



NHSN Analysis: The Group's Experience

With Focus on the Patient Safety Component

Webinar

September 2017

2– 3:30 PM EST

Methods and Analytics Team

National Healthcare Safety Network (NHSN)

National Center for Emerging and Zoonotic Infections
Diseases (NCEZID)

Division of Healthcare Quality Promotion (DHQP)

Centers for Disease Control and Prevention (CDC)

Disclosures:

The following speakers disclose no actual or potential conflict of interest in relation to this program/presentation.

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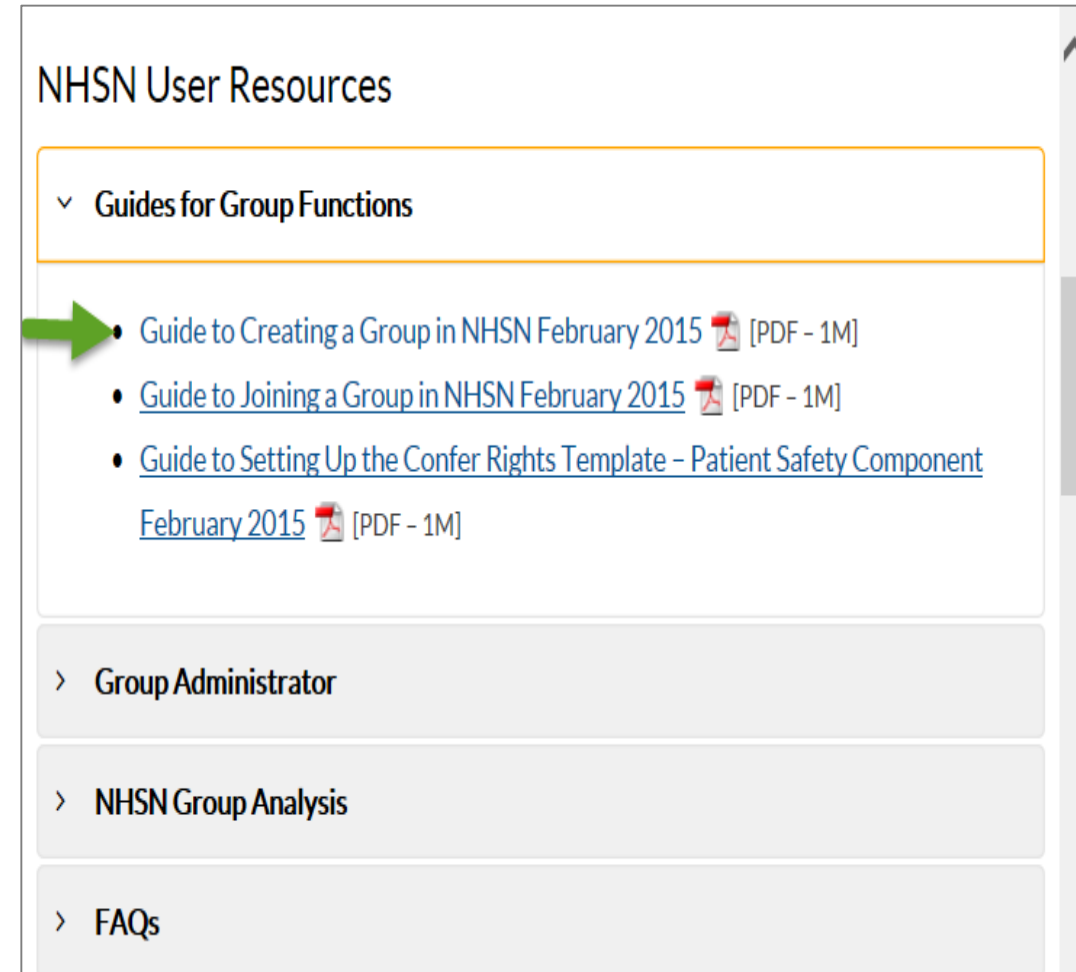
Objectives

- Demonstrate how to correctly complete the Group's Define Rights Template
- Demonstrate how to navigate the NHSN analysis functions
 - Locate and list specific types of reports available to Group users
- Using case scenarios, describe how to generate, analyze, and interpret the various NHSN analysis reports
 - CLABSI/CAUTI
 - TAP Reports and the TAP Dashboard
- Helpful tips on report selection for Acute Care Hospitals

NOTE: All Data used in the presentation are fictitious and does not reflect a real facility's or Group's data. They are for demonstration and education purposes only.

The More You Know

- NHSN Group Functions
 - <https://www.cdc.gov/nhsn/group-users/index.html>
- How to start a Group in NHSN
 - <https://www.cdc.gov/nhsn/pdfs/groups-startup/CreateGroup-current.pdf>
- How to join a Group in NHSN
 - <https://www.cdc.gov/nhsn/pdfs/groups-startup/JoinGroup-current.pdf>



NHSN User Resources

- ▼ Guides for Group Functions
 - [Guide to Creating a Group in NHSN February 2015](#) [PDF - 1M]
 - [Guide to Joining a Group in NHSN February 2015](#) [PDF - 1M]
 - [Guide to Setting Up the Confer Rights Template - Patient Safety Component February 2015](#) [PDF - 1M]
- > Group Administrator
- > NHSN Group Analysis
- > FAQs

The More You Know

- Analysis resources that you should know
 - NHSN Analysis Resources Page
 - <https://www.cdc.gov/nhsn/ps-analysis-resources/index.html>
 - Analysis Quick Reference Guides
 - <https://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html>

Patient Safety Analysis Quick Reference Guides



These quick reference guides were created to help you understand, modify, and interpret your data using the NHSN application's various analysis output (report) options for the NHSN Patient Safety Component. These guides serve as companions to the "Introduction to NHSN Analysis" training slideset.

- **New!** NHSN's Guide to the SIR (updated July 2017) [PDF - 3M]
A comprehensive guide to NHSN's SIR, including risk factors used in the SIR calculations under the 2015 baseline.
- **New!** How to Modify a Report [PDF - 375K]

Analysis Quick Reference Guides

> General Tips	
> Troubleshooting Guides	
> Frequently Requested Output/Reports	
> Targeted Assessment Prevention (TAP) Strategy Reports	
> Antimicrobial Use and Resistance Module Reports	
> Output/Report Option Types	
> Tips for Customizing Your Output/Reports	
> Detailed Guides for Specific Analysis Options	

The Define Rights Template

Rebecca Yvonne Konnor

The Group Define Rights Template



- Once a Group is created, a Define Rights template is set up by the Group's Administrator and is shared with Group member facilities
- The template specifies which data elements will be shared with Group
- Group members have limited ability to edit the template
- Group members accept the template of rights to complete data sharing with the Group
- Group can update the template as needed, and facilities must accept updated template to change data being shared with the Group
- NHSN is a vehicle for sharing data between the Group and the NHSN facility; the relationship is between those two entities.
- Only users at the Group organization can see facility-level data; facilities cannot see each other's data.
- To access this page, follow the path displayed in the screen shot

The Group Define Rights Template

- General Section
 - Patient information options
 - Monthly reporting plan, data analysis and facility information are required
- Annual Surveys
 - Required for SIRs and SURs

Define Rights-Patient Safety

! Please select the rights that facilities joining "Maggie's test group" will confer

General 1

View Options

Patient

With All Identifiers

Without Any Identifiers

With Specified Identifiers

Gender DOB Ethnicity Race

Medicare # Name SSN Patient ID Birthweight (NICU only)

Monthly Reporting Plan

Data Analysis

Facility Information

Surveys 2

Year	Year	Survey Type
2015	To	Hospital Survey Data

Add Row Clear All Rows

Note: only complete survey data are shared with groups.

