action Plan to Prevent HAI – End-Stage Renal Disease Facilities, and Increasing Influenza Vaccination Among Health Care Personnel

National strategy for reducing HAIs in the outpatient environment and addressing the health and safety of healthcare workers.

Ambulatory Surgical Centers:

End-Stage Renal Disease Facilities:

Influenza Vaccination of Healthcare Personnel: <http://www.health.gov/hai/pdfs/hai-action-plan-hcp-flu.PDF>

Workplace Safety

Workplace Safety Infection Control

A fact sheet providing information about basic infection prevention techniques and equipment for the workplace.

http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Workplace_safety_-_infection_control

The National Institute for Occupational Safety and Health (NIOSH)

Providing research and recommendations to prevent worker injury and illness.

<http://www.cdc.gov/workplace/>

Advisory Committee on Dangerous Pathogens – Infection at work: Controlling Risks

A guide for employers and the self employed on identifying, assessing, and controlling infection risks in the workplace.

<http://www.hse.gov.uk/pubns/infection.pdf>

Occupational Health and Safety Administration (OSHA) Multidrug-Resistant Organisms

A fact sheet identifying the risk factors and possible solutions for MDROs.

<https://www.osha.gov/SLTC/etools/hospital/hazards/mro/mro.html>