A RIDDLE WRAPPED IN A MYSTERY INSIDE AN ENIGMA: NHSN SURVEILLANCE DEFINITIONS…2.0!

MSIPC Fall 2016
Interactive Breakout Session
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What do you like most about fall?

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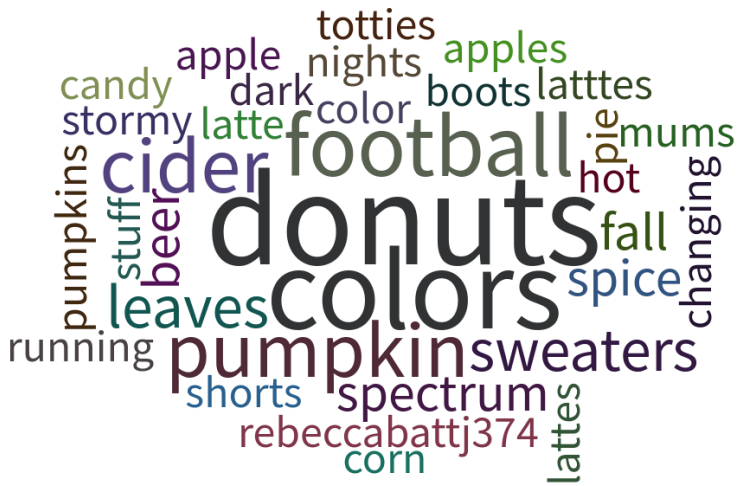


Disclosures

- I have nothing to disclose

Fast-Paced Interactive Session

- General NHSN notes and recommendations
- Overview of 2016 changes and FAQs
- 2016 Case Studies
- Overview of TAP Methodology
- TAP Reporting Examples
- Rebaseline/2017 Changes/NHSN v8.6

GENERAL NHSN GUIDANCE

Reporting Reminders

- Always refer to the protocol!
- For NHSN reporting, surveillance determinations “trump” clinical judgement
  - Clinical diagnoses are important for treatment of individual patients
  - Surveillance definitions are important in identifying trends within a population
- Concerns should be sent to nhsn@cdc.gov instead of not reporting or facility adjudication

Current CMS Requirements

CMS Reporting Program	HAI Event	Reporting Specifications	Reporting Start Date
Hospital Inpatient Quality Reporting (IQR) Program	CLABSI	Adult, Pediatric, and Neonatal ICUs	January 2011
	CAUTI	Adult and Pediatric ICUs	January 2012
	SSI: COLO	Inpatient COLO Procedures	January 2012
	SSI: HYST	Inpatient HYST Procedures	January 2012
	MRSA Bacteremia LabID Event	FacWideIN	January 2013
	C. difficile LabID Event	FacWideIN	January 2013
	Healthcare Personnel Influenza Vaccination	All Inpatient Healthcare Personnel	January 2013
	Medicare Beneficiary Number	All Medicare Patients Reported into NHSN	July 2014
	CLABSI	Adult & Pediatric Medical, Surgical, & Medical/Surgical Wards	January 2015
	CAUTI	Adult & Pediatric Medical, Surgical, & Medical/Surgical Wards	January 2015
Hospital Outpatient Quality Reporting (OQR) Program	Healthcare Personnel Influenza Vaccination	All Outpatient Healthcare Personnel	October 2014

CDC-CMS Communique: October 2015

- This document is a reminder that intentionally reporting incorrect data, or deliberately failing to report data that are required to be reported, may violate applicable Medicare laws and regulations
- Continuing concerns as discussed at APIC 2016:
  - Case adjudication and overruling infection preventionists' determinations
  - Departures from standard diagnostic practices to avoid case reporting
  - Time constraints on NHSN training

CDC Websites

- All CDC websites are changing to secure websites (identified by “s” in “https”)
  - Make sure you are not blocked from accessing by going to: https://www.cdc.gov/nhsn/index.html

Reminder: Update User Info in NHSN

- Make sure the facility administrator and component primary contacts are up-to-date
- Users with administrative rights can reassign the component primary contact role to another active NHSN user
- Only the current facility administrator can reassign this role to another user

Reporting in a Temporarily Closed Location

- Often occurs when a unit undergoes a renovation or is remodeled
- If the whole unit (patients and staff) are being temporarily moved to a different physical location, you can change the "your code" and "your label" values.
  - No other changes needed as the location type will remain the same
- If patients will temporarily be housed within existing locations, include their data within the reporting from the physical location in which the patients reside
  - Keep the closed location "active" and report "0" for denominator data and check "report no events"

Repeat Infection Timeframe (RIT)

- Reminder: RIT is not a rolling time period
  - Set by date of event and expires after 14 days
  - Other organisms identified within the RIT are added to previous infection's list of pathogens
  - RITs apply to a single admission and do not extend across patient admissions

NEW IN 2016

Non-Culture Based Testing

- **Non-culture based microbiologic testing method**
  - Identification of microorganisms using a method of testing other than a culture
  - Quicker turnaround time for early diagnosis and tailoring of antimicrobial therapy
  - Examples: PCR, ELISA
  - Regardless of test methodology used (culture or non-culture based), a final lab report found in the medical record is eligible to meet NHSN definition with exception of those performed for Active Surveillance Culture/Testing (ASC/AST)
- **Active Surveillance Culture/Testing (ASC/AST)**
  - Testing intended to identify presence/carriage of microorganisms for the purpose of instituting or discontinuing isolation precautions (ex. Nasal swab for MRSA)

Gross Anatomical Exam

- Physical examination with or without invasive procedure
  - Example: findings elicited or visualized on physical examination or observed during an operative procedure

Brain Dead/Supported for Organ Donation

- Events should not be reported as an HAI if:
  - Patient is declared brain dead

    AND

  - Patient is being supported for organ donation purposes
  - This does not apply to all patients who are declared brain dead
    - Example: patient declared brain dead and for whom treatment is limited to comfort care is still to be included in surveillance

Observed or Suspected Patient Accession

- Documentation that the patient has been observed or suspected of accessing their vascular access lines must appear in the medical record
  - Patient was observed or suspected of injecting into the line
  - Does not include manipulation or contamination (ex. patient disconnects, line falls on floor, etc…)
- If positive blood specimen meeting LCBI criteria accompanied by this documentation occurs within the BSI infection window period it will be considered an LCBI but not CLABSI

IAB Criterion Changes

- Criterion 2b was added
  - Abscess or other evidence of intraabdominal infections on gross anatomic or histopathological exam and limited organisms in the blood
    - Organisms in blood performed for purposes of clinical diagnosis or treatment (not active surveillance culture/testing), must contain at least one of the following organisms: Bacteroides spp., Candida spp., Clostridium spp., Enterococcus spp., Fusobacterium spp., Peptostreptococcus spp., Prevotella spp., Veillonella spp., or Enterobacteriaceae with no other recognized cause