(All)
Hospital Survey Data
Ambulatory Surgery Center Survey Data
Long Term Acute Care Survey Data
Inpatient Rehabilitation Facility Survey Data

The Group Define Rights Template- DA Events

Infections and other Events (Not specific to MDRO/CDI)
Includes Applicable Denominators and "No Events" Indicators

Plan	Month	Year	Month	Year	Event
<input type="checkbox"/> In	January	2015	To		BSI - Bloodstream Infection (CLA)
Select in-plan, off-plan or both.		Location type:	Location:		Other Location Requi
		(ALL)	(ALL)		
<input type="button" value="Add Row"/>	<input type="button" value="Clear All Rows"/>				

- ALL SSI and PPP
- ALL non-SSI and PPP
- BSI - Bloodstream Infection (CLA)
- CLIP - Central Line Insertion Practices
- PNEU - Pneumonia (Vent)
- PNEU - Pneumonia (Post Procedure)
- SSI - Surgical Site Infection
- UTI - Urinary Tract Infection (Cath)
- VAE - Ventilator-Associated Event

Years of data selection is optional.

You can select ALL location types and ALL locations. You can also select individual location types and locations. For individual location type/location, please add additional rows per each location type/location

Select Event types for DA individually or select ALL non-SSI and PPP to request for All DA events

The Group Define Rights Template- PA Events

 In <input type="text" value="January"/> 2015 To <input type="text" value=""/>	Procedure: <input type="text" value="COLO - Colon surgery"/>	SSI - Surgical Site Infection <input type="text" value=""/>	Setting: <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
 In <input type="text" value="January"/> 2015 To <input type="text" value=""/>	Procedure: <input type="text" value="HYST - Abdominal hysterectomy"/>	SSI - Surgical Site Infection <input type="text" value=""/>	Setting: <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT

Must select setting for SSI

For SSI event type, add a separate row for each procedure category or select ALL SSI and PPP to request for All SSI

- ALL SSI and PPP
- ALL non-SSI and PPP
- BSI - Bloodstream Infection (CLA)
- CLIP - Central Line Insertion Practices
- PNEU - Pneumonia (Vent)
- PNEU - Pneumonia (Post Procedure)
- SSI - Surgical Site Infection
- UTI - Urinary Tract Infection (Cath)
- VAE - Ventilator-Associated Event

The Group Define Rights Template: MDRO/CDI Events


MDRO/CDI Events
Includes Applicable Denominators and "No Events" Indicators

Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements
Both	January	2015	To		FACWIDE	FacWIDEIn	
Specific Organism Type:					Event Type:		
<input type="checkbox"/> ACINE - MDR-Acinetobacter <input checked="" type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE					LABID - Laboratory-identified MDRO or C		

FACWIDEIN for 2015 and forward will also include ED and Observation locations

- Location Type = FACWIDE, Location = FacWIDEIn
 - Includes FacWIDEIn (facility wide reporting, as one single location)
 - Must be included to receive FacWIDEIn data from facilities
- Location Type = (ALL), Location = (ALL)
 - Includes all individual inpatient and outpatient locations

The Group Define Rights Template: MDRO/CDI Events

 **Auto added rights for ED/OBS**

Both	January	2015	To			FACWIDE	Emergency Department
Specific Organism Type:						Event Type:	
<input type="checkbox"/> ACINE - MDR-Acinetobacter <input checked="" type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE						LABID - Laboratory-identified MDRO or CDI Event	
Both	January	2015	To			FACWIDE	Pediatric Emergency Department
Specific Organism Type:						Event Type:	
<input type="checkbox"/> ACINE - MDR-Acinetobacter <input checked="" type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE						LABID - Laboratory-identified MDRO or CDI Event	
Both	January	2015	To			FACWIDE	24-Hour Observation Area
Specific Organism Type:						Event Type:	
<input type="checkbox"/> ACINE - MDR-Acinetobacter <input checked="" type="checkbox"/> CDIF - C. difficile <input type="checkbox"/> CEPHRKLEB - CephR-Klebsiella <input type="checkbox"/> CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) <input type="checkbox"/> MRSA - MRSA <input type="checkbox"/> MSSA - MSSA <input type="checkbox"/> VRE - VRE						LABID - Laboratory-identified MDRO or CDI Event	

- When you select Location Type = FACWIDE, Location = FacWIDEIn, the following are added automatically
 - Emergency Department
 - Adult
 - Pediatric
 - 24-hour Observation Area

The Group Define Rights Template: MDRO/CDI Process and Outcome Measures

- Used for requesting hand hygiene, gown, gloves and active surveillance testing data
- Request data by location type and location
- Similar to MDRO/CDI Events section
 - The location type and location selected should mirror that on the MDRO/CDI Events section
- The rights for ED/OBS are automatically added

MDRO/CDI Process & Outcome Measures

Plan: In | Month: January | Year: 2015 | To: [] | Location Type: FACWIDE | Location: FacWIDEIn | Other Location Requirements: []

Process Measures: Hand Hygiene, Gown and Gloves

Organism: MRSA, VRE

ASTAdm: | AST Process & Outcome Measures: AST D/T | AST Incidence | AST Prevalence

Auto added rights for ED/OBS

1. In January 2015 To [] FACWIDE Emergency Department

Process Measures: Hand Hygiene, Gown and Gloves

Organism: MRSA, VRE

ASTAdm: | AST Process & Outcome Measures: AST D/T | AST Incidence | AST Prevalence

2. In January 2015 To [] FACWIDE Pediatric Emergency Department

Process Measures: Hand Hygiene, Gown and Gloves

Organism: MRSA, VRE

ASTAdm: | AST Process & Outcome Measures: AST D/T | AST Incidence | AST Prevalence

3. In January 2015 To [] FACWIDE 24-Hour Observation Area

Process Measures: Hand Hygiene, Gown and Gloves

Organism: MRSA, VRE

ASTAdm: | AST Process & Outcome Measures: AST D/T | AST Incidence | AST Prevalence

Note: FACWIDEIN for 2015 and forward will also include ED and Observation locations

The Group Define Rights Template : AUR Module

Antimicrobial Use and Resistance								
Plan	Month	Year	To	Month	Year	Location Type	Location	Other Location Requirements
<input type="checkbox"/> (All) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To	<input type="checkbox"/>	<input type="checkbox"/>	(ALL) <input type="checkbox"/>	(ALL) <input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Antimicrobial Use				<input checked="" type="checkbox"/> Antimicrobial Resistance				
<input type="checkbox"/> (All) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To	<input type="checkbox"/>	<input type="checkbox"/>	FACWIDE <input type="checkbox"/>	FacWIDEIn <input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Antimicrobial Use				<input checked="" type="checkbox"/> Antimicrobial Resistance				

- Location Type = (ALL), Location = (ALL)
 - Includes all individual inpatient and outpatient locations
- Location Type = FACWIDE, Location = FacWIDEIn
 - Includes FacWIDEIn
 - Must be included to receive FacWIDEIn data from facilities

Rights Acceptance Report

- Rights Acceptance Report indicates that a facility has conferred rights to the Group
- It does not always mean the Define Rights template was accepted as defined by the Group

NHSN Home
Reporting Plan ▶
Event ▶
Procedure ▶
Summary Data ▶
Surveys ▶
Analysis ▶
Users ▶
Group ▶
Tools ▶
Logout

Page 1 of 1 100 View 1 - 29 of 29

Facility name	Facility ID	Accepted Date	Defined Date	Status
DHQP MEMORIAL HOSPITAL	10018	Jul 14 2017 12:35PM	Jul 14 2017 12:33PM	Accepted
Lovelace Rehabilitation Hospital	10957	Jul 20 2017 8:17AM	Jul 14 2017 12:33PM	Accepted
Rehab Hospital	10962	Jul 14 2017 12:36PM	Jul 14 2017 12:33PM	Accepted
Rebmann LTAC Hospital	10546	Jul 14 2017 12:34PM	Jul 14 2017 12:33PM	Accepted
Phelps Memorial	10586	Jul 6 2017 12:55PM	Jul 14 2017 12:33PM	Not Accepted
Dudeck Regional Life Center	10587	Nov 30 2016 8:42AM	Jul 14 2017 12:33PM	Not Accepted
RL Test REHAB	10661	Nov 30 2016 8:49AM	Jul 14 2017 12:33PM	Not Accepted

