PURPOSE:

A. Colorado West Health Care System is a community based healthcare organization which strives to improve the health and quality of life of the individuals and communities we serve. Our goal is to create a healthcare environment personalized to each patient that focuses on health and wellness, provides convenience and ease of access, and incorporates the latest technologies. The Infection Prevention Program supports this effort by defining a systemic, coordinated and continuous approach to improving performance by focusing upon surveillance, prevention of infections throughout the organization. Infection prevention services are provided through the collaborative efforts of the Infection Prevention Program and Grand Valley Occupational Medicine Services. There are four principal goals for the Infection Prevention Program:

1. Protect the patient by minimizing the risk of transmission (spread) of infections associated with procedures thus reducing healthcare associated infection rates in an effort to reduce morbidity and mortality and shorten periods of illness and hospitalization.
2. Protect the patient by minimizing the risk of transmission (spread) of infections associated with the use of medical equipment, medical devices, and medical supplies thus reducing healthcare associated infection rates in an effort to reduce morbidity and mortality and shorten periods of illness and hospitalization.
3. Protect healthcare workers, visitors and others in the healthcare environment. This is accomplished limiting unprotected exposure to pathogens by using administrative controls, engineering controls, isolation, improving compliance with hand hygiene guidelines, personal protective equipment, construction barriers, case investigation, education, immunization, and employee health programs that protect employees from job-related exposures.
4. Accomplish the previous three goals in a cost effective manner by preventing costs to the healthcare payer associated with the treatment of complications due to healthcare associated infections and avoiding costs to the organization resulting from infection-related absenteeism and liability.

B. This plan applies to the following locations and services provided:
1. Accounting Office - 2004 North 12th Street, Grand Junction, CO 81501
2. Advanced Pulmonary and Critical Care of the Grand Valley, 605B 28 1/2 Road, Grand Junction, CO 81506
3. Behavioral Health - 605A 281/4 Road, Grand Junction, CO 81506
5. Canyon View Urgent Care - 2373 G Road Ste 160, Grand Junction, CO 81505
6. Canyon View Plastic Surgery, 2373 G Road, Grand Junction, CO 81505
7. Colorado Mesa University Student Health Center - 1060 Orchard Avenue Ste O, Grand Junction, CO 81501
8. Colorado West WomanCare of the Grand Valley - 2373 G Road, Grand Junction, CO 81505
9. Community Hospital - 2351 G Road, Grand Junction, CO 81505
10. Community Hospital Home Health - 2021 North 12th Street, Grand Junction, CO 81501
11. Canyon View Imaging and Lab - 2373 G Road, Grand Junction, CO 81505
12. Community Hospital Material Management Warehouse - 1048 Independent Avenue, Suite 113, Grand Junction, CO 81505
13. Employee Assistance Program (EAP) - 605A 281/4 Road, Grand Junction, CO 81506
15. Grand Valley Wellness Bariatric Program - 605B 28 1/4 Road, Grand Junction, CO 81506
16. Grand Valley Wellness Health Promotion - 605B 28 1/4 Road, Grand Junction, CO 81506
17. Grand Valley Wellness Outpatient Diabetic Education/Nutrition - 605B 28 1/4 Road, Grand Junction, CO 81506
18. Grand Valley Business Office - 2020 North 12th Street, Grand Junction, CO 81501
19. Grand Valley Oncology, 2596 F Road, Grand Junction, CO 81506
20. Grand Valley Pediatrics - 603 28 1/4 Road, Grand Junction, CO 81506
21. Grand Valley Primary Care 1 and 2 - 603 28 1/4 Road, Grand Junction, CO 81506
22. Grand Valley Primary Care 3 - 2373 G Road Ste 160, Grand Junction, CO 81505
DEFINITIONS:
Healthcare provider Physicians, licensed independent practitioners, students, employees, contract workers
NHSN National Healthcare Safety Network
CDC Centers for Disease Control and Prevention

