

# Quality+IC

Quality Processes for Infection Control

TODAY < > 2019



Year ▾



January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
30	31	1	2	3	4	5	27	28	29	30	31	1	2	24	25	26	27	28	29	30	31	1	2	3	4	5	6
6	7	8	9	10	11	12	3	4	5	6	7	8	9	3	4	5	6	7	8	9	7	8	9	10	11	12	13
13	14	15	16	17	18	19	10	11	12	13	14	15	16	10	11	12	13	14	15	16	14	15	16	17	18	19	20
20	21	22	23	24	25	26	17	18	19	20	21	22	23	17	18	19	20	21	22	23	21	22	23	24	25	26	27
27	28	29	30	31	1	2	24	25	26	27	28	1	2	24	25	26	27	28	29	30	28	29	30	1	2	3	4
3	4	5	6	7	8	9	3	4	5	6	7	8	9	31	1	2	3	4	5	6	5	6	7	8	9	10	11
May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
28	29	30	1	2	3	4	26	27	28	29	30	31	1	30	1	2	3	4	5	6	28	29	30	31	1	2	3
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
26	27	28	29	30	31	1	23	24	25	26	27	28	29	28	29	30	31	1	2	3	25	26	27	28	29	30	31
2	3	4	5	6	7	8	30	1	2	3	4	5	6	4	5	6	7	8	9	10	1	2	3	4	5	6	7
September							October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7	29	30	1	2	3	4	5	27	28	29	30	31	1	2	1	2	3	4	5	6	7
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
29	30	1	2	3	4	5	27	28	29	30	31	1	2	24	25	26	27	28	29	30	29	30	31	1	2	3	4
6	7	8	9	10	11	12	3	4	5	6	7	8	9	1	2	3	4	5	6	7	5	6	7	8	9	10	11

# Bringing in the New Year-

# NHSN 2019

# Peg Gilbert, RN, MS, CIC, FAPIC

# Objectives

- Perform the steps needed to set up the 2019 reporting year
- Identify significant changes in the National Healthcare Safety Network definitions for 2019
- Relate process for accurate entry of measures using new and revised criteria
- Improve surveillance for Patient Safety components for Acute Care and Critical Access Hospitals

# Patient Safety Annual Survey



## Patient Safety Component—Annual Hospital Survey

Instructions for this form are available at: [http://www.cdc.gov/nhsn/forms/instr/57\\_103-TOI.pdf](http://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf)

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\*required for saving

Tracking #:

Facility ID:

\*Survey Year:

### Facility Characteristics (completed by Infection Preventionist)

\*Ownership (check one):

For profit

Not for profit, including church

Government

Military

Veterans Affairs

Physician owned

**If facility is a Hospital:**

\*Number of patient days: \_\_\_\_\_

\*Number of admissions: \_\_\_\_\_

For any Hospital:

\*Is your hospital a teaching hospital for physicians and/or physicians-in-training?

Yes  No

If Yes, what type:

Major

Graduate

Undergraduate

\*Number of beds set up and staffed in the following location types (as defined by NHSN):

ICU (including adult, pediatric, and neonatal levels II/III and III): \_\_\_\_\_

b. All other inpatient locations: \_\_\_\_\_

### Facility Microbiology Laboratory Practices (completed with input from Microbiology Laboratory Lead)

\*1. Does your facility have its own on-site laboratory that performs bacterial antimicrobial susceptibility testing?

Yes  No

If No, where is your facility's antimicrobial susceptibility testing performed? (check one)

Affiliated medical center

Commercial referral laboratory

Other local/regional, non-affiliated reference laboratory

*Continued >>*

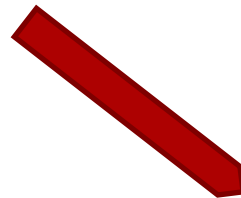
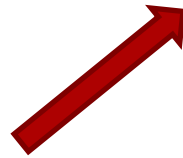
Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

# 2018 Annual Survey

- Surveys are by component and services
- Updates: Must complete by March 1 of every year
  - PPS Hospitals by February 15
- Unable to add reporting plan after February
- Do not complete until after update
  - Update 1/7/2019
- Use prior year data (2018 numbers)
- Information determines risk adjustment
- Data aligns with survey
- You should not do this survey alone!

NHSN website:  
Locate under data  
collection form tab  
Save and Print off  
form



Data Collection Forms

All Data Collection Forms are Print-only

- [57.108 Primary Bloodstream Infection \(BSI\) form January 2019](#) [PDF - 107 KB]
  - [Customizable form](#) [DOCX - 39 KB]
  - [Table of Instructions for BSI form 57.108](#) [PDF - 169 KB]
- [57.116 Denominators for Neonatal Intensive Care Unit \(NICU\) form January 2019](#) [PDF - 72 KB]
  - [Customizable form](#) [DOCX - 33 KB]
  - [Table of Instructions for Denominators for NICU form 57.116](#) [PDF - 131 KB]
- [57.117 Denominators for Specialty Care Area \(SCA\) form January 2019](#) [PDF - 42 KB]
  - [Customizable form](#) [DOCX - 29 KB]
  - [Table of Instructions for Denominators for SCA form 57.117](#) [PDF - 188 KB]
- [57.118 Denominators for Intensive Care Unit \(ICU\)/Other locations \(not NICU or SCA\) form January 2019](#) [PDF - 40 KB]
  - [Customizable form](#) [DOCX - 29 KB]
  - [Table of Instructions for Denominators for ICU form 57.118](#) [PDF - 191 KB]
- [57.103 Patient Safety Component—Annual Facility Survey form January 2019](#) [PDF - 92 KB]
  - [Table of Instructions for Patient Safety Component - Annual Hospital Survey 57.103](#) [PDF - 412 KB]
- [57.106 Patient Safety Monthly Reporting Plan form January 2019](#) [PDF - 53 KB]
  - [Customizable form](#) [DOCX - 31 KB]
  - [Table of Instructions for Monthly Reporting Plan form 57.106](#) [PDF - 61 KB]
- [57.115 HAI Custom Event form January 2019](#) [PDF - 99 KB]
  - [Customizable form](#) [DOCX - 50 KB]

Reference: Table of  
Instructions for line item  
questions

# Couple of Areas to Check

## Facility Microbiology Laboratory Practices (continued)

\*11. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)
- NAAT plus EIA, if NAAT positive (2-step algorithm)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Toxigenic culture (*C. difficile* culture followed by detection of toxins)

# Annual Survey Impacts Benchmarks

**Table 1. CDI in Acute Care Hospitals**

<u>Parameter</u>	<u>Parameter Estimate</u>	<u>Standard Error</u>	<u>P-value</u>
<i>Intercept</i>	-8.9463	0.0523	<0.0001
Inpatient community-onset prevalence rate*	0.7339	0.0181	<0.0001
CDI test type <sup>+</sup> : EIA	-0.1579	0.0246	<0.0001
CDI test type <sup>+</sup> : NAAT	0.1307	0.0219	<0.0001
CDI test type <sup>+</sup> : OTHER	REFERENT	--	--
Medical school affiliation <sup>‡</sup> : Major, graduate, or undergraduate	0.0331	0.0111	0.0028
Medical school affiliation <sup>‡</sup> : Non-teaching	REFERENT	--	--
Number of ICU beds <sup>‡</sup> : ≥ 43	0.7465	0.0412	<0.0001
Number of ICU beds <sup>‡</sup> : 20- 42	0.7145	0.0395	<0.0001
Number of ICU beds <sup>‡</sup> : 10-19	0.6261	0.0396	<0.0001
Number of ICU beds <sup>‡</sup> : 5-9	0.4394	0.0420	<0.0001
Number of ICU beds <sup>‡</sup> : 0-4	REFERENT	--	--
Facility type: Cancer Hospital ( <i>HOSP-ONC</i> )	1.2420	0.0765	<0.0001
Facility type: General Acute Care Hospital ( <i>HOSP-GEN</i> )	0.3740	0.0342	<0.0001
Facility type: Other Hospital	REFERENT	--	--
Facility bed size <sup>‡</sup>	0.0003	0.0000	<0.0001
Reporting from ED or 24-hour observation unit <sup>^</sup> : YES	0.1119	0.0179	<0.0001
Reporting from ED or 24-hour observation unit <sup>^</sup> : NO	REFERENT	--	--

\* Inpatient community-onset (CO) prevalence is calculated as the # of inpatient CO CDI events, divided by total admissions x 100 (i.e.,  $\text{cdif\_admPrevCOCount} / \text{numCdifadms} * 100$ ). The prevalence rate for an entire quarter is used in the risk

# Units designated as Inpatient Rehabilitation Facilities (IRFs)

- **Q2: My acute care hospital includes a CMS-certified IRF mapped as a location within the hospital (i.e., the CCN for the Rehab unit includes an 'R' or 'T' in the 3rd position).**
- **Do I include the number of rehab beds from this unit on the annual hospital survey, the annual rehab survey, or both?**
- The number of rehab beds should be counted on both the hospital and rehab surveys.
- On the hospital survey, include these beds in the count for "All other inpatient locations". In addition, counts from these locations should be included in the total facility patient days and admissions.