Find Facility
Edit Group Info
Joining Password
Evict Members
Send Email
Define Rights
Rights Acceptance Report

NHSN Analysis-Groups

Rebecca Yvonne Konnor

Analysis: Dataset Generation

- Dataset generation is user specific
- A generated dataset includes most recent 3 years by default
- To include all years of data, check the box highlighted in yellow
- Facilities do not have to generate datasets in order for Groups to analyze data
- When verifying a facility's data at the Group's view, be aware that the facility's report outputs may be based on a different dataset generation date
- Dataset generation may take several minutes based on the size of the Group

The screenshot shows the 'Generate Data Sets' interface in the NHSN system. On the left is a navigation menu with items: NHSN Home, Alerts, Dashboard, Reporting Plan, Patient, Event, Procedure, Summary Data, Import/Export, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The main content area is titled 'Generate Data Sets' and contains the following elements:

- Generate Patient Safety Analysis Data Sets**
- Two green checkmarks with explanatory text:
 - ✓ 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.
- A checkbox labeled 'Include all data reported to NHSN for this component within the parameters of rights conferred.' is highlighted in yellow.
- A date range bar below the checkbox shows a dark grey bar from 1/2014 to 8/2017, with a blue segment from 8/2017 to the present. A callout bubble above the bar says 'Most recent 3 yrs'.
- A 'Generate New' button is highlighted with an orange arrow.
- A 'Last Generated: Jul 3 2017 9:48AM' status indicator is circled in orange.

Analysis: Dataset Generation

- When analyzing your NHSN data, use the graphic to determine which baseline year to use for the years of data included in generated datasets



Analysis: Statistic Calculator

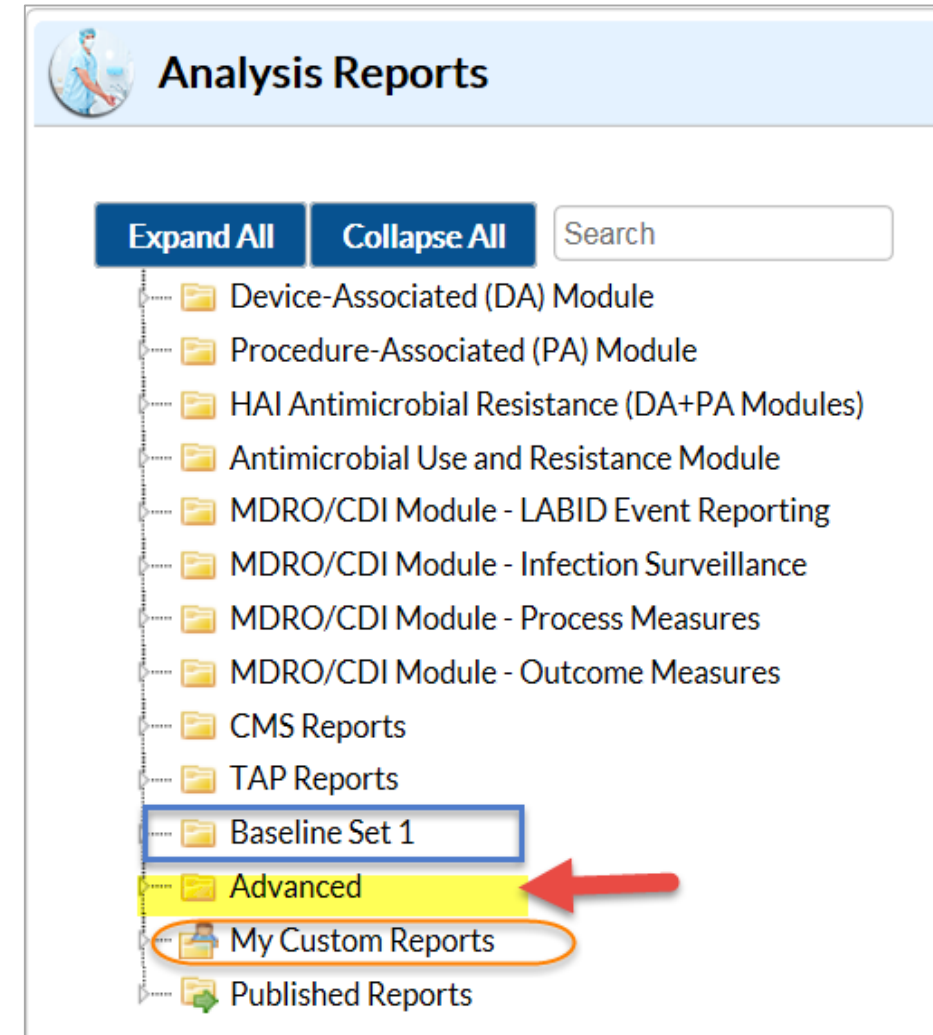
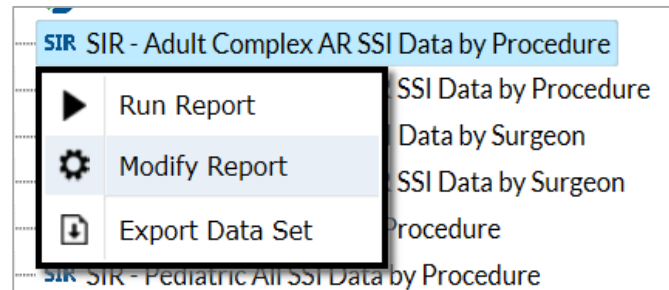
- Statistical tools that help you compare various measures including
 - Comparing two proportions
 - Comparing two SIRs
 - Comparing single SIR to 1
 - Comparing two IDR
 - Comparing single proportion to a benchmark
 - Comparing single SIR to nominal value
- SAS Macro:
<http://www.cdc.gov/nhsn/PS-Analysis-resources/index.html>

The screenshot displays the NHSN Statistics Calculator interface. On the left, a navigation menu lists various options, with 'Analysis' selected. A dropdown menu is open under 'Analysis', showing 'Generate Data Sets', 'Reports', and 'Statistics Calculator' (highlighted with a mouse cursor). The main content area is titled 'Statistics Calculator' and contains a list of six analysis options:

- [Compare Two Proportions](#)
- [Compare Single SIR to 1](#)
- [Compare Two Standardized Infection Ratios](#)
- [Compare Two Incidence Density Rates](#)
- [Compare Single Proportion to a Benchmark](#)
- [Compare Single SIR to Nominal Value](#)

