



# How Good is Your LTCF Data?

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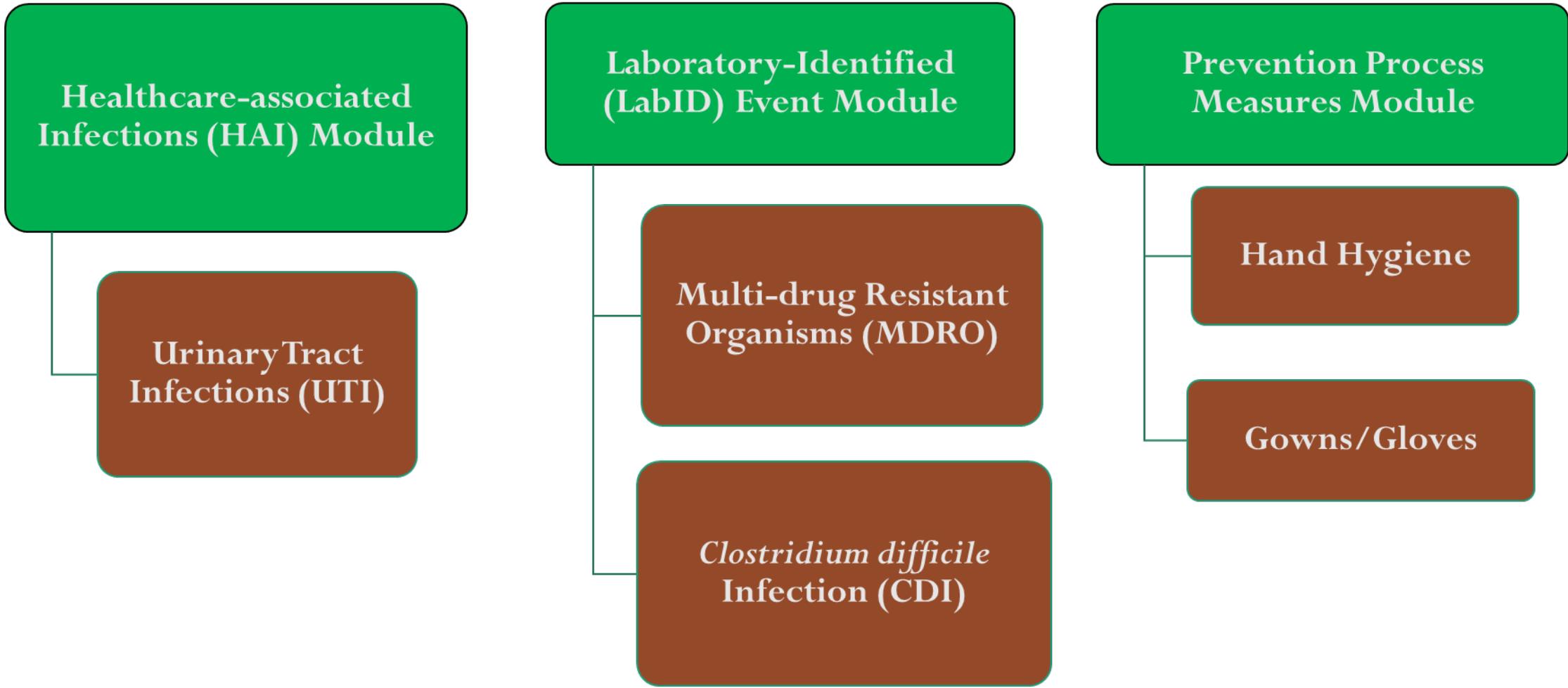
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Protocol and Validation Team

**National Healthcare Safety Network Annual Training  
Long-term Care Facility Component  
July 18, 2018**

# Session Objectives

- **Attributes of LTCF HAI surveillance**
- **HAI Data Validation in LTCF settings**
- **Types of HAI Data Validation**
  - **External Data Validation**
  - **Internal Data Validation (Data Quality Checks)**

