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Important changes to definitions & additions in the mandatory HCAI surveillance system – March 2024

1.DATE OF ADMISSION

Background: Currently, users are asked to enter the date of admission (for an inpatient stay) to the responsible hospital, if samples are collected during an inpatient stay.

Example: Patient sample collected on 2 April 2024, patient was admitted to trust on 1st April 2024. Date of admission should be listed as 1st April 2024.

Change: Where a patient has been admitted directly after attendance to A&E, we request the DECISION TO ADMIT be entered as the admission date rather than the inpatient admission date.

Example: Patient arrives in A&E on 1 April 2024, on the 2 April 2024 there is a decision to admit the patient, but the patient may still be in A&E, patient is then admitted to the trust as an inpatient on the 3 April 2024. A positive specimen is taken on the 4 April 2024. The date of admission should be recorded as 2 April 2024.

What does this mean/impact: With these changes, the prior trust exposure categories will be calculated with the decision to admit date (where applicable). Therefore, it is likely cases that would otherwise have been classified as a CO case, will now be calculated as a HO case. In the example above, if positive sample date is recorded as the 4 April 2024, and date admitted using current definitions is recorded as the 3 of April 2024, the system would classify this case as a CO case, as time from admission to specimen is <2 days. However, if the decision to admit is used as date of admission, 2nd April 2024, then the case will be classified as a HOHA case.

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Please note the prior trust exposure definition is not changing

Rationale: We are making this change, as it is becoming increasingly common for patients to spend longer periods of time in A&Es, and therefore contributing to healthcare exposures and risk of infection transmission. After discussions with clinical colleagues and NHSE colleagues, there are concerns cases using the current definitions are being badged as CO cases, when in fact they should be classified as HOHA cases due to the prolonger stay in A&E followed by an admission to trust, and subsequent positive specimen.

Another concern, is that it has become apparent some trusts are already using this approach due to the above reasons, and hence there is inconsistency in how this data is currently being captured.

It is therefore important that all colleagues switch to the above by 1 April 2024 latest. Please also note, we are aware this will mean the trust is likely to see a change in their case attributions, with some cases moving from CO to HOHA cases. Please be assured NHSE are aware of this change, and we will be working closely with NHSE partners to ensure this is reflected/managed appropriately in any statistics and threshold setting. We have obtained some figures on likely changes using data linkage which will be covered in the webinar session.

2.VIRTUAL WARDS & INTEGRATED CARE FACILITIES

Virtual Wards:

An additional question will be triggered in the ‘Patient Demographic’ page if ‘Inpatient’ is selected.

Where a patient is on a virtual ward at time of positive sample, colleagues should select ‘Yes’ to the question ‘Was the Patient on a virtual ward’. These cases will be treated in the same way as an inpatient.

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This option will be added to the DCS in early April, and should be completed where appropriate. We will notify an exact dates once the developers have confirmed.

Integrated care facilities (ICFs):

integrated care facility, should be marked under the new Provenance category “Integrated care facility”. These cases will be categorised as CO cases.

This category will be added to the DCS in early April, and should be completed where appropriate. We will notify an exact dates once the developers have confirmed.

Rationale: These questions are being added, as it is apparent the use of virtual wards and ICFs is increasing, it is therefore important to accurately capture this data to inform any concerns and appropriate decision and intervention discussions.