IAB Criterion Changes

- Criterion 3b was clarified
  - If the imaging test evidence of infection is equivocal it is supported by clinical correlation (i.e. physician documentation of antimicrobial treatment for an intraabdominal infection)

VASC Reporting Changes

- If LCBI plus culture at a vascular site have at least one matching organism – report LCBI. Report central line "No".
  - Peripheral IV
  - Arteriovenous fistula
  - Arteriovenous graft
  - Non-accessed central line

No Longer Used in NHSN Surveillance

2015:

- Gap Days concept to determine criterion met
- Logical pathogens to determine secondary BSI
- Date of Event = Date of last element
- Candida species or yeast not otherwise specified, mold, dimorphic fungi, or parasites are excluded as organisms in the UTI definition

2016:

- Excluded: reporting LCBIs with the following organisms:
  - *Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus, and Pneumocystitis* (mainly community-associated and rarely cause HAIs)
  - *Salmonella* sp. (highly unlikely to cause primary BSI)
    - May be a secondary BSI but will not be reported as a primary BSI (Especially a CLABSI)

CLABSI AND SECONDARY BSI

Secondary BSI Review

- In order for a bloodstream infection to be determined to be secondary to a primary infection site, the patient must meet all three below:
  - Meet one of the NHSN site-specific definitions for a primary site of infection
  - Have a positive blood culture within the Secondary BSI Attribution Period (infection window period + repeat infection timeframe) or 17 day SSI secondary BSI attribution period
  - Meet requirements in Secondary BSI Scenario 1 or 2

Secondary BSI Scenarios

- **Scenario 1**: Blood and site-specific specimen cultures match for at least one organism
- **Scenario 2**: Blood and site-specific specimen cultures do not match
  - If the blood isolate is an element used to meet the site-specific criterion, then the BSI is considered secondary to that site-specific infection
  - If the site-specific culture is an element used to meet the infection site criterion and the blood isolate is not, then the BSI is considered a primary infection

Secondary BSI Reminders

- Site-specific infection definitions available for use include:
  - PNEU
  - UTI
  - SSI
  - CDC/NHSN surveillance definitions for specific types of infections
  - Additionally, a BSI can be attributed to a VAE following the specific VAE protocol guidance for secondary BSI attribution
    - If unable to attribute a BSI as secondary to VAE and a lower respiratory source of infection is thought to be primary source of BSI, the PNEU definitions can be used

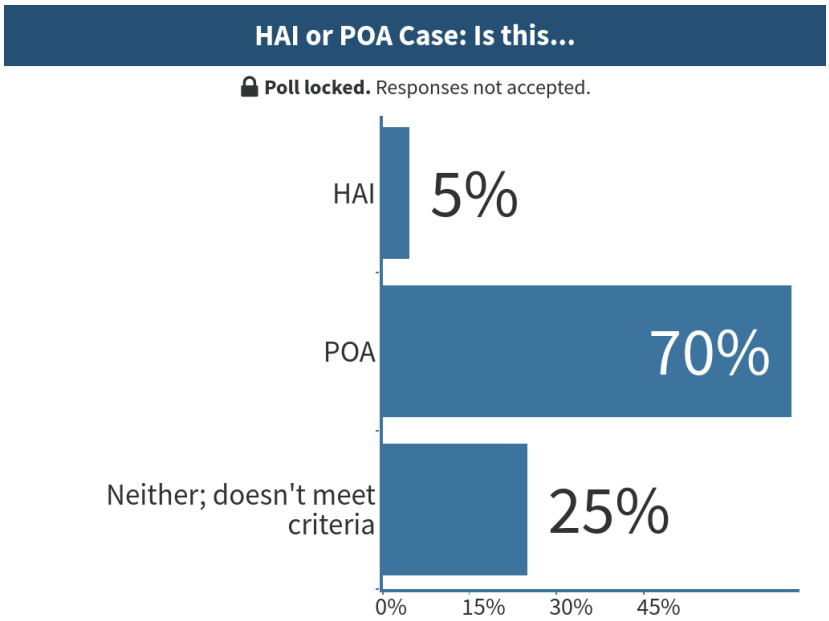
CAUTI

CAUTI Misconceptions

- Fever can be attributed to another cause
  - False: fever and hypothermia are non-specific symptoms of infection and cannot be excluded from UTI determination because they are clinically deemed due to another cause
- Positive culture on admission automatically = POA
  - False: if there was a positive urine culture during the POA timeframe without signs or symptoms, it is therefore not an event. If there is a later positive culture with S/S, this occurs in the HAI timeframe and is an event
- UTI signs or symptoms on admission automatically = POA
  - False: UTI S/S must be accompanied by a positive urine culture within the infection window period

HAI or POA Case

- Patient admitted April 15
  - Age 73
  - Fever 101.0F
  - Foley inserted
- April 16: positive urine E.coli >100,000 CFU/ml
- April 20: suprapubic tenderness



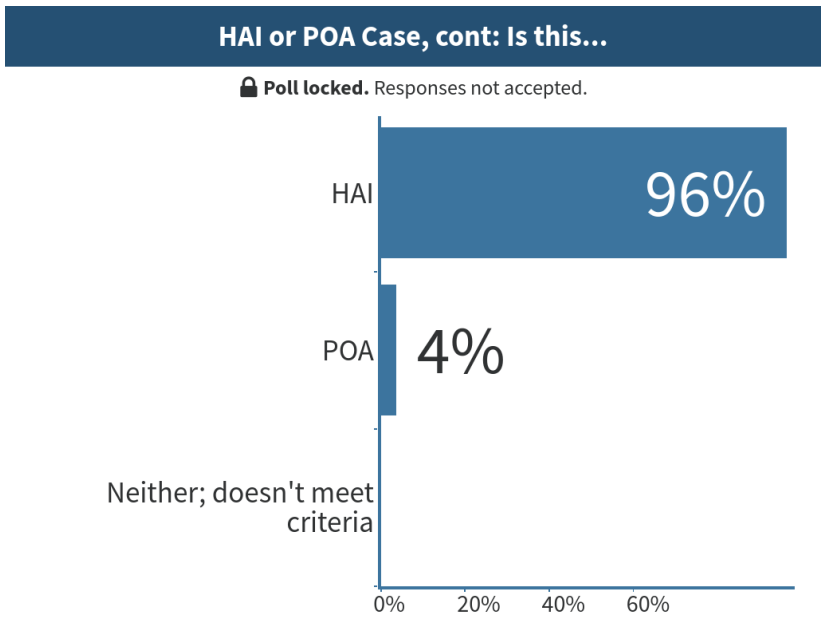
Answer

c) Neither; doesn't meet criteria

- Symptom of fever alone cannot be used in a patient >65 years of age when foley in place <2 days on the date of event.
- Symptom of suprapubic tenderness is outside the infection window period (IWP) of April 13-April 19.