# Long-term Care Facility Component

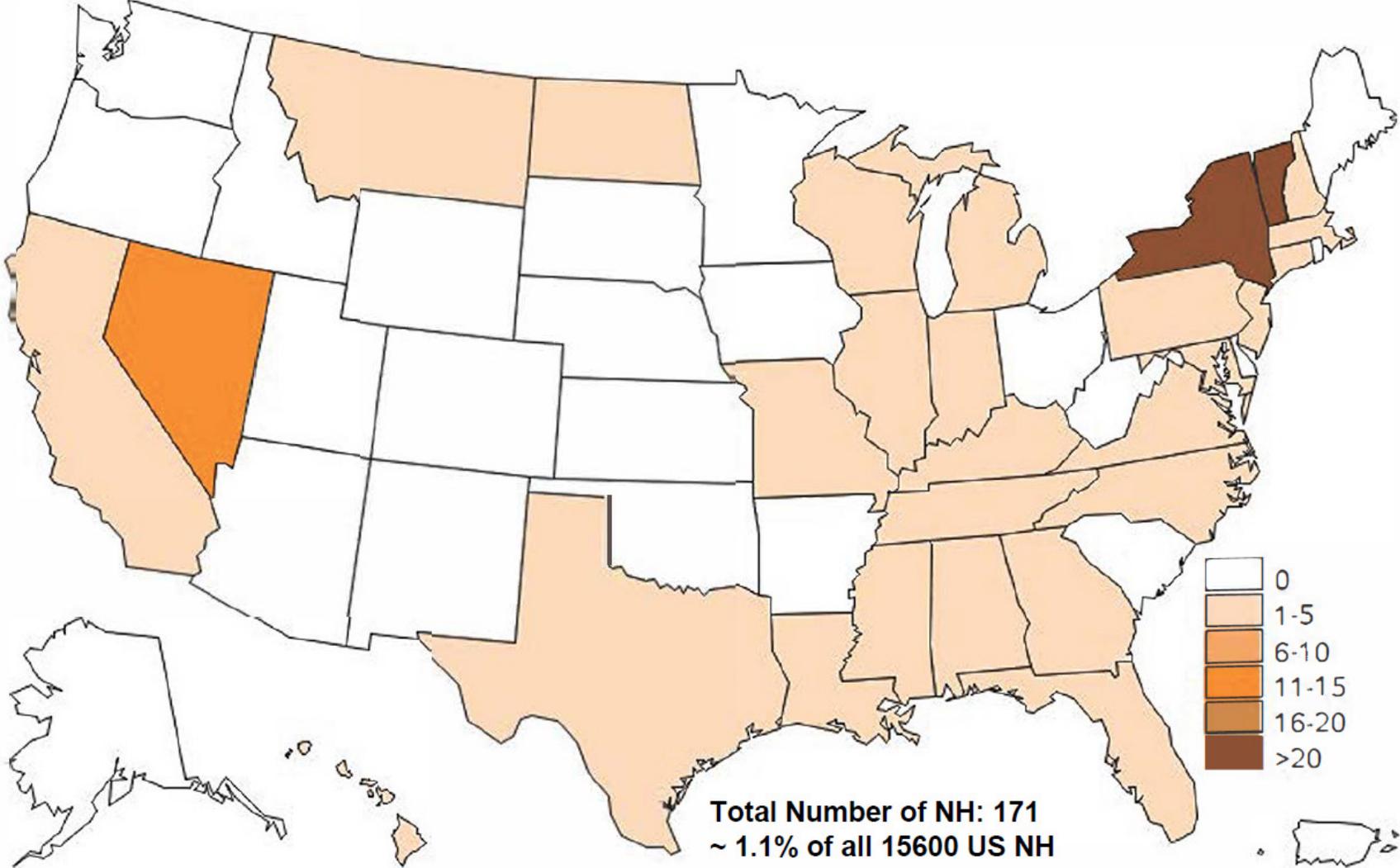


# Facilities Eligible for Enrolling in NHSN LTCF Component

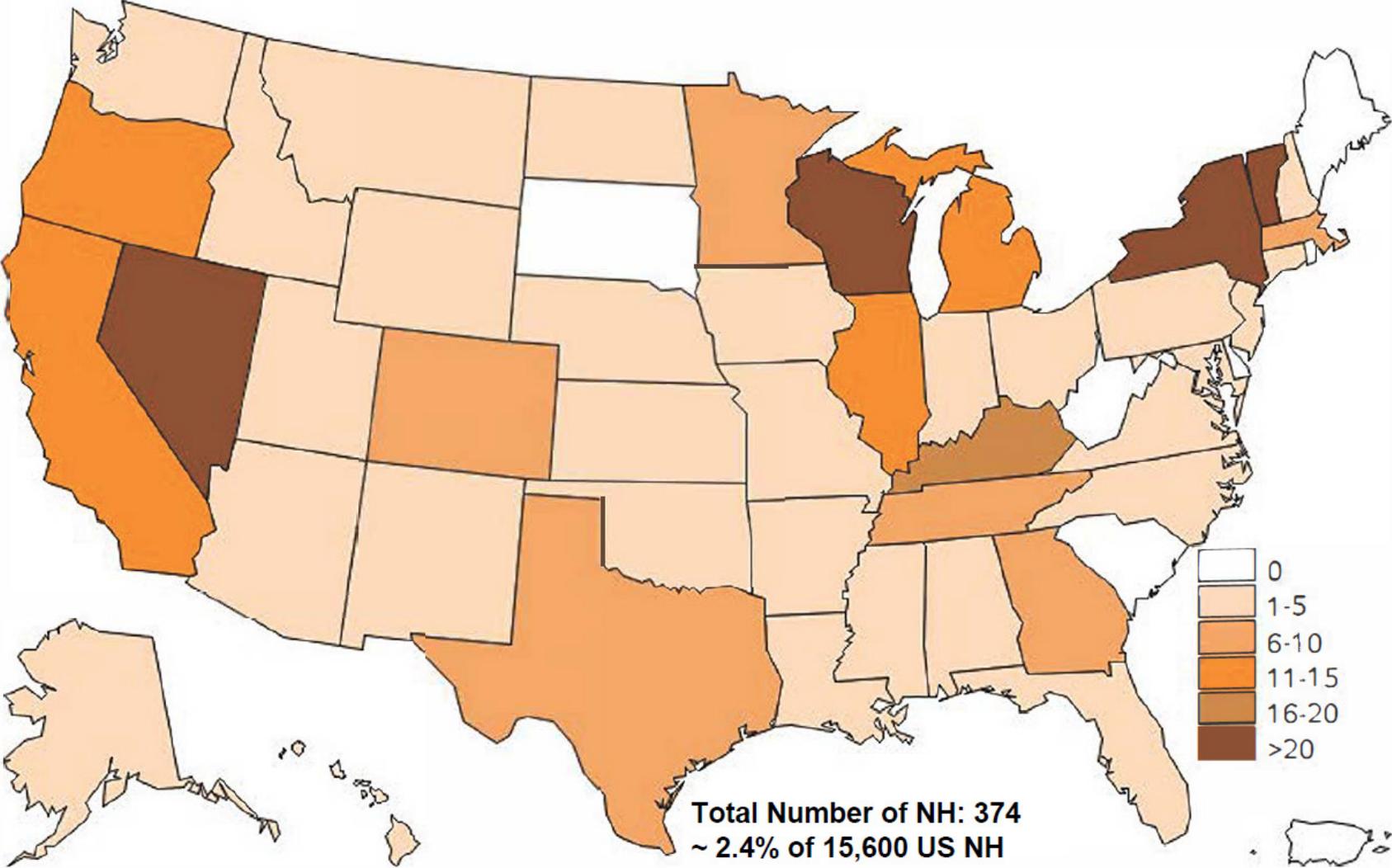
- Certified skilled nursing facilities (SNF) and nursing homes (NH)
- Intermediate/chronic care facilities for the developmentally disabled
- Assisted living facilities and residential care facilities
  - *Currently limited to Prevention Process Measures*



