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CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains Quality Innovation Network

HAI Learning and Action Network
February 11, 2015 Monthly Call

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Overview of HAI LAN

- CLABSI, CAUTI, CDI, VAE
- Conferred Rights through NHSN
- Monthly meetings/webex/teleconferences
- Antimicrobial Stewardship
- Beneficiary and Family Engagement

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What's New?

- Great Plains QIN/QIO website
- Beneficiary and Family Engagement
- NHSN definition changes

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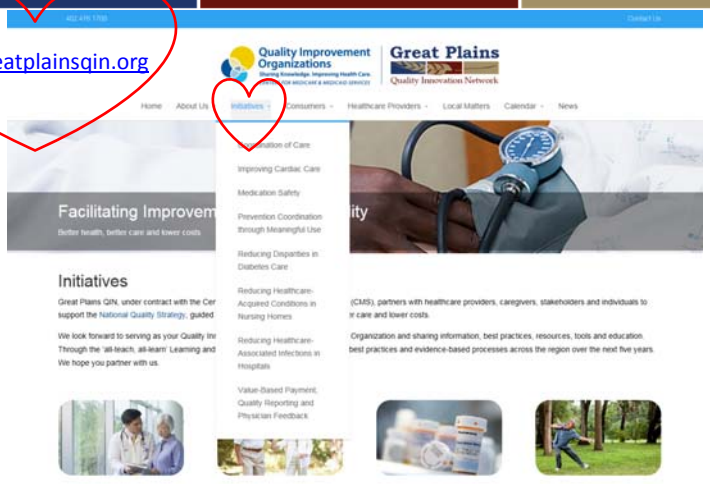
Great Plains QIN Resources

www.greatplainsqin.org



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CLABSI	Focus
http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf	CDC guidelines for the prevention of intravascular catheter-related infections
http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html	CDC resources and training modules for Central Line Associated Blood Stream Infection (CLABSI) National Healthcare Safety Network (NHSN) data collection/analysis
http://www.onthecuspstophai.org/on-the-cuspstop-bsi/toolkits-and-resources/#clabsi	CLABSI Elimination Toolkit created by the Comprehensive Unit-based Safety Program (CUSP) to eliminate HAIs. The CLABSI toolkit helps hospital units implement evidence-based practices and eliminate CLABSIs at the unit level. Designed for used with the CUSP model or *The CUSP Toolkit*
http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/index.html	The AHRQ CUSP toolkit includes training tools to make care safer by improving the foundation of how physicians, nurses and other clinical team members work together. It builds the capacity to address safety issues by combining clinical best practices and the science of safety
http://www.cdc.gov/nhsn/acute-care-hospital/clip/index.html	CDC resources and training modules for Central Line Insertion Practice (CLIP) adherence data collection/ analysis
www.onthecuspstophai.org	The website of the national, AHRQ-funded CUSP initiatives to eliminate HAIs, including BSI
http://www.jstor.org/stable/10.1086/676533	The Society for Healthcare Epidemiology of America (SHEA) Strategies to Prevent CLABSIs in Acute Care

For a comprehensive list of HAI-related resources and Web sites, check out the GPQIN HAI Online Resources in the Related Documents section below.

Related Documents | Related Websites | **Past Training Events** | Local Contacts

Initiative Events

Date	Event Title	Category
11/13/2014	Working with patients & Family Advisors, Part 1: Opportunities and Steps for Getting Started	
12/4/2014	Working with Patient & Family Advisors, Part 2: Identifying and Training Advisors	
1/8/2015	Nebraska HAI LAN Monthly Call – January 2015	
1/8/2015	Great 8: Reducing CDI in Nursing Homes	

Some content on this page is saved in an alternative format. To view these files, download the following free software.