HAI or POA Case, cont…

- Reminder: April 20: suprapubic tenderness
- April 20: also had a (+) urine culture
- New IWP: 4/17-4/23



Answer

a) HAI

- SUTI 1a: CAUTI, DOE 4/20
- The 4/16 asymptomatic urine culture did not meet NHSN UTI criteria, so there was no prior RIT set
- Positive on 4/20 and UTI symptom within the IWP is in the HAI time period

SSI

New ICD-10-PCS and CPT Codes

- New SSI procedure codes released in April 2016
  - NHSN is collaborating with expert consultants to review issues and are performing a validation of the codes found in all NHSN operative procedure groups
  - Upon completion of the validation:
    - Mappings in the SSI Supporting Materials will be updated
    - Each code will have a code description

New in 2016

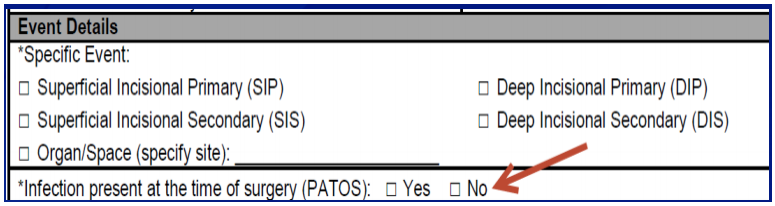
- Repeat Infection Timeframes (RIT) is not used with SSIs
  - SSIs are procedure based and have long surveillance periods (30 to 90 days)
- SSIs can progress to a deeper level during a surveillance period and a new pathogen can be found.
- Excluded organisms: Organisms belonging to the following genera cannot be used to meet any NHSN definition: Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus and Pneumocystis.
  - These organisms are typically causes of community-associated infections and are rarely known to cause healthcare-associated infections, and therefore are excluded.

Operative Procedure Updates

- Several operative procedure groups were updated to include the correct ICD-10 or CPT codes
- ICD-10-PCS and CPT code fields remain as optional fields in 2016

PATOS

- The patient does not have to meet the NHSN definition of an SSI at the time of the primary procedure but there must be notation that there is evidence of an infection or abscess present



PATOS FAQ

- If an event meets PATOS, do I still have to report as an SSI?
  - Yes, must report but check yes for PATOS
  - It only applies if it corresponds to the same depth of SSI that is being attributed to the procedure
  - Currently, all PATOS are included in the SIR if wound closure is primary
  - PATOS will be evaluated for exclusion from future SSI SIRs calculated using the 2015 baseline

Coming in 2017

- GI-GIT 2c will be updated
  - GIT-Gastrointestinal tract infection (esophagus, stomach, small and large bowel, and rectum) excluding gastroenteritis, appendicitis, and C. difficile infection
  - The same set of pathogens that are available for use when blood is an element of the criteria for IAB-Intraabdominal (i.e. 2b and 3b) will be the same set of (+) pathogens that are available for GI-GIT 3c.

MRSA/CDI LABID

New in 2016

- Changes to the LabID Event form:
  - Has patient been discharged from your facility in the past 4 weeks
    - Changed from three months to better align with CO-HCFA
  - Changed from Optional to Required:
    - Last physical overnight location of patient immediately prior to arrival into facility
    - Has the patient been discharged from another facility in the past 4 weeks?
- CRE Reporting: additional questions added in relation to CRE laboratory test methods

LabID Notes

- LabID events are attributable to the location where the specimen was collected (the 'transfer rule') does NOT apply to LabID event reporting
- Specimens collected from any other affiliated outpatient location (excluding ED and 24-hour observation locations) can be reported for the inpatient admitting location IF collected on the same calendar day as inpatient admission (assigned to admitting inpatient location)

VAE

New VAE Information

- New appearance to the VAE calculator
  - Same functionality
  - Addition of 6 antimicrobial agents that were added to the 2016 VAE protocol
  - Clarification for fever and WBC data entry
- Projected future for VAE:
  - Pediatric VAE available in 2018
    - Pediatric and neonatal locations
    - Single tier algorithm called PedVAC
  - Adult VAE CDA available in 2019

2016 CASE STUDIES

MDRO/CDI Case Study

- Facility enrolled in NHSN, have FacWideIN and CMS IRF reporting (different CCN)
  - Report MRSA blood and CDI LabID
- August 31, 11am: 55 yo male presents to ED complaining of pain and tenderness of right lower forearm
  - History: discharged from community psychiatric facility on August 15 for tx of depression
  - Pt is known IV drug user and admits to recent use of this area for injection of heroin
  - Temp 100.8F, other vital signs stable
  - Pus from forearm is obtained for culture, area is superficially debrided and a dressing applied
  - Pt started on trimethoprim-sulfamethoxazole

MDRO/CDI Case Study

- During prep for discharge, the patient complains of chill and vital signs reveal a temp of 101.2F and slight decrease in BP
- September 1, 12:15am: pt placed in 24-hr obs unit where blood is collected for culture and IV fluids started
  - During the evening, patient continues with fever and antibiotic therapy is changed to IV Vancomycin
  - 11pm: patient transferred to 3N stepdown inpatient ward
- September 2: patient remains febrile with a max temp of 102F
  - Periodic drops in BP to 90/60 responsive to fluid boluses
  - Micro notifies physician that blood collected Sept 1 is growing gram-positive cocci
  - Another set of blood cultures are obtained

MDRO/CDI Case Study

- September 2, cont: during rounds, physician detects presence of cardiac murmur and patient is sent for echocardiogram, which is suggestive of right-sided endocarditis
  - Peripherally-inserted central catheter is placed for vascular access
- September 3: patient remains febrile and ID consultation is obtained
  - Wound and blood cultures from September 1st are growing MRSA
  - Blood cultures obtained on September 2nd are also growing MRSA

1. Would you identify the blood collected for culture on September 1st and positive for MRSA as a MRSA bacteremia LabID event for FacWideIn reporting?