Facility Characteristics (completed by Infection Preventionist)		
*Ownership (check one):		
<input type="checkbox"/> For profit	<input type="checkbox"/> Not for profit, including church	<input type="checkbox"/> Government
<input type="checkbox"/> Military	<input type="checkbox"/> Veterans Affairs	<input type="checkbox"/> Physician owned
<b>If facility is a Hospital:</b>		
*Number of patient days: _____		
*Number of admissions: _____		
<u>For any Hospital:</u>		
*Is your hospital a teaching hospital for physicians and/or physicians-in-training? Yes No		
If Yes, what type:    ___ Major    ___ Graduate    ___ Undergraduate		
*Number of beds set up and staffed in the following location types (as defined by NHSN):		
a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____		
b. All other inpatient locations: _____		



# Couple of Areas to Check

- Teaching Hospital: **YES NO**
  - **Major Teaching:** Facility trains medical students, nursing students, and post-graduate residents. Note that there is no minimum number of students that must be present in your facility to meet this designation, and it is not necessary for your facility to be attached/affiliated with a medical school.
  - **Graduate Teaching** –Facility trains post-graduate medical (MD/DO only) residents/fellows
  - **Undergraduate Teaching** –Facility trains current (undergraduate) medical students and/or nursing students
  - Select the highest level that your facility meets on the annual survey

Facility Characteristics (completed by Infection Preventionist)
<p>*Ownership (check one):</p> <p><input type="checkbox"/> For profit    <input type="checkbox"/> Not for profit, including church    <input type="checkbox"/> Government</p> <p><input type="checkbox"/> Military    <input type="checkbox"/> Veterans Affairs    <input type="checkbox"/> Physician owned</p>
<p><b>If facility is a Hospital:</b></p> <p>*Number of patient days: _____</p> <p>*Number of admissions: _____</p>
<p><u>For any Hospital:</u></p> <p>*Is your hospital a teaching hospital for physicians and/or physicians-in-training?    Yes    No</p> <p>    If Yes, what type:    ___ Major    ___ Graduate    ___ Undergraduate</p>
<p>*Number of beds set up and staffed in the following location types (as defined by NHSN):</p> <p>a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____</p> <p>b. All other inpatient locations: _____</p>

# Makes a big difference

1.159

SIR report using the 2016 Annual Survey

National Healthcare Safety Network  
 SIR for CAUTI Data for Critical Access Hospital IQR (2015 Baseline) - By OrgID/Location  
 As of: February 5, 2018 at 1:25 PM  
 Date Range: B32\_CAU\_RATE\_SCAH\_CMS summaryYQ 2016Q1 to 2017Q1  
 if ((julPlan = "Y") AND (locationType IN ("CC", "CC\_OHC" ))) OR (julPlan = "Y") AND (locCDC IN ("IN:ACUTE:WARD:M", "IN:ACUTE:WARD:M"))

orgid=10376 medType=U

orgid	ccn	location	summaryYQ	months	infcount	numPred	numacathdays	SIR	SIR_pval	SIR95CI
10376	N/A	INMEDCC	2016Q1	3	3	1.859	761	1.614	0.4036	0.410, 4.392

SIR report using the 2017 Annual Survey

0.497

National Healthcare Safety Network  
 SIR for CAUTI Data for Critical Access Hospital IQR (2015 Baseline) - By OrgID/Location  
 As of: February 5, 2018 at 1:25 PM  
 Date Range: B32\_CAU\_RATE\_SCAH\_CMS summaryYQ 2016Q1 to 2017Q1  
 if ((julPlan = "Y") AND (locationType IN ("CC", "CC\_OHC" ))) OR (julPlan = "Y") AND (locCDC IN ("IN:ACUTE:WARD:M", "IN:ACUTE:WARD:M"))

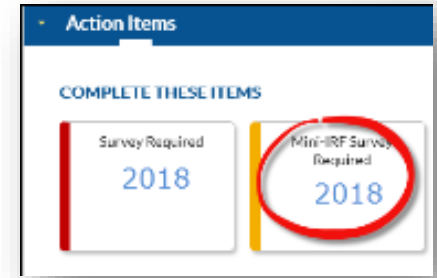
orgID=10376 medType='U'

orgID	ccn	summaryYQ	infCount	numPred	numacathdays	SIR	SIR_pval	sir95ci
10376	N/A	2017Q1	3	0.497	761	-	-	-

# Examples

1. We train pharmacy students working on a Doctorate in Pharmacy. We also have nursing students, what level do we qualify?
2. We have clinical rotations for a local school of nursing for both BSN and nurse practitioner students, what level do we qualify?
3. We have one physician who brings one family practice resident. The resident is allowed to care for patient's in our facility. We also have clinical rotations for nursing students. What level do we qualify?

# What's New on the Annual Survey?



- Added alerts to remind facilities to complete all appropriate surveys
  - Separate alert for each survey you need to do
- Updated response options to reflect changes for certain laboratory testing methods
- Soft warnings added to reduce data entry errors
- New logic and skips patterns implemented to reduce burden
- New questions added about neonatal patient care practices and antibiotic stewardship practices

# Neonatal Patient Care Practices

- 6 new required questions about neonatal antimicrobial practices
- Purpose is to assist in the creation of a neonatal specific benchmark metric, Standardized Antimicrobial Administration Ratios (SAARs)
  - SAARs compare observed AU to predicted AU for specified patient care locations and groups of antimicrobials, where predicted use is calculated using nationally-aggregated data risk adjusted for location and hospital characteristics
  - At this time, SAARs are available for specific adult and pediatric locations
- Section is to be completed **with input** from a NICU Medical Director, Lead Neonatal Physician, Neonatal Nurse Manager, and/or Lead Neonatal Nurse practitioner.

# Neonatal questions

- **Question 25:** Select **N/A** if you do not have any care for babies
  - Do not select N/A if you have a well baby nursery location
  - Labor and delivery unit
  - Labor, delivery, recovery, PP unit
- If you answer N/A questions 26-30 should be skipped

## Facility Neonatal Patient Care Practices and Neonatal Admission Information

(To be completed with input from the NICU Medical Director, Lead Neonatal Physician, Neonatal Nurse Manager, and/or Lead Neonatal Nurse Practitioner)\*

\*25. Was this section completed in collaboration with your facility's neonatal patient care team (i.e. was input sought from at least one of the following neonatal patient care team members: NICU Medical Director, Lead Neonatal Physician, Neonatal Nurse Manager, Lead Neonatal Nurse Practitioner)?

Yes

No


N/A, my facility does not provide neonatal patient care services

If N/A was selected in question 25 above, questions 26-30 below do not apply to your facility and should be skipped. If your facility does care for neonates (at any level), please complete questions below.

CDC 57.103(Back), Rev11, v9.2

# Questions 26 and 27

- Outborn admissions are babies transferred in to your facility for care.
- The total number in question 26 should equal the total number in 27.
- Include **Level II nurseries** but not Level 1 (Well baby nurseries)
- If you only have a Level 1 Nursery enter zero for Question 26 both a. and b. and Question 27 a – e.

