



Interior Health

Annual Infection Control Report

2009– 2010



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Executive Summary

In order to provide a safe environment for patients, staff and visitors the Interior Health Infection Prevention and Control (IPAC) Program has three principle goals in preventing infectious agents from spreading within the healthcare environment:

- Protect the patient.
- Protect the healthcare provider, visitors and others in the healthcare environment.
- Follow established guidelines and protocols to improve our current infection rates.

SURVEILLANCE

- Implemented residential surveillance process in larger Interior Health sites.
- HAI Residential indicators manual collection & analysis of data – Lower Respiratory Tract Infection (LRI), Skin & Soft Tissue Infection (SSTI), Clostridium *difficile* Infection (CDI) and Catheter Associated Urinary Tract Infection (CAUTIs).
- Ongoing development of Quality Management Enterprises (QME) Healthcare Associated Infection (HAI) surveillance program data analysis and reports.
- HAI Acute indicators – CDI, Surgical Site Infection (SSI), Antibiotic Resistant Organisms (AROs), Ventilator Associated Pneumonias (VAPs), Central Line Infections (CLIs).

EDUCATION

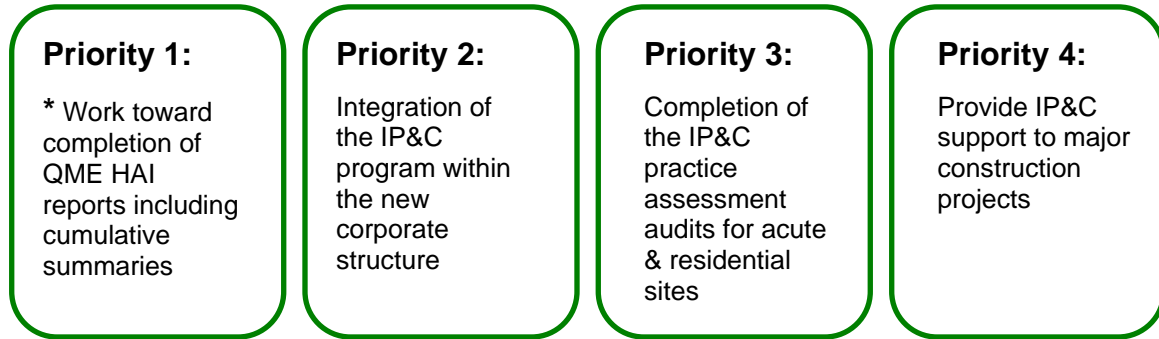
- Developed presentations and training for H1N1, Hand Hygiene Initiative and Construction / Renovation.
- Assisted with organization of the Community and Hospital Infection Control Association (CHICA-BC) Education Day in Kelowna in October 2009; topics included Wound Infections, Tuberculosis (TB), CDI, Urinary Tract Infections (UTIs) and H1N1.
- Developed a 6 session series for Preparation for Writing the Certification in Infection Control Exam (CIC) for ICPs.
- Participated in the Health Emergency Operations Centre (HEM 141) training September 2009.

ACHIEVEMENTS

- **Interior Health Award of Excellence**
The IH Awards of Excellence are an integral piece of our Quality Work & Service Recognition Program, which is meant to help promote a workplace climate of respect, recognition, and health by recognizing the outstanding work of Interior Health's staff, managers, leaders, volunteers and physicians. The IH Infection Control Practitioner group were given this award in the category, Quality Care & Service.
- Presented a Hand Hygiene Initiative poster at the PICNet Education Conference in April 2009 in Richmond.

- Presented a Hand Hygiene Initiative poster at the British Columbia Healthcare Workplace Health, Safety & Wellness Conference in Kelowna in September, 2009.

Based on this year's report, the key priorities for next year will be:



* Will target reporting to include the **8 Surgical procedure groups flagged by Accreditation Canada** in the *2009 Accreditation Report for Interior Health*:

1. Colorectal
2. Hysterectomies
3. Craniotomy
4. Spinal
5. CSF Shunt
6. C-section
7. Arthroplasties
8. Cardiac

Introduction

INFECTION PREVENTION AND CONTROL PROGRAM

Infection Prevention & Control is a corporate program with a Corporate Director and physician lead under the administrative direction of the Chief, Planning & Improvement Officer.

The overarching goal of Infection Prevention and Control is to prevent infections from occurring in patients, residents, clients, visitors, physicians and employees. If, for whatever reason, an individual with an infection is in a facility or program, the goal of Infection Prevention and Control is to prevent the infectious agent from spreading to others.

Key improvements to monitoring of infection prevention & control practices and improving safety for patients/residents/clients have been made. It is our intention to do everything possible to reduce the risk of infections.

The ICPs continue to work collaboratively with the SAFER Healthcare Now initiative teams as well as participate in ongoing hand hygiene initiatives at their respective sites.