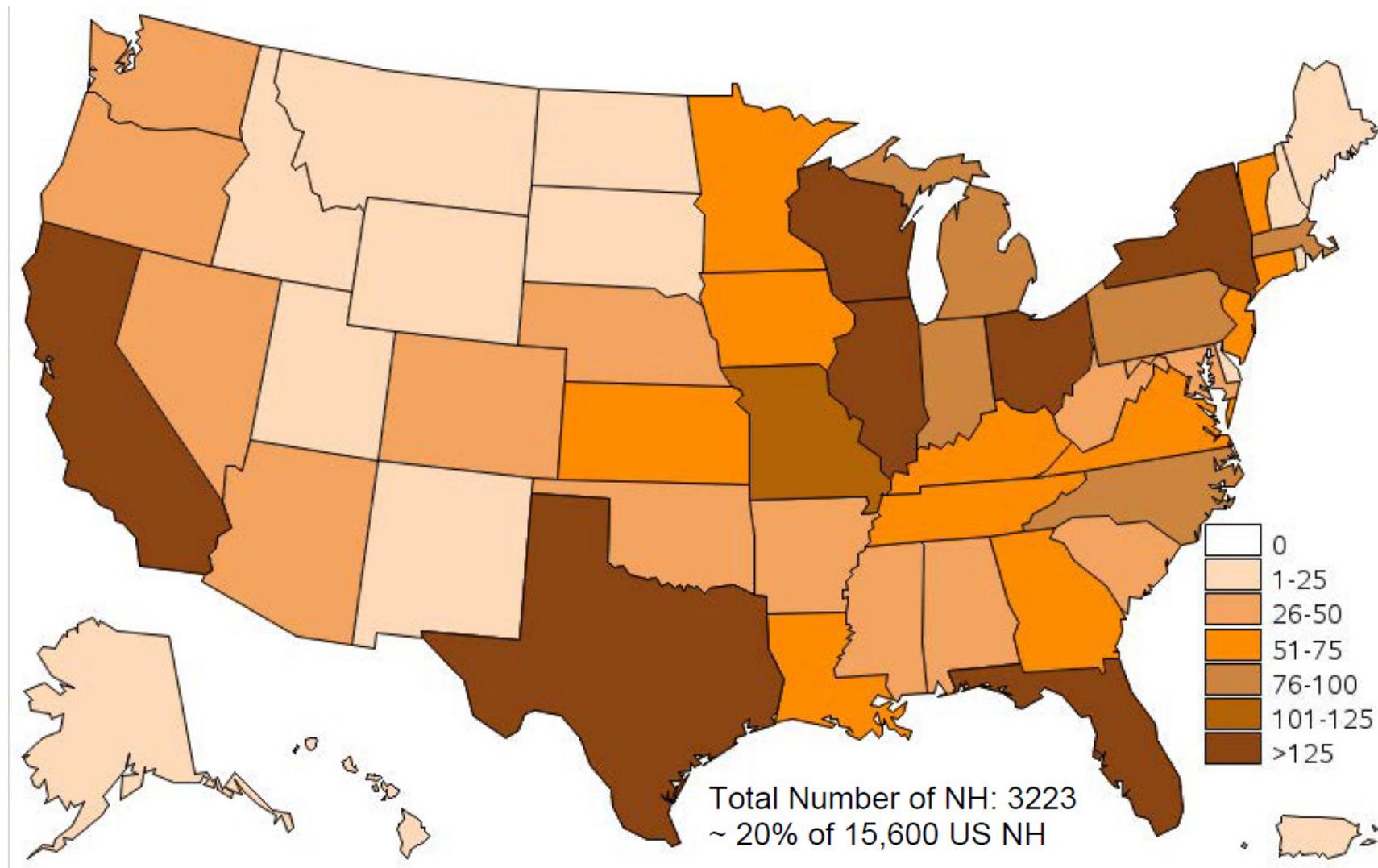
# Nursing Homes Enrolled in NHSN — August 2013



# Nursing Homes Enrolled in NHCN — June 2016



# Nursing Homes Enrolled in NHSN — December 2017



# Nursing Home CDI Estimates – NHSN, 2017

- **Currently, 3425 NHs enrolled in NHSN**
- **CMS CDI Reporting and Reduction Project**
  - **QIN-QIOs recruited ~15% NHs from respective region**
    - **As of October 2017, QINs have enrolled 2592 NHs**
    - **Defined QIN-QIO cohort of 2493 NHs for tracking CDI reporting patterns in the first 9 months**

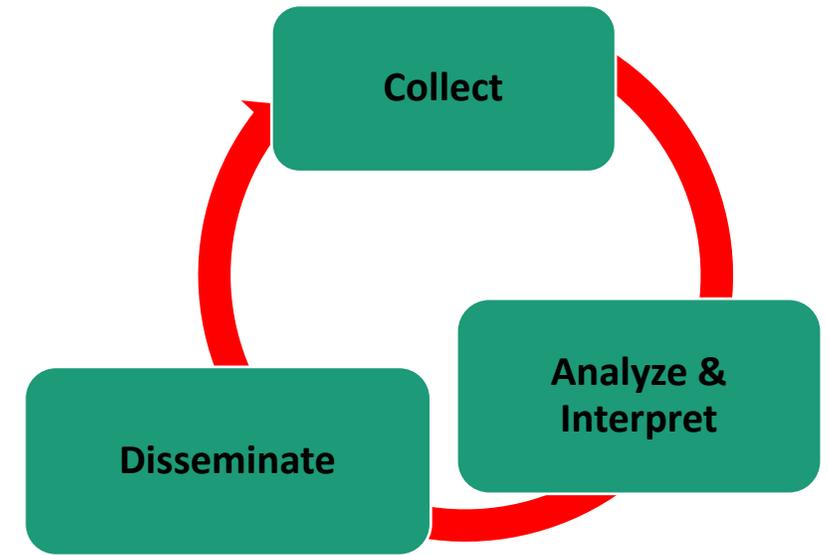
# CMS CDI Reporting and Reduction Project

## March – November, 2017

- Among the 2,493 NHs evaluated
  - 2,451 (98%) at least one month of complete data
  - Noted month to month variation in the number of complete reporters
- 78% (1,919/2451) reported 9 consecutive months
- 55% (1352/2451) reported zero events
- 45% (1099/2451) reported  $\geq 1$  events
  - Median 2/Mean 3.61 (min 1, max 36)
- Total CDI rate=0.66/10,000 resident days

