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Surveillance Strategies for Success:
What's New in NHSN for 2016
February 10, 2016

Welcome

Deborah Smith,
BSN, CIC, CPHQ
Improvement Consultant,
VHQC

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Maryland & Virginia Quality Innovation Network

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Today's Speakers



Andrea Alvarez, MPH
Healthcare-Associated Infections
Program Coordinator,
Virginia Department of Health



Sarah File Lineberger, MPH
Healthcare-Associated Infections
Epidemiologist,
Virginia Department of Health

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Maryland & Virginia Quality Innovation Network

**Surveillance Strategies for Success:
What's New in NHSN for 2016**

Sarah Lineberger, MPH
Andrea Alvarez, MPH
Virginia Department of Health

February 10, 2016



Polling Question

- Does your hospital import data electronically into NHSN?
 - Yes, CDA (Clinical Document Architecture) import
 - Yes, manual import of CSV files
 - Yes, both CDA and CSV file import
 - No; manual data entry
 - Unknown

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NHSN 2016 UPDATES



The word "Update" is written in large, colorful letters (blue, green, red, purple, yellow, pink). Below each letter, a hand is visible, suggesting the word is being built or presented by multiple people.

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NHSN Surveillance Updates 2016

- Reporting additions for CMS Hospital Inpatient Quality Reporting Program:
 - No additions in 2016!
- Specific surveillance definition changes
 - No major changes in 2016
- 2016 Patient Safety Component Manual:
http://www.cdc.gov/nhsn/pdfs/pscmanual/pscmanual_current.pdf
- 2016 data collection forms:
<http://www.cdc.gov/nhsn/acute-care-hospital>

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2016 Patient Safety System Changes

- CAUTI Data Entry Update
- Procedure-Associated Events: Transition to ICD-10-PCS codes
- Location additions/updates: Outpatient operating room
- LabID events: Two questions conditionally required
- LabID events: Additional questions – carbapenemase testing

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2016 System Changes

- **CAUTI Data Entry Update:**
 - 2015: Data entry defect (urinary urgency, frequency, dysuria)
 - April 2015 FAQ: Data entry work-around
 - 2016: Data entry fixed
 - Will be able to enter urgency, frequency, and dysuria; should only be selected if the urinary catheter was not in place at the time of the symptom(s)
 - Edit events July 1, 2015 forward
 - December 2015 NHSN Newsletter:
http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-ewsletter_dec-2015_final.pdf

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2016 System Changes

- **Procedure-Associated Events:**

Transition to ICD-10-PCS codes

 - ICD-9 CM procedure codes have been transitioned to ICD-10 PCS and CPT procedure codes
 - Procedures dated January 1, 2016 forward
 - KPRO/HPRO: Supplemental ICD-10 PCS codes
<http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>

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2016 System Changes

- **Location additions/updates:**
 - Outpatient operating room
 - New location codes
 - Acute care hospitals
 - Outpatient operating room/suite; attached or detached to hospital
 - Separate definition than Ambulatory Surgery Center outpatient OR location
 - Ambulatory Surgery Center outpatient OR
 - Facilities enrolled as Ambulatory Surgery Centers
 - September 2015 NHSN Newsletter:
<http://www.cdc.gov/nhsn/pdfs/newsletters/newsletter-sept-2015.pdf>

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MDRO/CDI LabID Event Reporting

Reminder: January **2015** reporting:

- LabID event reporting required for
 - Emergency Departments
 - 24-hour observation locations

Steps for reporting from a new unit:

1. Map unit location
2. Add new unit to Monthly Reporting Plan
3. Enter events each month (as applicable)
4. Enter summary data each month
5. Report no events (as applicable)

<http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf>

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MDRO/CDI LabID Event Reporting

January 2016:

Two questions for LabID events have been changed from optional to conditionally required:

- “Last physical overnight location of patient immediately prior to arrival into facility?”

Note: If the patient’s personal residence is a nursing home or skilled nursing facility, then your selection should be Nursing Home/SNF

- “Has the patient been discharged from another facility in the past 4 weeks?”
 - If yes, from where? (*Check all that apply.*)

- Purpose
- Data collection burden

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MDRO/CDI LabID Event Reporting

January 2016:

The following question for LabID events has been changed from “in the past 3 months” to “in the past 4 weeks”:

- Has patient been discharged from your facility in the past 4 weeks?

