



National Healthcare Safety Network Members' Meeting

APIC 2018

June 14, 2018

5:00-6:30 p.m.

Minneapolis Convention Center, Auditorium 3

NHSN Presentations during APIC 2018

- **NHSN Analysis: The Ins and Outs of Risk Adjustment**
 - Margaret Dudeck
 - Wednesday 1:30-2:30 p.m.
- **NHSN Case Studies: Applied Surveillance**
 - Katherine Allen-Bridson
 - Wednesday 3-4 p.m.
- **NHSN Device-Associated Analysis: What Can SIRs and SURs Do for You?**
 - Prachi Patel
 - Thursday 2:15-3:25 p.m.
- **NHSN Options for MDRO/CDI Surveillance and LabID Event Reporting**
 - Parneet Ghuman and Denise Leaptrot
 - Thursday 2:15-4:45 p.m.
- **Analytical Methods for Assessing Intervention Effectiveness**
 - Jonathan Edwards
 - Friday 8:00-10:30 a.m.
- **Lessons from a National Nursing Home CDI Surveillance Partnership**
 - Elisabeth Mungai
 - Friday 9:30-10:30 a.m.
- **Analyzing SSI Data in NHSN**
 - Irene Khan
 - Friday 9:30-10:30 a.m.
- **Implementation of the TAP Strategy to Enhance Prevention of HAIs: A Practical Approach**
 - Rashad Arcement
 - Friday 1:15-3:45
- **Preview of the New Outpatient Procedure Component**
 - Henrietta Smith
 - Friday 1:30-2:30 p.m.

Agenda

- **Welcome** – Dan Pollock
- **Beta Release Testing NHSN V9.2-** Kent Lemoine
- **Patient Safety Components Surveillance Definitions/Protocols-** Kathy Allen-Bridson , Denise Leaptrot, Parneet Ghuman
- **Patient Safety Component Training-** Kathy Allen-Bridson
- **Patient Safety Components Analysis-** Maggie Dudeck
- **Long-term Care Component-** Jeneita Bell
- **Clinical Document Architecture-** Ahmed Tahir
- **Antimicrobial Use and Resistance-** Casey Thompson
- **Dialysis Component Updates-** Maggie Dudeck
- **Questions** – All

Welcome

Dr. Daniel Pollock

NHSN Beta Testing – Release 9.2

Kent Lemoine

Recap of the 2017 NHSN 8.8 Beta Release

- Beta testing for release 8.8 took place from 10/23/2017 to 11/3/2017.
- Approximately 85 volunteer testers from all facility types participated in the beta testing.
- A few minor issues were reported and fixed prior to the production release of NHSN 8.8.
- This provided an opportunity for a “sneak peak” of 8.8 features as well as a forum to provide suggestions for future enhancements.
- The insertion of a beta testing period in the project schedule provides stability of the production release schedule.

NHSN 9.2 Beta Release

- The 2018 beta release is scheduled from 10/22/2018 to 11/2/2018.
- We need volunteers again! If you are interested, please email NHSNBeta@cdc.gov. We will begin monitoring this mailbox starting tomorrow.
- A flyer with more information will be sent in July and more on what to expect in September.
- A list of changed functionality will be provided at the start of the testing period so that you can focus on the changes to be found in NHSN 9.2
- Thank you!

CLABSI, PedVAE, SSI, Upcoming Components

Kathy Allen-Bridson

ECMO and VAD and CLABSI 2018- Oh My

- Extracorporeal Life Support, (ECMO) and Ventricular Assist Device (VAD)
- Optional fields 2018; Required 2019 (not 2020 as listed in BSI protocol)
- If in place > 2 days on DOE and still in place or discontinued day before
 - Mark “Central line” field as “No”- regardless of central line presence
 - Healthcare-associated BSI but NOT CLABSI
- 30+ events incorrectly entered into NHSN since 2018
- See pages 4-10 and 4-11 of BSI protocol for details
https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf

Don't overinflate your CLABSI SIR!

Device Day and Central Line Day Counts

- Device Day – The count of central lines on an inpatient unit that will be recorded in the monthly denominator summary data.
 - ALL central lines present on an inpatient unit should be included regardless of access.
 - Guidance: Table of Instructions for Denominators for NICU's, SCA's and ICU's
 - <https://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html>
- Central Line Day - The days of access on an inpatient unit for central line-associated bloodstream infection (CLABSI) determinations.
 - If the central line is inserted during the current admission:
 - CL Day 1 = date of line placement
 - For central lines present on admission
 - CL Day 1 = date of 1st access on inpatient unit
 - Guidance: Table 3, page 4-16 of LCBI protocol

We Want to Hear From You

- CLABSI Surveillance Definitions Pre and Post 2015
 - Watch email for short survey from APIC
 - 1-2 weeks after APIC 2018
 - Let us know what you think

Pediatric Ventilator-Associated Event (PedVAE)

- Location based surveillance available for selection in monthly reporting plan in Pediatric and NICU locations only with planned release in January 2019
- Patient must be ventilated > 2 days to be eligible for PedVAE surveillance
- Detection of a PedVAE is determined by identification of deterioration in respiratory status after a period of stability or improvement on the ventilator using two key parameters:
 - Daily minimum FiO_2
 - Daily minimum Mean Airway Pressure (MAP)
- Secondary BSIs are not reported or attributable to a PedVAE
- Single tiered algorithm

Pediatric Ventilator-Associated Event (PedVAE) Surveillance Algorithm

Patient has a baseline period of stability or improvement on the ventilator, defined by ≥ 2 calendar days of stable or decreasing daily minimum* FiO_2 or MAP values. The baseline period is defined as the 2 calendar days immediately preceding the first day of increased daily minimum MAP or FiO_2 .

*Daily minimum FiO_2 is defined as the lowest value of FiO_2 documented during a calendar day that is maintained for > 1 hour.

Daily minimum MAP is the lowest value documented during the calendar day.

For patients < 30 days old, daily minimum MAP values 0-8 $\text{cm H}_2\text{O}$ are considered equal to 8 $\text{cm H}_2\text{O}$ for the purposes of surveillance.

For patients ≥ 30 days old, daily minimum MAP values 0-10 $\text{cm H}_2\text{O}$ are considered equal to 10 $\text{cm H}_2\text{O}$ for the purposes of surveillance.



After a period of stability or improvement on the ventilator, the patient has at least one of the following indicators of worsening oxygenation:

- 1) Increase in daily minimum FiO_2 of ≥ 0.25 (25 points) over the daily minimum FiO_2 of the first day in the baseline period, sustained for ≥ 2 calendar days.
- 2) Increase in daily minimum MAP values of ≥ 4 $\text{cm H}_2\text{O}$ over the daily minimum MAP of the first day in the baseline period, sustained for ≥ 2 calendar days.



Pediatric Ventilator-Associated Event (PedVAE)

Additional Optional PedVAE Data Collection

- Clinical findings associated with a PedVAE may assist in better understanding the etiology and focusing efforts to prevent PedVAEs
- Optional data fields to report the following will be available:
 - Clinical diagnoses or events that were associated with the PedVAE
 - Antimicrobial agents that are administered on the date of event or within the 2 days before or 2 days after the event
 - Pathogens detected by culture or non-culture-based microbiological testing of upper or lower respiratory specimens or in blood during defined timeframes specified in the protocol

News Related to NHSN Operative Procedure Codes

- Operative Procedure Codes included in the v8.9 release should be applied retrospectively to procedures performed on or after 1/1/18

Procedure Code Category	ICD-10 CODES	Procedure Code Descriptions	Code Status listed in 01-2018 document (OUTDATED)	Updated Code Status as of 03-2018 (CURRENT)
OVRY	0UC13ZZ	Extirpation of Matter from Left Ovary, Percutaneous Endoscopic Approach	Add	Remove
OVRY	0UC14ZZ	Extirpation of Matter from Left Ovary, Percutaneous Endoscopic Approach	-----	Add
OVRY	0UC24ZZ	Extirpation of Matter from Bilateral Ovaries, Percutaneous Endoscopic Approach	-----	Add
OVRY	0UC23ZZ	Extirpation of Matter from Bilateral Ovaries, Percutaneous Endoscopic Approach	Add	Remove
OVRY	0UDN3ZZ	Extraction of Ova, Percutaneous Endoscopic	No change	Remove
VHYS	0UT97ZZ	Resection of Uterus, Via Natural or Artificial Opening	No change	Remove
VHYS	0UT9FZZ	Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance	Remove	No change
CHOL	0FB40ZZ	Excision of Gallbladder, Open Approach	-----	Add

News Related to NHSN Operative Procedure Codes

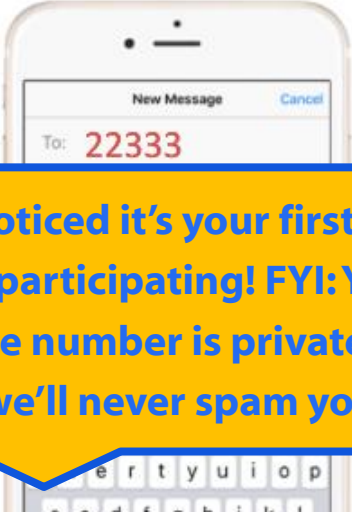
- Updates Related to the Continued Transition to ICD-10 Coding System
 - Harmonizing the NHSN operative procedure code category descriptions with the ICD-10-PCS coding system
 - Scope guidance for CBGB operative procedures is based on the 5th character of the chest
 - Value of zero (0) = an open approach
 - Value of four (4) = percutaneous endoscopic approach
 - Value of F = via natural or artificial opening with endoscopic assistance approach

Upcoming NHSN Modules and Components

- September 2018
 - Outpatient Procedure Component
 - See *Preview of the New Outpatient Procedure Component*- Friday 1:30-2:30
- January 2019
 - Pediatric Ventilator-associated Events (PedVAE)
- January 2020
 - Neonatal Component
 - Level II/III and III NICUs
 - Late-Onset Sepsis
 - Meningitis

Poll Everywhere

- A real time audience response tool
 - Participate by texting the message **NHSN** to **22333** once to join
- OR
- On cellphone or computer visit the web address **PollEv.com/nhsn** via any web browser



We noticed it's your first time participating! FYI: Your phone number is private, and we'll never spam you

You've joined Cheryl Williams' session (NHSN). When you're done, reply **LEAVE**

Text voting

True or False: Following the identification surgical site infections, I have observed addendums to operative procedure reports to note infection present at the time of surgery.