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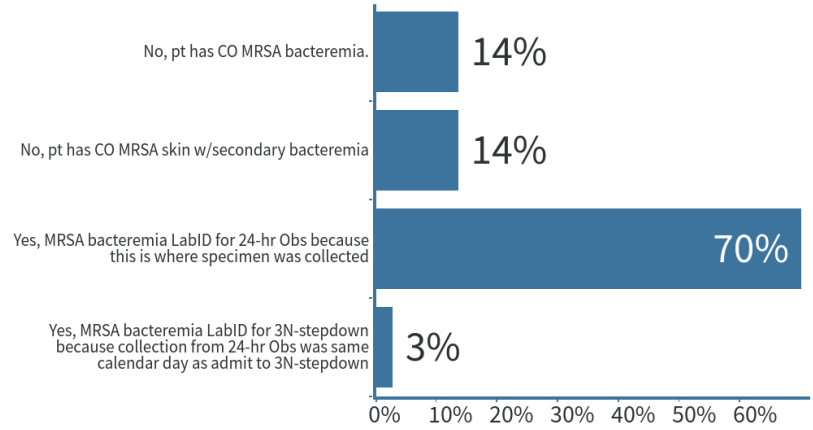


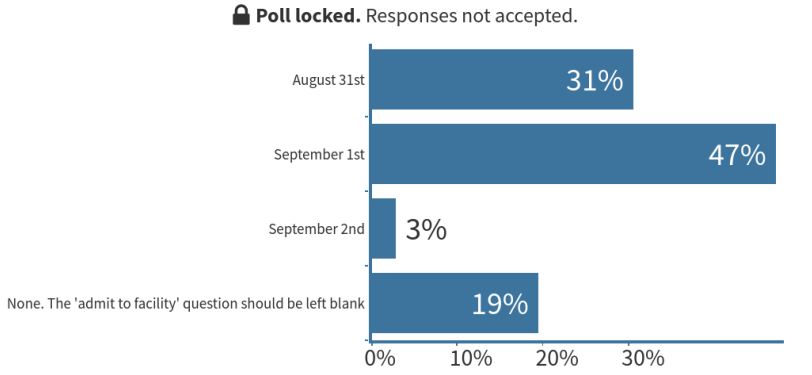
Answer 1

c) Yes. The result would be identified as a MRSA bacteremia LabID event for the 24-hour observation unit because this is where the specimen was collected.

RATIONALE: Any specimen, obtained for clinical decision making, testing positive for MRSA that is not a duplicate isolate for the patient and location meets the definition for a MRSA bacteremia LabID event and should be submitted as such. LabID events are attributed to the location where the positive specimen is collected. In this case scenario, the September 1st specimen is collected when the patient is housed on the 24-hour observation unit thus, this is the location of attribution. Note that although emergency departments and 24-hour observation locations are considered outpatient locations by NHSN, as of January 2015, lab ID events attributed to these locations must also be reported as a part of FacWideIN LabID event reporting for facilities participating in the CMS Hospital IQR Program.

- Note: A 'duplicate" isolate is defined as any isolate other than the initial positive isolate for the same patient for the same location.

2. If the blood collected for culture on September 1st and positive for MRSA is a MRSA bacteremia LabID event, what date should be recorded as the date of admission to the facility for reporting to the National Healthcare Safety network (NHSN)?



Answer 2

d) None. The 'admit to facility' question should be left blank

RATIONALE: The question 'date admitted to facility' is optional on all outpatient location based LabID events; regardless of the duration of time between presentation to the outpatient location and the specimen collection date, the 'admit to facility' question may be left blank since all outpatient events are considered community-onset (CO) events.

3. Would you identify the blood collected for culture on September 2nd and positive for MRSA as a MRSA bacteremia LabID event for FacWideIN reporting?

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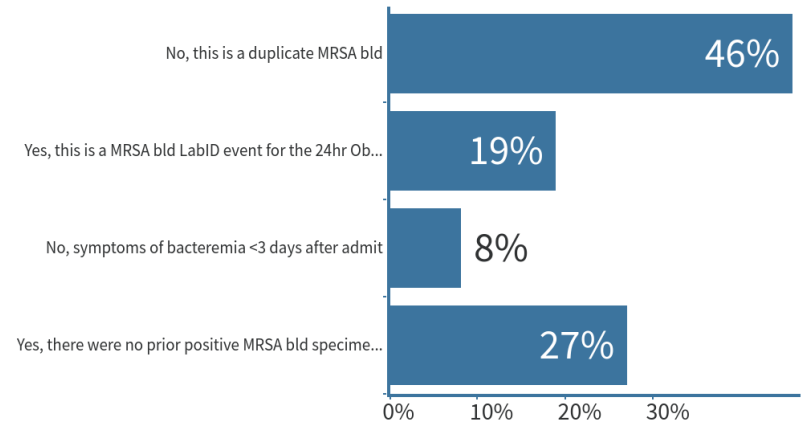
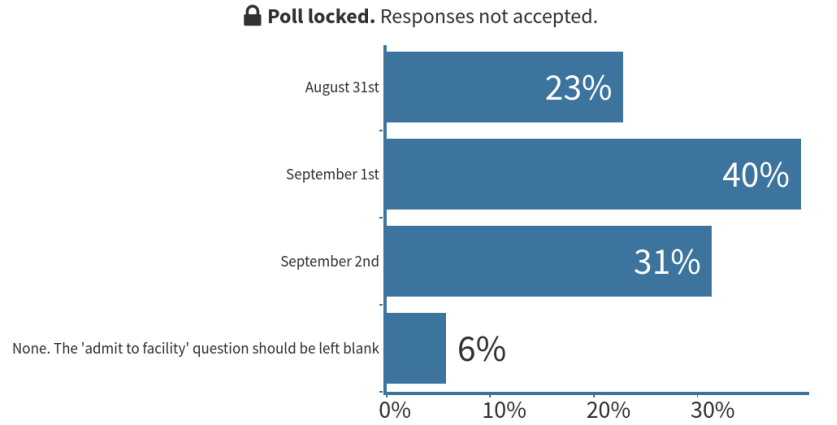


Answer 3

d) Yes. As there were no prior MRSA positive blood specimens for this patient in this location (3N-stepdown) collected within 14 days, the result would be identified as a unique MRSA bacteremia LabID event for 3N-stepdown.

RATIONALE: LabID event reporting is unique to patient and location. As there were no prior MRSA positive blood specimens for this patient for the 3N-stepdown location, the positive MRSA blood culture is a unique MRSA bacteremia LabID event for 3N-stepdown and should be submitted as a new LabID event. The 14-day rule does not cross locations.

4. If the blood collected for culture on September 2nd and positive for MRSA is a MRSA bacteremia LabID event, what is the date of admission used for reporting of this event to NHSN?



Answer 4

b) September 1st

RATIONALE: For NHSN reporting purposes, the date of admission to the facility is the date the patient physically locates to an inpatient location. As both the ED and the 24-hour observation units are outpatient locations for the acute care facility, the date of admission is the date the patient physically locates to the 3N-stepdown inpatient ward, or September 1st. The admit date should only match the date the patient presented to the ED/24-hour observation location if the patient is admitted to an inpatient location on the same calendar day.

5. If the blood collected for culture on September 2nd and positive for MRSA is a MRSA bacteremia LabID event, how will the event be categorized by the National Healthcare Safety network (NHSN) application?

