[FACILITY LOGO]

TITLE: **SURVEILLANCE POLICY**	DATE OF ISSUE:
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Surveillance Policy and Procedures

This document will illustrate how to properly create a Surveillance policy for your facility.

What needs to be included in a Surveillance policy:

1. **Purpose**: This section should describe why the Surveillance policy exists. For example, to establish an ongoing program for surveillance of Healthcare Associated Infection (HAIs) within the Skilled Nursing Facility (SNF) setting.
2. **Goal**: This section should describe the goals of having this policy. The goal of this policy is to provide SNF staff with a safe and healthy work environment, both for working with residents and for staff protection.
3. **Scope**: The scope is to whom this policy applies to. For example, staff, visitors, and residents.
4. **Definitions**: This section should define any terms in the following policy that may not be commonly known or that the facility administration feels are important to have explicitly defined.
5. **Procedure**: This section describes the roles and responsibilities of SNF administration and staff, the actions needed to be taken by SNF staff to be in compliance with this policy, and resources for further questions and education.

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PURPOSE:

- To identify and track individual cases and patterns of epidemiologically significant microorganisms and HAIs, to implement necessary interventions, and prevent future infections.

DEFINITIONS:

- Healthcare-Associated Infections (HAIs): infections that patients can get in a healthcare facility while receiving medical care. These infections are often preventable.
- Epidemiology: branch of medicine that deals with the incidence, distribution, and control of diseases and other factors related to health.
- Epidemiologically important microorganisms: i.e., as described by Los Angeles County Department of Public Health (LACDPH), California Department of Public Health (CDPH), etc., or as outlined in [facility's name] Infection Prevention Plan.
- Surveillance: ongoing, systematic collection, analysis, and interpretation of health-related data.
- Morbidity: the rate of disease in a population.
- Mortality: the rate of death in a population, usually represented as a rate per 1000 individuals, also known as death rate.
- Prevalence: reflects the proportion of individuals in a population that have a disease in a particular time period.
- Incidence: reflects the number of new cases of a disease that develop within a specific period of time.
- Interdisciplinary team: a team of health care providers with various areas of expertise who work together toward patient safety.
- National Health Safety Network (NHSN): the nation's most widely used HAI tracking system.
- Quality Assurance and Performance Improvement (QAPI): a data-driven and proactive approach to quality improvement. A process used to ensure services are meeting quality standards and assuring care reaches a certain level.

POLICY STATEMENT:

- The Infection Preventionist (IP) will conduct ongoing surveillance for HAIs and other significant infections such as urinary tract infections (UTIs), respiratory infections, and skin infections, which could directly impact resident health. This proactive monitoring is vital for identifying potential risks

and implementing necessary precautions and interventions to safeguard the well-being of our residents and ensure a safe environment within our skilled nursing facility.

- The IP or designated personnel responsible for infection control is tasked with collecting and analyzing surveillance data. The Infection Control Committee and/or QAPI Committee may collaborate in interpreting the data.
- The criteria for each potential source of infection are based on the current standards and definitions of infections as proposed by the local health department, state health department, and Centers for Disease Control and Prevention (CDC) guidance and will vary by organism.

PROCEDURES:

Interpretation and Implementation:

1. Infections that will be included in routine surveillance:
    a. Show evidence of transmissibility in a healthcare environment.
    b. Have available processes and procedures that prevent or reduce the spread of infection.
    c. Cause clinically significant morbidity or mortality associated with infection (i.e., pneumonia, UTIs, *Clostridiodes difficile*).
    d. Pathogens associated with outbreaks or those that appear on Los Angeles County Department of Public Health Reportable Diseases and Conditions List.
2. Designated clinical staff will monitor residents for signs and symptoms that may suggest infection, according to criteria and definitions, and will document and report suspected infections to the [insert designated staff role].
3. If a communicable disease outbreak is suspected, this information will be communicated to the IP and [insert designated staff role].
4. When infection or colonization with epidemiologically important organisms is suspected, cultures may be sent, if appropriate, to a contracted laboratory for identification and confirmation. Cultures will be further screened for sensitivity to antimicrobial medications to help determine treatment measures.
5. Designated clinical staff will notify the attending physician (or medical director) and the IP of the suspected infection.
    a. The IP and the physician will determine if lab tests are indicated and whether special precautions are needed.
    b. The IP will determine if infection is reportable.
    c. The physician and interdisciplinary team will determine the treatment plan for the resident.
6. If transmission-based precautions or other preventative measures are implemented to slow or stop the spread of infection, the IP will collect data to determine the effectiveness of such measures.
7. If HAI transmission persists despite infection control efforts, the facility will seek external guidance for further recommendations.