A

B

True

False

MDRO/CDI Update

Denise Leaptrot

No change to MDRO/CDI reporting guidance or definitions

- Clarification note added for CDI multistep testing, pg. 12-21
- Multistep testing occurs on same unformed stool specimen.

CDI-positive laboratory assay:

A positive laboratory test result for *C. difficile* toxin A and/or B, (includes molecular assays [PCR] and/or toxin assays) tested on an unformed stool specimen (must conform to the container)

OR

A toxin-producing *C. difficile* organism detected by culture or other laboratory means performed on an unformed stool sample (must conform to the container).



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.

Updates to FacWideIn MDRO/CDI Denominator Form

Parneet Ghuman

Updates to FacWideIN MDRO/CDI Denominator Form

- Our goal is to minimize data quality issues with LabID denominator data entry
- We want to ensure that complete and accurate data are being used for CMS/internal purposes
- Updates are anticipated to go into effect in early 2019

Current FacWideIN MDRO/CDI Denominator Form

Setting: Inpatient Total Facility Patient Days * : Total Facility Admissions * : 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) from Totals: 2

MDRO Patient Days * : MDRO Admissions * : MDRO Encounters: 3

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 * : CDI Admissions * : CDI Encounters:

- Changes include:
 - Simplified title and revised language for clarity
 - Encounters field will display conditionally for outpatient units
 - Row 2 and Row 3
 - Added formulas for counts
 - No mention of MDRO and CDI

Sneak Peek!

- Example of inpatient FacWideIN MDRO/CDI denominator form

Setting: Inpatient Total Patient Days * : 203

Total Admissions * : 151 1

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. 2

Counts = [Total Facility - (IRF + IPF)]

Patient Days * : 140 Admissions * : 85

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. 3

Counts = [Total Facility - (IRF + IPF + NICU + Well Baby Unit)]

Patient Days * : 88 Admissions * : 67

NHSN Patient Safety Component Training Updates

Kathy Allen-Bridson

NHSN Available Training – Overview

- ❑ **2018 NHSN Training Archived Webstream Videos - available now!**
 - CLABSI, CAUTI, VAE, LabID Events, SSI, Analysis, and AUR sessions
- ❑ **Quick Learns**
 - 5 – 10 minute videos addressing specific NHSN topics
- ❑ **Self-paced Interactive Trainings - CBTs**
 - Self-paced slides with detailed graphics, screen shots of step-by-step examples of form completion for instructional purposes, practice questions, and case study examples.
 - Available for: Device and Procedure-associated Modules, MDRO/CDI LabID Events, Dialysis Event, and Biovigilance
 - Coming July 2018 – Ventilator-associated Events!
- ❑ **In-Person Training – March 25 - 29, 2019**
 - The training course will provide information on CMS reporting, definition and protocol clarification, interactive case studies, analysis, validation, and any updates in reporting for 2019.
 - Webstreaming will be available for those not attending in-person

NHSN Training Website: New Look!

<http://www.cdc.gov/nhsn/training/>


National Healthcare Safety Network (NHSN) Training

[f](#) [t](#) [+](#)

Our mission is to offer learning opportunities in a variety of formats that enhance the knowledge and skills of NHSN facility- and group-level participants and their partners in order that they may effectively use the data obtained from the surveillance system to improve patient and healthcare personnel safety.


Objectives

- Convey NHSN data collection methods, submission requirements, and analysis options to participants so that they may acquire, submit, and disseminate high quality, actionable data.
- Prepare participants to use the NHSN reporting application accurately and efficiently.
- Enhance participants' and their partners' understanding of data quality and the value of adverse event monitoring.
- Encourage collaboration among participants and partners to improve the patient and healthcare personnel safety across the spectrum of care.




Continuing Education
Free CE available for all NHSN education course work.


Training by Component




Patient Safety Component




Biovigilance Component



Healthcare Personnel Safety Component



Dialysis Component



Long-Term Care Facility Component

RESOURCES FOR USERS NEW TO NHSN
Self-paced training for new NHSN enrollment and existing facility set-up.

NHSN ANALYSIS
Self-paced training for introductory and advanced NHSN analysis.

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Free CE available for all NHSN education course work.

REQUEST CDC LED TRAINING
Webinar / In-person training policy and request.

National Healthcare Safety Network (NHSN) Training

[CDC](#) > [NHSN Home](#)

Patient Safety Component Training

[f](#) [t](#) [+](#)

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Patient Safety Overview +

Device-associated Module +

BSI - Bloodstream Infections -

Training Videos

Central Line-associated Bloodstream Infection (CLABSI) - 2018

- [YouTube Link \[Video - 79 min\]](#)
- [Slideset \[PDF - 8 MB\]](#)

Self-paced Interactive Training

[CLABSI Training \[CBT - 60 min\]](#)

Quick Learns

BSI Definition Changes for January 2015

- [YouTube Link \[Video - 14 min\]](#)


Secondary Bloodstream Infections May 2016

- [YouTube Link \[Video - 9 min\]](#)

UTI - Urinary Tract Infections +

NHSN Home

- NHSN Training
- NHSN Demo +
- Resources for Users New to NHSN +
- NHSN Analysis
- Biovigilance Component
- Dialysis Component
- Healthcare Personnel Safety Component
- Long-term Care Facility Component
- Patient Safety Component**
- Continuing Education +
- Request CDC Led Training +

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Related Links

NHSN Continuing Education

<http://www.cdc.gov/nhsn/training/continuing-edu.html>

Continuing Education is available for Self-paced Interactive Training and Archived Webstreaming Training

CE available: CNE, CEU, CME, CPH

The screenshot displays the NHSN Training website interface. At the top, the header reads "National Healthcare Safety Network (NHSN) Training". Below the header, there are social media icons and a mission statement: "Our mission is to offer learning opportunities in a variety of formats that enhance the knowledge and skills of NHSN facility- and group-level participants and their partners in order that they may effectively use the data obtained from the surveillance system to improve patient and healthcare personnel safety." The "Objectives" section lists four bullet points: conveying data collection methods, preparing participants for reporting, enhancing understanding of data quality, and encouraging collaboration. The "Training by Component" section features four images: "Patient Safety Component" (handwashing), "Biovigilance Component" (microscopic view of cells), "Dialysis Component" (dialyzer), and "Long-Term Care Facility Component" (nurse with patient). A sidebar on the right contains a navigation menu with items like "NHSN Home", "NHSN Training", "NHSN Demo", "Resources for Users New to NHSN", "NHSN Analysis", "Biovigilance Component", "Dialysis Component", "Healthcare Personnel Safety Component", "Long-term Care Facility Component", "Patient Safety Component", "Continuing Education", "NHSN Training Videos", "Self-paced Interactive Trainings", and "Request CDC Led Training". Below the menu is an "Email Updates" form and a "Submit" button. The "Continuing Education" section is highlighted with a red circle and contains a detailed description of the process, including registration, course completion, and posttest requirements. A "Related Links" section at the bottom points to the "NHSN Manual: Biovigilance".

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Training by Component

Patient Safety Component

Biovigilance Component

Dialysis Component

Long-Term Care Facility Component

National Healthcare Safety Network (NHSN) Training

[CDC](#) • [NHSN Home](#)

Continuing Education

National Healthcare Safety Network provides online access to complete the continuing education (CE) certificate process. This process includes registration for a course on the CDC Training and Continuing Education Online system, completing the course posttest and assessment, and printing of the CE certificate. To receive CE, participants must complete this process online.

Expiration

You must submit your answers online before the stated expiration date to be eligible to receive continuing education credit. Please check each course for expiration dates.

Obtaining Continuing Education for NHSN Training Events

1. Once you completed viewing the courses, go to [CDC Training and Continuing Education Online](#).
 - a. If you have not registered as a participant, click on **New Participant** to create a user ID and password; otherwise click on **Participant Login** and login.
 - b. If you have registered in this system before, please use the same login name and password. This will ensure an accurate transcript.
2. Once you have logged in, you will be on the Participant Services page. Click on **Search and Register**. Then click on the second option **keyword search** and enter the course number. You can only register and enter one course at a time.
3. Click on the course title (at the bottom of the page). The course information page will come up. Scroll down to **Register Here**. Click on the type of CE that you would like to receive and then **Submit**. Three demographic questions will come up. Complete the questions and then **Submit**.
4. From **Participant Services**, click on **Evaluations and Tests**.
5. Complete the course evaluation and **Submit**. Once you hit submit, it will give you the option of completing the posttest. The posttest for each training course is very brief.
6. Upon achieving a passing posttest score (of 80% or higher), you will be able to immediately print your continuing education certificate from your personal transcript. If you do not post a passing score, you may retake the test.
 - A record of your completion will be located in the transcript and certificate section of your record.
7. If you have any questions or problems contact CDC Training and Continuing Education Online at: 1-800-418-7246 or ce@cdc.gov.