POLICY:
A. Risk Factors and categories
1. External
   a. Community related
      i. Community Hospital is a full-service acute care hospital licensed for 78 beds. As part of the Colorado West Health Care System, it offers full outpatient diagnostic services and inpatient care for the western slope region of Colorado. Colorado Health Care System is located in Western Colorado, in the county seat of Grand Junction, near the Colorado River.
         ■ Patient days for 2015: 7,790
         ■ Patient admissions for 2015: 2,641
         ■ Emergency Department visits for 2014: 18,164
         ■ Grand Valley Urgent Care visits for 2015: 19,285
         ■ Grand Valley Primary Care visits for 2015: 36,620
         ■ CMU Student Health Center visits: 6,278
         ■ Additional ambulatory care settings number of visits for 2015 available upon request (refer to Purpose, section B.)
      ii. Grand Junction, Colorado is the largest city in western Colorado. Grand Junction is located in Mesa County. Grand Junction serves as a major commercial and transportation hub within the large area between the Green River and Continental Divide. The economy of Grand Junction is diverse and major contributors include health care, tourism, agriculture, livestock, and energy mining (gas and oil).
         ■ Grand Junction population (city): 61,212
         ■ Race/Ethnicity: Caucasian/white any race) 91.4%, Hispanic or Latino (any race) 13.5%, American Indian 0.8%, African American/Black 0.7%, Asian 0.7%, Other 3.5%. Note: The sum of the 6 individual race categories may add to more than the total population because individuals who reported more than one race are tallied in each category.
   b. Colorado
      i. Colorado Department of Public Health and Environment and Mesa County Health Department provide public health response to community outbreaks and disasters.
      ii. Colorado’s Hospital-Acquired Infections Disclosure Act (House bill 06-1045) was approved in June 2006, with reporting beginning in 2007.
   d. Prevalent Diseases
      i. Reportable Diseases
         ii. Methicillin-resistant Staphylococcus Aureus (MRSA) colonization and infection
2. Internal
   a. Patient related risks
      i. Frail elderly, medicare population
      ii. Colorado Mesa University students
      iii. Obstetrical population
      iv. Pediatric population
v. Immunosuppressed population (oncology population)

b. Employee risks - 797 employees.
c. Equipment and devices: Sterilization and disinfection process for medical equipment (scopes, surgical instruments, prostheses).
d. Environment-related
   i. Construction/renovation/alterations/maintenance occurring due to age of buildings, new construction, and remodeling for changing service package.
   ii. New hospital construction with transition phase and move to the new hospital March 17, 2016 - 2351 G Road, Grand Junction, Colorado 81505.
   iii. Environmental cleanliness and safety.

e. Emergency Preparedness
   i. Influx of Infectious Patients Response Plan
      ■ Managing influx of infectious patients and triaging patients.
      ■ Isolation, personal protective equipment, negative air pressure rooms - Standard Precautions and Isolation Precautions Policy.
      ■ Utilities (e.g., water) - Loss of Utilities Policy.

g. Surveillance data - Infection Prevention Risk Assessment.
h. Antibiogram: Resistance patterns and drug susceptibility

B. Risk Assessment: Infection Prevention Risk Assessment

C. Infection Prevention and Control Summary of Goals/Objectives, Strategies and Surveillance Indicators

D. Authority Statement

1. The authority for overseeing and monitoring the Infection Prevention Program at Colorado West Health Care System (aka Community Hospital) lies in the Infection Prevention Committee for purposes of ensuring that infection prevention surveillance and management activities are identified, assessed, monitored, and evaluated. Furthermore to ensure that regulatory requirements are integrated with accreditation standards to avoid duplication of work efforts and assist in meeting or exceeding the regulatory requirements across the organization known as Community Hospital.

2. The Chief Executive Officer, Chief Nursing Officer, and Board of Trustees have provided the authority for the infection prevention program to the Infection Preventionist. The Infection Preventionist is a Registered Nurse in the State of Colorado, who by experience, education, and certification has the authority to intervene whenever there is a potential threat or actual risk to the infection prevention policies/procedures established to ensure the safety and integrity of employees, patients, and visitors of Community Hospital.

3. The Physician Chairperson of the Infection Prevention Committee, as established by the Medical Executive Committee, provides direction/oversight for the infection prevention program. The Physician Chairperson in collaboration with the Chief Medical Officer supports and collaborates with the Infection Preventionist in matters of infection prevention to ensure an integrated approach to the comprehensiveness of the infection prevention plan with regulatory and accreditation bodies.

E. Scope

1. The Infection Prevention Program is a multidisciplinary collaborative plan designed to control the spread of infection based upon the clinical needs and demographics of our patients and employees. The Infection Prevention Committee (IPC) will review and evaluate the potential for and presence of infections, recommend policy and procedures aimed at avoidance and control of infections, and monitor the compliance of approved policies and procedures. The IPC meets on a monthly basis. The IPC agenda includes, but is not limited to, the IPC Schedule of Continuing Topics. Additional topics are added to the agenda as appropriate.
   The Centers for Disease Control (CDC) National Healthcare Safety Network (NHSN) is used to define healthcare associated infections. The program is under the direction of the IPC physician chairperson to provide oversight for the Infection Prevention Program. The program is designed to protect the patient and healthcare worker and to ensure the optimal operation of the healthcare system by means of the following:
   a. Managing critical data and information, including surveillance of healthcare associated infections.
   b. Setting and recommending policies and procedures.
   c. Intervening directly to interrupt the transmission of infectious diseases.
   d. Educating and training healthcare workers, providers, patients, and the community.

