

Epidemiology, Surveillance and an Introduction to the National Healthcare Safety Network (NHSN)

ACH IP Course, 2022

Infection Prevention Training for ACH
Healthcare-Associated Infections Program
Center for Health Care Quality California
Department of Public Health



Objectives

- Discuss basic principles of epidemiology and how they apply to healthcare-associated infection (HAI) surveillance
- Review recommended surveillance practices
- Describe surveillance outcome and process measures for infection prevention
- List reasons to use SIR and TAP reports when giving feedback

Epidemiology and Surveillance

Epidemiology

- Definition: Study of disease factors affecting populations
 - Epi = upon or around
 - Demos = people
 - Logos = study of

Clinical care: focus on the individual

VS

Epidemiology: focus on the group

[CDC Principles of Epidemiology in Public Health Practice, Third Edition](https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section1.html)

([cdc.gov/csels/dsepd/ss1978/lesson1/section1.html](https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section1.html))

Healthcare Epidemiology

- Healthcare epidemiology answers questions such as:
 - What factors contribute to increased HAI rates?
 - What populations are at higher risk for developing HAI?
 - How have HAI changed over time?
- Assessment of trends over time

Infection Prevention and Healthcare Epidemiology

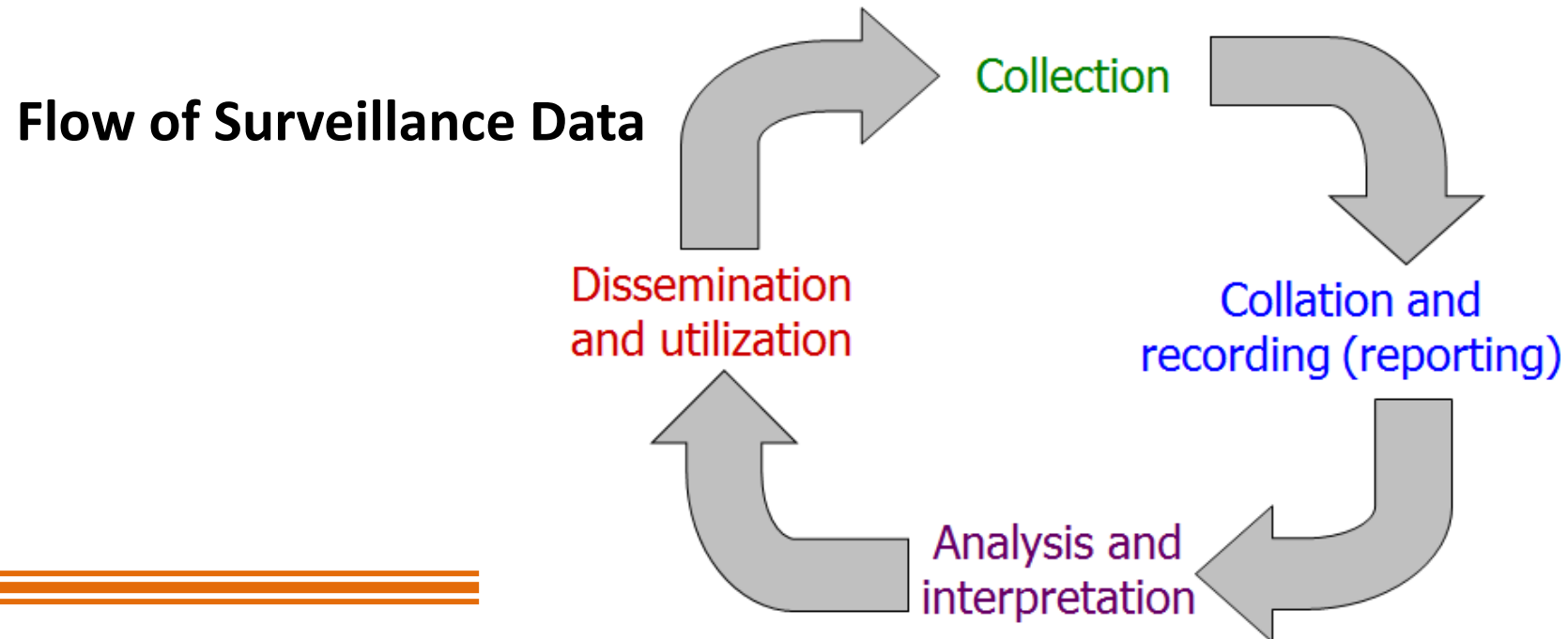
- Epidemiologic research and surveillance underlie HAI prevention
 - Use data for action!

Goal is HAI prevention

Surveillance

Sur = over Veille = watch or watching watching over

A surveillance system is an information loop that starts and ends with communication and action



Epidemiologic Surveillance

- The ongoing, systematic collection, recording, analysis, interpretation, and dissemination of data
- Reflects rate of disease onset or current health/disease status of a community or population (e.g., healthcare patients)
- Aims to identify risk factors for disease
- Used for public health action to reduce morbidity and mortality, and to improve health

Key Tenets of HAI Surveillance

- A written plan serves as the foundation
 - What HAI am I tracking? Why?
 - How will data be used?
 - Where are opportunities to prevent HAI in my facility?
- The intensity of surveillance efforts need to be maintained over time
- Stay consistent over time; always apply same surveillance definitions

Process Measure Examples

- CAUTI prevention: percent urinary catheters with appropriate indication
- CLABSI prevention: percent adherence to CLIP bundle (all or none)
- CDI prevention: thoroughness of environmental cleaning
- HAI prevention: percent adherence to hand hygiene

Outcome Measure Examples

- CLABSI, CDI, and SSI Standardized Infection Ratio (SIR)
- MRSA and VRE BSI rate per 10,000 patient days
- CAUTI per 1,000 catheter days
- SUR of devices decrease after daily assessment for line necessity is implemented

Measuring Infections

Incidence

Number of persons in a population who develop a disease or condition within a specified period of time

Measure of new infections

Prevalence

Proportion of persons in a population who have a disease or condition at a given point in time

Measure of infections that are present

Incidence

Incidence measures the frequency of **disease onset** (i.e., rate). Answers: ‘What is the risk of X occurring?’

$$\text{Incidence} = \frac{\text{\# of new cases during a specified time period}}{\text{size of a specific population}}$$

Example: $\frac{5 \text{ SSI}}{97 \text{ Kidney Surgeries}} = 0.05 \text{ new infections per 97 kidney surgeries, During the time period of Jan-Dec 2021}$

Prevalence

Prevalence measures disease status in a population at a particular time.

Answers: 'How common is X?'

Prevalence = $\frac{\text{\# of existing cases during a specified time period}}{\text{size of a specific population}}$

Examples:

$$\frac{160 \text{ employees vaccinated}}{200 \text{ employees total}} = 0.8 \times 100 = \mathbf{80\%}$$

$$\frac{2 \text{ patients colonized with MRSA}}{100 \text{ patients in ICU per month}} = 0.02 \times 100 = \mathbf{2\%}$$

Incidence Density Rate

Incidence density accounts for variation in the time each person is at risk for an event

Incidence density rate =

$$\frac{\text{\# of new cases during a specified time period}}{\text{person-time at risk}}$$

Example:

$$\frac{\text{\# hospital onset CDI}}{\text{\# of patient days}}$$

HAI Surveillance Definitions

- Case definition (surveillance definition)
 - Clinical and laboratory characteristics that a patient must have to be counted as an event or case for surveillance purposes
 - **Time, place, & person** (e.g., age, sex)
 - Universal case reporting
 - A surveillance system in which all cases of a disease are to be reported

Laboratory-based surveillance

A surveillance method in which the reports of cases come from clinical laboratory data only (forgoing case review/symptomatology)

Applying Surveillance Definitions

- Always refer to written definitions to ensure accuracy of applying case definitions
 - Use standardized, published, validated definitions where available
- For accurate and valid comparisons, use the same definitions
 - If definitions change, the comparability of rates over time will be compromised

“...align criteria and definitions and decrease subjectivity while maintaining epidemiologic standardization and clinical relevance.”