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Related Links

NHSN Manual: Biovigilance

RESOURCES FOR USERS NEW TO NHSN
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CONTINUING EDUCATION
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NHSN WEB STREAMING / WEBINAR EVENTS

SELF-PACED INTERACTIVE TRAININGS

2018 NHSN Live Training: Slidesets and Webstream Videos

National Healthcare Safety Network (NHSN) Training

CDC > NHSN Home

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CDC > NHSN Home > Continuing Education

NHSN Training Videos

Presentations from the annual NHSN live training hosted at CDC are recorded and posted as archived videos. You can view the individual presentations for each module of the PSC and NHSN beginner and advanced Analysis, as well as LTCF, AUR, validation, and CMS reporting presentations.

2018 NHSN Training Continuing Education Information

WD2971 [PDF - 350 KB]	WD2976 [PDF - 350 KB]
WD2972 [PDF - 350 KB]	WD2977 [PDF - 350 KB]
WD2973 [PDF - 350 KB]	WD2978 [PDF - 350 KB]
WD2974 [PDF - 350 KB]	WD2979 [PDF - 350 KB]
WD2975 [PDF - 350 KB]	

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NHSN Training Videos

- Self-paced Interactive Trainings
- Request CDC Led Training

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Related Links

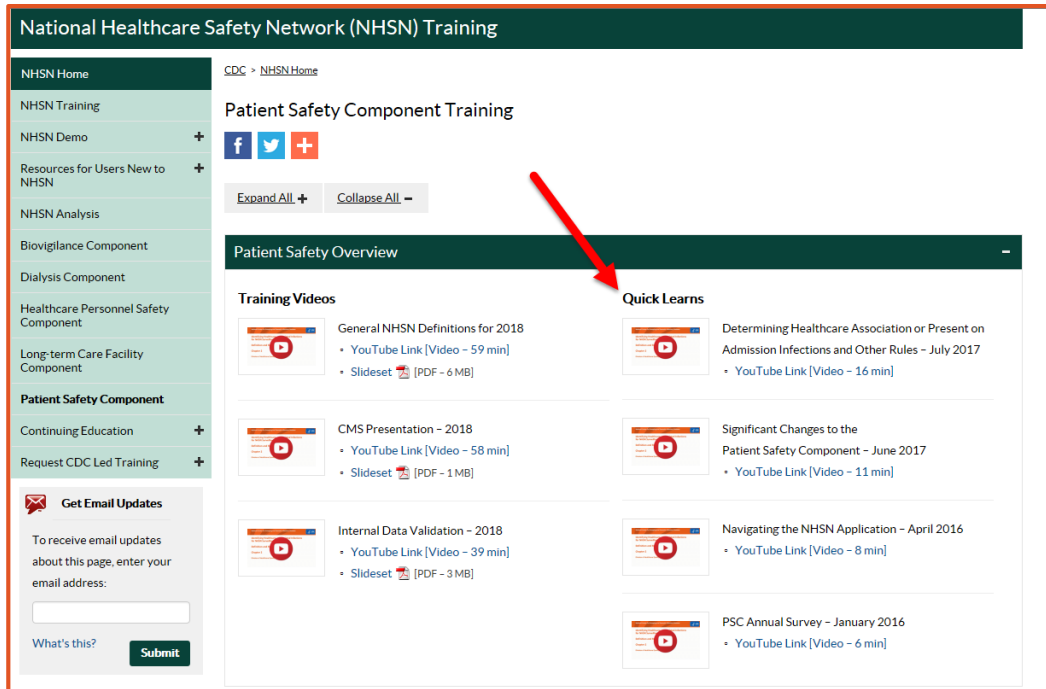
- [NHSN Manual: Biovigilance Component Protocol April 2018](#) [PDF - 1M]
- [Healthcare Personnel Safety Component Manual](#) [PDF - 874K]

- Overview
- Bloodstream Infection (BSI)
- CAUTI
- VAE
- Surgical Site Infection (SSI)
- MRSA & CDI LabID
- Analysis
- Long-term Care Facilities (LTCF)
- Antimicrobial Use & Resistance (AUR)

2018 Quick Learns

As of January 2018, the NHSN Quick Learns are no longer located on a separate page on the NHSN Training site.

Instead, Quick Learns are posted under the dropdown for the specific module they pertain to, see example below:



The screenshot shows the NHSN Training website interface. The main header is "National Healthcare Safety Network (NHSN) Training". On the left is a navigation sidebar with categories like "NHSN Home", "NHSN Training", "NHSN Demo", "Resources for Users New to NHSN", "NHSN Analysis", "Biovigilance Component", "Dialysis Component", "Healthcare Personnel Safety Component", "Long-term Care Facility Component", "Patient Safety Component", "Continuing Education", and "Request CDC Led Training". The "Patient Safety Component" is selected and expanded, showing a dropdown menu with "Patient Safety Overview" and "Quick Learns". A red arrow points to the "Quick Learns" option. The "Quick Learns" section displays a grid of training videos and documents, including "General NHSN Definitions for 2018", "Determining Healthcare Association or Present on Admission Infections and Other Rules - July 2017", "CMS Presentation - 2018", "Significant Changes to the Patient Safety Component - June 2017", "Internal Data Validation - 2018", "Navigating the NHSN Application - April 2016", and "PSC Annual Survey - January 2016".

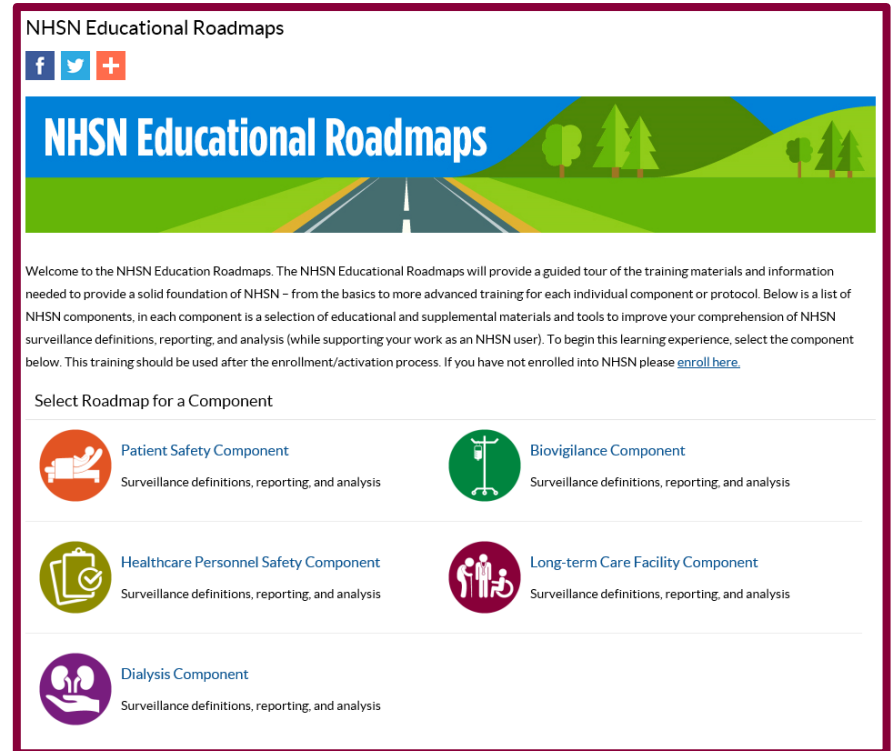
Quick Learns Coming Soon...

- ❑ Introduction to Analysis Basics: PSC Data Set Generation
- ❑ Introduction to Analysis Basics: PSC Analysis Output
- ❑ Introduction to Analysis Basics: Basic Example
- ❑ Introduction to Analysis Basics: Advanced Example
- ❑ Updates to the 2018 Patient Safety Annul Survey

NHSN Educational Roadmaps - Available Now!

<http://www.cdc.gov/nhsn/training/roadmap>

- We have recently completed the NHSN Educational Roadmaps for each NHSN component
- Tools to improve your comprehension of NHSN surveillance definitions, reporting, and analysis.
- Guided tour of the NHSN training materials and information – from the basics to more advanced training for each individual component and protocol



The screenshot shows the NHSN Educational Roadmaps website. At the top, there is a header with the title "NHSN Educational Roadmaps" and social media icons for Facebook, Twitter, and a plus sign. Below the header is a banner image featuring a road leading through a green landscape with trees and hills, with the text "NHSN Educational Roadmaps" overlaid. The main content area contains a welcome message: "Welcome to the NHSN Education Roadmaps. The NHSN Educational Roadmaps will provide a guided tour of the training materials and information needed to provide a solid foundation of NHSN – from the basics to more advanced training for each individual component or protocol. Below is a list of NHSN components, in each component is a selection of educational and supplemental materials and tools to improve your comprehension of NHSN surveillance definitions, reporting, and analysis (while supporting your work as an NHSN user). To begin this learning experience, select the component below. This training should be used after the enrollment/activation process. If you have not enrolled into NHSN please [enroll here](#)." Below the welcome message is a section titled "Select Roadmap for a Component" with five options, each represented by a circular icon and text: "Patient Safety Component" (orange icon of a person in a bed), "Biovigilance Component" (green icon of a person with a magnifying glass), "Healthcare Personnel Safety Component" (green icon of a clipboard with a checkmark), "Long-term Care Facility Component" (purple icon of a person in a wheelchair), and "Dialysis Component" (purple icon of a person with a dialyzer).

