

## SURVEILLANCE

Surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data to identify infections and infection risks, to try to reduce morbidity and mortality, and to improve client health status. The purpose of surveillance in home health care is to assess the safety and quality of patient care by establishing a baseline at each agency, monitor trends within an agency, use findings to improve care, and prevent healthcare associated infections and other complications.

Surveillance is a necessary component of effective infection prevention and control in any healthcare setting, and comprises systematic observation that healthcare personnel use to identify patterns of disease. It is imperative that the person assigned the responsibility for surveillance have experience in infection prevention and also have the time to carry out the responsibilities. The home health agency should have a system of surveillance designed to identify possible communicable diseases or infections before they can spread to others. An effective surveillance program must collect useful, relevant, and timely information in order to identify trends and develop interventions that can help to prevent and control infections. The long-range plan should focus on frequently occurring infections, high-risk infections and /or infections for which interventions are very likely to result in prevention. Before surveillance is begun, the agency must select definitions for their program. In February 2008, APIC-HICPAC published surveillance definitions for home health care. The same definitions should be consistently used in the collection, analysis and reporting of surveillance data. [http://www.apic.org/Resource/\\_TinyMceFileManager/Practice\\_Guidance/HH-Surv-Def.pdf](http://www.apic.org/Resource/_TinyMceFileManager/Practice_Guidance/HH-Surv-Def.pdf). It must be understood that there is a difference at times between the definitions used to identify an infection for surveillance and the clinical definition of the infection.

Surveillance involves far more than just collecting and listing infections and antibiotics. This information must translate from interventions in the delivery of care to the client. It is important to use consistent surveillance processes and terms to improve daily practice.

### **Challenges of Surveillance Program in Home Care**

There are many challenges including the loss of patients to follow-up, lack of laboratory data and radiological imaging, and difficulty in obtaining numerator and denominator data. Infection surveillance provides an important means of measuring outcomes in the home health care setting. It also provides a mechanism for identifying conditions that must be reported to the public health department in accordance with state regulations.

When planning a home health care infection surveillance program, one must consider the populations served and the services provided—these are the primary considerations. The plan should define the scope of data gathering. It is unlikely to be feasible to include surveillance for all infections in the long-range surveillance plan, but comprehensive data collection for all infections for a defined period of time may be valuable. The long-range plan should focus on frequently occurring infections, high-risk infections, and/or infections for which interventions are very likely to result in prevention.

In addition to infections, the surveillance plan may include other infection prevention measures. It may include calculating rates of participation in the agency's immunization program for health care personnel (hepatitis B vaccination, influenza, pneumonia, MMR) rates or work-related exposure to communicable

diseases, occupational illness, and work-related injuries (i.e., sharps injuries). The agency's tuberculosis prevention and control program may also be included in the surveillance program.

Surveillance of all infection is very difficult, so an agency will usually develop targeted surveillance; to identify those infections and potential infections, based on risk assessment data collected prior to the implementation of the plan by utilizing CASPER data.

There must be a mechanism for reporting infections internally. When an infection occurs, infections meeting the criteria for internal reporting must be reported according to the established policy of the agency. Report new signs/symptoms of infection to the Physician (or other member of the management team according to policy) and document this communication and any subsequent actions taken.

An infection must be reported externally when identified while providing care or services to:

1. The state's Department of Health when a patient or staff member is diagnosed with a communicable disease/condition that is listed on the state's list of notifiable diseases/conditions, or as required by other state and local public health authorities, and as required by federal law and regulation.

### **Outbreak Investigation**

Outbreak surveillance activities should be conducted in response to a specific infection or infection cluster with an abnormal or larger-than-expected number of infections within multiple patients or staff members at the same time.

Guidelines for outbreak investigation apply to all healthcare settings. An outbreak refers to a frequency of healthcare events that greatly exceed the expected level or the occurrence of an unusual infection. There is no arbitrary number of cases that determines that an outbreak is occurring; even one case of a very unusual infection could constitute an outbreak and should be investigated. Even if an outbreak is suspected but not yet confirmed, it should be reported to the appropriate designated person/agency.