

NHSN GROUP USERS MEETING

June 23, 2021

WELCOME FROM THE SHARP UNIT!

- ▶ HAI Coordinator / SHARP Unit Manager

 - ▶ **Brenda Brennan**

- ▶ Antimicrobial Resistance Epidemiologist

 - ▶ **Sara McNamara**

- ▶ Health Educator

 - ▶ **Chardé Fisher**

- ▶ NHSN Epidemiologist

 - ▶ **Elli Stier**

- ▶ Antimicrobial Stewardship Coordinator

 - ▶ **Anne Haddad**

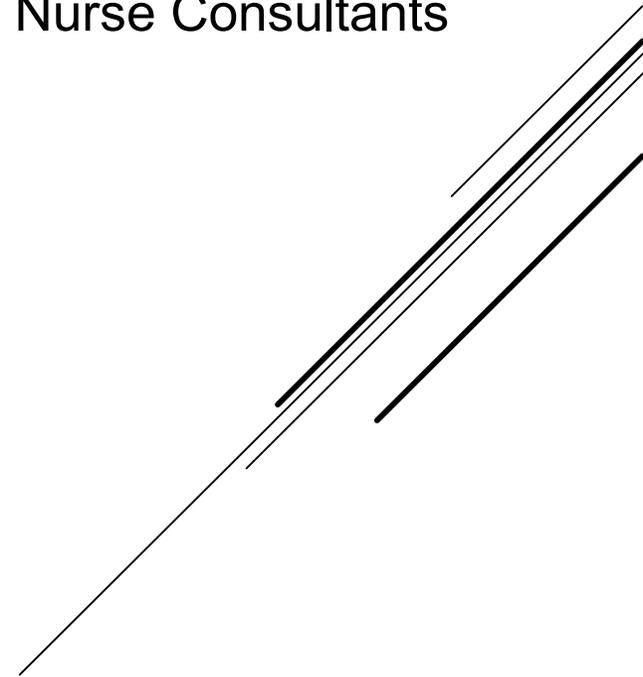
- ▶ Infection Prevention Nurse Consultants

