Welcome and Instructions

- For audio, join by telephone at 877-594-8353, participant code 56350822#
- ➤ Your line is OPEN. Please do not use the hold feature on your phone but do *mute your line by dialing *6.*
- If you are having technical difficulties, email mmoch@kyha.com
- You may ask questions through the chat box or anytime through the call today



Kentucky Hospital Improvement Innovation Network

Data Webinar
Series- Part III
May 23, 2017



Introduction





Agenda

- 1. Why NHSN?
- 2. Getting Started
- 3. Recent Audit Findings
- 4. In Search of Data Integrity
- 5. Upcoming Data Webinars



Why NHSN?

- Because CMS says I have to??
- Large repository of data which supports a wide range of healthcare related recommendations and decisions about resources
- Validated surveillance definitions which allow for improved congruency, less variation from one facility to the next
- Nifty reports



Getting Started

- Requesting and receiving access
- Profile -> Annual Survey
- Map locations
- Create your monthly plan
 - Hint: Only do 1 (or 2) at a time to avoid alert confusion
 - Remember: you can enter data that is not on your plan, BUT
 - No alerts will be triggered
 - CMS will not receive this data



Monthly Data Entry

- Enter summary data (more later)
- Enter procedures
 - MUST for MOST- <u>ELIGIBLE</u> colons and abdominal hysterectomies
 - Not required at this time- total knee and total hip replacements
- Enter events, e.g.,
 - **✓** CAUTI
 - **✓** CLABSI
 - **✓**SSI
 - ✓ C. diff and MRSA bacteremia



Findings from K-HIIN Audits

- Missing monthly plans
 - Data entered, but we couldn't see it
- Incorrect denominator data for MRSA and C. difficile
 - Confusing NHSN summary screen
- Missing events
 - Not utilizing the "No events" click option
- Confusion about deadlines
 - Remember- NHSN data is designed for aggregate surveillance. K-HIIN is QI data.



Our data is designed for action!

- Data is due at the end of the month following the data month, e.g., January data was due 2/28 and February data was due 3/31, etc.
- There are 2 exceptions: SSI and readmission. Both by their nature require an extra month to complete, so SSI data is due at the end of the second month following the data month, e.g., January data was due 3/31 and February data was due 4/30.



Summary Data Screen

	Location Co Mon	ID *: Tw	in Lakes Re CWIDEIN - nuary	- de Constitution		ter (ID 1842 ient (FacWII	0.55								
	Add Find Incomplete Delete AUR Data	y Encou DE locati	ion, then su		Total Facility Admissions *: 255 ounts from patient care units with unique CCNs(IRF and IPF) fro MDRO Encounters:					rom Totals:					
Kentucky Hospital Association	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 CDI Patient Days *: 809														frc
	Specific Organism Type	MRSA	Report No Events	VRE	Report No Events	CephR- Klebsiella	Report No Events	CRE- Ecoli	Report No Events	CRE- Enterobacter	Report No Events	CRE- Klebsiella	Report No Events	MDR- Acinetobacter	F
	Infection Surveillance														
	LabID Event (All specimens)														
	LabID Event (Blood	* 🗸	✓												N.

specimens

Data Integrity

Overall Facilitywide Inpatient (FacWideIN) Enter each CDI LabID Event from all inpatient locations

<u>AND</u> separately for outpatient emergency department, and 24-hour observation location(s).

Report aggregate denominator data for all inpatient locations physically located in the hospital (e.g., total number of admissions and total number of patient days), as well as denominators for all inpatient locations minus inpatient rehabilitation facility and inpatient psychiatric facility locations with separate CCNs. Separate denominators should be entered to capture encounters for each mapped outpatient emergency department and 24-hour observation location.



NHSN Resources

- C. difficile and MRSA CDC NHSN
- Surgical Site Infection CDC NHSN
 - Link on page 1 to a spreadsheet that lists ICD 10 codes for each procedure



Alerts

Remember:

- Alerts are only triggered for missing items that are on your monthly plan.
- Alerts are not omniscient
 - If you have 5 **procedures** that should be entered and only enter 4, you will NOT get an alert.
 - If you have 2 SSI <u>events</u> and only enter 1, you will NOT get an alert.
 - If you enter the wrong number of days in your summary, you will NOT get an alert.
- You will get an alert if you have no events and you forget to click in the little "No events" box



Questions

www.cdc.gov/nhsn

Deb Campbell, RN-BC, MSN, CPHQ, CCRN alumna Infection Prevention Improvement Advisor 502-992-4383 dcampbell@kyha.com



Coming Attractions

Upcoming Data Webinars:

Data Webinar

-June 2017

