



APIC Position on Mandatory Public Reporting of Healthcare-Associated Infections

March 14, 2005

Goal

The goal of the Association for Professionals in Infection Control and Epidemiology (APIC) is to decrease the occurrence of healthcare-associated infections to an irreducible minimum. To that end, APIC promotes the use of data on healthcare-associated infections to guide and improve infection prevention programs in healthcare facilities.

Issue

Many organizations, legislators, and individuals are demanding that hospitals publicly report information on healthcare-associated infections.

Position

- APIC understands the consumer's desire for more information and supports public reporting of healthcare-associated infection data.
- APIC presently does not know how public reporting of infection data will impact the quality of patient care or affect consumers and hospitals.
- APIC recognizes that there is currently no standardized system for collecting, analyzing, comparing, and publicly reporting infection data from hospitals and that such a system must be developed in order to compare infection data among hospitals.
- APIC therefore seeks to collaborate with health care and health plan providers, related industries, quality improvement organizations, accrediting agencies, legislators, regulators, and government and consumer organizations to identify and implement quality measurement systems that will provide meaningful data for both consumers and hospitals.

Background

Hospitals have had infection surveillance, prevention and control programs since the 1970s. These programs are managed by trained infection control professionals (ICPs) who work to promote safe environments and improve outcomes for patients. For over 30 years, ICPs have been collecting and analyzing data on hospital-associated infections (outcome measures) and on healthcare practices that have been shown to reduce the risk of infection (process measures). They use these data to guide the infection prevention activities in their programs. Infection prevention programs have been shown to reduce the occurrence of hospital-associated infections.

Current methods used to collect and report infection surveillance data are labor-intensive and complex. Infection control personnel must extract much information manually from a combination of electronic and paper records to identify healthcare-associated infections. Administrative databases, such as those containing billing information and ICD-9 codes, cannot

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be used as a single source of information to detect healthcare-associated infections because these databases do not contain the medical information needed to determine if a healthcare-associated infection occurred. Computer systems that support standardized data collection and reporting and improve the efficiency and accuracy of infection surveillance programs are much needed in healthcare facilities.

Hospitals treat different types of patients and provide treatments and procedures with differing levels of complexity. To best serve its patients, each hospital identifies and monitors those types of infections that are most likely to occur in its patient population. This means that hospitals do not all collect the same type of infection rate data. In order to compare infection rates among hospitals, all of the hospitals must monitor the same infections and use the same data collection and reporting methods. There is currently no standardized system for collecting, analyzing, comparing, and publicly reporting infection data from hospitals

Age, underlying diseases, severity of illness and the types of medical treatments and procedures required for care all influence a patient's risk for infection. Risk-adjusted infection rates must therefore be used so that hospitals that take care of sicker patients and do more complicated procedures can compare their rates with hospitals that take care of patients who are not as sick and have a lower risk for infection.

Even if data collection and reporting processes are standardized and infection rates are risk-adjusted, it still may not be possible to account for differences in the patients and levels of care provided at different hospitals. Because each patient's risk for infection depends on many factors, consumers will not be able to determine their individual risk of acquiring an infection at one hospital versus another hospital by comparing infection data.

Recommendations

The following are needed if hospital infection data are to be publicly reported:

- (1) standardized infection surveillance measures that address both healthcare-associated infections (outcomes) and healthcare practices that have been shown to reduce the risk of infection (processes) [i.e., all hospitals must measure the same infections or infection prevention practices];
- (2) standardized methods for collecting, risk-adjusting, analyzing, comparing, and reporting data;
- (3) computer systems that support a standardized data collection and reporting process and improve the efficiency, accuracy, and effectiveness of infection surveillance programs;
- (4) the involvement of individuals who have expertise in infection surveillance and prevention programs when designing, implementing, and evaluating a system for publicly reporting infection data;
- (5) a mechanism to ensure that data reported will be useful and not misleading for consumers and will provide hospitals with the information they need to guide their infection prevention programs;
- (6) education for the consumer on infection prevention strategies and the meaning of the data released in public reports;

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- (7) adequate support for infection surveillance, prevention, and control programs to prevent infection control personnel and other healthcare resources from being diverted away from infection prevention activities and towards data collection;
- (8) research to determine the impact that public reporting of infection data has on patients, consumers, and hospitals; and
- (9) adequate funding and infrastructure to support a public reporting system for healthcare-associated infections.

Guidance

APIC members and others tasked with developing and implementing a public reporting system for healthcare-associated infections should refer to the Healthcare Infection Control Practices Advisory Committee document Guidance on Reporting of Healthcare-Associated Infections.¹

Consensus Conference

At a consensus conference² held in February, 2005, there was consensus that a standardized method for collecting, analyzing, and reporting healthcare-associated infection data is needed in order to meaningfully compare rates among hospitals. APIC is currently working with its conference partners to pursue the development of this standardized methodology.²

Summary

APIC recognizes that healthcare-associated infections are undesirable outcomes of healthcare. APIC believes that infection prevention, surveillance, and control programs in health care facilities, especially in hospitals, must be continually improved. Public reporting of infection data alone will not accomplish this improvement. APIC seeks to collaborate with healthcare and health plan providers, quality improvement organizations, accrediting agencies, legislators, regulators, and government and consumer organizations to identify and implement quality measurement systems and healthcare practices that will support APIC's goal of decreasing the occurrence of healthcare-associated infections to an irreducible minimum.

This document will be revised as information on the development, implementation, and use of public reporting systems for healthcare-associated infections data becomes available.

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1. Centers for Disease Control and Prevention. Healthcare Infection Control Practices Advisory Committee. Guidance on Reporting of Healthcare-Associated Infections. February 28, 2005 at: <http://www.cdc.gov/ncidod/hip/PublicReportingGuide.pdf>.
 2. Consensus Conference. Healthcare-Associated Infections: Realizing the Benefits of Mandatory Public Reporting. Atlanta, GA, February 7-8, 2005. Convened by the Association for Professionals in Infection Control and Epidemiology in partnership with the American Hospital Association, Centers for Disease Control and Prevention, Consumers Union, National Quality Forum and Society for Healthcare Epidemiology of America.