2016 LabID Event form:

http://www.cdc.gov/nhsn/forms/57.128_labidevent_blank.pdf

Instructions:

http://www.cdc.gov/nhsn/forms/instr/57_128.pdf

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MDRO/CDI LabID Event Reporting

January 2016:
New data entry fields for facilities reporting
CRE LabID Events

Tested for carbapenemase?	Conditionally Required. If the specific organism type is CRE, select "Yes" if the bacterial isolate was tested for carbapenemase. Otherwise, select "No" or "Unknown". If "Yes", select which test(s) was performed (may select more than one test). Users may need to seek additional guidance from the facility laboratory to answer this question.
Positive for carbapenemase?	Conditionally Required. If the bacterial isolate was tested for carbapenemase, select "Yes" if the isolate tested positive for carbapenemase. Otherwise, select "No" or "Unknown".

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2016 Patient Safety Analysis Updates

- New output option for reporting "downgraded" CDI test type
- Annual update to Device-Associated aggregate tables
- Pathogen variables added to event level line lists
- Update to dropdown list for Summary Data Line List

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LOCATION MAPPING & REPORTING

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NHSN Location Mapping

Importance of mapping locations correctly

1. Risk-adjustment
2. Locations reported to CMS
 - Critical care units (adult, pediatric, neonatal/CLABSI)
 - Medical, surgical, and med/surg wards (adult, pediatric)
 - COLO and HYST procedure data
 - LabID events: MRSA bacteremia, *C. difficile*
 - FacWideln (all inpatient locations)
 - Emergency Departments, 24-hour observation units

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NHSN Location Mapping CMS Reporting

<http://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements.pdf>

Healthcare Facility HAI Reporting Requirements to CMS via NHSN--
Current or Proposed Requirements

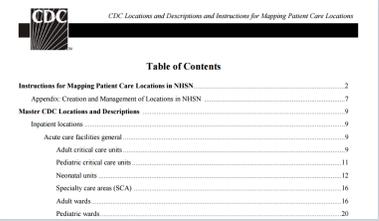
CMS Reporting Program	HAI Event	Reporting Specifications	Reporting Start Date
Hospital Inpatient Quality Reporting (IQR) Program	CLABSI	Adult, Pediatric, and Neonatal ICUs	January 2011
	CAUTI	Adult and Pediatric ICUs	January 2012
	SSI: COLO	Inpatient COLO Procedures	January 2012
	SSI: HYST	Inpatient HYST Procedures	January 2012
	MRSA Bacteremia LabID Event	FacWideln	January 2013
	<i>C. difficile</i> LabID Event	FacWideln	January 2013
	Healthcare Personnel Influenza Vaccination	All Inpatient Healthcare Personnel	January 2013
	Medicare Beneficiary Number	All Medicare Patients Reported into NHSN	July 2014
	CLABSI	Adult & Pediatric Medical, Surgical, & Medical/Surgical Wards	January 2015
	CAUTI	Adult & Pediatric Medical, Surgical, & Medical/Surgical Wards	January 2015

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NHSN Location Mapping Chapter 15: Locations and Descriptions

http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

Location FAQs: http://www.cdc.gov/nhsn/pdfs/faqs/psc/faqs_locations.pdf



80% Rule – acuity level, patient age group (adult, pediatric, neonatal)

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NHSN Location Mapping
CMS Reporting

Q: When I initially mapped my nursing units in NHSN, we were trained to select the option that most specifically described the nursing unit. Now with CMS reporting it looks like I may need to modify some of my nursing units to a more generic or general location description in order for the data to be sent to CMS?

For example, oncology could be described as a medical ward and step-down could be a med/surg ward.

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NHSN Location Mapping
CMS Reporting

A: NHSN stands by their original recommendation to **map units as accurately and specifically as possible**, according to the Location guidelines (Chapter 15). We do not recommend mapping wards 'more generally' to be included in CMS reporting.

- Risk adjustment, facility performance
- Risk adjustment and benchmarking methods, NHSN

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NHSN Location Mapping
CMS Reporting

Q: I am tracking data for a mixed unit and a step-down unit in NHSN for my hospital. Since that data isn't being sent to CMS, should I set the units as inactive in NHSN?

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NHSN Location Mapping
CMS Reporting

A: No, you do not need to make the units inactive. You are able and encouraged to map and enter data for your hospital's other units in NHSN for internal tracking purposes.

NHSN/CDC ensures that only data required by the Hospital IQR Program will be sent to CMS.

