

Healthy People 2010 Operational Definition

14-20. Reduce hospital-acquired infections in intensive care unit patients.

Intensive care unit patients

14-20b. Central line-associated bloodstream infection.

National Data Source	National Nosocomial Infections Surveillance System (NNIS), CDC, NCPDCID.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 20.5 (Immunization and Infectious Diseases).
Changes since the 2000 Publication	Revised baseline (see Comments). Revised target (see Comments).
Measure	Rate per 1,000 days' use.
Baseline (Year)	5.5 (1995-98)
Target	5.0
Target-Setting Method	10 percent improvement. For a discussion of target-setting methods, see Part A, section 4.
Numerator	Number of hospital-acquired central line-associated bloodstream infections among intensive care unit patients.
Denominator	Number of central line-days among intensive care unit patients.
Population Targeted	Acute care general hospital patient population.
Questions Used To Obtain the National Baseline Data	Numerator: CDC National Nosocomial Infections Surveillance System Infection Worksheet, Form 57.58D. Denominator: CDC National Nosocomial Infections Surveillance System Adult and Pediatric Intensive Care Unit (ICU) Monthly Report Form, Form 57.58B.
Expected Periodicity	Annual.
Comments	These data represent aggregate estimates from all

types of intensive care units (ICUs).

Data from baseline through 2004 are from the National Nosocomial Infections Surveillance System (NNIS), CDC, NCPDCID. Beginning in 2006, data are from the National Healthcare Safety Network (NHSN), CDC, NCPDCID.

Data may not be representative of all U.S. hospitals. For each year of data collection, not all participating hospitals are represented.

Detailed surveillance protocols used in NNIS System, including all data field definitions, can be found in the NNIS Manual, May 1999 (available by request to NNIS hospitals, State health departments, and international ministries of health).¹ Definitions of infections and key data fields and a description of the protocols are available.^{2,3}

The original baseline and baseline year were revised from 5.3 in 1998 to 5.5 in 2002-03 as the result of changes in methodology. The target was proportionally adjusted from 4.8 to 5.5 to reflect the revised baseline using the original target-setting method.

This objective is a modification of Healthy People 2000 objective 20.5, which tracked the urinary tract infection rates per 1,000 device days among patients by specific type of intensive care unit categories (surgical ICUs, medical ICUs, and pediatric ICUs). Objective 14-20 tracks hospital-acquired infection rates per 1,000 days' use among patients in all ICUs.

See Appendix A for focus area contact information.

References

1. CDC. National Nosocomial Infection Surveillance System (NNIS) Manual. Atlanta, GA: CDC, 1999.
2. Horan T.C., Gaynes R.P. Surveillance of nosocomial infections. In: *Hospital Epidemiology and Infection Control*, 3rd ed., Mayhall CG, editor. Philadelphia: Lippincott Williams & Wilkins, 2004:1659-1702.
3. CDC. National Healthcare Safety Network Manual. Atlanta, GA: CDC, 2007. http://www.cdc.gov/ncidod/dhqp/pdf/nhsn/NHSN_Manual_Patient_Safety_Protocol052407.pdf