(NHSN Patient Safety Module, Chapter 2, January 2022)

Clinical vs Surveillance Definitions

- Clinical
 - Patient centered
 - Used for therapeutic decisions
- Surveillance
 - Population based
 - Applied exactly the same way each time

Collect Surveillance Data

- Include IP, clinical staff, and others share the responsibility
- Limit collection to only what is needed
- Be involved in efforts when creating or revising the electronic health records to enable HAI data collection

Prospective Surveillance

- Initiated when patient is still under care
- Advantages
 - Ability to capture information in real time
 - Can interview caregivers
 - Can gather findings not recorded in patient record
 - Easier to demonstrate temporality (e.g., before and after observations) and therefore make causal inferences

Retrospective Surveillance

- Closed record review after patient has been discharged
- Advantages:
 - Allows for comprehensive review of sequential events
 - Efficient
- Disadvantage:
 - Does not allow for prompt intervention
 - Important/relevant information may be missing
- Administrative (billing, coding) data alone **cannot accurately identify HAI**
 - May be useful for identifying **possible HAI**

Numerator Data

- Numerator = number of instances of the “event” being measured
- Examples:
 - HAI identified through **active** surveillance: CLABSI, CAUTI, SSI, VAP
 - HAIs identified by **laboratory** finding alone: CDI, MRSA BSI, VRE BSI
 - Care **practices, processes**, observations: hand hygiene compliance
- Record point in time or time period

Denominator Data

- Denominator = number of patients or procedures being followed, the population size, or person-time at risk (patient or line days)
- Examples:
 - Procedures
 - Patient days
 - Patient visits

Calculate and Analyze Infection Rates

Calculate rates and ratios by denominator type

- Total population at risk, or time at risk
- Used to calculate raw rate or incidence density rate:

Examples:

$$\frac{5 \text{ SSI}}{300 \text{ cardiac procedures}} \times 100 = 1.67$$

$$\frac{2 \text{ CLABSI}}{1500 \text{ line days}} \times 1000 = 1.33$$

$$\frac{218 \text{ patient days with central line}}{360 \text{ total patient days}} = 0.61$$

Risk Factor Data

- Factors that increase a patient's risk for HAI include:
 - Patient characteristics and co-morbidities
 - Facility characteristics
 - Level I trauma
 - Level III NICU
 - Critical access hospital
 - Unit / ward type
 - Med/surg
 - Telemetry
 - ICU
- Community disease prevalence
- Invasive device use and duration
 - Central lines
 - Indwelling urinary catheters
 - Ventilator use
- Surgical procedure types, duration, approach
 - Use of robotics
 - Use of laparoscope versus open procedure

Data collection includes risk factor data necessary for risk adjustment

Applying Risk Adjustment Methodology

- **CLABSI and CAUTI:** Infection risk takes into account patient location
 - ICU has a 1:1 to 1:4 nurse/patient ratio and is for critically ill
 - Telemetry has a 1:6 nurse/patient ratio and is for critical but stable patients
 - Med/surg has 1:8 to 1:12 nurse/patient ratio and is for stable patients
 - **SSI:** Probability of infection calculated for each surgical patient
 - *Varies by surgery*
 - Appendectomy should not be the same risk as colon surgery
 - Tonsillectomy/adenoidectomy should not be the same risk as a liver transplant
 - **CDI & MDRO (LabID):** Infection type risk accounts for facility characteristics, disease burden (community prevalence), and testing method (for CDI)
-
-

Standardized Infection Ratio (SIR)

- Summary measure used to track HAI incidence
- Allows for tracking over time
- Compares the actual number of HAI reported to what would be predicted using 2015 baseline data
- Adjusted for risk factors significantly associated with HAI

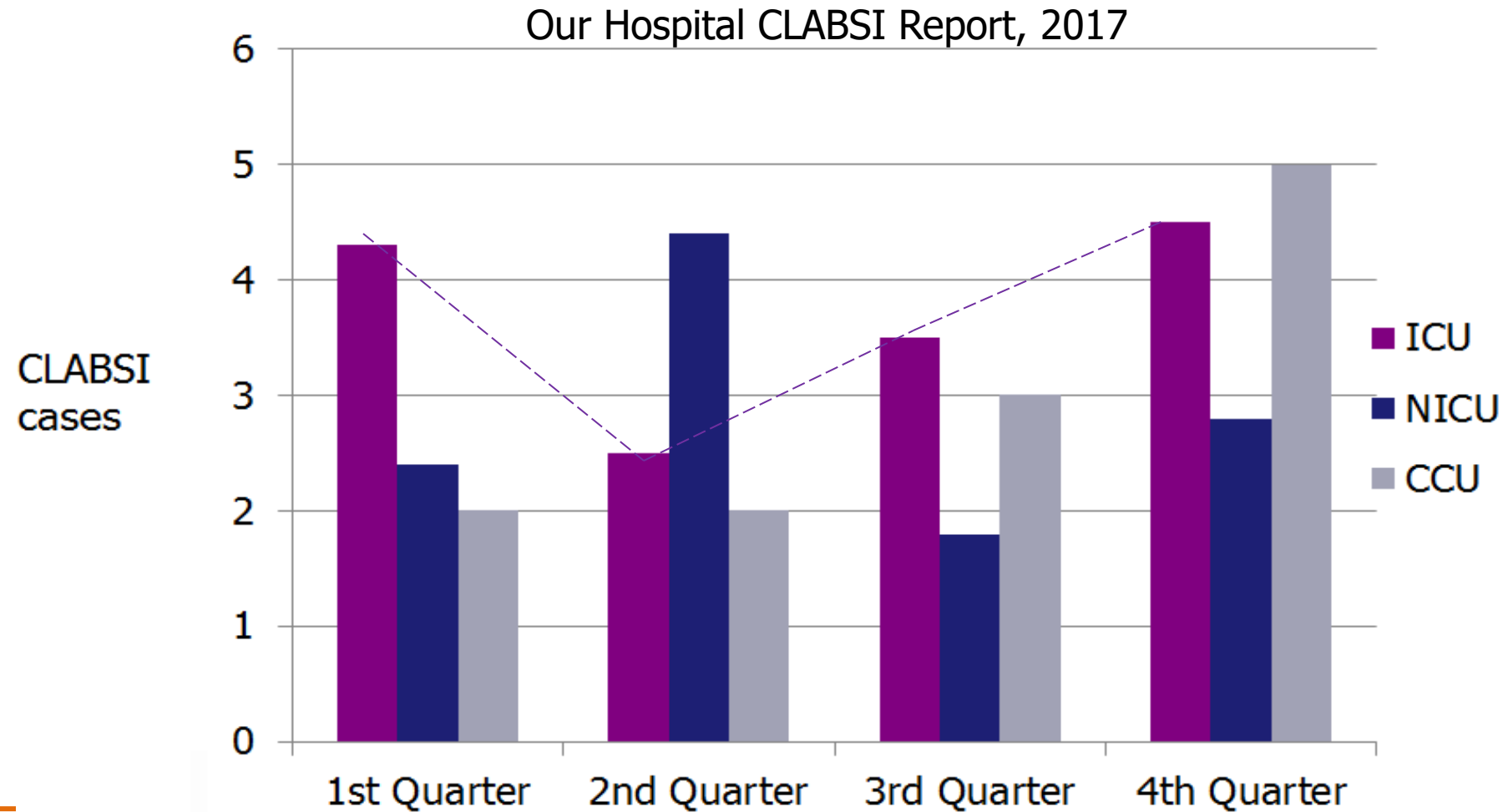
Report and Use Surveillance Data

“Infection surveillance, once the primary task of infection preventionists (IPs), has transitioned over time to assume a more limited place in a massively expanded scope of IP responsibilities. Infection surveillance data is used to measure success of infection prevention and control programs, to identify areas for improvement, and to meet public reporting mandates and pay for performance goals.”