- PDF Documents: Get Adobe® Reader®
- WebEx WRF Player: Download WRF Player

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Patient and Family Engagement

- Why should we involve patients and families
- Who to consider
- How to effectively use patient – family input
- Process to recruit and establish program

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Save the Date

- HAI LAN Monthly calls: 2nd Wednesday of the month at 3pm CST/2pm MT
- March 13 @ 9am: CDC/NHSN WebEx presentation on VAE Surveillance (90 minutes)- more info to come
- SDICC annual conference October 1-2 in SF
- SDAHQ Spring Conference May 7-8

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NHSN Updates

- Recent January 31, 2015 planned update (access issues)
- 2015 entry reminders
  - 2014 Annual Survey – new section
    - 57.103 Patient Safety Component Annual Facility Survey Form
  - Monthly Reporting Plan: (Add ED and Outpatient Obs locations)
  - Use 2015 definitions only on 2015 cases
- New Manuals on website
- Digital Certificates end in April, 2015
  - 2 Users for every facility with SAMS access
- New Group Template for SDFMC Group—Coming soon
- New Group Template for CMS (NCC)—Coming soon

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Targeted Assessment for Prevention (TAP)

- Implemented in this last NHSN release
- Allows for the ranking of facilities (or locations) in order to identify and target those areas with the greatest need for improvement
- New output options "TAP Reports", will be available for facilities and groups and will be generated for CLABSI, CAUTI, and CDI LabID data

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TAP Report in NHSN

- Ranking will occur for overall Hospital CAD (highest to lowest) and then by location within each hospital.

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TAP REPORT: CAUTI (2013Q1 - 2013Q4)

Table I. Facilities ranked by CAD 'Cummulative Attributable Difference' (in descending order)

FACILITY RANK	ORGID	NAME	STATE	MED TYPE	BEDS	NO.LOCATION (ICU,WARD)	EVENTS (ICU,WARD)	DEVICE DAYS (ICU,WARD)	DUR% (ICU,WARD)	CAD (ICU, WARD)	SIR (ICU,WARD)	SIR TEST	ICU: No. PATHOGENS (EC,YS,PA,KPO,FS,PM,ES)	WARD: No. PATHOGENS (EC,YS,PA,KPO,FS,PM,ES)
1	99999	Sample Hospital 1	GA	M	300	10(4,6)	59 (48, 11)	9331 (6943,2388)	24 (56, 9)	39.9(32.1, 7.8)	2.3(2.3,2.6)	SIG	55 (12, 9, 8, 5, 6, 1, 0)	14 (5, 6, 1, 0, 1, 0, 0)
2	88888	Sample Hospital 2	GA	M	575	3(2,1)	88 (85, 3)	18060(17562, 498)	46 (67, 4)	39.6(38.0, 1.6)	1.4(1.4,1.6)	SIG	93 (29,16, 9,14, 9, 1, 0)	3 (0, 0, 1, 2, 0, 0, 0)
3	77777	Sample Hospital 3	GA	M	632	4(4,0)	66 (66,)	15152(15152,)	69 (69,)	34.0(34.0,)	1.5(1.5,)	SIG	67 (12,20, 5, 8, 1, 1,11)	.

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Key Changes

- Date of event
- Present on Admission
- Infection Window
- Repeat Infection Time Frame
- Secondary BSI Attribution

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Date of Event

- The date the first element used to meet an NHSN site-specific infection criterion occurs for the first time within the seven-day infection window period.
- Does not apply to LabID event or VAE

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Present on Admission (POA)

- The date of event occurs during the POA time period
- Defined as the day of admission to an inpatient location (calendar day 1), the 2 days before admission, and the calendar day after admission.

Patient Day	POA
Pre admit	
Pre admit	
Admit Date	Admit Date
Day 2	
Day 3	
Day 4	

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Healthcare-associated infection (HAI)

- The date of event of the NHSN site-specific infection criterion occurs on or after the 3rd calendar day of admission to an inpatient location where day of admission is calendar day 1.

