KNHSS

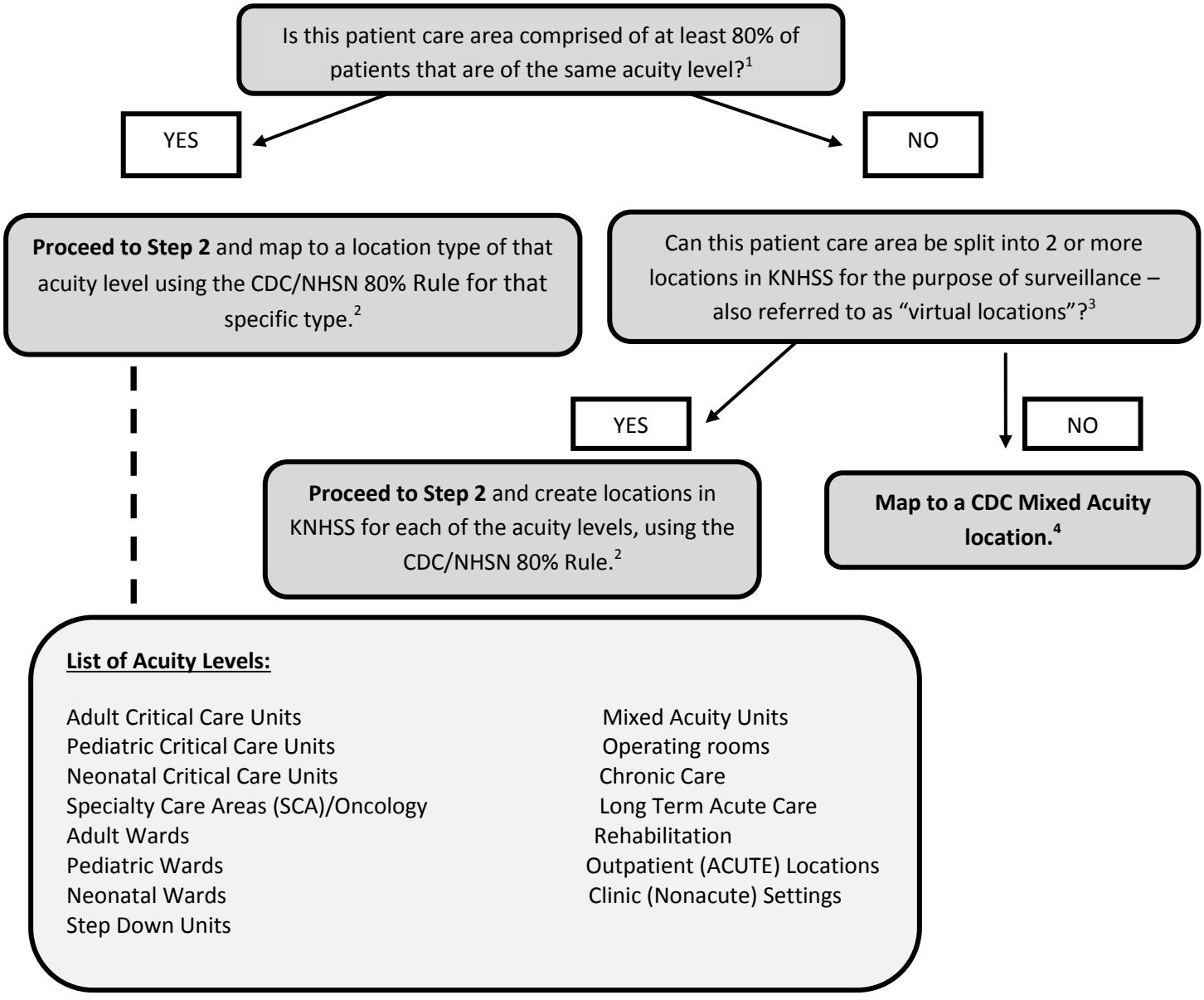
Kuwait National Healthcare-associated

Infections Surveillance System

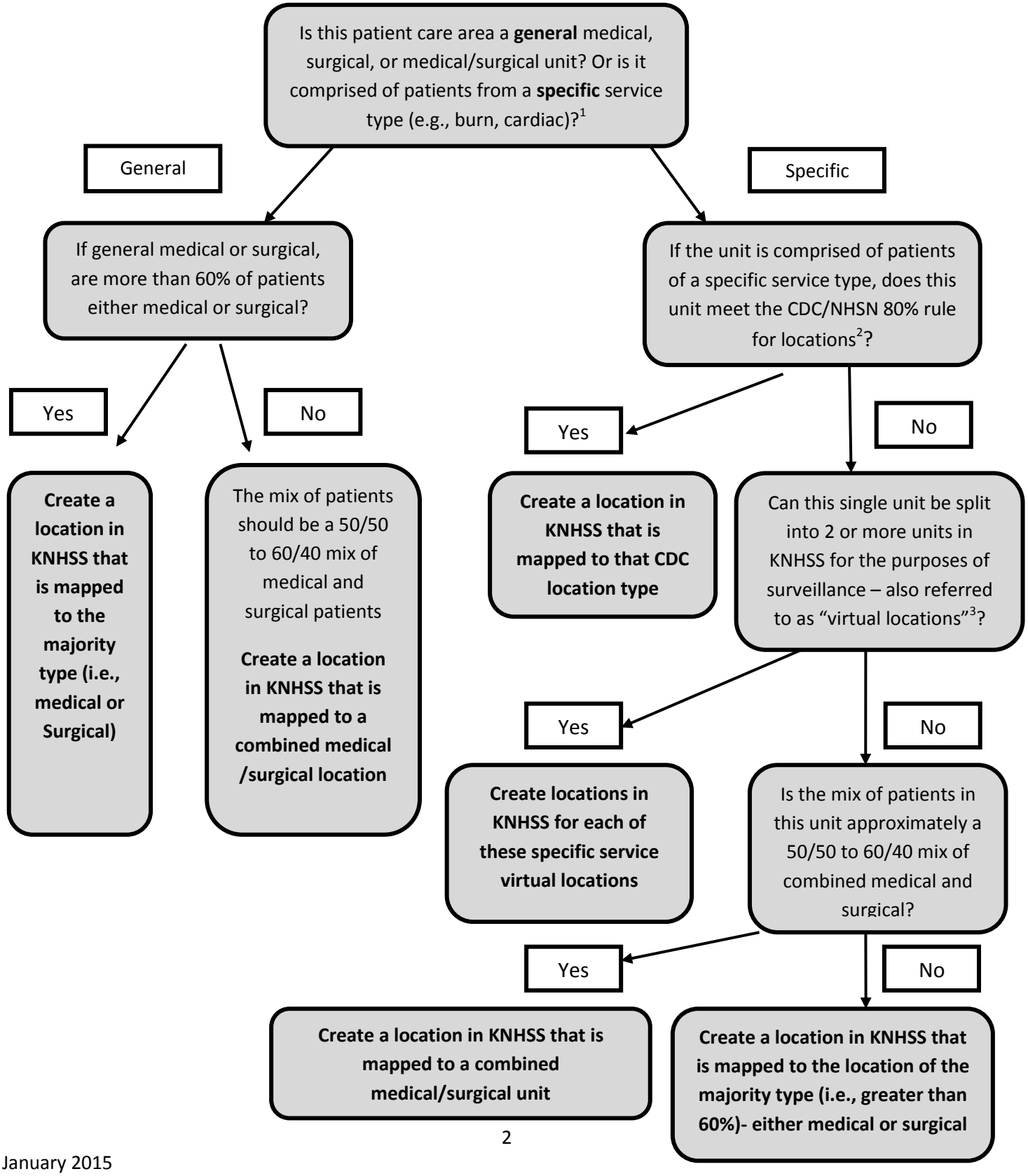
Instructions for Mapping Patient Care Locations in KNHSS

KNHSS requires that facilities map each patient care area in their facility to one or more locations as defined by CDC/NHSN in order to report surveillance data collected from these areas. This document functions as a decision-making tool when determining the appropriate location for KNHSS surveillance, as defined in the CDC/NHSN Manual. This process should be followed when adding any new unit to KNHSS for surveillance and should be repeated for any unit when there has been a significant change in patient mix (e.g., merging of units, taking on a new service).

Step 1 : Define the acuity level for the location



Step 2: Define the type of Service for the Location



Please see the Location descriptions for definitions of each CDC Location used for KNHSS surveillance.

1. Patient mix: When determining the appropriate CDC Location mapping for a unit, facilities should review the patient mix in that unit for the last full calendar year. If a full year is not available, facilities should review patient mix based on the data they have available for that unit. When determining the acuity level, as well as the specific service type of a location, the admission/transfer diagnosis should be used when determining the appropriate location mapping. The admission diagnosis is considered the most accurate depiction of the patient's illness and reason for being admitted to a particular unit.

2. NHSN 80% Rule: Each patient care area in a facility that is monitored in KNHSS is "mapped" to one or more CDC Locations. The specific KNHSS Location code is determined by the type of patients cared for in that area according to the 80% Rule. That is, if 80% of patients are of a certain type (e.g., pediatric patients with orthopedic problems) then that area is designated as that type of location (in this case, an Inpatient Pediatric Orthopedic Ward).

