



NHSN Group Users Meeting

February 24, 2021



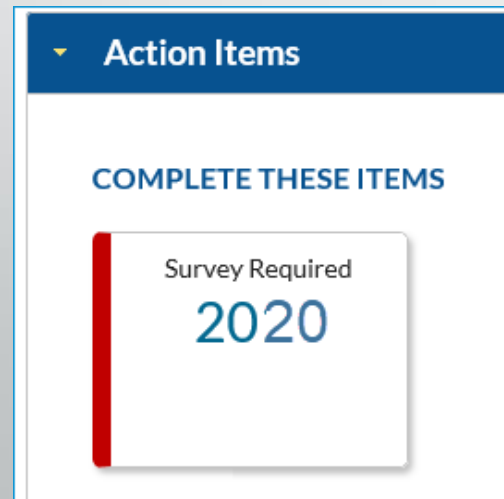
NHSN Updates

2021 NHSN Training

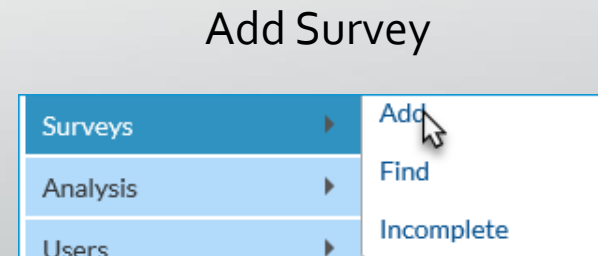
- NHSN plans to post training videos on the following topics early in 2021:
 - LabID Analysis in Acute Care Hospitals – FAQs and Troubleshooting
 - MRSA Bacteremia and CDI LabID Event Reporting – Refresher
 - Central Line-associated Bloodstream Infection (CLABSI) and Secondary BSI – Update
 - Catheter-associated Urinary Tract Infection (CAUTI) – Update
 - Ventilator-associated Event (VAE) and Pediatric Ventilator-associated Event (PedVAE) Analysis
 - Surgical Site Infection (SSI) – Updates and Refresher
 - Outpatient Procedure Component: How to Report and Analyze Custom Procedures Optimizing the Group User Analysis Experience
 - Antibiotic Resistance and Changes to the Antibigram
 - Internal Validation
 - TAP Reports and Tap Dashboard *Tentative*
 - New CMS Requirement for Healthcare Personnel Influenza Vaccination Data Reporting
- Following the release of the 2021 training videos, NHSN subject matter experts will hold a series of live Q&A sessions to address any questions related to information provided in the training.
- Please reach out to NHSNTrain@cdc.gov with any questions.

2020 Patient Safety Annual Facility Survey

- The forms along with the respective tables of instructions are now available and can now be completed within NHSN.
- The deadline to complete the annual survey is **March 1, 2021**.
- **Reminder:** For facilities that participate in a CMS Quality Reporting Program, responses entered on the annual surveys can impact various HAIs SIRs.
 - If the annual facility survey is not completed before the CMS Quarter 3 deadline (March 18), NHSN will utilize the current (most recent) completed survey for SIR risk adjustment.



OR

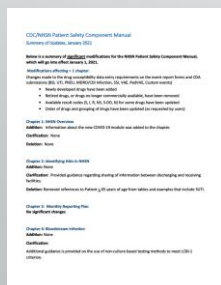


CMS Quality Reporting Requirements Exceptions

- Reporting exceptions were allowed for 2019 Q4 – 2020 Q2
 - In MI NHSN Group, approximately 84% of facilities still reported during that time
- The CMS deadline to submit 2020 Quarter 3 data is **March 18, 2021**.

Patient Safety Component Manual 2021 Updates

- The NHSN website has been updated with 2021 versions of surveillance protocols and Table of Instructions for completion of data collection forms that are a part of the NHSN Patient Safety Component (PSC).
 - This includes the surveillance protocols for Central line-associated Bloodstream Infection (CLABSI), Catheter-associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI), Multi-drug Resistant Organism and *Clostridioides difficile* Infection, Ventilator-associated Event (VAE), Pediatric Ventilator-associated Event (PedVAE), Pneumonia (PNEU), Central Line Insertion Practices (CLIP), and Antimicrobial Use and Resistance (AUR).
- **These protocols are to be used beginning January 1, 2021. The PSC manual will also be available on the lower left-hand corner of all of the event-specific pages under "Additional Resources".**
 - These 2020 documents will remain available until the Centers for Medicare and Medicaid Services' Quality Reporting Program deadline for 2020Q4 data, at which time they will be moved to the NHSN Data Validation webpages where they will remain available for facilities/agencies performing retrospective healthcare-associated infection (HAI) data validation.