# Healthcare Associated Infections (HAI) Surveillance

- Ongoing
- Systematic collection
- Analysis
- Interpretation
- Dissemination



Of HAI data that is essential to planning and implementing prevention measures

# Quality HAI Surveillance System Requires

- **Simplicity**
- **Objectivity**
- **Flexibility**
- **Data quality**
- **Acceptability**
- **Sensitivity**
- **Positive predictive value**
- **Representativeness**
- **Timeliness**
- **Stability**



# Data Quality of HAI Surveillance Reflects

- **Consistency of data**
  - completeness, timeliness, confidence on your data
- **Validity**
  - accuracy of data

**These surveillance attributes can be achieved by HAI Data Validation**

# Types of HAI Data Validation

## Internal Validation

- Active efforts by a reporting facility to assure completeness and consistency of NHSN data
- Built in as a routine facility process

## External Validation

- Survey and audit process by external agency to assure accuracy of NHSN surveillance and reporting
- Requires additional resources

# HAI Data Validation

## Internal Validation

- ❖ Consistency
- ❖ Data Completeness
- ❖ Timeliness

Improves

## External Validation

- ❖ Data Accuracy

# Why Should You Validate Data Reported to NHSN

- Accuracy of data reported to NHSN by LTC settings
- Barriers in data collection and reporting
- Remediable errors in reporting
- Staff understanding of the methods and definitions in protocol
- Feedback to CDC:
  - Clarification of protocol and definitions
  - Improvement of the data validation tools, development of optimal and standardized data evaluation methods

# **External Validation of LTCF Data Reported to NHSN**

**Example of CDI Data Validation**

# Planning the LTC CDI Data Validation

- **Pre-site visit activities**
  - Facility selection
  - Invitation letter to participate in data validation
  - Medical record selection for onsite chart review
  - NHSN data freeze
- **Onsite activities**
  - Chart review
  - Survey with staff responsible for NHSN reporting
- **Post-site visit activities**
  - Report summary of findings to facility
  - Discuss errors in report, clarifications from protocol

# **Pre-site visit Activities**

# Facility Selection: Distribution of Nursing Homes by Bed Size

Bed Size – Number of Nursing Homes (Percent)

	<50 beds	50-99 beds	100-199 beds	>199 beds	All Facilities
Nation	2,017 (12.9)	5,772 (36.9)	6,899 (44.1)	946 (6.1)	15,634
Alabama	5 (2.2)	86 (38.1)	122 (54.0)	13 (5.8)	226
Alaska	12 (66.7)	5 (27.8)	1 (5.6)	0 (0.0)	18
Arizona	14 (9.7)	40 (27.6)	79 (54.5)	12 (8.3)	145
Arkansas	3 (1.3)	85 (37.1)	139 (60.7)	2 (0.9)	229
California	197 (16.2)	638 (52.3)	331 (27.2)	53 (4.3)	1,219
Colorado	29 (13.6)	86 (40.2)	93 (43.5)	6 (2.8)	214
Connecticut	16 (7.0)	68 (29.7)	128 (55.9)	17 (7.4)	229
Delaware	7 (15.2)	11 (23.9)	28 (60.9)	0 (0.0)	46
District of Columbia	3 (15.8)	5 (26.3)	6 (31.6)	5 (26.3)	19
Florida	41 (6.0)	127 (18.4)	485 (70.4)	36 (5.2)	689
Georgia	17 (4.8)	118 (33.1)	197 (55.2)	25 (7.0)	357
Hawaii	16 (34.8)	13 (28.3)	14 (30.4)	3 (6.5)	46
Idaho	24 (30.8)	28 (35.9)	26 (33.3)	0 (0.0)	78
Illinois	78 (10.2)	260 (34.1)	307 (40.3)	117 (15.4)	762
Indiana	64 (12.1)	232 (43.9)	222 (42.0)	10 (1.9)	528

Source: [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/nursinghomedatacompendium\\_508-2015.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/nursinghomedatacompendium_508-2015.pdf)

# Creating The State Health Department (SHD) Validation Sampling Frame

For States >50 nursing homes, total the number of facilities with > 100 beds

	Bed Size – Number of Nursing Homes (Percent)				All Facilities	>100 beds
	<50 beds	50-99 beds	100-199 beds	>199 beds		
Alabama	5 (2.2)	86 (38.1)	122 (54.0)	13 (5.8)	226	135
Alaska	12 (66.7)	5 (27.8)	1 (5.6)	0 (0.0)	18	
Arizona	14 (9.7)	40 (27.6)	79 (54.5)	12 (8.3)	145	91
Arkansas	3 (1.3)	85 (37.1)	139 (60.7)	2 (0.9)	229	141
California	197 (16.2)	638 (52.3)	331 (27.2)	53 (4.3)	1,219	1022
Colorado	29 (13.6)	86 (40.2)	93 (43.5)	6 (2.8)	214	185
Connecticut	16 (7.0)	68 (29.7)	128 (55.9)	17 (7.4)	229	145
Delaware	7 (15.2)	11 (23.9)	28 (60.9)	0 (0.0)	46	
District of Columbia	3 (15.8)	5 (26.3)	6 (31.6)	5 (26.3)	19	
Florida	41 (6.0)	127 (18.4)	485 (70.4)	36 (5.2)	689	521
Georgia	17 (4.8)	118 (33.1)	197 (55.2)	25 (7.0)	357	222
Hawaii	16 (34.8)	13 (28.3)	14 (30.4)	3 (6.5)	46	
Idaho	24 (30.8)	28 (35.9)	26 (33.3)	0 (0.0)	78	56
Illinois	78 (10.2)	260 (34.1)	307 (40.3)	117 (15.4)	762	424
Indiana	64 (12.1)	232 (43.9)	222 (42.0)	10 (1.9)	528	464