Quality coordinators have a matrix reporting through Infection Prevention & Control.

Dr. Edith Blondel-Hill became the Infection Prevention & Control Physician Lead in February 2010 on a part time basis.

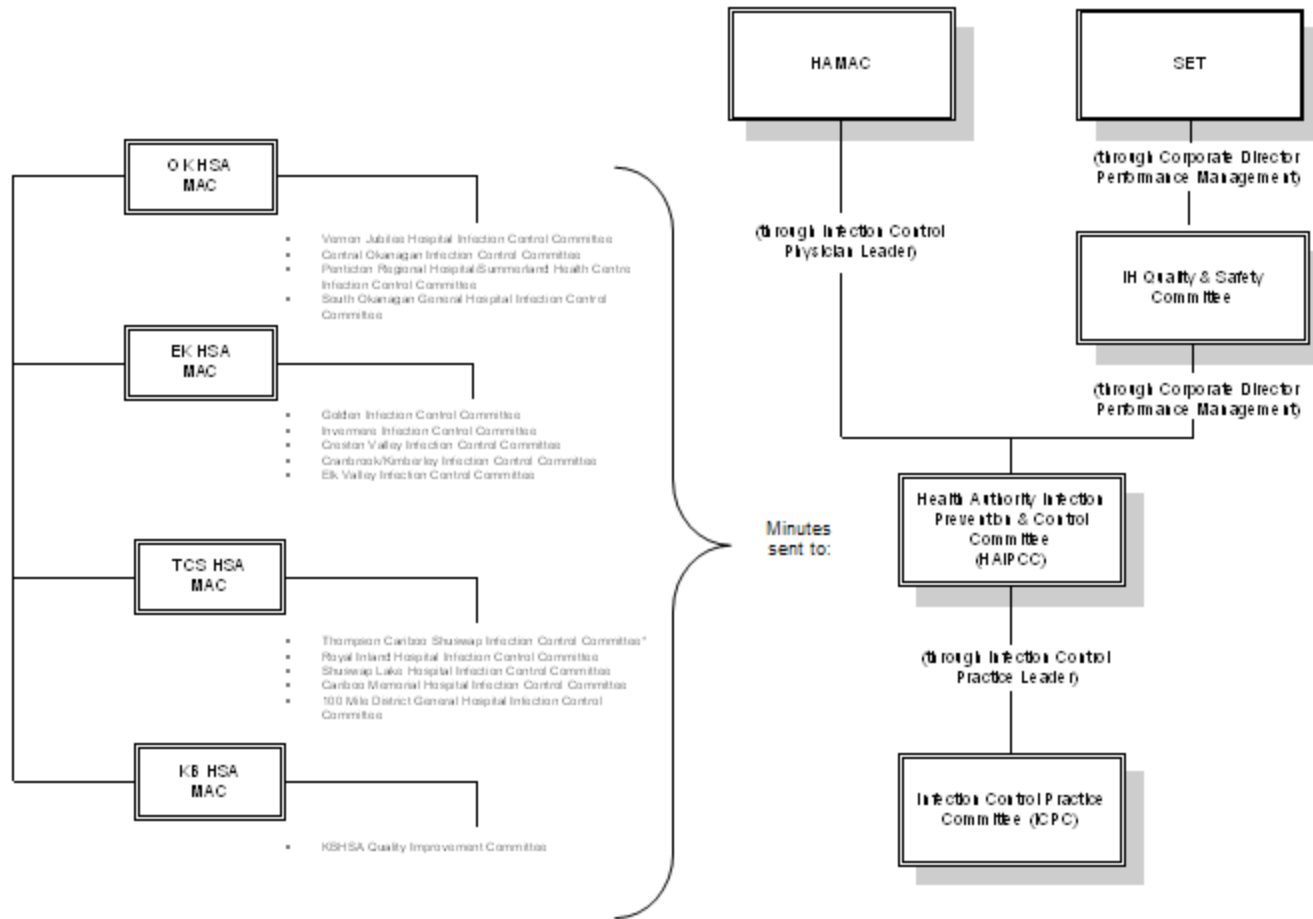
The HAIPCC will report, via the minutes to HAMAC, the Senior Executive Team, and the Board Quality Care Committee. Twice a year, an in person report will be presented to HAMAC.

The Senior Medical Director for the Health Authority, or the Chief, Planning and Improvement Officer is designated as the SET member responsible for the HAIPCC.

Infection Prevention & Control crosses sectors, departments, and communities. Infection Control liaises across the continuum with other programs such as Public Health in regards to communicable disease and outbreak management.

For this reason there is an extensive network of committees responsible for Infection Prevention and Control. For purposes of practice, the Infection Prevention and Control Practice Committee provides recommendations through the Infection Control Corporate Director to the HAIPCC. For purposes of communication and quality, minutes from the fifteen sites and community Infection Prevention and Control committees are reviewed by the Corporate Director and issues are taken forward to HAIPCC as required.