Summary of Changes to PSC Manual sent to NHSN Users on 11/10/2020

UPDATE! NHSN Website

[Patient Safety Component \(PSC\) | NHSN | CDC](#)

[View the NHSN Website Refresh Quick Reference Guide \(QRG\)](#)

A website refresh encompasses layout and design enhancements to key website sections, to improve overall user experience.

Refreshed Website Sections

- NHSN Home webpage
- NHSN Component and Facility webpages
- NHSN Module and Event webpages
- NHSN Training webpages

Redesigned Webpages include access to resources for Reporting and Surveillance for Enrolled Facilities such as:

- Training and Education
- Protocols and Data Collection Forms and Instructions
- Surveillance Tools and Analysis Resources
- FAQs and Facility Enrollment Resources

Please note: If you access an old URL for a webpage that has been redesigned, you will be re-directed to the redesigned webpage. NHSN recommends that you review and update your bookmarked URLs as needed.

Locations

[CDC Location Labels and Location Descriptions – January 2021](#)  [PDF – 1 MB]

Guidance Documents

- [Map a Location](#)  [PDF – 200 KB]
- [Edit a CDC Location](#)  [PDF – 200 KB]
- [Guidance on Enrollment for Physically Separate Facilities](#)  [PDF – 300 KB]
- [Mapping an HOPD in NHSN](#)  [PDF – 400 KB]
- [Changing a CCN within NHSN](#)  [PDF – 350 KB]
- [CMS Certified IRF Locations](#)  [PDF – 450 KB]
- [CMS Certified IPF Locations](#)  [PDF – 450 KB]
- [NHSN Guide to Mapping COVID-19 Locations](#)  [PDF – 600 KB]
- [NHSN Location Mapping Checklist for Acute Care Hospitals](#)  [PDF – 800 KB]

FAQs

[Locations FAQs](#)

NEW! Webpage Annual Surveys, Locations & Monthly Reporting Plans

[Annual Surveys, Locations &
Monthly Reporting | PSC | NHSN |
CDC](#)

Warning Message on the FacWideIN MDRO/CDI Summary Form

- **NEW!** A “pop-up” data quality warning message to notify users when they may have entered inaccurate denominator data on Line 2 and/or Line 3 of the MDRO and CDI FacWideIN monthly denominator form.
 - Data are used in the calculation of your facility’s LabID Event rates and SIRs. Inaccurate data entry for patient days and/or admissions will result in an inaccurate calculation of your facility’s SIR.
- Goal: alert facilities to possible data inaccuracies on the FacWideIN denominator form and **applies to in-plan surveillance only**
- Warning message will only appear when a user enters a value for patient days and/or admissions on Line 2 and/or on Line 3 **that is less than 25% of the value entered on Line 1**, respectively
 - For example, warning message would appear if a user enters 1,000 patient days on Line 1 and 0 patient days on Line 2.
- If applicable, the user must clear this warning before the NHSN application will save the summary form. The user can select one of two options:
 - “Go Back and Edit” will allow the user to return to the summary form and correct the inaccurate data entry. After correcting the data entry, the user can select “Save” again to save the changes.
 - “Confirm and Save” will allow the user to save the summary form without making changes. This option should be used when the patient day and admission values entered on the summary form are accurate.

Acute Care and Critical Access Hospitals: New Warning Message on the FacWideIN MDRO/CDI Summary Form (continued)

General

Line 1: Setting: Inpatient Total Facility Patient Days *: 1000 Total Facility Admissions *: 200

Line 2: If your facility has a CMS-certified rehab unit (IRF) or CMS-certified psych unit (IPF), please subtract these counts from “Total Facility Patient Days” and “Total Facility Admissions” (Line 1). If you do not have these units, enter the same values you entered on Line 1.
Counts= [Total Facility - (IRF + IPF)]

Patient Days *: 0 Admissions *: 0

Line 3: If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or Well Baby Unit, please subtract these counts from “Total Facility Patient Days” and “Total Facility Admissions” (Line 1). If you do not have these units, enter the same values you entered on Line 1.
Counts= [Total Facility - (IRF + IPF + NICU + Well Baby Unit)]

Patient Days *: 0 Admissions *: 0

For this quarter, what is the primary testing method for *C. difficile* used most often? (Select one)
testing is performed?
Note: PCR testing should be indicated by selecting NAAT *

GDHNAAT - GDH plus NAAT

NEW! **Data Quality Warning**

Reminder: Patient Days and Admissions on Lines 2 and 3 should include all patients housed on select inpatient units, regardless of their infection status. Do NOT enter the number of events identified, or limit the counts to those patients with an MDRO or CDI. Please verify counts are correct.