2. While infection prevention is the responsibility of all Colorado West Health Care System employees, the following are key personnel resources with specific responsibilities for Infection Prevention Program implementation.
   a. Ancillary Services - Respiratory Therapy, Therapy Works, and Radiology work to prevent infections through patient assessment, education and treatment, implementation of policies and procedures relating to infection prevention and the use of protective equipment and supplies. Patient care providers are responsible to report healthcare associated infections, communicable diseases requiring isolation precautions and epidemiologically significant microorganisms to the Infection Preventionist when identified.
   b. Chief Medical Officer - He/She has the authority to make decisions regarding isolation, prevention measures deemed necessary when there is reason
to believe that any patient, healthcare worker or other person may be in danger of contracting or transmitting an infectious disease or epidemiologically significant microorganism.

c. Department Directors - Assist with surveillance data collection, analysis and interpretation. Participate in specific improvement activities based on the findings.

d. Education - All employee and volunteers receive infection prevention and OSHA bloodborne pathogen training upon hire and annually. The Infection Prevention educational session outlines topics such as Standard Precautions and Isolation Precautions and the OSHA Bloodborne Pathogen Standard.

e. Environmental Services, Facilities Management, Risk Management, and Materials Management - Integral to the Infection Prevention Program by implementing policies and procedures that ensure a clean environment and supplies.

f. Food Services - Implement policies and procedures relating to infection prevention

g. Healthcare Providers - Physicians and clinical staff work to prevent infections through patient assessment, education and treatment, implementation of policies and procedures relating to infection prevention and the use of protective equipment and supplies. Patient care providers are responsible for reporting infections, when identified, to the Infection Preventionist.

h. Infection Prevention Committee (IPC) Physician Chairperson - He/She chairs Community Hospital's IPC. The IPC Physician has the responsibility and authority to ensure compliance with Infection Prevention policies and procedures, to make decisions regarding their implementation and institute any specific surveillance, isolation, prevention measures deemed necessary when there is reason to believe that any patient, healthcare worker or other person may be in danger of contracting or transmitting an infectious disease or epidemiologically significant microorganism.

i. Infection Preventionist (IP) - Registered Nurse with special training and certification in infection prevention. Oversees surveillance, and provides analysis of data, reports information/data to appropriate agencies (e.g., Mesa County Health Department, CDPHE, CMS), implements policies and procedures to prevent and/or disrupt the transmission of disease, provides education on infection prevention practices, and acts as a resource to Colorado West Health Care System employees. The IP has the authority to make decisions regarding isolation, prevention measures deemed necessary when there is reason to believe that any patient, healthcare worker or other person may be in danger of contracting or transmitting an infectious disease or epidemiologically significant microorganism. The IP is a member of the Patient Safety Committee. The IP will notify of new services or procedures by the department director(s). The IP will follow the Infection Prevention policies which are located in Lucidoc.

j. Laboratory Services - Community Hospital Laboratory reports positive microbiology findings to patient care providers and the Infection Preventionist. Positive microbiology findings are reported, as appropriate, to the Mesa County Health Department and Colorado Department of Public Health and Environment. Data is also provided to IPC on the prevalence of specific pathogens. Establishes procedures for the protection of laboratory personnel against occupational hazards. Establishes procedures for handling and disposal of biological wastes. Reports positive culture results to the responsible physician.

k. Occupational Medicine - Occupational Medicine provides screening, monitoring and surveillance to prevent exposure or infection among employees. These activities include, but are not limited to, tuberculosis surveillance, vaccination administration, fit-testing for N-95 respirators, and maintaining employee records. Relevant data from these activities are presented to the IPC.

l. Outpatient Services - Advanced Pulmonary and Critical Care of the Grand Valley, Canyon View Imaging and Lab, Canyon View Urgent Care, Colorado Mesa University Student Health Center, Colorado West WomanCare of the Grand Valley, Community Hospital Home Health, Grand Valley Wellness Bariatric Program, Grand Valley Wellness Outpatient Diabetic Education/Nutrition, Grand Valley Pediatrics, Grand Valley Primary Care (1, 2 and 3), Fruita Family Medicine of the Grand Valley, Grand Valley Specialty Care, Grand Valley Urgent Care, Internal Medicine Associates of Grand Valley, Canyon View Plastic Surgery, Grand Valley Oncology and Grand Valley Occupational Medicine work to prevent infections through patient assessment, education and treatment, implementation of policies and procedures relating to infection prevention and the use of protective equipment and supplies. Patient care providers are responsible to report healthcare associated infections, communicable diseases requiring isolation precautions and epidemiologically significant microorganisms to the Infection Preventionist when identified.

m. Pharmacy - A pharmacist acts as a resource to patient care providers and is the IPC’s link to the Pharmacy and Therapeutics Committee. Assists with data collection, analysis and interpretation in specific improvement activities based on the findings. Provides a bi-annual antibiogram report to the IPC. Establishes policies relating to mixture/drug reconstitution and for preparation of nutritional fluids.

n. Quality Management - Provides supports for data collection, analysis and trending, as well as support for quality improvement efforts identified by the IPC.

o. Support Services - Services supporting patient care such as Environment of Care Committee.

p. Surgery Department - Develops, implements and enforces infection prevention policies including but not limited to, receipt/storage of supplies, cleaning, decontamination, disinfection and sterilization.

