SUBJECT: INFECTIOUS DISEASE SURVEILLANCE FOR IDENTIFICATION OF INFECTION

POLICY: A system of surveillance is utilized for identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards. The system includes maintaining data to detect increases above the established baseline infection rate.

PROCEDURE:

1. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility’s Quality Assessment and Assurance Committee, and public health authorities when required.

2. The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to the resident’s physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections.

3. An annual infection control risk assessment will be used to prioritize surveillance efforts. In turn, surveillance data will provide information for subsequent infection control risk assessments.

4. The (Mcgeer’s Surveillance Definitions) will be used to define infections.

5. Surveillance activities will be monitored facility-wide, and may be broken down by department or unit, depending on the measure being observed. A combination of process and outcome measures will be utilized.

6. Monthly time periods will be used for capturing and reporting data. Data to show comparisons over time periods will be monitored for trends.

7. All resident infections will be tracked and discussed during the Morning Report. Separate, site-specific measures may be tracked as prioritized from the infection control risk assessment and emerging or identified infectious disease/pandemic emergencies. Outbreaks will be investigated.

8. Employee and contract employee infections will be tracked, as appropriate, such as those identified as infectious illness.
9. Data to be used in the surveillance activities may include, but are not limited to:

   a. 24 hour shift reports
   b. Lab reports
   c. Antibiograms obtained from lab
   d. Antibiotic use reports from pharmacy
   e. Skills validations for hand hygiene, PPE, and/or high risk procedures
   f. Rounding observation data
   g. Resident immunization data
   h. Employee immunization data
   i. Documentation of signs and symptoms in clinical record

10. Formulas used in calculating infection rates will remain constant for a minimum of one calendar year, and will require discussion in QAA meetings before changes in the formulas are made.

11. Data reported to QAPI Committee will be utilized to identify trends and any area for improvement.