



2021 Secondary BSI and Chapter 17 Updates

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Objectives

By the end of this section of the presentation, our viewers will be able to :

- Apply the MBI-LCBI RIT Exception
- Summarize the reporting instruction updates in Chapter 17

MBI-LCBI Exception Revision

2020

MBI RIT Exception – A non-MBI organism is NOT assigned to an MBI-LCBI (primary BSI) event when a blood culture with the non-MBI organism is collected during a BSI (MBI-LCBI)-RIT and also deemed secondary to an NHSN site-specific infection. The MBI-LCBI designation will not change to an LCBI event. Please see Example 5 in the Secondary BSI Guide section of this protocol and [Chapter 2](#) Pathogen Assignment (Example 2b).

2021



MBI-RIT Exception: An MBI-LCBI designation will not change to an LCBI event if the following criteria are met:

1. The blood culture with the non-MBI organism is collected during an existing BSI (MBI-LCBI) RIT
- AND**
2. The blood culture with the non-MBI organism is deemed secondary to an NHSN site-specific infection

Please see Example 5 in the Secondary BSI Guide section of this protocol and [Chapter 2](#) Pathogen Assignment (Example 2b).

MBI-LCBI Exception

MBI-RIT Exception: An MBI-LCBI designation will not change to an LCBI event if the following criteria are met:

-  1. The blood culture with the non-MBI organism is collected during an existing BSI (MBI-LCBI) RIT
- AND**
-  2. The blood culture with the non-MBI organism is deemed secondary to an NHSN site-specific infection

Please see Example 5 in the Secondary BSI Guide section of this protocol and [Chapter 2](#) Pathogen Assignment (Example 2b).

Hospital Day	RIT	Infection Window Period	Infection Window Period	RIT	BSI
1					
2					
3					
4					
5		WBC – 400 cells/mm ³			
6					
7	1	Blood culture: <i>E. faecalis</i>			
8	2				
9	3				
10	4	WBC – 300 cells/mm ³	Erythema, Pain	1	
11	5		Skin culture: <i>S. aureus</i>	2	
12	6			3	
13	7			4	
14	8			5	
15	9			6	
16	10			7	
17	11			8	
18	12			9	
19	13		Blood culture: <i>S. aureus</i>	10	
20	14			11	
21				12	
22				13	
23				14	
24					

WBC –
400 cells/mm³

Blood culture:
E. faecalis

1

2

3

4

5

6

7

8

9

10

11

12

13

14

Blood culture:
S. aureus

MBI-LCBI 1
Date of Event = 7
Pathogen:
E. faecalis

SKIN 2a & Secondary BSI
Date of Event = 10
Pathogen: *S. aureus*

Initial MBI-LCBI designation unchanged

EXTRA!, EXTRA! Read All About It!

Chapter 17 Reporting Instruction Updates

Chapter 17 Reporting Instruction Updates-2021

- Pay close attention to the reporting instructions!
- 10 reporting instruction updates
 - *ENDO (1)*
 - *GIT (2)*
 - *IAB (1)*
 - *NEC (1)*
 - *BURN (1)*
 - *SKIN (2)*
 - *ST (2)*

2021 ENDO Reporting Instruction Addition

Reporting Instructions

* Cardiac vegetation can be found on a cardiac valve, pacemaker/defibrillator lead or ventricular assist device (VAD) components within the heart.

† The following can also meet the definition of a “cardiac vegetation”:

- Positive culture from a cardiac valve, pacemaker/defibrillator lead or ventricular assist device (VAD) components within the heart.

‡ Which if equivocal is supported by clinical correlation (specifically, physician documentation of antimicrobial treatment for endocarditis).

§ Elements of 5i, 6a and 7a documented during the current admission:

- May be documented outside of the ENDO infection window period or SSI surveillance period.
- Should not be used to set the ENDO date of event.