Patient Safety Component Analysis and Survey Updates

Maggie Dudeck

TAP Strategy Update: MRSA TAP Reports

- MRSA TAP Reports for ACHs were added to NHSN in April 2018

National Healthcare Safety Network

TAP Report for FACWIDE IN MRSA LabID data for Acute Care and Critical Access Hospitals (2015 Baseline)

Facilities Ranked by CAD 'Cumulative Attributable Difference'

SIR Goal: 0.5

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 June 6, 2018 at 2:25 PM

Date Range: All BS2 MRSA TAP

orgID	name	state	facType	medType	numBeds	numpatdays	MRSA_bldIncCount	numPred	facCAD	SIR	SIRtest
14810	Arcement Medical Center	LA	HOSP-GEN	G	435	136109	38	6.304	33.27	6.028	SIG

- This report includes facility-wide inpatient data from acute care hospitals for 2015 and forward.
- Facility Rank = Priority ranking for Targeted Assessment of Prevention by CAD in descending order
- CAD = Observed - Predicted * SIR Goal
- SIR is set to '.' when predicted number of events is <1.0. SIR TEST = 'SIG' means SIR > SIR Goal significantly

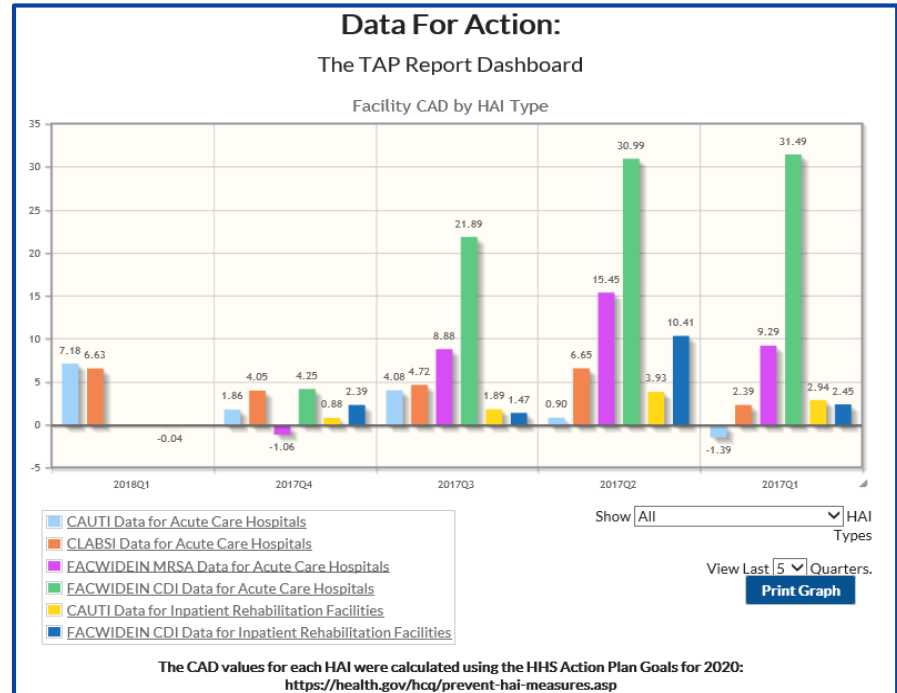
Source of aggregate data: 2015 NHSN MRSA Blood LabID Data

Data contained in this report were last generated on June 4, 2018 at 8:45 AM.

- MRSA data included in the ACH TAP Dashboard

MRSA added to TAP Dashboard

- MRSA has been added to TAP Dashboard reports
 - Summary of MRSA data by recent five quarters
 - Number of MRSA infections to prevent to reach SIR Goal



A Guide to the SUR

- The SUR Guide is live as of January 2018!
- Mirrors the style of the SIR Guide
- Includes definition, calculation steps, and models for each device and facility type

THE NHSN STANDARDIZED UTILIZATION RATIO (SUR)

A Guide to the SUR



The Standardized Utilization Ratio (SUR) is the primary summary measure used by the National Healthcare Safety Network (NHSN) to compare device utilization at the national, state, or facility level by tracking central line, urinary catheter, and ventilator use. Tracking device use in healthcare settings is essential to measuring exposure for device-associated infections. Highlighting the SUR as part of the new baseline project, this document is intended to serve as both guidance for those who are new to this metric, as well as a useful reference for more experienced infection prevention professionals.

<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sur-guide-508.pdf>

Device-Associated Denominator Data Quality Checks

- One potential issue affecting device-associated HAIs is having patient days equal to device days.
 - While possible in certain critical care units, such as NICU locations, patient days should rarely be equal to device days.
- A “soft” alert will be added to device-associated denominator pages when users try to save summary records with any device days (CL, UC, V) that are equal to the patient days in that location and month.
 - A pop-up will appear that will prompt users to review their patient and device day counts and revise if necessary. It will not prevent users from entering patient days equal to device days.

Coming Soon: Analysis Reports Using Frozen Data

- Facilities will soon be able to run CMS-related SIRs based on data frozen as of each CMS prescribed deadline
 - Will aide in facilities comparing data in NHSN to CMS preview reports for Hospital Compare, HVBP, etc.
 - Datasets will be available going back to 2015Q1 deadline, using the 2015 NHSN baseline calculations
- SIRs will still be available in the traditional manner (e.g., based on current data)
- More information will be provided when this feature becomes available

Coming Soon: SIRs for Outpatient Procedures

- The new risk adjustment calculations (using the 2015 NHSN baseline) and SIR reports for outpatient procedures will soon be available
- Risk models developed for outpatient procedures in ASCs separate from hospitals (HOPD)
- The outpatient procedure SIR reports use the **All SSI Data SIR Model only**
 - For the Patient Safety Component, outpatient procedure SIR reports will be separate from the inpatient procedure SIR report
 - For ASCs, the new SIRs will become available in the new Outpatient Procedure Component
- The anticipated release date for the NEW reports:
 - Fall 2018

Coming Soon: 2016 National and State HAI Progress Report

- The 2016 report uses the 2015 baseline and risk adjustment calculations
 - Also compares 2016 data to 2015 SIRs as measure of progress
- The report consists of standardized infection ratio (SIR) and standardized utilization ratio (SUR) data and is produced by facility type:
 - Acute Care Hospitals (ACHs)
 - Critical Access Hospitals (CAHs)
 - Inpatient Rehabilitation Facilities (IRFs)
 - Long Term Acute Care Hospitals (LTACHs)
- The report consists of
 - Detailed technical tables
 - National and State factsheets that will be published in the Patient Safety Atlas
- Previous reports accessible from: <https://www.cdc.gov/hai/surveillance/data-reports/index.html>

Accessing other HAI Reports

- <https://www.cdc.gov/hai/surveillance/data-reports/index.html>



CDC A-Z INDEX ▾

Healthcare-associated Infections

- Healthcare-associated Infections (HAI)
- Data and Statistics
- HAI Data Reports**
- Data Summary: Assessing Progress 2006-2016
- 2015 HAI Data Report
- 2015 SIRs Using Historical Baselines
- 2014 HAI Progress Report
- FAQs: 2014 HAI Progress Report
- Previous HAI Progress Reports
- Antibiotic Resistance Patient Safety Atlas

[CDC](#) > [Healthcare-associated Infections \(HAI\)](#) > [Data and Statistics](#)

Healthcare-Associated Infection Data Reports



A major part of quality healthcare includes protecting patients from infections while they get medical care in hospitals, nursing homes, clinics, home, and other settings. Without this protection, infections themselves can become deadly, and strides made in modern medicine are greatly undermined. The United States has made significant progress toward our collective goal of eliminating healthcare-associated infections (HAIs), and as a result, healthcare in the U.S. is safer now than it was even 10 years ago. Building upon this success and continuing towards the elimination of HAIs is critical.

In 2009, the U.S. Department of Health and Human Services published the [National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination \(HAI Action Plan\)](#), which set specific five-year goals for HAI prevention. CDC plays an important role in this plan by producing data that prompts action, leading the country in tracking, preventing and ultimately eliminating HAIs. This data also helps pinpoint areas of further improvement that allows for the continued progress.

- #### On This Page
- [Healthcare-associated Infections in the United States, 2006-2016: A Story of Progress](#)
 - [The 2015 National and State Healthcare-associated Infections Data Report](#)
 - [National 2015 Standardized Infection Ratios \(SIRs\) Calculated Using Historical Baselines](#)

Coming Soon: 2018 Patient Safety Annual Survey Updates

- Numerous changes to are coming to all three of the PSC surveys, to be completed by facilities in 2019
- 9 New, required questions added to the Hospital Survey, 4 questions added to LTAC and IRF surveys
 - 5 new required questions on the Hospital survey about neonatal antimicrobial use to assist in the creation of a neonatal specific benchmark metric
 - 3 previous survey questions removed due to being outdated and/or not producing useful information for prevention and response activities
- Updated wording and response options for several questions in the facility microbiology lab practices section

Coming Soon: 2018 Patient Safety Annual Survey Updates (cont.)

