



HEALTHCARE-ASSOCIATED INFECTION PREVENTION REPORTING GUIDE FOR NURSING HOMES

August 2017

PURPOSE

This guide from the Pennsylvania Department of Health (Department), Healthcare-Associated Infection Prevention (HAIP) program is intended to provide a summary of information and guidance to infection prevention personnel. A brief summary of the legislation, highlights of reporting requirements and descriptions of data verification efforts are provided.

BACKGROUND

Senate Bill 968 was signed into law on July 20, 2007. Act 52 of 2007, the Health Care-Associated Infection Prevention and Control Act, amends the Medical Care Availability and Reduction of Error (MCare) Act (Act 13 of 2002) to address the reduction and prevention of healthcare-associated infections.

Act 52 of 2007 requires all hospitals, nursing homes, and ambulatory surgical centers to develop and implement an internal infection control plan. The infection control plan is submitted to the Department for review. If, at any time, the department finds that an infection control plan does not meet the requirements of Act 52 of 2007 or any applicable laws, the facility shall modify its plan to come into compliance. Additional requirements regarding the infection control plan are outlined in Section 403 of Act 52 and in the document "[Infection Control Plan Submission and Updates.](#)"

NURSING HOME REPORTING

The requirements in Act 52 of 2007 include reporting infections/events as defined in Chapter 4 of the [Pennsylvania Patient Safety Reporting System \(PA-PSRS\) training manual and users' guide](#). This includes reporting infections/events within 24 hours of confirmation (surveillance completed and HAI confirmed according to the criteria by a staff member responsible for infection control). If confirmation of an HAI occurs over a weekend or recognized holiday, reports must be submitted by 5 p.m. on the next workday.

Nursing homes are required to report healthcare-associated infections (HAIs) through the Pennsylvania [Patient Safety Authority's](#) Patient Safety Reporting System ([PA-PSRS](#)) according to the criteria outlined in the [PSRS Nursing Home User Manual](#). These include:

- A. Urinary tract infection;
- B. Respiratory tract infection;
- C. Gastrointestinal infection;
- D. Skin and soft tissue infection; and

E. Device-related bloodstream infection.

In addition to collecting reports of infections, nursing homes are also required to collect and report utilization data by the end of the following month. Utilization data includes resident days, urinary catheter days and central lines days. This information is used to calculate infection rates. Additional information and guidance is provided in the PSRS training manual and users' guide.

- HAI surveillance and confirmation must be an ongoing, daily process, not one simply performed on a pre-determined selected day of the week.
- Surveillance can include, but is not limited to: chart review, review of laboratory, microbiology and diagnostic test results, review of daily report, review of antibiotic orders, review of residents who are on transmission-based precautions (contact, droplet, airborne).
- Utilization data is to be counted by care area at the same time every day.
- The time of day for utilization data to be collected is decided by the facility.
- Do not rely on billing data to identify resident days. If an admission and discharge occur on the same day, it would result in two residents being counted for the same bed on the same day, causing an inflated number of resident days.
- The daily numbers for resident days, catheter days and central line days are totaled by care area at the end of each month and reported into PA-PSRS.

Please note that, although the long-term care reporting module in the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) is available for use, nursing home reporting remains in PA-PSRS for Pennsylvania facilities. As of now, there are no plans to change from PSRS reporting to NHSN reporting (for nursing homes). However, this is something that will need to be considered if the Centers for Medicare and Medicaid Services (CMS) requires nursing homes to report into NHSN as part of the Inpatient Prospective Payment System (IPPS) payment in the future.

Roles and Responsibilities of PSRS Users

- ✓ PSRS users are categorized into three roles: facility system manager (FSM), PA-PSRS user and read-only PA-PSRS user. It is important to keep the users up-to-date to ensure a lapse in reporting does not occur.
- ✓ The FSM is responsible for creating, editing and removing user IDs and passwords for other users in the facility, as well as creating, editing and removing care areas for the facility.
- ✓ The PA-PSRS user is responsible for submitting and amending infection reports and utilization data and analyzing data from the system. A facility may designate more than one individual to serve in this role.
- ✓ A read-only PA-PSRS user has access to view and print reports and analyze the data, but does not have access to submit infection reports.
- ✓ A facility may have one person who serves as both the FSM and the PA-PSRS user, or the facility may designate a different person for each role.

- ✓ Having more than one user with access to PA-PSRS will ensure continuous reporting, as required by Act 52 of 2007 when staffing changes occur in nursing homes.

Information for New Nursing Home Administrators

Nursing home administrators (NHAs) identified as new to a facility will receive an email from the Healthcare-Associated Infection Prevention section that provides important information about the mandatory reporting of healthcare-associated infections (HAI) by nursing care facilities into the Pennsylvania Patient Safety Reporting System (PA-PSRS).

