



MDRO and CDI Surveillance Using the NHSN

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Objectives

- Provide background for the MDRO and CDAD Module.
- Explain the requirements of the Module.
- Describe the options available in this Module.
- Present the metrics that are available through the Module.

Measuring Resistance through NNIS: 1980 to 2005



National Nosocomial Infection Surveillance (NNIS)

Hospital Wide*

Surgical Site

High Risk Nursery

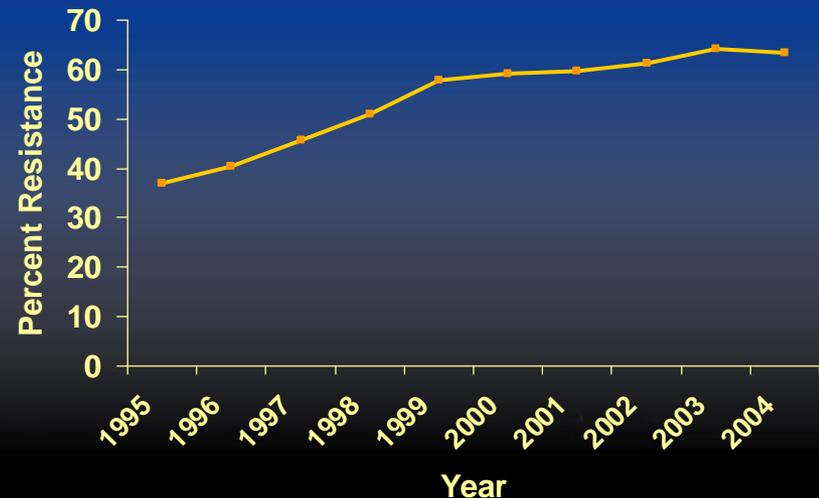
Intensive Care Unit

- Phased out 1990s

Annual NNIS Report

- Reported pooled % of *S. aureus* reported as MRSA for each event
- Limited to ICUs
- Mix of infection types (device and non-device associated)

Methicillin (oxacillin)-resistant *Staphylococcus aureus* (MRSA) Among ICU Patients, 1995-2004





NHSN: Patient Safety Component Modules

Device-associated

Procedure-associated

Medication-associated

CLABSI

VAP

CAUTI

DI

SSI

PPP

AUR

CLABSI: Central line-associated bloodstream infection

VAP: Ventilator-associated pneumonia

CAUTI: Catheter-associated urinary tract infection

DI: Dialysis incident

SSI: Surgical site infection

PPP: Post-procedure pneumonia

AUR: Antimicrobial Use and Resistance (Pharmacy & Laboratory data)



**Risk Adjusted (i.e., Device Associated Infection Rates)
For inter-facility comparison**



SHEA/HICPAC Position Paper (October 2008): *Recommendations for MDRO Metrics in Healthcare Settings*

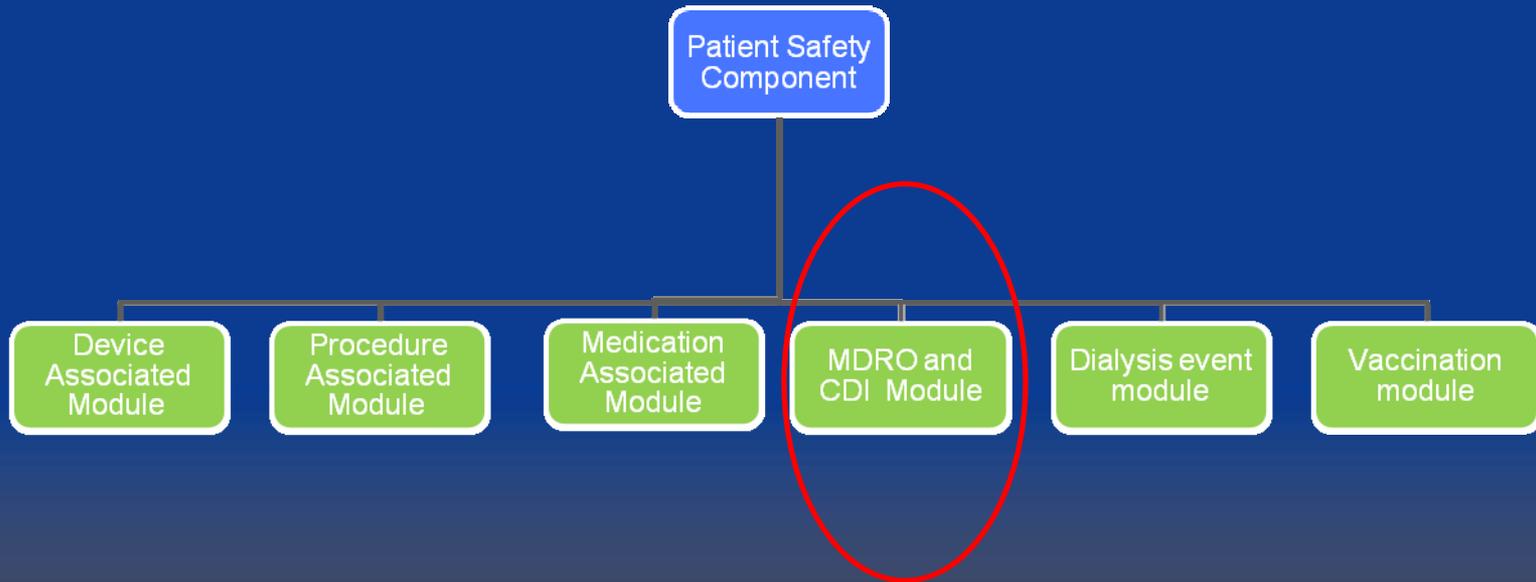


- Define reasonable and practical metrics to best measure impact of prevention
- Authors from APIC, CDC, SHEA, HICPAC
- Five Categories of MDRO Outcome Measures
 1. Tracking Patients
 2. Monitoring Susceptibility Patterns
 3. Estimating Infection Burden
 4. Estimating Exposure Burden
 5. Quantifying Healthcare Acquisition (which includes Transmission)



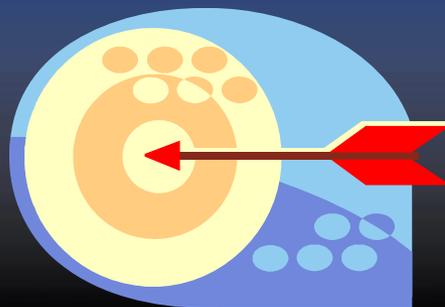
Recommended metrics
from the
SHEA/HICPAC Position Paper
were the basis
for the
new MDRO and CDI Module

National Healthcare Safety Network (NHSN)



Goal of the MDRO and CDAD Module

- Monitoring of MDRO and *C. difficile* infection (CDI) will help to evaluate local trends and changes in the occurrence of these pathogens and related infections.
- This module will provide a mechanism for facilities to report and analyze MDRO and CDI data, in order to inform infection control staff of the impact of targeted prevention efforts.