- To return to the summary form and correct the data entry, press [Go Back and Edit](#).
- To confirm your data entry is correct and save the form without making changes, press [Confirm and Save](#).

[Go Back and Edit](#) [Confirm and Save](#)

FacWideIn Denominator Data Entry

Rows 2 and 3 should include patient days and admissions from all eligible inpatient units regardless of infection status.

Rows 2 and 3 are sub-sets of row 1:

- Row 2: Total Facility Patient Days – (IRF unit patient days) – (IPF unit patient days) = MDRO patient days
- Row 3: Total Facility Patient Days – (IRF unit patient days) – (IPF unit patient days) – (NICU patient days) – (Well baby unit patient days) = CDI patient days

Location Code *: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn) v

Month *: July

Year *: 2017

General

Setting: Inpatient Total Facility Patient Days *: 550 Total Facility Admissions *: 240 1

Setting: Outpatient Total Facility Encounters: []

If monitoring MDRO in a FACWIDE location, then subtract all counts from patient care units with unique CCNs (IRF and IPF)

MDRO Patient Days *: 400 MDRO Admissions *: 210 2

If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs (IRF and IPF) as well as NICU and Well Baby counts from Totals:

CDI Patient Days *: 380 CDI Admissions *: 200 3

MDRO & CDI Patient Days / Admissions
should be greater than 0 and less than or equal to
Total Facility Patient Days / Total Facility Admissions

2019 National & Michigan HAI Data

Nationally, among **acute care hospitals** between 2018 and 2019:

- About 7% decrease in **CLABSIs**
- About 8% decrease in **CAUTIs**
- About 2% increase in **VAEs**
- No significant change in **abdominal hysterectomy SSIs**
- About 4% decrease in **colon surgery SSIs**
- No significant change in **MRSA bacteremia**
- About 18% decrease in ***C. difficile* infections**

In Michigan, among **acute care hospitals** between 2018 and 2019:

- About 2% increase in **CLABSIs**
- About 17% decrease in **CAUTIs**
- About 13% increase in **VAEs**
- About 48% increase in **abdominal hysterectomy SSIs**
- About 3% increase in **colon surgery SSIs**
- About 14% decrease in **MRSA bacteremia**
- About 19% decrease in ***C. difficile* infections**

Device-Associated Infections

2019

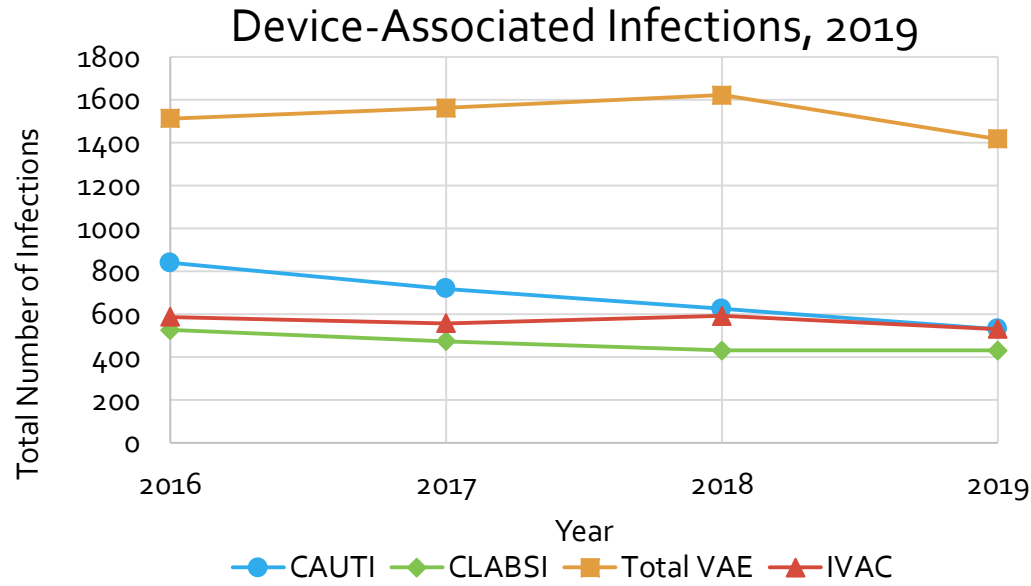
See Common Acronyms and Phrases at Michigan.gov/hai