 OMB No. 0920-0666  
Exp. Date: 11/30/2021  
www.cdc.gov/nhsn

**Patient Safety Component—Annual Hospital Survey**

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*Questions should be answered based on the policies and practices that were in place for the majority of the last full calendar year.*

\*26. Excluding Level I units (well newborn nurseries), record the number of neonatal admissions to Special Care Nurseries (Level II) and Intensive Care Units (Level II/III, Level III, Level IV):

a. Inborn Admissions: \_\_\_\_\_

b. Outborn Admissions: \_\_\_\_\_

\*27. Excluding Level I units (well newborn nurseries), record the number of neonatal admissions (both inborn and outborn) to Special Care (Level II) and Intensive Care (Level II/III, Level III, Level IV) in each of following birth weight categories:

a. Less than or equal to 750 grams: \_\_\_\_\_

b. 751-1000 grams: \_\_\_\_\_

c. 1001-1500 grams: \_\_\_\_\_

d. 1501-2500 grams: \_\_\_\_\_

e. More than 2500 grams: \_\_\_\_\_

# Level 1 and II Nursery Definitions

- **Level I: Well newborn nursery**
  - Provide neonatal resuscitation at every delivery
  - Evaluate and provide postnatal care to stable term newborn infants
  - Stabilize and provide care for infants born 35–37 wk gestation who remain physiologically stable
  - Stabilize newborn infants who are ill and those born at <35 wk gestation until transfer to a higher level of care
- **Provider Types:**
  - Pediatricians, family physicians, nurse practitioners, and other advanced practice registered nurses
- **Level II: Special care nursery**
  - Level I capabilities plus:
  - Provide care for infants born  $\geq 32$  wk gestation and weighing  $\geq 1500$  g who have physiologic immaturity or who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis
  - Provide care for infants convalescing after intensive care
  - Provide mechanical ventilation for brief duration (<24h) or continuous positive airway pressure
  - Stabilize infants born before 32 wk gestation and weighing less than 1500 g until transfer to a neonatal intensive care facility
  - Level I health care providers plus: Pediatric hospitalists, neonatologist, and neonatal nurse practitioners.



# Rooming in?

- Still need to have a Nursery in your locations
- Count number of bassinets you have for bed size

# Question 30 (Answered even if Level 1 Nursery)

## Select ALL that apply

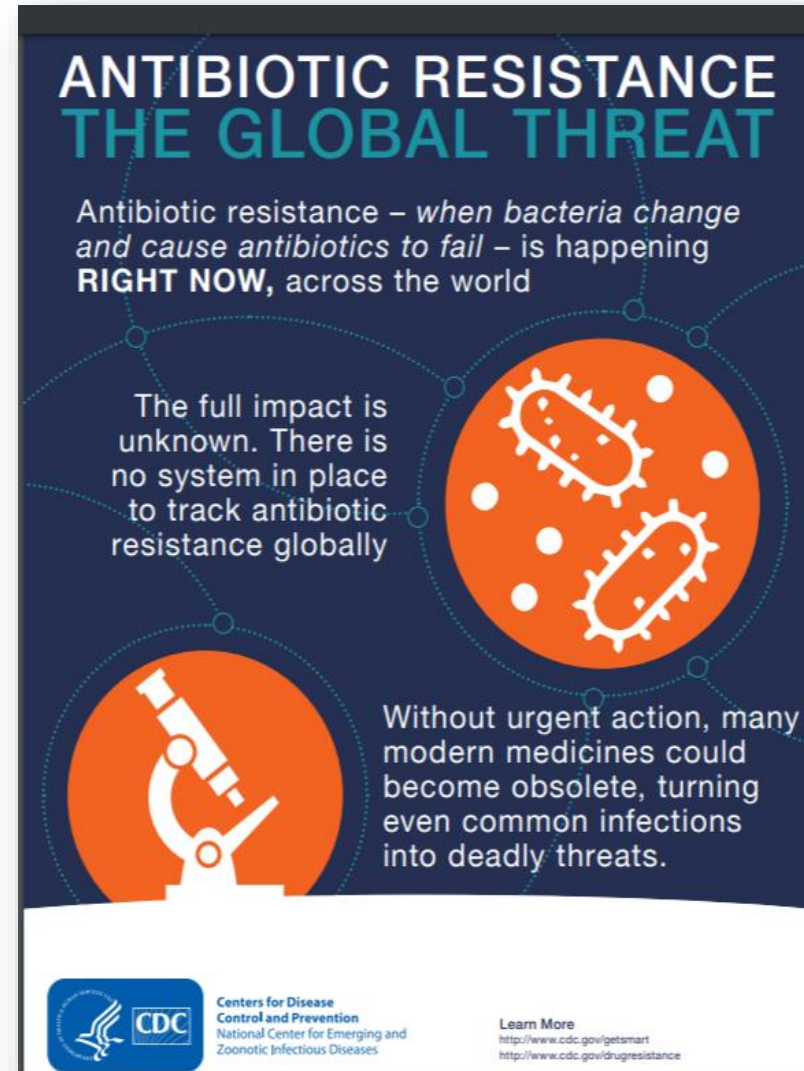
\*30. If your facility administers antimicrobials (oral or parenteral) to newborns residing in their mother's room, to which NHSN location(s) is the baby mapped? (Select all that apply)

- N/A, my facility requires that newborns be transferred to a higher level of care (i.e. special care nursery or neonatal intensive care unit) in order for antimicrobials to be administered
- Level I neonatal unit (well newborn nursery)
- Labor and Delivery Ward, Postpartum Ward, or Labor, Delivery, Recovery, Postpartum Suite

- Select 'N/A' if neonates **are never administered antimicrobials** while residing in their mother's room (i.e. your facility requires that newborns be **transferred** to a higher level of care, such as a special care nursery or NICU, in order for antimicrobials to be administered)
- Select 'Level I neonatal unit' if neonates receiving antimicrobials **while residing in their mother's room** are physically **mapped** in NHSN to a **Level I neonatal unit**, often called a well newborn nursery/mother-baby unit/family-centered care unit.
- Select 'Labor and Delivery Ward, Postpartum Ward, or Labor, Delivery, Recovery, Postpartum Suite' if neonates receiving antimicrobials **while residing in their mother's room** are **physically mapped in NHSN to any of the following NHSN location types: - Labor and Delivery Ward - Labor, Delivery, Recovery, Postpartum Suite - Postpartum Ward**

# Updates to the Antibiotic Stewardship Practices

- The antibiotic stewardship section has the most changes
- Previous required 11 questions transition to a total of 20 questions (10 required and 10 optional)
- Reason is to add more granularity and context of facilities stewardship practices
- All questions will continue to align with the CDC's Core Elements of Hospital Antibiotic Stewardship Program
- Removed question concerning if facility provides salary support



# Removed question if facility provides salary support #26

- If this is the *only* way a facility met the Leadership core element, another action must be taken
- Formal statement of support
- Inclusion of antibiotic stewardship in contract / job description
- Leadership communication to staff, or provision of training
- Allocation of IT resources towards antibiotic stewardship



# New addition to question

- If you choose *Clostridioides difficile* or AB use in some other way
- Will not meet Tracking core element
- Note Check all that apply for several questions

38\*. Our stewardship team monitors: (Check all that apply.)

- Antibiotic resistance patterns (either facility- or region-specific)
- Clostridioides difficile*
- Antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly
- Antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly
- Antibiotic expenditures (i.e., purchasing costs), at least quarterly
- Antibiotic use in some other way (please specify): \_\_\_\_\_
- None of the above

If antibiotic use in DOT, DDD, or some other way is selected: Our stewardship team provides individual-, unit-, or service-specific reports on antibiotic use to prescribers, at least annually.

Yes  No

If Yes is selected: Our stewardship team uses individual-, unit-, or service-specific antibiotic use reports to target feedback to prescribers about how they can improve their antibiotic prescribing, at least annually.