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NHSN Location Mapping
VDH Reporting
<http://www.vdh.virginia.gov/Epidemiology/Surveillance/HAI/PublicReporting.htm>

HAI Event	Reporting Specifications (Report from all Applicable Units)	Reporting Start Date	Notes
Central line-associated bloodstream infections (CLABSI)	Adult, pediatric, and neonatal intensive care units (ICUs)	January 2011	For the adult ICUs, we respectfully request you to confer rights going back to July 2008 so that we do not lose any of the data collected from 2008-10 that was part of our prior state reporting mandate
CLABSI	Adult and pediatric medical, surgical, and medical/surgical inpatient wards	January 2015	

➤ Information emailed to all Virginia IPs, September 2015

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NHSN Location Mapping
VDH Reporting Quality Assurance

- Did your facility (1) confer rights for the same units that are (2) in your NHSN Monthly Reporting Plan and that (3) fall under the CMS (and VDH) reporting requirements?

Q: How do I know if my facility conferred rights for the same units that are in my Monthly Reporting Plan?

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NHSN Location Mapping
VDH Reporting Quality Assurance (cont'd)

A: To determine which (1) units were included when you conferred rights to a Group:

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NHSN Location Mapping
VDH Reporting Quality Assurance (cont'd)

- Did your facility (1) confer rights for the same units that are (2) in your NHSN Monthly Reporting Plan and that (3) fall under the CMS (and VDH) reporting requirements?

A: To find or edit your (2) Monthly Reporting Plans:

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NHSN Location Mapping
Monthly Reporting Plan

Q: I thought my Monthly Reporting Plans were fine, but when I went back to look at each month, I realized my October 2015 Plan didn't include anything for the Procedure-Associated Module. What happened?

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NHSN Location Mapping
Monthly Reporting Plan

A: If you copy your Monthly Reporting Plan from one month to the next, please be sure to copy each module of the plan (Device-Associated, Procedure-Associated, MDRO). If you don't click on each module, only the top module (Device-Associated) may copy over to the next month.

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NHSN Location Mapping
Inactive Units

- Rights should be conferred for all active *and* inactive units

Q: Will I lose the data if I make a unit inactive?

A: No, data which have been reported from inactive locations can continue to be analyzed within NHSN

Note: If a unit is inactive, setting it as inactive **ensures that new events are not associated** with a unit that has been closed

- Multiple IPs data entry

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NHSN Location Mapping
Inactive Units: References

- Report for a temporarily closed location
 - December 2015 NHSN Newsletter, p. 8
http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-enewsletter_dec-2015_final.pdf
- Manage physically moved locations
 - Chapter 15, p. 7
- Inaccurate CDC location description
 - Patient population has changed
 - Chapter 15, p. 7
 - Location description is incorrect
 - Chapter 15, p. 8
 - Note that it is possible to connect data from old unit to new unit – read instructions first!

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NHSN Location Mapping
24-hour Observation Unit

- Chapter 15 description:

CDC Location Label	NHSN Healthcare Service Location Code	CDC Location Code	Location Description
24-Hour Observation Area	1162-7	OUT.ACUTE.WARD	Area where patients are monitored for suspected or non-life threatening conditions for 24 hours or less. More than 50% of patients in this location must be outpatients who are not expected to be admitted to an inpatient unit.

➤ Please review your hospital's locations to determine if you should be reporting for a separate 24-hour Observation Unit

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NHSN Location Mapping
Follow-up

- Review your NHSN locations **at least once a year** to make sure they are mapped accurately and specifically.
 - Review patient mix in that unit for last full calendar year using admission/transfer diagnoses
 - Suggestion:* Calendar reminder
- This includes verifying each location for:
 - CDC location designation
 - Bed size
 - Active/inactive status
 - Non-duplicate

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NHSN Location Mapping
Follow-up



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Patient Safety Component
Annual Facility Survey

*Number of beds set up and staffed in the following location types (as defined by NHSN):
 a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____
 b. All other inpatient locations: _____

Q: The definition for 'all other inpatient locations' is confusing. Does all other inpatient locations mean all non-ICU inpatient beds?

Number of beds set up and staffed in the following location types (as defined by NHSN)	Required: Record the maximum number of beds set up and staffed for the last full calendar year for the bed types listed below. If any bed type is new or has not been available long enough to have a full calendar year's worth of data from which to obtain the maximum number, indicate the maximum number from the number of months available. For definitions of CDC location types, see CDC Locations and Descriptions chapter.
a. ICU	Enter the number of beds in locations designated as intensive care units (ICUs) in the facility. This includes all adult, pediatric, and neonatal levels II/III and III.
b. All other inpatient locations	Enter the number of beds set up and staffed in all other inpatient locations used for overnight stay patients in this hospital. This includes all inpatient beds in the facility, and not just those that are subject to NHSN surveillance.