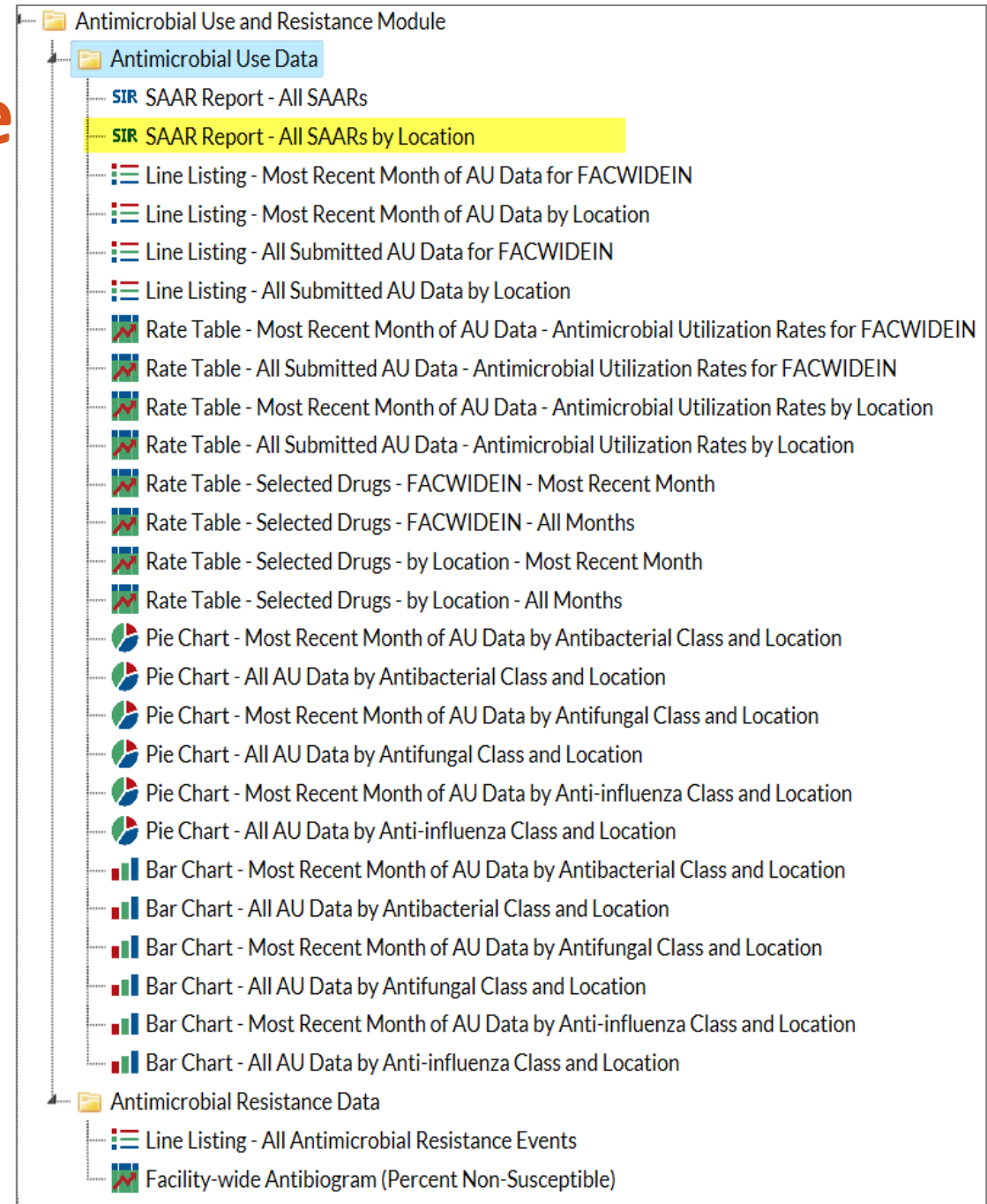
Analysis Reports

- The layout of the Analysis page (by Baseline year) is the same for Groups as it is for facilities
- Each Module specific report is organized in HAI specific folders
- There are different types of reports per each module
 - Line Listing
 - Frequency table
 - Bar charts
 - Pie Charts
 - Rate Tables
 - SIR reports (by facility type, BS2)
 - SUR report (by facility type, BS2)
- There are three options for report manipulation:
 - Run the report
 - Modify report
 - Export analysis dataset



Analysis Reports: AUR Module

- Same reports as available for facilities
 - Groups will see all facilities in single output
 - Refer to Facility Org ID variable in output
- Will likely be too much data to display using NHSN default reports
 - Modifications or export will be necessary



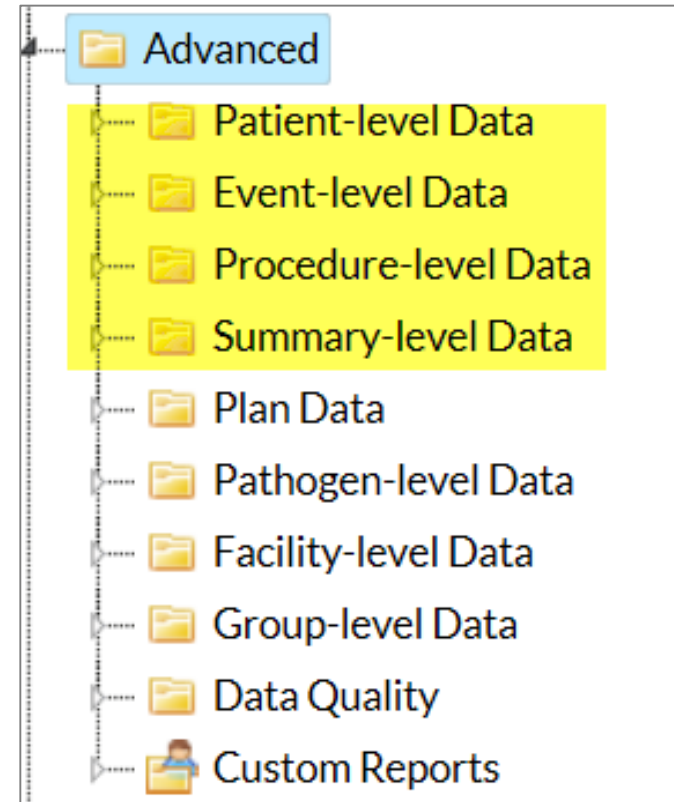
Group Analysis: AUR Module Example

- AU Option: SAARs by location
- Output is sorted by the organization IDs within the Group
- Included in this report are the SAAR and supporting statistics in pale yellow
- Location, SARR type, antimicrobial days, number of predicted AU days and number of days present

National Healthcare Safety Network SAARs Table - All SAARs by Location										
As of: July 10, 2017 at 12:51 PM										
Date Range: All AU_SAAR										
Antimicrobials used for hospital-onset/multi-drug resistant infections in adult ICUs										
orgID	SAARType	location	summaryYM	locCDC	antimicrobialDays	numAUDaysPredicted	numDaysPresent	SAAR	SAAR_pval	SAAR95CI
10656	TAR-Adult-1	AMICU-1	2014M06	IN:ACUTE:CC:M	122	30.851	100	3.954	0.0000	3.298, 4.705
10656	TAR-Adult-1	AMICU-1	2014M08	IN:ACUTE:CC:M	1700	30.851	100	55.104	0.0000	52.532, 57.770
10656	TAR-Adult-1	AMICU-2	2014M06	IN:ACUTE:CC:M	1870	33.936	110	55.104	0.0000	52.648, 57.644
10656	TAR-Adult-1	AMSICU-1	2014M08	IN:ACUTE:CC:MS	1942	34.243	120	56.712	0.0000	54.230, 59.278
10656	TAR-Adult-1	AMSICU-2	2014M06	IN:ACUTE:CC:MS	2210	37.097	130	59.574	0.0000	57.130, 62.098
10656	TAR-Adult-1	AMSICU-2	2014M08	IN:ACUTE:CC:MS	2210	37.097	130	59.574	0.0000	57.130, 62.098
10656	TAR-Adult-1	ASICU-1	2014M06	IN:ACUTE:CC:S	2290	38.461	140	59.541	0.0000	57.140, 62.018
10656	TAR-Adult-1	ASICU-1	2014M08	IN:ACUTE:CC:S	2287	38.461	140	59.463	0.0000	57.065, 61.936
10656	TAR-Adult-1	ASICU-2	2014M08	IN:ACUTE:CC:S	2550	41.208	150	61.881	0.0000	59.514, 64.319
13860	TAR-Adult-1	MICU	2014M01	IN:ACUTE:CC:M	80	130.808	424	0.612	0.0000	0.488, 0.757
13860	TAR-Adult-1	MICU	2014M02	IN:ACUTE:CC:M	110	138.830	450	0.792	0.0132	0.654, 0.951
13860	TAR-Adult-1	MICU	2014M03	IN:ACUTE:CC:M	143	133.276	432	1.073	0.4211	0.908, 1.260
13860	TAR-Adult-1	MICU	2014M05	IN:ACUTE:CC:M	148	126.798	411	1.167	0.0709	0.990, 1.367
13860	TAR-Adult-1	MICU	2014M06	IN:ACUTE:CC:M	127	132.351	429	0.960	0.6820	0.803, 1.138
13860	TAR-Adult-1	MICU	2014M07	IN:ACUTE:CC:M	105	138.521	449	0.758	0.0036	0.623, 0.914
13860	TAR-Adult-1	MICU	2014M08	IN:ACUTE:CC:M	101	132.659	430	0.761	0.0050	0.623, 0.921
13860	TAR-Adult-1	MICU	2014M09	IN:ACUTE:CC:M	65	131.425	426	0.495	0.0000	0.385, 0.626