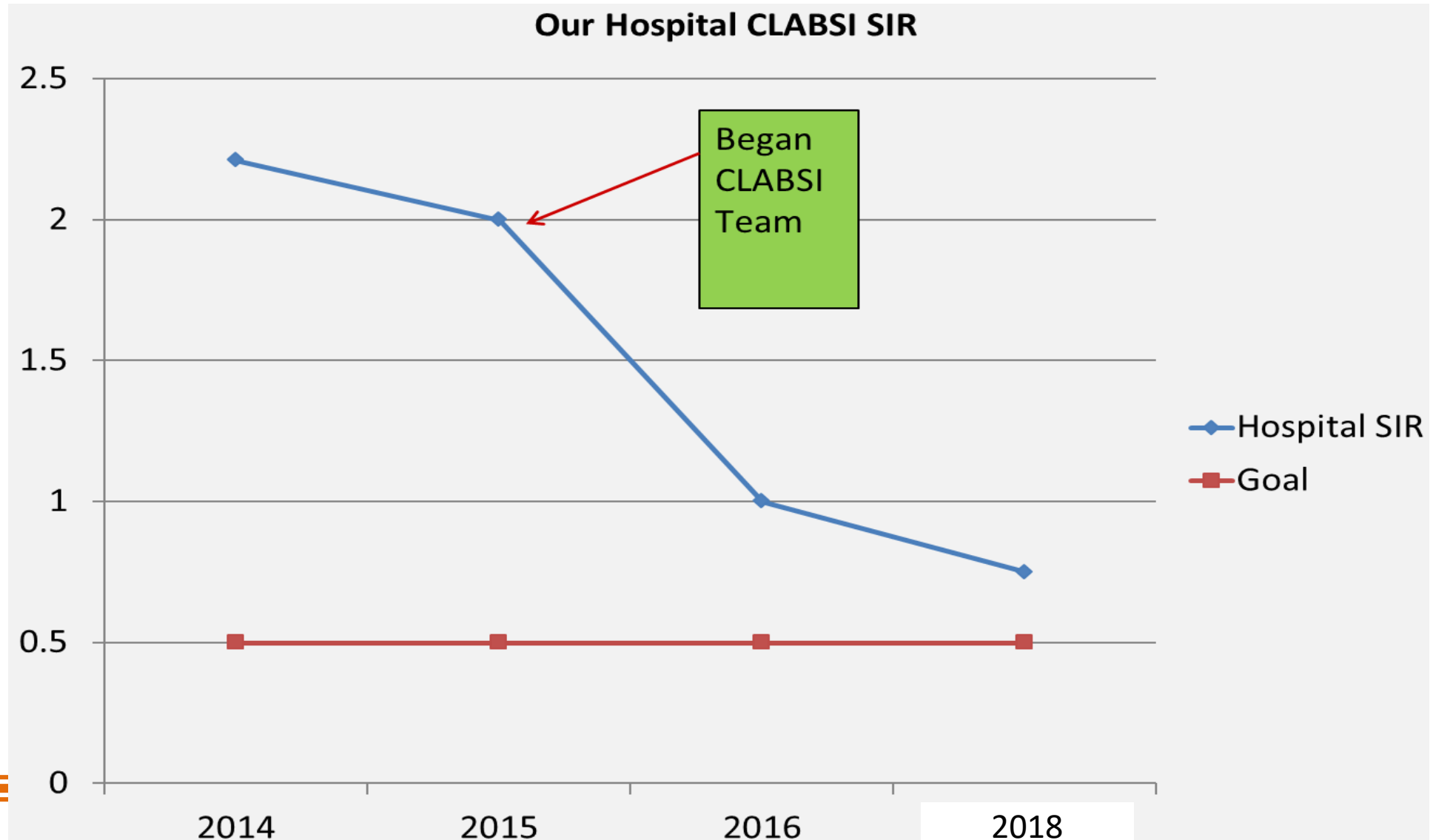
– Sue Barnes, 2017, Infection Control Today

- Plan for distribution of findings
- Report to health care providers most able to impact patient care
- Report in a manner to stimulate process improvement
- Use visual displays of data (e.g., charts, graphs, tables)

Sample Bar Charts



Sample Line Graphs and Histograms - 3



Professional societies

- Association for Professionals in Infection Control and Epidemiology (APIC)
- Society for Healthcare Epidemiology of America (SHEA)
- Infectious Diseases Society of America (IDSA)
 - Guidance documents for definitions, white papers, and evidence-based protocols



Summary

- The IP must understand the basic principles of epidemiology and apply them to HAI surveillance
- Accurate and consistent data collection, recording, analysis, interpretation, and communication of findings is an essential part of the infection prevention and surveillance plan
- Surveillance of process measures helps focus prevention activities to improve outcomes

References

- Ebbing Lautenbach, K. F. Woeltje, and P.N. Malani., Practical Healthcare Epidemiology, 3rd Edition, 2010.
- Horan, T.C., Andrus, M., and Dudeck, M.A. CDC/NHSN surveillance definition of health care-associated infection and criteria for specific types of infections in the acute care setting. *Am J Infection Control* 36: 309-332, 2008.
- Lee, T.B., Marx, J., Olmsted, R.N., and Scheckler, W.E., Recommended practices for surveillance: Association for Professionals in Infection Control and Epidemiology (APIC), Inc. *Am J Infect Control* 35:427-440, 2007.
- Yi, M., Edwards, M., Horan, T., Berrios-Torres, S., Fridkin, S., *Improving risk-adjusted measures of surgical site infection for the National Health Safety Network*. *Infect Control and Hospital Epidemiology*. 32(10), 2011.

Introduction to the National Healthcare Safety Network (NHSN)

Objectives

- Review mandatory HAI surveillance and reporting requirements
- Describe National Healthcare Safety Network (NHSN) and key terms
- Demonstrate how to use NHSN
- Review how to interpret NHSN reports

California HAI Reporting Requirements for Hospitals

- Central line associated bloodstream infections (**CLABSI**)
- MRSA bloodstream infections (**MRSA BSI**)
- VRE bloodstream infections (**VRE BSI**)
- *C. difficile* infections (**CDI**)
- Surgical site infections for 28 procedures (**SSI**)
- Influenza vaccination of healthcare practitioners (HCP)

Report data monthly per NHSN protocol

CDPH reporting deadline: 30 days after end of each quarter

Central Line Insertion Practices (CLIP) and preoperative antimicrobial administration reporting are no longer required

[CDPH AFL 21-18](#)

(www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-18.aspx)



Additional HAI Reporting Requirements for Hospitals Participating in CMS Quality Improvement Programs

- Catheter-associated urinary tract infections (CAUTI)
- Ventilator-associated events (VAE) - **LTAC hospitals only**

[Healthcare Facility HAI Reporting Requirements to CMS via NHSN](http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf) (PDF)
(www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf)

National Healthcare Safety Network

- Centers for Disease Control and Prevention (CDC) surveillance system for HAI reporting from hospitals, long term care facilities, outpatient settings, inpatient rehabilitation, inpatient psychiatric, and hemodialysis facilities
 - Provides standardization
 - Data used for HAI public reporting and pay for performance programs
- **Required by CDPH to receive mandated HAI data from hospitals**
- Accessed through a secure, web-based interface; open to all U.S. healthcare facilities at no charge

National Healthcare Safety Network (NHSN)

CDC's domestic tracking and response system to identify emerging and enduring threats across healthcare, such as COVID-19, healthcare-associated infections (HAIs), and antibiotic-resistant (AR) infections



147,000+

HAI cases were reported by acute care hospitals to NHSN in 2019 for six common HAI types^{1,2}

2020

preliminary data indicate an increase in certain HAIs during the COVID-19 pandemic

\$28 billion

in direct medical costs from HAIs each year³



37,000+ facilities use NHSN to track and stop infections.



In 2020, CDC quickly adapted NHSN to track information for the U.S. COVID-19 pandemic response.