Patient Day	POA	HAI
Pre admit		
Pre admit		
Admit Date	Admit Date	Admit Date
Day 2		
Day 3		
Day 4		
Day 5		

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NHSN Infection Window Period

- 7-days during which all site-specific infection criteria must be met. It includes the day the first positive diagnostic test that is an element of the site-specific infection criterion was obtained, the 3 calendar days before and the 3 calendar days after.
- For site-specific infection criteria that do not include a diagnostic test, the first documented localized sign or symptom that is an element of NHSN infection criterion should be used to define the window (e.g., diarrhea, site specific pain, purulent exudate).
- Gap days, used in 2014, will no longer be used to determine fulfillment of infection criteria.

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NHSN Infection Window Period

Infection Window Period		
		3 days before
	First positive diagnostic test OR First documented localized sign and/or symptom in the absence of a diagnostic test	
		3 days after

- Diagnostic tests:
  - laboratory specimen collection
  - imaging test
  - procedure or exam
  - physician diagnosis
  - initiation of treatment

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Repeat Infection Timeframe (RIT)

- 14-day timeframe during which no new infections of the same type are reported. The date of event is Day 1 of the 14-day RIT
- If POA the RIT time frame begins with Hospital Day 1, even if the date of event on 2 days prior to admission

Hospital Day	Date of Event Assignment for RIT	Classification
2 days before admit	Hospital Day 1	POA
1 day before admit	Hospital Day 1	
1	Hospital Day 1	
2	Hospital Day 2	
3	Hospital Day 3	HAI
4	Hospital Day 4	
5	Hospital Day 5	

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Repeat Infection Timeframe

- Major Infections: Can only have one in timeframe
  - UTI
  - Pneumonia
  - LCBI
- Specific Infections: May have more than one in a time frame, ex. Bone and disc

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Secondary BSI Attribution Period

- The period in which a positive blood culture must be collected to be considered as a secondary bloodstream infection to a primary site infection.
- Includes the Infection Window Period combined with the Repeat Infection Timeframe (RIT).
  - 14-17 days in length depending upon the date of event

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Example Time Frames for NHSN Surveillance					
Patient Day	POA	HAI	Infection Window	Repeat Infection Timeframe	Secondary BSI Attribution Window
Pre admit					
Pre admit					
Admit Date	Admit Date	Admit Date	Admit Date	Admit Date	Admit Date
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7			Symptom	Date of Event	Date of Event
Day 8			Date of Test		
Day 9					
Day 10					
Day 11					
Day 12					
Day 13					
Day 14					
Day 15					
Day 16					
Day 17					
Day 18					
Day 19					
Day 20					
Day 21					
Day 22		Discharge			
Day 23					
Total Days	4 Days	LOS minus 2 Days	7 Days	14 Days	14 - 17 Days
Note	Not used with SSI, LABID, or VAE	Not used with SSI, LABID, or VAE	Not used with SSI, LABID, or VAE	Not used with SSI, LABID, or VAE	Not used with LAB ID or VAE May be used with SSI

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CLABSI – CAUTI Reporting

- Begins w/ January 1, 2015 discharges
- New locations: medical, surgical and medical – surgical wards
  - Adult and pediatric locations
- Actions needed:
  - Check accuracy of your locations
    - 80% and 60% rule
  - Device day counts for locations
  - Surveillance system
  - First time reporting for some
    - HAI Exception Form on QualityNet: HAI Exception Form Page
- Need a list of your wards and ICU's

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CLABSI – CAUTI Reporting

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

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CLABSI Highlights

- CLABSI Training: http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html (14 Minute Video)
- No Criterion changes for LCBI 1, 2 or 3 or MBI
- Date of first Common Commensal is Date of Event
- Secondary BSI
  - One organism must match
  - Site Specific culture must match
- Excluded pathogens cannot have a secondary BSI (yeast – SUTI)
- If another pathogen determined in RIT time frame add the additional pathogen to the earlier Primary BSI