Yes  No

# How do I enter it?

- Alert button on your home page when you first log in. Click the button and it takes you to the survey
- Surveys on blue bar and select ADD

**Add Annual Survey**

Mandatory fields marked with \*

Facility ID: \* Arcement Medical Center (ID 14810) v

Survey Type: \* FACSRV-PS - Hospital Survey Data v

Survey Year: \* 2018 v



<b>NHSN Home</b>
Alerts
Reporting Plan ▶
Patient ▶
Event ▶
Procedure ▶
Summary Data ▶
Import/Export
Surveys ▶
Analysis ▶
Logout



# Reminders

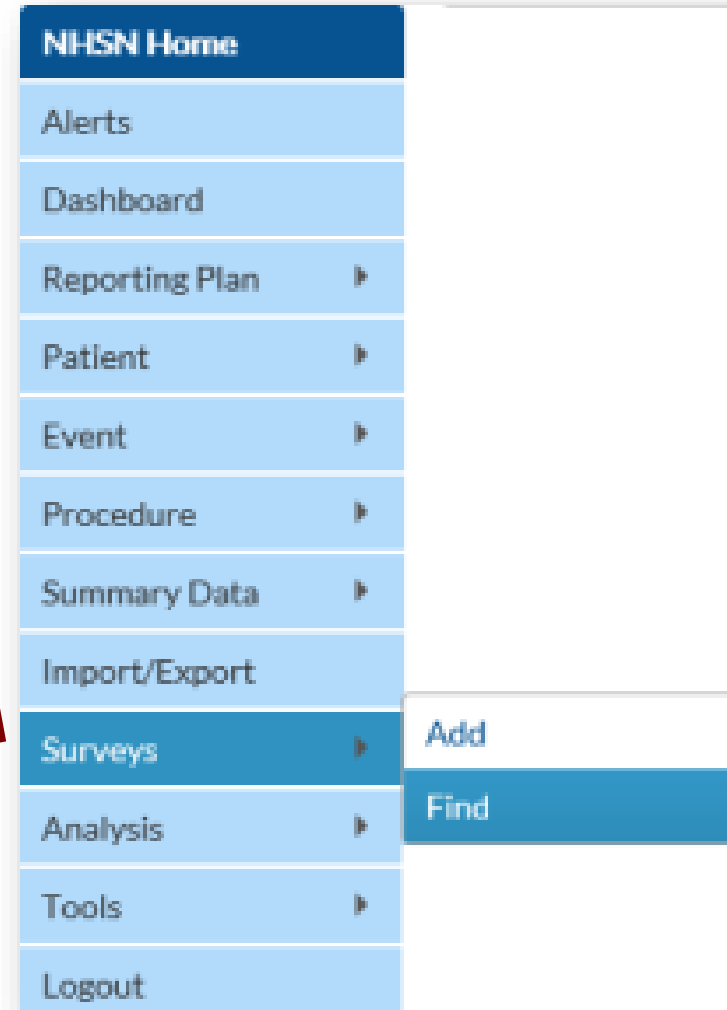
- You are doing the 2018 Survey
  - Admission and patient days are 2018 numbers
  - Number of beds are set up and staffed beds only
- Be sure scroll to the bottom of the form and click SAVE
- Data is saved only when it is complete

A blue button with the word "Save" in white text.A blue button with the word "Back" in white text.

**You must complete all the required information (red asterisks) before it will save!**

# Want to see last years?

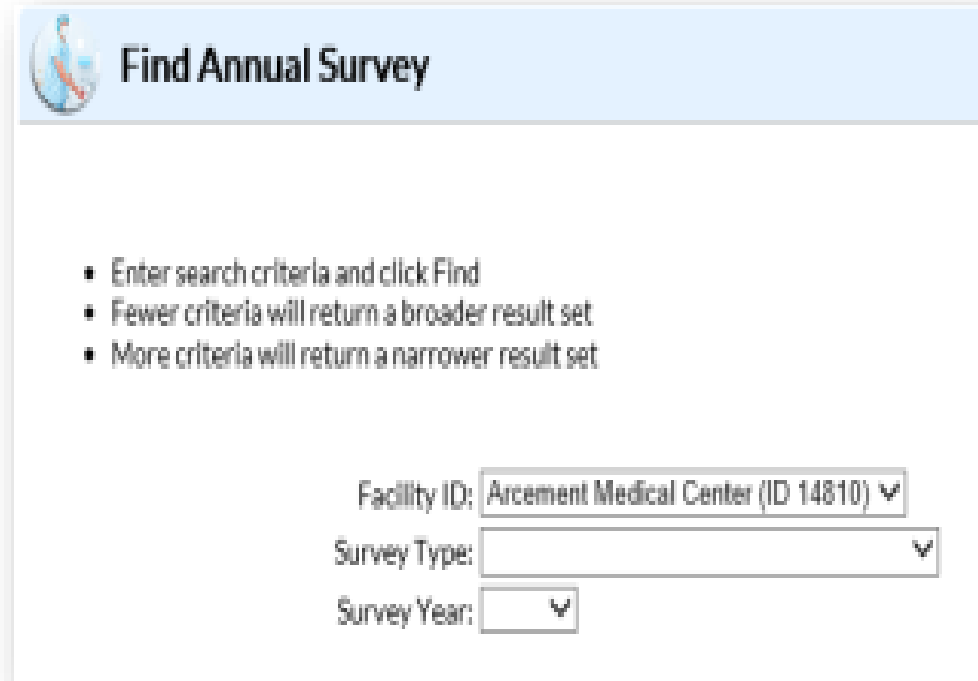
- From the NHSN home page menu
  - **Select “Surveys”**
  - **Click “Find”**





# Want to see last years or edit after entry?

- On the “Find Annual Survey” page
- **Enter** the “Survey Type”
- In the Drop down menu for “Survey Year,” **Select** the year of the survey you would like to find or edit.
- **Click FIND** to go to the survey.
- To edit the survey, **Scroll Down** and **Select EDIT**



**Find Annual Survey**

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID: Arcement Medical Center (ID 14810) ▼

Survey Type: ▼

Survey Year: ▼

# Annual Survey Tips

- Budget at least 75 minutes to complete the facility survey
- Print off a copy of the blank survey form and complete it on paper first
  - Identify certain individuals within your organization that you may need input from to complete specific questions
- Use the tables of instructions linked to each survey form
  - These will provide details for how to respond to each question
- Complete the survey in the NHSN application in one sitting
  - Not allowed to save partially complete surveys
- NHSN is developing a crosswalk of the AB questions from the previous survey
- Deadline is March 1
  - Best if PPS hospitals complete by Feb 15

**Reflect on your Facility Changes in 2018**

# Verify accuracy of the assigned NHSN facility administrator and/or the primary contact

The image shows two screenshots from the NHSN interface. The left screenshot is the 'NHSN Long Term Care Facility Component Home Page'. It features a navigation menu on the left with 'Facility Info' highlighted. A purple arrow points to 'Facility Info' in the dropdown menu. The main content area has sections for 'Action Items' and 'ALERTS'. The right screenshot is the 'Edit Facility Information' page. It shows a navigation menu on the left and a main content area with a note: 'Mandatory fields marked with \*'. Below this note are links for 'Facility Information', 'Components', and 'Contact Information'. A purple box highlights the 'Contact Information' link. Below the screenshots is a table titled 'Contact Information' with columns for Contact Type, Contact Name, Phone No., Email, and Action.

Contact Information

	Contact Type	Contact Name	Phone No. :text	Email	Action
Edit	Facility Administrator	Anttila, Angela	567-456-2334	VTB9@CDC.GOV	Reassign
Edit	Healthcare Personnel Primary Contact	Anttila, Angela	567-456-2334	VTB9@CDC.GOV	Reassign
Edit	Microbiology Laboratory Director/Supervisor	Anttila, Angela	567-456-2334	VTB9@CDC.GOV	Reassign
Edit	Long Term Care Facility Primary Contact	Anttila, Angela	567-456-2334	VTB9@CDC.GOV	Reassign

Update

# Locations



- Review patient population annually
- Inactive locations
- Construction relocations
- Chronic Care
- Inpatient Rehabilitation Units
- Swing Bed
- Resources:

[https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions\\_current.pdf](https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf)

# CDC Location Descriptions

## Resources for NHSN Users Already Enrolled

Training	+
Protocols	+
Frequently Asked Questions	+
Data Collection Forms	+
CMS Supporting Materials	+
<b>Supporting Material</b>	-

- [NHSN Patient Safety Component Alerts](#)  [PDF - 1 MB]
- [Unusual Susceptibility Profiles Alert January 2015](#)  [PDF - 362 KB]
- [CDC Location Labels and Location Descriptions, January 2019](#)  [PDF - 1 MB]
- [NHSN Key Terms, January 2019](#)  [PDF - 350 KB]
- [CDC/NHSN Surveillance Definitions for Specific Types of Infections, January 2019](#)  [PDF - 1 MB]
- [NHSN Organism List \(All Organisms, Common Commensals, MBI Organisms, and UTI Bacteria\), January 2019](#)  [XLSX - 296 KB]
- [Guidance for Missing Device-associated Denominator Data](#)  [PDF - 145 KB]