F. Methodology - surveillance, analysis and intervention

1. The Infection Prevention Program’s method of surveillance, analysis and intervention is based upon the PLAN-DO-STUDY-ACT Cycle of Quality Improvement.
2. PLAN: The IPC identifies populations who are high risk or high volume on an annual basis for routine surveillance. The selection of routine surveillance monitors is based on past surveillance findings as well as current infection prevention trends. Comparative data and benchmarking rates are provided through the CDC National Healthcare Safety Network (NHSN), Centers for Medicare and Medicaid Services (CMS) and other validated public reporting databases.

3. DO: The following data is collected by individuals for the Infection Preventionist for analysis to aid in the identification of patients who have an infection, allow for identification of trends/outbreaks, and identify reportable cases to local, county and state agencies.

   a. Prevalent Pathogen Surveillance
      i. Laboratory microbiology reports
      ii. Laboratory potentially contagious serology (potential diagnoses through immunology)
      iii. Laboratory organism reports
      iv. Emergency Department, Grand Valley Urgent Care, Canyon View Urgent Care and Colorado Mesa University Student Health Center influenza surveillance (by ICD-10-PCS codes)

   b. Critical Organism Surveillance
      i. Laboratory organism reports including patients with MRSA, Vancomycin-resistant Enterococcus (VRE), Carbapenem-resistant Enterobacteriaceae (CRE), Multi-drug Resistant Organism(s) or Clostridium difficile
      ii. Laboratory microbiology reports
      iii. Patient reported past medical history of resistant organism(s) - nursing admission history with electronic referral to Infection Preventionist
      iv. Centers for Disease Control and Prevention alert notifications
      v. Colorado Department of Public Health and Environment alert notifications
      vi. Mesa County Health Department alert notifications
      vii. Micromedex 360 Care Insights (Truven) alert notifications

   c. Targeted Surveillance - Indicators selected yearly by IPC based on populations that are identified to be high risk

   d. Special surveillance (when applicable)
      i. Outbreak Investigation - see Outbreak Investigation Policy
      ii. Clinical Management Guidelines
      iii. Other surveillance as requested and approved by IPC

4. STUDY: Data is analyzed on a monthly basis by the Infection Preventionist. Data is analyzed by

   a. Surgical procedure
   b. Risk index
   c. Site and degree of infection
   d. Inpatient/outpatient area
   e. Physician
   f. Organism
   g. Date of infection
   h. Infection rate
   i. Device

   b. Infection Prevention surveillance will be conducted as outlined in the procedure portion of this policy. Infection rates are calculated using the NHSN computer program and results will be compared against benchmark information within that system. The data will be summarized. Areas of concern will be identified and appropriate action taken based on findings. (See ACT phase). Relative components/functions within the hospital collaborate to implement the infection prevention program.

   c. Infection Prevention Data will be disseminated to those individuals, groups and/or department(s) with the authority and responsibility to act on findings. Minutes are sent to and reviewed by the Medical Executive Committee. The Chief Compliance Officer will bring any concerns addressed by Medical Executive Committee to the attention of the Infection Preventionist and the IPC.

   d. If there are issues that need to be further shared with the entire medical staff, this is accomplished through written/electronic materials as well as discussions at departmental meetings and through the minutes of these meetings.

   e. Dissemination of data to additional groups includes, but is not limited to, the following:
      i. Nursing leadership (monthly)
      ii. Medical Executive Committee (monthly)
      iii. Department directors (as applicable)
iv. Quality Management/Risk Management (monthly)
v. Environment of Care Committee and subgroups (as applicable)
vi. City, County, and State Departments of Health (as required)

5. ACT: When analysis identifies an area of concern, a corrective action plan will be formulated by the individual, group and/or department(s) with the authority and responsibility to act on findings. This action plan will be communicated to the IPC. Action plans will be appropriate to the cause; scope and/or severity of the problem identified and may include, but not are limited to:
   a. Implementing surveillance, prevention measures.
   b. Controlling infections, including outbreak management and investigation.
   c. Reporting to the Mesa County Health Department and Colorado Department of Public Health and Environment as required by law.
   d. Developing, reviewing, and revising policies and procedures relating to infection prevention and employee health.
   e. Using the Quality Improvement process to (re)design processes to improve infection prevention practice based upon data collection and analysis.
   f. Educating medical staff, licensed independent practitioners, employees, volunteers, students/trainees, visitors, contract workers, patients and the community on infection prevention measures.
   g. Evaluating Infection Prevention data at the Patient Safety Committee.
   h. Evaluating and revising the Infection Prevention Program on an annual basis, whenever risks significantly change, or more often as determined by the Infection Prevention Committee. The review will be done on an annual basis (calendar year).
   i. Identifying Sentinel Events and implementing the Sentinel Event Process - see Sentinel Events Policy.
   j. Notifying a receiving or transferring organization of the presence of a transmittable disease/infection that was not known at the time of transfer or referral.
   k. Complying with accrediting bodies.