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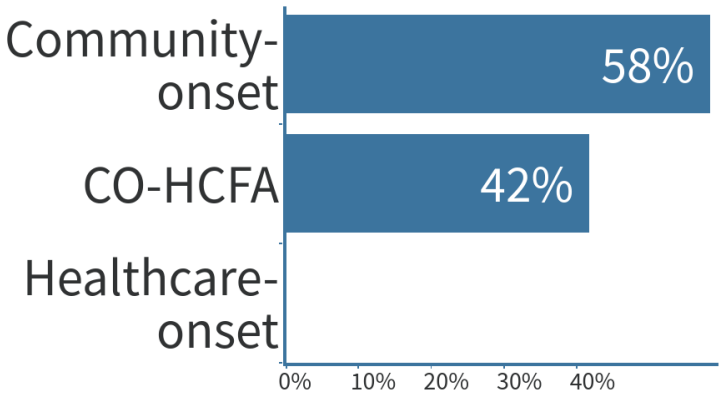

Answer 5

a) Community-onset (CO) because the specimen was collected < 3 days after admission to the facility.

RATIONALE: LabID events are categorized using the patient admit date and specimen collection date. A community-onset (CO) event is defined as a positive specimen collected on hospital day 1 (day of admission), hospital day 2 or hospital day 3. Healthcare-onset (HO) events are LabID events where the positive specimen is collected on or after hospital day 4. The Community-onset healthcare facility associated (CO-HCFA) is not available for use with MRSA bacteremia LabID events, as it is specific to C. difficile LabID events only. In this case, September 1st is the date of admission to the facility as it is the date the patient physically located to an inpatient location. The MRSA positive blood culture collected on September 2nd and positive for MRSA was collected on hospital day 2 (date of admission = hospital day 1) and therefore meets the CO definition.

MDRO/CDI Case Study, cont…

- Patient remained on the 3N-stepdown unit for cardiac monitoring and administration of intravenous antibiotics.
- September 17th, the patient is transferred to the CMS IRF unit within your hospital for intensive physical therapy.
  - Patient is noted to have a temperature of 100.4º F and blood is collected for culture on the same day patient arrived in the IRF unit
  - The blood culture is positive for MRSA on the next day

6. Would you identify the blood collected for culture on September 17th and positive for MRSA as a MRSA bacteremia LabID event for your facility?

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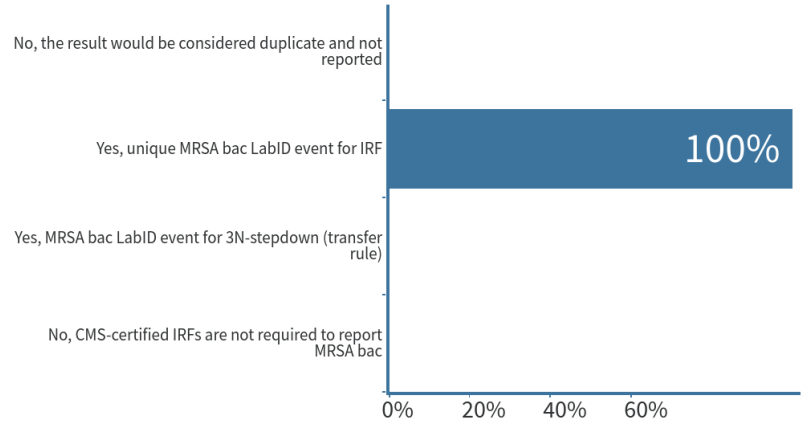

Answer 6

b) Yes. The result would be identified as a unique MRSA bacteremia LabID event for the inpatient rehabilitation unit because the specimen was collected in a location with no prior MRSA blood culture reported within 14 days for the patient and location.

RATIONALE: The MRSA positive blood collected on September 17th, the day of admission to the IRF, is a unique MRSA bacteremia LabID event for this location and should be reported as a LabID event for the IRF location. For IRFs located within an acute care facility that operate under a unique CCN and participate in the inpatient rehabilitation facility quality reporting (IRFQR) program for CMS, LabID event reporting is a part of required reporting as of 1/1/15. This event is considered a 'unique' MRSA bacteremia LabID event as the 'transfer rule" used in other NHSN modules does not apply to LabID event reporting (as noted in chapter 2 and 12 of the patient safety manual).

7. If the blood collected for culture on September 17th and positive for MRSA is a MRSA bacteremia LabID event for the CMS IRF unit, how will the event be categorized by the NHSN application?

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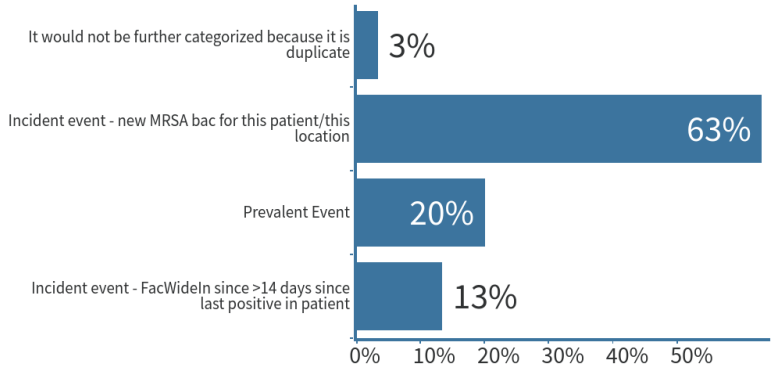

Answer 7

c) A prevalent event for the CMS-IRF unit because the MRSA bacteremia LabID event specimen was collected in the unit < 3 days after admission into that location.

RATIONALE: Within analysis in NHSN, the date of admission to the IRF will be used to distinguish prevalence versus incidence as it will allow the IRF LabID event data to be analyzed separately from the acute care facility.

- In contrast, non-IRF locations within the acute care facility analysis uses the date of admission to the facility to determine prevalence versus incidence. An IRF prevalent event is a LabID Event specimen collected in the IRF unit ≤ 3 days after admission into the IRF unit (IRF day 1 [admission], 2, or 3). An IRF incident LabID Event is one where the positive specimen is collected > 3 days after admission to the IRF unit (i.e., on or after IRF day 4).
  - In this case, the IRF LabID event is a prevalent event as the positive specimen is collected on the day of admission to the IRF.

8. If the blood collected for culture on September 17th and positive for MRSA is a MRSA bacteremia LabID event for the CMS IRF unit, what date should be used as "admit to facility date" when reporting?

