

VICNISS Type 1 Surveillance Manual – Summary of Major Changes – Version 6 (July 2008) to Version 7 (October 2011)

Topic	VICNISS Type 1 Manual Updated October 2011 (version 7)
General	
Manual Layout	Manual divided into chapters. Each chapter has: <ul style="list-style-type: none"> • Protocol • Instructions to complete forms • Forms • Other supporting documents (if any)
Viewing & Printing	<ul style="list-style-type: none"> • Select chapter title – View and/or print entire chapter including forms • Select a section e.g. protocol, forms etc to view and/or print that section only
Surveillance supporting documents	To assist users, supporting documents are now available from the same webpage as the type 1 manual. These include: <ul style="list-style-type: none"> • Web Based Data Collection Forms (Web Forms) User Guide • VICNISS Procedure Groups, ICD10-AM Codes, & CMBS Codes • Routine Antibiotic Prophylaxis Recommendations Summary Therapeutic Guidelines Antibiotic Version 14 2010) • CDC/NHSN Surveillance Definition of HAI and Criteria for Specific Types of Infections in the Acute Care Setting • What is the meaning of the statement 'not related to infection at another site' in relation to a positive blood culture?
Surgical Site Infection	
Definitions <ul style="list-style-type: none"> • VICNISS Inpatient (new) • VICNISS outpatient (new) • Implant (update) 	<ul style="list-style-type: none"> • Is a patient whose date of admission to the healthcare facility and date of discharge are different calendar days. • Is a patient whose date of admission and date of discharge are the same day. • A nonhuman-derived object, material, or tissue that is permanently placed in a patient during a VICNISS operative procedure and is not routinely manipulated for diagnostic or therapeutic purposes. Examples include: porcine or synthetic heart valve, mechanical heart, metal rods, mesh, sternal wires, screws, cements, <i>internal staples, hemoclips</i>, and other devices. <i>Non-absorbable sutures are excluded</i> because ICPs may not easily identify and/or differentiate the soluble nature of suture material used.
Organ/Space SSI (update) <ul style="list-style-type: none"> • Criteria for specific site of organ/space SSI 	<ul style="list-style-type: none"> • Each specific site of organ/space infection have specific criteria which must be met in order to qualify as a VICNISS event. These criteria are in addition to the general criteria for organ/space SSI, and can be found in the CDC/NHSN criteria on the VICNISS website

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<ul style="list-style-type: none"> VSHN (new) 	<ul style="list-style-type: none"> If a CSF shunt infection after manipulation/access, it is not considered an SSI and is not reportable
VICNISS procedure group codes (new)	CMBS procedure codes now available (in addition to ICD10 codes)
VICNISS procedure groups (new)	<ul style="list-style-type: none"> FUSN – Spinal Fusion RFUSN – Spinal Refusion LAM - Laminectomy
Denominator <ul style="list-style-type: none"> Herniorrhaphy (HER) (new) 	<ul style="list-style-type: none"> Laparoscopic hernia repairs are considered one procedure, regardless of the number of hernias that are repaired in that trip to the OR. In this situation if more than one incision should become infected only report as a single SSI. If more than one open (i.e. non-laparoscopic) hernia repair is performed via a separate incision during the same visit to the OR (i.e. two incisions are made to repair two defects, e.g. umbilical and femoral hernia) complete one denominator form. Record two incisions on the form where indicated ('bilateral/2 incisions'). To document duration of the procedure, follow same rules as bilateral procedure.
SSi Denominator Form <ul style="list-style-type: none"> Coronary artery bypass graft procedures (CBGB & CBGC) (new) Procedure groups FUSN, RFUSN & LAM (new) HPRO/KPRO/BRST/HERN/CEA procedures only (update) Trauma (update) Emergency (update) General anaesthesia (new) CSEC only: Date weight recorded (update) CSEC only: antibiotic prophylaxis administration time (update) 	<ul style="list-style-type: none"> CBGB & CBGC denominator data included in Surgical Site Procedure (denominator) form (no longer a separate form) Note: CSEC procedures remain a separate form to other surgical procedures Extra data fields for these procedures only: diabetes mellitus, spinal level & approach/technique Changed to 'left or right or bilateral/2 incisions' – to be selected if 2 procedures (from same procedure group) requiring 2 incisions were performed at the same time e.g. left & right KPRO; or Femoral & umbilical hernia repair Added to form Added to form Was general anaesthesia used for the operative procedure? Must be measured at delivery or prior to pregnancy. If neither can be found – record N/A (option to nominate number of weeks gestation removed) Record the times the antibiotic administration (infusion or stat dose) commenced. Enter exact time or estimate: > 1 hr prior to incision, ≤ 1 hr prior to incision, on induction, after Incision, or not recorded.
SSi Numerator Form <ul style="list-style-type: none"> All infections (update) CBGB procedures only (update) Deep or organ/space infection – was 	<ul style="list-style-type: none"> All infections, all procedure groups, reported on same SSI numerator forms – indicate CBGB infection site If infection detected following CBGB indicate the location/s of the infection in relation to incision (chest, radial or saphenous). For each infection, complete a separate form – indicate which infection site the form relates to Removed data field, no longer required