- The antibiotic stewardship section will have the most noticeable changes
 - The previously required 11 questions will transition to a total of 20 questions (10 required and 10 optional)
 - The reason for this change is to add more granularity and context to facilities stewardship practices
 - All questions will continue to align with the CDC's Core Elements of Hospital Antibiotic Stewardship Program
- Full explanation of these changes and updates will be provided prior to the release of the 2018 Annual survey
 - Information will be provided in several different formats (newsletters, tables of instructions, and quick learn videos)

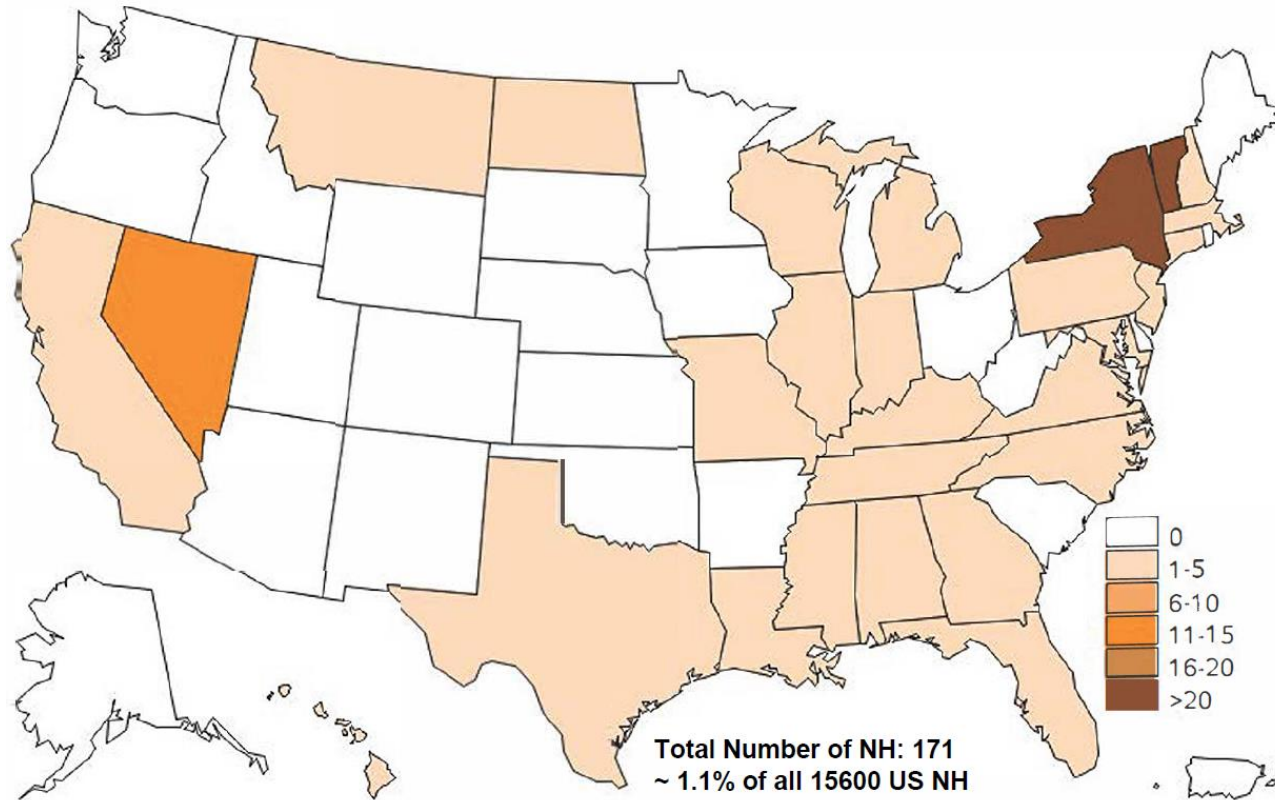
Long-term Care Facility Component Updates

Jeneita Bell

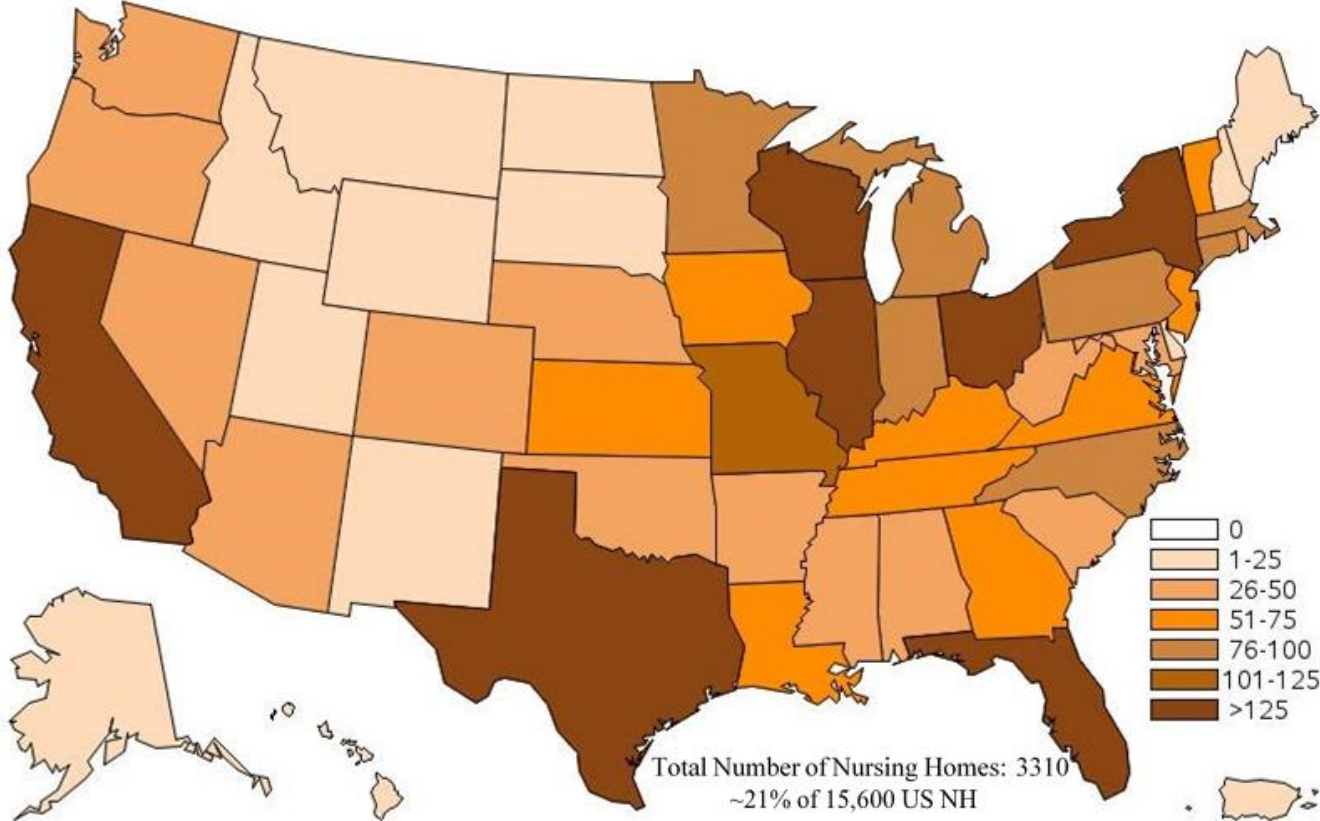
Outline

- Long-term Care Facility (LTCF) Component enrollment
- Clostridium *difficile* Infection (CDI) Reporting and Reduction Project
- APIC presentation
- CDI validation
- LTCF annual training

NURSING HOMES ENROLLED IN NHSN — August 2013



NURSING HOMES ENROLLED IN NHSN — March 2018



Clostridium difficile (CDI) Reporting and Reduction Project

- Collaboration between CDC, CMS, QIN-QIOs
- Objectives:
 - Increase NHSN reporting; establish CDI baseline; improve outcomes
- Project timeline: May 23, 2016 – December 28, 2018
- Recruitment and NHSN enrollment:
 - May 23, 2016 – April 7, 2017
 - National Target: 2,330
- Nursing Home CDI data submission for baseline:
 - March 1, 2017 – December 31, 2017
 - National Target submitting data: 1,864 (min. 80%)

CDI Project Accomplishments

- 2,594 facilities recruited and enrolled
 - 72% privately owned
 - 97% dually Medicare and Medicaid certified
 - 85% 50 to 199 beds
- 2,511 NHs reporting CDI data
 - 99% reported at least one month of complete data
- Exceeded recruitment and data submission target
- Reporting and evaluation on-going

APIC Presentation

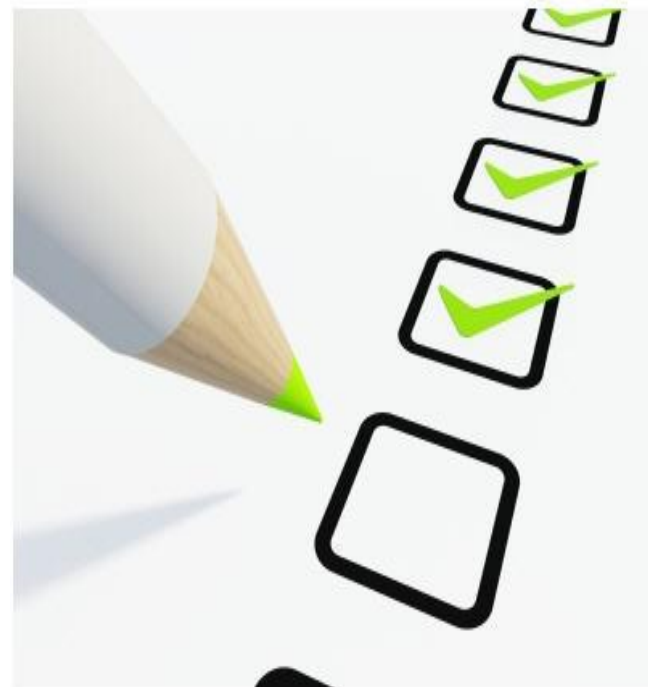
- **Lessons from a National Nursing Home CDI Surveillance Partnership**
Friday, June 15, 2018
9:30 AM - 10:30 AM