Worksheet Generator (electronic) and Worksheets (manual)	+
Analysis Resources	+



# Key Reminders

- Data from inactive locations will still be sent to CMS if you do not remove them from your Monthly Reporting Plan (MRP)
- Data from inactive locations will still be available in NHSN analysis reports
- After inactivating a location, new data cannot be entered
  - Be sure to enter all historical data before inactivating a location
- Add your new location and remove the old location from your MRP (for all applicable months moving forward) in order to prevent duplicate data in your records
- If an MRP needs to be edited or data need to be added for an inactive location, reactivate the location in the Locations Manager, edit/add data, and then make the location inactive again
- Entered data for the inactive location will not be in analysis for revised location

# What am I going to report this year?

- Base on State and Federal Requirements

- Discuss with IPC Committee
- Risk assessment
- Collaborative projects
- Facility Strategic Plan

Date Completed: (date)																
Shared with Administrator: (date)																
Reviewed by: (insert names)																
Potential Risks/Problems	Probability					Risk/Impact (Health, Financial, Legal, Regulatory)					Current Facility Preparedness					Score
	Very Likely	Likely	Maybe	Rare	Never	Catastrophic Loss (life/limb/function/financial)	Serious Loss (Function/Financial/Legal)	Risk of Re Admission or Transfer to High	Moderate Clinical/Financial	Minimal Clinical/Financial	None	Poor	Fair	Good	Very Good	
	4	3	2	1	0	5	4	3	2	1	5	4	3	2	1	
<b>ABX Resistant Organisms</b>																
MRSA																
C Diff																
VRE																
ESBL/other Gram Negative bacteria																
<b>Prevention Activities</b>																
Lack of Hand Hygiene																
Lack of Respiratory Hygiene/ Cough Etiquette																
Improper Glove Use																
Lack of ABX Stewardship Program																
Lack of Resident Influenza Vaccination																
Lack of Resident Pneumovax Vaccination																
<b>Isolation Activities</b>																
Lack of Standard Precautions																
Lack of Contact																



# Add Monthly Reporting Plan

From the blue navigation bar,  
select **Reporting Plan** then  
**Add**



# Add Monthly Reporting Plan

- Add Month and Year (January, 2019)

## Add Monthly Reporting Plan

Mandatory fields marked with \*

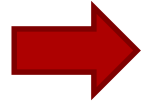
Facility ID\*:

Month\*:

Year\*:

No NHSN Patient Safety Modules Followed this Month

Select  
Location then  
Measure



Device-Associated Module [?HELP](#)

Locations

	CLA	BSI	DE	VAP	CAUTI	CLIP
3N - 3 NORTH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Procedure-Associated Module [?HELP](#)

Procedures SSI Post-procedure

After making a selection, you may add another location by clicking on the "Add Row" feature.

A new row will appear for additional selections

Device-Associated Module [?HELP](#)

Locations

	CLA	BSI	DE	VAP	CAUTI	CLIP
3N - 3 NORTH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MSICU - MEDSURG ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Reporting Plan

FACWIDEIN - Facility-wide Inpatient (FacWIDEIn) CDIF - C. difficile

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows Clear All Rows Copy from Previous Month

Save Back



Be sure to add Emergency Room as a separate location

# Reminder: Map Emergency Room and report monthly encounters\*

Multi-Drug Resistant Organism Module

Locations		Specific Org			
<input type="checkbox"/>	FACWIDEIN - Facility-wide Inpatient (FacWIDEIn) ▼	MRSA - MRSA ▼			
<b>Process and Outcome Measures</b>					
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens
<input type="checkbox"/>	▼	▼	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	2WEST - OBSERVATION UNIT ▼	MRSA - MRSA ▼			
<b>Process and Outcome Measures</b>					
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens
<input type="checkbox"/>	▼	▼	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	ED - ED ▼	MRSA - MRSA ▼			
<b>Process and Outcome Measures</b>					
Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens
<input type="checkbox"/>	▼	▼	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\* Also 24 hour Observation Units if you have them

### Device-Associated Module [HELP](#)

Locations CLA BSI DE VAP CAUTI CLIP

MSICU - MEDSURG ICU

### Procedure-Associated Module [HELP](#)

Procedures SSI Post-procedure PNEU

HER - Herniorrhaphy  OUT - Outpatient

KPRO - Knee prosthesis  BOTH - In and outpatient

### Medication-Associated Module [HELP](#)

Antimicrobial Use and Resistance

Locations Microbiology Pharmacy

When you have completed your  
Plan, click **Save**

Save

Back

# Add Next Month

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

## Add Monthly Reporting Plan

Mandatory fields marked with \*

Facility ID\*:

Month\*:

**Change to Next Month**

Year\*:

No NHSN Patient Safety Modules Followed this Month

### Device-Associated Module



Locations

CLA BSI DE VAP CAUTI CLIP

# 2019 Set up Summary

1. Print off paper copy of annual survey and distribute to key information sources
2. Complete 2018 Annual Facility Survey in database
3. Review and update contact information
4. Review and update any location changes
5. Set up your 2019 Reporting Plans



# New Definition Changes

☰ **Quality+IC** THE QUALITY CONNECTION Calendar TODAY < >

---

December 2017 < > January

S	M	T	W	T	F	S	M	T	W	T	F	S	
26	27	28	29	30	1	2	1	2	3	4	5	6	7
3	4	5	6	7	8	9	8	9	10	11	12	13	14
10	11	12	13	14	15	16	15	16	17	18	19	20	21
17	18	19	20	21	22	23	22	23	24	25	26	27	28
24	25	26	27	28	29	30	29	30	31	1	2	3	4
31	1	2	3	4	5	6	5	6	7	8	9	10	11

**2018**  **2019**

# NHSN Organism List

- Located under Supporting Material
- Tabs
  - All Organisms
  - Common Commensal
  - MBI Organisms
  - UTI Bacteria

## Resources for NHSN Users Already Enrolled

Training	+
Protocols	+
Frequently Asked Questions	+
Data Collection Forms	+
CMS Supporting Materials	+
<b>Supporting Material</b>	-

- [NHSN Patient Safety Component Alerts](#) [PDF - 1 MB]
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- [Guidance for Missing Device-associated Denominator Data](#) [PDF - 145 KB]

Worksheet Generator (electronic) and Worksheets (manual)	+
Analysis Resources	+

# Pathogen Code Updates

- Refer to the 2019 v9.2 version
- Net Change:
  - 30 organisms for 'All Organisms'
  - 16 organisms for 'Common Commensals'
  - 21 organisms for 'MBI Organisms' (including 3 new Genera: Kosakonia, Lelliottia, Pluralibacter)

The screenshot shows an Excel spreadsheet with a list of organisms. The spreadsheet has columns B and C. Column B contains codes and organism names, while column C contains the same information followed by '(organism)'. The 'All Organisms' tab is selected and highlighted with a red box. The list includes various species such as Capnocytophaga cynodegmi, Capnocytophaga gingivalis, Capnocytophaga granulosa, Capnocytophaga hemolytica, Capnocytophaga ochracea, Capnocytophaga sputigena, carbapenem resistant Acinetobacter, carbapenem resistant Enterobacter cloacae, carbapenem resistant Klebsiella pneumoniae, Cardiobacterium, Cardiobacterium hominis, Cardiobacterium valvarum, Catenibacterium, Catenibacterium mitsuokai, Catonella, Catonella morbi, CDC Corynebacterium group ANF, CDC Corynebacterium group D-2, CDC Corynebacterium group G-1, CDC Corynebacterium group G-2, CDC Corynebacterium group JK, CDC coryneform group 3, CDC coryneform group 5, and CDC EF-19.