NHSN data contributes to CMS saving at least \$350 million in payments every year.⁴

Precise and actionable data to identify and respond to emerging and enduring threats and save lives

- **The nation's most comprehensive and established system to capture and analyze infection data**, drive improvement in healthcare quality, and stop the spread of deadly pathogens.
- Used by **37,000 U.S. healthcare facilities** - nearly all hospitals, nursing homes, dialysis facilities, and ambulatory surgery centers.
- Saving lives by **driving action to prevent tens of thousands of infections** through reliable data.
- **Highly adaptable for emerging threats** and used for federal, state, local, and healthcare facility emergency response decision-making.
- **Backed by CDC experts in public health**, healthcare, data science, epidemiology, and infection prevention and control.

NHSN is a best buy for public health, healthcare improvement, and emergency response

- Since 2005, NHSN enrollment has increased from 300 hospitals to more than **37,000 facilities in 2020**.
- Flat **annual appropriations of \$21 million**, and **\$11 million in one-time COVID-19 supplemental funding in FY20**.
- **The need for surveillance, further modernization, and data driven decision-making is ongoing.**

Comprehensive, transparent, publicly available data for federal agencies, health departments, healthcare facilities, and the public to take action

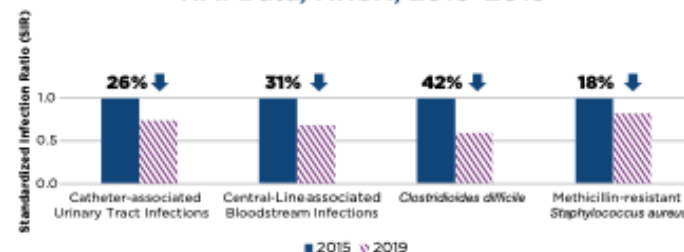
- The Centers for Medicare and Medicaid Services (CMS) relies on NHSN for regulatory functions, public reporting, and incentive payment programs, **including mandatory COVID-19 reporting from all 15,400 U.S. nursing homes.**
- **Healthcare facilities, health departments, and federal agencies rely on NHSN** to inform targeted, tailored infection prevention, to monitor healthcare system capacity, and to stop the spread of emerging and enduring threats, such as COVID-19, HAIs, and AR infections.
- **These targeted prevention and response activities—based on NHSN data and expert analysis—save lives and money at the local, state, and national levels.**

Looking ahead: Faster data and reduced reporting burden

CDC continues to improve NHSN through concrete actions:

- Increasing NHSN reporting automation and decreasing burden for healthcare facilities.
- Expanding use of electronic health records and rapidly emerging health data standards by NHSN.
- Including more nursing homes and outpatient facilities for HAI and emerging threat tracking and prevention.
- Investing in NHSN data modernization efforts to get faster, actionable data.

HAI Data, NHSN, 2015-2019



CDC NHSN Expansion, FY 2010-2020



For more information

- visit: <https://www.cdc.gov/nhsn>
- email: CDC-INFO
- call: 800-CDC-INFO
- Follow us on Twitter: [@CDC_NCEZID](https://twitter.com/CDC_NCEZID)



References:

- 1 CDC. 2019 National and State Healthcare-Associated Infections Progress Report. <https://www.cdc.gov/hai/data/portal/progress-report.html>
- 2 Central line-associated bloodstream infections (CLABSI), Catheter-associated urinary tract infections (CAUTI), Clostridioides difficile (CDI), Methicillin resistant Staphylococcus aureus (MRSA), Surgical site infections (SSI), and Ventilator-associated events (VAE).
- 3 Scott RD II, et. al. The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention. https://www.cdc.gov/hai/pdfs/hai/scott_costpaper.pdf
- 4 Through CMS HAC Reduction Program: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HAC/Hospital-Acquired-Conditions.html>



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Figure 1: NHSN Components

[NHSN Patient Safety Component Manual](#) (PDF)

(www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf)

NHSN Patient Safety Component

[NHSN Patient Safety Component Manual \(PDF\)](http://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf)
(www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf)

National Healthcare Safety Network (NHSN) Patient Safety Component Manual

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Chapter 3: Patient Safety Monthly Reporting Plan and Annual Surveys
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Chapter 5: Central Line Insertion Practices (CLIP) Adherence Monitoring
Chapter 6: Pneumonia (Ventilator-associated [VAP] and non-ventilator-associated Pneumonia [PNEU]) Event
Chapter 7: Urinary Tract Infection (Catheter-Associated Urinary Tract Infection [CAUTI] and non- catheter-associated Urinary Tract Infection [UTI]) and Other Urinary System Infection (USI) Events
Chapter 9: Surgical Site Infection (SSI) Event
Chapter 10: Ventilator-Associated Event (VAE)
Chapter 11: Pediatric Ventilator-Associated Event (pedVAE)
Chapter 12: Multidrug-Resistant Organism & <i>Clostridium difficile</i> Infection (MDRO/CDI) Module
Chapter 14: Antimicrobial Use and Resistance (AUR)



January 2022

Dialysis Event Surveillance Protocol

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[NHSN Dialysis Event Surveillance Protocol \(PDF\)](http://www.cdc.gov/nhsn/pdfs/pscmanual/8pscdialyiseventcurrent.pdf)
 (www.cdc.gov/nhsn/pdfs/pscmanual/8pscdialyiseventcurrent.pdf)



Outpatient Procedure Component Includes Ambulatory Surgery Centers (ASCs)



January 2022

National Healthcare Safety Network (NHSN) Outpatient Procedure Component Manual

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Chapter 5: Key Terms

[NHSN Outpt Procedure Component Manual](#) (PDF)
(www.cdc.gov/nhsn/pdfs/opc/opc-manual-508.pdf)



Antimicrobial Use and Resistance (AUR) Module

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[NHSN NHSN Antimicrobial Use and Resistance Module \(PDF\)](https://www.cdc.gov/nhsn/pdfs/pscmanual/11psc_aurcurrent.pdf)

(www.cdc.gov/nhsn/pdfs/pscmanual/11psc_aurcurrent.pdf)

NHSN Strengths





- Provides standards for surveillance to allow comparisons over time
- Data are risk-adjusted using national referent (baseline) data
- Web-based; data housed remotely
- Automated data quality checks
- Built-in data analysis tools allows electronic reporting using national electronic health record standards (e.g., HL7, CDA)
- Expandable to many health care setting types


NHSN Data

Facilities own their NHSN surveillance data


- May edit data at any time to improve accuracy and completeness
- May join NHSN groups to confer rights for data access
 - Allow healthcare organizations to analyze data from member facilities
 - Facilities within a group cannot see each other's data
 - California hospitals mandated to join the **CDPH group** in NHSN
- Data use agreement with NHSN describes data sharing with CMS and state/local public health departments

National Healthcare Safety Network (NHSN)


CDC > NHSN Home    

-  NHSN Home
- NHSN Login
- About NHSN +
- Enroll Facility Here +
- CMS Requirements +
- Change NHSN Facility Admin
- Resources by Facility** -
- COVID-19 Information +
- Acute Care / Critical Access Hospitals
- Ambulatory Surgery Centers
- Long-term Acute Care Hospitals
- Inpatient Rehabilitation Facilities
- Inpatient Psychiatric Facilities
- Patient Safety Component +
- Long-term Care Facility Component +
- Dialysis Component +
- Biovigilance Component +
- Healthcare Personnel Safety +


Resources by Facility



**New to NHSN?
Enroll Facility Here**
For first-time facility enrollment



Change NHSN Facility Admin
Submit request form to change facility administrator



Training Resources
Training videos, Quick Learns & Educational Roadmaps

Select a Facility Type

Reporting & Surveillance Resources for Enrolled Facilities

Acute Care / Critical Access Hospitals
Acute care or other short-term stay facilities (critical access facilities, oncology facilities, military/VA facilities)

Long-term Care Facilities
Nursing homes, assisted living and residential care, chronic care facilities and skilled nursing facilities