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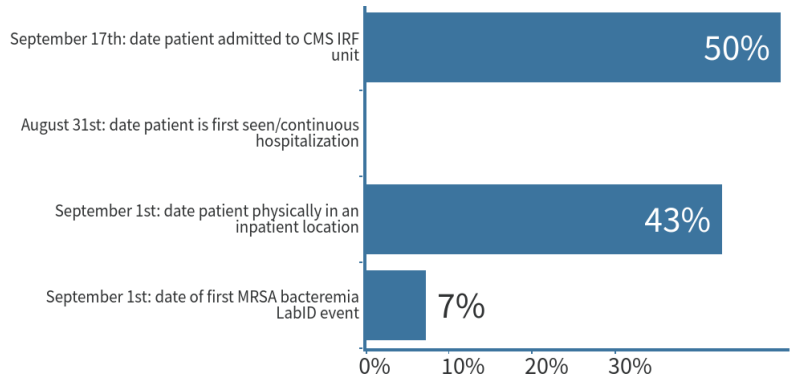


Answer 8

c) September 1st since that is the date the patient is physically located to an inpatient location in the facility and the stay is considered a 'continuous' hospitalization

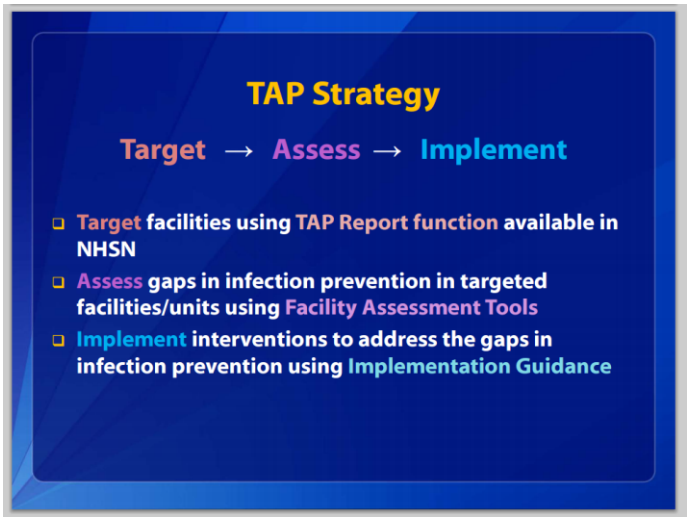
RATIONALE: For NHSN reporting purposes, the hospitalization is considered "continuous" thus, the "admit to facility date" is the date the patient first locates to an inpatient location for the facility or September 1st.

TAP METHODOLOGY

Targeted Assessment for Prevention (TAP)

- Why TAP?
  - SIRs are not always available or representative
  - Hospitals with <1 infections expected won't receive an SIR
  - Hospitals with very few expected infections will receive an inflated SIR if they have an infection
- TAP gives hospitals a way to target problem areas and see where they rank within a group

TAP Strategy



Cumulative Attributable Difference (CAD)

- TAP reports use the cumulative attributable difference (CAD) to rank hospitals
  - CAD is generally calculated based on a target or goal SIR

Calculate CAD!

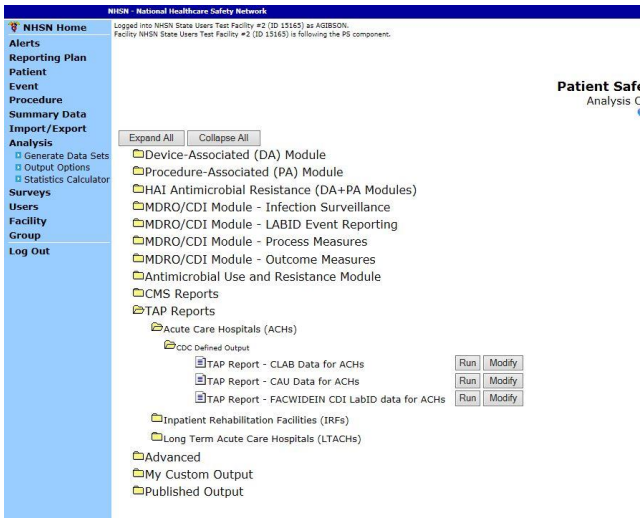
$$CAD = Observed – (Predicted * SIR_{target})$$

- Interpretation:
  - CAD>0 = “more infections than predicted” OR “number of infections needed to be prevented to reach the target SIR”
  - CAD<0 = “fewer infections than predicted” OR “number of infections prevented beyond the target SIR”

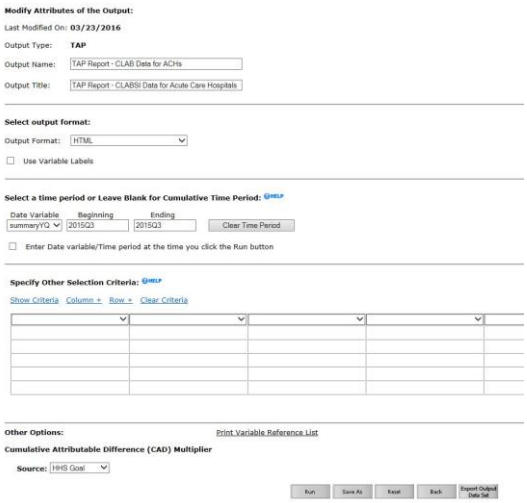
Find TAP Reports in NHSN

- To access TAP reports in NHSN:
  - Analysis
    - Output Options
      - TAP Reports
        - Choose Hospital Type
        - CDC Defined Output
        - Select CLAB, CAU or CDI
- Facilities can run the report to rank locations within the hospital
- Groups can run the report to rank hospitals and locations within their participating hospitals

Find TAP Reports in NHSN



Make Modifications in NHSN



NHSN TAP Output

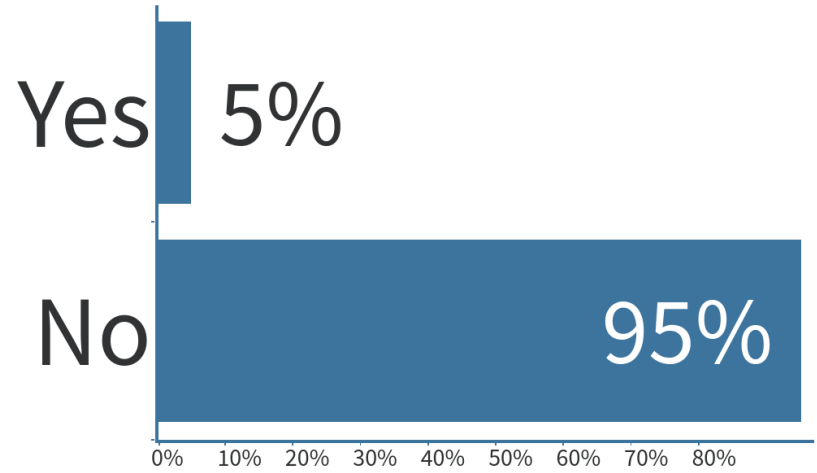
National Healthcare Safety Network
TAP Report - CLABSI Data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility
Cumulative Attributable Difference (CAD) Multiplier: HHS Goal = 0.5
As of: April 26, 2016 at 9:52 AM
Date Range: All CLAB_TAP

FACILITY			LOCATION									
orgID	name	facCAD	locRank	location	loccdc	infCount	numcldays	locDUR	locCAD	locSIR	SIRtest	numPathBSI
15165	NHSN State Users Test Facility #2	2.28	1	5M	IN:ACUTE:WARD:M	1	50	14	0.96	.		3 (1, 0, 1, 0, 0, 1)
			2	5ICU	IN:ACUTE:CC:N	1	140	37	0.90	.		2 (0, 0, 1, 0, 0, 0)
			3	1	IN:ACUTE:CC:MS	1	200	40	0.79	.		2 (0, 0, 1, 1, 0, 0)
			4	L600	IN:ACUTE:WARD:M	0	25	17	-0.02	.		
			4	L700	IN:ACUTE:WARD:MS	0	30	60	-0.02	.		
			6	L200	IN:ACUTE:CC:MS	0	50	50	-0.05	.		
			7	L800	IN:ACUTE:WARD:S	0	100	57	-0.07	.		
			8	L300	IN:ACUTE:CC:S	0	75	33	-0.09	.		
			9	L100	IN:ACUTE:CC:M	0	100	50	-0.13	.		