Code	Organism Name	Organism Name (with suffix)
814	Capnocytophaga cynodegmi	Capnocytophaga cynodegmi (organism)
815	Capnocytophaga gingivalis	Capnocytophaga gingivalis (organism)
816	Capnocytophaga granulosa	Capnocytophaga granulosa (organism)
817	Capnocytophaga hemolytica	Capnocytophaga hemolytica (organism)
818	Capnocytophaga ochracea	Capnocytophaga ochracea (organism)
819	Capnocytophaga sputigena	Capnocytophaga sputigena (organism)
820	carbapenem resistant Acinetobacter	carbapenem resistant Acinetobacter (organism)
821	carbapenem resistant Enterobacter cloacae	carbapenem resistant Enterobacter cloacae (organism)
822	carbapenem resistant Klebsiella pneumoniae	carbapenem resistant Klebsiella pneumoniae (organism)
823	Cardiobacterium	Genus Cardiobacterium (organism)
824	Cardiobacterium hominis	Cardiobacterium hominis (organism)
825	Cardiobacterium valvarum	Cardiobacterium valvarum (organism)
826	Catenibacterium	Genus Catenibacterium (organism)
827	Catenibacterium mitsuokai	Catenibacterium mitsuokai (organism)
828	Catonella	Genus Catonella (organism)
829	Catonella morbi	Catonella morbi (organism)
830	CDC Corynebacterium group ANF	Corynebacterium afermentans (organism)
831	CDC Corynebacterium group D-2	Corynebacterium urealyticum (organism)
832	CDC Corynebacterium group G-1	Corynebacterium accolens (organism)
833	CDC Corynebacterium group G-2	Centers for Disease Control and Prevention Corynebacterium group G-2 (organism)
834	CDC Corynebacterium group JK	Corynebacterium jeikeium (organism)
835	CDC coryneform group 3	Dermabacter hominis (organism)
836	CDC coryneform group 5	Dermabacter hominis (organism)
837	CDC EF-19	Comamonas terrigena (organism)

# Updated Unusual Susceptibility (USP) Alerts

Updated Unusual Susceptibility (USP) Alerts for both the Patient Safety and for Dialysis components. **Two** pathogen codes were **added** to the algorithms for **Klebsiella** USPs, and **three** pathogen codes were **removed** from the **Enterobacter** USPs.

Page 2 of 4

**Primary Bloodstream Infection (BSI)**

Pathogen #	Gram-positive Organisms							
_____	<i>Staphylococcus</i> coagulase-negative (specify species if available):		VANC	SIRN				
_____	_____ <i>Enterococcus faecium</i>	DAPTO	GENTHL <sup>3</sup>	LNZ	VANC			
	_____ <i>Enterococcus faecalis</i>	SNSN	SRN	SIRN	SIRN			
	_____ <i>Enterococcus</i> spp. (Only those not identified to the species level)							
_____	<i>Staphylococcus aureus</i>	CIPRO/LEVO/MOXI	CLIND	DAPTO	DOXY/MINO	ERYTH	GENT	LNZ
		SIRN	SIRN	SNSN	SIRN	SIRN	SIRN	SRN
		OX/CEFOX/METH	RIF	TETRA	TIG	TMZ	VANC	
		SIRN	SIRN	SIRN	SNSN	SIRN	SIRN	
Pathogen #	Gram-negative Organisms							
_____	<i>Acinetobacter</i> (specify species)	AMK	AMPSUL	AZT	CEFEP	CEFTAZ	CIPRO/LEVO	COL/PB
		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
		GENT	IMI	MERO/DORI	PIP/PIPTAZ	TETRA/DOXY/MINO		
		SIRN	SIRN	SIRN	SIRN	SIRN		
		TMZ	TOBRA					
		SIRN	SIRN					
_____	<i>Escherichia coli</i>	AMK	AMP	AMPSUL/AMXCLV	AZT	CEFAZ	CEFEP	CEFOT/CEFTRX
		SIRN	SIRN	SIRN	SIRN	SIRN	S I/S-DD RN	SIRN

USP Alert
✕

**YOU HAVE ENTERED A CARBAPENEM-RESISTANT PATHOGEN**

- Click here for more information on this alert: [details](#)
- Review data entry and if error make correction
- If no data entry error, contact laboratory to confirm results
- If confirmed by your laboratory, this may be reportable to public health in your area.

For additional information see: [cdc.gov/hai](http://cdc.gov/hai)

If confirmed as a correct result press CONFIRM  
To correct the result, press CANCEL to return to the data entry screen  
To exit and save without confirming or correcting, press OK  
(this will save the record and generate an alert)

CONFIRM
CANCEL
OK

# Recognized pathogen:

- The term “recognized pathogen” in **LCBI 1** criteria refers to any organism that is not included on the NHSN common commensal list (see NHSN Master Organism List).
- Exceptions:
  - a. Organisms that are parasites and viruses are excluded as LCBI pathogens.
  - b. Organisms belonging to the following genera are excluded as LCBI pathogens: Campylobacter, Salmonella, Shigella, Listeria, Vibrio and Yersinia as well as C. difficile, Enterohemorrhagic E.coli, and Enteropathogenic E. coli. These organisms are eligible for use in secondary BSI determinations but will not be reported as the sole pathogen in a primary BSI.
  - c. Organisms belonging to the following genera cannot be used to meet any NHSN definition: Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus, and Pneumocystis. These organisms are excluded because they typically cause community-associated infections and are rarely known to cause healthcare-associated infections.
  - d. Information found in LCBI Protocol manual: Pg. 4-19

# Reminder

- A common commensal identified in a single blood specimen is considered a **contaminant**. It will not be used to meet LCBI 2 or 3 criteria nor will it prevent a case from meeting MBI-LCBI criteria when the organism requirements call for “only” a specific organism or type of organism (for example, “only intestinal organisms from the MBI list”).
- A single Common Commensal **cannot** be **Pathogen #1** when entering LCBI-1. Put the pathogen first and the common commensal second.

# LCBI Changes

- BSI event - three new required fields
  - Any hemodialysis catheter present: Yes/No dropdown
  - Extracorporeal life support present (e.g. ECMO): Yes/No dropdown
  - Ventricular access device (VAD) present: Yes/No dropdown
- These will be excluded if **Yes** from analysis of CLABSI

## Risk Factors

\*If ICU/Other locations, Central line: Yes No

\*If Specialty Care Area/Oncology,

Permanent central line: Yes No

Temporary central line: Yes No


### Check all that apply:

Yes  No  \*Any hemodialysis catheter present

Yes  No  \*Extracorporeal life support present (ECLS or ECMO)

Yes  No  \*Ventricular-assist device (VAD) present

# New **Optional** BSI Risk Factor Fields

- Known or suspected Munchausen Syndrome by Proxy during current admission: (Yes/No)
- Observed or suspected patient injection into vascular line(s) within the BSI infection window period (Yes/No)
- Epidermolysis bullosa during current admission (Yes/No). 
- Matching organism is identified in blood and from a site-specific specimen, both collected within the infection window period and pus is present at one of the following vascular sites from which the specimen was collected: (Yes/No)
  - If yes, then select one: Arterial catheter, Arteriovenous fistula, Arteriovenous graft, Atrial lines (Right and Left), Hemodialysis reliable outflow (HERO) catheter, Intra-aortic balloon pump (IABP) device, Nonaccessed central line (not accessed nor inserted during the admission), Peripheral IV or Midline catheter
- Will be required in 2020



# Important

Risk Factors		
*If ICU/Other locations, Central line: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Check all that apply:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> *Any hemodialysis catheter present Yes <input type="checkbox"/> No <input type="checkbox"/> *Extracorporeal life support present (ECLS or ECMO) Yes <input type="checkbox"/> No <input type="checkbox"/> *Ventricular-assist device (VAD) present	
*If Specialty Care Area/Oncology, Permanent central line: Yes <input type="checkbox"/> No <input type="checkbox"/> Temporary central line: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Check all that apply:</b> If any option(s) from below are checked 'Yes', then mark the "Central Line" risk factor field 'No' if an eligible central line was also in place.  Yes <input type="checkbox"/> No <input type="checkbox"/> Known or suspected Munchausen Syndrome by Proxy during current admission Yes <input type="checkbox"/> No <input type="checkbox"/> Observed or suspected patient injection into vascular line(s) within the BSI infection window period Yes <input type="checkbox"/> No <input type="checkbox"/> Epidermolysis bullosa during current admission Yes <input type="checkbox"/> No <input type="checkbox"/> Matching organism is identified in blood and from a site-specific specimen, both collected within the infection window period and pus is present at one of the following vascular sites from which the specimen was collected: <ul style="list-style-type: none"><li><input type="checkbox"/> Arterial catheter</li><li><input type="checkbox"/> Arteriovenous fistula</li><li><input type="checkbox"/> Arteriovenous graft</li><li><input type="checkbox"/> Atrial lines (Right and Left)</li><li><input type="checkbox"/> Hemodialysis reliable outflow (HERO) catheter</li><li><input type="checkbox"/> Intra-aortic balloon pump (IABP) device</li><li><input type="checkbox"/> Non-accessed central line (not accessed nor inserted during the admission)</li><li><input type="checkbox"/> Peripheral IV or Midline catheter</li></ul>	
*If NICU, Central line, including umbilical catheter Yes <input type="checkbox"/> No <input type="checkbox"/>  Birth weight (grams)		Location of Device Insertion: _____
		Date of Device Insertion: ___ / ___ / _____

# Practice

- Patient has a positive blood specimen identifying *S. aureus* on hospital day 6. A subsequent positive blood specimen is collected on hospital day 12 that identifies *Pseudomonas aeruginosa*.
- Do I have one or 2 LCBI?
- What is the RIT now?