Ambulatory Surgery Centers
Outpatient Surgery Centers

Long-term Acute Care Facilities

Inpatient Psychiatric Facilities

Inpatient Rehabilitation Facilities

Dialysis Facilities
Outpatient and Home Dialysis Facilities

[NHSN Surveillance protocols, forms, analysis resources, FAQ, training, CMS requirements, newsletters](#)
(www.cdc.gov/NHSN)



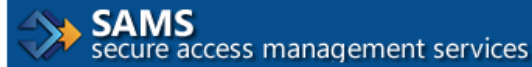
Accessing NHSN

- Each hospital must assign a NHSN facility administrator (FA)
 - Receives all NHSN communications
 - Assigns new users
 - Has full rights and can assign user rights as needed
 - Can create user groups
- To become an NHSN user
 - FA sends new user requests (e-mail) to NHSN
 - NHSN invites (email) the new user
- All NHSN users must apply for a Security Access Management Services (SAMS) card to access NHSN

Logging on to NHSN

[NHSN SAMS Login page](https://auth.cdc.gov/siteminderagent/forms/login)



(auth.cdc.gov/siteminderagent/forms/login)



Warning: This warning banner provides privacy and security notices consistent with applicable law. This system is provided for Government use only. The use of this system includes all devices/storage media attached to this system. This system is provided for Government use only. The use of this system may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful purpose, the Government may intercept, search and seize any communication or data transiting or stored on this system. The information stored on this system may be disclosed or used for any lawful Government purpose.

Choose a login option

External Partners

SAMS Credentials	SAMS Multi-factor Login
	
SAMS Username <input type="text"/>	OR Sign on with a SAMS Grid Card or Mobile Soft Token
SAMS Password <input type="password"/>	
<input type="button" value="Login"/>	<input type="button" value="Login"/>
Forgot Your Password?	
For External Partners who login with <u>only</u> a SAMS issued UserID and Password.	For External Partners who have been issued a SAMS Multi- factor token(s).

Access NHSN via Secure Web Portal Using SAMS Card



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

NHSN - National Healthcare Safety Network

NHSN Home

Alerts

Dashboard

Reporting Plan ▶

Patient ▶

Event ▶

Procedure ▶

Summary Data ▶

Import/Export

Surveys ▶

Analysis ▶

Users ▶

Facility ▶

Group ▶

Logout



NHSN Patient Safety Component Home Page

- ▶ The number of available functions (on the left blue navigation bar) depends on your NHSN user rights
- ▶ Your NHSN Facility Administrator sets the rights for each user
- ▶ Types of user rights
 - Administrative, all functions available
 - Analyze data
 - Enter data
 - View data

Map NHSN Locations

- Each NHSN patient care area is defined by the type of patients receiving care in that location
- Define (or redefine) a patient care location:
 - Step 1: Determine the acuity level (e.g., critical care, ward)
 - Step 2: Determine the type of service (e.g., burn, surgical, cardiac)
- Hospital designates each location type
- Important to review location mapping **yearly** to ensure correct risk adjustments applied for each location

NHSN Patient Safety Manual: Chapter 15

Determine NHSN Location Types

- Apply 80% Rule to designate patient type in **most locations**
 - Patient care area is comprised of at least 80% patients of the same acuity level
- Apply **60% Rule** for **medical/surgical mixed** units
 - If more than 60% are medical patients, define as a medical location
 - If more than 60% are surgical patients, define as a surgical location

NHSN Patient Safety Manual: Chapter 15

NHSN Inpatient vs Outpatient

NHSN Inpatient: a patient whose date of admission to the healthcare facility and the date of discharge are different calendar days

NHSN Outpatient: patient whose date of admission to the healthcare facility and the date of discharge are the same day

- SSI and surgical procedure data reported for hospital inpatient, outpatient, and ambulatory surgery centers enrolled in NHSN
- Outpatient data such as LabID and CDI from locations such as ED and 24-observation units required per surveillance protocols

Enter Your Monthly Reporting Plan

NHSN Home

- Alerts
- Dashboard
- Reporting Plan**
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout

Add Monthly Reporting Plan

marked with *

California General Hospital (ID 15633)

Year *:

No NHSN Patient Safety Modules Followed

Device-Associated Module

Locations
<input type="text" value="2 WEST - M/S ICU"/>

Procedure-Associated Module

Procedures
<input type="text" value="APPY - Appendix surgery"/>

Antimicrobial Use and Resistance Module

Locations	Antimicrobial Use	Antimicrobial Resistance
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Multi-Drug Resistant Organism Module

Locations
<input type="text"/>

- Your monthly reporting plan tells NHSN in what modules you will enter data each month
- Plan must include CDPH reporting requirements
- May add plans ahead of time for each month for the entire year



California Department of
PublicHealth

Report Events (CLABSI, MRSA/VRE BSI, CDI, SSI)

Patient Information

Facility ID *: California General Hospital (ID 15633) ▾

Patient ID *: 12345 Find Find Events for Pa

Secondary ID:

Last Name: PIE

Middle Name:

Gender *: F - Female ▾

Ethnicity:

Race: American Indian/Alaska Native
 Black or African American
 White

- Add events or infections
- Choose event type and follow prompts for required data entry

Event Information

Event Type *: BSI - Bloodstream Infection ▾

Post-procedure: N - No ▾

MDRO Infection Surveillance *: No, this infection's pathogen/location are not in-plan for Infection Surveillance in the MDRO/CDI M

Location *: Z-ICU - MED/SURG ICU ▾

Date Admitted to Facility *: 03/01/2018 21

Risk Factors

Central line *: Y - Yes ▾

Any hemodialysis catheter present: Y - Yes ▾

Location of Device Insertion: ED - EMERGENCY DEPARTMENT (ED) ▾

Date of Device Insertion: 03/01/2019 21

Colonization and Inflammation

Colonization – presence of microorganisms on skin, mucous membranes, in open wounds, or in excretions or secretions but are not causing adverse clinical signs or symptoms

Inflammation – results from tissue response to injury or stimulation by noninfectious agents, such as chemicals

- Colonization and inflammation are not infections and not reported to NHSN
- May need to report colonization to public health per communicable disease reporting requirements (for example, CRE, *C. auris*)

Report Monthly Summary Data - CLABSI

NHSN - National Healthcare Safety Network

NHSN Home

Alerts

Dashboard

Reporting Plan ▶

Patient ▶

Event ▶

Procedure ▶

Summary Data ▶

Import/Export

Surveys ▶

Analysis ▶

Users ▶

Facility ▶

Group ▶

Logout

Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)

Mandatory fields marked with *

Facility ID *: California General Hospital (ID 15633) ▼

Location Code *: Z-ICU - MED/SURG ICU ▼

Month *: March ▼

Year *: 2018 ▼

Denominator Data		
		Report No Events
Total Patient Days *	<input type="text" value="450"/>	
Central Line Days *	<input type="text" value="210"/>	CLABSI: <input type="checkbox"/>
Urinary Catheter Days:	<input type="text" value="360"/>	CAUTI: <input type="checkbox"/>
Ventilator Days:	<input type="text"/>	VAE: <input type="checkbox"/> PedVAP: <input type="checkbox"/>
APRV Days:	<input type="text"/>	
Episodes of Mechanical Ventilation:	<input type="text"/>	

- Enter denominator data for each patient location
 - Patient days
 - Line days

Report Monthly Summary Data – MDRO / CDI

NHSN - National Healthcare Safety Network

NHSN Home

Alerts

Dashboard

Reporting Plan ▶

Patient ▶

Event ▶

Procedure ▶

Summary Data ▶


Import/Export

Surveys ▶

Analysis ▶

Users ▶

Facility ▶



MDRO and CDI Monthly Denominator Form

Mandatory fields marked with *

Facility ID *:

Location Code *:

Month *:

Year *:

General

Setting: Inpatient Total Facility Patient Days *: Total Facility Admissions *:

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:

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

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:

- Enter denominator data for MRSA/VRE and CDI for Facility
 - Patient Days
 - Patient Admissions
 - **MDRO** - subtract units with unique CCN (IRF or IPF)
 - **CDI** – subtract units with unique CCN (IRF or IPF) and NICU and well baby days/admissions
 - ED/24hr Observation encounters reported separately