2021 GIT 1b Reporting Instruction Addition 1

Reporting instructions

- Report only GI-GIT using the event date as that of GI-GIT if the patient meets criteria for both GI-GE and GI-GIT.
- For GIT 1b: If an organism is identified on histopathologic exam, the blood specimen must contain a matching organism.
- In patients > 1 year, pneumatosis intestinalis is considered an equivocal imaging finding for a gastrointestinal tract infection (GIT). For patients ≤ 1 year, please review the NEC criteria.

1. Patient has one of the following:

- a. an abscess or other evidence of gastrointestinal tract infection on gross anatomic or histopathologic exam.
- b. abscess or other evidence of gastrointestinal tract infection on gross anatomic or histopathologic exam (See Reporting Instructions)

AND


organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism. (See Appendix A of the BSI protocol).

2021 GIT 1b Reporting Instruction Addition 1- Examples

Example:

2/2: *Pathology Report:* “Classical budding hyphae and spores of *Candida* admixed with ulcer slough (intestines)

2/4: Blood culture: *Candida albicans*

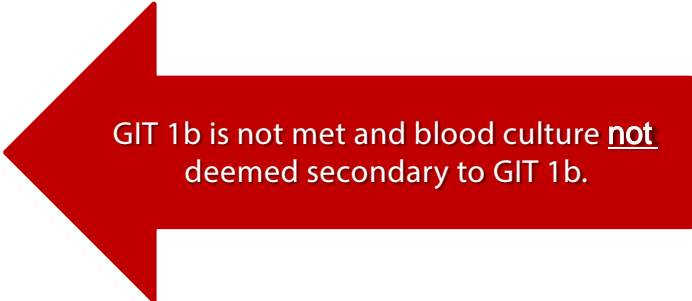


GIT 1b is met and blood culture is deemed secondary to GIT 1b.

Example:

2/2: *Pathology Report:* “Classical budding hyphae and spores of *Candida* admixed with ulcer slough. (intestines)

2/4: Blood culture: *Klebsiella pneumoniae*



GIT 1b is not met and blood culture not deemed secondary to GIT 1b.

2021 GIT 1b Reporting Instruction Addition 2

Reporting instructions

- Report only GI-GIT using the event date as that of GI-GIT if the patient meets criteria for both GI-GE and GI-GIT.
- For GIT 1b: If an organism is identified on histopathologic exam, the blood specimen must contain a matching organism.
- In patients > 1 year, pneumatosis intestinalis is considered an equivocal imaging finding for a gastrointestinal tract infection (GIT). For patients ≤ 1 year, please review the NEC criteria.

Imaging Example for GIT 2c and 2d (> 1 year of age):

“Pneumatosis intestinalis involving the cecum, ascending and proximal transverse colon with significant dilation of the large bowel, recommend consultation with General surgery.”

Note: Equivocal imaging findings requires clinical correlation

2021 IAB 2b Reporting Instruction

Reporting instructions

- *Biliary ductal dilatation is considered an equivocal finding for cholangitis.
- For IAB 2b: If an organism is identified on histopathologic exam, the blood specimen must contain a matching organism.
- Do not report pancreatitis (an inflammatory syndrome characterized by abdominal pain, nausea, and vomiting associated with high serum levels of pancreatic enzymes) unless it is determined to be infectious in origin.
- Eligible laboratory results that represent transaminase levels include: serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), alanine transaminase (ALT) or aspartate transaminase (AST). Consider the requirement for elevated transaminase level(s) met if at least one is elevated as per the normal range provided by the laboratory.

IAB-Intraabdominal infection, not specified elsewhere, including gallbladder, bile ducts, liver (excluding viral hepatitis), spleen, pancreas, peritoneum, retroperitoneal, subphrenic or subdiaphragmatic space, or other intraabdominal tissue or area not specified elsewhere

Intraabdominal infections must meet at least one of the following criteria:

1. Patient has organism(s) identified from an abscess or from purulent material from intraabdominal space by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).
2. Patient has at least one of the following:
 - a. abscess or other evidence of intraabdominal infection on gross anatomic or histopathologic exam.
 - b. abscess or other evidence of intraabdominal infection on gross anatomic or histopathologic exam
(See Reporting Instructions)
AND
organism(s) identified from blood by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST). The organism(s) identified in the blood must contain at least one MBI organism. (See Appendix A of the BSI protocol)