- **Speakers:**
 - Elisabeth Mungai (CDC, NHSN)
 - Kathie Nichols (Stratis Health, QIN-QIO)
 - Katie Pelofske (Masonic Home Care Center)



CDI Data Validation

- Improve data quality
 - Check accuracy of reported data
 - Understand users' protocol comprehension
 - Identify education and support needs
- Can be done internally and externally
 - Long-term care facility (LTCF)
 - State health department
 - QIN-QIO
- Interested or need help?
 - Contact NHSN@cdc.gov



NHSN Long-term Care Facility Annual Training

- Centers for Disease Control and Prevention
Atlanta, GA
July 16 – 19, 2018
- Highlights:
 - NHSN Healthcare-associated infection protocols
 - Using data for prevention
 - Introduction to conducting analyses
 - Guest speakers describe the benefits of NHSN in their LTCF

Clinical Document Architecture (CDA) Update

Ahmed Tahir

Overview of CDA

- Stands for Clinical Document Architecture
- Standard format developed by HL7 (Health Level 7)
- Used for electronic reporting of data into NHSN
- XML programming language

```
<recordTarget>
  <patientRole>
    <id root="2.16.840.1.113883.3.117.1.1.5.1.1.1" extension="123456"/>
    <id root="2.16.840.1.113883.3.117.1.1.5.1.1.1" extension="2ND ID"/>
    <id root="2.16.840.1.113883.4.1" extension="546465465"/>
    <id root="2.16.840.1.113883.4.338" extension="465465465T"/>
    <patient>
      <name>
        <family>last</family>
        <given>first</given>
        <given>mid</given>
      </name>
      <administrativeGenderCode codeSystem="2.16.840.1.113883.5.1" code="F"/>
      <birthTime value="19951209"/>
    </patient>
  </patientRole>
</recordTarget>
```

Using CDA

- Many infection control/EHR software systems can create CDAs for NHSN import
 - NHSN does not rank, evaluate, or endorse any software vendor!
 - APIC maintained list of [HAI CDA Vendors](#)
 - SIDP maintained list of [AU CDA Vendors](#)
- Can also use “Homegrown” solutions to develop CDAs

NHSN Data Currently Accepted via CDA

- DA Module
 - CLABSI
 - CAUTI
 - CLIP
 - ICU/Other Denom
 - SCA/ONC Denom
 - NICU Denom
- MDRO Module
 - LabID
 - MDRO Denom
- Hemovigilance
 - HV Denom
- AUR Module
 - AU
 - AR Event
 - AR Denom
- PA Module
 - SSI
 - Procedures
- Dialysis
 - Dialysis Event
 - Dialysis Denom

Future CDAs

- Planned for January 2019
 - Ventilator Associated Event (VAE)
 - Healthcare Personnel Influenza Vaccination Summary (FLU)
 - Update for BSI event
- Planned for January 2020
 - Update for Summaries: ICU/Other, NICU, SCA, MDRO, & Dialysis
 - “Report No Event” will be added to CDA
 - Updates for BSI event
- Planned for Summer 2020
 - Neonatal Component
 - Late Onset Sepsis – event and summary

CDA Imports as a Percentage of All Reports Submitted to NHSN, Jan 1, 2017 - Dec 31, 2017

NHSN Numerator Data	
Bloodstream Infections (BSIs)	42%
Urinary Tract Infections (UTIs)	39%
Surgical Site Infections (SSIs)	31%
Laboratory Identified Events (LabID Events)	56%
Dialysis Events (DEs)	71%

NHSN Denominator Data	
ICU/Other Summary	22%
SCA/ONC Summary	25%
NICU Summary	22%
Surgical Procedure	35%
MDRO Summary	6%
Dialysis Denominator	56%

Manually Importing CDAs

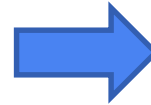
- For importing all CDA file types (except AU & AR), user must have Administrator rights!

Edit User Rights

User ID: **MDQ1 (ID 5939)**

Facility List:

Rights	Patient Safety	Healthcare Personnel Safety
Administrator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Rights	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Analyze Data	<input type="checkbox"/>	<input type="checkbox"/>
Add, Edit, Delete	<input type="checkbox"/>	<input type="checkbox"/>
View Data	<input type="checkbox"/>	<input type="checkbox"/>
Customize Rights	<input type="checkbox"/>	<input type="checkbox"/>



Import/Export Data

Select import/export type

Select import/export type

- CSV Patients
- CSV Procedures
- CSV Surgeons
- CDA Events, Summary Data, Procedure Denominators
- CDA SSI events (requires link to procedure)

DIRECT CDA Automation

- Over 5,900 facilities from 15 vendors using DIRECT
- “Automated” sending of CDA files from vendor/homegrown solution to NHSN
 - Facility must already be able to send CDAs to NHSN
 - Data sent securely using Health Information Services Provider (HISP)
 - Advantages:
 - Not required to log into each facility
 - Send data for multiple facilities at once
 - Notification of submission success/failure sent via email
- Learn more here: [DIRECT information](#)

Updating/Replacing Data via CDA

- Data uploaded via CDA can be easily updated or replaced
- Re-export from vendor software then re-upload into NHSN
 - Automatically updates version number in CDA file so NHSN knows which record to update

CDA Submission Support Portal

■ CSSP




About NHSN

CDC's NHSN is the largest HAI reporting system in the U.S.



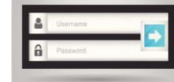
Data and Reports

See national and state reports using NHSN data.



Guidelines and Recommendations

Review CDC HAI prevention guidelines.



NHSN Member Login




New to NHSN? Enroll Facility Here

For first time facility enrollment.



Reporting and Surveillance for Enrolled Facilities

Training, protocols, forms, support materials, analysis resources and FAQs.



Group Users

View resources for group users.



CDA Submission Support Portal (CSSP)










Toolkits, FAQs, webinars and resources for testing and validation for CDA implementers.

NHSN CDA Submission Support Portal (CSSP)

24 > NHSN Home



Clinical Document Architecture (CDA) is a Health Level 7 (HL7) standard that provides a framework for the encoding, formatting and semantics of electronic documents. CDC's National Healthcare Safety Network (NHSN) supports CDA import of certain healthcare-associated infection (HAI) data. To assist programmers in creating standards for reporting via CDA import, NHSN offers an Implementation Guide and associated materials based fully on HL7-balloted CDA document specifications. Types of data that can be reported include event reports, denominator data, and process-of-care measures.

 ABOUT CDA What is Clinical Document Architecture?	 GETTING STARTED How to implement CDA for HAI reporting.	 FAQS Common questions asked by CDA implementers.
 IMPLEMENTATION TOOLKITS & RESOURCES NHSN HAI Implementation Guides, IDMs and toolkits.	 DATA VALIDATION & TESTING Tools to validate and test your CDA data as per NHSN specifications.	 WEBINARS & TRAINING VIDEOS Webinars on NHSN releases and CDA training.
 IMPORTING DATA How to import your data into NHSN using CDA, CSV or Direct.	 INNOVATION TOOLS Data sets and algorithmic web services.	 MEANINGFUL USE 3 Overview of Meaningful Use Stage 3 for NHSN reporting.

Quick Links

- CDA Toolkit Release 8.8
- Guide to CDA Versions
- DIRECT Protocol
- CMS Requirements
- VAE Synthetic Data Set

Top FAQs

- What import/export type to select for a CDA or CSV file import?
- I don't see the option available to import my CDA files on the Import/Export screen in NHSN.
- Could not find NHSN organization by OID in the CDA error report.
- CDA is not accepted for event dates greater than or less than a specific year.
- What are the requirements for CDA files?
- I am not able to import CDAs or see any error reports in Internet Explorer.



CMS
NHSN
Requirements
Click here for more information

NHSN & Meaningful Use Stage 3

- NHSN AUR Module option for public health registry reporting in MU 3
- Monthly data for both AU and AR Option required
- AUR data can be submitted via CDA only

- **Important note:** AUR Module is only part of NHSN that qualifies for MU 3

- NHSN facility guidance: <https://www.cdc.gov/nhsn/pdfs/cda/MU3-Facility-Guidance.pdf>

