



TALKING POINTS ON REPORTING OF HEALTHCARE-ASSOCIATED INFECTION RATES

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Healthcare -associated infections (also known as nosocomial infections) are infections that are associated with care received in an acute care facility. A healthcare-associated infection is defined by the Centers for Disease Control and Prevention (CDC) as an infection that was not present or incubating at the time of admission to the hospital.

Hospitals in the United States have had infection surveillance, prevention and control programs for over thirty years. Infection control professionals (ICPs), who have received specialized training in infection prevention, surveillance and epidemiology, typically oversee the infection control programs.

Many hospitals perform “targeted surveillance” to identify healthcare-associated infections. Rather than collecting data on all infections all the time, a hospital identifies those infections and procedures that are most risky for its patient population and “targets” these for surveillance, prevention and control activities. Therefore, most healthcare facilities will not determine an overall infection rate. Infection surveillance data are currently used internally (i.e., within an institution) to identify potential infection control problems and implement measures to reduce the risk of infection. There are many published reports that recommend the use of targeted surveillance data and show how it has been used to guide performance improvement activities and reduce the rates of hospital-acquired infection.

In order to compare infection rates between hospitals, it is necessary to have some type of risk adjustment mechanism. This is because a facility’s site-specific infection rates are subject to a wide variety of factors that are unique to a specific institution, such as:

(1) the types of patients being served (such as infants, children, adults, and the elderly) and the patients’ underlying medical conditions (such as diabetes, HIV infection, cancer, trauma or burns),

(2) the types and complexity of treatments and procedures performed by a healthcare institution. As an example, a hospital that cares for a large number of immune-suppressed patients or a hospital that performs transplant surgeries might have higher infection rates than a small community hospital due to the types of patients and services they provide.

Four states have recently enacted mandatory reporting of hospital -acquired infection data and others are considering doing so. The states of Florida, Illinois, Missouri, and

Pennsylvania have mandated that hospitals report infection rates; however, every state's reporting requirements differ. Many other states have proposed legislation on public reporting of HAIs. See the APIC website for information on state activity.

There is currently no national standardized method for collecting and comparing hospital infection rates. The oldest, and most commonly used, infection data reporting system in the United States is the National Nosocomial Infections Surveillance System (NNIS), established in 1970 by the Centers for Disease Control and Prevention (CDC). Many hospitals use the NNIS definitions to identify and measure the occurrence of healthcare-associated infections. However, because each hospital monitors those infections and procedures that are most risky for their specific patient population, all hospitals do not monitor the same infections. This makes it difficult to compare infection rates between hospitals. In order to use infection surveillance data to compare the quality of care between hospitals, all hospitals would have to collect the same data on the same types of infections and use the same methods to identify infections and collect data.

- For more information on infection surveillance, prevention, and control programs, please visit the Association for Professionals in Infection Control and Epidemiology (APIC) website at www.apic.org.
- For information on existing programs focused on improving the quality of healthcare by reporting quality data, click on "Mandatory Reporting" under Hot Topics on the APIC home page.
- The Association for Professionals in Infection Control and Epidemiology (APIC) promotes the use of infection surveillance data for assessing the quality of care in a healthcare organization and for guiding performance improvement activities:
 - *APIC/ CHICA-Canada Infection Control and Epidemiology Professional and Practice Standards*. American Journal of Infection Control 1999;27:47-51 available at www.apic.org
 - [*Requirements for Infrastructure and Essential Activities of Infection Control and Epidemiology in Hospitals: A consensus panel report*](#). American Journal of Infection Control 1998; 26(1):47-60. [available at www.apic.org]
- APIC recognizes that healthcare-associated infections are undesirable outcomes of healthcare and is seeking to collaborate with healthcare and health plan providers, quality improvement organizations, accrediting agencies, legislators, healthcare organizations, and government and consumer agencies to identify standardized measures and methodology for providing healthcare quality data to the public.

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