G. Healthcare associated infection determination

1. To standardize the classification of an infection as present on admission (POA) or a healthcare-associated infection (HAI), the following objective surveillance definitions and guidance are used for NHSN surveillance:
   a. 7-day Infection Window Period
   b. Date of Event
   c. POA
   d. HAI
   e. 14-day Repeat Infection Timeframe (RIT)
   f. Secondary Bloodstream Infection (BSI) Attribution Period
   g. Pathogen Assignment Guidance

2. The intention of this approach is to align criteria and definitions and decrease subjectivity while maintaining epidemiologic standardization and clinical relevance. A variety of scenarios to include repeat infections of the same type, concurrent infections of differing types, and pathogen assignment in multi-pathogen infections are addressed.

3. Notes:
   a. Infection window period, POA, HAI, and RIT definitions do not apply to SSI, VAE, or LabID Events.
   b. Date of Event, as defined in this chapter, does not apply to VAE or LabID Events;
   c. Secondary BSI attribution period, as defined in this chapter, does not apply to SSI, VAE, LabID or primary BSI events.
      i. SSI surveillance utilizes a 30 or 90 day surveillance period. Since the Infection Window Period and RIT do not apply, the secondary BSI attribution period, by name, also cannot apply. However, a 17-day period that includes the date of SSI event, 3 days prior and 13 days after, is still used to attribute a BSI as secondary to an SSI.
      ii. Specific guidance can be found in the VAE protocol for secondary BSI attribution.
   iii. A primary BSI/CLABSI by definition can never have a secondary BSI.
      • Infection window period, POA, HAI, and RIT do not apply to Ventilator Associated Event (VAE) or LabID Events. (Secondary BSIs may be attributed to SSI events.
      • Secondary BSI attribution period, as defined in this chapter, does not apply to SSI, VAE, LabID or primary BSI events.
      • Organisms belonging to the following genera are typically causes of community-associated infections and are rarely or are not known to be causes of healthcare-associated infections, they are excluded, and cannot be used to meet any NHSN definition: Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus and Pneumocystis.
• If the date of culture collection is on or after the date the patient is declared brain dead AND the patient is being supported for organ donation purposes, the event should not be reported as an HAI. For VAE surveillance, if the date of event (date of onset of worsening oxygenation) is on or after the date the patient is declared brain dead AND the patient is being supported for organ donation purposes, the event should not be reported as a VAE.

4. Observation Patients in Inpatient Locations: For purposes of NHSN surveillance, if an observation patient is sent to an inpatient location, the patient must be included in infection surveillance, patient day, and device day counts. The facility assignment of the patient as an observation patient or an inpatient has no bearing in this instance for counting purposes. The patient is being housed, monitored, and cared for in an inpatient location and therefore is at risk for acquisition of an HAI.

5. NHSN Infection Window Period
   a. The NHSN Infection Window Period is defined as the 7-days during which all site-specific infection criteria must be met. It includes the day the first positive diagnostic test that is used as an element of the site-specific infection criterion, was obtained, the 3 calendar days before and the 3 calendar days after. For purposes of defining the Infection Window Period the following are considered diagnostic tests:
      i. laboratory specimen collection
      ii. imaging test
      iii. procedure or exam
      iv. physician diagnosis
      v. initiation of treatment
   b. For site-specific infection criteria that do not include a diagnostic test, the first documented localized sign or symptom that is used as an element of NHSN infection criterion should be used to define the window (e.g., diarrhea, site specific pain, purulent exudate).

6. The Date of Event is the date the first element used to meet an NHSN site-specific infection criterion occurs for the first time within the seven-day infection window period.
   a. An infection is considered Present on Admission (POA) if the date of event of the NHSN site-specific infection criterion occurs during the POA time period, which is defined as the day of admission to an inpatient location (calendar day 1), the 2 days before admission, and the calendar day after admission. For purposes of NHSN surveillance and determination of the Repeat Infection Timeframe (as defined below) if the date of event is determined to be either of the two days prior to inpatient admission, then the date of event will be hospital day 1.
   b. An infection is considered a Healthcare-associated Infection (HAI) if the date of event of the NHSN site-specific infection criterion occurs on or after the 3rd calendar day of admission to an inpatient location where day of admission is calendar day 1.
   c. Notes:
      i. Acceptable documentation includes patient-reported signs or symptoms documented in the chart by a healthcare professional (e.g., patients states measured fever > 38.0° C or 100.4° F, nursing home documents fever prior to arrival to the hospital, patient complains of dysuria).
      ii. Physician diagnosis can be accepted as evidence of an infection only when physician diagnosis is an element of the specific infection definition. For example, physician diagnosis is not an element of any UTI criteria; therefore, physician diagnosis of a UTI may not be used to satisfy POA status of a UTI.
      iii. Infections occurring in newborns with date of event on hospital day 1 or day 2 are considered POA. Those with date of event on day 3 or later are HAI. This would include infections acquired transplacentally (e.g., herpes simplex, toxoplasmosis, rubella, cytomegalovirus, or syphilis) or as a result from passage through the birth canal (e.g., Group B Streptococcus).
      iv. Reactivation of a latent infection (e.g., herpes zoster [shingles], herpes simplex, syphilis, or tuberculosis) is not considered to be HAI.