 - ▶ **Niki McGuire**

 - ▶ **Jane Rogers**

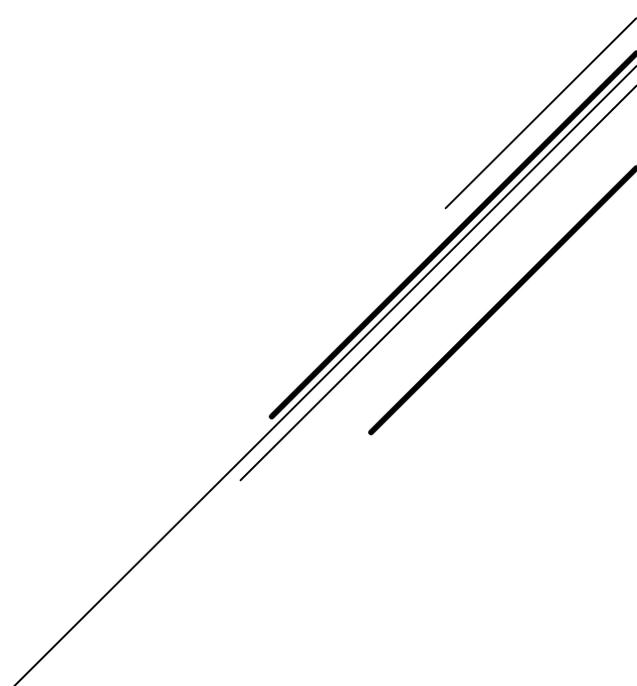
- ▶ LTC Epidemiologist

 - ▶ **Sarmed Rezzo**



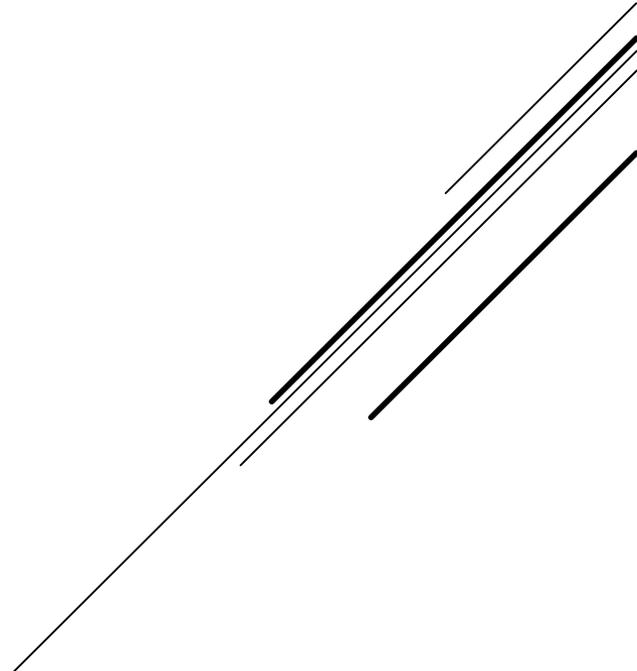
TAP REPORTS

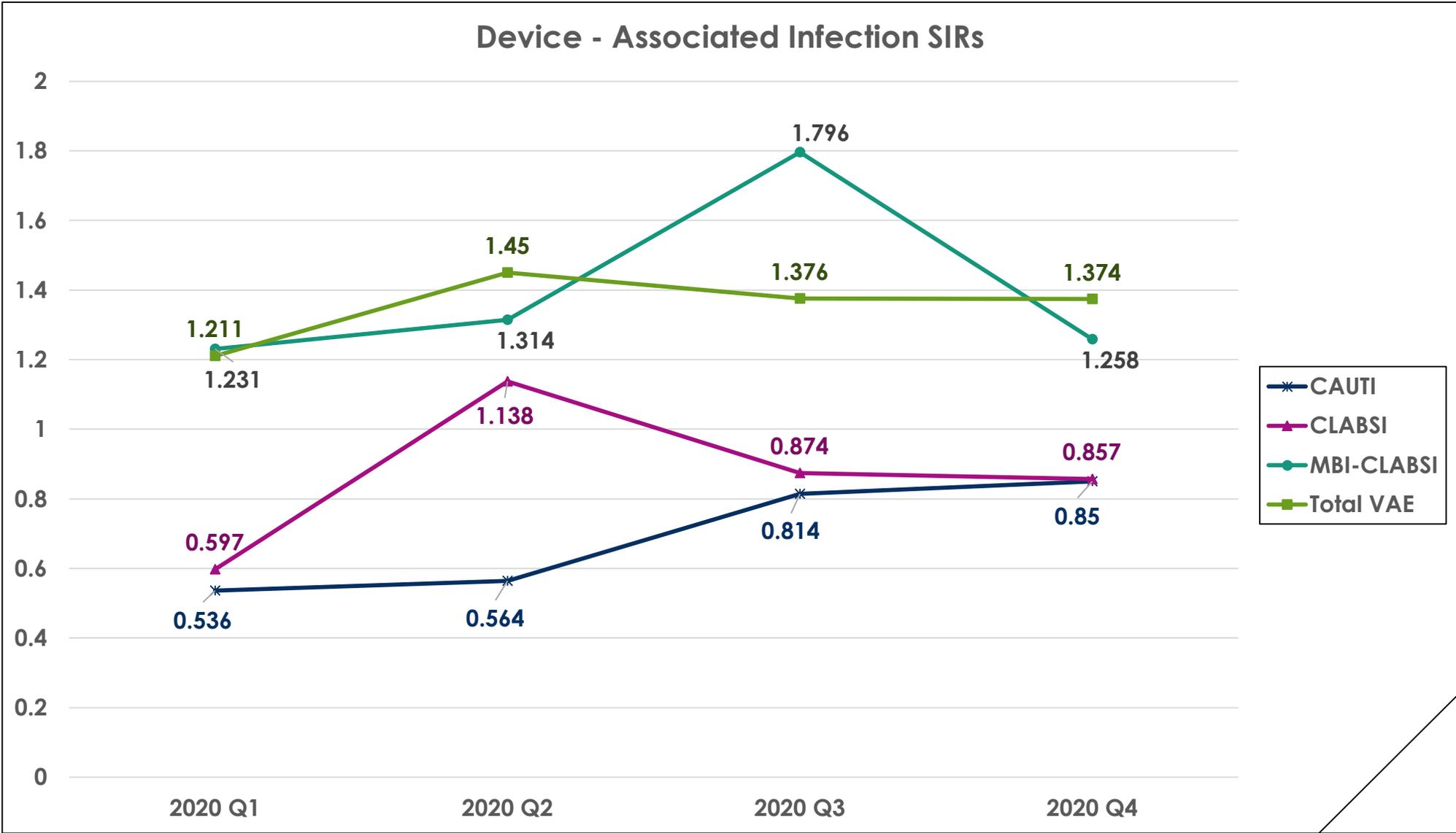
2020 Q1-Q4



STATE AND REGIONAL TAP REPORTS - NOW AVAILABLE!