# Facility Selection

Bed Size – Number of Nursing Homes (Percent)						
	<50 beds	50-99 beds	100-199 beds	>199 beds	All Facilities	>100 beds
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- < 20 facilities statewide: select all to validate
- <50 facilities: randomly select 20 facilities
- 50 - 200 facilities: randomly select 10% of facilities with >100 beds
- 200 - 500: randomly select 5% of facilities with >100 beds
- > 500 facilities: randomly select 2.5% of facilities with >100 beds

# Sample Size Estimation

	All Facilities	Facilities > 100 beds	Proportion	Validation sample
Alaska	18			18 facilities
Delaware	46			20 randomly selected
Arkansas	229	141	0.10 *141	14 randomly selected
Georgia	357	222	0.05 *222	11 randomly selected
Florida	689	521	0.025 *521	13 randomly selected

Use either a random number generator or assign a number to the facilities (1....n) and randomly selected facilities

# Letter I: Invitation to Participate

- **Letter addressed to the facility manager**
  - Explain the NHSN LTC data evaluation project
  - Solicit the facility's participation.
- **Describes the importance and usefulness of HAI data validation**

## **Letter II: Confirm Site Visit and Preparation**

- **Letter addressed to the facility manager confirming the date of the site visit**
- **Description of the site visit**
- **Process is expected to be least disruptive to facility's routine activities**
- **Request the onsite needs:**
  - **Access to patient charts for review**
  - **If electronic medical records: login for reviewers to be set up in advance**
  - **Interview time (Approximately an hour) with the one staff responsible for data entry and submission**
- **Request for resident line lists of patient that will be used to select residents' charts for review.**

# Medical Record Selection for Review

- **Selected facility:**
  - Request a line listing of all toxin-positive *C.difficile* stool specimens, for the validation timeframe (minimum 2 quarters/year)
  - From FacwideIN residents and ED or office visits when the resident returns the same calendar or the following calendar day
  - Request additional variables used for ResidentID identification and possible matching to NHSN reports
  - Strongly encourage facilities to use an Excel format

Template positive C. difficile assay line listing (\*indicates required data):

*Resident ID	*Date of current admission to the facility	*Laboratory Specimen Number	*Specimen Collection Date	*Result of CDI Toxin Test	*FacwideIN/outpatient (ED/clinic visit)	*Date of Birth	First Name	Last Name
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# Selecting Medical Records

- **Assign a sequential number [1 to X] to each toxin-positive CDI result**
  - **Using a random number generator select 60 resident charts randomly for review**
  - **If multiple records are selected for same residentID**
  - **Replace the duplicate records with additional random selections**

# **NHSN Data Freeze**

- **Prior to the site visit, extract the frozen facility data for the validation time frame**
- **Use the frozen data file to tally the findings from chart review post site visit**

# **On-site Activities**

# Medical Record Abstraction Tool (MRAT)

## NHSN Long-term Care Facilities (LTCFs): 2017 LTCF CDI LabID Event Surveillance Chart Review Form

**Instructions:** The attached form is a tool to review a long-term care facility resident chart and collect NHSN LTCF CDI LabID Event Surveillance information to determine whether data were correctly reported. Chart reviewers must be familiar with the NHSN LTCF CDI LabID Events Protocol instructions and definitions prior to chart review.

First complete sections A and B. For section C, note all *C. difficile* positive laboratory assay results identified for this resident, as defined by the NHSN LTCF CDI LabID Event Surveillance Protocol. Arrange the positive results chronologically. Include all specimens obtained while the resident is receiving care from the LTCF, including specimens collected from an emergency department (ED) or outpatient (OP) setting during a resident's current admission. Use a calendar to help you to determine which events are duplicate events (< 15 days since the last positive specimen).

Section A: Facility and Resident Information												
Facility name				Resident/Med Record Number								
NHSN Org ID				Date of birth								
NHSN Resident ID Number				Gender								
Resident Name				Date of First Admission to Facility								
Section B: Chart Review Information												
Reviewer name				Review Start Time								
Review date				Review End Time								
Time Period Reviewed (Month/Year to Month/Year)				From: To:			Total Review Time (in minutes)					
Section C: CDI LabID Events												
<input type="checkbox"/> Chart review for this resident completed and no CDI LabID Events were found during the evaluation time period.												
Current Admission Date	Date of Specimen Collection	Location of Specimen Collection			Number of days since last <i>C. difficile</i> positive laboratory assay result	Was this a "duplicate specimen" (collected < 15 days since the last positive specimen)?*		Should this event be reported to NHSN?†		Was this event reported to NHSN by the facility?		
		LTCF	ED	OP		_____ days	<input type="checkbox"/> no prior	Yes	No	Yes	No	Yes
		LTCF	ED	OP	_____ days		Yes	No	Yes	No	Yes	No
		LTCF	ED	OP	_____ days		Yes	No	Yes	No	Yes	No
		LTCF	ED	OP	_____ days		Yes	No	Yes	No	Yes	No
		LTCF	ED	OP	_____ days		Yes	No	Yes	No	Yes	No
		LTCF	ED	OP	_____ days		Yes	No	Yes	No	Yes	No
		LTCF	ED	OP	_____ days		Yes	No	Yes	No	Yes	No

\*Note: The LabID Event algorithm for determining duplicate events (<15 calendar days between positive specimens) applies across current admissions.

†Event is reportable to NHSN if

- No prior *C. difficile* positive laboratory assay for the resident while receiving care from this LTCF
- More than 14 calendar days since the last *C. difficile* positive laboratory assay for the patient

# Medical Record Abstraction Tool (MRAT)

- **When reviewing the data**
  - Look for systematic reporting errors or misconceptions that could impact reporting beyond the medical records that are reviewed.
- **If systematic errors are made**
  - Facility should be asked to re-review and correct all numerators, not just those reviewed by auditors
- **Document all identified reasons for reporting errors**
  - This will help target areas for improvement.

# Staff Surveillance Practices Survey

## NHSN Long-term Care Facilities (LTCFs) 2017 CDI LabID Event Surveillance Practices Survey

### INTERVIEWER INSTRUCTIONS

#### Prior to interview:

Identify the primary person who does NHSN CDI LabID Event data collection and reporting at the facility to interview. If other staff perform NHSN activities such as data entry or analysis, it is ideal for them also to be included.