7. The Repeat Infection Timeframe (RIT) is a 14-day timeframe during which no new infections of the same type are reported. The RIT applies to both POA and HAI determinations. The date of event is Day 1 of the 14-day RIT. If criteria for the same type of infection are met within the 14 day RIT, a new event is not identified or reported. Additional pathogens recovered during the RIT from the same type of infection are added to the event.
   a. The RIT will apply at the level of specific type of infection with the exception of BSI, UTI, and PNEU where the RIT will apply at the major type of infection.
   b. Specific Type Example: Patients will have no more than one BONE infection in an RIT, but may have a BONE and DISC in two overlapping RITs (specific type).
   c. Major Type Examples:
i. Patients will have no more than one laboratory Confirmed Bloodstream Infection (LCBI) in an RIT (e.g., LCBI 1, LCBI 2, Mucosal Barrier Injury (MBI)-LCBI 1, etc.)

ii. Patients will have no more than one PNEU in an RIT (e.g., PNU1, PNU2, PNU3)

iii. Patients will have no more than one UTI in an RIT (e.g., Symptomatic Urinary Tract Infection [SUTI], Asymptomatic Urinary Tract Infection [ABUTI])

d. The RIT applies during a patient’s single admission, including the day of discharge and the day after, in keeping with the Transfer Rule. An RIT does not carry over from one admission to another even if readmission is to the same facility.

e. Notes:
   
i. A patient may have negative cultures during the RIT without impact on the RIT.

   ii. Do not change the device-association determination during the RIT.

   o Example: A non-catheterized UTI is identified and initiates an RIT. During the RIT, a Foley catheter is placed and more than 2 days later, still in the RIT, another urine culture is collected and resulted as positive for > 100,000 CFU/ml with a different bacteria. Add this pathogen to the original UTI but do not change the non-catheter associated UTI to CAUTI.


   1. Definitions by anatomical site are provided as criteria to identify home healthcare associated infection in this patient population.

   2. Defining infection in a patient receiving home health care depends upon a new sign(s) or symptom(s) identified by a clinician or other healthcare personnel. Supportive evidence from laboratory or other diagnostic testing can be used to confirm support criteria for a possible home healthcare associated infection.

I. Surgical Wound Classification

   1. Clean: An uninfected operative wound in which no inflammation is encountered and the respiratory, alimentary, genital, or uninfected urinary tracts are not entered. In addition, clean wounds are primarily closed and, if necessary, drained with closed drainage. Operative incisional wounds that follow nonpenetrating (blunt) trauma should be included in this category if they meet the criteria. The clean wound classification level will not be available for denominator data entry for the following NHSN operative procedure categories: APPY, BILI, CHOL, COLO, REC, SB, and VHYS.

   2. Clean-Contaminated: Operative wounds in which the respiratory, alimentary, genital, or urinary tracts are entered under controlled conditions and without unusual contamination. Specifically, operations involving the biliary tract, appendix, vagina, and oropharynx are included in this category, provided no evidence of infection or major break in technique is encountered.

   3. Contaminated: Open, fresh, accidental wounds. In addition, operations with major breaks in sterile technique (e.g., open cardiac massage) or gross spillage from the gastrointestinal tract, and incisions in which acute, nonpurulent inflammation is encountered including necrotic tissue without evidence of purulent drainage (e.g., dry gangrene) are included in this category.

   4. Dirty or Infected: Includes old traumatic wounds with retained devitalized tissue and those that involve existing clinical infection or perforated viscera. This definition suggests that the organisms causing postoperative infection were present in the operative field before the operation.

J. Environmental sampling:

   1. All sterilizers/autoclaves will be tested with the appropriate live spore test (Biological Indicators).

   2. Routine environmental cultures (with the exception of above) are no longer recommended by the CDC. Microbiologic sampling is directed toward the evaluation of contamination known to be associated with a risk of healthcare associated infection and to investigate specific objects or areas incriminated epidemiologically in its transmission.

   3. The IPC or Infection Preventionist approves other designated samplings and/or special studies in advance. A complete report of the sampling will be submitted to the IPC.