Current State Mandates to Use NHSN MDRO/CDI



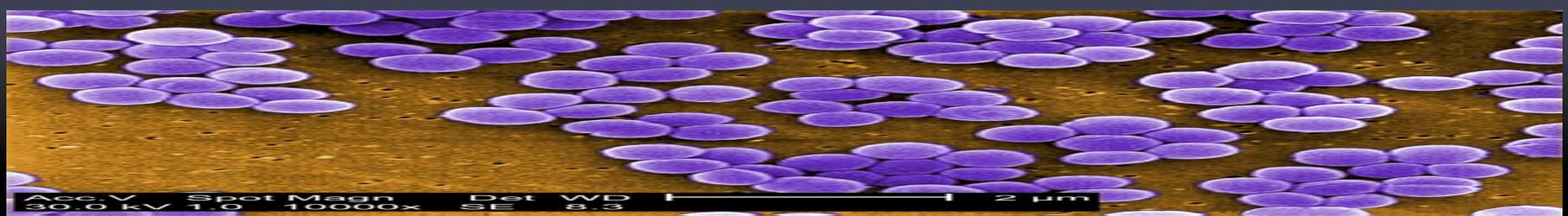
State	Events	NHSN Location
CA	MDRO-CDIFF LABID	FACWIDE inpatient
	MDRO-VRE BLOOD LABID	FACWIDE inpatient
	MDRO-MRSA BLOOD LABID	FACWIDE inpatient
DC	MDRO-MRSA BLOOD LABID	FACWIDE inpatient
NJ	MDRO-MRSA BLOOD LABID	FACWIDE inpatient
	MDRO-AST	FACWIDE inpatient
NY	MDRO-CDIFF LABID	FACWIDE inpatient
NV	MDRO-MRSA Infection	?? Not yet determined
	MDRO-MRSA BLOOD LABID	?? Not yet determined
TN	MDRO-MRSA BLOOD LABID	Facwide inpatient
	MDRO-CDIFF LABID	Facwide inpatient
	MDRO-MRSA BLOOD LABID	ED (off plan)
	MDRO-CDIFF LABID	ED

* October 1, 2010



Organisms Monitored

- 1) Methicillin-Resistant *Staphylococcus aureus* (MRSA)
(option w/ Methicillin-Sensitive *S. aureus* (MSSA))
- 2) Vancomycin-Resistant *Enterococcus* spp. (VRE)
- 3) Multidrug-Resistant (MDR) *Klebsiella* spp.
- 4) Multidrug-Resistant (MDR) *Acinetobacter* spp.
- 5) *Clostridium difficile*-Associated Disease (CDAD)

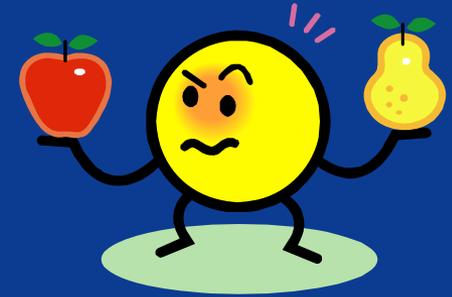




Why These Organisms

- The identified organisms have increased in prevalence in US hospitals over the last three decades
- These organisms have important implications for patient safety
- Options for treating patients with these infections are often extremely limited
- These infections are associated with increased lengths of stay, costs, and mortality

Reporting Requirements and Options



Required:

-Infection Surveillance

OR

-Laboratory-Identified (LabID) Event (Proxy Infection Measures)

Optional:

-Prevention Process Measures:

-Monitoring Adherence to Hand Hygiene

-Monitoring Adherence to Gown and Gloves Use

-Monitoring Adherence to Active Surveillance Testing

-Active Surveillance Testing (AST) Outcome Measures



Reporting Methods

A = Facility-Wide by Location:

- Report separately from all locations of a facility.
- Separate denominators (patient days, admissions, encounters) for all locations.

B = Selected Locations:

- Report separately from 1 or more specific locations of a facility.
- Separate denominators (patient days, admissions, encounters) for each location.

C = Overall Facility-Wide (OFW):

- Options include OFW Inpatient, OFW Outpatient (can do both)

OR

- Report blood specimen only Lab ID Events in these manners (no CDI)
- Single denominators (patient days, admissions, encounters) for entire facility.

Monthly Reporting Plan



Medication-Associated Module [HELP](#)

Antimicrobial Use and Resistance

Locations Microbiology Pharmacy

Multi-Drug Resistant Organism Module [HELP](#)

Locations	Setting	Specific Organism Type						
61EAST - PEDIATRIC ICU	IN - Inpatient	VRE - VRE						
Process and Outcome Measures								
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
X	BOTH - Both Admission and Discharge/Transfer	ALL - ALL	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61EAST - PEDIATRIC ICU	IN - Inpatient	MRSA - MRSA						
Process and Outcome Measures								
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
X	BOTH - Both Admission and Discharge/Transfer	ALL - ALL	X	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Infection Surveillance

Purpose: To collect MDRO or CDI data on NHSN-defined healthcare-associated infections (HAIs)

HAI: a localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent or its toxin. **There must be no evidence that the infection was present or incubating at the time of facility admission.**



Infection Surveillance Definitions



- **MRSA:** *S. aureus* testing oxacillin resistant; or positive from molecular testing for *mecA* and PBP2a
- **MSSA:** *S. aureus* testing oxacillin intermediate or susceptible; or (option) negative from molecular testing for *mecA* and PBP2a
- **VRE:** Any *Enterococcus* spp. testing resistant to vancomycin
- **MDR-Klebsiella:** *Klebsiella* spp. testing intermediate or resistant to ceftazidime or ceftriaxone
- **MDR-Acinetobacter:** *Acinetobacter* spp. resistant to all agents tested within at least 3 antimicrobial classes, including β -lactams, carbapenems aminoglycosides, and fluoroquinolones
- **C. difficile:** Gastrointestinal System Infection-Gastroenteritis or Gastrointestinal System Infection-Gastrointestinal Tract where *C. difficile* is the associated pathogen



Infection Surveillance Requirements



- At least three months in a calendar year for MDRO or CDI*
 - Months do not have to be sequential



January



March



July

- Reporting Methods
 - A. Facility-wide by location
 - B. Selected locations
- Settings - Inpatient locations:
 - ICUs
 - Specialty Care Areas
 - Neonatal ICUs (NOT for CDI)
 - Other inpatient care areas

Infection Surveillance



NHSN Home | Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

View Event

[Print PDF Form](#)

Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >

Patient Information [HELP](#)

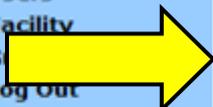
Facility ID*	Pleasant Valley Hospital (10312)	Event #:	13221
Patient ID*	DS4321		
Social Security #:		Secondary ID:	
Last Name:		First Name:	
Middle Name:			
Gender*	M - Male	Date of Birth*	05/17/1961
Ethnicity:			
Race:	American Indian/Alaska Native Black or African American White	Asian Native Hawaiian/Other Pacific Islander	

Event Information [HELP](#)

Event Type*	SST - Skin and Soft Tissue	Date of Event*	11/27/2008
Post-procedure:			
MDRO/CDAD Infection*	Y - Yes		
Specific Organism Type*	<input checked="" type="checkbox"/> MDR-Acinetobacter <input type="checkbox"/> MRSA	<input type="checkbox"/> C. difficile <input type="checkbox"/> MSSA	<input type="checkbox"/> MDR-Klebsiella <input type="checkbox"/> VRE
Location*	INMEDCC - IN:ACUTE:CC:M		
Date Admitted to Facility:	11/09/2008		

Risk Factors

- NHSN Home
- Reporting Plan
- Patient
- Event**
- Add
- Find
- Incomplete
- Procedure
- Summary Data
- Analysis
- Surveys
- Users
- Facility
- Log Out



BSI

UTI

PNEU

SSI

Infection Surveillance (2)



Event Details [HELP](#)

Specific Event: DECU - Decubitus ulcer

Specify Criteria Used* (check all that apply)

Signs & Symptoms

- Abscess
- Heat
- Hypotension
- Hypothermia
- Redness
- Fever
- Purulent drainage or material
- Pain or tenderness
- Localized swelling
- Other evidence of infection found on direct exam, during surgery, or by diagnostic tests
- Other signs & symptoms

Laboratory & Diagnostic Testing

- Positive blood culture
- Positive culture
- Other positive laboratory tests
- Positive culture of pathogen
- Positive culture of skin contaminant