Analysis Reports-Advanced Folder

- The **Advanced folder** under the Analysis Reports section contains several supporting information categorized in sub folders:
- Reports to check details of numerator and denominator data are provided in the first four sub folders-highlighted in yellow
- The Plan Data line list
 - To check the HAIs that are included in plan for all conferred facilities
 - To check if conferred facilities reported events, summary data/procedures for the reporting month



Analysis Reports- Plan Line List

- Advanced
 - Patient-level Data
 - Event-level Data
 - Procedure-level Data
 - Summary-level Data
 - Plan Data
 - Line Listing - Patient Safety Plans
 - Run Report
 - Modify Report
 - Export Data Set
- My Custom Reports
- Published Reports

As of: June 30, 2017 at 4:32 PM
Date Range: PLAN planYM 2015M01 to 2015M05

bedsize	bsiPlan	CCN	clipPlan	countyName	createDate	diPlan	fac Type	location	locationType	noEventCLIP	noEventPPNU	noEventSSI	noProc	num Beds
201-500		12345		Appling	22DEC14:08:38		HOSP-CHLD							400
201-500		12345		Appling	22DEC14:08:38		HOSP-CHLD							400
201-500		12345		Appling	22DEC14:08:38		HOSP-CHLD							400
201-500		12345		Appling	22DEC14:08:38		HOSP-CHLD	0000	WARD					400
201-500		12345		Appling	22DEC14:08:38		HOSP-CHLD	1152ADBW	WARD					400
201-500		12345		Appling	22DEC14:08:38		HOSP-CHLD	1152BHVN	WARD					400
201-500		12345		Appling	22DEC14:08:38									400
201-500	Y	12345	N	Appling	22DEC14:08:38	N						N	N	400
201-500		12345		Appling	22DEC14:08:38							Y	N	400
201-500	Y	12345	N	Appling	22DEC14:08:38	N						Y	N	400
201-500		12345		Appling	22DEC14:08:38									400
														400
														400
														400

The completely blank rows signifies a facility is not following the HAI

Analysis Reports-Facility-level Data

- The Facility-level Data sub folder contains some of the frequently used Group reports
- The survey data for conferred facilities
 - By facility type and group of years— shown by the orange box
- The hospital adherence to stewardship core elements reports
 - New reports to show list of the core elements for conferred facilities
- Participation Alerts
 - To check Alerts of missing data for conferred facilities

Facility-level Data

- Line Listing - Facility Enrollment Data
- Line Listing - Hospital Survey (2002-2009)
- Line Listing - Hospital Survey (2010-2013)
- Line Listing - Hospital Survey (2014)
- Line Listing - Hospital Survey (2015 and later)
- New Line Listing - Hospital Adherence to Stewardship Core Elements
- Frequency Table - Hospital Adherence to Stewardship Core Elements
- Line Listing - ASC Survey (2015 and forward)
- Line Listing - LTAC Facility Survey (2011-2013)
- Line Listing - LTAC Facility Survey (2014)
- Line Listing - LTAC Facility Survey (2015 and later)
- Line Listing - IRF Survey (2011-2013)
- Line Listing - IRF Survey (2014)
- Line Listing - IRF Survey (2015 and later)
- Line Listing - Participation Alerts
- Frequency Table - Participation Alerts
- Line Listing - Custom Field Variable Names
- Line Listing - Facility Users

Group-level Data

Data Quality

Check Alerts of missing data

Analysis Reports-Group-level Data

Group-level Data

- Line Listing - Membership Rights
- Create Export File for CUSP - CLAB Rates for ICU/Other
- Export File for CUSP - SUTI Rates for ICU/Other-SCA

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	parentOrgID	name	objectname	objectA	objectModi	naFlag	locationTy	location	locCDC	procCode	setting	plans	monthFrom	yearFrom	monthT	
2	10297	10018	DHQP MEMORIAL HOSPITAL	Analyze												
3	10297	10018	DHQP MEMORIAL HOSPITAL	Plan	View											
4	10297	10018	DHQP MEMORIAL HOSPITAL	FacInfo	View	FacInfo-PS										
5	10297	10018	DHQP MEMORIAL HOSPITAL	Facility Survey Dat	View	FACSRV-PS						(ALL)			2015	
6	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	0	IN:ACUTE:WARD:M			IN		1	2015	
7	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	0009A	NONPTC:NA:LAB:CHEM			IN		1	2015	
8	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	00A	OUT:ACUTE:WARD			IN		1	2015	
9	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	00B-OBS	OUT:ACUTE:WARD			IN		1	2015	
10	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	3325	OUT:NONACUTE:CLINIC:DIAB			IN		1	2015	
11	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	1029-8	IN:ACUTE:CC:MS			IN		1	2015	
12	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TESTSLJ	IN:ACUTE:MIXED:ALL_ADULT			IN		1	2015	
13	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TREAT	IN:ACUTE:SUPPORT:TREAT			IN		1	2015	
14	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TTLWT57	OUT:ACUTE:WARD			IN		1	2015	
15	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	WBL1	IN:ACUTE:WARD:NURS			IN		1	2015	
16	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	WTWLR6	IN:ACUTE:MIXED:ALL_ADULT			IN		1	2015	
17	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	T12345	OUT:NONACUTE:MOBILE			IN		1	2015	
18	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TEST	IN:ACUTE:WARD:M			IN		1	2015	
19	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TEST 1	IN:ACUTE:MIXED:ALL_ADULT			IN		1	2015	
20	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TEST 123	IN:ACUTE:MIXED:ALL_ADULT			IN		1	2015	
21	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TEST1234	IN:ACUTE:WARD:VS			IN		1	2015	
22	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TESTREH	IN:ACUTE:WARD:REHAB			IN		1	2015	
23	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	SCOTT BH	IN:ACUTE:WARD:BHV			IN		1	2015	
24	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	SICU	IN:ACUTE:CC:S			IN		1	2015	

IMPORTANT FEATURE: Will indicate what data elements are not being shared with the Group