K. Methodology for determination of influenza vaccination rates - Colorado West Health Care System and Home Health healthcare personnel (HCP):

   1. Denominator statement: The denominator for this measure consists of HCP who are physically present in the healthcare facility for at least one working day between October 1 and March 31 (i.e., the measure reporting period) of the following year. Denominators are to be calculated separately for three required categories.

   a. Employees: This includes all persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll), regardless of clinical responsibility or patient contact.

   b. Licensed independent practitioners (LIPs): This includes physicians (MD, DO), advanced practice nurse and physician assistants who are affiliated with the reporting facility, but are not directly employed by it (i.e., they do not receive a paycheck from the facility), regardless of clinical responsibility or patient contact. Post-residency fellows are also included in this category if they are not on the facility's payroll.

   c. Adult students/trainees and volunteers: This includes medical, nursing, or other health professional students, interns, medical residents, or volunteers age 18 or older who are affiliated with the healthcare facility, but are not directly employed by it (i.e., they do not receive a paycheck...
from the facility), regardless of clinical responsibility or patient contact.

d. **Denominator notes**
   i. The denominator includes HCP who have worked at the facility for at least one working day between October 1 and March 31 during the reporting period, regardless of clinical responsibility or patient contact. This includes HCP who joined after October 1 or left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day.
   ii. Both full-time and part-time personnel should be included. HCP should be counted as individuals rather than the full-time equivalents. If a HCW works in two or more facilities, each facility should include the HCW in their denominator.
   iii. Licensed practitioners who receive a direct paycheck for the reporting facility, or who are owners of the reporting facility, should be counted as employees.
   iv. The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the denominator categories.

2. **Numerator statement**
   a. The numerator for this measure consists of HCP in the denominator population, who during the time from when the vaccine became available (e.g., August or September) through March 31 of the following year:
      i. received and influenza vaccination administered at the healthcare facility; or
      ii. reported in writing (paper or electronic) or provided documentation the influenza vaccination was received elsewhere; or
      iii. were determined to have a medical contraindication/condition of severe allergic reaction to eggs or other component(s) of the vaccine, or history of Guillain-Barre Syndrome (GBS) within 6 weeks after a previous influenza vaccination; or
      iv. were offered but declined influenza vaccination; or
      v. had an unknown vaccination status or did not otherwise meet any of the definitions of the above-mentioned numerator categories.

b. **Numerator notes**
   i. Persons who declined vaccination because of conditions other than those specified in category (2.a.iii) above should be categorized as declined vaccinations.
   ii. Persons who declined vaccination and did not provide any other information should be categorized as declined vaccinations.
   iii. Persons who deferred vaccination all season should be categorized as declined vaccination.
   iv. The numerator data are mutually exclusive. The sum of the numerator categories should be equal to the denominator for each HCP group.
   v. For the purposes of this measure, a medical contraindication to vaccination with inactivated influenza vaccine (IIV) is defined as having a severe allergic reaction to eggs or other components of the influenza vaccine or a history of GBS within 6 weeks after a previous influenza vaccination.

**PROCEDURE:**

A. **Collection of data**
   1. Rounds will be made to inpatient and ambulatory care settings (outpatient care areas).
   2. Case management reviews admissions and continued stays on a daily basis and is a source for referral and information.
   3. Results of positive cultures of patients, personnel or environment are made available to the Infection Preventionist.
   4. Chart review of high risk patients will be made by the Infection Preventionist to determine presence of infections not reported by other means.
   5. Physician office reporting of infections on follow-up exams for all classification of patients. The Infection Preventionist may call the physician's office, particularly if positive culture reports are identified on or following discharge.
   6. Monthly letters are sent to surgeons to assist in reporting healthcare associated surgical site infections to Infection Prevention.
   7. Analysis of Community Hospital Surgery Department Infection Prevention Group review of all healthcare associated surgical site infections.

B. **Correlation of information**
   1. Infection Prevention Summary Report - compiled monthly by the Infection Preventionist.
   2. Logs
      b. Healthcare Associated Infection Log: Infections reported by date/location of service, HAI site and pathogen.
   3. Surveillance data is reviewed on a continual basis for the presence of an epidemic, clusters of infections, or infections due to unusual pathogens.
   4. The Infection Preventionist will prepare the healthcare-associated infection case review. The Infection Prevention Committee Chairperson/Chief Medical Officer will review the case and make the final healthcare-associated infection determination. For questionable healthcare-associated infection case reviews, NHSN will be consulted to assist with the healthcare-associated infection determination.
5. Other reports may be made at the discretion of the Infection Preventionist or at the recommendation of the IPC or the appointed IPC physician chairperson.
6. Identification of trends of infection will be reported when surveillance benchmarks deem that a potential problem exists.
7. A copy of the microbiology and susceptibility report is kept on file.
8. Records of surveillance will be maintained by the IP.

C. Actions: refer to the Infection Prevention Risk Assessment
1. Based on data analysis and risk to patients and healthcare providers.
2. The Infection Preventionist may make recommendations to the IPC to minimize Healthcare Associated Infections.
3. Actions will be monitored for improvement by the Infection Preventionist.
4. Referrals and action plan for improvement will be a function of the IPC of which infection control is an integral part.
5. Timely and appropriate action as indicated will be taken to eradicate or lessen the effects of identified problems. Actions may include policy and procedure changes, educational presentations, systems or process problem resolutions by a team or task force and individual counseling.
6. Total house surveillance will be performed only when deemed necessary by the IPC and IPC physician chairperson.