Clinical Diagnosis

- Physician diagnosis of this event type
- Physician institutes appropriate antimicrobial therapy

Secondary

Bloodstream

Infection*:

Died:

Discharge Date:

Pathogens Identified*: Y - Yes If Yes, specify below ->

Pathogens [HELP](#)

Pathogen 1: SA - *Staphylococcus aureus*

10 drugs required

Drug	Result
<input checked="" type="checkbox"/> CLIND - Clindamycin	R - Resistant
<input checked="" type="checkbox"/> DAPTO - Daptomycin	N - Not Tested
<input checked="" type="checkbox"/> ERYTH - Erythromycin	R - Resistant
<input checked="" type="checkbox"/> GENT - Gentamicin	R - Resistant
<input checked="" type="checkbox"/> LNZ - Linezolid	S - Susceptible
<input checked="" type="checkbox"/> OX - Oxacillin	R - Resistant
<input checked="" type="checkbox"/> QUIDAL - Quinupristin/dalfopristin	N - Not Tested
<input checked="" type="checkbox"/> RIF - Rifampin	N - Not Tested
<input checked="" type="checkbox"/> TMZ - Trimethoprim/sulfamethoxazole	S - Susceptible
<input checked="" type="checkbox"/> VANC - Vancomycin	S - Susceptible

Specific Organism Type*: MDR-Acinetobacter C. difficile MDR-Klebsiella
 MRSA MSSA VRE

Location*:

Date Admitted to Facility*: 

Risk Factors

Event Details [HELP](#)

Specific Event*:

Specify Criteria Used* (check all that apply)

Signs & Symptoms

- Abscess
- Vomiting
- Nausea
- Fever
- Acute onset of diarrhea (liquid stools for >12 hours)
- Purulent drainage or material
- Pain or tenderness
- Persistent microscopic or gross blood in stools
- Other evidence of infection found on direct exam, during surgery, or by diagnostic tests
- Other signs & symptoms

Laboratory & Diagnostic Testing

- Positive blood culture
- Positive culture
- Other positive laboratory tests
- Radiographic evidence of infection

Admitted to ICU for CDAD complications*:

Surgery for CDAD complications*:

Secondary Bloodstream Infection*:

Died**:

Discharge Date: 

Pathogens Identified: If Yes, specify below ->



Infection Surveillance (4)

Monthly Monitoring Form

NHSN - National Healthcare Safety Network

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
 - Add
 - Find
 - Incomplete
- Import/Export
- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

Logged into DHQP Memorial Hospital (ID 10000) as KATHY.
Facility DHQP Memorial Hospital (ID 10000) is following the PS component.

Add Patient Safety Summary Data

Summary Data Type:

Device Associated - Intensive Care Unit / Other Locations

Device Associated - Intensive Care Unit / Other Locations

Device Associated - Neonatal Intensive Care Unit

Device Associated - Specialty Care Area

Device Associated - Outpatient Dialysis - Census Form

MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring

High Risk Inpatient Influenza Vaccination Monthly Monitoring Form - Method A

High Risk Inpatient Influenza Vaccination Monthly Monitoring Form - Method B



Infection Surveillance (5)

exam, during surgery, or by diagnostic tests

Other signs & symptoms

Admitted to ICU for CDAD complications*:

Surgery for CDAD complications*:

Secondary
Bloodstream Infection*:

Died**:

Discharge Date: 

Pathogens Identified: If Yes, specify below ->

Pathogens [HELP](#)

Pathogen 1:

Drug	Result
N/A	N/A

Pathogen 2:

Pathogen 3:

Infection Surveillance (6)

Monthly Monitoring Form



Facility ID*: 10018 (DHQP MEMORIAL HOSPITAL)

Location Code*: (ALL) - All

Month*: September

Year*: 2009

General

Setting: Inpatient Patient Days: 533 Admissions: 30

Setting: Outpatient (or Emergency Room) Encounters:

MDRO & CDAD Infection Surveillance or LabID Event Reporting

Specific Organism Type	MRSA	VRE	MDR-Klebsiella	MDR-Acinetobacter	C. difficile
Infection Surveillance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (Blood specimens only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Process Measures



Infection Surveillance Analysis

MDRO/CDI Infection Incidence Rate

$$= \frac{\text{\# of Infections by MDRO or CDI}}{\text{\# of Patient-Days}} \times 1000$$

(stratified by time and location)



Laboratory-Identified (LabID) Event Reporting



Purpose: To calculate proxy measures of MDRO or CDI events, exposures, and healthcare acquisitions through monitoring and reporting data from positive clinical cultures.

- This monitoring method enables a facility to rely almost exclusively on data obtained from the laboratory.