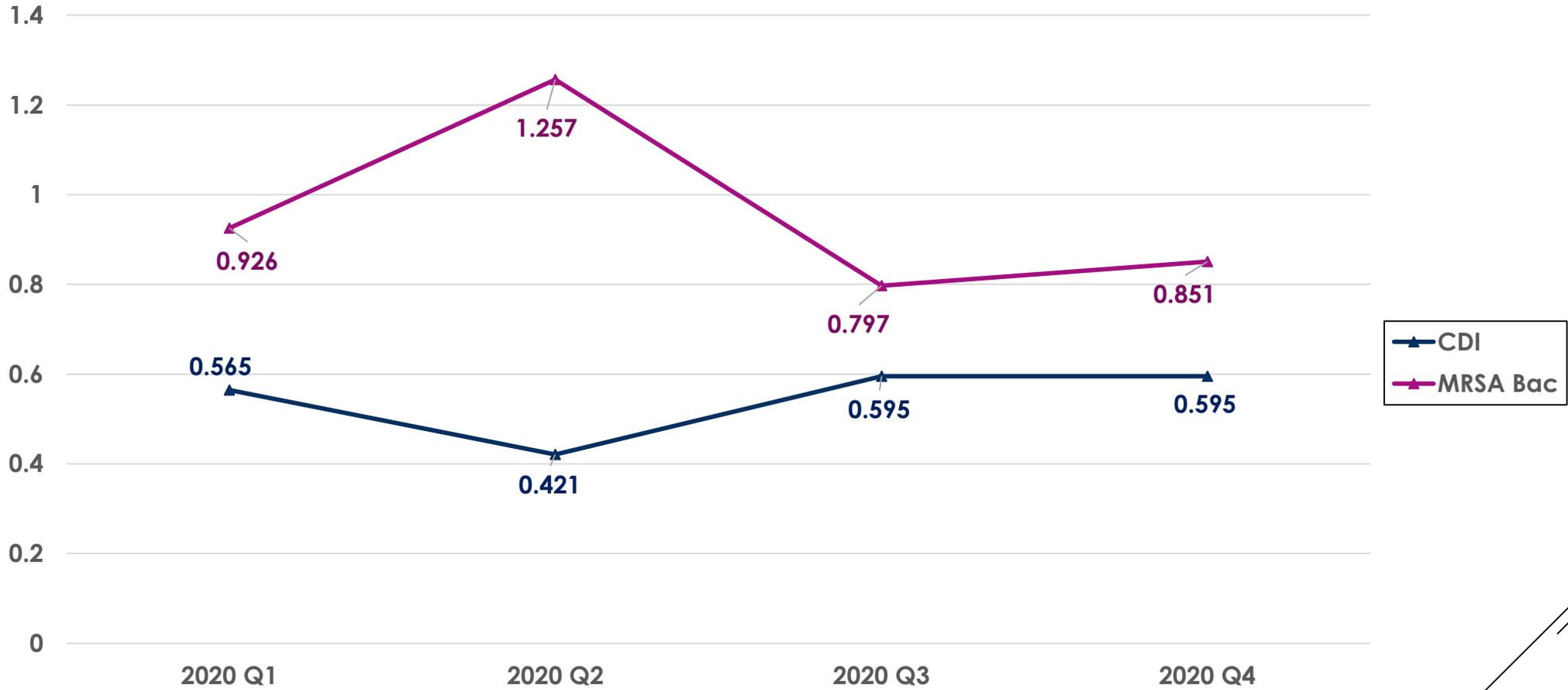
- ▶ 2020 Q4 TAP reports
 - ▶ Statewide ACH and CAH
 - ▶ Region
 - ▶ www.Michigan.gov/hai