INFECTION CONTROL COMMITTEE REPORTING STRUCTURE



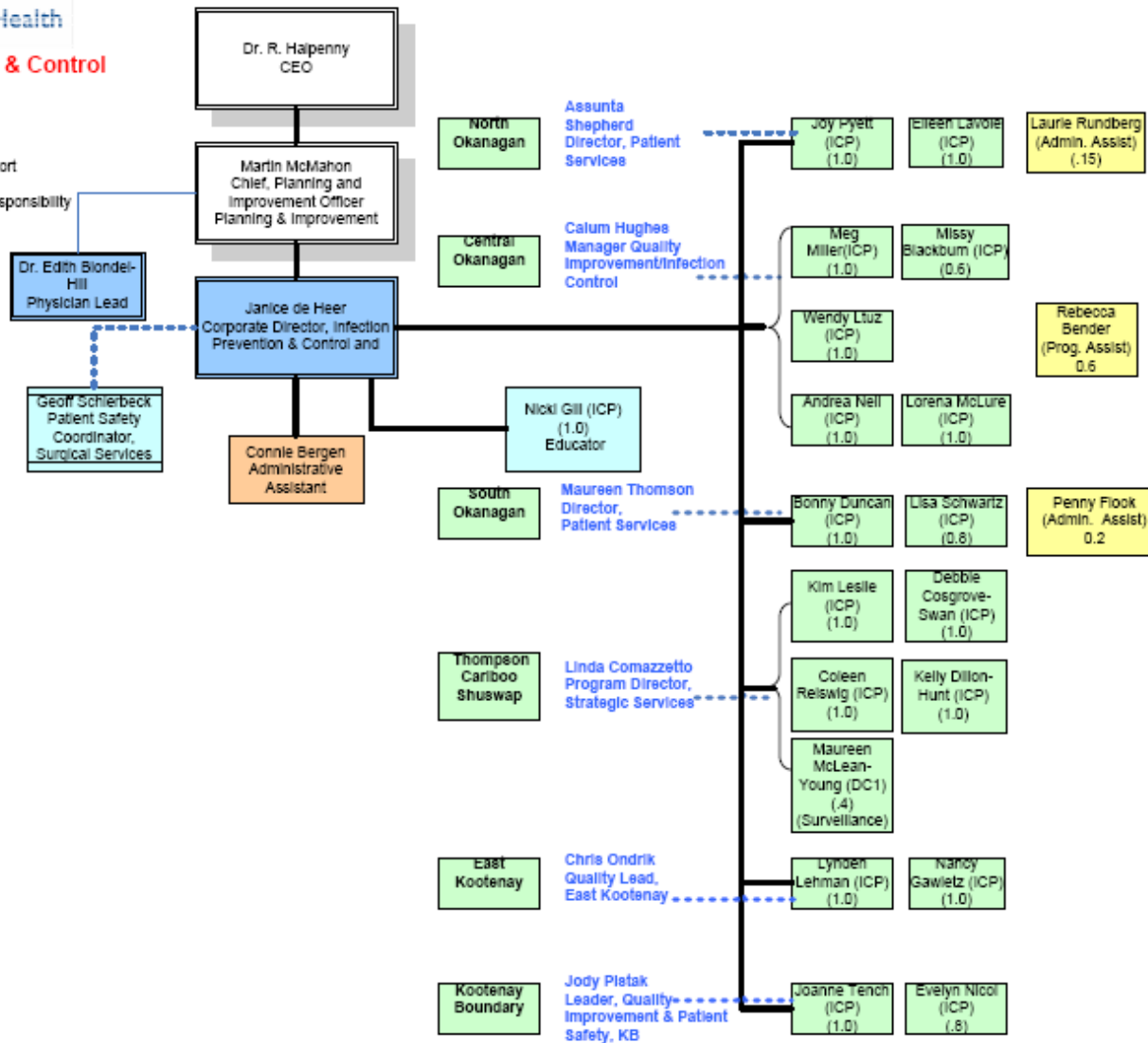


Infection Prevention & Control (IP&C)

January, 2010

— Direct report

- - - Matrix Responsibility



ACKNOWLEDGEMENTS

Infection Prevention & Control would like to thank

- IH Medical Microbiology departments
- Dr. Dwight Ferris, Infectious Disease Physician
- IH Medical Health Officers