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Patient Safety Component
Annual Facility Survey

*Number of beds set up and staffed in the following location types (as defined by NHSN):
 a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____
 b. All other inpatient locations: _____

Number of beds set up and staffed in the following location types (as defined by NHSN)	Required: Record the maximum number of beds set up and staffed for the last full calendar year for the bed types listed below. If any bed type is new or has not been available long enough to have a full calendar year's worth of data from which to obtain the maximum number, indicate the maximum number from the number of months available. For definitions of CDC location types, see CDC Locations and Descriptions chapter.
a. ICU	Enter the number of beds in locations designated as intensive care units (ICUs) in the facility. This includes all adult, pediatric, and neonatal levels II/III and III.
b. All other inpatient locations	Enter the number of beds set up and staffed in all other inpatient locations used for overnight stay patients in this hospital. This includes all inpatient beds in the facility, and not just those that are subject to NHSN surveillance.

A: Yes. All other inpatient locations is all inpatient beds not already included in the ICU bed count. NHSN auto-calculates the total number of beds in your hospital by adding the 2 variables you submit (ICU beds and non-ICU beds).

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Patient Safety Component
Annual Facility Survey

For any Hospital:
 *Is your hospital a teaching hospital for physicians and/or physicians-in-training? Yes No
 If Yes, what type: _____ Major _____ Graduate _____ Undergraduate

*Number of beds set up and staffed in the following location types (as defined by NHSN):
 a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____
 b. All other inpatient locations: _____

Q: My hospital has affiliations with 'numerous' medical schools. The agreements are individual and come with each student who does rotations. Would that meet the NHSN criteria for undergraduate teaching program?

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Patient Safety Component
Annual Facility Survey

For any Hospital:
*Is your hospital a teaching hospital for physicians and/or physicians-in-training? Yes No
If Yes, what type: ___ Major ___ Graduate ___ Undergraduate

*Number of beds set up and staffed in the following location types (as defined by NHSN):
a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____
b. All other inpatient locations: _____

Is your hospital a teaching hospital for physicians and/or physicians in training?
If Yes, what type?

Required. If a teaching hospital, select 'Yes'. Otherwise, select 'No'.
Conditionally Required. If a teaching hospital, select the type from the options listed:
(Note: There is no minimum requirement for the number of students in training to meet these definitions.)

- **Major:** Facility has a program for medical students and post-graduate medical training.
- **Graduate:** Facility has a program for post-graduate medical training (i.e., residency and/or fellowships).
- **Undergraduate:** Facility has a program for medical students only.

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Patient Safety Component
Annual Facility Survey

For any Hospital:
*Is your hospital a teaching hospital for physicians and/or physicians-in-training? Yes No
If Yes, what type: ___ Major ___ Graduate ___ Undergraduate

*Number of beds set up and staffed in the following location types (as defined by NHSN):
a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____
b. All other inpatient locations: _____

A: NHSN does not put any bounds on the definitions/requirements for the extent of a “program” needed to meet the teaching status classifications used by NHSN. In this example, since the facility provides medical education/teaching experience for undergraduate (medical) students, the hospital would qualify as having an ‘undergraduate’ teaching status.

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Patient Safety Component
Annual Facility Survey

For any Hospital:
*Is your hospital a teaching hospital for physicians and/or physicians-in-training? Yes No
If Yes, what type: ___ Major ___ Graduate ___ Undergraduate

*Number of beds set up and staffed in the following location types (as defined by NHSN):
a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____
b. All other inpatient locations: _____

Q: My hospital began having residents on-site for the first time in August of 2015. Should the 2015 survey reflect a graduate affiliation, or should the affiliation not be indicated until the 2016 survey?

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Patient Safety Component
Annual Facility Survey

For any Hospital:
"Is your hospital a teaching hospital for physicians and/or physicians-in-training?" Yes No
If Yes, what type: ___ Major ___ Graduate ___ Undergraduate

*Number of beds set up and staffed in the following location types (as defined by NHSN):
a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____
b. All other inpatient locations: _____

A: You should select the medical school affiliation that was in the place for the *majority* of the calendar year. If you started having residents in August, then you should not adjust your teaching status until the following year's Annual Survey (since the majority, at least 6 months, of data were reported under the 'old' affiliation).