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CAUTI Highlights

- CAUTI Training:
  - http://www.cdc.gov/nhsn/acute-care-hospital/CAUTI/index.html (12 min Video)
- Removal of funguria (non-bacteria)
  - Colonization, over inflates numbers
- 100,000 CFU/ml minimum
  - Prior SUTI 2 and 4 removed that had low CFU count
- UA no longer used
- ABUTI pathogen list deleted
- Blood culture used for ABUTI must be drawn in infection window of Urine Culture
- Dysuria less than 1 year removed
- Fever does not exclude ABUTI for over 65 year patient
- Use temperature as recorded in Medical Record
  - Cannot be attributed to another cause

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Infection Window Period
(first positive diagnostic test, 3 days before and 3 days after)

Repeat Infection Timeframe (RIT)
(date of event = day 1)

Secondary BSI Attribution Period
(Infection Window Period + RIT)

Date of Event
(date the first element occurs for the first time within the infection window period)

Hospital Day	BSI	RIT	Infection Window Period	Infection Window Period	RIT
1					
2					
3		1	Dysuria		
4		2	**Urine culture**: > 100,000 cfu/ml *E. faecalis*		
5		3			
6		4			
7		5			
8		6			
9		7			
10		8			
11		9	Blood culture: *E.faecalis* / Yeast	**Blood culture:** *E. faecalis* / Yeast	1
12		10			2
13		11			3
14		12			4
15		13			5
16		14			6
17					7
18					8
19					9
20					10
21					11
22					12
23					13
24					14
25					

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Denominator Sampling

- Must have 75 or more device days per month on each location sampling is used
  - Review over past year to determine if meet this criteria (Rate table for 1 year)
- Enter line days and patient days on summary screen by location in the new sample area for <u>one day</u>
- System will automatically calculate line days for the month
- Still must enter the total Patient Day Count for the month for each location

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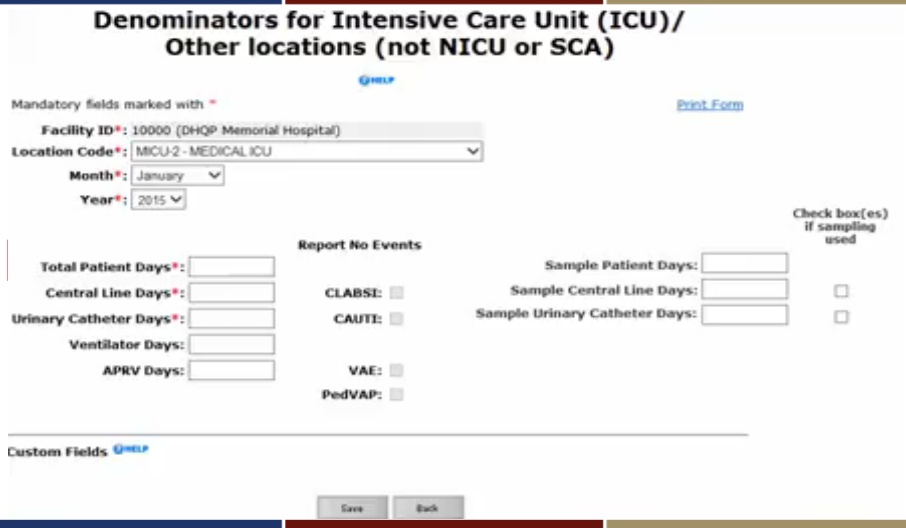
Denominator Sampling



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SSI Highlights

- SSI Training: http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html (15 min Video)
- **Note:** The Infection Window, Present on Admission, Hospital Associated Infection and Repeat Infection Timeframe definitions should **not** be applied to the SSI protocol

