

**University of Michigan Hospitals and Health Centers
Infection Control & Epidemiology**

SURVEILLANCE ACTIONS

Definition

- Surveillance is an active, continuous method of detecting, reporting and analyzing information concerning nosocomial infections in patients and personnel.
- The data are collected in order to identify sources, determine methods of spread and make recommendations concerning prevention and control measures

Plan

We perform priority directed, targeted surveillance. Each staff specialist and the clinical analyst identified a surveillance plan outlining areas and/or nosocomial infections to target based on one of the following, or a combination of the following:

1. the frequency or level of risk of infectious complications for an area, patient population, procedure or service;
2. the potential for infection to contribute to adverse patient outcomes;
3. the potential for prevention and;
4. occasionally, the request of a physician or QA/QI group.

Surveillance plans are reevaluated as needed and/or annually at strategic planning meetings.

Method

Step One

Daily microbiology reports (ICR), specific to each surveillance plan, are reviewed by the staff specialists or clinical analyst to identify positive cultures which might indicate infected patients. In addition to the ICR staff specialists use various other reporting systems to identify potential infections.

- A list of these potential infections meeting surveillance plan objectives is systematically maintained for Step Two.
- In some cases there is interest only in the organisms that are cultured from a specific area or patient population. In this case, a list of organisms is maintained for the area or patient population in order to visually track any trends in organisms.

Studies are performed as needed to evaluate the accuracy and completeness of case findings.

Step Two

Chart reviews are performed on the potential infections identified in step one. The UMHHC ICC's definitions for nosocomial infections are followed. These definitions set criteria for defining infections and for differentiating between nosocomial and community acquired infections.

Step Three

Nosocomial infections are entered into a Pendragon database using PDAs and the National Nosocomial Infections Surveillance system database.

Feedback of Data

Nosocomial infection data are presented to the Infection Control Committee in the form of rates. In addition, each staff specialist may have a feedback plan and format specific to several individual areas.

Routine Review of Data

Each staff specialist promotes communication with clinical staff, routinely reviews the nosocomial infections occurring in each specific area, and maintains a general awareness of infectious trends within each assigned geographic areas in order to identify any problems. Identification of new trends or changes in established trends may signify a problem requiring further investigation.

ALL RIGHTS RESERVED

PERMISSION IS GRANTED TO USE, COPY AND REDISTRIBUTE THIS DOCUMENT FOR NONCOMMERCIAL EDUCATION AND RESEARCH PURPOSES, SO LONG AS NO FEE IS CHARGED, AND SO LONG AS THE COPYRIGHT NOTICE ABOVE AND THIS GRANT OF PERMISSION APPEAR IN ALL COPIES MADE; AND SO LONG AS THE NAME OF THE UNIVERSITY OF MICHIGAN IS NOT USED IN ANY ADVERTISING OR PUBLICITY PERTAINING TO THE USE OR DISTRIBUTION OF THIS DOCUMENT WITHOUT SPECIFIC, WRITTEN PRIOR AUTHORIZATION. PERMISSION TO MODIFY OR OTHERWISE CREATE DERIVATIVE WORKS OF THIS DOCUMENT IS NOT GRANTED.