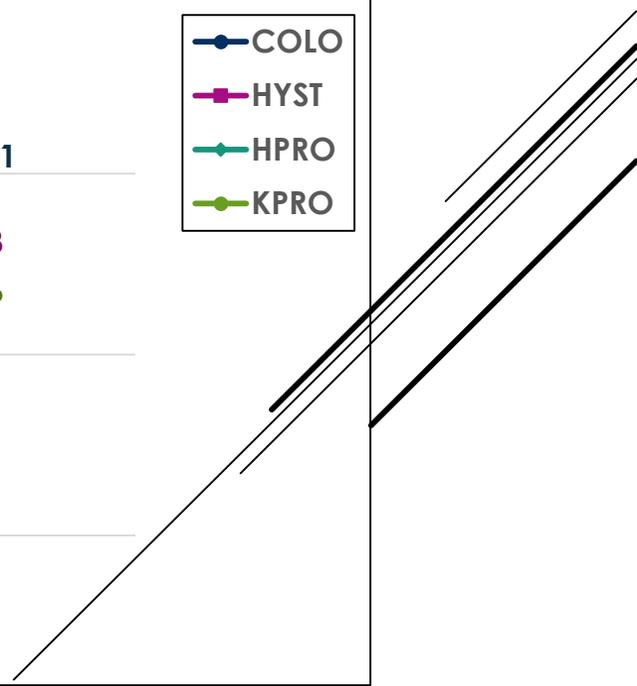
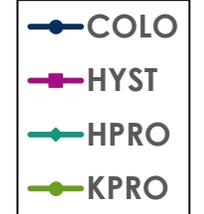
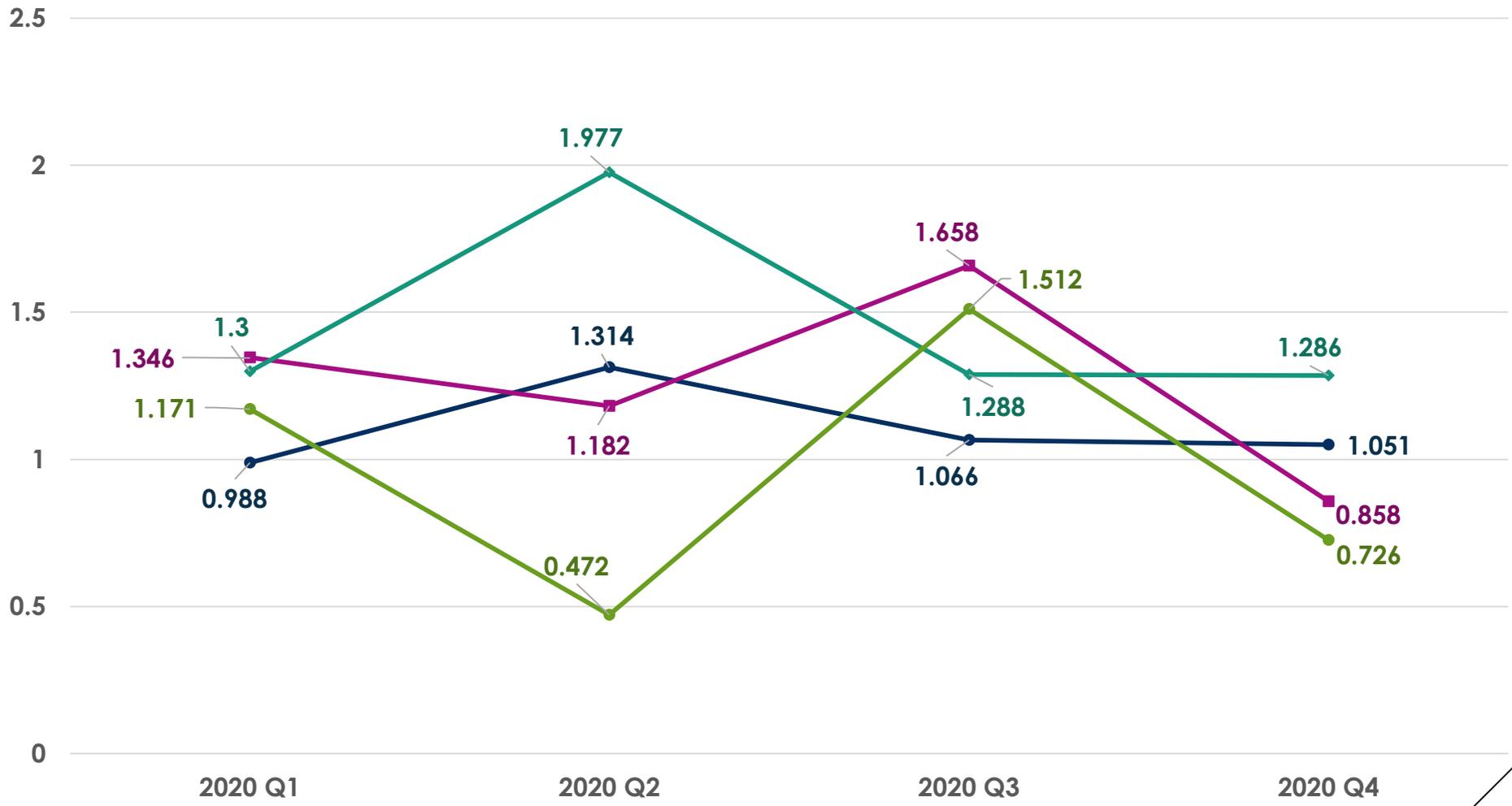
*Acute Care facility data only