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**DATA ANALYSIS &
BASELINE CALCULATIONS**

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Standardized Infection Ratio: Review

- The SIR is a measure that compares the number of HAIs reported to NHSN to the number of infections that would be predicted based on national baseline data:
$$\text{SIR} = \frac{\text{Observed \# of HAIs}}{\text{Predicted \# of HAIs}}$$
- SIR interpretation:
 - 1 = same number of infections reported as would be predicted given the US baseline data
 - Greater than 1 = more infections reported than what would be predicted given the US baseline data
 - Less than 1 = fewer infections reported than what would be predicted given the US baseline data

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SIR Baselines (Current)

- Baseline periods vary for each HAI type and/or facility type
- CLABSI: 2006-08 (acute care hospitals), 2013 (long-term acute care hospitals)
- CAUTI: 2009 (acute care), 2013 (long-term acute care, inpatient rehabilitation facilities)
- SSI: 2006-2008 (acute care)
- MRSA bacteremia, CDI LabID: 2010-2011 (acute care)

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SIRs: Predicted Number of Infections

- CLABSI, CAUTI
 - Adjusted for type of patient care location (based on national pooled mean rates), hospital affiliation with a medical school (some units), bedsize of the patient care location (some units)
- SSI (complex admission/readmission SIR): logistic regression model (differs by type of surgery)
 - Can include duration of surgery, surgical wound class, use of endoscopes, re-operation status for orthopedic surgeries, patient age, patient assessment at type of anesthesiology

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SIRs: Predicted Infections (cont'd)

- LabID (MRSA bacteremia and *C. difficile*): negative binomial regression model
 - Adjusts for facility bedsize, hospital affiliation with a medical school, number of community-onset events (patients admitted to hospital w/ a MRSA or CDI LabID event)
 - *C. difficile* SIR also adjusts for the type of test the lab uses to identify *C. difficile*

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Updates to National Risk Adjustment

- Since original baselines:
 - Changes to NHSN definitions and surveillance protocols
 - Increase of number and types of facilities reporting to NHSN
 - Changes to facility demographics
 - Increase in reporting (types of HAIs, locations, procedures)
 - Increase in use of Group function
 - Increase in prevention activities

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Current Analyses Planned/Prioritized

Event	Acute Care Hospitals	LTACHs	IRFs
CLABSI	✓	✓	
CAUTI	✓	✓	✓
SSI (3 models)	✓		
MRSA LabID	✓	✓	✓
CDI LabID	✓	✓	✓
In addition: VAE, MBI-LCBIs, Antimicrobial Resistance – HAIs, Antimicrobial Use			

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Re-baselining NHSN Data

- Risk adjustment methods and risk models may vary from previous baselines
- CDC plans to move toward risk models for the new CLABSI and CAUTI baseline
 - Location-stratified rates would not be available at the national level
 - Allows for assessment of other factors:
 - Facility type
 - Facility bedsize
 - Medical school affiliation
 - Device-utilization ratios – *to be discussed*

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Re-baselining Timeline

- **Fall 2015-Spring 2016:** Continue preliminary analyses and risk-adjustment work
- **June 1, 2016:** Run final analyses and risk-adjustment
- **July 15, 2016:** Complete risk-adjustment
- **August 15, 2016:** 2016Q1 data will be submitted to CMS using new 2015 baseline
- **December 2016/January 2017:** Incorporate new SIRs and risk-adjustment into NHSN application

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Re-baselining Implementation

- For 2015 HAI data, CDC will continue to provide SIRs to CMS using the previous baselines and will provide replacement SIRs—using the new baselines—once they are available in the second half of 2016
- New baseline and risk-adjustment will be implemented in Dec. 2016/Jan. 2017 release of NHSN
 - New output options for SIRs calculated on the new baseline, for 2015+ data
 - Legacy SIRs calculated on “old” baseline will be retained – SIRs will also be calculated on old baseline through 2016 data

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Other Changes: Jan 2017 NHSN Release

- Additional improvements to output options are planned:
 - Device-associated output grouped by location type (e.g., WARD, CC_ONC), rather than denominator type (e.g., ICU-OTHER)
 - Indicator variable(s) for procedures/SSIs excluded from the models, with brief explanation of reason for exclusion
 - Mucosal barrier injury/laboratory-confirmed bloodstream infection (MBI-LCBI) rate table(s)
 - Add clear option for cumulative rate/SIR for specified time period