3. Virtual locations: Virtual locations are created in KNHSS when a facility is unable to meet the 80% rule for location designation in a single physical unit but would like to report their KNHSS surveillance data for each of the major, specific patient types in that unit. The use of virtual locations is recommended only for those physical units that are geographically split by patient service or those in which beds are designated by service. For example, a facility has an ICU – called 5 West – that is comprised of approximately 50% neurology patients and 50% neurosurgery patients. Additionally, the neurology patients are housed in beds 1 thru 10 and the neurosurgery patients are housed in beds 11 thru 20. Rather than map as a medical/surgical critical care unit, the facility decides to create 2 new locations in KNHSS:

5WEST_N: Neurologic Critical Care (10 beds)

5WEST_NS: Neurosurgical Critical Care (10 beds)

This facility will collect and enter data for 5WEST_N and 5WEST_NS separately. The facility will also be able to obtain rates and standardized infection ratios (SIRs) for each location separately. Note that the data collected and reported for each virtual location will be limited to the designated 10 beds assigned (i.e., overflow from 5WEST_N into 5WEST_NS will be counted with **5WEST_NS**). For those facilities that use an electronic source for collecting their data, we recommend that you discuss compatibility of virtual locations in KNHSS with your facility's contact prior to reporting data for these locations.

4.Mixed Acuity Unit: This location is intended for those units comprised of patients with varying levels of acuity. Because of the varying range of risk in mixed acuity units, these units will not be included in analysis of data.

NOTE: Although a Mixed Acuity location may have ICU beds and ICU patients, it is not considered an ICU location type for the purposes of KNHSS reporting and therefore, would not be included in any ICU-specific reporting requirements. Mixed Acuity units are also excluded from ward-specific reporting requirements.

Examples

Example 1: An ICU that is 85% Burn patients, 15% Trauma

CDC Location: Burn Critical Care

Why? Meets 80% rule for critical care acuity level and 80% rule for specific service (burn)

Example 2: An ICU that is 55% medical and 45% Surgical

CDC Location: Medical/Surgical Critical Care

Why? Meets 80% rule for critical care acuity level and does not meet the 60% rule for designation as either medical or surgical service level alone, therefore, use combined medical/surgical designation.

Example 3: A unit that is comprised of 60% medical inpatients and 40% general observation patients
CDC Location: Medical Ward

Why? This is a special scenario due to the mix of inpatients and outpatients in this unit. A location where at least 51% of the patients have been formally admitted to the facility should be mapped as in inpatient unit, rather than an outpatient observation unit. The 60% rule for general service and the 80% rule for specific service still apply when deciding on the specific type of inpatient location to use; this location met the 60% rule for medical service. All patients housed in this unit should be included in the surveillance efforts for this location

Example 4: An ICU that is 40% Neurosurgical, 40% Surgical, and 20% Medical

Option 1 - Single CDC Location: Surgical Critical Care

Why? Meets 80% rule for critical care acuity level and does not meet the 80% rule for a specific service level alone, but when surgical patients are combined, that total does equal 80%.

Option 2 - Multiple CDC Virtual Locations: Neurosurgical Critical Care and Surgical Critical Care, with the medical patients reported with the Surgical Critical Care location since the general surgical designation is the least specific of the two

Why? By splitting this unit into 2 virtual locations, each meets the 80% rule for critical care acuity level and one meets the 80% rule for designation as Neurosurgical Critical Care, while the other meets the 60% rule as general surgical service (when combining surgical and medical patients).

Example 5: A unit that is comprised of 60% Medical ICU and 40% Step-Down patients

Option 1 - Single CDC Location: Mixed Acuity Unit

Why? This location is not comprised of at least 80% of the patients of the same acuity level and therefore meets the single location definition of a mixed acuity unit. Note that this location is not considered an ICU location type for the purposes of KNHSS reporting and therefore, would not be included in any ICU-specific reporting requirements.

Option 2 - Multiple CDC Virtual Locations: Medical Critical Care and Step-Down Unit

Why? By splitting this unit into 2 virtual locations, each meets the 80% rule for the appropriate acuity level and each meets the 80% rule for type of service.

Example 6: A pediatric ward that is comprised of 70% neurosurgical patients and 30% orthopedic patients

Option 1 - Single CDC Location: Pediatric Surgical Ward

Why? Meets 80% rule for ward-level acuity and does not meet the 80% rule for a specific service level alone, but meets the 60% rule for general surgical service.

Option 2 - Multiple CDC Virtual Locations: Pediatric Neurosurgical Ward and Pediatric Orthopedic Ward

Why? By splitting this unit into 2 virtual locations, each meets the 80% rule for the appropriate acuity level and each meets the 80% rule for type of service.

References:

1. CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations. January 2015 available from http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf.
2. American Academy of Pediatrics. Policy Statement Levels of Neonatal Care. Pediatrics 2012;130 (3): 587-597.