



Date: June 16, 2009

Subject: New Hospital Infections Disclosure Act (HIDA) Reporting Requirements –Update # 4

To: South Carolina Licensed Inpatient Hospitals (excluding psychiatric / substance abuse facilities).

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Effective date for changes:

July 1, 2009 for Surgical Site Infections

September 1, 2009 for Central Line Infections

Legal authority: South Carolina Hospital Infections Disclosure Act (HIDA) Code of Laws of South Carolina, 1976, Chapter 7, Article 20, Title 44

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### Reporting Instructions (see also Appendix 1)

1. Hospitals must follow reporting instructions in the DHEC HIDA Manual for Hospitals [www.scdhec.gov/hidainfo](http://www.scdhec.gov/hidainfo) when reporting Surgical Site Infections (SSI), Central Line Associated Bloodstream Infections (CLABSI), and Methicillin resistant Staphylococcus aureus (MRSA) bloodstream infections (BSI). These requirements include:

- Training
- Data quality
- Reporting methods

2. Hospitals must also follow CDC NHSN Patient Safety Protocol <http://www.cdc.gov/nhsn/psc.html>

- Includes definitions, referenced tables, key terms, and location codes.
- SSI Procedure Associated Module
  - NHSN Patient Safety Protocol - Table 12 - most current version of the Operative Procedure Categories and all of the ICD-9 codes for each reportable SSI. Please 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.

3. Clinical and reference laboratories must report MRSA Bloodstream Infections to DHEC. – DHEC Laboratory Reporting Requirements on the annual S.C. List of Reportable Conditions. **Two changes** are on the MRSA BSI lab reporting requirements. The name of the reporting facility must be included in the report; and the antibiotic susceptibility reporting requirements have been limited to the three drugs in the new list.

**Beginning July 1, 2009:** The following surgical procedures are being rotated off the list of SSI Reporting Requirements. They are **no longer reportable** unless your hospital's last published SIR was statistically significantly above the predicted 1.0.

- Cholecystectomy/ cholecystotomy (CHOL)
- Hysterectomy, vaginal (VHYS)
- Spinal fusion, (FUSN)

- Two surgical procedures (cholecystectomy and vaginal hysterectomy) are being rotated off the list because the volume is very high and the infection rates are very low. Also, spinal fusion reporting is being discontinued because NHSN requires a complex amount of data to be collected manually from the record of each patient undergoing the procedure. This situation makes spinal fusion reporting unsustainable with the current resources and additional data requirements. These surgical procedures may be added back to the reporting requirements at a future date.

**For the selected surgical procedures that are rotated off the reporting requirements:**

- Surveillance must continue throughout the NHSN defined follow-up period for those SSIs that have already been entered into the system.
- DHEC requires hospitals to continue reporting cholecystectomy and vaginal hysterectomy procedures if their standardized infection ratio (SIR) in the February 2009 HIDA Annual Report was reported to be statistically significantly above the expected.
  - DHEC will evaluate the relevant data for these hospitals after six months to determine if reporting must continue. Hospitals will be able to discontinue reporting if the 6 months of data following the last report is similar to or less than the expected SIR. For hospitals with small numbers of procedures the most recent 12 month period may be used to calculate the SIR. If the SIR remains statistically significantly higher than expected, then the hospital must continue to report through the next six month reporting period.
  - DHEC will work individually with each affected hospital to establish a plan and timeline for review.

**Beginning September 1, 2009: Add all inpatient units to the “Locations” for the Central Line Associated Bloodstream Infections (CLABSI) Reporting Requirements:**

The reportable CLABSI locations are being expanded to all inpatient units (except NICUs) in the hospitals regardless of hospital size (see Chart A). This change will benefit the public by providing more outcomes data to measure the effectiveness of the new statewide CLABSIs prevention efforts. Discontinuing the surgical procedures as described above will allow hospitals to shift resources to the CLABSI surveillance and reporting effort. In consideration of the time it will take the hospitals to implement CLABSI surveillance throughout all the inpatient units, the start date to expand to all units is September 1 2009.

- **Adding a Location:** Please see the attached document “Locations” for instructions on adding locations.
- **During the two months from July 1 through August 31, 2009,** hospitals must continue to report the current CLABSI locations:
  - Adult Medical and/or Surgical Critical Care Units (all combinations of Medical and Surgical, unless designated as other Specialty Location.)
  - Pediatric Medical and/or Surgical Critical Care Units, (all combinations of Medical and Surgical, unless designated as other Specialty Location.)
  - \* All inpatient locations- (in hospitals of **200** beds or less),
  - \* Inpatient Rehabilitation
  - Specialty Care Areas: \* (Long Term Acute Care -LTAC)
- Adult Medical and/or Surgical Critical Care Units (all combinations of Medical and Surgical, unless designated as other Specialty Location.)
- Pediatric Medical and/or Surgical Critical Care Units, (all combinations of Medical and Surgical, unless designated as other Specialty Location.)
- \* All inpatient locations- (in hospitals of **200** beds or less),
- \* Inpatient Rehabilitation