CAUTI
530 infections | 15% decrease

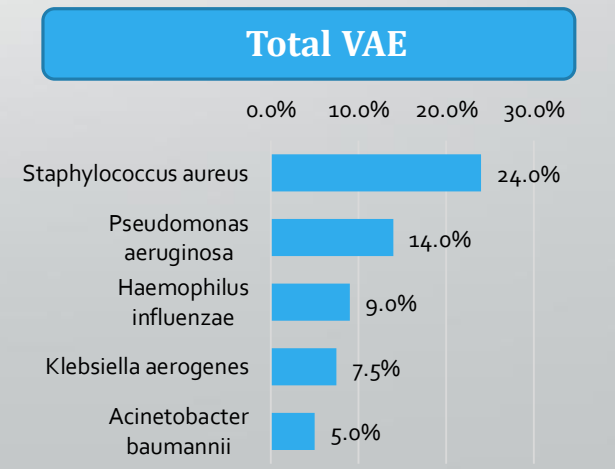
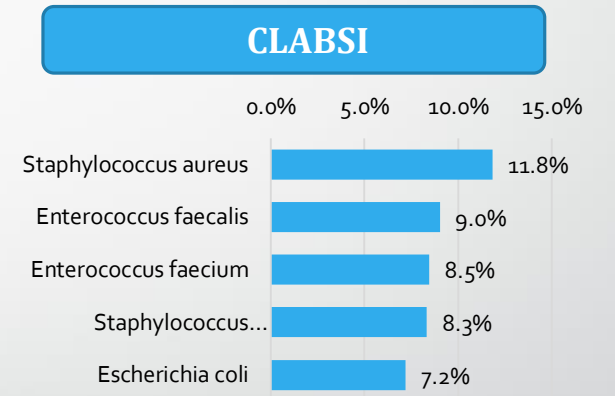
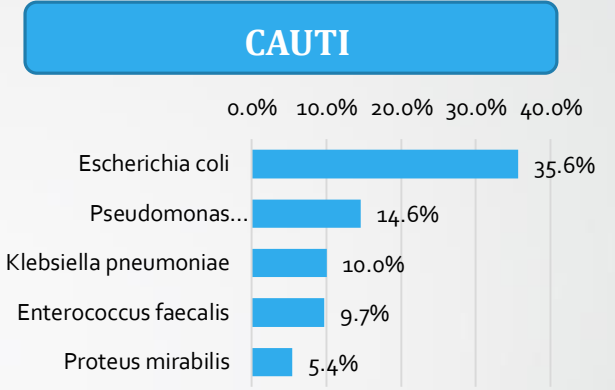
CLABSI
431 infections | 0% No change

Total VAE
1,413 events | 13% decrease

IVAC
531 infections | 10% decrease



Top 5 Most Frequently Identified Organisms, by Infection Type



Number of total infections reported in Acute Care, Critical Access, Long Term Acute Care and Inpatient Rehab Facilities in 2019. Percent Change of infections from 2018 to 2019.

Standardized Infection Ratio (SIR)

CAUTI	CLABSI	Total VAE	IVAC
0.634	0.651	1.127	1.179
significant	significant	significant	significant

Acute Care Hospitals

Critical Access Hospitals

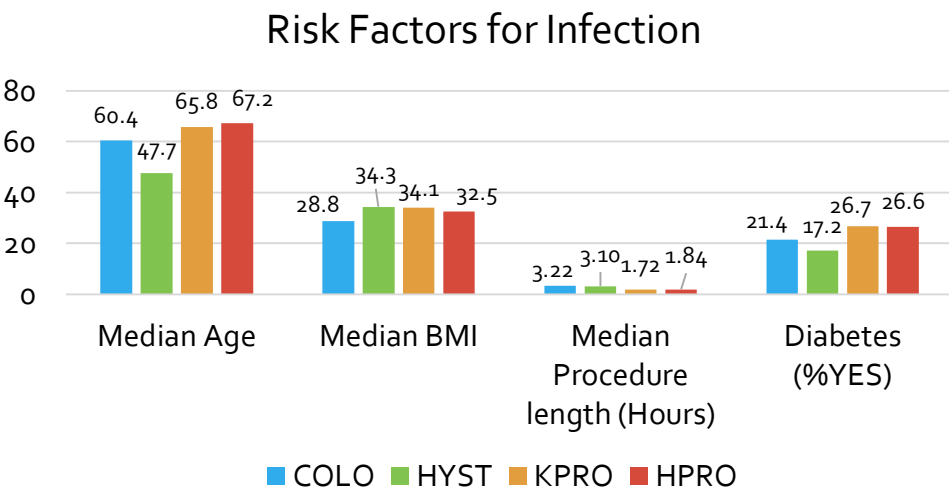
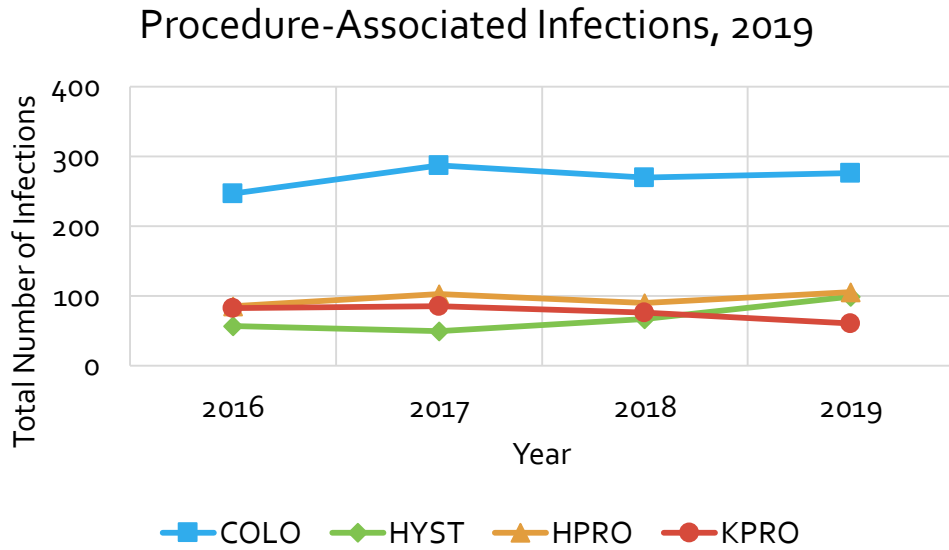
SIR – ratio of number of infections or events to predicted number of infections or events
SIR is not calculated when predicted number of infections/events is less than 1.

