



PSYCHIATRIC HEALTH FACILITY POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section - PSYCHIATRIC HEALTH FACILITY

Effective: 4/6/2011

Policy- INFECTION CONTROL SURVEILLANCE PROGRAM – LINE LISTING

Revised: 3/24/2011

PHF CEO's Approval _____ **Date:** _____

Executive Medical Staff Chair's Approval _____ **Date:** _____

Committee Chair's Approval _____ **Date:** _____

Form Ref. #100-C

POLICY:

It is the policy of Santa Barbara Psychiatric Healthcare Facility to maintain an infection control surveillance program.

PURPOSE:

To describe the type of surveillance carried out to monitor the rates of hospital associated infections (HAI), the systems used to collect and analyze data, and the activities to prevent and control infections. The outcome objectives are to reduce the risk of preventable HAI, decrease patient suffering and inconvenience, and reduce healthcare costs associated with HAI.

PROCEDURE:

PHF will implement Total House Surveillance program using line listings generated by lab reports, administration of anti-infective medications (includes but limited to antibiotics), xrays, physician diagnosis of infection, etc.

Nursing staff are responsible for entering the above information into the line listing template during the process of noting or auditing orders. In addition information will be entered into the line listing anytime nursing or PHF staff recognize infectious conditions.

The line listing allows for recognition of unusual epidemics, clusters of infection due to unusual pathogens, and any occurrence of HAI, that exceeds the usual baseline levels for the patient care areas. The outcome objectives will be to prevent and/or control hospital-acquired infections.

INPATIENT PROCEDURES:

1. Surveillance reports are collated by the Supervising Nurse, submitted to the Infection Control Officer (ICN) who prepares a report quarterly for the Infection Control Committee.
2. The ICN will review patient infections to determine whether an infection is HAI, using approved definitions and criteria.
 - a. Pertinent microbiological reports
 - b. Patients receiving antimicrobials.
 - c. Patients with suspected or diagnosed infections.
3. Daily assessment by physicians and/or nurses will be done to assess for infection.
4. The Nursing Supervisor will provide the ICN with Pharmacy-generated antimicrobial log quarterly

5. Senior Nursing staff will, during treatment planning with physicians, note any infections identified from verbal accounts of staff or medical records for entering into the line listing
6. The ICN will calculate monthly HAI rate and submit the HAI data to the Infection Control Committee quarterly to evaluate the potential for prevention or intervention to reduce the risk of future occurrences. The Committee will:
 - a. Monitor the effects of intervention strategies on infection rates.
 - b. Provide feedback to selected groups of physicians, nurses, and support staff about the HAI of their patients.
 - c. Document conclusions, recommendations and actions in the minutes.
7. Human Resources is responsible for implementing pre-employment screening for Hepatitis B
8. Nursing Supervisor will track TB tests and or chest x rays for line staff.
9. The Nursing Supervisor will report to the ICN any known communicable disease or outbreak among staff.