



HAI Learning and Action Network January 8, 2015 Monthly Call

GPQIN Website

greatplainsqin.org

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Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains
Quality Innovation Network

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Facilitating Improvement
Better health, better care and lower costs

- Coordination of Care
- Improving Cardiac Care
- Medication Safety
- Prevention Coordination through Meaningful Use
- Reducing Disparities in Diabetes Care
- Reducing Healthcare-Associated Conditions in Nursing Homes
- Reducing Healthcare-Associated Infections in Hospitals**
- Value-Based Payment, Quality Reporting and Physician Feedback





Initiatives

Great Plains QIN, under contract with the Centers for Medicare & Medicaid Services, support the National Quality Strategy, guided by the National Quality Forum's (NQF) National Quality Standards Set.

We look forward to serving as your Quality Improvement Organization. Through the 'all-teach, all-learn' Learning and Improvement Model, we will help you partner with us.

(CMS), partners with healthcare providers, caregivers, stakeholders and individuals to improve the quality of care and lower costs.

Organization and sharing information, best practices, resources, tools and education. We will help you partner with us to implement best practices and evidence-based processes across the region over the next five years.



PATH: Website – Initiatives – Reducing HAI in Hospitals

Reducing Healthcare-Associated Infections

A commitment to making care safer

Preventing and Reducing Infections in Hospitals

Healthcare-Associated Infections (HAIs) are a threat to patient safety and a major cause of morbidity and mortality in the United States. About one in every 20 hospitalized patients has an HAI, while over one million HAIs occur across the healthcare system every year*. In 2011, United States acute care hospitals reported an estimated 722,000 HAI events, with approximately 75,000 of those patients dying during hospitalization.

Preventing and reducing HAIs in both intensive and non-intensive units in acute care hospitals has long been a focus of our prevention efforts. We will continue to use data-driven, patient-centered, evidence-based strategies that target the operational issues/needs of each participating hospital. Through the HAI Prevention Learning and Action Network (LAN), we will work within our region to reduce the incidence of HAI rates through education and resources in the following areas:

- Catheter-Associated Urinary Tract Infections (CAUTIs)
- Central Line-Associated Bloodstream Infections (CLABSIs)
- Clostridium difficile Infections (CDIs)
- Ventilator Associated Events (VAE)
- Other national HAI topics as suggested by the CDC and CMS



1. National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination (April 2013)

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

Show 10 entries Search:

Initiative Documents

Name	Category
 CMS Hospital Infection Control Worksheet (1.74 MB)	Best Practice Tool
 GPQIN HAI Online Resource Guide (486.13 kB)	Resource Links

Showing 1 to 2 of 2 entries Previous Next

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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 <i>The CUSP Toolkit</i>
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			
Event Title			Date
Working with patients & Family Advisors, Part 1: Opportunities and Steps for Getting Started			11/13/2014
Working with Patient & Family Advisors, Part 2: Identifying and Training Advisors			12/4/2014

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Learning and Action Network

We invite you to join the Great Plains Learning and Action Network (LAN). All LAN partners will be invited to attend educational sessions on a variety of topics, have opportunities to learn from peers throughout the state and region and have access to an abundance of resources and tools. The LAN is a great opportunity to get connected and demonstrate your commitment to quality improvement.