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<p>there a previous superficial infection?</p> <ul style="list-style-type: none"> • Bilateral/2 incisions procedures only : location of infection (new) • Antibiotic Sensitivity (update) 	<ul style="list-style-type: none"> • Changed field to bilateral/2 incisions to allow user to indicate location of infection e.g. left or right or other - specify (e.g. femoral) • Updated terminology to ‘antimicrobial Susceptibility’
SSI Webform (new)	Will be available via VICNISS website – Online data entry
Intensive Care Unit (ICU) & Neonatal Unit (NNL) : Central line-associated blood stream infection (CLABSI) & Peripheral line-associated blood stream infection (PLABSI)	
<p>Criterion 2 & 3</p> <ul style="list-style-type: none"> • Common skin contaminant (update) • Sameness of organism (update) 	<ul style="list-style-type: none"> • Change terminology to ‘common commensal’; exclude <i>Corynebacterium diphtheria</i> from <i>Corynebacterium</i> spp. • Only genus and species identification should be utilized to determine the sameness of organisms. No additional comparative methods should be used (e.g., morphology or antibiograms) because laboratory testing capabilities and protocols may vary between facilities. This will reduce reporting variability, solely due to laboratory practice, between facilities reporting LCBI meeting criterion 2. Report the organism to the genus/species level only once, and if antibiogram data are available, report the results from most resistant panel.
<p>Criterion 3</p> <ul style="list-style-type: none"> • Fever & Hypothermia (update) 	<ul style="list-style-type: none"> • Fever (>38°C core) replaces fever (>38°C rectal). Hypothermia (<36°C core) replaces hypothermia (<37°C rectal).
Numerator data (update)	<ul style="list-style-type: none"> • When there is a positive blood culture and clinical signs or symptoms of localized infection at a vascular access site, but no other infection can be found, the infection is considered a primary BSI. • Occasionally a patient with both peripheral and central IV lines develops a primary bloodstream infection (LCBI) that can clearly be attributed to the peripheral line (e.g., pus at the insertion site and matching pathogen from pus and blood). In this situation, this should not be reported as a CLABSI. (Should be reported as PLABSI in NNL)
Intensive Care Unit (ICU): Ventilator Associated Pneumonia (VAP)	
No change	
Central Line Insertion Practices (CLIP) Adherence Monitoring (NEW MODULE)	
New Module	<ul style="list-style-type: none"> • Monitor central line insertion practices in patient care units e.g. ICU, Interventional Radiology, • Report aggregate adherence data • Identify specific gaps in adherence to recommended insertion practices, target interventions to reduce CLABSIs.
Staphylococcus aureus Bacteraemia (SAB)	
<p>Was this an IV line associated SAB? (definition 1 & 2) (New)</p>	<ul style="list-style-type: none"> • Indicate if SAB was IV line associated - yes, no or not investigated • Criteria for IV line associated SAB include: meets criteria for a primary, laboratory confirmed Bloodstream Infection <i>and</i> an IV line (central or peripheral) was in place at the time of, or within 48 hours before onset of the event <i>and</i> the organism was not related to an infection at another site.

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<i>Clostridium difficile</i> Infection (CDI)	
CDI (numerator) form <ul style="list-style-type: none"> Laboratory name Laboratory site Laboratory Result Identifier Specify hypervirulent strain (update) 	<ul style="list-style-type: none"> No longer required No longer required No longer required CDI strain Ribotype 078 added to picklist (This strain has been reported by some facilities)
Terminology <ul style="list-style-type: none"> Healthcare associated CDI 	<ul style="list-style-type: none"> Replaced with ‘Hospital identified CDI’
Severity of Illness <ul style="list-style-type: none"> Admission to ICU for treatment of complications from CDI (update) Surgery for treatment of toxic megacolon, perforation or refractory colitis (update) 	<ul style="list-style-type: none"> Specifies time interval ‘within 30 days of symptom onset’ Specifies time interval ‘within 30 days of symptom onset’
Haemodialysis Events	
Criteria for haemodialysis event <ul style="list-style-type: none"> Pus, redness, or increased swelling at the vascular access site(s) (New) Hospitalisation Positive Blood culture IV Antimicrobial Starts 	<ul style="list-style-type: none"> ‘Pus, redness, or increased swelling at the vascular access site(s)’ is now a reportable event in addition to ‘Positive Blood Culture’ and ‘IV Antimicrobial Starts’. The dialysis event ‘Hospitalisation’ has been removed in response to user feedback about the burden of reporting hospitalisations that are unrelated to infection. Only required to report hospitalisations that occur as an outcome of any reportable dialysis event. No change No change
Terminology <ul style="list-style-type: none"> Tunneled Central Line Non-Tunneled Central Line 	<ul style="list-style-type: none"> Replaced ‘permanent central line’ Replaced ‘temporary central line’
Outcome (related to event) (New)	Outcomes are now required for all Dialysis Events. Report whether the outcome of a dialysis event was ‘hospitalisation’ and/or ‘death’ If either of these outcomes is unknown, users have the option to choose “unknown”.
Preventative measures against catheter related infections	No longer required (Previous optional field which was rarely completed)
Problems related to event	Updated fields
Hand Hygiene	
Included in this manual (new)	