Antimicrobial Use and Resistance (AUR) Updates

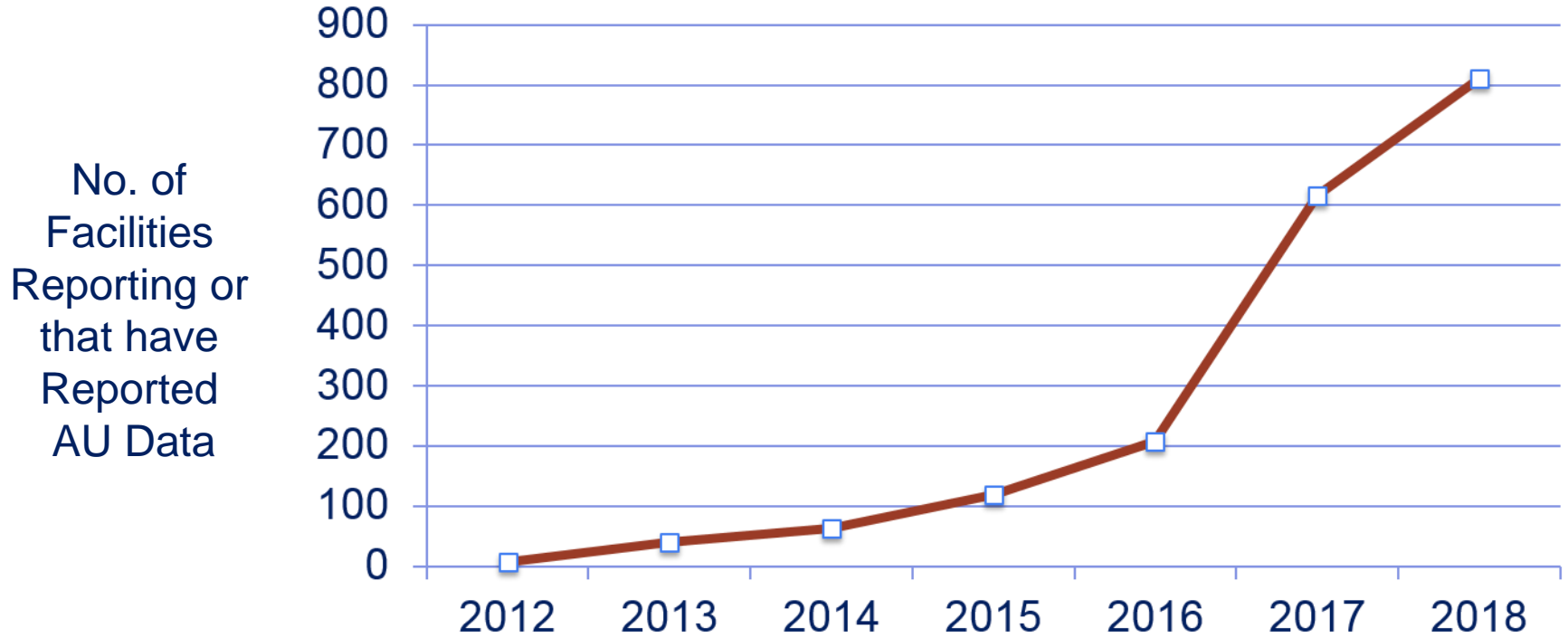
Casey Thompson

Submission Metrics

- 805 facilities submitted at least one month of data
 - From 49 states (+AE & DC)
 - Bed size
 - Average = 215
 - Median = 168
 - Min/Max = 6, 1455
 - Teaching status
 - Teaching: 65%
 - (of all Teaching) Major teaching: 47%
- 326 facilities submitted at least one month of AR Option data

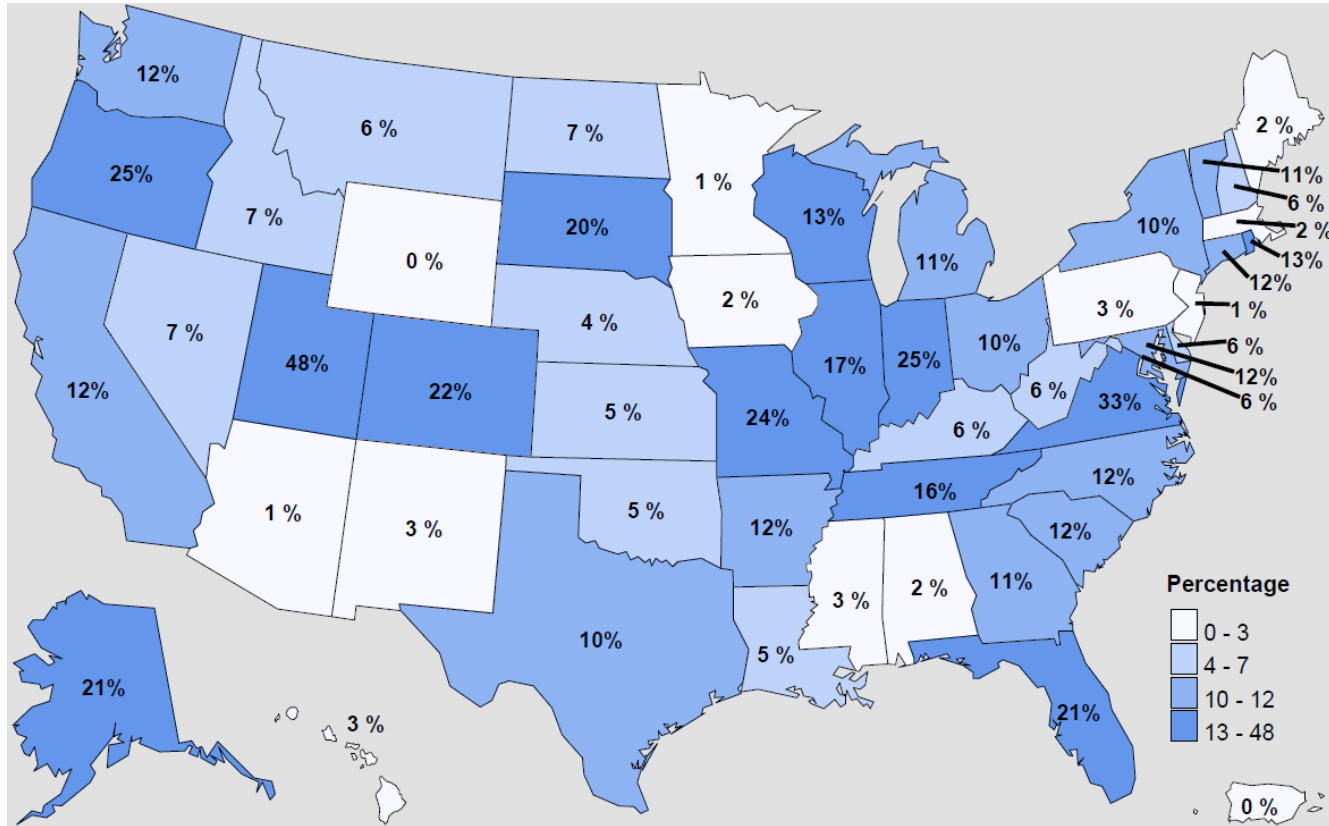
*As of May 1, 2018

Yearly Submission into the AU Option*



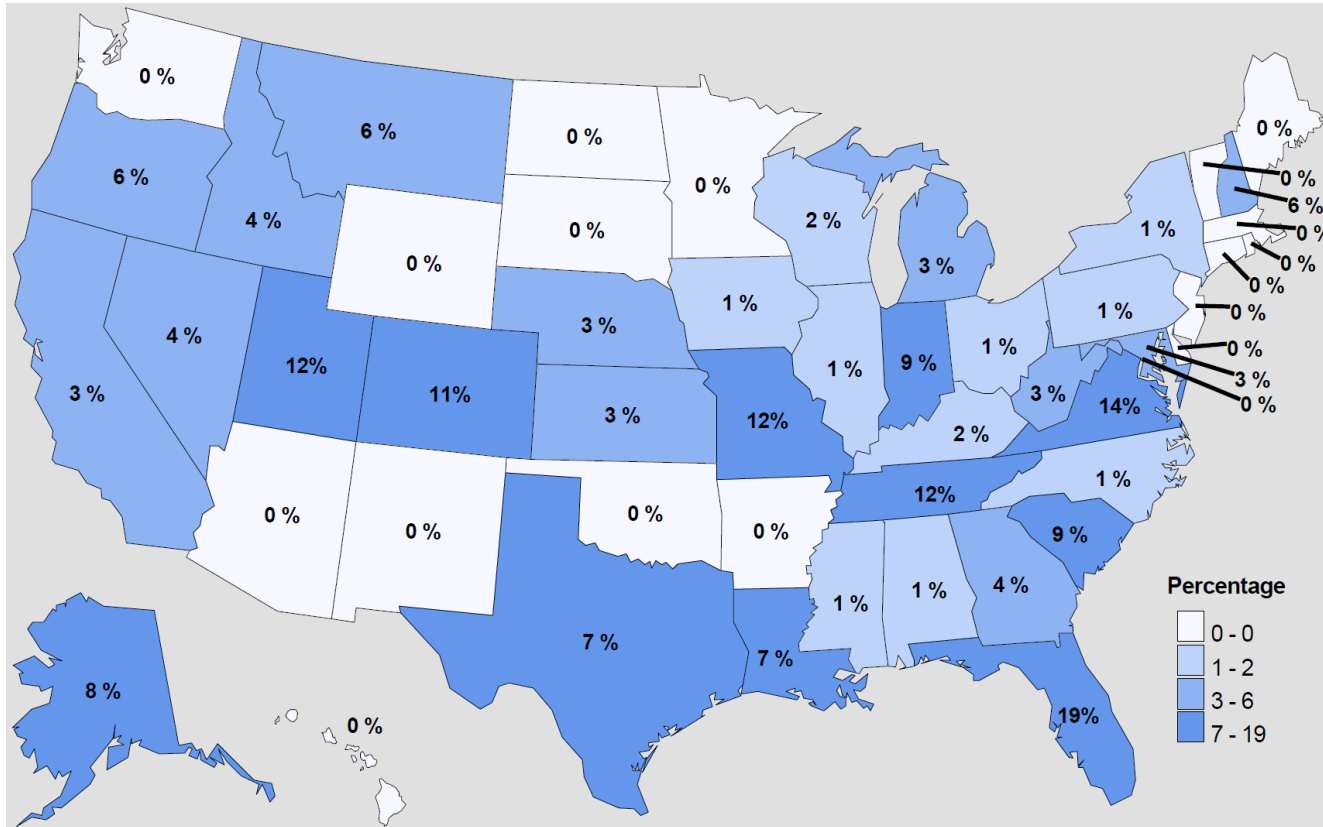
*As of May 1, 2018

Percentage of facilities ever-reporting into NHSN's AU Option, May 2018



*Denominator is all NHSN-enrolled acute care hospitals

Percentage of facilities ever-reporting into NHSN's AR Option, May 2018



*Denominator is all NHSN-enrolled acute care hospitals

Plans for the SAAR

- Current SAARs are based on 2014 AU data
- Plan to update adult and pediatric SAARs using 2017 data
 - Reassess all variables potentially associated with AU
 - If sample sizes are sufficient and data are clean, we can investigate new factors and location types not previously assessed:
 - Adult step down, Oncology units, other ICU types