The message will inform NHAs that Act 52 of 2007 requires nursing care facilities to report all HAIs (as defined in the Patient Safety Authority's Training Manual and Users Guide, April 2014), within 24 hours of confirmation, along with utilization data (resident days, urinary catheter days and central line days) into the PA-PSRS system. Serious event letter notification, as outlined in Act 13 of 2002, must be provided for HAIs that are reported into the PA-PSRS system. The message will also define the roles of PA-PSRS users for those who are unfamiliar with PSRS reporting.

DATA VERIFICATION FOR NURSING HOMES

PA-PSRS provides nursing homes the ability to generate error reports based on certain selection criteria within the application.

HAIP performs additional validation of data and provides a comprehensive data integrity and verification (DIV) report to nursing home infection prevention staff to ensure that the data documented in the PA-PSRS is complete and accurate. The individualized DIV report is routinely emailed to each facility so they may see and correct any problems that may exist with their data. This report should be viewed as a quality improvement tool. It is not meant to provide extra work to nursing home staff involved in HAI reporting. Ideally, this helps the facility assure that the information regarding infections reported to PA-PSRS is accurate and dependable. Items contained in the DIV report are identified as definite or possible errors. The definite errors must be corrected. The items noted as possible errors were identified due to inconsistencies in the data. These items need to be verified as correct or changed.

NURSING HOME REQUIREMENT REFERENCES

[About PA-PSRS for Nursing Home Infection Reporting](#)

[List of Reportable Infections](#) (See Chapter 4 - infections to be reported through PA-PSRS)

[HAI Technical Advisory 2009-001](#) (committee membership composition)

[HAI Technical Advisory 2009-002](#) (written notification)

[HAI Technical Advisory 2009-003](#) (HAI confirmation)

[Patient Safety Authority Program Memorandum No. 2016-03: Update to PA-PSRS HAI Criteria for Nursing Homes](#)

[Patient Safety Authority Program Memorandum No. 2014-04](#)

[Patient Safety Authority Program Memorandum No. 2014-03](#)

PA BULLETINS

[Reporting Requirements for Nursing Homes under Chapter 4 of the MCARE Act - Oct. 5, 2013](#)

[Reporting Requirements for Nursing Homes under Chapter 4 of the MCARE Act - Feb. 28, 2009](#)

[Reporting Requirements for Nursing Homes under Chapter 4 of the MCARE Act - Sept. 20, 2008](#)
[Reporting Requirements for Nursing Homes under the Health Care-Associated Infection and Prevention Control Act - May 31, 2008](#)

WRITTEN NOTIFICATION (SERIOUS EVENT REPORTING)

Pursuant to Section 405(a) of the Medical Care Availability and Reduction of Error (MCARE) Act, 40 P.S. § 1303.405(a), the occurrence of a healthcare-associated infection (HAI) in a long-term care nursing facility (nursing home) is deemed a serious event as defined in section 302 of the MCARE Act, 40 P.S. § 1303.302. Chapter 3 of the MCARE Act, 40 P.S. §§ 1303.301-1303.415, contains various provisions relating to serious events, many of which become applicable to nursing homes by virtue of the MCARE Act's deeming of an HAI as a serious event. Particularly important are the requirements in Section 308(b) of the MCARE Act, 40 P.S. § 1303.308(b), for providing written notification to a patient or available family member or designee of the occurrence of a serious event, in this case an HAI.

Healthcare-associated infections reported through the PA-PSRS are subject to the same patient notification requirements set forth by Act 13 for all serious events. For purposes of meeting the 24-hour reporting requirement for serious events set forth by Act 13, nursing homes must submit reports of HAIs to the PA-PSRS within 24 hours of their confirmation. If confirmation of an HAI occurs over a weekend or recognized holiday, reports must be submitted by 5 p.m. on the next workday.

Since an HAI entered into the PA-PSRS system is considered a serious event, the resident/family member/responsible party must receive written notification within seven days of confirmation of the HAI.

PATIENT SAFETY ADVISORIES

Chapter 4 of The Medical Care Availability and Reduction of Error (MCARE) Act, 40 P.S. § 1303.403(a)(8) Infection Control Plan states that a healthcare facility shall have “a procedure for distribution of advisories issued under section 405(b)(4) so as to ensure easy access in each health care facility for all administrative staff, medical personnel and health care workers.”

The Pennsylvania Patient Safety Authority (PSA) as per section 405(b)(4) issues advisories to health care facilities. The PSA Pennsylvania [Patient Safety Advisory Library](#) provides important patient safety information.

Contacts

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