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South Carolina Department of Health and Environmental Control

Date: February 12, 2008

Subject: HIDA Update # 2 Updated Reporting Requirements, 02-12-2008
South Carolina Hospital Infections Disclosure Act (HIDA)
Code of Laws of South Carolina, 1976, Chapter 7, Article 20, Title 44

This HIDA Update # 2 provides new information for the reporting requirements that were announced in the HIDA Update # 1 dated November 29, 2007

The changes are defined below and underlined in the attached HIDA Reporting Charts A and B:

- Surgical Site Infections (SSI)
- Central Line Associate Bloodstream Infections (CLABSI)
- Methicillin resistant *Staphylococcus aureus* (MRSA) bloodstream infection (BSI)
- Background, Legal Basis for Reporting and description of Data Reporting Systems can be found at the end of this Update.

SSI Changes (underlined):

The changes in the CHOL and HPRO and KPRO operative procedures are based on the general principle that when an Operative Procedure Code is selected for HIDA reporting, then all the ICD-9-CM codes assigned to those procedures should be reported. The NHSN Patient Safety Protocol that is in effect at the time of the event should always be used to guide reporting.

CHOL	Cholecystectomy and cholecystotomy (all ICD-9 codes for CHOL should be included)	
CBGB CBGC	Coronary artery bypass graft with both chest and donor site incisions and Coronary artery bypass graft with chest incision only (all ICD-9 codes for CBGC/CBGC should be included)	
HPRO	Hip prosthesis	Arthroplasty of hip (all ICD-9 codes for HPRO should be included)
KPRO	Knee prosthesis	Arthroplasty of knee (all ICD-9 codes for KPRO should be included)

Notes on Hip and Knee prosthesis:

- 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, there is an option to put what kind of HPRO or KPRO
  - For HPRO the options are:
    TP - Total Primary
    PP - Partial Primary
    TR - Total Revision
    PR - Partial Revision
  - For KPRO the options are:
    T- Primary (Total)
    R - Revision (Total or Partial)

CLABSI change (underlined):

Central Line Associated Bloodstream Infections (CLABSI) in hospitals less than 150 beds:
DO NOT include Long Term Acute Care (LTACs) in the locations to be reported. CDC expects that NHSN will be ready to enroll into the specific category for LTACs within the next 6 months. DHEC will notify hospitals when to begin reporting CLABSI in the LTACs.

MRSA Bloodstream Infection: Additional information on how to report MRSA (underlined in Chart B).

HIDA Reporting Chart A = Surgical Site Infections and Central Line Associated Bloodstream infections

A. New HIDA Reporting requirements - effective date: January 1, 2008

All acute care hospitals must continue reporting the current requirements in the NHSN Patient Safety Protocol and add the new requirements as described below:

NHSN Patient Safety Protocol

1. Surgical Site Infections (SSI) for the following procedures, in all hospitals where these procedures are performed:
   - *Coronary Artery Bypass Graft (CBGB) (both chest and donor site incisions)
   - Coronary Artery Bypass Graft (CBGC) (with chest incision only)
   - *Hysterectomy (vaginal- VHYS)
   - *Hysterectomy (abdominal - HYST)
   - Cholecystectomy & cholecystotomy (CHOL)
   - Hip – prosthesis- (HPRO)
   - Knee – prosthesis – (KPRO)

2. Central Line Associated Bloodstream Infections (CLABSI) in hospital units defined by the CDC NHSN system in the following "Locations":
   - *Medical- Surgical Critical Care Units (all combinations of Medical and Surgical Critical Care)
   - Pediatric Critical Care Units, (all combinations of Medical - Surgical as defined by NHSN)
   - All inpatient locations in Acute Care Hospitals licensed for **150** beds or less, using location type as defined by NHSN. (Do **not** include long term acute care –(LTAC) locations at this time.)

* reporting requirements were effective July 1, 2007

Chart B = MRSA Reporting (new information underlined)

- **Explanation of how a case is defined and how the dates are obtained**
- **New instructions for submitting reports**

B. New HIDA Reporting requirements - effective date: January 22, 2008

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 Condition**.
- 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

Call the DHEC Carolina Health Surveillance System (CHESS) Help Desk at 1-800-917-2093 to request more 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. Patient ID number: SSN, if possible, or Hospital billing 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 laboratory processing the blood culture
9. Name of hospital/medical office or healthcare institution where the blood culture was drawn
10. Submit the antibiogram for the isolate

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. In July 2007, after training for and enrolling into the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN), acute care hospitals in SC began the first phase of HIDA reporting to DHEC. Please see www.scdhec.gov/hidainfo for more information on HIDA and DHEC instructions for the first phase of reporting.

This update announces revisions to the second phase of hospital reporting to DHEC, which began on January 1, 2008. Future HIDA updates will be posted to this website.

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.

South Carolina Law, Chapter 7, 44-29-10, and DHEC Regulations 61-20 requiring laboratories (in and out of state) to report to DHEC certain conditions designated on the List of Reportable Conditions and published by January of each year.

Data Reporting Systems:
Three data systems will be 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), 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) from the hospital or reference labs, through the CHESS web based reporting system, or from paper reports mailed to DHEC and entered into CHESS. . All hospital and reference labs are eligible to report by Electronic Lab Reporting, with modifications to their laboratory information management system.
The following instructions are only for submitting reports of methicillin resistant *Staphylococcus aureus* (MRSA) invasive bloodstream infections. Other reports should be submitted using the instructions on the DHEC List of Reportable Conditions. Call the DHEC CHESS Help Desk at 1-800-917-2093 to request more information on ELR reporting or CHESS Web based reporting. 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 Division of Acute Disease Epidemiology Reporting, P.O. Box 101106, Columbia, SC 29211; or enter into the CHESS web based reporting system.

3. Office of Research and Statistics (ORS): Hospital Discharge Data Set: Data from either of these systems will be linked with Hospital Discharge Data Set in the Office of Research and Statistics (ORS), which will include the admission date to obtain information needed to complete a case report or for the validation program.