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Targeting Assessment for Prevention (TAP) Strategy

Target → Assess → Prevent

- Target facilities/units with high burden/excess of HAIs
- Assess gaps in infection prevention in targeted facilities/units
- Prevent infections by implementing interventions to address the gaps

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TAP Reports bring together data elements from other reports within NHSN:

- Annual Survey
- Rate Tables
- SIRs
- Event-level information (CLABSI, CAUTI, and CDI only)

Facility Type	CLABSI	CAUTI	CDI LabID
Acute Care Hospital	✓	✓	✓
Long Term Acute Care Hospital	✓	✓	
Inpatient Rehab Facility		✓	

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Cumulative Attributable Difference (CAD)

$$CAD = \# \text{ OBSERVED} - (\# \text{ PREDICTED} * SIR_{goal})$$

- SIR_{goal} can be chosen based on goals of a group, state, organization, or national target
 - Lower target SIR → larger CAD (“excess” number of infections)
 - NHSN uses HHS target SIRs with option to customize
- CAD is the number of infections needed to prevent to reach the SIR_{goal}

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Running TAP Reports

The screenshot shows the 'Patient Safety Component' interface with a tree view of report categories. A central box contains the text 'CLABSI CAUTI CDI'. Colored arrows point from this box to specific 'Run' buttons for 'CLAB Data for ACH', 'CAU Data for ACH', and 'FACWIDEN CDI LabID data for ACH'.

Homework

- **Run TAP Report for CAUTI**
 - Modify → Date variable = summaryYQ
 - Time period: 2015Q1-2015Q4
 - CAD multiplier = HHS Goal (0.75)
- **Annual Facility Survey:** Submit in NHSN by **March 1, 2016**
- **Finish entering 2015 data**
 - 2015 data will be used as the new national baselines for future SIRs for all facilities across the nation
 - Review units annually for accuracy

NHSN Reminders

- **February 15, 2016** is the deadline for all **Quarter 3 data** (July 1-Sept 30) to be entered into NHSN for the CMS Hospital Inpatient Quality Reporting Program
 - **Inpatient rehab:** 2015Q1-Q3 for CAUTI and LabID events (MRSA and *C. difficile*)
 - **Long-term acute care:** 2015Q1-Q3 for CLABSI, CAUTI and LabID events (MRSA and *C. difficile*)
- NHSN Communique: October 2015
 - CDC and CMS issued joint reminder <http://www.cdc.gov/nhsn/cms/cms-reporting.html>

Webinar Series/NHSN Training

- Second webinar: **March 11 (12-1 PM)**
 - TAP reports & strategy
- Third webinar: **April 8 (12-1 PM)**
 - Re-cap of NHSN in-person training & analysis
- CDC NHSN Training: **Feb 29 – March 4**
 - Live webstreaming available
 - Feb 29, 1:00-5:00pm: Long-term care facility
 - March 4, 8:00am-12:00pm: Antibiotic use and resistance

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VDH Contact Information

- **Andrea Alvarez, MPH – Program Coordinator:**
andrea.alvarez@vdh.virginia.gov
 - Contact for general HAI program questions, training opportunities, newsletter and coordination with other organizations and initiatives
- **Sarah Lineberger, MPH – HAI Epidemiologist:**
sarah.lineberger@vdh.virginia.gov
 - Contact for questions about HAI data/reports & National Healthcare Safety Network technical assistance
- **Carol Jamerson, BSN, RN, CIC – Nurse Epidemiologist:**
carol.jamerson@vdh.virginia.gov
 - Contact for consultation on infection prevention-related issues
- **Mefruz Haque, MPH – CDC/CSTE HAI Applied Epi Fellow:**
mefruz.haque@vdh.virginia.gov
 - Contact for data requests, educational materials

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References

- Sources of aggregate data used for comparisons:
http://www.cdc.gov/nhsn/pdfs/sir/ratessirs-reference_jan2014.pdf
- LabID event risk adjustment:
<http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf>
- SSI risk adjustment:
http://www.cdc.gov/nhsn/PDFs/pscManual/SSI_ModelPaper.pdf
- TAP strategy: <http://www.cdc.gov/hai/prevent/tap.html>
- VDH HAI newsletter:
<http://www.vdh.virginia.gov/Epidemiology/Surveillance/HAI/communication.htm>

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