Facility 10018 is sharing the ff locations with Group 10297

0 IN:ACUTE:WARD:M

0009A NONPTC:NA:LAB:CHEM

00A OUT:ACUTE:WARD

00B-OBS OUT:ACUTE:WARD

3325 OUT:NONACUTE:CLINIC:DIAB

1029-8 IN:ACUTE:CC:MS

TESTSLJ IN:ACUTE:MIXED:ALL_ADULT

TREAT IN:ACUTE:SUPPORT:TREAT

TTLWT57 OUT:ACUTE:WARD

WBL1 IN:ACUTE:WARD:NURS

WTWLR6 IN:ACUTE:MIXED:ALL_ADULT

T12345 OUT:NONACUTE:MOBILE

TEST IN:ACUTE:WARD:M

TEST 1 IN:ACUTE:MIXED:ALL_ADULT

TEST 123 IN:ACUTE:MIXED:ALL_ADULT

TEST1234 IN:ACUTE:WARD:VS

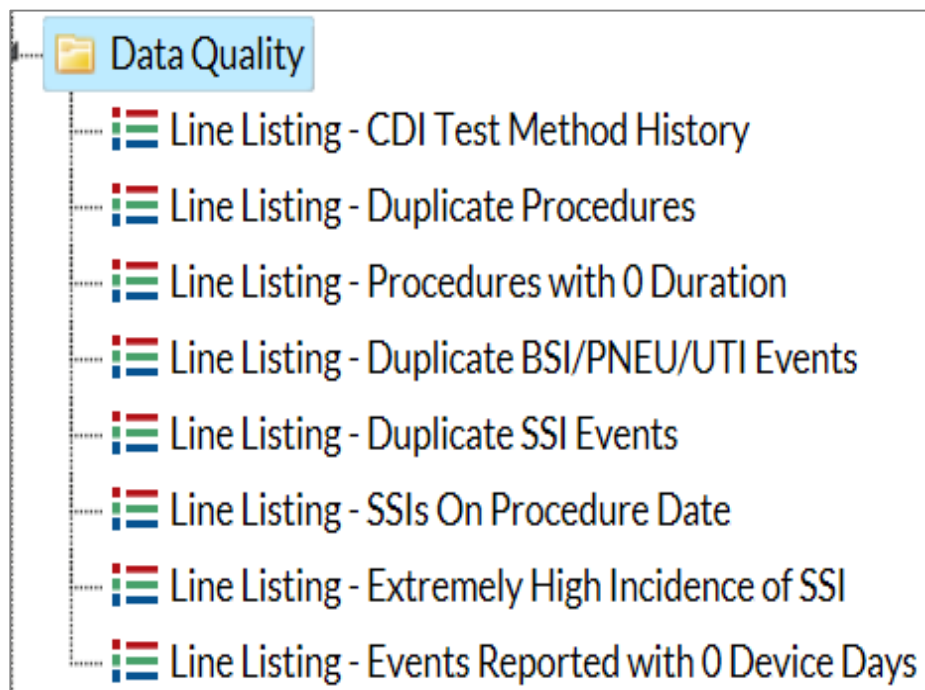
TESTREH IN:ACUTE:WARD:REHAB

SCOTT BH IN:ACUTE:WARD:BHV

SICU IN:ACUTE:CC:S

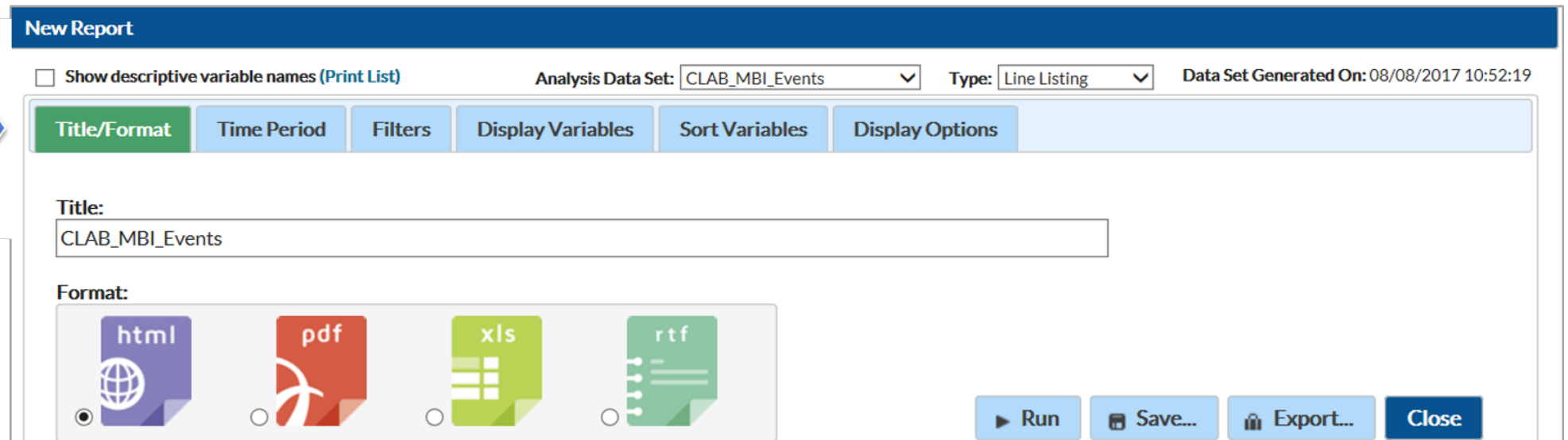
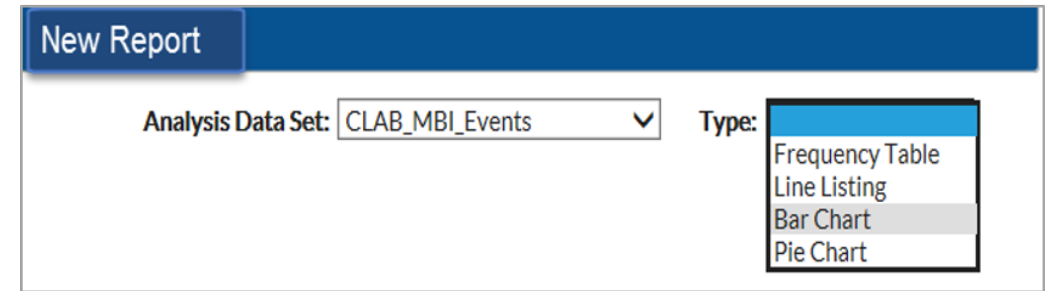
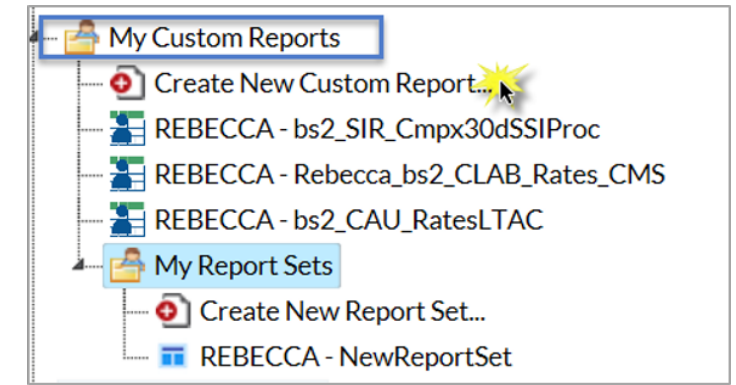
Analysis Reports-Data Quality

- Data Quality Reports available to Groups
- Groups should monitor quality of data regularly
 - Monthly/quarterly
 - Events reported with 0 device days/CDI test method history
 - Coordinate with conferred facilities on updating data –based on findings
- List of duplicate data rarely happens. Groups should check for tracking and monitoring purposes