MDRO LabID Infection SIRs



*Acute Care facility data only

Procedure - Associated Infection SIRs



How to Run a NHSN TAP Report

- NHSN Home
- Alerts
- Dashboard
- Reporting Plan ▶
- Patient ▶
- Event ▶
- Procedure ▶
- Summary Data ▶
- Import/Export
- Surveys ▶
- Analysis ▶**
- Logout

Analysis Reports

Expand All Collapse All Search

- Device-Associated (DA) Module
- Procedure-Associated (PA) Module
- HAI Antimicrobial Resistance (DA+PA Modules)
- Antimicrobial Use and Resistance Module
- MDRO/CDI Module - LABID Event Reporting
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - Process Measures
- MDRO/CDI Module - Outcome Measures
- CMS Reports
- TAP Reports**
 - Acute Care Hospitals (ACHs)
 - TAP TAP Report - ACH and CAH CLAB Data
 - TAP TAP Report - ACH and CAH CAU Data
 - TAP TAP Report - ACH and CAH FACWIDEIN MRSA LabID Data
 - TAP TAP Report - ACH and CAH FACWIDEIN CDI LabID Data
 - Long Term Acute Care Hospitals (LTACs)
 - Inpatient Rehabilitation Facilities (IRFs)

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 9:02 AM

Date Range: All CLAB_TAP

FACILITY			LOCATION									
orgID	name	facCAD	locRank	location	loccdc	infCount	numclays	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	.	.	

Have questions about TAP reports?

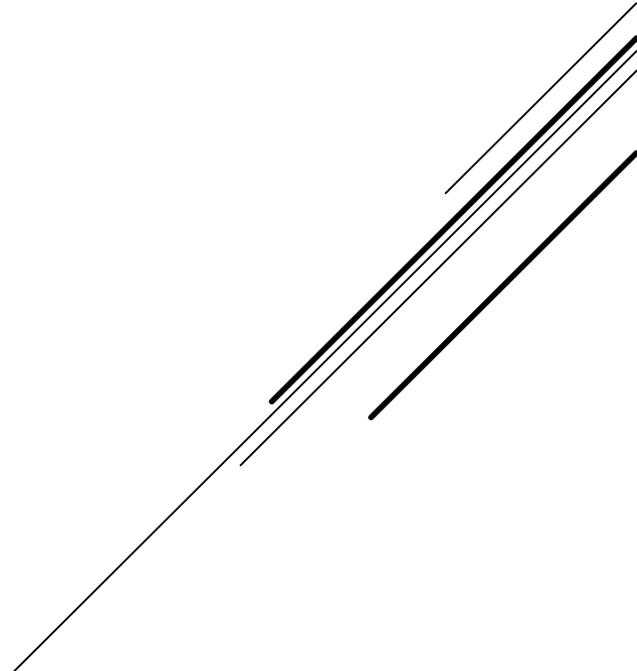
Need assistance with your facility-specific data?

Please reach out!

