Report to the Legislature



Prepared by
Healthcare-Associated Infections & Antimicrobial
Resistance Program
Disease Control and Health Statistics Division



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Contents

Executive Summary	1
Categories of Reporting Currently Required of Hospitals	
Categories of Reporting the Department Plans to Add, Delete, or Modify by Rule	
Table 1: HAI Reporting Requirements for Washington Hospitals	3
Evaluating the Quality of HAI Reporting	4
References	5
APPENDIX A: Definitions	E

Executive Summary

Healthcare-associated infections (HAIs) are a threat to patient safety. HAIs are infections acquired while receiving treatment for another condition in a healthcare setting. These types of infections can result in increased hospitalization, financial burden, loss of trust in healthcare, and potential death. The Centers for Disease Control and Prevention (CDC) reports that on any given day, about one in 31 hospital patients has at least one HAI. Preventing these infections is a priority in Washington State.

The Washington State Department of Health tracks infection data collected under the Revised Code of Washington (RCW) 43.70.056. In Washington, 94 hospitals report select HAIs to the department using the CDC's National Healthcare Safety Network (NHSN) surveillance system.

This report to the legislature, prepared as required by RCW 43.70.056 (3) (b), contains:

- 1. Categories of reporting currently required of hospitals;
- 2. Categories of reporting the department plans to add, delete, or modify by rule;
- 3. A description of the HAI data evaluation process.

Categories of Reporting Currently Required of Hospitals

Under RCW 43.70.056, Washington hospitals are required to report the following healthcare-associated infections to the department (Appendix A):

- Central line associated bloodstream infections (CLABSI),
- Surgical site infection (SSI) data for colon surgery and abdominal hysterectomy procedures,
- Clostridioides difficile infections (formerly Clostridium difficile)

To submit data, hospitals enter data into a national tracking system known as the <u>National Healthcare Safety Network (NHSN)</u>. NHSN is a secure, web-based system operated by our federal public health partners at the CDC. After the hospital enters data into NHSN, the department downloads the data, assesses data quality, runs analyses, and annually publishes hospital infection rate data on the department's HAI Reports webpage.

A total of 94 hospitals submit data to the department via NHSN. Types of hospitals that report HAI data include 51 acute care hospitals, 39 critical access hospitals, and four long-term acute care hospitals.

Categories of Reporting the Department Plans to Add, Delete, or Modify by Rule

Hospitals are required to report infections to both federal and state agencies. With multiple organizations requesting infection data, it can be burdensome for hospitals to comply with different reporting requirements. Since 2010, RCW 43.70.056 has included language that formally advocates for a streamlined reporting approach. The primary federal entity that hospitals report HAIs to is the Centers for Medicare and Medicaid Services (CMS). Starting January 1, 2020, hospital reporting rules in Washington State will be updated to align with national CMS requirements [Washington State Register (WSR) 19-07-078](Table 1).

Table 1: HAI Reporting Requirements for Washington Hospitals¹

Healthcare-Associated Infection or Prevention Measure	Through December 2019	Starting January 1, 2020
Central Line Associated Bloodstream Infection (CLABSI)		
Clostridioides difficile	√	
Surgical Site Infections (SSI) for Abdominal Hysterectomy and Colon Procedures		√
Methicillin resistant Staphylococcus aureus (MRSA) bacteremia* *presence of MRSA in blood		
Catheter Associated Urinary Tract Infections (CAUTI)		√
Healthcare Personnel Influenza (Flu) Vaccination		√

¹ Critical access hospitals are required to report healthcare personnel influenza vaccinations and the National Health Safety Network Annual Hospital Survey (Antimicrobial stewardship). The other measures are reported on a voluntary basis.

Evaluating the Quality of HAI Reporting

The department provides HAI surveillance expertise to hospitals through the assistance of nurse consultants and epidemiologists. Agency experts work closely with hospitals to ensure that infections are identified and entered into the surveillance system correctly. These "quality checks" are known as external validation. External validation is an auditing process to assess the quality of hospitals' surveillance and reporting methods for reportable HAIs.

Every year the department reviews the infection data that hospitals submit and select one or more HAIs to validate. Reasons for selecting a HAI for validation include increasing trends and issues with the hospital data. For example in 2018, *C. difficile* was selected for data validation since it was noticed that there were inconsistencies in the NHSN data among Washington state hospitals. Once the HAI is selected, the department reviews the infection counts and identifies those hospitals with higher than normal HAIs. About 25 hospitals out of the 94 are selected for these intensive validation efforts every year. The department works closely with the hospitals by reviewing a sampling of cases from the past year to ensure that all of the reporting elements were captured and reported accurately. All participating hospitals receive validation feedback in person and a written report. We also present a summary of the key findings to the HAI Advisory Committee. The validation process helps improve the accuracy of HAI data and provides surveillance resources to hospitals.

References

Centers for Disease Control and Prevention Resources (Accessed 2019): HAI Data - https://www.cdc.gov/hai/data/index.html
HAI Data Validation - https://www.cdc.gov/nhsn/validation/index.html
Clostridioides difficile - https://www.cdc.gov/cdiff/index.html

Lempp JM, Cummings MJ, Birnbaum DW. Distribution of Central Line-associated Bloodstream Infections Determined from Washington State's Annual Reporting Validation Program, 2009–2013. Infect Control Hosp Epidemiol 2017; 38:489–492.

Magill S, Edwards J, Bamberg W, Beldavs Z, Dumyati G, et al. (2014). Multistate Point-Prevalence Survey of Health Care—Associated Infections. NEJM, 370 (13): 1198-1208.

Talbot TR, Bratzler DW, Carrico RM, Diekema DJ, Hayden MK, Huang SS, et al. (2013) Public reporting of health care—associated surveillance data: Recommendations from the Healthcare Infection Control Practices Advisory Committee. Ann Intern Med. 2013; 159:631-635.

U.S. Department of Health and Human Services (HHS) (2013). National action plan to prevent healthcare-associated infections: Road map to elimination. (Accessed 2019) http://health.gov/hcq/prevent-hai-action-plan.asp

APPENDIX A: Definitions

Central Line Associated Bloodstream Infections (CLABSI): Central lines are a type of catheter that goes into a person's arm and runs all the way to a large vein near the heart. These lines allow for the administration of intravenous fluids, blood products, medications, and more. However, their use is associated with the risk of a bloodstream infection. CLABSIs are associated with increased morbidity, mortality, and healthcare costs. It is now recognized that CLABSIs can be prevented when evidence-based guidelines are followed.

Clostridiodes difficile (C. difficile): C. difficile is a bacteria that causes inflammation of the colon, known as colitis. It causes colitis by producing toxins that damage the lining of the colon. The infection usually occurs when people have taken antibiotics that change the normal colon bacteria allowing the C. difficile bacteria to grow and produce its toxins. The major risk factor for the infection is taking antibiotics in the previous several weeks. People who have other illnesses requiring prolonged use of antibiotics, and the elderly, are at greater risk of acquiring this disease. An estimated 15,000 deaths are directly attributable to C. difficile infections, making it a substantial cause of death in the United States.

Healthcare-associated infection (HAI): A localized or systemic condition that results from adverse reaction to the presence of an infectious agent or its toxins and that was not present or incubating at the time of admission to the hospital.

Hospital: A healthcare facility licensed under chapter 70.41 RCW.

Surgical Site Infections (SSI): A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin only. Other SSIs are more serious and can involve tissues under the skin, organs, or implanted material.