Procedure-Associated Infections

2019

See Common Acronyms and Phrases at Michigan.gov/hai

COLO	276 infections	2% increase
HYST	99 infections	48% increase
KRPO	61 infections	20% decrease
HPRO	106 infections	18% increase



Standardized Infection Ratio (SIR), All facility types

COLO

1.002

Not significant

HYST

1.372

significant

KPRO

0.888

Not significant

HPRO

1.114

Not significant

SIR – ratio of number of infections or events to predicted number of infections or events
SIR is not calculated when predicted number of infections/events is less than 1.

Most Frequently Identified Organisms

COLO

Escherichia coli

29.0% of infections

HYST

Escherichia coli

22.2% of infections

KPRO

Staphylococcus aureus

40.7% of infections

HPRO

Staphylococcus aureus

42.7% of infections

*Some infections/events identify more than one organism

COLO, HYST, KPRO and HPRO refer to infections, not procedures, in this infographic

Number of total, in-plan events reported in all facility types in 2019. Percent Change of infections from 2018 to 2019.

Multi-drug Resistant Organism (MDRO) Infections

2019

See Common Acronyms and Phrases at Michigan.gov/hai

Standardized Infection Ratio (SIR)

MRSA Bac **CDI**

Acute Care Hospitals	0.778 significant	0.658 significant
Critical Access Hospitals	----	0.572 Not significant
Long term Acute Care Hospitals	1.412 Not significant	0.375 significant
Inpatient Rehab Facilities	1.645 Not significant	0.448 significant

SIR – ratio of number of infections or events to predicted number of infections or events
 SIR is not calculated when predicted number of infections/events is less than 1.