D. Policies
1. Facilities Management Manual
2. Environmental Services Manual
3. Food Services Manual
   a. Cleaning, Disinfection, and Decontamination
      i. Cleaning and Disinfecting with Chemical Solutions
      ii. Cleaning Contaminated Work Surfaces
      iii. Creutzfeldt-Jakob Disease Infection Prevention Guidelines
      iv. Fresh, Dried Flowers and Plant Care and Maintenance
      v. Refrigerator/Freezer Temperature Monitoring and Cleaning
   b. Construction and Renovation - Infection Prevention
   c. Communicable Disease Reporting and Outbreak Investigation
   d. Emergency Preparedness - Influx of Infectious Patients Response Plan
   e. Hand Hygiene
   f. Healthcare Associated Infection Prevention - Device Associated
      i. Catheter (Indwelling) Associated Urinary Tract Infection (CAUTI) Prevention
      ii. Central Line Associated Bloodstream Infection Prevention
      iii. Ventilator Associated Event Prevention
   g. Infection Prevention Scope of Services, Program, Plan and Coverage
      i. Infection Prevention Performance Improvement Plan
      ii. Infection Prevention Program
      iii. Infection Prevention Plan
      iv. Infection Prevention Coverage
      v. Infection Prevention Scope of Services
   h. Isolation Precautions
      i. Ebola Virus Disease (EVD) Infection Prevention
      ii. Environmental Infection Prevention for Ebola Virus
      iii. Infection Prevention Precautions for Hospitalized Patients
      iv. Middle East Respiratory Syndrome (MERS-CoV) Infection Prevention
      v. MRSA Active Surveillance Testing
      vi. Multi-drug Resistant Organism (MDRO) Control Measures
      vii. Reverse Isolation
      viii. SARS Infection Prevention Precautions
      ix. Standard Precautions and Isolation Precautions
      x. Surgery Department Guidelines for Isolation Precautions
      xi. Surveillance Precautions
i. Mycobacterium tuberculosis
   i. TB Exposure Control Plan
   ii. TB Risk Assessment
   iii. Testing of Airborne Precautions (negative air pressure) Rooms
   iv. Tuberculin Skin Test

j. Occupational Health
   i. Employee/Volunteer Report
   ii. Exposure Management
      ■ Bloodborne Pathogen Exposure Control Plan
      ■ Management of Communicable Disease Exposure
      ■ Management of Occupational Exposure to HBV, HCV, and HIV
      ■ Varicella (chickenpox) and Disseminated Herpes Zoster Exposure and Prophylaxis
   iii. Immunizations
      ■ Hepatitis A Immunization
      ■ Hepatitis B Vaccination
      ■ Influenza Vaccination for Healthcare Personnel
      ■ Measles, Mumps and Rubella Vaccination
      ■ Meningococcal Vaccination
      ■ Tetanus, Diphtheria, Acellular Pertussis (Tdap) Vaccination
      ■ Varicella (chickenpox) Vaccination
   iv. Healthcare Worker Health
   v. Latex Allergy Protocol
   vi. Reporting of Employee/Volunteer Infection or Communicable Disease
   vii. Respiratory Protection
      ■ PAPR (Powered Air Purifying Respirator)
      ■ Personal Respiratory Protection Program
   k. Outbreak Investigation
   l. Pet Visitation and Animal-Assisted Activity/Therapy
   m. Surgical Site Infection Prevention
   n. Use of disposables

5. Laboratory Manual
   a. General Lab
   b. Lab Nursing
   c. Microbiology
   d. Pathology
   e. Phlebotomy
   f. Radiology
   g. Therapy Works
   h. Veterinary


7. Patient Care Manual
   a. IV Procedure
   b. Clinical
   c. Canyon View Urgent Care
   d. Environment of Care
   e. Grand Valley Oncology
   f. Grand Valley Pediatrics
   g. Grand Valley Primary Care
   h. Grand Valley Urgent Care
i. Internal Medicine Associates of the Grand Valley
j. Advanced Pulmonary and Critical Care of the Grand Valley
k. Interdepartmental
l. Nursing
   i. Emergency Department
   ii. Home Health
   iii. ICU
   iv. Perioperative (OR Procedures, PACU, Procedure Center, Sterile Processing)

REFERENCES:

Grand Junction Chamber of Commerce.

Colorado Department of Public Health and Environment. http://www.cdphe.state.co.us/

APIC-HIPAC Surveillance Definitions for Home Healthcare and Home Hospice Infections


CDC/NHSN Surveillance Definitions for Specific Types of Infections

Referenced Documents

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| Signed by | (03/17/2016 08:26AM PST) Katherine Cholet, Accreditation & Quality Director |
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