INFECTION PREVENTION AND CONTROL TEAM MEMBERS

Infection Prevention & Control Practitioners

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 - K. Leslie
 - C. Reiswig
 - K. Dillon-Hunt
- Okanagan North
 - J. Pyett
 - E. Lavoie
- Okanagan Central
 - W. Lutz
 - M. Miller
 - M. Blackburn
 - A. Neil
 - N. Gill
 - L. McLure
- Okanagan South
 - B. Duncan
 - L. Schwartz
- East Kootneys
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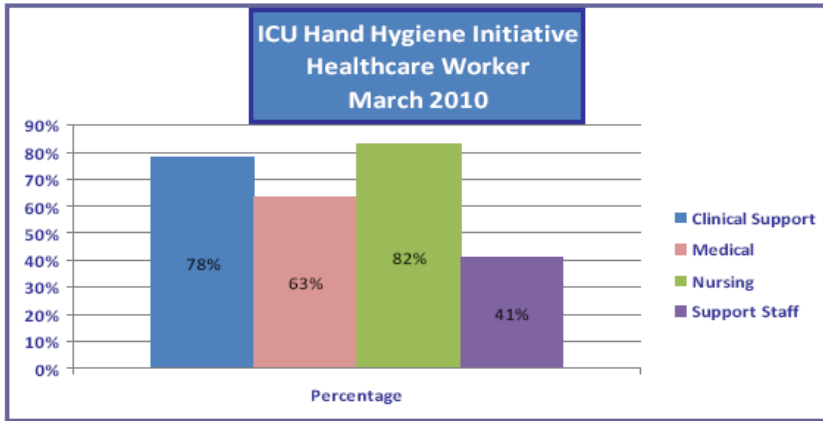
Health Care Associated Infection (HAI) Indicators

HAND HYGIENE COMPLIANCE

Trend*	Target	Actual
↑ ↑	To increase hand hygiene compliance and reduce HAIs	74%

The Interior Health (IH) Hand Hygiene (HH) initiative’s goal to increase hand hygiene compliance and reduce health care associated infections continues to be the focus of this program. The most recent 2009 initiative focused on hand hygiene compliance in Intensive Care Units (ICUs) throughout the health authority. ICUs were targeted due to the greater risk the patients have of acquiring Healthcare Associated Infections (HAIs). A “train the trainer” module helped nurses and clinical support staff train bedside staff in Intensive Care Units (ICUs) to facilitate the audit tool and implement additional education to peers.

The pre audit HH compliance rate in ICU averaged 40% and increased to 70% by the end of the 6 month implementation. An additional audit was completed one year after the ICU HH initiative commenced and identified a 74% HH compliance rate. This demonstrates a sustained cultural change in hand hygiene practices in the ICU and supports the “positive deviance” movement identified in recent literature.



IH ICU hand hygiene compliance rates increased over thirty percent to 74% during the ICU initiative and currently exceeds the World Health Organization average of 50%. Education will be targeted at all areas with increased emphasis on Support Staff.

* ↑ = improving; at least 4 consecutive data points moving towards target ↓ = deteriorating; at least 4 consecutive data points moving away from target → = steady; fewer than 4 consecutive data points moving in either direction

Healthcare workers audited were categorized as follows:

- Nursing - registered nurses, licensed practical nurses, health care aids and nursing students
- Medical - physicians and medical students
- Clinical Support Staff - physiotherapists, occupational therapists, respiratory therapists & radiology
- Support Services - client transporters, dieticians, food services, housekeeping and maintenance

The next phase of the IH HH initiative will be focused on the Emergency Departments. This initiative will commence April 2010. The second phase of this initiative will commence in October 2010 and will include Medical Units only. The same “train the trainer” approach over a six month period in each area will be implemented. In addition, Community Services will receive “train the trainer” education, however auditing of HH compliance rates will not be implemented immediately.

Clostridium difficile Infections (CDI) Incidence Rate

TREND*	Target	Actual
	Zero	2.04 – 13.78 cases per 10,000 patient days

What is being measured?

The incidence rate of *Clostridium difficile* infection (CDI) per *10,000 patient days*, which is the number of new cases of CDI acquired by patients as a result of their stay in a hospital, divided by the total number of inpatient days over a specified time frame.

PICNet Definition:

A diagnosis of CDI applies to a person with:

- Acute onset of diarrhea (> 3 loose stools within a 24 hr period) without another etiology (loose stool is defined as that which takes the shape of the container that holds it).

And one or more of the following:

- Laboratory confirmation (positive toxin or culture with evidence of toxin production)

OR

- Diagnosis of typical pseudo-membranes on sigmoidoscopy or colonoscopy or histological/pathological diagnosis of CDI

OR

- Diagnosis of toxic megacolon.

Source:

Quality Management Enterprise – QME (computerized surveillance program).

Target:

Interior Health's annual target is zero.

Benchmark & Comparators:

PICNET benchmark.

http://www.picnetbc.ca/sites/picnetbc2/files/CDI_Reports/PICNet_CDI_Surveillance_Provincial_Report_Q3FY2009_10_11Aug10.pdf

Trend:

Moving away from the target of 0, therefore the rates of CDI are Increasing at all sites.