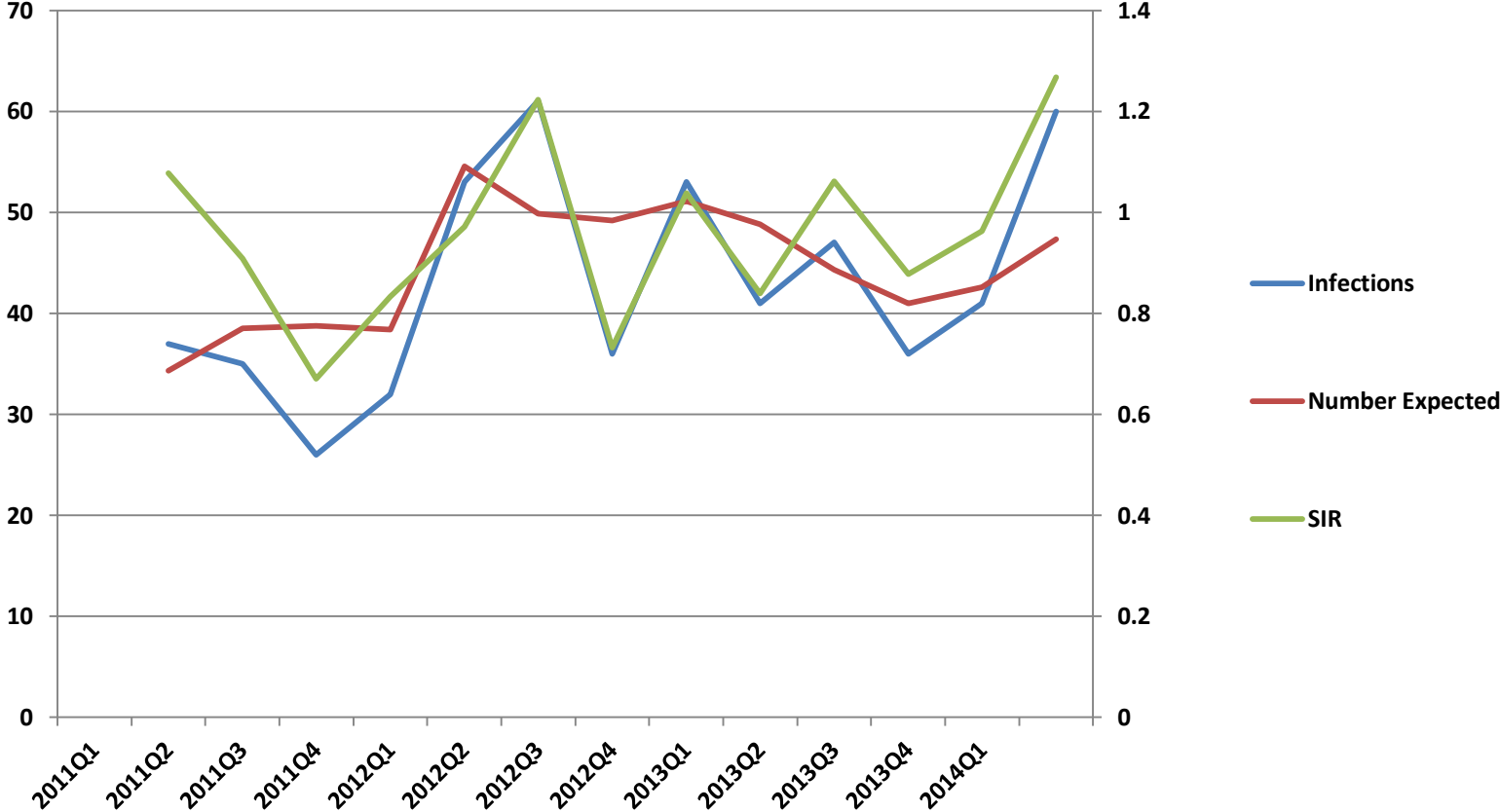
Patient and Family Engagement

- Why should I involve patients and families
- Who to consider
- How to effectively use patient – family input
- Process to recruit and establish program
- More resources:
 - <http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/modules/patfamilyengagement/index.html>
- GPQIN Patient Advisory Council

Save the Date

- HAI LAN Monthly calls: 2nd Thursday of the month at 11AM CST
- March 13: CDC/NHSN WebEx presentation on VAE Surveillance (90 minutes)
- Performance Improvement - CAUTI Learning Session
- Ongoing WebEx Learning Opportunities: CDI in LTC today at 2PM
- CIMRO of Nebraska Quality Forum: May 14, Embassy Suites - LaVista
 - Call for Presentations
- Nebraska Infection Control, GOAPIC, GPQIN Learning Session, August 27 at the Lied Center in Nebraska City

Nebraska CAUTI – All locations



Targeted Assessment for Prevention (TAP)

- Implemented in the next 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

TAP Report in NHSN

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

1

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	NOLOCATION (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)	.