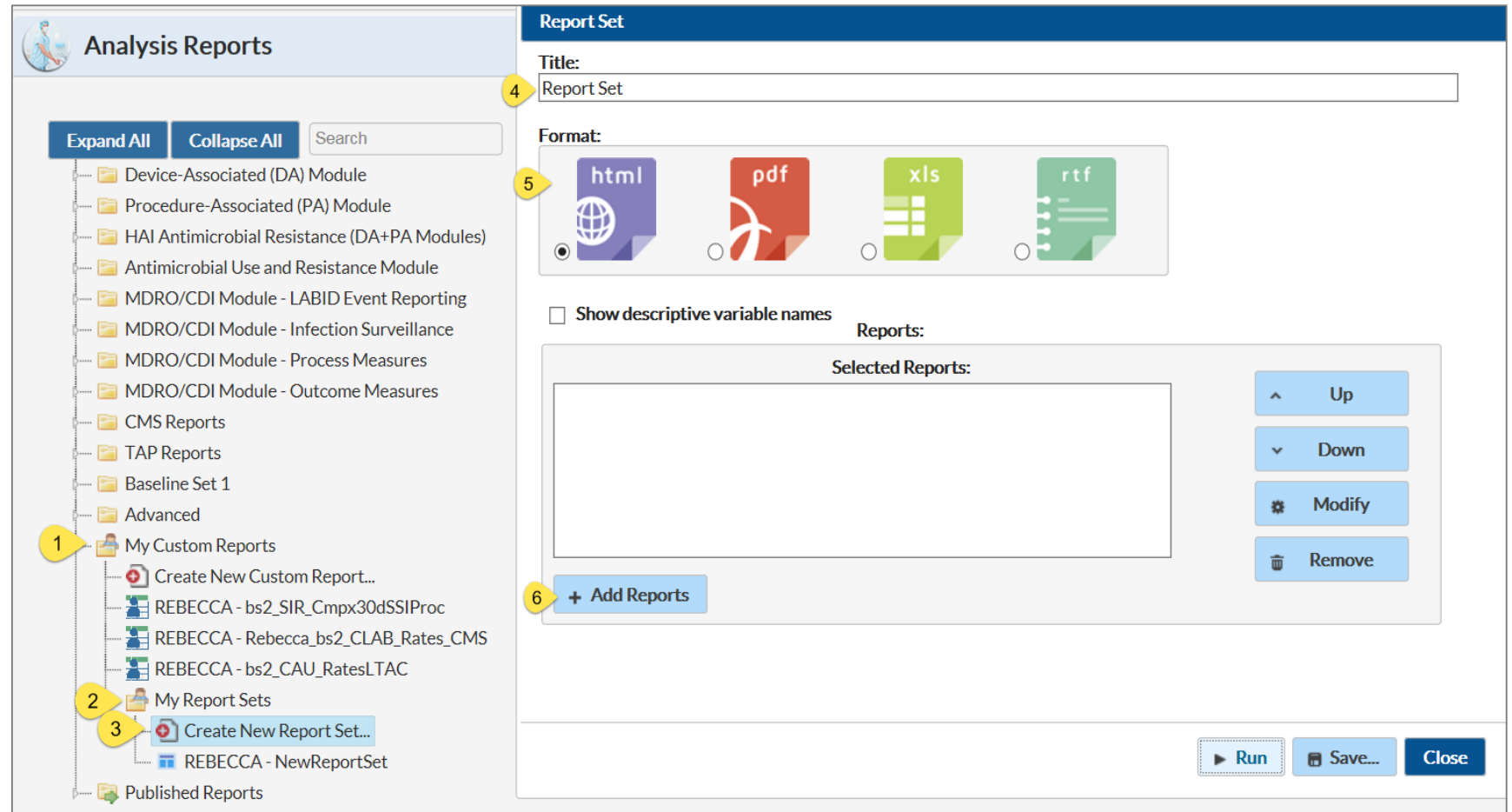
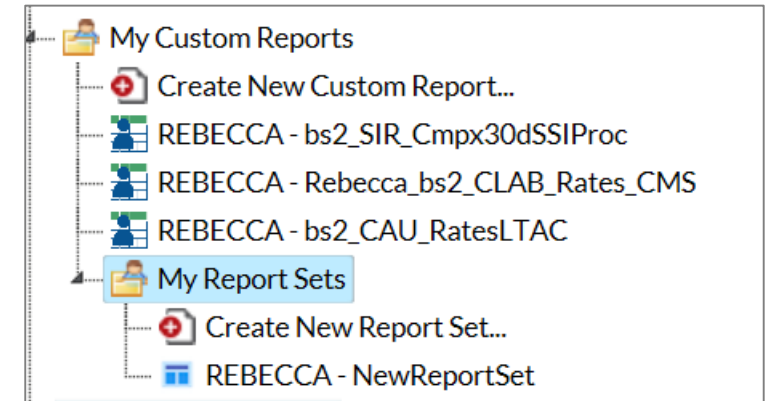
Analysis Reports-Custom Reports

- My Custom Reports
 - Created using various analysis datasets and report types
 - Various options of modifications can be made
 - Can be shared with Group users via publishing



Analysis Reports-Report Sets

- My Report Sets
 - A sub folder under the My Custom Reports
 - Create and save multiple reports with one single set, you can run at the same time
- Path of create, modify and save reports are labelled by the yellow numbers



Analysis Reports- Report Sets

- My Report Sets
 - Add individual reports to the set.
 - Option to modify the reports-individually.
 - Option to arrange reports in desired order
 - You can include custom reports in your reports sets as well- indicated by the blue star in the screenshot

The screenshot displays the 'Analysis Reports' interface. On the left, a tree view shows 'My Custom Reports' containing several reports, including 'REBECCA - bs2_SIR_Cmpx30dSSIProc'. The main area shows a table of 'Available Reports' with columns for 'Report Name', 'Data Set', 'Custom', 'Published', and 'Modify Date'. The report 'REBECCA - bs2_SIR_Cmpx30dSSIProc' is highlighted in yellow and has a blue star icon next to it. A green arrow points from the star to the 'Modify' button in the bottom right. A blue arrow at the bottom points to the 'Run', 'Save...', and 'Close' buttons.

Report Name	Data Set	Custom	Published	Modify Date
Line Listing - Procedures Excluded from SIR	Procedures	N	N	07/25/2017
Line Listing - Procedures Excluded from SSI SIR	Procedures	N	N	07/25/2017
REBECCA - bs2_SIR_Cmpx30dSSIProc	bs2_SIR_Cmpx30dSSIProc	Y	N	07/15/2017
SIR (Ventilator Days) - Acute Care Hospitals VAE Data	bs2_VAE_RatesICU_SCA	N	N	07/25/2017
SIR (Ventilator Days) - Critical Access Hospitals VAE Data	bs2_VAE_RatesCAH	N	N	07/25/2017
SIR (Ventilator Days) - Long Term Acute Care VAE Data	bs2_VAE_RatesLTAC	N	N	07/25/2017

We plan to include "Export" as a function on the the Modify Page

Run Save... Close

Analysis Reports-Report Sets

- Options to run, modify, publish, delete or rename **My Report Sets**
- When you modify the report set, you can 'run' to any format

- This example uses Excel

Modify "REBECCA - NewReportSet" ✓

Title:
NewReportSet

Format:

html
 pdf
 xls
 rtf

Show descriptive variable names

Reports:

Selected Reports:

SIR - CAU Data for LTCHQR
 SIR - All CLAB Data
 Rate Table - CLAB Data for NICU
 SIR - Acute Care Hospital CLAB Data
 SIR - Acute Care MBI-CLABSI Data
 Line Listing - Procedures Excluded from SSI SIR
 SIR - Adult Complex AR SSI Data by Procedure
 Line Listing - Procedures Excluded from SIR

My Custom Reports

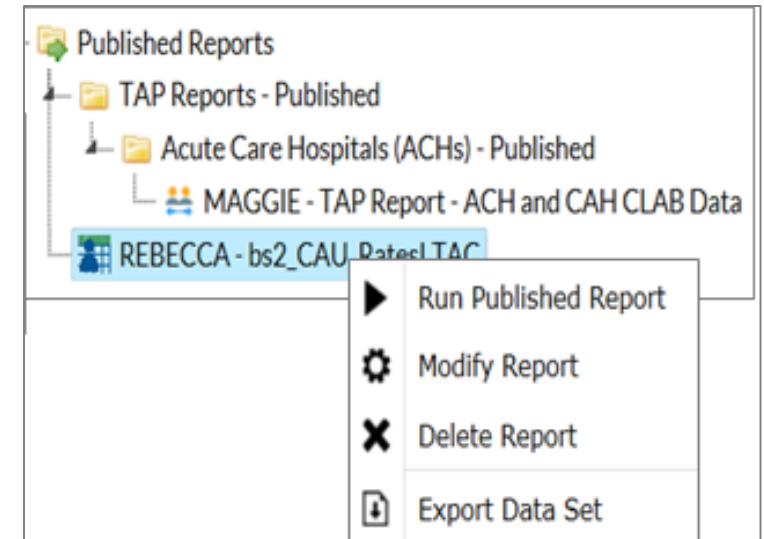
- Create New Custom Report...
- REBECCA - bs2_SIR_Cmpx30dSSIProc
- REBECCA - Rebecca_bs2_CLAB_Rates_CMS
- REBECCA - bs2_CAU_RatesLTAC
- My Report Sets
 - Create New Report Set...
 - REBECCA - NewReportSet
 - DA_BarCharts
 - MDRO_BarCharts
 - PA_LineLists
- Published Reports