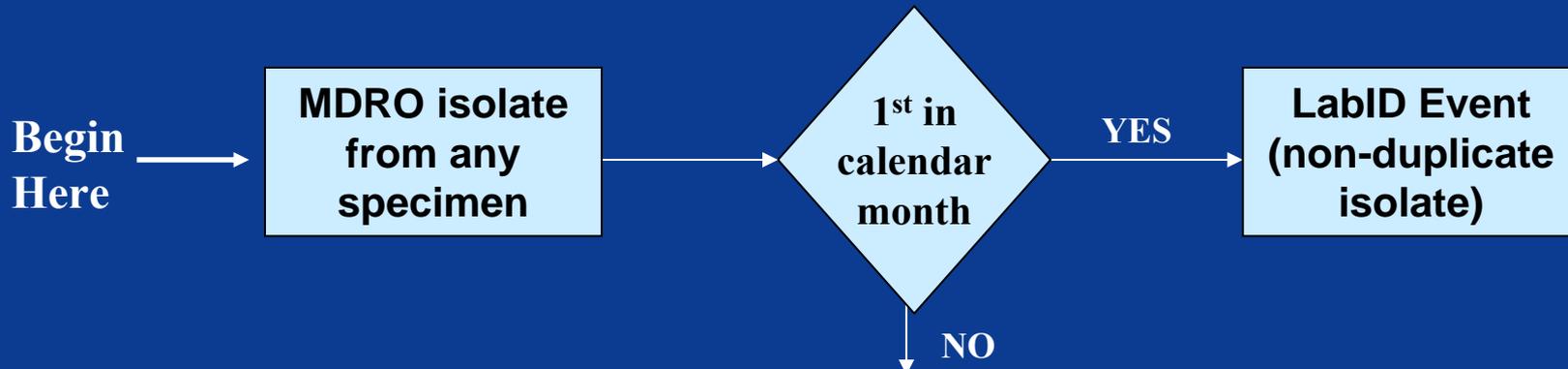
LabID Event Reporting Definitions



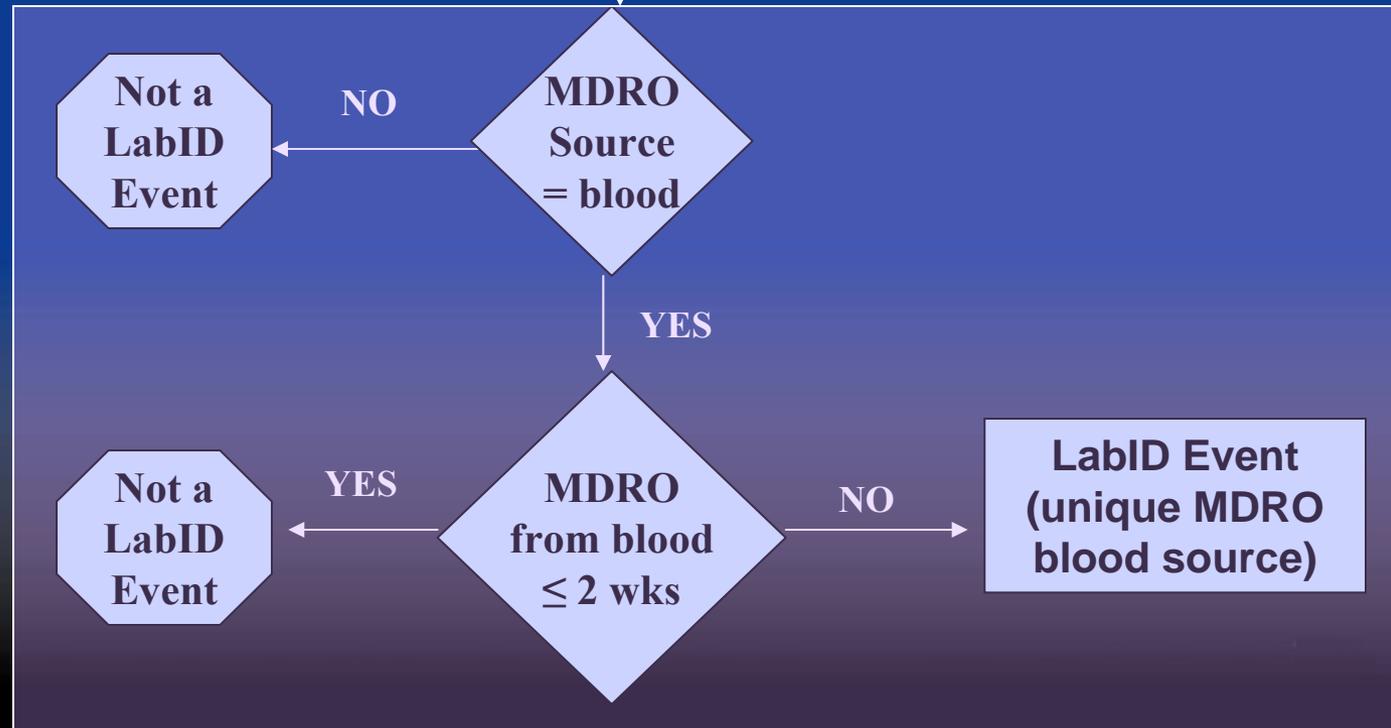
- **LabID Event:** Non-duplicate MDRO isolate from any specimen source plus unique blood source MDRO isolates; or non-duplicate *C. difficile* positive laboratory assay.
- **MDRO Isolate:** Specimen obtained for clinical decision making testing positive for a MDRO (specified for monitoring), excluding active surveillance testing specimens
- **Duplicate MDRO Isolate:** Same MDRO, same patient, same month, same location, any source (except blood)
- **Unique Blood Source:** MDRO isolate from blood in patient with no prior positive blood culture for same MDRO in ≤ 2 weeks
- **Duplicate *C. difficile* Isolate:** Same patient, same location, with a prior positive *C. difficile* laboratory assay in ≤ 2 weeks.



Identifying a MDRO LabID Event



Blood specimen only LabID Event surveillance





LabID Event Reporting Requirements



May

- All LabID Events for at least one MDRO or for CDI
- Blood Isolate LabID Events only facility wide for at least one MDRO (no CDI)
- At least one selected location in the healthcare facility
- At least three consecutive months in a calendar year



June



July



Reporting Methods

Location Specific:

- Select only a few locations or every location for full facility coverage.
- Report separately from each selected location in the facility.
- Separate denominators for each location:
 - patient days and admissions for inpatient locations
 - encounters for outpatient locations

Facility-Wide Inpatient or Facility-Wide Outpatient:

- Options currently available only in the MDRO/CDI Module and only for LabID Event reporting.
- Report from throughout a facility's inpatient or outpatient locations.
- Single denominators for entire facility:
 - FacWideIN – patient days and admissions (specific ones for CDI)
 - FacWideOUT – encounters (specific one for CDI)



Lab ID Event Reporting Methods:



4 Options

1. Facility-wide by location
2. Selected locations
3. Overall facility-wide (all specimens)
 - Overall Facility Wide Inpatient – one denominator
 - Overall Facility Wide Outpatient one denominator
4. Overall facility-wide (blood specimens only)
 - Overall Facility Wide Inpatient one denominator
 - Overall Facility Wide Outpatient one denominator

**separate
denominators for
each location**

LabID Event



NHSN Home

Reporting Plan

Patient

Event

Add

Find

Incomplete

Procedure

Summary Data

Analysis

Surveys

Users

Facility

Gr

Lo

Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

View Event

[Print PDF Form](#)

Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >

Patient Information [HELP](#)

Facility ID*: Pleasant Valley Hospital (10312)

Event #: 13218

Patient ID*: DS5678

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*: M - Male

Date of Birth*: 08/23/1954

Ethnicity:

Race: American Indian/Alaska Native
Black or African American
White

Asian
Native Hawaiian/Other Pacific Islander

Event Information [HELP](#)

Event Type*: LABID - Laboratory-identified MDRO or CDAD Event

Date Specimen Collected*: 11/23/2008

Specific Organism Type*: MRSA - MRSA

Outpatient>: N - No

Specimen Source*: WOUNDSPC - Specimen from wound

Date Admitted to Facility*: 11/04/2008

Location*: INMEDCC - IN:ACUTE:CC:M

Date Admitted to Location*: 11/01/2008

Documented prior evidence of previous infection or colonization with this specific organism type?: N - No

Has patient been discharged from your facility in the past 3 months?:

Custom Fields [HELP](#)

Comments [HELP](#)

Edit

Delete

Back

LabID Event (2)



NHSN Home | Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as FSA6.
Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following the PS component.

MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring

[HELP](#) [Print PDF Form](#)

Mandatory fields marked with *

Facility ID*: 10018 (DHQP MEMORIAL HOSPITAL)
Location Code*: CARD STEP - CARDIAC STEP DOWN UNIT
Month*: November
Year*: 2009

General

Setting: Inpatient Patient Days: Admissions:
Setting: Outpatient (or Emergency Room) Encounters:

MDRO & CDAD Infection Surveillance or LabID Event Reporting

Specific Organism Type	MRSA	VRE	MDR-Klebsiella	MDR-Acinetobacter	C. difficile
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (Blood specimens only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Categorization of LabID Events



NHSN Application Categorizes LabID Events as:

- Community-Onset (CO): LabID Event collected as an outpatient or as an inpatient ≤ 3 days after admission to the facility (i.e., days 1 (admission), 2, or 3)
- Healthcare Facility-Onset (HO): LabID Event specimen collected > 3 days after admission to the facility (i.e., on or after day 4)



LabID Event Reporting Analysis



Specific Metrics	Exposure	Infection (vs. colonization)	Acquisition
Admission Prevalence Rate	√		
Overall Prevalence Rate	√		
Bloodstream Infection Admission Prevalence Rate	√	√	
Bloodstream Infection Incidence or Incidence Density Rate		√	√
Overall MDRO Infection/Colonization Incidence Rate			√
Overall MDRO Infection/Colonization Incidence Density Rate			√
CDI Incidence Rate		√	√
CDI Healthcare Facility-Onset Incidence Rate		√	√
CDI Combined Incidence Rate		√	√

Prevention Process Measures Surveillance



- 1) Monitoring Adherence to Hand Hygiene
- 2) Monitoring Adherence to Gown and Gloves Use as Part of Contact Precautions
- 3) Monitoring Adherence to Active Surveillance Testing (for MRSA & VRE only)