If location-level CADs are the same in a given facility, their ranks are tied.
(CNS,YS,SA,ES,KS,EC) = No. of CNS, Yeast (both candida and non-candida species), Staph aureus, Enterococcus species, K. pneumoniae/K. oxytoca, E. coli
SIR is set to '.' when expected number of events is <1.0.
LOCATION CAD = (OBSERVED_LOCATION - EXPECTED_LOCATION*SELECTED CAD MULTIPLIER)
SIR TEST = 'SIG' means SIR > SIR Goal significantly
Data contained in this report were last generated on April 25, 2016 at 11:40 AM.

TAP 1: Can a SIR be (accurately) calculated if there are fewer than 1 infections predicted?

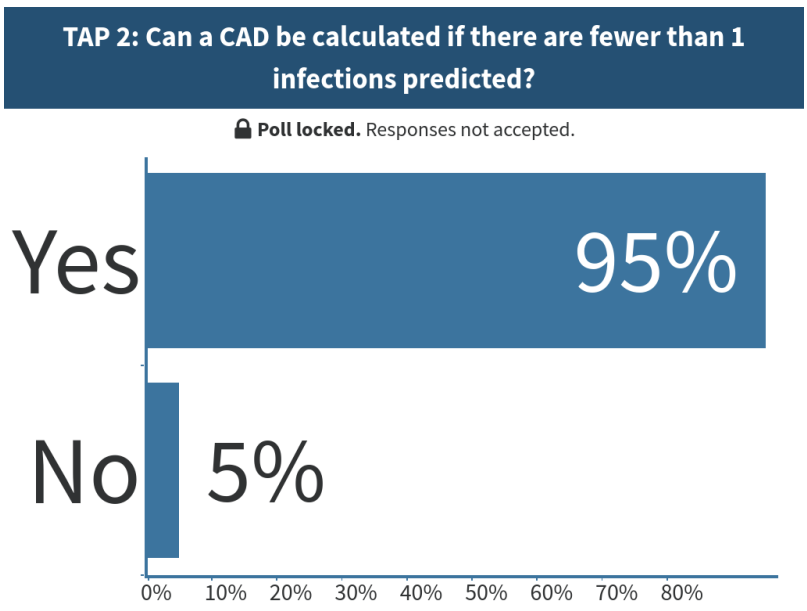
Poll locked. Responses not accepted.



TAP Answer 1

b) No

RATIONALE: SIRs with fewer than one infection predicted will produce a very high SIR if the facility has an infection; this is not necessarily representative of their infection prevention efforts

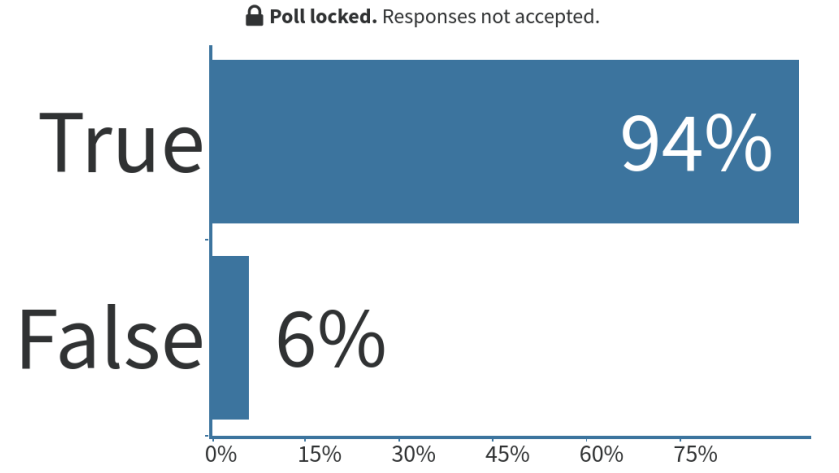


TAP Answer 2

a) Yes

RATIONALE: The CAD is a concrete number of infections; while this may be very small, it allows hospitals with few predicted infections to get an accurate idea of the number of infections needed to prevent to reach a target

TAP 3: True or False: a CAD >0 (positive CAD) indicates that infections need to be prevented in order to reach the Target SIR



TAP Answer 3

a) True

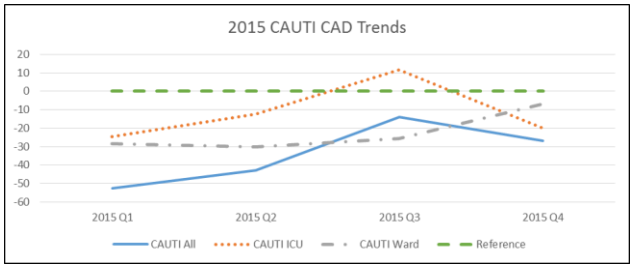
RATIONALE: any number >0 indicates the number of infections needed to prevent in order to reach the target SIR (may or may not be whole number)

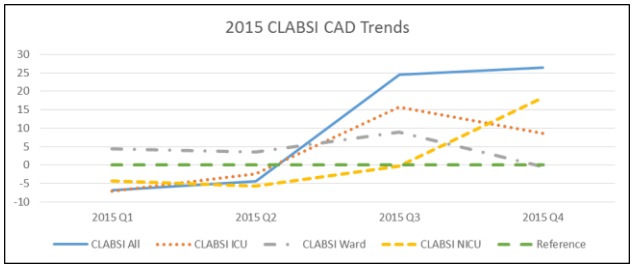
TAP IN MICHIGAN

MDHHS SHARP Quarterly Reports

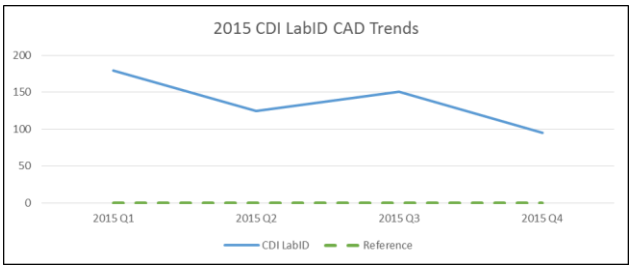
- Hospitals receive password-protected quarterly report
  - CAUTI and CLABSI CADs calculated using NHSN TAP export
  - CDI LabID, MRSA bacteremia LabID, SSI COLO, SSI HYST calculated in excel using CMS SIRs
- Hospitals receive a letter in the top left corner
  - This letter changes every report
  - Can use it to find your hospital in the State and Regional TAP Reports
    - Aggregate report provides statewide data as well as data stratified by Michigan Emergency Preparedness Region.