Patient Name: \_\_\_\_\_  
 Admission Date: \_\_\_\_\_

Date / Hospital Day	First diagnostic test or first sign/sympt	Infection Window Period	Date of Event	RIT (Repeat Infection Timeframe)	Secondary BSI Attribution Period	Date /
1						
2						
3						
4						
5						
6	<i>S. aureus</i>					
7						
8						
9						
10						
11						
12	<i>P. A.</i>					
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

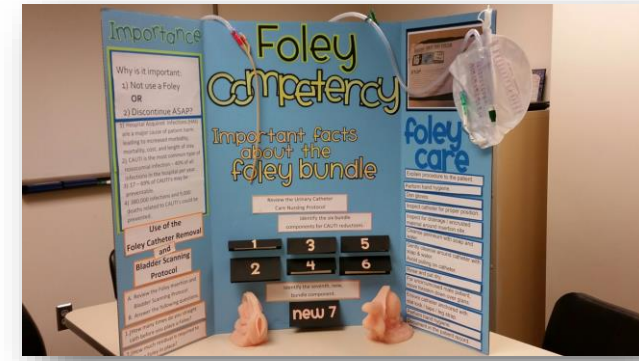
# Practice

- A urine culture report on day 11 and a blood specimen report collected on day 12 show *E. faecalis*.
- Can the Blood Culture for *E. faecalis* be a secondary BSI?
- On hospital day 15 a blood culture which grows *Staphylococcus aureus* is collected.
- Can this blood culture be added to the previous event?

Patient Name: \_\_\_\_\_  
 Admission Date: \_\_\_\_\_

Date/ Hospital Day	First diagnostic test or first	Infection Window Period	Date of Event	RIT (Repeat Infection Timeframe)	Secondary BSI Attributio n Period
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Urine E. F				
12	Blood E.F				
13	Fever 101				
14					
15	Blood SA				
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

# SUTI Changes



- ">2 calendar days" replaced with "**more than 2 consecutive days in an inpatient location**"
- "Catheter," "Foley," "Foley catheter" and "urinary catheter" replaced with "**indwelling urinary catheter**" or "**IUC**" throughout the protocol.
- Catheter days (and central line days) referenced as **Denominator Device Days**
- *SUTI 1a: Catheter-associated Urinary Tract Infection (CAUTI) in any age patient clarified:*
- Patient has at least one of the following signs or symptoms:
  - fever (>38.0°C):
  - Reminder: To use fever in a patient > 65 years of age, the IUC needs to be in place for more than 2 consecutive days in an inpatient location on date of event and **is either still in place OR was removed the day before the DOE.** (Remainder of definition is unchanged)

# To use fever in a patient > 65 years of age

- Criteria:
  - In place for more than 2 days in an inpatient location on date of event: Yes/No
  - Either still in place OR was removed the day before the DOE.
- 70 year old patient with a fever 100.6 on Day 2 and Day 7, IUC removed on Day 6, can you use fever as the symptom for a SUTI in this patient?
- What is the date of event?
- Is this POA?

Hospital Day	Infection Window		
Oct 1		IUC inserted	
2		Fever 100.6	DOE?
3			
4			
5	E. Coli UC		DOE?
6		IUC removed	
7		Fever 100.6	DOE?
8			
9			

# Name change for *Clostridium difficile*

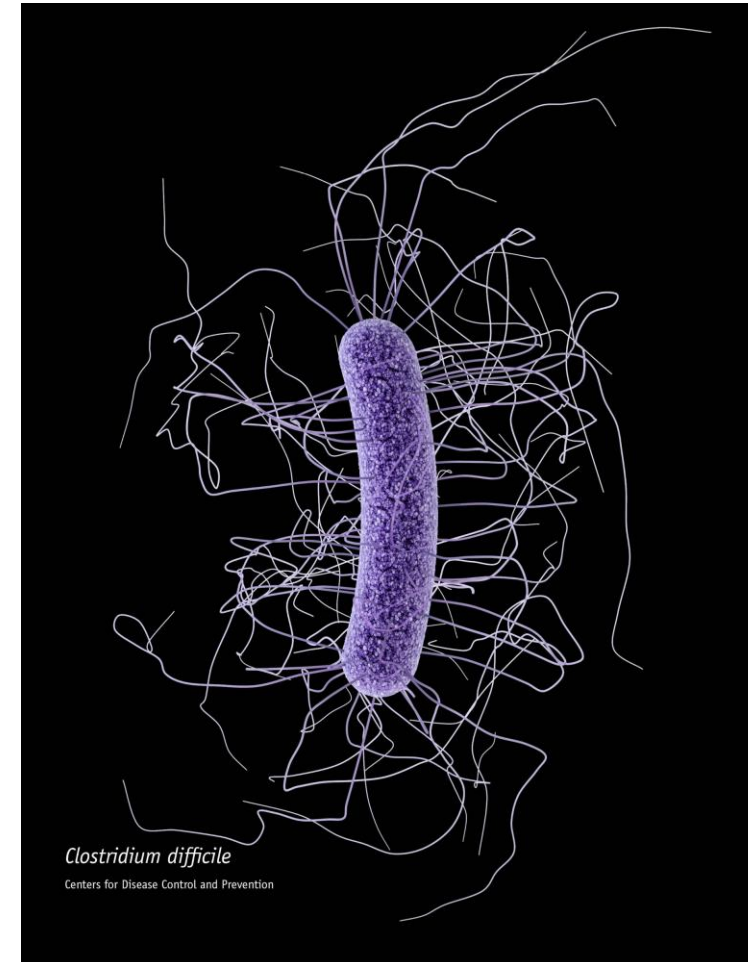
- *Clostridioides difficile*
  - In protocol manuals but not in database yet
- Simplified title “MDRO and CDI Prevention Process and Outcome Measures Monthly Monitor Form” to “MDRO and CDI Monthly Denominator Form”



Add Patient Safety Summary Data

Summary Data Type: MDRO and CDI Monthly Denominator - All Locations

Continue Back



# Improvement: FacWideIN denominator form: Clearer language, instructions, and formulas



Form Approved  
OMB No. 0920-0666  
Exp. Date: 11/30/2021  
www.cdc.gov/nhsn

## MDRO and CDI Monthly Denominator Form

Page 1 of 2

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

Facility ID #: \_\_\_\_\_ \*Month: \_\_\_\_\_ \*Year: \_\_\_\_\_ \*Location Code: \_\_\_\_\_

Line 1: Setting: Inpatient

\*\*Total Facility Patient Days: \_\_\_\_\_ \*\*Total Facility Admissions: \_\_\_\_\_

Setting: Outpatient

Total Facility Encounters:

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 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: \_\_\_\_\_ Admissions: \_\_\_\_\_

Line 3: If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or Well Baby Unit, please subtract those counts from "Total Facility Patient Days" and "Total 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: \_\_\_\_\_ Admissions: \_\_\_\_\_

# Analysis of CDI

Note: When using a multi-testing methodology for CD identification, the final result of **the last test finding** which is placed onto the patient medical record will determine if the CDI positive laboratory assay definition is met

**Clarified: Testing must be on same stool sample**

Table 1. CDI in Acute Care Hospitals

Parameter	Parameter Estimate	Standard Error	P-value
Intercept	-8.9463	0.0523	<0.0001
Inpatient community-onset prevalence rate*	0.7339	0.0181	<0.0001
CDI test type <sup>+</sup> : EIA	-0.1579	0.0246	<0.0001
CDI test type <sup>+</sup> : NAAT	0.1307	0.0219	<0.0001
CDI test type <sup>+</sup> : OTHER	REFERENT	--	--

**Facility Microbiology Laboratory Practices (continued)**

\*10. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)
- NAAT plus EIA, if NAAT positive (2-step algorithm)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Toxigenic culture (*C. difficile* culture followed by detection of toxins)
- Other (specify): \_\_\_\_\_

("Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or conduct a search for further guidance on selecting the correct option to report.)