Adherence to Prevention Process Measures



- Required Minimum Reporting - if chosen:
 - a) **HH**: at least 30 unannounced observations after HCW contact with patient or objects near patient
 - b) **GG**: at least 30 unannounced observations during HCW contact with patient or objects near patient
 - c) **AST**: conducted on patient admission or admission & discharge for MRSA and/or VRE only
- At least one selected location in the healthcare facility (suggest same location selected for Infection Surveillance or LabID Event reporting)
- At least one month in a calendar year
- Reporting Methods: Selected locations only
- Settings: Inpatient and Outpatient (for HH) locations



Process Measures Reporting



MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring

OMB No. 0920-0666
Exp. Date: 03-31-2011

Page 1 of 2

*required for saving **conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #: 9999 *Month: 8 *Year: 2008 *Location Code: SICU

Setting: Inpatient **Days^S: 120 ** Admissions^S: 7

Setting: Outpatient (or Emergency Room) **Encounters: _____

MDRO & CDAD Infection Surveillance or LabID Event Reporting

(Specific Organism Type)	MRSA	VRE	MDR- <i>Klebsiella</i>	MDR- <i>Acinetobacter</i>	<i>C. difficile</i>
Infection Surveillance	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Process Measures (Optional)

Hand Hygiene

** Performed: 24

** Indicated: 30

Gown and Gloves

** Used: 27

** Indicated: 30





Process Measures Reporting (2)



<u>Active Surveillance Testing (AST)</u>					
** Active Surveillance Testing performed (check all that apply)	X	<input type="checkbox"/>			
** Timing of AST † (circle one)	Adm Both	Adm Both			
** AST Eligible Patients ‡ (circle one)	All NHx	All NHx			
<u>Admission AST</u>					
** Performed	6				
** Eligible	7				
<u>Discharge/Transfer AST</u>					
** Performed					
** Eligible					



§ If Location Code = ALL and Organization = Self/Other, exclude NICU Patient Days and Admissions



Process Measures Adherence Analysis



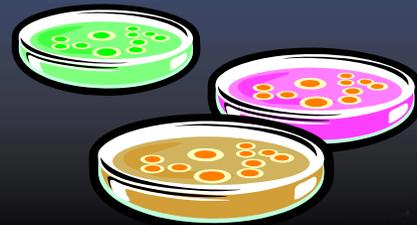
Adherence Rate to Process Measures

$$= \frac{\text{\# Performed or Used}}{\text{\# Indicated or Eligible}} \times 100$$

AST Outcomes Measures

Purpose: To allow facilities to more accurately quantify exposure burden and/or healthcare acquisition of MRSA and/or VRE:

- Utilize active surveillance testing results
- AST adherence must be performed in the same location (minimum adherence level required to calculate prevalence & incidence)
- Infection Surveillance or LabID Event reporting is also recommended in the same location for the same organism





AST Outcomes Measures



- Required Minimum Reporting - if chosen:
 - Prevalent and/or incident cases of MRSA or VRE
 - At least one selected location in the healthcare facility
 - At least one month in a calendar year
 - Same location where AST Adherence Process Measures are being performed
- Reporting Methods: Selected locations only
- Settings: Inpatient locations





AST Outcome Measures Definitions



- **AST Admission Prevalent Case**
 - Known Positive
 - Patient with documented MRSA or VRE colonization or infection in previous 12 months OR
 - Admission AST or Clinical Positive
 - Patient with MRSA or VRE isolated from specimen collected on admission (≤ 3 days).

- **AST Incident Case**
 - Patient with stay > 3 days
 - With no documented MRSA or VRE in previous 12 months or on admission (≤ 3 days)
 - With MRSA or VRE isolated from specimen collected > 3 days after admission or at time of discharge/transfer

AST Outcome Measures Reporting



MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring

OMB No. 0920-0666
Exp. Date: 09-30-2012

Page 1 of 2

*required for saving **conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #: 9999 *Month: Jan *Year: 2010 *Location Code: MICU

Setting: Inpatient **Total Days[§]: 349 ** Total Admissions[§]: 61
Setting: Outpatient (or Emergency Room) **Total Encounters[§]: _____

If FACWIDE includes *C. difficile* (omit NICU & Well baby)

***C. diff* Days: _____ ** *C. diff* Admissions: _____ ***C. diff* Encounters: _____

MDRO & CDAD Infection Surveillance or LabID Event Reporting

(Specific Organism Type)	MRSA	VRE	MDR- <i>Klebsiella</i>	MDR- <i>Acinetobacter</i>	<i>C. difficile</i>
Infection Surveillance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (Blood specimens only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Process Measures (Optional)

Hand Hygiene

** Performed: _____ ** Indicated: _____

Gown and Gloves

** Used: _____ ** Indicated: _____



AST Outcome Measures Reporting (2)



specimens only)					
Process Measures (Optional)					
Hand Hygiene ** Performed: _____ ** Indicated: _____			Gown and Gloves ** Used: _____ ** Indicated: _____		
Active Surveillance Testing (AST)					
**Active Surveillance Testing performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
**Timing of AST † (circle one)	Adm	Adm Both			
**AST Eligible Patients † (circle one)	All NHx	All NHx			
Admission AST					
** Performed	58				
** Eligible	61				



Prevalent Cases					
(Specific Organism Type)	MRSA	VRE	MDR- <i>Klebsiella</i>	MDR - <i>Acinetobacter</i>	<i>C.difficile</i>
** AST/Clinical Positive	25				
** Known Positive	---				
Incident Cases:					
** AST/Clinical Positive					





AST Outcome Measures Analysis



AST Admission Prevalence

$$= \frac{\text{\# of Admission AST/Clinical/Known Positives}}{\text{\# of Admissions}} \times 100$$

AST Incidence / Direct Acquisition

$$= \frac{\text{\# of Discharge/Transfer AST and New Clinical Positives}}{\text{\# of Patient-Days}} \times 1000$$



Analysis in the MDRO and CDAD Module

1) Generate a Dataset



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Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Generate Data Sets



Generate Patient Safety Analysis Data Sets

- [NHSN Home](#)
- [Reporting Plan](#)
- [Patient](#)
- [Event](#)
- [Procedure](#)
- [Summary Data](#)
- [Analysis](#)
 - [Generate Data Sets](#)
 - [Output Options](#)
- [Surveys](#)
- [Users](#)
- [Facility](#)
- [Group](#)
- [Log Out](#)

Date Last Generated	Action
---------------------	--------

Mar 6 2009 4:30PM	Generate New
-------------------	------------------------------

The data set generation process will take several minutes. Do not logoff or close this window while the process is running. You may minimize the browser window and work in other applications while you wait.

[Back](#)

2) Choose Output Options



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Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Patient Safety Component

Analysis Output Options

Expand All

Collapse All

- Device-Associated Module
- Procedure-Associated Module
- Medication-Associated Module
- MDRO/CDAD Module - Infection Surveillance
- MDRO/CDAD Module - LABID Event Reporting
- MDRO/CDAD Module - Process Measures
- MDRO/CDAD Module - Outcome Measures
- High Risk Inpatient Influenza Vaccination Module
- Advanced
- My Custom Output
- Published Output

NHSN Home

Reporting Plan

Patient

Event

Procedure

Summary Data

Analysis

Generate Data Sets

Output Options

Surveys

Users

Facility

Group

Log Out

3) Choose Reporting Option and Organism



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Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Patient Safety Component Analysis Output Options

Expand All

Collapse All

- Device-Associated Module
- Procedure-Associated Module
- Medication-Associated Module
- MDRO/CDAD Module - Infection Surveillance