Explanation:

- It's important to note that, during the 09/10 reporting period, we changed our testing mechanism to one that is more sensitive. We did anticipate that our numbers would increase as a result of this better testing methodology with enhanced sensitivity.
- In addition, in the 2008/09 fiscal, many of our tests had to be sent to the Lower Mainland for confirmation. As a result, there was an issue in how the referred results were entered into the lab information system. In most cases, they were not being captured accurately in our in-house reporting. For 2009/10, all testing took place and was confirmed in house, which has led to an increase in our incident totals.
- Finally, the results for the 1st and 3rd quarters were significantly higher than the previous year and this could be attributed to clearly defined outbreaks, that we were able to control, in a number of our facilities during those timeframes.
- Please note the patient days are now reported per 10,000 patient days whereas in 2008/2009 the patient days were per 1,0000 patient days.

Over the past year the following actions have been taken to reduce the incidence of CDI:

- Review of antibiotic utilization.
- Review of cleaning of the patient care environment.
- Developed pre-printed physician orders for the appropriate treatment of CDI.
- Developed outbreak management guidelines for CDI to include:
 - Outbreak management team.
 - Environmental cleaning protocols and products.
 - Increasing HH opportunities for patients.
 - Reduce clutter in patient care areas.
 - Ensure separation of clean and soiled utility rooms.

Methicillin-resistant *Staphylococcus aureus* (MRSA) Incidence Rate

Trend* 	Target Zero	Actual 2.45 –21.08 cases/10,000 patient days
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What is being measured?

The incidence rate of Methicillin-resistant *Staphylococcus aureus* (MRSA) cases per **10,000 patient days**, which is the number of new cases of MRSA acquired by patients as a result of their stay in hospital or previous contact with a healthcare facility or program, divided by the total number of inpatient days over a specified time frame.

Definition (currently being developed by PICNet):

An MRSA case is defined as meeting ALL of the following criteria:

- Not previously positive for MRSA **AND**
 - Current hospitalization > **48 hours** (unless an indwelling medical device in place) **OR**
 - Prior contact with any Health Care facility including surgery, dialysis and LTC admissions **in previous 12 months OR**
 - Newborns if mother not known to be a case on admission or suspected to be colonized
 - **Does not include** Emergency Room and Ambulatory Care outpatient visit.

Source:

Quality Management Enterprise – QME (computerized surveillance program).

Target:

Interior Health’s annual target is zero.

Benchmark & Comparators:




CNISP.

Canadian Nosocomial Infection Surveillance Program rates are recommended:

<http://www.phac-aspc.gc.ca/nois-sinp/projects/mrsa-eng.php>

Trend:

Moving away from the target of 0, therefore the MRSA rates are increasing.

*  = improving; at least 4 consecutive data points moving towards target  = deteriorating; at least 4 consecutive data points moving away from target  = steady; fewer than 4 consecutive data points moving in either direction

Explanations

Some increasing trends identified, more evident at smaller rural sites than at tertiary or regional facilities. This may be due to increasing amounts of MRSA circulating in the Community.

Actions over the past year:

- Review of admission screening processes for MRSA to ensure these are being followed appropriately.
- Review of appropriate use of Contact Precautions with patients with MRSA.
- Reinforce appropriate staff hand hygiene practices.
- Review of cleaning of the patient care environment processes.

Vancomycin-Resistant *Enterococci* (VRE) Incidence Rate

Trend* ➔	Target Zero	Actual .37 –1.98 cases/10,000 patient days
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What is being measured?

The incidence rate of Vancomycin-Resistant *Enterococci* (VRE) per 10,000 patient days, which is the number of new cases of VRE acquired by patients as a result of their stay in hospital or previous contact with a healthcare facility or program, divided by the total number of inpatient days over a specified time frame.

Definition:

A VRE case is defined as meeting ALL of the following criteria:

- Not previously positive for VRE **AND**
 - Current hospitalization > 48 hours (unless an indwelling medical device in place) **OR**
 - Prior contact with any Health Care facility including surgery, dialysis and LTC admissions **in previous 12 months OR**
 - Newborns if mother not known to be a case on admission or suspected to be colonized
 - **Does not include** Emergency Room and Ambulatory Care outpatient visit.

Source:

Quality Management Enterprise – QME (computerized surveillance program).

Target:

Interior Health’s annual target is zero.

Benchmark & Comparators:

CNISP.

Canadian Nosocomial Infection Surveillance Program rates are recommended:

<http://www.phac-aspc.gc.ca/nois-sinp/projects/vre-eng.php>

Trend:

Slight increase seen in the East Kootenay areas.

* = improving; at least 4 consecutive data points moving towards target = deteriorating; at least 4 consecutive data points moving away from target = steady; fewer than 4 consecutive data points moving in either direction

Explanations

This increase may be related to patients being transferred from Alberta. Otherwise, rates have been consistently low for the remainder of IH.