New Resources posted to NHSN AUR Website

AU Option and AR Option FAQs

- Reflect common questions including general reporting, troubleshooting CDA file upload errors, interpreting analysis reports and more
- <https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html>

AU Option Annual Data Validation Guidance

- Use on annual basis or in the event of extreme high or low SAAR values
- Focus validation efforts on key AU Option protocol definitions and common data errors
- <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/annual-au-data-validation-508.pdf>

New Resources posted to NHSN AUR Website

Analysis Quick Reference Guide: AU Bar Chart – Selected Drugs

- <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/AU-QRG-BarChart-drugs-508.pdf>
- How to modify report to view specific drugs

2018 Annual NHSN Training Antimicrobial Use & Resistance Module video

- <https://www.youtube.com/watch?v=sVpz7eNAQ2s>

NHSN Helpdesk (protocol & submission questions): NHSN@cdc.gov

NHSN Dialysis Component Release 8.9 Updates

Release Date: April 28, 2018

User Interface Improvement – Edit Group User Rights

- Improvement to facility selection menu on Edit Group User Rights screen
 - Easier for users to sort, filter, and select multiple facilities

Edit User Rights

- Select one or more entries from the Facility List
- Hold the <Ctrl> key while clicking facility names to select multiple facilities

User ID:

Select All	Facility Name	Facility ID	CCN	City	State	Status
<input checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input checked="" type="checkbox"/>	Hawaii Test Facility 1	10001	000000	Kapolei	HI	A - Active
<input checked="" type="checkbox"/>	Hawaii Test Facility 2	10002	000000	Washington	DC	A - Active
<input checked="" type="checkbox"/>	Hawaii Test Facility 3	10003	111111	Atlanta	GA	A - Active
<input checked="" type="checkbox"/>	Hawaii Test Facility 4	10004	000000	Atlanta	GA	A - Active
<input checked="" type="checkbox"/>	012 (204-04-00) (Hawaii, 1, 0000)	10005	010000	Atlanta	GA	A - Active
<input checked="" type="checkbox"/>	012 (Hawaii) (Hawaii, 1, 0000)	10006	000000	Atlanta	GA	A - Active
<input checked="" type="checkbox"/>	012 (Hawaii) (Hawaii, 1, 0000)	10007	000000	TAUNTON	MA	A - Active
<input checked="" type="checkbox"/>	Hawaii Test Facility 5	10008	000000	Atlanta	GA	A - Active
<input checked="" type="checkbox"/>	Hawaii Test Facility 6	10009	000000	Atlanta	GA	A - Active

Page 1 of 1 10

View 1 - 9 of 9

Select All Filtered Facilities

Rights	Patient Safety	Healthcare Personnel Safety	Biovigilance	Long Term Care	Dialysis
Administrator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Analyze Data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
View Data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Effective Rights Save Back

Analysis Updates – Aggregate Data

- NHSN Dialysis Event rate tables and run charts updated with 2016 national aggregate data for benchmarking
 - Includes: IV antimicrobial starts, IV vancomycin starts, local access site infections, bloodstream infections, access-related bloodstream infections, vascular access infections

**National Healthcare Safety Network
Rate Table for Bloodstream Infection**
Facility-level Rate Data
As of: April 21, 2018 at 12:03 AM
Date Range: PBC_RATES summaryYQ 2017Q1 to 2017Q1
Bloodstream Infection: Any positive blood culture.

Facility Org ID	CMS Certification Number	State	Location	Access Type	Summary Yr/Qtr	Months	Number Bloodstream Infections	Patient-months	Bloodstream Infection Rate/100 patient-months	NHSN Bloodstream Infection Pooled Mean Rate/100 patient-months	Incidence Density p-value	Incidence Density Percentile
10055	888888	DC	[REDACTED]	All	2017Q1	2	1	46	2.17	0.56	0.2556	.
10055	888888	DC	[REDACTED]	Fistula	2017Q1	2	0	13	0.00	0.22	0.9713	25
10055	888888	DC	[REDACTED]	Graft	2017Q1	2	0	10	0.00	0.37	0.9636	50
10055	888888	DC	[REDACTED]	Other Access	2017Q1	2	0	6	0.00	0.65	0.9618	.
10055	888888	DC	[REDACTED]	Tunneled Central Line	2017Q1	2	1	10	10.00	1.85	0.1841	100
10055	888888	DC	[REDACTED]	Nontunneled Central Line	2017Q1	2	0	7	0.00	2.14	0.8608	.
10055	888888	DC	[REDACTED]	Any CVC	2017Q1	2	1	17	5.88	1.86	0.3113	94

Source of aggregate data: 2016 NHSN Dialysis Event Data
Data contained in this report were last generated on April 18, 2018 at 11:48 AM.
"Incidence Density Percentile" values were suppressed for "All" stratum and strata with insufficient data.

Analysis Updates – Excess Infections Report

- Group-level 'TAP' Report has been renamed to 'Excess Infections – Bloodstream (BSI) Data' report
- Can group by calendar quarter and calendar half-year by modifying the 'Group by' variable under the 'Display Options' tab

Modify "Excess Infections - Bloodstream Infection (BSI) Data"

Show descriptive variable names (Print List) Analysis Data Set: PBC_TAP Type: TAP Data Set Generated On: 04/20/2018 14:44:00

TAP Options:

SIR Goal

Source: Group by:

National Healthcare Safety Network
Excess Infections - Bloodstream Infection (BSI) Data
Totals for all Facilities in Group
SIR Goal : SIR Goal = 1
 As of: April 21, 2018 at 12:18 AM
 Date Range: PBC_TAP summaryYQ 2016Q1 to 2016Q4

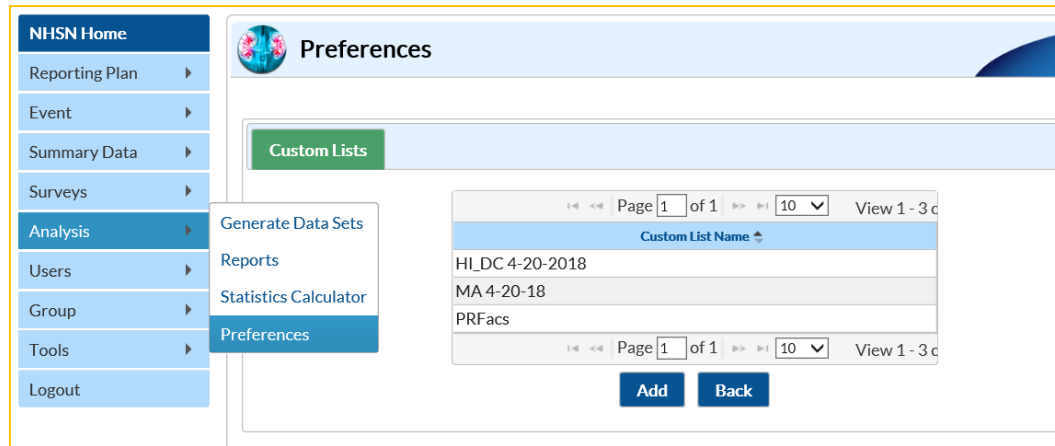
Number of Facilities	Summary Yr/Qtr	In-Plan Patient Months	Events	Predicted BSI	Excess Infections	SIR_Goal
5	2016Q1	535	20	5.1882	14.812	1
3	2016Q2	213	7	1.9922	5.008	1
4	2016Q3	348	17	3.5609	13.439	1
1	2016Q4	77	4	0.8866	3.113	1

National Healthcare Safety Network
Excess Infections - Bloodstream Infection (BSI) Data
Facilities within the Group ranked by Number of Excess Infections
SIR Goal : SIR Goal = 1
 As of: April 21, 2018 at 12:18 AM
 Date Range: PBC_TAP summaryYQ 2016Q1 to 2016Q4

Facility Rank	Facility Org ID	CMS Certification Number	Summary Yr/Qtr	Facility Name	State	In-Plan Patient Months	Events	Predicted BSI	Excess Infections
1	10856	111111	2016Q1	Dialysis Test Facility 3	GA	277	9	2.1295	6.871
2	10055	888888	2016Q1	Dialysis Test Facility 2	DC	100	6	1.1701	4.830

Analysis Updates – Creating Custom Lists

- Create custom lists for use as filters in all analysis reports at the group level
- Create and modify custom lists by going to Analysis>Preferences
 - When adding a custom list, select facilities to include in the custom list, name the custom list, and click ‘Save’
 - Select the custom list on the ‘Filters’ tab on the Modify screen of any report to view data only for the facilities in the list



The screenshot displays the NHSN Home interface. On the left is a navigation menu with options: Reporting Plan, Event, Summary Data, Surveys, Analysis, Users, Group, Tools, and Logout. The 'Analysis' menu item is expanded, showing sub-options: Generate Data Sets, Reports, Statistics Calculator, and Preferences. The main content area is titled 'Preferences' and features a 'Custom Lists' section. This section contains a table with the following entries:

Custom List Name
HI_DC 4-20-2018
MA 4-20-18
PRFacs

Below the table are navigation controls: 'Page 1 of 1', a dropdown for '10', and 'View 1 - 3 c'. At the bottom of the table area are 'Add' and 'Back' buttons.



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.