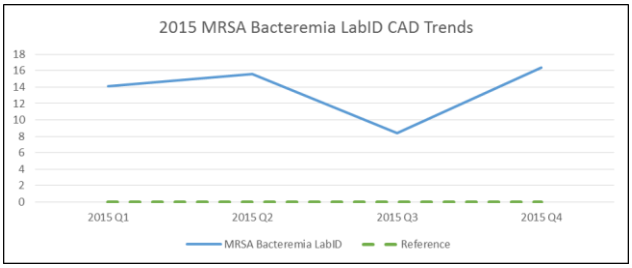
Michigan 2015 CAD Trends



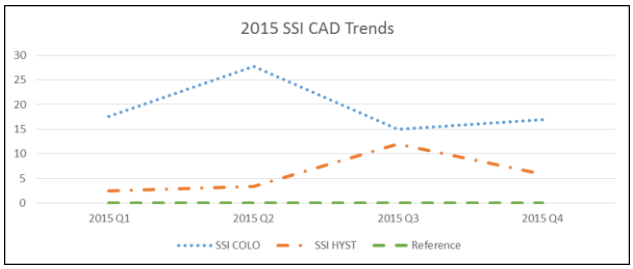


Michigan 2015 CAD Trends





Michigan 2015 CAD Trends



REBASELINE

2015 Baseline

- Data reported to NHSN for 2015 complete year
- All applicable factors have been assessed/re-assessed
  - Including quarterly prevalence rates and quarterly CDI test type for LabID
- December 10th: scheduled release data for NHSN v8.6
- This baseline will not be updated each year once it is established

Rebaseline Webinar

- New Standardized Utilization Ratio (SUR)
  - Ratio of observed device days / predicted device days
  - Will be available for catheter, central line, and ventilator usage
  - Not part of CMS reporting
- To create the new baseline data:
  - Potential risk factors were established by subject matter experts
  - Risk factors were then analyzed using different regression analyses
  - SSI procedures were each modeled separately

Rebaseline Webinar

- Future output options
  - No more pooled means or device utilization ratios
    - Moving to all SIRs and SURs
- Data limitations
  - Device data can only be narrowed down to location-level
    - Can't get patient-specific data
  - LabID data can be narrowed down to inpatient facility-wide
    - Can't get patient- or location-specific data

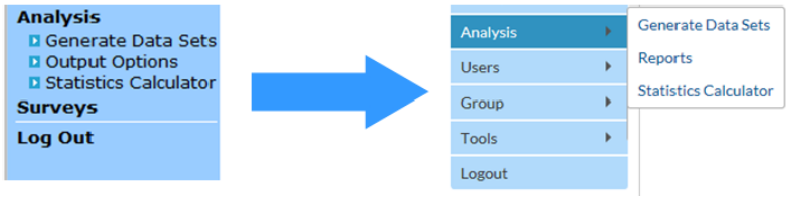
Rebaseline Webinar – CMS Data

- 2016 Q1 and Q2 data have been shared using the 2015 baseline
- 2015 frozen data were re-submitted compared to new baseline (so old and new SIRs are on record)
  - Datasets were not regenerated – previous raw data were used
- CMS preview reports for 2015 Q1-Q4 are available in quality net secure portal beginning October 8

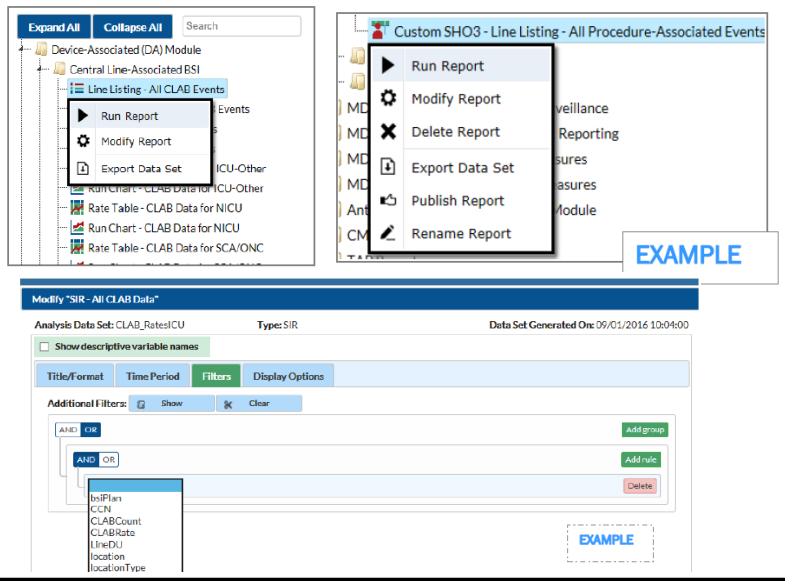
NHSN V8.6 RELEASE

Sneak Peek of Analysis Changes

- To be released when NHSN v8.6 is released in December 2016
- Goal to create a more intuitive environment for creating reports and analyzing data



Sneak Peek of Analysis Changes



Location-Level Summary Data Reporting

- Patient days reported on location-specific DA summary records will need to match those reported on location-specific MDRO summary records
- Will get a pop-up if the same number of patient days for a specific location are not reported on both summary record types for the month

COMING IN 2017

NHSN Annual Training

- March 20th-24th
- Registration to open in December

NHSN Organism List Update

- January 2017 updates:
  - All organisms
    - Addition of organisms from a university lab information system
    - Taxonomic updates according to SNOMED CT; inactivate old organisms
  - Common commensals
    - Add organism to the list if moved to new genus: entire genus
  - MBI-LCBI Organisms
    - Addition of missing Enterobecteriaciae and viridans group streptococci
    - Add organism to the list if moved to new genus: entire genus
  - UTI Bacteria
    - Expands from newly added bacteria

2017 Patient Safety Component Manual

- Manual will be released November 2016
  - Document summarizing the updates will be emailed
- Changes will come into effect January 1, 2017
- Updates include (similar in scale to 2016):
  - Clarifications
  - Modifications in response to questions/suggestions

Thank you!

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Join us for Michigan NHSN User Group Calls every other month!
Next Call: Wednesday, November 16th at 10am