#### During Interview:

This interview is a tool to evaluate and improve NHSN CDI LabID Event data collection and reporting. If data collection or reporting errors are identified through this evaluation of practices, the interviewer should provide education and information to help correct errors and ensure that staff report data correctly to NHSN. Refer to the “*Note to Interviewer*” boxes for reference information.

*Note to Interviewer* –

If there is a correct answer to a question, the correct answer is **bolded**.

# Staff Surveillance Practices Survey

- **Survey is dual-purposed:**
  - **Assess user knowledge and facility practices**
    - Understanding of definitions
    - Event surveillance practices
    - Denominator collection practices
    - Data reporting practices
  - **Provide education to improve data quality going forward**
    - Educate staff on protocol/definitions
    - Process improvement for data collection
- **Survey is intended to be interactive and educational**
- **Educational feedback: essential component of validation project, valuable to the participating facility**

# **Post Site-visit Activities**

# Data Analysis

	Auditor Determination		
Facility	Case	Not a Case	
Case reported	True Positive (a)	False Positive (b)	(a+b)
Case not reported	False Negative (c)	True Negative (d)	(c+d)
	(a+c)	(b+d)	Total

- **Sensitivity** : Ability of a test to correctly identify those with the disease (true positive rate) =  $a/(a+c)$
- **Specificity**: Ability of the test to correctly identify those without the disease (true negative rate) =  $d/(b+d)$
- **Positive Predictive Value**: Proportion of individuals who test positively (a+b) AND truly have the disease (a) =  $a/(a+b)$
- **Negative Predictive Value**: Proportion of individuals who test negatively (c+d) AND truly do not have the disease (d) =  $d/(c+d)$

# Data Analysis – CDI Example

	Auditor Determination		
Facility	Case	Not a Case	
Case reported	10 (True Positive)	20 (over-reported)	(30)
Case not reported	4 (Missed report)	266 (True negative)	(270)
	(14)	(286)	300

- **Sensitivity** : Ability of a test to correctly identify those with the disease (true positive rate) =  $10/14 = 71.4\%$
- **Specificity**: Ability of the test to correctly identify those without the disease (true negative rate) =  $266/286 = 93.0\%$
- **Positive Predictive Value**: Proportion of individuals who test positively (a+b) AND truly have the disease (a) =  $10/30 = 33.3\%$
- **Negative Predictive Value**: Proportion of individuals who test negatively (c+d) AND truly do not have the disease (d) =  $266/270 = 98.5\%$

# Reasons for Misclassification

- For each misclassified case, list the reasons for errors in reports
- Compute each proportion error type – identify gaps, need for training

## Reasons for under-reported CDI events

- Incorrect understanding of protocol definition (n1)
- Laboratory records missed (n2)
- Reason ....



Total Under-reported events

## Reasons for over-reported CDI events

- Incorrect specimen (n1)
- Duplicate record (n2)
- Reason ....



Total Over-reported events

## **Post-Site Visit Summary**

- **Letter addressed to the facility manager thanking for participating**
- **Summary of data evaluation findings**
- **Instructions for data corrections (if necessary)**
- **Excerpts from the protocol to address issues identified (if necessary).**

# Timeline for Activities : ~ 24 weeks

## Preparation (estimated duration 4 weeks)

- Read project implementation materials
- Determine the number of facilities that will be included in the project and select facilities
- Customize [Template Letters 1 and 2](#) for your organization and project parameters
- Determine when the site visits will occur
- Train project staff on NHSN LTC Surveillance and evaluation tools

## Solicit Facility Participation (estimated duration 2 weeks)

- Send [Template Letter 1](#) to the Managers of the selected facilities
- Follow-up with Facility Managers to provide a brief description of the project

## Schedule Site Visits (estimated duration 4 weeks)

- Schedule site visits and confirm details of each visit with Facility Managers and request resident lists
- Use resident lists to determine which residents charts will be selected for review
- Inform Facility Manager of which resident charts will be reviewed; ask for these resident charts to be available on the day of the site visit

## Site Visits (estimated duration 6 - 12 weeks)

- Prepare for site visit: print sufficient number of all the data collection instruments
- Conduct site visits
- Upon completion of each site visit, summarize findings, customize [Template Letter 3](#) and send to the Facility Manager

## Facility Follow-up and Data Summary and Dissemination (estimated duration 4 - 8 weeks)

- Follow-up 4 weeks post-site visit to ensure identified errors were corrected
- Aggregate and summarize findings for all facilities that participated in the project
- Share summary findings with CDC
- Write a report, disseminate findings to key stakeholders

# Internal Data Quality Checks for LTCF

# WHEN ARE DATA CONSIDERED COMPLETE IN NHSN?

**Data are considered complete in NHSN when:**

- **Monthly reporting plan is submitted**
- **Event data to NHSN (if events are found) is submitted**
  - **If no event check “no event” in summary data form**
- **Summary data to NHSN is submitted**

# ANALYSIS REPORTS

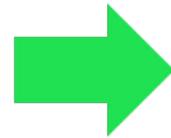
**NHSN Home**

- Reporting Plan ▶
- Event ▶
- Summary Data ▶
- Surveys ▶
- Analysis ▶**
- Users ▶
- Group ▶
- Logout