}

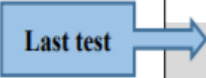
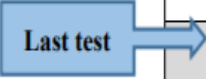
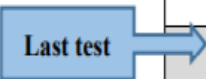
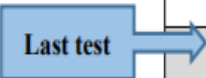
2 Step Tests



# Final Test for CDI

- Must be same specimen
- Same patient in same location
- Do not enter duplicates (Day 1 is specimen collection day)
- Count 14 days from last positive
- Example: Positive specimens on September 1, 6, 17<sup>th</sup> and 30<sup>th</sup>. Same patient in the same location. Which one(s) are entered into NHSN?

*Examples of Multi-step Testing Interpretations (does not consider prior positives):*

Multi-step Testing Same Specimen	Testing Step	Testing Method	Documented Findings	Eligible LabID Event?
<b>Example A</b> 	Test 1	NAAT	Negative	Yes
	Test 2	GDH	Positive	
	Test 3	EIA	<b>Positive</b>	
<b>Example B</b> 	Test 1	NAAT	Positive	No
	Test 2	GDH	Positive	
	Test 3	EIA	Negative	
<b>Example C</b> 	Test 1	GDH	Positive	Yes
	Test 2	EIA	Negative	
	Test 3	NAAT	<b>Positive</b>	
<b>Example D</b> 	Test 1	GDH	Positive	No
	Test 2	EIA	Positive	
	Test 3	NAAT	Negative	

# ICD-10-PCS/CPT Operative Procedure Code Update

- The NHSN ICD-10-PCS/CPT operative procedure codes are annually reviewed and validated. Must use 2019 codes for 2019 procedures.
- For all procedures, if the ICD-10 PCS code has been designated, and if there is a number **4** or the letter **F** in the **5th position** of the ICD-10 PCS code, “Scope” is automatically set to “Yes” with the possibility of edit, otherwise, it is automatically set to “No” with the possibility of edit.

ICD-10 5 <sup>th</sup> Character	Approach	Scope Field
0	Open approach	No
4	Percutaneous endoscopic approach	Yes
F	Via natural or artificial opening with endoscopic assistance approach	Yes

**Note:** If a procedure is coded as *open and scope* then the procedure should be entered into NHSN as **Scope = NO**. The *open* designation is considered a higher risk procedure.

# Operative Code List: ICD-10 & CPT




## Surveillance for Surgical Site Infection (SSI) Events

### Resources for NHSN Users Already Enrolled

Training	+
Protocols	+
Frequently Asked Questions	+
Data Collection Forms	+
CMS Supporting Materials	+
<b>Supporting Materials</b>	-

#### 2019 Operative Procedure Code Documents

The documents listed below should be used for procedures performed in 2019.

- **Update!** [ICD-10-PCS Procedure Code Mapping to NHSN Operative Procedure Codes](#)  [XLSX - 750 KB]
- **Update!** [Current Procedural Terminology \(CPT\) Procedure Code Mapping to NHSN Operative Procedure Codes](#)  [XLSX - 350 KB]
- Additional Guidance for use with NHSN Operative Procedure Codes
  - [ICD-10-PCS & CPT Codes – Guidance for HPRO & KPRO Procedure Details](#)  [XLSX - 46K]  
This guidance document may be used for completing the NHSN procedure details for HPRO – hip arthroplasty and/or KPRO – Knee arthroplasty operative procedures.

New Users -  
Start Enrollment  
Here



Step 1: Enroll into  
NHSN

Step 2: Set up NHSN

Step 3: Report

[Click here to enroll](#)



# Miscellaneous

- Business rule added to limit SSI Deep Incisional **Secondary** SSI events to a surveillance period of less than or equal to 30 days.
- “SA-Spinal Abscess” to “SA-Spinal Abscess/Infection” (spinal abscess, spinal subdural or epidural infection). Criteria for this updated
- ENDO (Endocarditis) definition updated
- Clarified Skin and Soft Tissue definition does not include vascular sites



# Ventilator Associated Events

- VAE able to import
- Meropenem/vaborbactam was added to the VAE protocol  
Appendix: List of Antimicrobials Agents Eligible for IVAC, PVAP and the VAE calculator.
- New Pediatric VAE module: Only for Pediatric and Neonatal locations

# TAP Reports

- Updated the Pathogen List for CAUTI TAP Reports. Updated the footnotes for CAUTI TAP Reports for facilities and groups.
  - Yeast (YS) is not considered a pathogen for CAUTI within NHSN, it was removed in the TAP Report as a pathogen. Yeast was replaced by Enterobacter species in the pathogen list.
  - Proteus mirabilis was replaced by Proteus species in the pathogen list

## National Healthcare Safety Network

### TAP Report for CAUTI Data for Acute Care and Critical Access Hospitals (2015 Baseline)

#### Locations Ranked by CAD Within a Facility

**SIR Goal : HHS Goal = 0.75**

A TAP Report is the first step in the CDC TAP Strategy. For more information on the TAP strategy, please visit: <http://www.cdc.gov/hai/prevent/tap.html>

As of: January 10, 2019 at 10:21 AM

Date Range: BS2\_CAU\_TAP summaryYr 2018 to 2018

FACILITY			LOCATION																
orgID	name	facCAD	locRank	location	loccdc	infCount	numcathdays	locDUR	locCAD	locSIR	SIRtest	numPathUTI							
<div style="border: 1px solid green; padding: 5px;"> <ol style="list-style-type: none"> <li>1. This report includes CAUTI data for 2015 and forward.</li> <li>2. If location-level CADs are the same in a given facility, their ranks are tied.</li> <li>3. (EC, ESP, PA, KS, PS, ES) = No. of E. Coli, Enterobacter species, P. aeruginosa, K. pneumoniae/K. oxytoca, Proteus species, Enterococcus species</li> <li>4. SIR is set to . when predicted number of events is &lt;1.0.</li> <li>5. LOCATION CAD = (OBSERVED_LOCATION – PREDICTED_LOCATION* SELECTED SIR Goal)</li> <li>6. SIR TEST = 'SIG' means SIR &gt; SIR Goal significantly</li> </ol> <p>Source of aggregate data: 2015 NHSN CAUTI Data Data contained in this report were last generated on November 8, 2018 at 12:29 PM.</p> </div>																			
<div style="border: 1px solid purple; padding: 5px;"> <table border="1"> <tbody> <tr><td>3 (0, 0, 0, 0, 0, 0)</td></tr> <tr><td>5 (1, 0, 2, 1, 0, 0)</td></tr> <tr><td>3 (0, 0, 0, 0, 0, 0)</td></tr> <tr><td>2 (1, 0, 0, 0, 0, 0)</td></tr> <tr><td>1 (0, 0, 0, 0, 0, 1)</td></tr> <tr><td>1 (0, 0, 0, 0, 0, 1)</td></tr> <tr><td>1 (0, 0, 0, 0, 0, 0)</td></tr> <tr><td>1 (1, 0, 0, 0, 0, 0)</td></tr> </tbody> </table> </div>												3 (0, 0, 0, 0, 0, 0)	5 (1, 0, 2, 1, 0, 0)	3 (0, 0, 0, 0, 0, 0)	2 (1, 0, 0, 0, 0, 0)	1 (0, 0, 0, 0, 0, 1)	1 (0, 0, 0, 0, 0, 1)	1 (0, 0, 0, 0, 0, 0)	1 (1, 0, 0, 0, 0, 0)
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# Summary

- Lots of changes to the Annual Survey
- Be sure to get help in completing survey as data affects your benchmarks
- Now is the time to review locations and adjust to facility changes
- Add 2019 monthly reporting plans
- Utilize 2019 definition changes with all January 1, 2019 entries

# Quality+IC

Quality Processes for Infection Control

## Contact Information

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