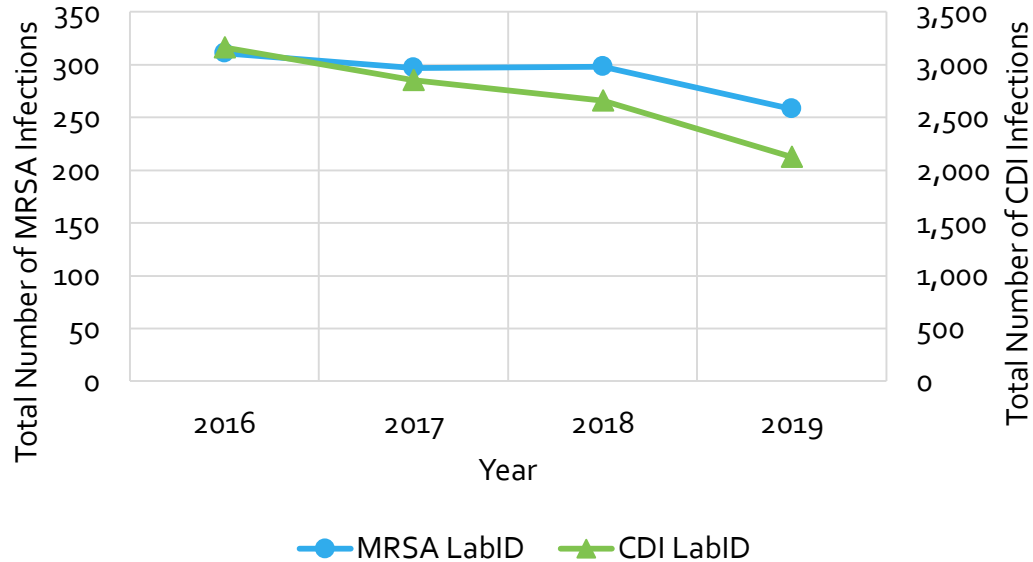
MRSA LabID

258 infections
13% decrease

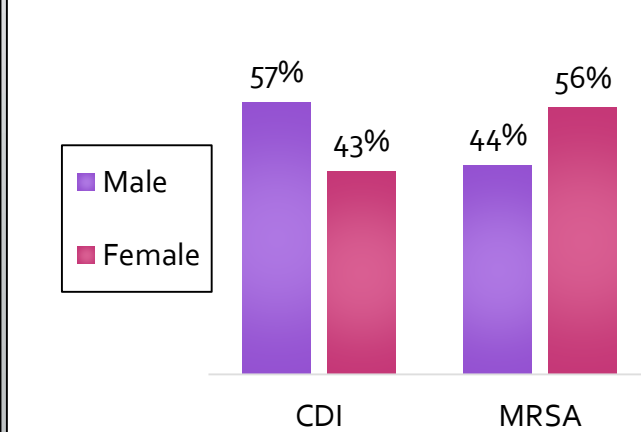
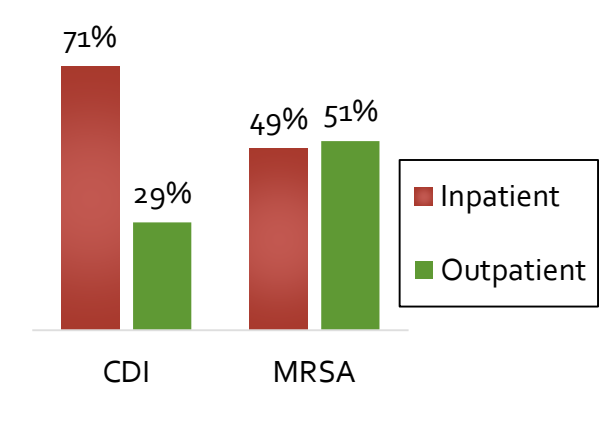
CDI LabID

2,128 infections
20% decrease

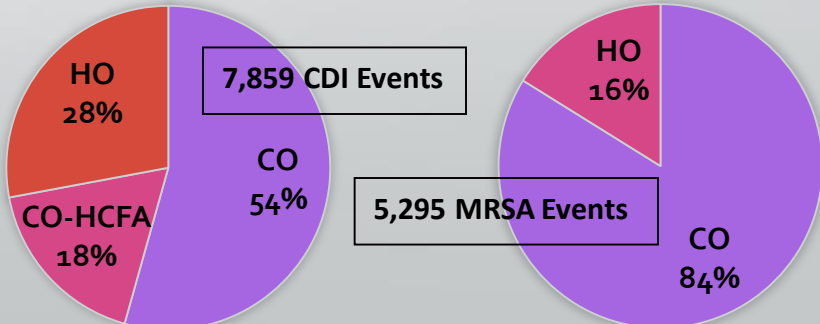
MDRO Infections, 2019



Number of total, **healthcare facility onset**, in-plan infections reported in Acute Care, Critical Access, Long Term Acute Care and Inpatient Rehab Facilities in 2019. Percent Change of infections from 2018 to 2019.



All MRSA/CDI LabID Events



CO = Community Onset, HO = Healthcare facility Onset, CO-HCFA = Community Onset – Healthcare facility associated

SHARP Updates



SHARP Unit Expansion

- **July 2020 – Infection Prevention Nurse Consultants**
 - Nicole McGuire, BSN, RN
 - Jane Rogers, RN
- **September 2020 – NHSN/LTC Epidemiologist**
 - Sarmed Rezzo, MPH