NHSN L

Generate Data Sets

**Reports**



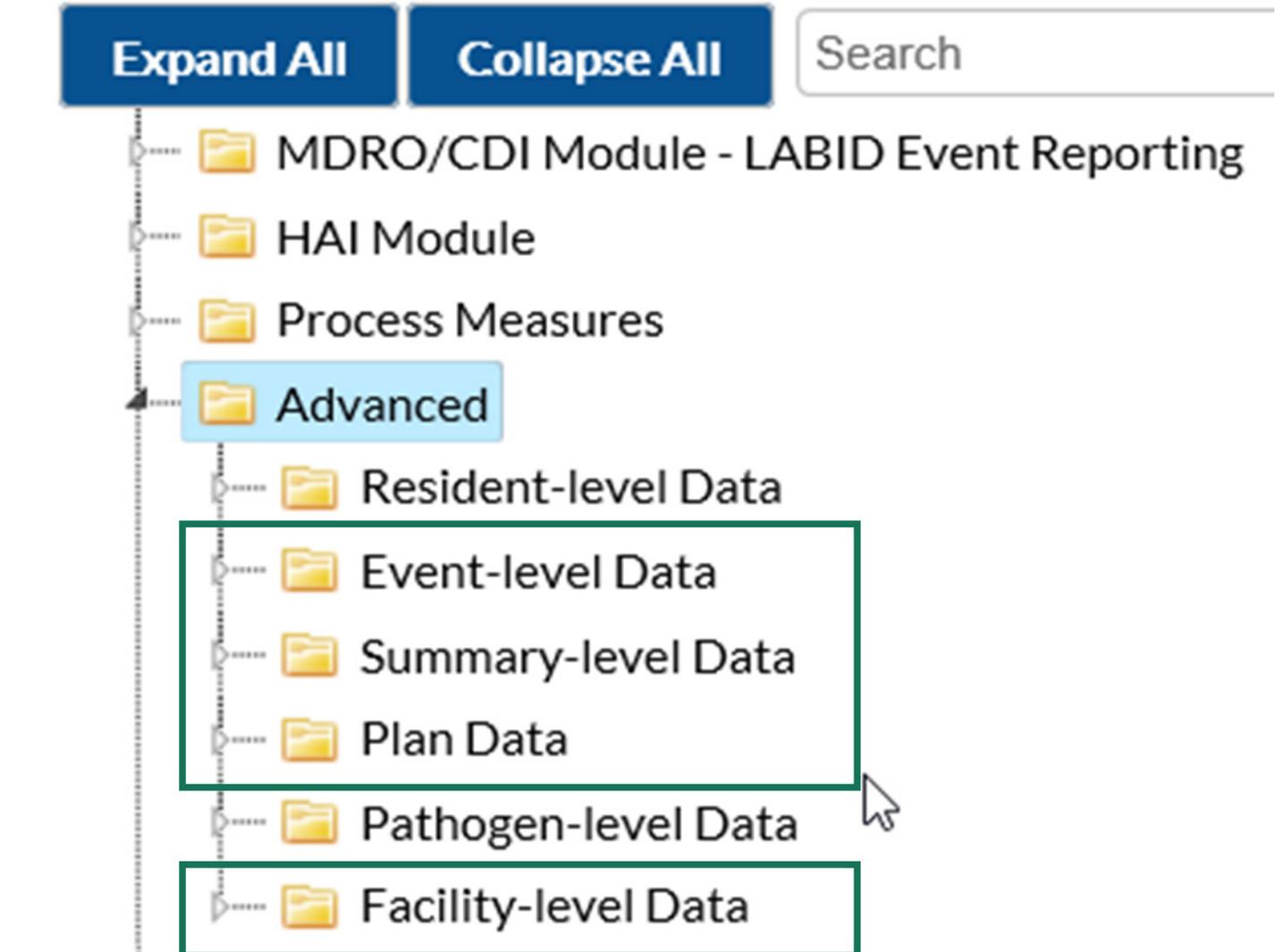
**Analysis Reports**

**Expand All** **Collapse All** Search

- MDRO/CDI Module - LABID Event Reporting
- HAI Module
- Process Measures
- Advanced**
- My Custom Reports

# NHSN ANALYSIS REPORTS FOR DATA VALIDATION

- Facility survey data line list
- Plan data report
- Event level data report
- Summary level data report



The screenshot shows a navigation menu for NHSN analysis reports. At the top, there are two buttons: "Expand All" and "Collapse All", both in white text on a dark blue background. To the right of these buttons is a search input field with the placeholder text "Search". Below the buttons is a vertical list of folders, each represented by a yellow folder icon and a text label. The folders are: "MDRO/CDI Module - LABID Event Reporting", "HAI Module", "Process Measures", "Advanced", "Resident-level Data", "Event-level Data", "Summary-level Data", "Plan Data", "Pathogen-level Data", and "Facility-level Data". The "Advanced" folder is highlighted with a light blue background. A green rectangular box highlights the "Event-level Data", "Summary-level Data", and "Plan Data" folders. Another green rectangular box highlights the "Facility-level Data" folder. A mouse cursor is visible over the "Pathogen-level Data" folder.

# ANALYSIS REPORTS



## Analysis Reports

Expand All

Collapse All

Search

MDRO/CDI Module - LABID Event Reporting

HAI Module

Process Measures

Advanced

Resident-level Data

Event-level Data

Summary-level Data

Plan Data

Pathogen-level Data

Facility-level Data

Line Listing - Facility

Line Listing - Conferred Rights

Line Listing - Facility Survey Data

My



Run Report



Modify Report



Export Data Set

Survey of NH Core Elements

Variable Names



# ANALYSIS REPORTS

## Line Listing Of Facility Survey Data

Data source: Annual survey

### National Healthcare Safety Network

#### Line Listing of Facility Survey Data

As of: June 8, 2018 at 12:34 PM

Date Range: LTC SURVEY createDate 01/01/2015 to 12/31/2015

Facility Org ID	Survey Year	National Provider ID	State Provider ID	CMS Certification Number	Facility Ownership	Certification	Affiliation	Average Daily Census	Number of Short-Stay Residents	Number of Long-Stay Residents	Number of New Admissions	Number of Beds	Number of Pediatric Beds	Total Resident Census
41141	2014	12345			NP	DUAL	IFS	88	35	53	20	100	0	88

Sorted by orgID

Data contained in this report were last generated on April 10, 2018 at 3:00 PM.