Actions over the past year:

- Review of admission screening processes for VRE to ensure these are being followed appropriately.
- Review of appropriate use of Contact Precautions with patients with VRE.
- Reinforce appropriate staff hand hygiene practices.
- Review of cleaning of the patient care environment processes.

Surgical Site Infection (SSI) Incidence Rate

Trend* 	Target Zero	Actual Clean SSI rate 0.62 – 1.76 Clean Contaminated SSI rate 0.70 – 1.37
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What is being measured?

The overall incidence rate of Clean SSIs and Clean Contaminated SSIs.

Definitions:
(Reference NHSN 2008)

An infection in the area affected by a surgery within 30 days of the procedure, or within 365 days if an implant is in place and infection related to operative procedure. Surgeries under Surveillance do not include those with no incision or Surgeries performed in Ambulatory Care.

Clean Wounds (Class I) – uninfected operative wound in which no inflammation is encountered, involve access only to the sterile body sites and carry the lowest risk (e.g. less than 5%) of surgical site infection.

Clean-Contaminated Wounds (Class II) – those in which respiratory, gastrointestinal, urinary, or genital tracts were involved under controlled conditions and without unusual contamination. A minor break in surgical sterile technique in an otherwise clean procedure would fit into this class.

Source:

Quality Management Enterprise – QME (computerized surveillance program).

Target:

Interior Health’s annual target is zero.

Benchmark & Comparators:

NHSN
 CDC National Healthcare Safety Network.
<http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf>

Trend:

The Clean SSI rate and Clean Contaminated SSI rates are consistently low across IH with rates under the national benchmark of 2%.

* = improving; at least 4 consecutive data points moving towards target = deteriorating; at least 4 consecutive data points moving away from target = steady; fewer than 4 consecutive data points moving in either direction

Explanation:


- Smaller rural sites performing surgeries do not have computerized technology for SSI surveillance data collection and analysis.
- Procedures done in Ambulatory Care not consistent throughout IH, so may be inconsistencies related to “excluded procedures”.

Actions taken over the past year:

- As increasing trends are identified, assessments of processes and practices related to the SSI surgical procedures is performed and recommendations made to surgical services to improve outcomes.



Ventilator Associated Pneumonia (VAP) Incidence Rate

Trend* 	Target Zero	Actual 0 – 23 VAPs/1000 ventilator days
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What is being measured?

The incidence rate of Ventilator Associated Pneumonias per 1,000 ventilator days, which is the number of new cases of VAP acquired by patients as a result of their stay in ICU and being on a ventilator divided by the total number of ventilator days over a specified time frame.

Definition:

A VAP case is defined as meeting ALL of the following criteria:

- Clinical presentation meets criteria for Pneumonia, including x-ray confirmation - **there is no minimum time for a patient to be on a ventilator.**
- **Pneumonia** identified by using a combination of the following criteria:
 - Radiologic - two or more serial chest x-rays with new or progressive & persistent infiltrate, consolidation, cavitation (only one x-ray if no lung/heart disease).
 - Clinical S&S- breath sounds, fever, altered mental status, sputum, cough, increased respiratory rate or oxygen needs.
 - Lab - sputum culture, elevated WBC.

Source:

Quality Management Enterprise – QME (computerized surveillance program).

Target:

Interior Health's annual target is zero.

Benchmark & Comparators:




NHSN

CDC National Healthcare Safety Network

<http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.pdf>

Trend:

Increase seen in the Kootenay Boundary Hospital – have a small number of ventilator days/month (4 – 32) so one VAP significantly increases the incidence rates. Otherwise, rates have been consistently low for the remainder of IH.

*  = improving; at least 4 consecutive data points moving towards target  = deteriorating; at least 4 consecutive data points moving away from target  = steady; fewer than 4 consecutive data points moving in either direction

Explanation:

- Smaller sites have significantly less ventilator days, so one VAP case can significantly increase the overall incidence rate.

Actions over the past year:

- Each VAP case is investigated to determine potential risk factors and recommendations made to staff to improve outcomes.

Outbreaks

Infection Prevention & Control reports all outbreaks to Interior Health's Communicable Disease Unit where statistics are generated and reported to BCCDC.

Ongoing surveillance continues for the following outbreaks:

- Tuberculosis
- Respiratory Illness including influenza and H1N1
- Gastrointestinal Illness including Norovirus

Additional information on IH Outbreaks can be accessed by viewing the Communicable Disease Annual Report 2009 located on the CD website under Activity Reports:
<http://inet.interiorhealth.ca/clinical/PH/CDunit/Pages/default.aspx>.

Education

Ongoing education provided to healthcare workers includes review of:

- Routine Practices (including hand hygiene)
- Additional Precautions
- Specific Diseases (as incidents arise)
- Outbreak Management

Infection Prevention & Control was involved in the development of presentations and training for H1N1, the Hand Hygiene Initiative and Construction / Renovation. A six session series was developed in preparation for writing the CIC Certification Exam for Infection Control Practitioners.