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Surgical Site Infection

- **Diabetes Variable**:
  - ICD-9-CM Diabetes codes for this field. The ICD-9-CM diabetes codes of 250 – 250.93 can be used to reflect Diabetes =Yes
- **Infection Present at Time of Surgery (PATOS)** - captures a condition or diagnosis that the patient has at the time of the start of or during the index surgical procedure (in other words, it is present preoperatively). This must be noted preoperatively or found intraoperatively
  - Field on the SSI Event form
  - Must be at same depth
  - Examples on training video
  - Excluded from SIR in 2016
- **For HPRO and KPRO Procedures:**
  - If a total or partial revision, was the revision associated with a prior infection at the index joint?
  - This will be a field on the denominator for procedure form
  - Determined totally by ICD-9 Coding: See NHSN newsletter September 2014 for Infection codes

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MRSA – CDI Highlights

- MRSA - CDI training: http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html (10 min Video)
- FacWide IN Lab ID Reporting
  - ED and Observation units are to be added
  - Include in Monthly Reporting Plan
- Exclude units with different CMS Certification Number (CCN)
  - Inpatient Rehab facilities (IRFs) and all other CMS-defined "facility" types that are units within acute care should be excluded from acute care counts, if have a unique CCN

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FacWide IN Lab ID Reporting

- Reporting "by location" from each onsite emergency department and observation location
  - Must report ED and Observation LabID events from admitted and non-admitted patients and separate location specific encounter denominators
  - Attribute event to ED or Observation location even if admitted
- Optional Event Form Questions

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Denominator Reporting FACWideIN

MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting

Page 1 of 2

*required for saving	**conditionally required based upon monitoring selection in Monthly Reporting Plan		
Facility ID #: _____	*Month: _____	*Year: _____	*Location Code: _____
Setting: Inpatient **Total Facility Patient Days: _____		**Total Facility Admissions: _____	
Setting: Outpatient (or Emergency Room) Total Facility Encounters: _____			
If monitoring MDRO in a FACWIDE location, then subtract all counts from patient care units with separate CCNs (IRF, IPF, etc.) 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 separate CCNs (IRF, IPF, etc.) as well as NICU & Well Baby counts from Totals:			
**CDI Patient Days: _____	**CDI Admissions: _____		**CDI Encounters: _____

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Healthcare Influenza

- LTAC, IRF, ASC, HOP all report separately
- Hospital Outpatient data combined with inpatient acute care summary **IF**:
  - CCN is 100% identical to CCN of acute care hospital **AND**
  - Attached to inpatient facility or on same medical campus
- Separate summary form for data from IRF units within acute care hospitals

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More 2015 Updates

- These are highlights – More detail in manuals and videos on line
- February NHSN training: Web stream available (3 days)
- Will host an NHSN session to do sample cases for review

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CMS Reporting

- October, 2014
  - HCP Influenza Vaccination – ASCs, Hospital Outpatient Departments, IRF
- January, 2015
  - CLABSI – Acute Care Hospitals
  - CAUTI – Acute Care Hospitals
  - MRSA Bacteremia – LTCH, IRF
  - *C. Diff* – LTCH, IRF
  - HCP Influenza Vaccination – ASC, Inpt. Psych. Fac. (Oct.)
- Next Reporting Deadline: February 15, 2015 for 3rd Quarter 2014 Data

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Don't Sweat the Small Stuff

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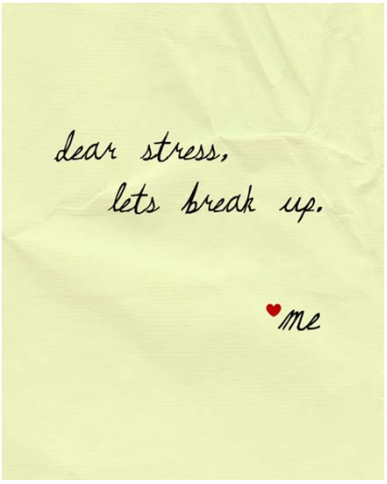
Hot Topics/Open Discussion

Questions/Concerns

Sharing

We're Here to Support You



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