



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### INFECTION REPORT

**Effective Date:** June 17, 2014

**Policy #:** IC-10

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**I. PURPOSE:** To provide an active system of reporting patient infections, evaluating treatment outcomes and maintaining of records related to hospital acquired infections.

**II. POLICY:** An Infection Prevention Report (see Attachment A) will be completed on all infections. Recorded data will include identification and location of the patient, onset of symptoms, signs and symptoms, type of infection, date of culture, type of specimen sent and treatment prescribed. Each completed Infection Prevention Report will be reviewed by the Infection Preventionist with recommendations for follow up or prevention plans by the Infection Control Coordinating Group.

#### **III. DEFINITIONS:**

A. Infection: The state produced by the establishment of an infective agent in or on a suitable host which, under favorable conditions, multiplies and produces effects which are injurious.

#### **IV. RESPONSIBILITIES:**

A. All licensed nurses are responsible for:

1. Promptly completing the Infection Prevention Report and faxing the data from the medication room to the Infection Preventionist.

B. The Infection Preventionist is responsible for:

1. Reporting "Reportable Diseases" in accordance with requirements of the Department of Public Health and Human Services, Health Policy & Services Division.
2. Preparing the monthly "Infection Surveillance Report" for the Medical staff meeting and for the Infection Coordinating Group.
3. Providing training to treatment units, through the Nursing Supervisors and Staff Development on Infection Prevention issues.

C. The Infection Prevention Coordinating Group is responsible for:

1. Reviewing the monthly "Infection Surveillance Report."

2. Taking corrective action on issues related to Infection Prevention.
3. Making recommendations for prevention of infections when applicable.
4. Developing quality indicators, preparing quarterly summaries, and reporting results to the Quality Improvement Committee and the Medical Staff.

D. The consulting physician for infection prevention is responsible for:

1. Reviewing the Infection Reports.
2. Reviewing the Infection Surveillance Report
3. Reviewing all hospital policies for infection prevention and all policy changes dealing with infection prevention.

#### V. PROCEDURE:

A. Steps to be taken for the processing of Infection Prevention Reports:

- Step 1. The Infection Prevention Report is completed by the RN or LPN.
- Step 2. Fax the completed data to the Infection Preventionist daily.
- Step 3. The Infection Preventionist will review all Infection Report data. He/she will note trends or issues related to the types, locations, and frequency of infections. This information can be utilized to investigate possible sources of transmission on the various treatment units.
- Step 4. Reports will be reviewed at the next meeting of the Infection Prevention Coordinating Group and summarized on the monthly Infection Surveillance Report. The Infection Prevention Coordinating Group will evaluate the appropriateness and effectiveness of treatment.
- Step 5. The Infection Surveillance Report will be distributed to all Infection Prevention Coordinating Group members, Hospital Administrator, Director of Nursing, Nurse Managers and Medical Director after each Infection Prevention Meeting.
- Step 6. The Infection Preventionist will present the Infection Surveillance Report quarterly to the QI Committee and the Medical Staff.

VI. **REFERENCES:** Webster's New Collegiate Dictionary; Montana Administrative Rules: Reporting regulations A.R.M. 16.28.201 through 16.28.204

- VII. COLLABORATED WITH:** Infection Control Coordinating Group; Director of Nursing; Medical Director
  
- VIII. RESCISSIONS:** #IC-10, Infection Report dated October 1, 2009; # IC-10, *Infection Report* dated October 30, 2006; # IC-10, *Infection Report* dated December 18, 2002; # IC-10, *Infection Report* dated February 14, 2000; # IC-01-03, *Infection Report* dated February 27, 1995.
  
- IX. DISTRIBUTION:** All hospital policy manuals.
  
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.
  
- XI. FOLLOW-UP RESPONSIBILITY:** Infection Preventionist
  
- XII. ATTACHMENTS:**
  - A. [Infection Report Form](#)

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John W. Glueckert                      Date  
Hospital Administrator

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Thomas Gray, MD                      Date  
Medical Director

