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To: Acute Care Hospitals

- **Hospital Administrator**
- **Director, Infection Control Department**
- **Director, Hospital Laboratory**

**From: DHEC Hospital Infections Program
Bureau of Disease Control**

Subject: HIDA Update #1 – New Reporting Requirements
South Carolina Hospital Infections Disclosure Act (HIDA)
Code of Laws of South Carolina, 1976, Chapter 7, Article 20, Title 44

Background and Introduction:

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 the second phase of hospital reporting to DHEC, which will begin 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 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 DHEC and entered into CHESS. This reporting system has been selected to collect laboratory reports of methicillin resistant *Staphylococcus aureus* (MRSA) invasive bloodstream infections. All hospital and reference labs are eligible to report by Electronic Lab Reporting, with modifications to their laboratory information management system. Call the DHEC CHESS Help Desi at 1-800-917-2093 to request more information on ELR reporting or CHESS Web based reporting.

3. 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) to obtain information needed to complete a case report or for the validation program.

NEW HIDA Reporting Requirements

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 Graph (CABG)
 - *Hysterectomy (vaginal- VHYS)
 - *Hysterectomy (abdominal - HYST)
 - Cholecystectomy (CHOL)
 - Hip – prosthesis- total Primary –HPRO
 - Knee – prosthesis –total Primary – 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.

* reporting requirements were effective July 1, 2007

B. New HIDA Reporting requirements - effective date: January 1, 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 anti-biograms.
- 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.

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.
2. Hospitals that do not use the Electronic Laboratory Reporting system must mail the reports to DHEC via hardcopy at least once per week. Note that specific information for each blood culture isolate is required and listed below:

The following codes for reporting must be used if reporting electronically:

- 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 for 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