Report Monthly Surgical Procedure Data

NHSN Home

Alerts

Dashboard

Reporting Plan ▶

Patient ▶

Event ▶

Procedure ▶

Summary Data ▶

Import/Export

Surveys ▶

Analysis ▶

Users ▶

Facility ▶

Group ▶

Logout

Add Procedure

Mandatory fields marked with *

Fields required when in Plan marked with >

Add

Find

Incomplete

Patient Information

Facility ID *: California General Hospital (ID 15633) ▼

Patient ID *: Find Find Procedures for Patient

Secondary ID:

Last Name:

Middle Name:

Gender *:

Ethnicity:

Race: American Indian/Alaska Native Asian
 Black or African American Native Haw
 White

Procedure Information

NHSN Procedure Code *: COLO - Colon surgery ▼

Select button for system used

ICD-10 PCS

CPT Code

Procedure Date *: 2 Link/Unlink to Event

Procedure Details

Outpatient *: N - No ▼ Duration (Hrs:Mins) *: 1 : 20

Wound Class *: CO - Contaminated ▼ General Anesthesia *: Y - Yes ▼

ASA Score: 2 - A patient with mild systemic disease

Emergency *: Y - Yes ▼ Trauma *: Y - Yes ▼ Scope *: N - No ▼

- Add monthly procedure data for each procedure
- **Electronic upload strongly recommended**

NHSN Standardized Infection Ratio (SIR)

- Used by NHSN to report infection incidence
 - SIR instead of infection rate
- Driven by need for a single summary measure of infection incidence that adjusts for differences in infection risk
- SIR compares the number of HAI reported by your hospital with a predicted number of HAI calculated by NHSN

NHSN Risk Adjustment

NHSN applies risk adjustment to determine the predicted number of HAI for your hospital based on 2015 referent data

HAI	Factors in Risk Adjustment
CDI	Test type, community onset prevalence, facility bed size*, facility medical school affiliation*, number of ICU beds*, facility type*, reporting from ED or 24-hr observation unit
CLABSI	ICU vs ward, medical school affiliation*, facility bed size*, facility type* average length of stay* (LTACH), birth weight (NICU)
MBI-LCBI	Acute care hospitals only; ICU vs ward, facility bed size*, medical school affiliation*
MRSA BSI	Community onset prevalence, average length of stay*, medical school affiliation*, facility type*, number of ICU beds*
SSI	Age, ASA score, wound class (contaminated or dirty), procedure duration, general anesthesia, emergency procedure, gender, BMI, diabetes, trauma, endoscope, procedure type (primary, revision), approach, spine level, closure, duration of labor, oncology, facility bed size*, medical school affiliation*

* Data from NHSN Annual Survey

SSI Risk Adjustment

- Risk models developed for each NHSN operative procedure
 - Includes only those risk factors found to increase SSI risk for that procedure
- Every patient undergoing a procedure in your hospital has SSI risk probability calculated by NHSN
- Your hospital's predicted number of SSI is the sum of your surgical patients' risk probabilities

Interpreting SIR

Presenting the Standardized Infection Ratio (SIR)!

$$SIR = \frac{\text{Observed (O) HAIs}}{\text{Predicted (P) HAIs}}$$

If the **SIR > 1.0**, then **more** HAIs were observed than predicted, based on the 2015 national aggregate data.

If the **SIR < 1.0**, then **fewer** HAIs were observed than predicted, based on the 2015 national aggregate data.

If the **SIR = 1.0**, then the **same** number of HAIs were observed as predicted, based on the 2015 national aggregate data.

What is p Value?

As far as the SIR goes...

The **p-value** is a statistical measure that tells us whether the number of observed infections is statistically significantly different than the number of predicted infections (i.e., whether the SIR is significantly different from 1.0).

If the **p-value** ≤ 0.05 , we can conclude that the number of observed infections is statistically significantly different than the number of predicted infections.

If the **p-value** > 0.05 , we conclude that the number of observed infections is **not** statistically significantly different than the number of predicted infections.

What is *Confidence Interval*?

And how about that 95% Confidence Interval (CI)?

The 95% CI is a statistical range of values for which we have a high degree of confidence that the true SIR lies within that range.

If the **CI does not include 1**, then the SIR is significantly different than 1.0 (i.e., the number of observed infections is significantly different than the number predicted).

Example: 95% CI= (0.85, 0.92)

If the **CI includes the value of 1**, then the SIR is **not** significantly different than 1.0 (i.e., the number of observed infections is not significantly different than the number predicted).

Example: 95% CI= (0.85, 1.24)

If the **SIR is 0.000** (i.e., the infection count is 0 and the number of predicted infections is ≥ 1.0), the lower bound of the 95% CI will **not** be calculated.

Calculating SIR

$$\text{SIR} = \frac{\text{Observed HAIs}}{\text{Predicted HAIs}}$$

Calculating Standardized Infection Ratio (SIR)

- Standardized infection ratio

$$\text{SIR} = \frac{\text{Observed HAI}}{\text{Predicted HAI}}$$

Example:

Hospital A has 4 MRSA BSI over 23,500 patient days. National data predicted 2.5 MRSA BSI.

$$\text{SIR} = \frac{4}{2.5} = 1.6$$

Determine if Your SIR is Significantly Higher or Lower than National Comparison Data

National Healthcare Safety Network
 SIR for DHQP Memorial Hospital for 2021 - By OrgID
 As of: January 13, 2022 at 1:18 PM
 Date Range: BS2_CLAB_RATE SALL summaryYr 2021 to 2021
 if (((locationType = "CC")))

Facility Org ID=10000 Type of Affiliation=M

Facility Org ID	CMS Certification Number	Events	Number Predicted	Central Line Days	SIR	SIR p-value	95% Confidence Interval	SIR Percentile
10000	31C0001043	3	1.814	1608	1.653	0.3843	0.421, 4.500	93

The observed difference is not statistically significant if

- **p-value >0.05**, or
- **95% confidence interval includes 1.0**
- If the p-value is not significant, the confidence interval won't be significant either and vice versa
- The confidence interval indicates precision as well as significance

SIR Interpretation

Summary Yr	Infection Count	Number Expected	Central Line Days	SIR	SIR p-value	95% Confidence Interval
2016	9	7.191	3786	1.25	0.2962	0.653, 2.184

1. 9 HAI CLABSI in 2016, only 7.2 were expected. The SIR is 1.25 or 25% higher than what would be predicted from national data
2. The difference is not significantly different than **that predicted by** the national hospital data because our estimate is not very precise
3. The SIR varies from 35% below to more than double the predicted value (.65 – 2.2)
4. Continue to monitor CLABSI rates over time. More data will help us better understand how we compare to other similar hospitals

SIR Interpretation - 2

Summary Yr/Half	InfCount	Number Expected	Central Line Days	SIR	SIR p-value	95% Confidence Interval
2016H1	74	26.606	10065	2.78	0.0000	2.184, 3.492

This report indicates the following:

1. 74 HAI CLABSI per 10,065 line days, 26.6 were predicted
2. The SIR is 2.78, nearly 3 times higher than what would be predicted
3. The precision of this estimate shows that the hospital is between 2 and 3 ½ times higher than predicted (C.I. 2.2 – 3.5)
4. This facility needs to implement a CLABSI prevention program immediately

SSI Risk Adjustment - 2

Example: Abdominal hysterectomy (HYST)

- Factors in the model that add to SSI risk are
 - Diabetes
 - ASA score
 - Hospital bed size (from the annual survey)
 - Scope
 - Age
 - Duration of procedure
 - BMI

[NHSN: A Guide to the SIR \(PDF\)](#)

(cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf)

SSI Risk Adjustment - 3

This table represents a partial list of 100 hypothetical patients who have undergone a HYST procedure and the risk factors present for each

Table 2. Risk Factors for 100 Patients Undergoing a HYST Procedure (Complex 30-Day model)