# ANALYSIS REPORTS



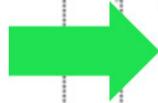
## Analysis Reports

Expand All

Collapse All

Search

- MDRO/CDI Module - LABID Event Reporting
- HAI Module
- Process Measures
- Advanced
  - Resident-level Data
  - Event-level Data
  - Summary-level Data
  - Plan Data
  - Line Listing - Monthly Reporting Plans
  - Custom Reports
- My Custom Reports



- Run Report
- Modify Report
- Export Data Set

# ANALYSIS REPORTS

- Line Listing of Monthly Reporting Plans
- Data source : Monthly Reporting Plan form

## National Healthcare Safety Network Line Listing of Monthly Reporting Plans

As of: June 8, 2018 at 12:45 PM

Date Range: TCPLAN planYM 2015M01 to 2015M12

Report Plan ID	Facility Org ID	Plan YM	Location	No LTCF Modules Followed this Month	CAU Plan?	Lab ID MRSA?	Lab ID VRE?	Lab ID ACINE?	Lab ID CEPHRKLEB?	Lab ID CREECOLI?	creEntero_labID	Lab ID CREKLEB?	Lab ID CDIF?	Hand Hygiene In-Plan	Gown and Gloves	Create Date	User ID for Data Entry	Last Modified	Modify User ID
3,202	41141	2015M01	FACWIDEIN		Y					Y	Y	Y		Y	Y	28MAY 15:09:48	138394	01APR16:13:15	138215
3,203	41141	2015M02	FACWIDEIN		Y	Y								Y	Y	28MAY 15:09:48	138394	28MAY 15:09:48	138394
3,204	41141	2015M03	FACWIDEIN		Y	Y								Y	Y	28MAY 15:09:48	138394	22JUN15:17:06	138215
3,205	41141	2015M04	FACWIDEIN		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	28MAY 15:09:48	138394	28MAY 15:09:48	138394
3,206	41141	2015M05	FACWIDEIN		Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	28MAY 15:09:48	138394	28MAY 15:09:48	138394
3,207	41141	2015M06	FACWIDEIN		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	28MAY 15:09:48	138394	02JUN15:10:08	138394
3,208	41141	2015M07	FACWIDEIN		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	02JUN15:10:08	138394	02JUN15:10:08	138394

Sorted by orgID planYM

Data contained in this report were last generated on April 10, 2018 at 3:00 PM.

# ANALYSIS REPORTS

Expand All Collapse All Search

- MDRO/CDI Module - LABID Event Reporting
- HAI Module
- Process Measures
- Advanced
  - Resident-level Data
  - Event-level Data
    - Line Listing - All Events
      - Run Report
      - Modify Report
      - Export Data Set
  - Summary-level Data
  - Plan Data
  - Pathogen-level Data
  - Facility-level Data
  - Group-level Data
  - Custom Reports
  - My Custom Reports

# ANALYSIS REPORTS

- ❑ Analyze the number of events submitted by month
  - Review line list for any missing months
    - Reasons for missing month in line list
      - No events for the month
      - Missing or incomplete events

## National Healthcare Safety Network

### Line Listing for All Events

As of: June 8, 2018 at 1:37 PM

Date Range: LTCEVENTS datepart(createDate) 01/01/2015 to 06/30/2015

Facility Org ID	Resident ID	Date of Birth	Gender	Event ID	Event Date	Event Type	Specific Organism	Specific Event	Location	CDC Location
41141	78965	05/02/1935	M	3537	04/14/2015	LABID	MRSA		3 WEST	IN:NONACUTE:LTCF:REHAB
41141	12368	06/03/1938	M	3536	04/29/2015	LABID	CDIF		2 EAST	IN:NONACUTE:LTCF:GEN
41141	22222	01/01/1948	F	3535	02/27/2015	UTI		ABUTI	2 WEST	IN:NONACUTE:LTCF:DEM
41141	123456	01/01/1930	F	3528	04/10/2015	UTI		CA-SUTI	2 EAST	IN:NONACUTE:LTCF:GEN
41141	85236	06/03/1936	M	3539	04/20/2015	UTI		CA-SUTI	2 EAST	IN:NONACUTE:LTCF:GEN
41141	95268	04/25/1934	M	3538	04/22/2015	UTI		CA-SUTI	1 SOUTH	IN:NONACUTE:LTCF:BAR

Sorted by eventType eventDate

Data contained in this report were last generated on April 10, 2018 at 3:00 PM.

# ANALYSIS REPORTS

Expand All Collapse All Search

- MDRO/CDI Module - LABID Event Reporting
- HAI Module
- Process Measures
- Advanced
  - Resident-level Data
  - Event-level Data
  - Summary-level Data
    - Line Listing - All Summary Data
      - Run Report
      - Modify Report
      - Export Data Set
  - Group-level Data
  - Custom Reports
  - My Custom Reports

# ANALYSIS REPORTS

## Line listing – All Summary Data

### National Healthcare Safety Network

### Line Listing for All Summary Data

As of: June 8, 2018 at 2:25 PM

Date Range: LTCSUMMARY summaryYM 2017M01 to 2017M03

Facility Org ID	Summary Year/Month	Type of summary record	Location	Event Type	Number of Resident Days	Urinary Catheter Days	Number of Resident Admissions	No Events	Number of Urine Cultures Ordered	Admissions on C. diff Treatment
41141	2017M01	MDRO	FACWDEIN	CDIF	2,800	.	12	N	.	10
41141	2017M01	MDRO	FACWDEIN	CREECOLI	2,800	.	12	Y	.	10
41141	2017M01	MDRO	FACWDEIN	CREKLEB	2,800	.	12	Y	.	10
41141	2017M01	MDRO	FACWDEIN	MRSA	2,800	.	12	N	.	10
41141	2017M02	MDRO	FACWDEIN	CDIF	2,800	.	8	Y	.	8
41141	2017M03	MDRO	FACWDEIN	CDIF	2,860	.	15	N	.	5
41141	2017M03	MDRO	FACWDEIN	MRSA	2,860	.	15	N	.	5

Sorted by orgID summaryYM

Data contained in this report were last generated on April 10, 2018 at 3:00 PM.

# Check Alert Page

- NHSN Home
- Alerts
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout



NHSN Long Term Care Facility Component Home Page

## Action Items

### COMPLETE THESE ITEMS

Survey Required  
**2017**

### ALERTS

**3**  
Missing Events

**3**  
Incomplete Summary  
Data

# Summary

- **Credible data is vital to HAI prevention**
- **In the era of “publicly looking good” ongoing validation is the key to improvement in prevention practices**