All MRSA HAI

CDC Defined Output

Line Listing for All MRSA HAI

Frequency Table for All MRSA HAI

Bar Chart for All MRSA HAI

Pie Chart for All MRSA HAI

Rate Table for MRSA HAI Data by Location

Run

Modify

Run

Modify

Run

Modify

Run

Modify

Run

Modify

All MSSA HAI

All C. difficile HAI

NHSN Home

Reporting Plan

Patient

Event

Procedure

Summary Data

Analysis

Generate Data Sets

Output Options

Surveys

Users

Facility

Group

Log Out

4) Basic Run Options – Line Listing



National Healthcare Safety Network

Line Listing - All MRSA HAI

As of: March 9, 2009 at 3:09 PM

Date Range: All MDRO_EVENTS

orgID	eventID	eventType	centralLine	urinaryCath	ventUsed	postProc	spcEvent	admitDate	eventDate	location	mrsa	mssa	vre	acine	kleb	cdif
10312	13017	REPR					EMET	01/15/2008	01/23/2008	INHONCSCA	Y	N	N	N	N	N
10312	13027	SST					DECU	01/12/2008	01/23/2008	INHONCSCA	Y	N	N	N	N	N
10312	13029	SST					DECU		01/15/2008	INHONCSCA	Y	N	N	N	N	N
10312	13048	REPR				N	OREP	01/25/2008	01/30/2008	INSURGCC	Y	N	N	N	N	N
10312	13133	SST					DECU	01/15/2008	01/24/2008	PEDMEDSURG	Y	N	N	N	N	N
10312	13216	BSI	N				LCBI	10/29/2008	11/12/2008	INMEDCC	Y	N	N	N	N	N
10312	13221	SST					DECU	11/09/2008	11/27/2008	INMEDCC	Y	N	N	N	N	N
10312	13474	SST				N	DECU	11/09/2008	11/12/2008	INMEDCC	Y	N	N	N	N	N
10312	13561	BSI	N				LCBI	10/07/2008	10/23/2008	INMSCC	Y	N	N	N	N	N
10312	13563	SST					SKIN	10/14/2008	10/16/2008	INMEDWARD	Y	N	N	N	N	N
10312	13944	BSI	Y			N	LCBI	11/15/2008	12/01/2008	INBMTSCA	Y	N	N	N	N	N
10312	13950	BJ				N	BONE	11/30/2008	12/05/2008	INBMTSCA	Y	N	N	N	N	N
10312	13973	SST					BURN		12/13/2008	INIFMWARD	Y	N	N	N	N	N
10312	13977	LRI				N	LUNG		12/12/2008	INGIWARD	Y	Y	Y	Y	Y	N
10312	13995	EENT				N	UR	12/12/2008	12/16/2008	INENTWARD	Y	N	N	Y	Y	N
10312	13997	EENT				N	UR	12/16/2008	12/17/2008	INENTWARD	Y	Y	Y	Y	Y	N
10312	14106	UTI		N			SUTI	12/01/2008	12/12/2008	INGIWARD	Y	N	N	N	N	N
10312	14290	SSI					BONE	05/10/2008	05/15/2008	INORTWARD	Y	N	N	N	N	N
10312	14293	BSI	N				LCBI	02/28/2008	03/02/2008	INCARDCC	Y	N	N	N	N	N

Sorted by orgID eventID

Data contained in this report were last generated on March 6, 2009 at 4:30 PM.

5) Basic Run Options – Frequency Tables



National Healthcare Safety Network

Frequency Table - All MRSA HAI

As of: March 9, 2009 at 5:14 PM

Date Range: All MDRO_EVENTS

orgID=10312

Frequency Row Pct	Table of location by eventType								
	location	eventType							Total
	BJ	BSI	EENT	LRI	REPR	SSI	SST	UTI	Total
INBMTSCA	1 50.00	1 50.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	2
INCARDCC	0 0.00	1 100.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	1
INENTWARD	0 0.00	0 0.00	2 100.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	2
INGIWARD	0 0.00	0 0.00	0 0.00	1 50.00	0 0.00	0 0.00	0 0.00	1 50.00	2
INHONCSA	0 0.00	0 0.00	0 0.00	0 0.00	1 33.33	0 0.00	2 66.67	0 0.00	3
INIFMWARD	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	1 100.00	0 0.00	1
INMEDCC	0 0.00	1 33.33	0 0.00	0 0.00	0 0.00	0 0.00	2 66.67	0 0.00	3
INMEDWARD	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	1 100.00	0 0.00	1
INMSCC	0 0.00	1 100.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	1
INORTWARD	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	1 100.00	0 0.00	0 0.00	1
INSURGCC	0 0.00	0 0.00	0 0.00	0 0.00	1 100.00	0 0.00	0 0.00	0 0.00	1
PEDMEDSURG	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	1 100.00	0 0.00	1
Total	1	4	2	1	2	1	7	1	19

Data contained in this report were last generated on March 6, 2009 at 4:30 PM.

National Healthcare Safety Network

Frequency Table - All MRSA LabID Events

As of: March 9, 2009 at 5:17 PM

Date Range: All LABID_EVENTS

orgID=10312

Frequency Row Pct	Table of specimenSource by onset			
	specimenSource	onset		Total
		CO	HO	Total
BLDSPC	6 40.00	9 60.00		15
BONESPC	0 0.00	1 100.00		1
PUS	3 42.86	4 57.14		7
SKINSORE	1 100.00	0 0.00		1
SPUTUM	2 22.22	7 77.78		9
SRGEXSPC	1 50.00	1 50.00		2
ULCERSPC	0 0.00	1 100.00		1
URINE	1 100.00	0 0.00		1
WOUNDSPC	5 41.67	7 58.33		12
Total	19	30		49

Data contained in this report were last generated on March 6, 2009 at 4:30 PM.

6) Basic Run Options – Pie or Bar Charts



National Healthcare Safety Network

Pie Chart – All MRSA HAI

As of: March 9, 2009 at 5:22 PM

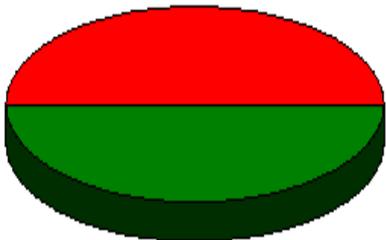
Date Range: All MDRO_EVENTS

orgID= 10312

FREQUENCY of eventType

location= INBMTSCA

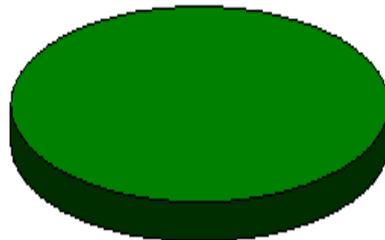
BJ
1
50%



BSI
1
50%

location= INCARDCC

BSI
1
100%



National Healthcare Safety Network

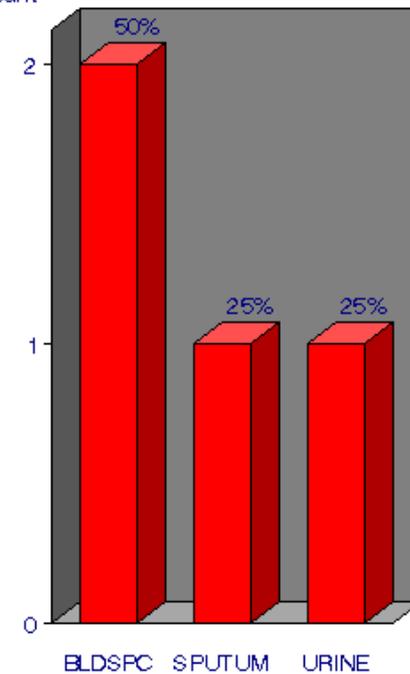
Bar Chart – All MRSA LabID Events

As of: March 9, 2009 at 5:21 PM

Date Range: All LABID_EVENTS

orgID= 10312 location= INCARDCC

Count



specimenSource

7) Basic Run Options – Rate Tables



National Healthcare Safety Network Rate Table - All MRSA HAI by Location

As of: March 9, 2009 at 5:28 PM

Date Range: All MDRO_RATES

orgID=10312 locCDC=IN:ACUTE:CC:C

location	summaryYM	MRSACount	numPatDays	MRSARate
INCARDCC	2008M02	0	312	0.0
INCARDCC	2008M03	1	312	3.2

Source of aggregate data: Not available

Data contained in this report were last generated on March 6, 2009 at 4:30 PM.