Patient	Diabetes	ASA score	BMI	Age	Oncology Hospital	SSI Identified?	Probability of SSI (\hat{p})
1	Y	2	29	32	Y	1	0.020
2	N	3	35	49	Y	0	0.019
3	N	5	20	51	Y	1	0.026
.
.
100	N	4	27	27	Y	0	0.037
TOTAL						8 (observed SSIs)	6.750 (predicted SSIs)

2% risk of SSI for patient 1

Probability of SSI is calculated for each surgical patient

The SSI probabilities are added together to get the predicted number of SSI for this surgical patient population

$$\text{SIR} = \frac{\text{Observed (O) HAIs}}{\text{Predicted (P) HAIs}} = \frac{8}{6.750} = 1.190$$

SIR indicates 19% higher than predicted from national data

The SIR Percentile

- A value that gives what percentage of facilities have a similar or lower SIR compared to your facility
 - SIR percentile of 93 means that 93% of facilities in the nation (with at least 1 predicted infection) have an SIR equal to or lower than 1.653

National Healthcare Safety Network

SIR for DHQP Memorial Hospital for 2021 - By OrgID

As of: January 13, 2022 at 1:18 PM

Date Range: BS2_CLAB_RATE SALL summaryYr 2021 to 2021

if (((locationType = "CC")))

Facility Org ID=10000 Type of Affiliation=M

Facility Org ID	CMS Certification Number	Events	Number Predicted	Central Line Days	SIR	SIR p-value	95% Confidence Interval	SIR Percentile
10000	31C0001043	3	1.814	1608	1.653	0.3843	0.421, 4.500	93

Use Your NHSN Data

- Generate a data set after all data are entered before running analysis reports
- Generating a data set retrieves a copy of your hospital data from NHSN
- Data sets are specific to each NHSN user

NHSN - National Healthcare Safety Network

NHSN Home

- Alerts
- Dashboard
- Reporting Plan ▶
- Patient ▶
- Event ▶
- Procedure ▶
- Summary Data ▶
- Import/Export
- Surveys ▶**
- Analysis ▶**
- Users ▶
- Facility ▶
- Group ▶
- Logout

Generate Data Sets

Generate Patient Safety Analysis Data Sets

Datasets generated will include data for the 3 most recent full calendar years up until today's date for the Patient Safety Component. To include all years check the box below.

For all other components, datasets generated will include all years. Note that any analysis options you run will be limited to the time period shown on the date range bar.

Include all data reported to NHSN for this component within the parameters of rights conferred.

1/2014 9/2017

Generate Data Sets

Reports

Statistics Calculator

New Last Generated: Sep 15 2017 12:02PM

NHSN Analysis Options and Reports

- Analysis Reports are available only if you generate a data set
 - Developed by NHSN
 - Presented in a series of expandable folders
- To view report options
 - Choose a module
 - Choose “Modify Report” to choose a date range, other options
 - If you select “Run Report,” all relevant data for years will be included in the report

NHSN - National Healthcare Safety Network

NHSN Home

- Alerts
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- Reporting Plan ▶
- Patient ▶
- Event ▶
- Procedure ▶
- Summary Data ▶
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Analysis Reports

Expand All Collapse All Search

- Device-Associated (DA) Module
 - Central Line-Associated BSI
 - Line Listing - All CLAB Events
 - Frequency Table - All CLAB Events
 - Bar Chart - All CLAB Events
 - Pie Chart - All CLAB Events
 - Rate Table - CLAB Data for ICU-Other
 - Run Chart - CLAB Data for ICU-Other
 - Rate Table - CLAB Data for NICU
 - Run Chart - CLAB Data for NICU
 - Rate Table - CLAB Data for SCA/ONC
 - Run Chart - CLAB Data for SCA/ONC
 - SIR SIR - Acute Care Hospital CLAB Data**
 - Run Report
 - Modify Report
 - Export Data Set
 - Central Line Device Use
 - als CLAB Data
 - als Central Line Device Use
 - CLAB Data
 - SIR SIR - Long Term Acute Care Central Line Device Use
 - SIR SIR - Inpatient Rehab Facilities CLAB Data
 - SIR SUR - Inpatient Rehab Facilities Central Line Device Use
- Custom Reports
- Mucosal Barrier Injury CLABSI
- Ventilator-Associated PNEU
- Ventilator-Associated Events
- Urinary Catheter-Associated UTI
- Central Line Insertion Practices
- Procedure-Associated (PA) Module

Alerts and Resolving Alerts

- Alerts are automatic checks in NHSN that remind you of incomplete or missing in-plan data
- Before using the analysis function, make sure to clear all (relevant) alerts found on the Home Page or by clicking on the 'Alerts' tab on the sidebar
- If there are no events for a given month, check the Report No Events box
- If not, alerts will appear if you have completed a summary form for a unit listed in your reporting plan but have not entered events

The screenshot displays the NHSN Patient Safety Component Home Page. The sidebar on the left contains a navigation menu with the 'Alerts' tab highlighted in red. The main content area is titled 'NHSN Patient Safety Component Home Page' and features a 'COMPLETE THESE ITEMS' section with a 'Confer Rights' button and a 'Not Accepted' status. Below this is an 'ALERTS' section with six data cards: Incomplete Events (132), Missing Events (268), Incomplete Summary Items (68), Missing Summary Items (410), Incomplete Procedures (31), and Unusual Susceptibility Profile (1). A red callout box explains that alerts are generated from monthly reporting plans and that incomplete items result in alerts.

Alert Category	Count
Incomplete Events	132
Missing Events	268
Incomplete Summary Items	68
Missing Summary Items	410
Incomplete Procedures	31
Unusual Susceptibility Profile	1

Modifying NHSN Report

- Check “Show descriptive variable names”
 - Easier to read
- Choose what you want to modify
 - Title or Format
 - Time Period

Modify "SIR - Acute Care Hospital CLAB Data"

Show descriptive variable names ([Print List](#))

Title/Format | Time Period | Filters | Display Options

Title:
SIR for Central Line-Associated BSI Data for Acute Care Hospitals (2015 baseline)

Format:
html | pdf | xls | rtf

Title/Format | Time Period | Filters | Display Options

Time Period:

Date Variable	Beginning	Ending	
<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X Clear Time Period"/>

Modifying NHSN Report - 2

Filters

- Allows more variables to be added to the report

The screenshot shows the 'Filters' tab selected in a report configuration interface. The tabs are 'Title/Format', 'Time Period', 'Filters', and 'Display Options'. Below the tabs, there are 'Additional Filters:' buttons for 'Show' and 'Clear'. A filter rule is visible with a dropdown menu set to 'location' and a comparison operator set to 'equal'. The interface also shows 'AND' and 'OR' buttons for logical grouping.

Display Options

- Choose how you want the data displayed in the report

The screenshot shows the 'Display Options' tab selected in the report configuration interface. The tabs are 'Title/Format', 'Time Period', 'Filters', and 'Display Options'. Below the tabs, there are 'SIR Options' and a 'Group by:' dropdown menu. The dropdown menu is open, showing options: 'summaryYH', 'summaryYM', 'summaryYQ', and 'summaryYr'. The 'summaryYr' option is highlighted.