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

Peg Gilbert, RN, MS, CIC

Quality Improvement Advisor, Regional Lead

Preparing for 2015 NHSN Reporting



NHSN Update

- January 24, 2015 planned update
- Wait to enter any 2015 data
 - 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 CIMRO of NE Group
- New Group Template for CMS (NCC)

Key Term Changes

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

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

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	

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		

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

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

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	

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

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

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

CLABSI – CAUTI Reporting

- Begins January 1, 2015
- 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

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

CLABSI Highlights

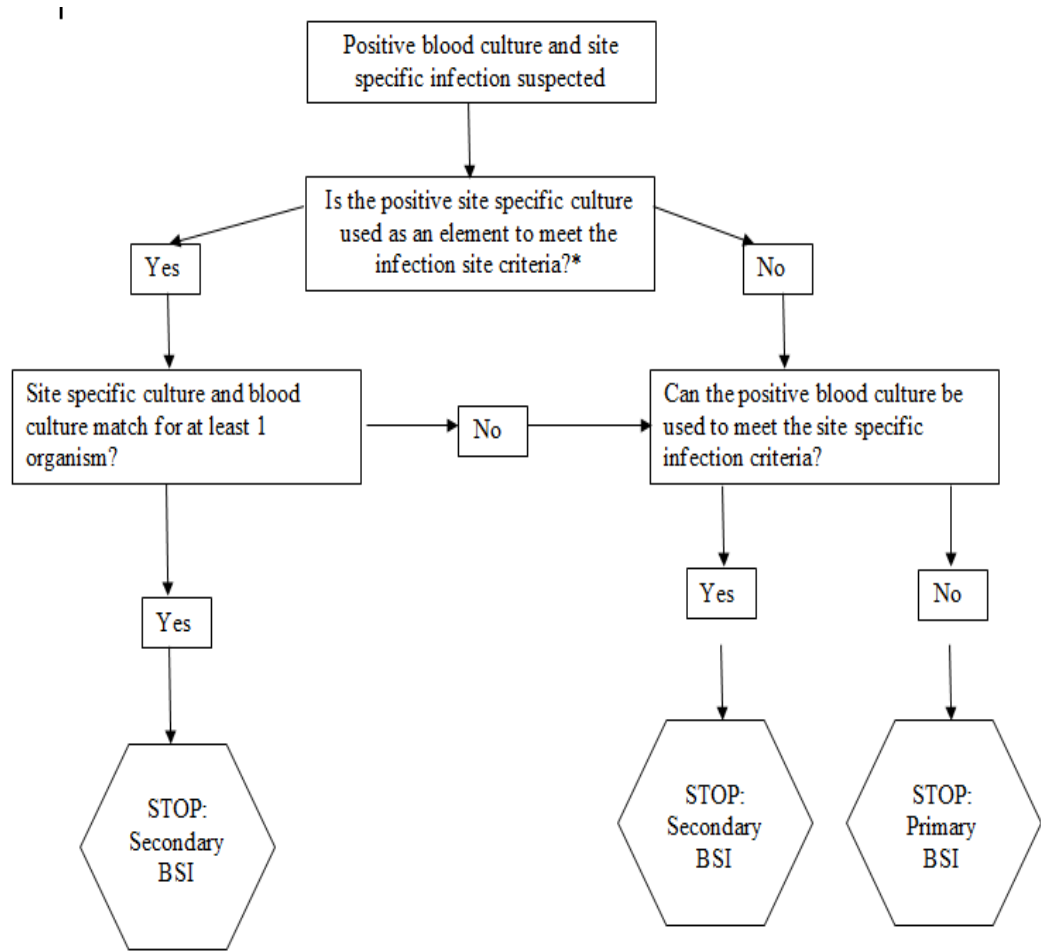
- CLABSI Training: <http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html> (14 Minute Video)
- No Criterion changes for LCBI 1, 2 or 3 or MBI
- Date of first Common Commensal is Date of Event
- Secondary BSI
 - One organism must match
 - Site Specific culture must match
- Excluded pathogens cannot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

Secondary BSI Guide

Do not use with VAE

Exception for necrotizing enterocolitis (NEC)

Page 4-26 of CLABSI Event Protocol Manual



*If an organism is excluded as a causative agent for a site specific infection (i.e. yeast in UTI), the blood cannot be considered secondary to that site.