National Healthcare Safety Network Rate Table - All MRSA HAI by Location

As of: March 9, 2009 at 5:28 PM

Date Range: All MDRO_RATES

orgID=10312 locCDC=IN:ACUTE:CC:M

location	summaryYM	MRSACount	numPatDays	MRSARate
INMEDCC	2008M01	0	743	0.0
INMEDCC	2008M03	0	723	0.0
INMEDCC	2008M05	0	2000	0.0
INMEDCC	2008M08	0	66	0.0
INMEDCC	2008M11	3	533	5.6

National Healthcare Safety Network Rate Table - All MRSA LabID Events by Location

MDRO Exposure Burden - Inpatient MRSA Admission Prevalence Rate

As of: March 9, 2009 at 5:30 PM

Date Range: All LABID_RATESMRSA

orgID=10312 locCDC=' '

summaryYM	location	MRSA_admPrevCount	numAdms	MRSA_admPrevRate
2007M01	ALL-IN	0	350	0.0
2008M06	ALL-IN	0	120	0.0
2008M11	ALL-IN	1	658	0.2

Source of aggregate data: Not available

Data contained in this report were last generated on March 6, 2009 at 4:30 PM.

National Healthcare Safety Network Rate Table - All MRSA LabID Events by Location

MDRO Exposure Burden - Inpatient MRSA Admission Prevalence Rate

As of: March 9, 2009 at 5:30 PM

Date Range: All LABID_RATESMRSA

orgID=10312 locCDC=IN:ACUTE:CC:C

summaryYM	location	MRSA_admPrevCount	numAdms	MRSA_admPrevRate
2008M02	INCARDCC	1	23	4.3
2008M03	INCARDCC	0	23	0.0
2008M06	INCARDCC	0	10	0.0
2008M11	INCARDCC	1	23	4.3

Process Measures – HH & GG Adherence



NHSN Home

Reporting Plan

Patient

Event

Procedure

Summary Data

Analysis

Generate Data Sets

Output Options

Surveys

Users

Facility

Group

Log Out

Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Patient Safety Component

Analysis Output Options

Expand All

Collapse All

Device-Associated Module

Procedure-Associated Module

Medication-Associated Module

MDRO/CDAD Module - Infection Surveillance

MDRO/CDAD Module - LABID Event Reporting

MDRO/CDAD Module - Process Measures

Specific Process Measures

CDC Defined Output

Rate Table for Hand Hygiene Adherence

Run

Modify

Rate Table for Gown/Glove Adherence

Run

Modify

All MRSA AST Process Measures

All VRE AST Process Measures

MDRO/CDAD Module - Outcome Measures

High Risk Inpatient Influenza Vaccination Module

Advanced

HH & GG - Percent Adherence



National Healthcare Safety Network

Rate Table - All Hand Hygiene Adherence by Location

As of: March 17, 2009 at 10:48 AM

Date Range: All HH_RATESMDRO

orgID=10312 loccdc=IN:ACUTE:CC:C

location	summaryYM	hhPerformed	hhIndicated	HH_adhRate
INCARDCC	2008M03	25	30	83.3
INCARDCC	2008M06	40	45	88.9

Source of aggregate data: Not available

Data contained in this report were last generated on March 11, 2009 at 3:25 PM.

National Healthcare Safety Network

Rate Table - All Hand Hygiene Adherence by Location

As of: March 17, 2009 at 10:48 AM

Date Range: All HH_RATESMDRO

orgID=10312 loccdc=IN:ACUTE:CC:M

location	summaryYM	hhPerformed	hhIndicated	HH_adhRate
INMEDCC	2008M05	32	44	72.7
INMEDCC	2008M09	25	30	83.3

National Healthcare Safety Network

Rate Table - All Gown/Glove Adherence by Location

As of: March 10, 2009 at 9:52 AM

Date Range: All GG_RATESMDRO

orgID=10312 loccdc=IN:ACUTE:CC:C

location	summaryYM	ggUsed	ggIndicated	GG_adhRate
INCARDCC	2008M03	27	30	90
INCARDCC	2008M06	35	66	53

Source of aggregate data: Not available

Data contained in this report were last generated on March 10, 2009 at 9:42 AM.

National Healthcare Safety Network

Rate Table - All Gown/Glove Adherence by Location

As of: March 10, 2009 at 9:52 AM

Date Range: All GG_RATESMDRO

orgID=10312 loccdc=IN:ACUTE:CC:M

location	summaryYM	ggUsed	ggIndicated	GG_adhRate
INMEDCC	2008M05	35	66	53
INMEDCC	2008M09	26	30	86.7

Modify - Output Options



NHSN Home

Reporting Plan

Patient

Event

Procedure

Summary Data

Analysis

Generate Data Sets

Output Options

Surveys

Users

Facility

Group

Log Out

Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Patient Safety Component

Analysis Output Options

Expand All

Collapse All

Device-Associated Module

Procedure-Associated Module

Medication-Associated Module

MDRO/CDAD Module - Infection Surveillance

MDRO/CDAD Module - LABID Event Reporting

All LabID Events

All MRSA LabID Events

All MSSA LabID Events

All C. difficile LabID Events

CDC Defined Output

Line Listing for All CDIF LabID Events

Frequency Table for All CDIF LabID Events

Bar Chart for All CDIF LabID Events

Pie Chart for All CDIF LabID Events

Rate Table for CDIF LabID Data by Location

Run Modify

Run Modify

Run Modify

Run Modify

Run Modify

Modify - Line Listing



NHSN Home

- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis**
 - Generate Data Sets
 - Output Options
- Surveys
- Users
- Facility
- Group
- Log Out

Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
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Line Listing

Analysis Data Set: LabID_Events

Modify Attributes of the Output:

Last Modified On: 03/11/2009

Output Type:

Output Name:

Output Title:

Select output format:

Output Format:

Use Variable Labels

Select a time period or Leave Blank for Cumulative Time Period:

Date Variable: Beginning: Ending:

Enter Date variable/Time period

Specify Other Selection Criteria:

[Show Criteria](#) [Column +](#) [Row +](#)

cdif	= Y

Other Options:

Modify Variables To Display By Clicking

Specify Sort Variables By Clicking:

Select Page by variable:

Select Variables to include in Line Listing:

Available Variables

- mdrolncompleteFlag
- mdrolnflplan
- modifyDate
- modifyUserID
- mrsa
- mssa
- onsetDesc
- orgID
- patDischarge
- patGName
- patMName
- patRaceAAB
- patRaceASIAN
- patRaceNH_PI
- patRaceWHITE
- patSurname
- prevDisMons
- spcOrgType
- specDateYH
- specDateYM
- specDateYQ
- specDateYr
- specimenSource
- specimenSourceDes
- ssn
- vre

Selected Variables

- patID
- eventID
- location
- outpatient
- prevPos
- onset
- cdiAssay
- admitDate
- locationAdmitDate
- specimenDate

