**PURPOSE**:

The purpose of an effective surveillance program is to systematically collect, analyze, and interpret data enabling the hospital to continuously assess, plan, implement and evaluate care and treatment practices. Timely dissemination of this data to those who need to know is an essential component of surveillance.

The primary goal of CHLA surveillance program is to improve patient outcomes by preventing or minimizing the risk of nosocomial infections and such non-infectious nosocomial events that adversely affect the morbidity and mortality of a high-risk pediatric patient population.

CHLA clinical focus is on secondary, tertiary and quaternary care of pediatric patients. The surveillance program, priority-directed and targeting high-risk neurosurgical procedures, cardiothoracic and orthopedic surgery, organ transplantation and critical care of pediatric and newborn patients, concentrates on the following epidemiologically significant issues:

1. All healthcare associated bloodstream infections (CLABSI) house-wide
2. All healthcare associated urinary catheter infections UTI (CAUTI) house wide.
3. Healthcare associated surgical site infections for select procedures that are mandated for surveillance by California Department of Public Health. Surgical sites for infections are followed for 30 or 90 days depending on the NHSN procedure category.
4. All patients found to be colonized or infected with multi drug resistant organisms including MRSA, VRE.
5. All healthcare associated COVID-19 infections.
6. All Clostridium difficile positive cases.
7. All patients found positive for VRE or MRSA in the blood.
8. All patients found positive for Public Health reportable diseases/ conditions.
9. All healthcare associated infections caused by organisms that are epidemiologically significant in the pediatric setting (e.g. VZV, RSV, rotaviruses, adenoviruses).
10. All healthcare associated aspergillosis cases in high risk patients, including Hem/Onc and BMT patients.

CHLA’s surveillance program is based on principles and definitions formulated by the Centers for Disease Control and Prevention (CDC) and follow closely the model for epidemiologic studies created by the National Nosocomial Infection Survey (NNIS).

Data Collection and Reporting

1. The Infection Prevention and Control staff seek pertinent information during review of patient charts, daily rounds from nurses, physicians and other members of the health care team.
2. Whenever appropriate, known or suspected cases of infections identified by a clinician performing review of hospitalized patients will be referred to Infection Prevention and Control.
3. Post-discharge surgical site infections, whenever identified, may be referred to Infection Prevention and Control by the clinic following the patient or by retrospective positive wound culture review by the Infection Prevention team
4. Other sources of information are Community agencies such as Other Hospitals, Department of Public Health and Home Health Agencies
5. Tools of surveillance include but are not limited to daily review of microbiology reports, admissions line listing, O.R. schedule, Infection Prevention and Control worklist, Infection Prevention surveillance software, etc.

Outbreak investigations are described in more detail in IC 110.0 Outbreak Investigations. Once an outbreak is identified, Infection Prevention must report the outbreak to Los Angeles County Department of Public Health and California Department of Public Health, as established by local and state regulations.

1. Exposure investigations are described in more detail in IC 303.0 Communicable Disease Exposure. Follow-up of exposures to communicable diseases may be warranted, by hospital policy and/or Public Health regulations and State laws, whenever an exposure is suspected among:
2. CHLA patient population
3. Hospital personnel
4. Visitors
5. Pre-hospital Emergency Personnel
6. Investigation of Non-infectious events with significant impact on pediatric population may be required.
7. LA County Department of Public Health reportable cases are reported accordingly.
8. Data or cases which are required to be reported to the state are reported through NHSN.
9. Results of surveillance are analyzed, reported and discussed during Hospital Infection Prevention and Control meetings and disseminated to the respective units/ areas.

**REFERENCES:**

1. NationalHealthcareSafetyNetwork. http://www.cdc.gov/ncidod/hip/NNIS/members/nhsnsysreq.htm
2. Mayhall CG, Editor. Hospital Epidemiology and Infection Control, 3rd Ed. Baltimore, 2004.
3. APIC text of Infection Control and Epidemiology, Volume I, Fourth Edition: Surveillance, 2014.
4. [IC - 110.0 Outbreak Investigations](https://secure.compliance360.com/ext/Gf4ULkg_30z_dOiLeOTxRw==)
5. [IC - 303.0 Communicable Disease Exposure](https://secure.compliance360.com/ext/v13jZTRwqgefEWHPSfXwbw==)

**POLICY OWNER:**

*Director, Accreditation & Licensing, Infection Prevention, and Emergency Management*