Gathering Surveillance Data:

1. The surveillance process should encompass a review of any or all of the following pieces of information to aid in the identification of potential indicators of infections:

a. Laboratory records
b. Skin care sheets
c. Environment of care rounds or staff interviews
d. Verbal report from staff
e. Infection documentation records or physician notes
f. Temperature logs
g. Pharmacy records
h. Antibiotic review
i. Transfer summaries

2. If laboratory reports are utilized for identifying pertinent information, the following findings warrant additional evaluation:
    a. Positive blood cultures
    b. Positive wound culture
    c. Positive urine culture
    d. Positive sputum culture
    e. Other positive cultures (stool, eye, etc.)
    f. All cultures positive for Group A Streptococcus

3. Remove duplicates and negative reports.

4. Prioritize reports as follows:
    a. Multidrug Resistant Organism (MDRO) reports: require immediate attention
        a. Ensure that appropriate precautions, if needed, are in place
        b. If this is a new report or unexpected report, notify the Administrator, IP, Director of Nursing Services, and Medical Director
    b. Blood cultures
    c. Positive wound cultures
    d. Positive sputum cultures
    e. Bacteriuria in combination with signs and symptoms of UTI
    f. Other positive cultures

5. In addition to tracking infection incidence, the surveillance system is tailored to capture epidemiologically significant data. This includes targeted surveillance of residents at high risk for infection or those with recent hospitalizations, which can shape the interpretation of overall surveillance findings.

Data Collection and Recording:

1. For residents who meet the surveillance criteria for infection, gather the following relevant data as necessary:
    a. Identifying information (i.e., residents name, age, room number, unit, and attending physician)
    b. Diagnosis

c. Admission date, date of onset of infection (may list onset of symptoms, if known, or the date of positive diagnostic test)
d. Infection site (be specific)
e. Pathogen(s)
f. Invasive procedures
g. Indwelling or invasive devices
h. Additional pertinent information (temperatures, white blood cell count, altered mental status, malnutrition, etc.)
i. Treatment measures and precautions

2. Applying McGeer criteria for HAIs to determine if resident has acquired HAI from the facility. With regards to targeted surveillance and reporting through NHSN, please utilize surveillance protocols and modules required for data collection provided by the CDC.

3. Targeted surveillance utilizing facility-created tools, follow the following guidelines:
    a. DAILY (as indicated): record detailed information about the resident and infection on an individual infection report form.
    b. MONTHLY: collect information from individual resident infection reports and enter line listing of infections by resident for the entire month.
    c. MONTHLY: summarize monthly data for each unit and pathogen.
    d. MONTHLY/QUARTERLY: identify predominant pathogens or sites of infection among residents in the facility or particular units by recording them month to month and observing trends.
    e. MONTHLY/QUARTERLY: compare incidence of current infections to previous data to identify trends and patterns. Use an average infection rate over a previous time period. Compare current rate to identify possible increases in infection rates.

Calculating Infection Rates:

1. Obtain the total number of resident days from medical records, administration, or whoever is responsible for maintaining this number. Total number of resident days is the denominator needed to calculate number of monthly infections:
    a. Total resident days = daily census of each day in the designated time period added together.
2. To calculate the number of infections per 1000 resident days (numerator), and obtain the incidence of infection, divide the number of new HAIs for the month by the total resident days for the month, multiplied by 1000.
3. Calculation example:
    Total Number of new infections for the month: 10
    Total resident days for the month: 2000
    Infections per 1000 resident days: 10/2000 x 1000 = 5

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Interpreting Surveillance Data:

1. Compare the rates to previous months in the current year and to the same month in previous years to identify trends.
2. Consider how increases or decreases might relate to process changes, events, activities, interventions of QAPI nature, or hand hygiene, or cleaning and disinfection.
3. If the infection rates rise each month over a period of six months, additional advice is warranted.
4. Surveillance data will be provided to the infection control committee monthly/quarterly.
5. The infection control committee will determine how important surveillance data will be communicated to the physicians and other providers, administrators, directors of nursing (DONs), and local and state health departments.

RESOURCES:

1. APIC Text: https://text.apic.org/
2. CDC NHSN: https://www.cdc.gov/nhsn/index.html
3. Examples of NHSN Reports: https://www.cdc.gov/nhsn/datastat/index.html
4. NHSN Training Modules: https://www.cdc.gov/nhsn/training/index.html
5. LACDPH Reportable Diseases List: http://publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf
6. CDPH HAI Program: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAIProgramHome.aspx
7. CDPH HAI Prevention and Surveillance: https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/PreventingHAI_in_LTC_Facilities.aspx
8. CDPH Surveillance PowerPoint: *https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/2019_15s_SNF%20InfectionSurveillance_Approved02.22.19.pdf*
9. LACDPH HAI: http://publichealth.lacounty.gov/acd/HAI.htm
10. *McGeer Criteria: https://www.jstor.org/stable/10.1086/667743*