SHARP Unit Overview

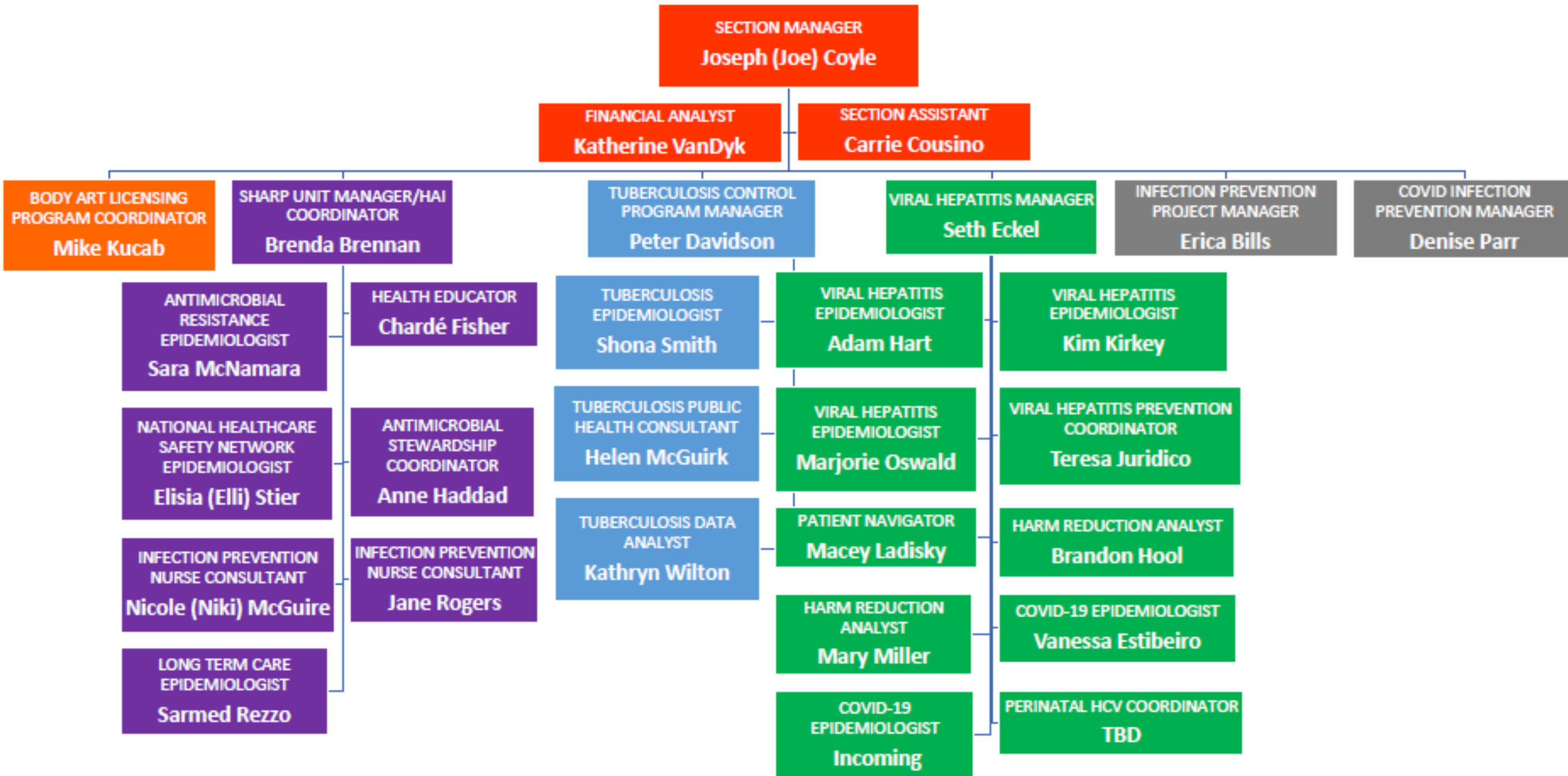
- HAI Coordinator / SHARP Unit Manager
 - **Brenda Brennan**
- Antimicrobial Resistance Epidemiologist
 - **Sara McNamara**
- Health Educator
 - **Chardé Fisher**
- NHSN Epidemiologist
 - **Elli Stier**
- Antimicrobial Stewardship Coordinator
 - **Anne Haddad**
- Infection Prevention Nurse Consultants
 - **Niki McGuire**
 - **Jane Rogers**
- LTC Epidemiologist
 - **Sarmed Rezzo**