2021 IAB 2b Reporting Instruction

Example:

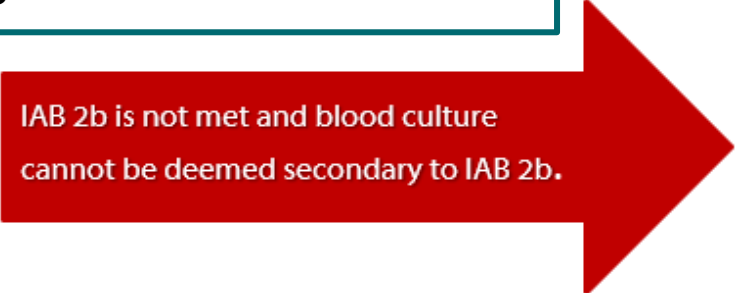
2/2: *Pathology Report (pancreas):*

“Fungal profiles are seen in background with pseudohyphae and budding yeast forms suggestive of invasive *Candida* infection”

2/4: Blood culture: *Candida albicans*



IAB 2b is met and blood culture is deemed secondary to IAB 2b.



IAB 2b is not met and blood culture cannot be deemed secondary to IAB 2b.

Example:

2/2: *Pathology Report (pancreas):* “Fungal profiles are seen in background with pseudohyphae and budding yeast forms suggestive of invasive *Candida* infection”

2/4: Blood culture: *Klebsiella pneumoniae*

2021 NEC Reporting Instruction Addition

- Pneumatosis is considered an equivocal abdominal imaging finding for Necrotizing enterocolitis.
 - Examples of abdominal imaging include KUB, ultrasound, or an abdominal x-ray.
- NEC criteria cannot be met in patients > 1 year of age. Review GIT for eligibility.

NEC 1 Equivocal Imaging Finding Example

Abdominal x-ray: “Abnormal bowel gas pattern, with irregular appearance of bowel loops in the right lower quadrant. Bowel wall thickening suggestive of early pneumatosis.”

2021 BURN Reporting Instructions/Clarification

Reporting instructions

- Report BURN in the setting of an infected burn covered with a temporary graft or dressing.
- In the setting of a permanent skin graft (autograft) over a burn wound, use the SKIN or ST criteria.

**BURN
Criterion**

**Allograft
Homograft
Temporary
dressings**

Autograft

**SKIN and
ST Criteria**

2021 SKIN Reporting Instructions/Clarification

Reporting instructions

- Do not report acne as a skin/soft tissue HAI.
- Report SKIN or ST criteria in the setting of a permanent skin graft (autograft) over a burn wound.
- Apply the site-specific definition (not SKIN) for the following:
 - Report omphalitis in infants as UMB.
 - Report infections of the circumcision site in newborns as CIRC.
 - For decubitus ulcers, apply the DECU infection.
 - Report infected burns as BURN.
 - Report BURN in the setting of an infected burn covered with a temporary graft or dressing.
 - Report breast abscesses or mastitis as BRST.
 - Report localized infection at a vascular access site as a VASC unless there is an organism identified from blood, meeting LCBI criteria, which should instead be reported as an LCBI (see VASC definition).

2021 ST Reporting Instruction Addition/Clarification

Reporting instructions

- Do not report acne as a skin/soft tissue HAI.
- Report SKIN or ST criteria in the setting of a permanent skin graft (autograft) over a burn wound.
- Apply the site-specific definition (not SKIN) for the following:



- Report omphalitis in infants as UMB.
- Report infections of the circumcision site in newborns as CIRC.
- For decubitus ulcers, apply the DECU infection.
- Report infected burns as BURN.
- Report BURN in the setting of an infected burn covered with a temporary graft or dressing.
- Report breast abscesses or mastitis as BRST.
- Report localized infection at a vascular access site as a VASC unless there is an organism identified from blood, meeting LCBI criteria, which should instead be reported as an LCBI (see VASC definition).

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Thank you

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