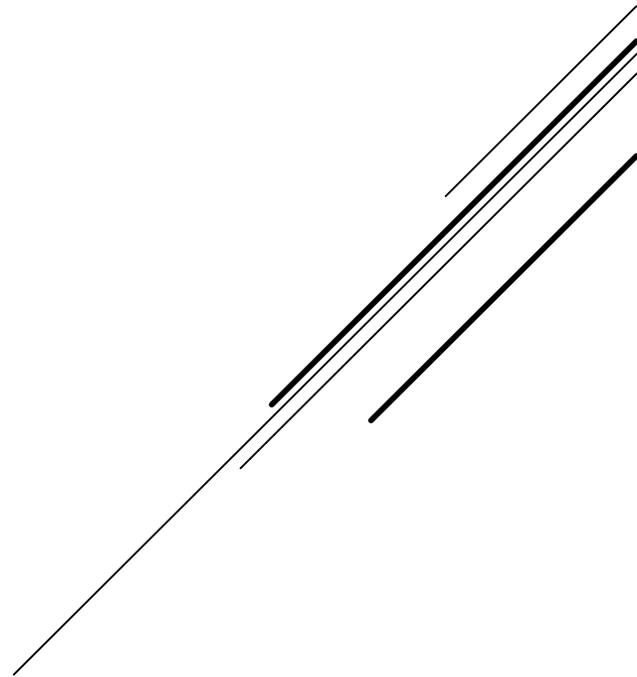
Elli Stier

NHSN Epidemiologist, SHARP Unit

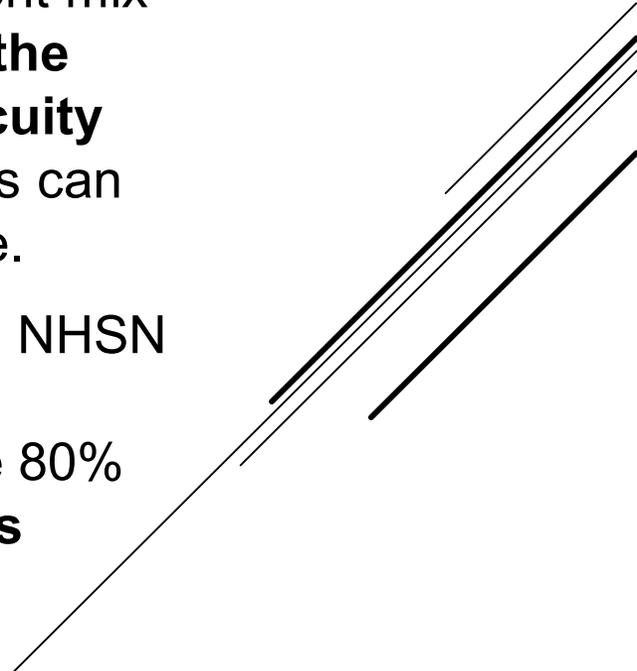
RayE7@Michigan.gov

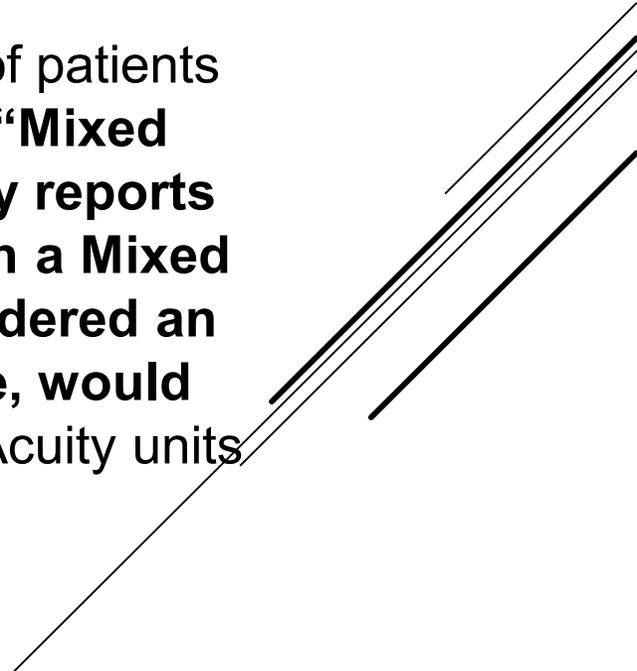


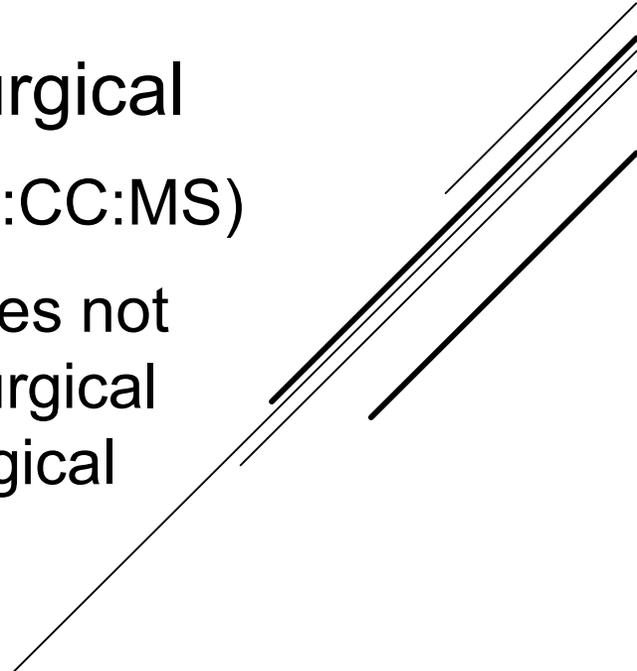
LOCATION MAPPING



MAPPING LOCATIONS: REVIEW

- ▶ **Patient mix:** When determining the appropriate CDC Location mapping for a unit, **facilities should review the patient mix in that unit for the last full calendar year.** If a full year is not available, facilities should review patient mix based on the data they have available for that unit. **When determining the acuity level, as well as the specific service type of a location, the acuity billing data (if available) should be used.** Admission/transfer diagnosis can also be used to determine location mapping if billing data is not available.
 - ▶ **NHSN 80% Rule:** Each patient care area in a facility that is monitored in NHSN is “mapped” to one CDC Locations. The specific CDC Location code is determined by the type of patients cared for in that area according to the 80% Rule. That is, **if 80% of patients are of a certain type, then that area is designated as that type of location.**
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- ▶ **Virtual Locations:** : Virtual locations are created in NHSN when a facility is unable to meet the 80% rule for location designation in a single physical unit but would like to report their NHSN surveillance data for each of the major, specific patient types in that unit. **The use of virtual locations is recommended only for those physical units that are geographically split by patient service or those in which beds are designated by service.**
 - ▶ **Mixed Acuity Unit:** This location is intended for those units comprised of patients with varying levels of acuity. **Mapping a location in NHSN to the CDC “Mixed Acuity” designation may have implications on data that your facility reports for the CMS Hospital Inpatient Quality Reporting Program. Although a Mixed Acuity location may have ICU beds and ICU patients, it is not considered an ICU location type for the purposes of NHSN reporting and therefore, would not be included in any ICU-specific reporting requirements.** Mixed Acuity units are also excluded from ward-specific reporting requirements.
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- ▶ **Example 1:** An ICU that is 85% Burn patients, 15% Trauma
 - ▶ **CDC Location:** Burn Critical Care (IN:ACUTE:CC:B)
 - ▶ **Why?** Meets 80% rule for critical care acuity level and 80% rule for specific service (burn)
 - ▶ **Example 2:** An ICU that is 55% medical and 45% surgical
 - ▶ **CDC Location:** Medical/Surgical Critical Care (IN:ACUTE:CC:MS)
 - ▶ **Why?** Meets 80% rule for critical care acuity level and does not meet the 60% rule for designation as either medical or surgical service level alone, therefore, use combined medical/surgical designation
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▶ **Example 3:** A unit that is comprised of 60% Medical ICU and 40% Step Down patients

▶ **Option 1 - Single CDC Location:** Mixed Acuity Unit

▶ **Why?** This location is not comprised of at least 80% of the patients of the same acuity level and therefore meets the single location definition of a mixed acuity unit.