In addition Infection Control Practitioners attended various training sessions including the following:

Type	Description	Participants	Estimated Hours
Teleclasses	Webber training	Available to all IH ICPs	Occur weekly
Conference	PICNet Annual Educational Conference "We're all in this together!"	Attended by 4 ICPs	
On site and by phone, computer and Live Meetings	Orientation/training of ICPs	3 new ICPs 2 experienced ICPs in new setting or returning to work after extended leave	
Conference	CHICA, Newfoundland	Attended by 1 ICP	
On site	EOC	Attended by 17 ICPs	7.0 hours
Conference	CHICA – BC education day in Kelowna	Attended by 17 ICPs	7.0 hours
Conference	CDAD Symposium in Vancouver	Attended by 1 ICP	
Conference	MRSA Roadshow in Victoria	Attended by 1 ICP	

Projects & Initiatives

H1N1 Pandemic

- Description:**
- Developed clinical tools including Acute Care guidelines, Enhanced Droplet/Contact Precautions, Source Controls, Risk Assessment tool for Patients with Respiratory Illness, and Staff Requirement for PPE.
 - Worked with Emergency & Admitting staff to ensure accurate coding of admitted patients with respiratory illness.
 - Worked with Purchasing to ensure appropriate PPE (personal protective equipment) supplies were available.
 - Educated staff across the continuum on H1N1 disease transmission and the appropriate use of PPE.
 - ICPs collaborated at local, regional, provincial, and national levels in the development of guidelines/protocols/tools. Developed an algorithm for private room allocation.

Status: Complete

Organizational Impact: Collaborated with Public Health, Senior Administration and additional stakeholders resulting in a well managed and contained outcome. The first wave of the pandemic H1N1 influenza strain began in April in IH, followed by a recurrence of a much larger second wave from September to November. The impact was mainly felt at the community and acute care level, with no IH Community Care Facilities for seniors reporting a pandemic H1N1 outbreak.

IP&C Manual – updating from print version to online version

- Description:**
- Provided written instructions on how to access the manual online.
 - Educated staff how to access the manual online and how to make this process useful in their workplace.
 - Provided 1 hard copy per site.
 - Educated non IH facilities on how to access the online manual from the public website.
 - Challenges identified:
 - Technology not always readily available to staff at point of use.
 - Not everyone is computer literate.

Status: Complete

Organizational Impact:

- Online version is sustainable, LEAN and financially responsible. This is a more efficient process that has led to greater accuracy and relevancy because it allows for real-time updates.
- Processes are standardized across the continuum of care and across all IH sites and programs.
- Facilitates collaborate with non IH sites to ensure implementation of standardized processes.
- Contains the most up to date information and is readily available.

Construction (2 Large scale capital projects, one in Vernon and one in Kelowna plus the clinical support building in Kelowna)

Description:

- Updated the IP&C Guidelines to comply with the latest CSA standards.
- Two ICPs have been designated as the main point of contact for construction information and development of standardized processes.
- Developed construction checklists to assist ICPs.

Status:

Ongoing

Organizational Impact:

Standardization of IC practices during new construction.

Computerized HAI Surveillance

Description:

- Implemented residential HAI surveillance at targeted sites.
- Developed commonalities reports for 4 types of HAIs (CDI/SSIVAP/ARO) to assist ICPs with data analysis.
- Developed cumulative report for SSIs to facilitate reporting IH wide data.
- Ongoing development of period end reports for HAI indicators.
- Coordinating Committee instituted to provide leadership, coordinate information requests and manage HAI data quality issues.

Status:

Ongoing

Organizational Impact:

- System wide computer failure leads to inaccessibility of HAI surveillance data.
- All reports are not yet available to analyze the data.
- Standardized definitions assure the quality of data is valid.

CNISP (Canadian Nosocomial Infection Surveillance Project)

Description	<ul style="list-style-type: none">• Weekly HAI data entry into computerized program and minimum quarterly reporting by Kelowna General Hospital.
Status:	Ongoing
Organizational Impact:	<ul style="list-style-type: none">• IH is now part of a national program and will benefit by receiving the latest national standards, data analysis information, and recognition.• Receive a financial benefit that is to be used for educational purposes.• ICP and IMIT resources are provided by IH for the data entry process.• Laboratory resources are provided to ensure specimens are sent to the national lab.

Airborne Isolation Rooms

Description	<ul style="list-style-type: none">• Review of existing airborne isolation rooms to determine any necessary upgrades that may be required.
Status	Ongoing
Organizational Impact:	<ul style="list-style-type: none">• Increased capacity for caring for patients required Airborne Isolation.

Terminology & Abbreviations

Annual Target - A goal that is set on a yearly basis.