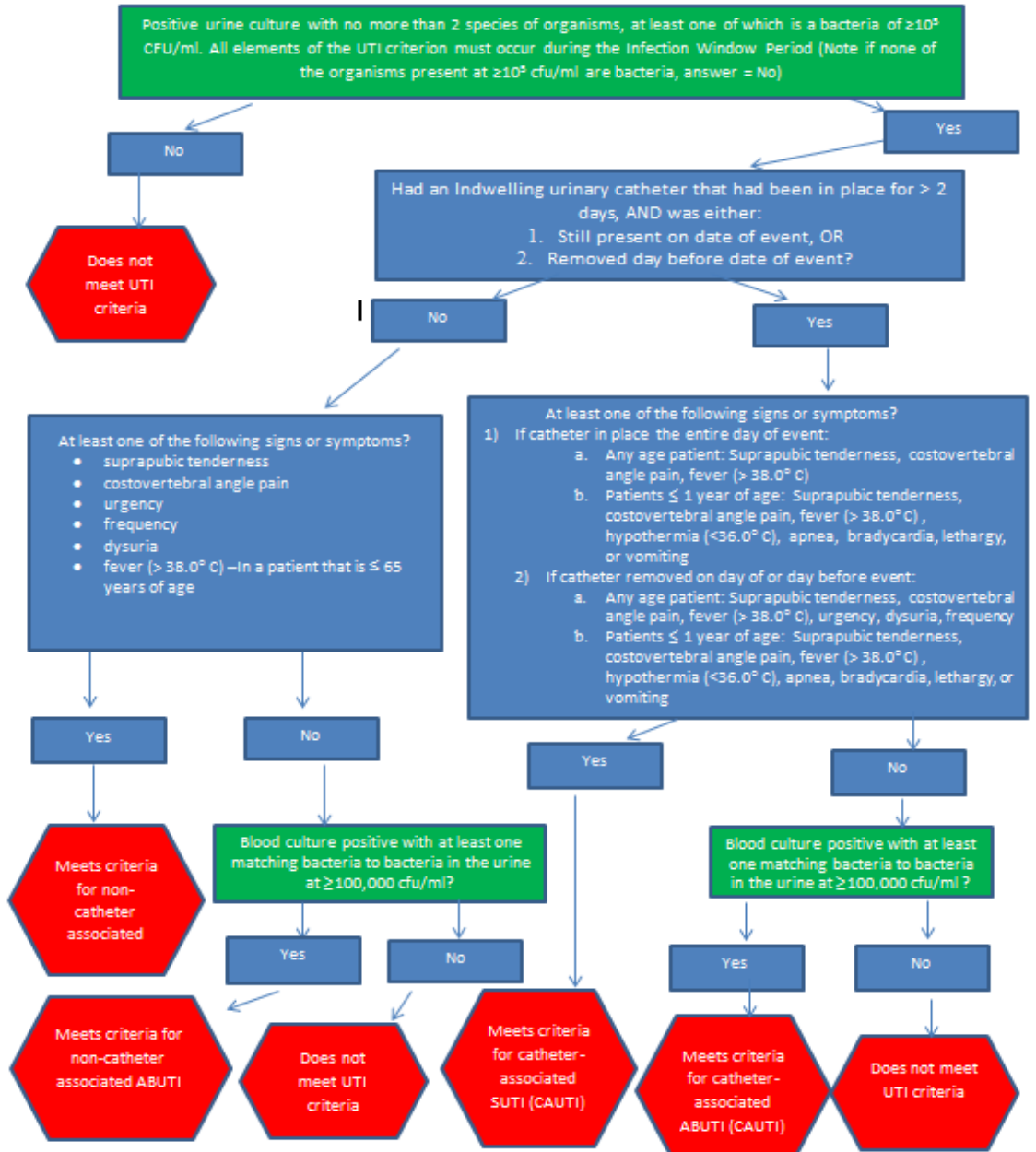
CAUTI Highlights

- 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

CAUTI Algorithm

Page 7-11 of CAUTI Protocol Manual

Identifying Symptomatic Urinary Tract Infections (SUTI) and Asymptomatic Bacteremic Urinary Tract Infections (ABUTI)



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 <i>E. faecalis</i>		
5		3			
6		4			
7		5			
8		6			
9		7			
10		8			
11		9	Blood culture: <i>E. faecalis</i> / Yeast	Blood culture: <i>E. faecalis</i> / 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					

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 one day
- System will automatically calculate line days for the month
- Still must enter the total Patient Day Count for the month for each location

Denominator Sampling

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



Mandatory fields marked with *

[Print Form](#)

Facility ID*: 10000 (DHQP Memorial Hospital)

Location Code*: MICU-2 - MEDICAL ICU

Month*: January

Year*: 2015

For One Day

Total Patient Days*:

Central Line Days*:

Urinary Catheter Days*:

Ventilator Days:

APRV Days:

Report No Events

CLABSI:

CAUTI:

VAE:

PedVAP:

Check box(es)
if sampling
used

Sample Patient Days:

Sample Central Line Days:

Sample Urinary Catheter Days:

Custom Fields

Save

Back

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

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

Surgical Site Infection

- NHSN Inpatient Operative Procedure: A procedure performed in an acute care Inpatient Operating Room (OR) area or suite which meets the NHSN definition of an operating room. If the majority of patients in this OR area are intended to be admitted to an inpatient unit, then all of the procedures from this OR area will be considered inpatient procedures.
- NHSN Outpatient Operative Procedure: An NHSN operative procedure performed in an outpatient Operating Room (OR) area or suite. If the majority of patients in this OR area are not intended to be admitted to an inpatient unit, then all of the procedures from this OR area will be considered outpatient procedures.
- **Note:** If only *one* OR area and perform all inpatient and outpatient procedures in the same OR area, it should be considered an inpatient OR and all procedures performed in this area are considered inpatient procedures.
- Use of Scope:
 - Check Y if the NHSN operative procedure was coded as a laparoscopic procedure performed using a laparoscope/robotic assist, otherwise check N.
- Primary Closure Definition: Skin Only
- Update of all surveillance site specific definitions (Chapter 17)
- Do not enter ICD – 10 codes from Oct - Dec

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

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

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: _____

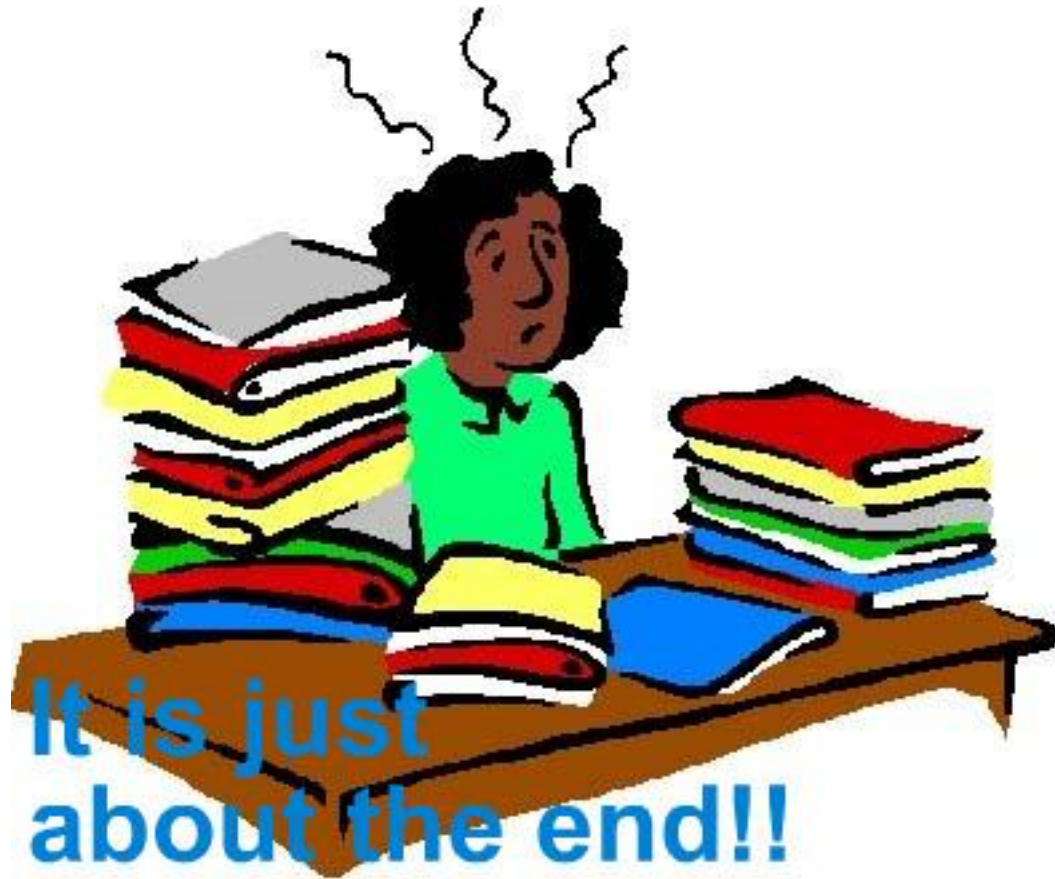
**CDI Encounters: _____



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

More 2015 Update

- These are highlights – More detail in manuals and videos on line
- February NHSN training: Web stream available (3 days)
- Will do cases after February in-depth training





Today I will

breathe deep
and be

thankful

Contact Information

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