Note that this location is not considered an ICU location type for the purposes of NHSN reporting and therefore, would not be included in any ICU-specific reporting requirements.

▶ **Option 2 - Multiple CDC Virtual Locations:** Medical Critical Care and Step Down Unit

▶ **Why?** By splitting this unit into 2 virtual locations, each meets the 80% rule for the appropriate acuity level, and each meets the 80% rule for type of service.

CREATION AND MANAGEMENT OF LOCATIONS

► **Create New Locations:**

1. Go to Facility > Locations.
2. On the Locations screen, enter a location code (“Your Code”) and location label (“Your Label”).
3. Select a CDC Location Description from the drop-down menu. NOTE: When selecting a CDC Location Description, your location must meet the 80% Rule in order to be assigned as that CDC Location Description.
4. Make sure the Status is set to “Active” and then enter the number of beds that are set up and staffed in that location.
5. Once all information for this new location is entered, click ‘Add’.

► **Manage Existing Locations:**

1. Go to Facility > Locations.
2. On the Locations screen, click ‘Find’.
3. Review the information that appears in the Location Table at the bottom of the screen. Review the Status of each location, as well as Bed size.
4. If a location’s information needs to be updated, click the location code under the “Your Code” column; the location’s information will auto-fill in the fields above the Location Table.
5. Make any modifications to the Status and/or Bed size, then click ‘Save’.

https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf

CREATION AND MANAGEMENT OF LOCATIONS

- ▶ **Manage Physically Moved Locations:** If the staff are moving with these locations, and the type of patients remains the same (specifically, the only difference is the geographical location and/or Bed size), then it's recommended to change "Your Code" and "Your Label" (and Bed size, if appropriate) on the existing location records using the instructions for "Manage Existing Locations". Updating the value of "Your Code" will also update all previously-entered records for these locations, allowing for continuous analysis and reporting.
- ▶ **Inaccurate CDC Location Description:** Please note that the CDC Location Description cannot be edited after a location is mapped in NHSN. If the patient population has changed, a new location should be created in NHSN and should be mapped to a CDC Location Description that most accurately reflects the type of patients receiving care in that location, using the 80% rule. The old location should be put into "Inactive" status. When creating a new location, you will need to use a different "Your Code" and "Your Label" value. Note that data that have been reported from inactive locations can continue to be analyzed within NHSN for the months during which they appear in the Monthly Reporting Plans. **Please note that these inactive locations will not be linked to new, active locations.**
 - ▶ To connect data to the new location, facility administrators must edit the older location event and summary records to the newly created locations. **This must be done before the old location is put into "Inactive" status.** Once the new location is active, facilities need to change their monthly reporting plan to record the change and capture the new location data.