**Specialty Care Areas**

- \* (Long Term Acute Care (LTAC)

**Central Line Associated Bloodstream Infections (CLABSI)** Report CLABSIs in all CDC NHSN CLABSI “Location” categories” for all inpatient hospital units listed in Chart A below including LTAC and Rehabilitation hospitals. (excluding Behavioral Health/ Psychiatric, and School Infirmaries). Because the NHSN CLABSI definition in a Neonatal Critical Care Unit includes clinical sepsis without a positive culture, CLABSI reporting in the NICU will be not be required until a standardized definition can be identified. A HIDA subcommittee is working on this issue and will report back to the HIDA Committee no later than October 21, 2009.

### A. HIDA Reporting requirements for NHSN

#### **Effective dates:**

- **Surgical Site Infections: July 1, 2009**
- **Central Line Associated Bloodstream Infections (CLABSI): September 1, 2009**

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).
  - 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) - (only report from hospitals of 200 beds or less)
  
  - *[Cholecystectomy/ Cholecystotomy and Vaginal Hysterectomy -report to DHEC only if your hospital’s last published SIR is statistically significantly above the predicted 1.0]*
2. **Central Line Associated Bloodstream Infections (CLABSI)** in all hospital inpatient categories listed below must be reported into NHSN. Central line denominator data must be entered for all reportable locations as described in the NHSN Protocols.
  - All inpatient units must be assigned a Location Code as defined in the CDC NHSN Protocols, Chapter 15.
  - All units listed in the following categories are reportable inpatient units.
    - Adult Critical Care
    - Pediatric Critical Care
    - Inpatient Specialty Care Areas
    - Inpatient Adult Wards
    - Inpatient Pediatric Wards
    - Step Down Units
  - For public reporting of CLABSI rates:
    - 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)
    - Comparison reports will include only those locations with a pooled mean in the most recent NHSN Data Report. 1

**B. HIDA Reporting requirements - effective date: July 1, 2009**

**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 web in 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 medical record 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 the laboratory processing the blood culture
9. \*Name of the hospital/medical office or healthcare facility reporting the positive result
10. Name of the hospital/medical office or healthcare facility (ordering facility) where the blood culture was drawn. Check the box that says "same as reporting facility" if it is applicable
11. \*Submit the susceptibility results for oxacillin, vancomycin and trimethoprim/sulfamethoxazole for the isolate

**\* Notes: # 9: added name of reporting facility**

**# 11: limited the antibiotic susceptibility reporting requirement to the three drugs listed.**

## Appendix 1

### HIDA NHSN Data Completeness and Quality Requirements:

**Patient ID Number:** Use 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 notify DHEC of changes in hospital staff assigned as NHSN Facility Administrator and primary HIDA contacts. Submit the name, e-mail address, phone number and their assigned role.

- Examples of hospital staff changes include: 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 HIDA reporting requirements.
- Maintain a list of NHSN Users in your facility and their training dates.

**NHSN Patient Safety Protocol:** 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 requirements include the specific ICD-9 Codes for each reportable Operative Procedure Code. 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.
- 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)
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**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 - 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.”

### 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).”

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.

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## 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](http://www.scdhec.gov/hidainfo) for current and archived reporting requirements.

#### **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.

As amended: [http://www.scdhec.gov/health/disease/hai/docs/Statute\\_ARTICLE\\_20\\_as\\_amended.pdf](http://www.scdhec.gov/health/disease/hai/docs/Statute_ARTICLE_20_as_amended.pdf)

South Carolina Law, Chapter 7, 44-29-10, and DHEC Regulations 61-20 requiring laboratories to report to DHEC certain conditions designated on the List of Reportable Conditions and 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.

##### **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 CHES web based reporting page; or submitted by paper reports disease reporting cards that are mailed to DHEC and then entered into CHES. Hospitals and labs that do not use the ELR system or enter into the CHES 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 CHES Help Desk at 1-800-917-2093 to request more information on how to use ELR reporting or CHES 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.

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### References

1. National Healthcare Safety Network (NHSN) Report, data summary for 2006 through 2007, issued November 2008 <http://www.cdc.gov/nhsn/PDFs/dataStat/2008NHSNReport.pdf>  
Jonathan R. Edwards, MStat, Kelly D. Peterson, BBA, Mary L. Andrus, BA, RN, CIC, Margaret A. Dudeck, MPH, Daniel A. Pollock, MD, Teresa C. Horan, MPH, and the National Healthcare Safety Network Facilities Atlanta, Georgia