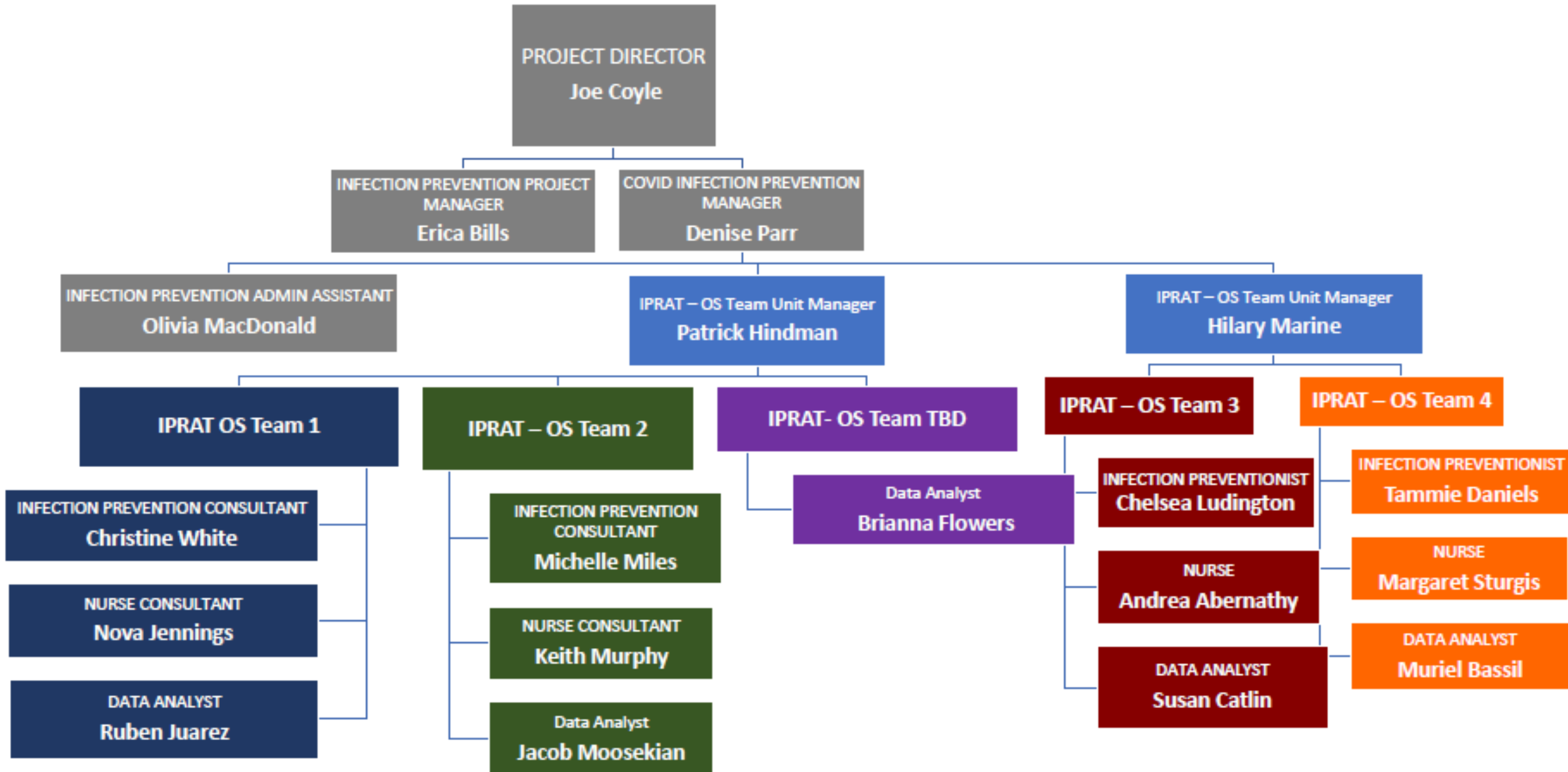
ELC Expansion

- ELC
 - \$6.6 million
- ELC CARES
 - \$16 million
- ELC Detection
 - \$300 million
- ELC Project Firstline
 - \$1.7 million
- ELC Detection Expansion
 - \$575 million

Healthcare Associated Infections, Body Art Licensure, Tuberculosis, Viral Hepatitis Section (HBTV)



IPRAT - OS



SHARP

First line for HAIs and MDROs

AR Containment and Response

HAI and MDRO Investigations

Standard Tele- and Video-ICARs –
multiple facility types

Infection Prevention

Education – Project FirstLine

HAI Surveillance: NHSN (ACF and
LTC) and MDSS

Antimicrobial Stewardship

IPRAT

First Line for COVID

Onsite Assessments

Inbox - Guidance review and
interpretation

Technical Assistance

COVID/Standard Tele-ICARs, Video-
ICARs, and consultations

Infection Prevention

Education - all

LTC Data (EM Resource, NHSN, MDSS)

Regional Hub/COVID Care and
Recovery Centers (CRCs)

Infection Prevention Resource and Assessment Team (IPRAT)

- **IPRAT** is a team of subject matter experts made up of nurses, infection preventionists, and data analysts.
- **IPRAT** can help with Infection Prevention questions and guidance!



Non regulatory



Consultative



Free



On Site or Remote Assistance



Experts in the field of IP



Educational Resource

- IPRAT Inbox:

MDHHS-iPRAT@michigan.gov

- IPRAT Website:

www.michigan.gov/IPRAT

Meet IPRAT Webinar
Tuesday, March 9, 2021
8:30-9:30 A.M.

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

+1 248-509-0316,,611226718#

Phone Conference ID: 611 226 718#





Questions?



Next Meeting

- **April 28th @ 10:00am**
- Please send any questions or comments to Elli Stier

RayE7@michigan.gov