ARO – Antibiotic Resistant Organism.

Benchmark - A point of reference for judging value, quality, change, or the like; standard to which others can be compared.

CAUTI – Catheter Associated Urinary Tract Infection.

CDI - *Clostridium difficile* Infection also *C. difficile* – *C. difficile* is a bacteria that produces a toxin that can cause diarrhea and serious illness of the bowel. Generally, *C. difficile* does not cause problems in healthy people; however, CDI can be serious in people who are sick, elderly, or have weakened immune systems. In rare cases it can be fatal.

Central line - An intravascular catheter that terminates at or close to the heart or in one of the great vessels which is used for infusion, withdrawal of blood, or hemodynamic monitoring.

CHICA – Canada - Community and Hospital Infection Control Association – Canada.

CIC Exam – Certification in Infection Control Exam.

CLI – Central Line Infections: (reference CNISP and NHSN 2008)

Population is patients in ICU with a central line who:

- Has a recognized pathogen cultured from one or more blood cultures, unrelated to infection at another site (includes common skin contaminant if cultured from 2 or more blood cultures drawn on separate occasions not more than 2 days apart).
- BSI not present prior to insertion of central line.
- BSI onset during ICU stay or within 48 hours of leaving ICU.
- Rate calculated as # of CLIs divided by # CL days multiplied by 1000.

CNISP – Canadian Nosocomial Infection Surveillance Program.

Facility Type – A healthcare facility categorized by the range of services offered.

HH - Hand Hygiene – Preventing the spread of illness and infection by washing hands with soap and water or cleaning hands with alcohol based hand-rubs.

HAI – Healthcare Associated Infections *also Nosocomial Infections* – Infections patients get while staying in a healthcare facility or utilizing services provided by a healthcare facility or program. These infections can include germs from other patients, the environment, or staff.

HA IPCC – Health Authority Infection Prevention & Control Committee.

HAMAC – Health Authority Medical Advisory Committee.

Hospital Acquired Pneumonia (HAP) –Case definition – Clinical presentation meets criteria for Pneumonia, including x-ray confirmation. Symptoms start more than 48 hours after admission to, or within 48 hours of discharge from, an IH facility.-Primary source for definition: CDC/NHSN (National Healthcare Safety Network) guidelines, 2008.
Pneumonia identified by using a combination of the following criteria:
Radiologic – two or more serial chest x-rays with new or progressive & persistent infiltrate, consolidation, cavitation (only one x-ray if no lung/heart disease)
Clinical S&S- breath sounds, fever, altered mental status, sputum, cough, increased respiratory rate or oxygen needs.
Lab – sputum culture, elevated WBC.

Indicator – A statistical measurement that provides information about an outcome or predicts a suspected outcome.

Limitations – Limits or restrictions.

LRI – Lower Respiratory Tract Infection.

MRSA – Methicillin-Resistant *Staphylococcus Aureus* – *Staphylococcus aureus* is a bacteria that is normally found on the skin and in the nose of healthy people. Some bacteria have become resistant to the medicines used to treat infections (antibiotics). MRSA is a type of *Staphylococcus aureus* that is resistant to most antibiotics, including the antibiotic called penicillin. *Staphylococcus aureus* can cause minor skin infections such as boils, or infections in a surgical incision site.

Methodology – The methods, principles, and rules used to for the activity or result.

PICNet – Provincial Infection Control Network of British Columbia.

QM Enterprise (QME) is a powerful and efficient quality management tool developed by Picis. Interior Health Infection Prevention and Control Practitioners use QME for Health Care Associated Infection (HAI) surveillance.

Responsible Organism – The microorganism causing the infection.

SHN - Safer Healthcare Now! Reducing Harm, Improving Healthcare, Protecting Canadians.

Source – The person or thing that gave the information.

SSI – Surgical Site Infection.

SSTI – Skin & Soft Tissue Infection.

TB – Tuberculosis.

Trend - The general movement or direction of change.

UTI – Urinary Tract Infection.

VAP - Ventilator Associated Pneumonia

- Case definition - Clinical presentation meets criteria for Pneumonia, including x-ray confirmation. Symptoms start more than 48 hours after admission to an IH facility. - Patient has been on a respirator continuously in the 48 hours before infection onset
- Primary source for definition: CDC NNIS (National Nosocomial Infection Surveillance) guidelines, 2004.

VRE - Vancomycin-Resistant *Enterococci* - *Enterococci* are bacteria that are commonly found in the stomach and bowels of healthy people. Some bacteria have become resistant to the medicines used to treat infections (antibiotics). Vancomycin is an antibiotic used to treat serious infections. VRE is a type of *Enterococci* that has become resistant to Vancomycin. These germs rarely cause illness in healthy people. However, when VRE gets into open cuts and skin sores, they can cause infections. Occasionally, VRE can also cause more serious infections of the blood or other body tissues.