Sample Rate Table

- Review your rate tables routinely to verify that infections and denominator data are reported each month

National Healthcare Safety Network
Rate Table for Central Line-Associated BSI Data for ICU-Ot
 As of: September 23, 2017 at 6:20 PM
 Date Range: BS2_CLAB_RATESICU summaryYM 2016M01 to 2016M12

loccdc=IN:ACUTE:CC:CT CCN= 99999 facType=HO

location	summaryYM	CLABCount	numCLDays	CLABRate	numPatDays
CCU	2016M01	0	187	0.000	410
CCU	2016M02	1	226	4.425	392
CCU	2016M03	0	242	0.000	383
CCU	2016M04	0	165	0.000	388
CCU	2016M05	0	217	0.000	341
CCU	2016M06	1	197	5.076	353
CCU	2016M07	0	207	0.000	386
CCU	2016M08	0	164	0.000	289
CCU	2016M09	0	180	0.000	342
CCU	2016M10	0	176	0.000	356
CCU	2016M11	0	53	0.000	469
CCU	2016M12	0	197	0.000	398

Sample Standardized Infection Ratio (SIR) Table for One Year – by Location

Shows each location's predicted number of CLABSI

Shows each location's SIR and p-value indicating if the SIR is significantly lower or higher than predicted

location	summaryYr	months	infcount	numPred	numcldays	SIR	SIR_pval	SIR95CI
4 M/S	2016	12	1	2.862	3288	0.349	0.2778	0.017, 1.723
5 MED	2016	12	3	4.237	4867	0.708	0.5940	0.180, 1.927
6E ONC	2016	12	5	4.406	4158	1.135	0.7309	0.416, 2.516
6S 6W	2016	12	1	2.330	2676	0.429	0.4214	0.021, 2.117
CCU	2016	12	2	2.227	2211	0.898	0.9634	0.151, 2.967
CMU NEW	2016	12	1	1.905	2188	0.525	0.5813	0.026, 2.589
ICCU	2016	12	2	1.333	1477	1.501	0.5352	0.252, 4.958
ICU	2016	12	11	4.463	4430	2.465	0.0085	1.296, 4.284

NHSN: A Guide to the SIR

THE NHSN STANDARDIZED INFECTION RATIO (SIR)

A Guide to the SIR

Updated April 2022. Please see Pages 14- 48.

- How to interpret SIR
- How SIR is calculated
- Risk adjustment factors for specific HAI



[NHSN Standardized Infection Ratio \(SIR\) Guide](https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf) (PDF)
(www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf)

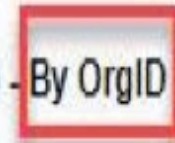
Standardized Utilization Ratio (SUR)

National Healthcare Safety Network

SUR for Central Line Device Use for Acute Care Hospitals (2015 baseline) - By OrgID

As of: July 8, 2021 at 10:51 AM

Date Range: All B B2_CLAB_RATE BALL



orgID=10018 medType=G

orgID	ccn	summaryYH	numCLDays	numPatDays	numPredDDays	SUR	SUR_pval	SUR95CI	SUR_pctl
10018	66666	2019H1	2974	3530	776.379	3.831	0.0000	3.696, 3.970	100
10018	66666	2019H2	961	1529	284.308	3.360	0.0000	3.172, 3.599	100

The number of central line days/the number of predicted central line days = SUR*

1. This report includes central line utilization data from acute care hospitals for 2015 and forward.
2. The SUR is only calculated if number of predicted device days (numPredDDays) is ≥ 1 . Lower bound of 95% Confidence Interval only calculated when number of observed device days > 0 .
3. The predicted device utilization days is calculated based on national aggregate NHSN data from 2015. It is risk adjusted for CDC location, hospital beds, medical school affiliation type, and facility type.

*Calculated SUR is also available for CAUTI surveillance

THE NHSN STANDARDIZED UTILIZATION RATIO (SUR)

A Guide to the SUR

Updated April 2022



[CDC NHSN Standardized Utilization Ration \(SUR\) Guide](https://cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sur-guide-508.pdf) (PDF)
(cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sur-guide-508.pdf)

Targeted Assessment for Prevention (TAP) Reports

- Available for CDI, CLABSI, CAUTI
- Identifies **number of infections that need to be prevented** to reach targeted goal
 - Called the cumulative attributable difference (CAD) in NHSN
 - Lists results by location for CLABSI and CAUTI
- Assists in deciding where to focus infection prevention efforts

[Targeted Assessment for Prevention \(TAP\) Strategy](http://www.cdc.gov/hai/prevent/tap.html)

(www.cdc.gov/hai/prevent/tap.html)

CDC Centers for Disease Control and Prevention
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Search [Advanced Search](#) [A-Z Index](#)

Healthcare-Associated Infections (HAIs)

CDC > Healthcare-associated Infections (HAI) > Preventing HAIs

Healthcare-associated Infections (HAI)

- HAI Data +
- Types of Infections +
- Diseases and Organisms +
- Preventing HAIs** -
- Staph BSI Prevention Strategies
- CDI Prevention Strategies
- Urine Culture Stewardship +
- Targeted Assessment for Prevention (TAP)** -

TAP CAUTI

The Targeted Assessment for Prevention (TAP) Strategy

The Targeted Assessment for Prevention (TAP) Strategy is a framework for quality improvement developed by the Centers for Disease Control and Prevention (CDC) to use data for action to prevent healthcare-associated infections (HAIs). The TAP Strategy consists of three components: 1) Running TAP Reports in the National Healthcare Safety Network (NHSN) to target healthcare facilities and specific units with an excess burden of HAIs. 2) Administering TAP Facility Assessment Tools to identify gaps in infection prevention in the targeted locations. 3) Accessing infection prevention resources within the TAP Implementation Guides to address those gaps. The [TAP Reports](#) use a metric called the cumulative attributable difference (CAD). The CAD is the number of infections that must be prevented to achieve an HAI reduction goal and is calculated by subtracting a numerical prevention target from an observed number of HAIs. The TAP Reports allow for the ranking of facilities, or locations within individual facilities, by the CAD to prioritize prevention efforts where they will have the greatest impact.

Using the Cumulative Attributable Difference (CDA) to Explain Rates

- Eliminates statistical terms when explaining results
- “If our medical ICU had eliminated (#) CLABSIs, we would have met our goal”
- In this example, eliminating 23 C. difficile HAI cases out of 61 would have met the facility goal

Number of Beds	Patient Days	COHCFA Prevalence	CDIF Facility Incident HO LabID Event Count	CDIF Facility Incident HO LabID Number Expected	Facility CAD	SIR
354	60059	0.14	61	55.034	22.48	1.108

[Targeted Assessment for Prevention \(TAP\) Strategy](http://www.cdc.gov/hai/prevent/tap.html)
(www.cdc.gov/hai/prevent/tap.html)

NHSN Help

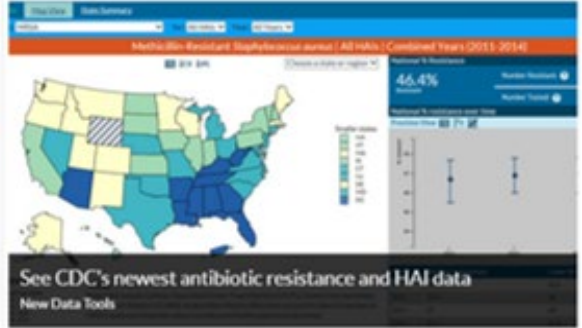
- Use [NHSN website](http://www.cdc.gov/nhsn) (www.cdc.gov/nhsn)
- Email NHSN questions to nhsn@cdc.gov
- For technical questions about CDPH NHSN requirements, email HAI_Data@cdph.ca.gov

National Healthcare Safety Network (NHSN)

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

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.



See CDC's newest antibiotic resistance and HAI data
New Data Tools

- 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.

e-LEARNING
Training / Demo

Newsletters / Members
Meeting Updates

Email Updates

State-based HAI Prevention Activities

Summary

- NHSN is a surveillance system used for recording data which meets the regulatory reporting requirements for CDPH and CMS
- NHSN has many analysis features to assist users in interpreting and presenting their data
- Resources are available for interpretation and analysis of NHSN data from:
 - [CDC](http://www.cdc.gov/nhsn) (www.cdc.gov/nhsn)
 - [CDPH](http://www.cdph.ca.gov/HAI) (www.cdph.ca.gov/HAI)

Questions?

For more information,
please contact

HAIProgram@cdph.ca.gov

Include “ACH IP Training Course” in
the subject line

Post Test

Now that you have completed this
module,
Click on the “Post Test” link when it
pops up

To Return to
Learning Stream
and take the post test

*If the Post Test link does not pop up,
you will be sent a link via e-mail*