LOCATION MAPPING IN RESPONSE TO COVID-19

Things to consider:

- ▶ **If a new unit opens to accommodate COVID-19 patients**, map a new location to the most appropriate NHSN CDC Location Description.
- ▶ **If an existing inpatient unit is temporarily used to accommodate COVID-19 patients and the addition of these patients changes the patient mix of the unit** (80% rule for acuity and service type), inactivate this existing inpatient unit and map a new location to the most appropriate NHSN CDC Location Description.
- ▶ **If existing inpatient unit(s) are moved or relocated to make room for COVID-19 care units/areas:**
 - ▶ If the existing unit is moved to a different floor and the patient mix stays the same, this unit does not have to be re-mapped.
 - ▶ If two or more existing units are temporarily combined for COVID-19 care and the patient mix changes, inactivate both existing locations for now, and map a new temporary unit to the most appropriate CDC Location Description for the combined patient mix.
- ▶ **If an existing outpatient unit (for example, emergency department or 24-hour observation unit) is converted due to a surge or expansion of an inpatient unit and additionally houses inpatients**, then map a new location for the number of beds designated for COVID-19 patients to the most appropriate NHSN CDC Location Description.
- ▶ **For facilities that map new temporary units in NHSN**, consider using a naming convention for the 'Your Code' or 'Your Label' to help you identify these locations as units utilized for COVID-19 patient care; for example, "5WEST C-19". These temporary locations can be inactivated when no longer needed.
- ▶ **Update applicable monthly reporting plans with the new, active locations that may be included in your facility's HAI surveillance.**

EXAMPLES

My facility is repurposing some units as isolation units due to COVID-19. I would like to change the 'CDC location description' for these units.

Recommendation: The CDC location description cannot be changed for locations currently in use. If the addition of COVID-19 patients results in a change to the mix of patients, and the COVID-19 patients are separated from the other patients in this unit, consider mapping a virtual unit. Otherwise, a new location should be created and mapped to cover 100% of the patients, using the NHSN 80% rule.

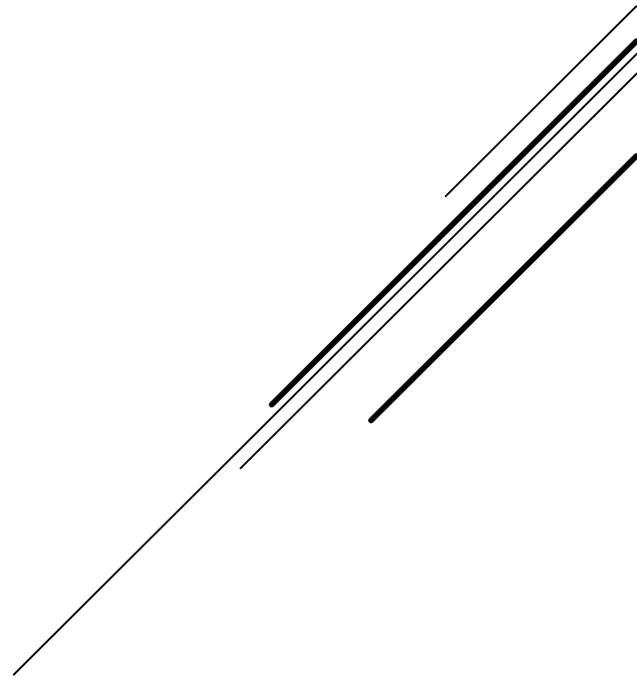
We are adding overflow ICU and acute care units to accommodate COVID-19 patients. Are there any implications or guidance from CDC for overflow wards and NHSN reporting?

Recommendation: We recommend that if a whole unit opens that the unit be mapped as a new NHSN location. *Refer to the guidance on Mapping Overflow Units.*

We are converting a portion of existing Emergency Department (ED) beds for use with COVID-19 patients. This would decrease the number of 'true' ED beds but again, denominator data is not collected in the ED so no effect on patient days/device days per se.

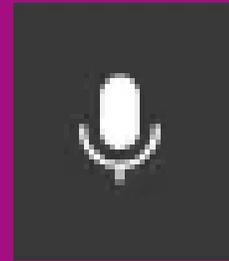
Recommendation: Map a 'new' critical care location for the number of beds within ED designated for COVID-19. This is a temporary location which would be inactivated when no longer needed. If part of the ED is still housing non-COVID-19 patients, then keep this ED active in NHSN FacWideIn surveillance.

SHARP UPDATES



QUESTIONS?

Unmute your microphone



Type your questions into the chat



Next Meeting

August 25th @
10:00am

Please send any questions or
comments to Eli Stier

RayE7@Michigan.gov