Modify - Line Listing Output

National Healthcare Safety Network

Line Listing - All CDIF LabID Events

As of: March 17, 2009 at 11:17 AM

Date Range: LABID_EVENTS specimenDate 01/01/2008 to 12/31/2008

patID	eventID	location	outpatient	prevPos	onset	cdiAssay	admitDate	locationAdmitDate	specimenDate
B-107	13032	INMEDCC	N	N	HO	Incident	09/01/2008	09/01/2008	09/09/2008
DS0825	14666	OUTOCCCL	Y	N	CO	Incident	.	.	02/03/2008
DS0825	14667	OUTOCCCL	Y	Y	CO	Recurrent	.	.	02/25/2008
DS0825	14668	OUTGICL	Y	Y	CO		.	.	02/28/2008
DS0826	14670	OUTGICL	Y	N	CO-HCFA	Incident	.	.	02/05/2008
DS0826	14671	OUTOCCCL	Y	N	CO-HCFA		.	.	02/10/2008
DS0826	14672	OUTGICL	Y	Y	CO		.	.	02/23/2008
DS0827	14673	OUTOCCCL	Y	N	CO	Incident	.	.	02/17/2008
DS0828	14674	OUTGICL	Y	Y	CO	Incident	.	.	02/13/2008
DS0828	14675	OUTOCCCL	Y	Y	CO	Recurrent	.	.	02/28/2008
DS1213	14571	INSURGCC	N	N	CO	Incident	10/05/2008	10/05/2008	10/07/2008
DS1314	14572	INSURGCC	N	N	HO	Incident	10/03/2008	10/17/2008	10/19/2008
DS1514	14573	INMEDCC	N	N	CO	Incident	09/22/2008	09/22/2008	09/23/2008
DS1615	14574	INMEDCC	N	N	HO	Incident	09/06/2008	09/16/2008	09/18/2008
DS1716	14575	INGIWARD	N	N	CO-HCFA	Incident	07/20/2008	07/21/2008	07/21/2008
DS1817	14576	INMEDCC	N	Y	CO-HCFA	Incident	09/10/2008	09/11/2008	09/12/2008
DS9876	14320	INSURGCC	N	N	HO	Incident	10/05/2008	10/07/2008	10/23/2008
ET100	14428	INGIWARD	N	N	HO	Incident	07/01/2008	07/01/2008	07/06/2008
ET100A	14431	INGIWARD	N		HO	Incident	01/15/2008	01/15/2008	01/26/2008
ET101F1	14426	INGIWARD	N		HO	Incident	06/01/2008	06/01/2008	06/06/2008
ET102	14499	INMEDWARD	N	N	HO	Incident	04/10/2008	04/10/2008	04/29/2008
ET102T2	14494	INMEDWARD	N	N	HO	Incident	05/01/2008	05/01/2008	05/10/2008
ET102T2	14496	INMEDWARD	N	Y	HO	Recurrent	05/01/2008	05/01/2008	05/25/2008
ET102T2	14497	INMEDWARD	N	Y	HO	Recurrent	05/01/2008	05/01/2008	06/10/2008
ET117A	14097	INENTWARD	N	N	HO	Incident	12/01/2008	12/01/2008	12/12/2008
MS124	14344	OUTOCCCL	Y	N	CO	Incident	.	.	02/14/2008
MS129	14372	INGIWARD	N		HO	Recurrent	04/25/2008	04/25/2008	05/25/2008
MS129	14374	INGIWARD	N		HO	Incident	04/25/2008	04/25/2008	04/29/2008
RP1234	13473	OUTGICL	Y	Y	CO-HCFA	Incident	.	.	11/20/2008
RP1234	14364	OUTGICL	Y	Y	CO	Recurrent	11/10/2008	.	12/06/2008

Sorted by orgID patID

Data contained in this report were last generated on March 11, 2009 at 3:25 PM.

Any C. diff LabID Event with a blank cdiAssay field indicates that it is related to a previous defining Event in a different location.

Modify – Rate Table



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Centers for Disease Control and Prevention

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- NHSN Home**
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
 - Generate Data Sets
 - Output Options
- Surveys
- Users
- Facility
- Group
- Log Out

Logged into Pleasant Valley Hospital (ID 10312) as DCSVEK1.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Analysis Rate Table

Analysis Data Set: LABID_RatesMRSA [Export Analysis Data Set](#)

Modify Attributes of the Output:

Last Modified On: 03/06/2009

Output Type:

Output Name:

Output Title:

Select output format:

Output Format:

Choose page Orientation: Portrait Landscape

Use Variable Labels

Select a time period or Leave Blank for Cumulative Time Period:

Date Variable Beginning Ending [Clear Time Period](#)

Enter Date variable/Time period at the time you click the Run button

Specify Other Selection Criteria:

[Show Criteria](#) [Column +](#) [Row +](#) [Clear Criteria](#)

<input type="text" value="location"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
= INMEDCC				

Other Options:

Group by:

Show Histogram

[Print Variable Reference List](#)

[Run](#) [Save As](#) [Reset](#) [Back](#) [Export Output Data Set](#)

Modify – Rate Table Output



Summary Mon/Yr	Location	MRSA Admission Prevalence LabID Count	Admissions	MRSA Admission Prevalence Rate
2008M03	INMEDCC	1	32	3.1
2008M05	INMEDCC	0	422	0.0
2008M11	INMEDCC	0	30	0.0

Summary Mon/Yr	Location	MRSA CO Admission Prevalence LabID Count	MRSA Admission Prevalence LabID Count	MRSA Percent Admission Prevalence/Community-Onset
2008M03	INMEDCC	0	1	0.0
2008M05	INMEDCC	0	0	.
2008M11	INMEDCC	0	0	.

Summary Mon/Yr	Location	MRSA HO Admission Prevalence LabID Count	MRSA Admission Prevalence LabID Count	MRSA Percent Admission Prevalence/Healthcare Facility-Onset
2008M03	INMEDCC	1	1	100.0
2008M05	INMEDCC	0	0	.
2008M11	INMEDCC	0	0	.

Summary Mon/Yr	Location	MRSA LabID Count	Admissions	Overall MRSA Prevalence Rate
2008M03	INMEDCC	1	32	3.1
2008M05	INMEDCC	0	422	0.0
2008M11	INMEDCC	3	30	10.0

Summary Mon/Yr	Location	MRSA Blood Admission Prevalence LabID Count	Admissions	MRSA BSI Admission Prevalence Rate
2008M03	INMEDCC	0	32	0.0
2008M05	INMEDCC	0	422	0.0
2008M11	INMEDCC	0	30	0.0

Summary Mon/Yr	Location	MRSA Blood Incident LabID Count	Admissions	MRSA BSI Incidence Rate
2008M03	INMEDCC	0	32	0.0
2008M05	INMEDCC	0	422	0.0
2008M11	INMEDCC	1	30	3.3

Summary Mon/Yr	Location	MRSA Blood Incident LabID Count	Patient Days	MRSA BSI Incidence Density Rate
2008M03	INMEDCC	0	723	0.0
2008M05	INMEDCC	0	2000	0.0
2008M11	INMEDCC	1	533	1.9

Summary Mon/Yr	Location	MRSA Incident LabID Count	Patient Days	Overall MRSA Infection/Colonization Incidence Density Rate
2008M03	INMEDCC	0	723	0.0
2008M05	INMEDCC	0	2000	0.0
2008M11	INMEDCC	3	533	5.6



Summary Review



- NHSN enrollment, digital certificate, facility-location set-up.
- Complete Monthly Reporting Plan.
- Choose Infection Surveillance and/or LabID Event Reporting.
- Choose from any Optional Process or Outcomes Measures.
- Report into Module for at least 3 months in a calendar year.
 - Consecutive months required for LabID Event reporting.
- Report into NHSN for at least 6 months in a calendar year.
 - = “Active Participant”



NHSN References

Home Page:

<http://www.cdc.gov/ncidod/dhqp/nhsn.html>

Document Library (main link to all specific protocols / forms):

http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html

MDRO and CDAD Module:

http://www.cdc.gov/ncidod/dhqp/nhsn_MDRO_CDAD.html



Questions ?

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