

Delta Document (Delta) Revisions

April 2023

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Protocol Specific Changes		
Organism	Major changes	Minor changes / other details
ALL PROTOCOLS	None	<p>Changed reporting process from IPC Surveillance Committee to IPC Surveillance, Evaluation, Quality Improvement and Research Committee.</p> <p>Updated LTC definition.</p> <p>Updated references</p>
MRSA	None	<p>Replaced incident with initial throughout document</p> <p>Revised HA definition to clarify healthcare encounters – linked to definition in Appendix A</p> <p>Clarified that indwelling catheter or medical device needs to be in place for at least 48 hours prior to the MRSA culture to qualify for the HCA case classification.</p> <p>Revised Appendix D - Needs Initial record explanation.</p>
VRE	None	None
CPO	Risk factor section of algorithm updated for clarity.	<p>Replaced incident with initial throughout document.</p> <p>Updated other considerations for data entry – example of multiple sites positive from Blood and Wound to Blood and Rectal</p> <p>Added “and related families” after Enterobacteriaceae to reflect the addition of new families in the Order Enterobacterales that may be a CPO.</p> <p>Added organism(s) and gene(s) to minimum case information.</p> <p>Revised process for direct transfers to include possibility of OA case classification: The sending facility records the case as hospital-acquired if there was an epidemiological link to their facility or hospital-identified/on admission if the CPO does not have an epidemiological link to another AHS/Covenant Health facility within the past 12 months.</p> <p>Removed follow-up data entry from minimum case information.</p>
CDI	For clarity – Symptomatic definition changed from “Laboratory confirmation of a positive toxin for <i>C. difficile</i> (toxin assay, PCR) ...” to “Laboratory confirmation of a positive toxin assay or positive polymerase chain reaction (PCR) for <i>C. difficile</i> ”	<p>Added administrative linkage process that validates death/ICU occurrence.</p> <p>Clarified that deciding whether charting is accurate and complete is to be performed at the time of testing.</p> <p>Reordered case definition so it was clear that 2 and 3 were not a part of insufficient information.</p>

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Protocol Specific Changes		
Organism	Major changes	Minor changes / other details
	toxin gene(s)..." – see Appendix A for examples of positive tests.	Reworded symptomatic definition from "Fever and abdominal pain and/or ileus" to "Fever and abdominal pain or fever and ileus". Clarified what is meant by inpatient CDI test in inclusion criteria. Fixed bullets in hospital-acquired definition.
COVID-19	Surveillance protocol ended December 31, 2022	
BSI	<p>Revised primary CLABSI definition to be clear that line must be in place for 2 days and in ICU for 2 days – addition in bold:</p> <ul style="list-style-type: none"> A central line or umbilical catheter was in place for more than two consecutive calendar days, following the first access of the central line, with day of device placement being Day 1, in an inpatient location, during the current admission. CLABSI onset on day three or later during a stay in Critical care or on the day of transfer out or the next calendar day after transfer out of Critical care <p>Updated Primary BSI algorithm #2.</p>	<p>Clarified that for common commensals, the two or more blood cultures need to be collected on the same or consecutive calendar days.</p> <p>Updated MBI definition to align with NSHN – additions in bold:</p> <ul style="list-style-type: none"> A patient with at least one blood culture growing ONLY eligible intestinal organisms from the NHSN MBI organism list or at least two blood cultures with ONLY viridans group streptococci and/or Rothia but no other organisms isolated. <p>For a BSI to be considered secondary to an infection at another body site, the following requirements must be met – following statement was revised to:</p> <ul style="list-style-type: none"> A National Healthcare Safety Network site-specific infection definition must be fully met – including urinary tract infection, pneumonia, surgical site infection, ventilator-associated event, or one of the other surveillance definitions for specific types of infections. <p>Clarified that MRSA BSIs also require data entry in both BSI and MRSA module. Revised data collection form. Added information on CLABSI reporting: Any new CLABSI case attributed to the ICU is included in the CLABSI rate, which is reported provincially and within the reporting quarter where the CLABSI event occurred.</p>
SSI Protocol -TH/TK	None	Updated casefinding to reflect quarterly review cycles.

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Protocol Specific Changes		
Organism	Major changes	Minor changes / other details
SSI Protocol - CABG/Cardiac	<p>Added four (4) new infection codes to casefinding process (I330, I339, I38 and I398).</p> <p>Removed 1.HP.53 from denominator (Implantation of internal device, ventricle).</p>	<p>Revised denominator data section to be more reflective of all exclusion criteria.</p> <p>Updated casefinding to reflect quarterly review cycles.</p>
SSI Protocol - Vascular	<p>Added Bypass abdominal aorta (1.KA.76) as included procedure – this was a miss when protocol was relaunched in 2021, so performed case finding to include this in denominator and numerator for entire surveillance period.</p>	<p>Clarified that reoperations are included in reporting.</p> <p>Aligned exclusion criteria with the CABG/Cardiac protocol by clarifying that infections identified at the donor site, reoperations via same incision within 24 hours, and infections from procedures that were classified as dirty/infected are excluded from reporting.</p> <p>Updated casefinding to reflect quarterly review cycles.</p>
VRI	<p>Launched new protocol January 1, 2023</p>	

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