- Run Set
- Modify Set
- Delete Set
- Publish Set
- Rename Set

Name	Type	Compressed size	Password p...	Size
1_SIR - In-Plan CAU Data	Microsoft Excel Comma S...	4 KB	No	
2_SIR - CAU Data for Hospital IQR	Microsoft Excel Comma S...	3 KB	No	
3_SIR - CAU Data for Hospital IQR	Microsoft Excel Comma S...	2 KB	No	
4_SIR - CAU Data for LTCHQR	Microsoft Excel Comma S...	3 KB	No	
5_SIR - All CLAB Data	Microsoft Excel Comma S...	5 KB	No	
6_Rate Table - CLAB Data for NICU	Microsoft Excel Comma S...	2 KB	No	
7_SIR - Acute Care Hospital CLAB ...	Microsoft Excel Comma S...	4 KB	No	
8_SIR - Acute Care MBI-CLABSI Data	Microsoft Excel Comma S...	4 KB	No	
9_Line Listing - Procedures Exclude...	Microsoft Excel Comma S...	2 KB	No	
10_SIR - Adult Complex AR SSI Dat...	Microsoft Excel Comma S...	3 KB	No	
11_Line Listing - Procedures Exclud...	Microsoft Excel Comma S...	23 KB	No	

Analysis Reports: Publishing Reports

- Once you create a custom report, you can publish it
- Published reports show up in the **Published Reports folder**
- Both Published and the Custom report will produce the same output
- When you modify the published report and save, it will have no effect on the Custom Report that produced it
- When modify the Custom report and save, it will have no effect on the Published report
- If you deleted the published report and ran the custom report, it will produce the same output



Running and Exporting Analysis Reports

Modify "Line Listing - All SSI Events" ←

Show descriptive variable names (Print List) Analysis Data Set: SSI_Events Type: Line Listing Data Set Generated On: 08/16/2017 14:31:00

Title/Format **Time Period** Filters Display Variables Sort Variables Display Options

Options to modify your report using these tabs

Time Period:

Date Variable	Beginning	Ending	
procDateYQ ▼	2016Q1	2016Q1	⌘ Clear Time Period

Enter Date variable/Time period at the time you click the Run button

Export Analysis Data Set

Analysis Data Set: SSI_Events

Export Format: delimited file (comma-separated values) (*.csv) ▼

Export Entire Analysis Data Set

Export Analysis Data Set using Modifications


Export Cancel

On this page, you export your entire analysis dataset or the modified version

Select your preferred file format for export

▶ Run Save... Export... Close

Running and Exporting Analysis Reports

Modify "Line Listing - All SSI Events" 

Show descriptive variable names ([Print List](#)) Analysis Data Set: SSI_Events Type: Line Listing Data Set Generated On: 08/16/2017 14:31:00

1 **Title/Format** Time Period Filters Display Variables Sort Variables Display Options

Title:
Line Listing for All Surgical Site Infection Events

Format:

html pdf 2 xls rtf

3 **Run** Save... Export... Close

Understanding the SIR Exports at Group Level

- SUR/SIR reports at Group level will have multiple tables when you run in HTML or Export to CSV or Excel
 - For Device-associated HAIs:
 - Overall Group (groups only)
 - Overall Group/Location Type (groups only)
 - Overall Group/CDC Location
 - Overall Facility
 - Overall Facility/Location Type
 - Overall Facility/CDC Location
 - Overall Facility/Location
 - If applicable: Data Excluded from the SIR
 - If applicable: Data with missing or 0 device days
- When you export the SUR/SIR reports to Excel
 - The overall Group SUR/SIR rows will have blank columns for location, location type
- For a complete list of locations, see the Appendices section

Understanding the SIR Exports at Group Level

SIRforCentralLine_AssociatedBSI [Read-Only] - Excel

Konnor, Rebecca Y. (CDC/OID/NCEZID) (CTF)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	summaryYQ	infCount	numPred	numcldays	SIR_pval	SIR	sir95ci	locationType	loc	orgID	CCN	facType	medType	state	location	months
2	2016Q1	16	12.955	11464	0.3937	1.235	0.731, 1.963									
3	2016Q1	9	3.07385	2391	0.0058	2.928	1.428, 5	CC								
4	2016Q1	5	0.59258	347				CC_N								
5	2016Q1	0	0.54155	480				CC_ONC								
6	2016Q1	0	0.15356	145				SCA								
7	2016Q1	0	0.07175	80				STEP								
8	2016Q1	1	0.07447	103				WARD								
9	2016Q1	1	8.4472	7918	0.0022	0.118	0.006, 0	WARD ONC								
10	2016Q1	0	0.60372	240				IN:ACUTE:CC:B								
11	2016Q1	1	0.01101	11				IN:ACUTE:CC:C								
12	2016Q1	0	1.91654	1500	0.1471		0, 1.563	IN:ACUTE:CC:M_PED								
13	2016Q1	2	0.28523	168				IN:ACUTE:CC:NURS								
14	2016Q1	0	0.1918	170				IN:ACUTE:CC:ONC_M								
15	2016Q1	0	0.15795	140				IN:ACUTE:CC:ONC_MS								
16	2016Q1	0	0.1918	170				IN:ACUTE:CC:ONC_S								
17	2016Q1	8	0.31887	475				IN:ACUTE:CC:S								
18	2016Q1	0	0.22372	165				IN:ACUTE:CC:T								
19	2016Q1	3	0.30734	179				IN:ACUTE:CC_STEP:NURS								
20	2016Q1	0	0.15356	145				IN:ACUTE:SCA:DIAL								
21	2016Q1	0	0.07175	80				IN:ACUTE:STEP								
22	2016Q1	0	0.06724	93				IN:ACUTE:WARD:BHV								
23	2016Q1	1	8.16718	7748	0.0029	0.122	0.006, 0.604	IN:ACUTE:WARD:ONC_HONC								
24	2016Q1	0	0.28002	170				IN:ACUTE:WARD:ONC_HSCT								

SIRforCentralLine_AssociatedBSI

Overall Group SIR

Overall Group SIR by location type

Overall Group SIR by CDC location

Understanding the SIR Exports at Group Level

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
24	2016Q1	0	0.28002	170					IN:ACUTE:WARD:ONC_HSCT					
25	2016Q1	1	0.00723	10					IN:ACUTE:WARD:STRK					
26	2016Q1	2	10.9802	9857	0.0014	0.182	0.031, 0.602			10018	12345	HOSP-CHLD	U	GA
27	2016Q1	5	0.53151	311						10312	222222222	HOSP-GEN		GA
28	2016Q1	8	0.56116	595						11211	N/A	HOSP-GEN		NV
29	2016Q1	1	0.88209	701						11305	220162	HOSP-ONC	M	MA
30	2016Q1	1	2.5127	1796	0.3658	0.398	0.020, 1		CC	10018	12345	HOSP-CHLD	U	GA
31	2016Q1	0	0.06107	36					CC_N	10018	12345	HOSP-CHLD	U	GA
32	2016Q1	0	0.15356	145					SCA	10018	12345	HOSP-CHLD	U	GA
33	2016Q1	0	0.07175	80					STEP	10018	12345	HOSP-CHLD	U	GA
34	2016Q1	1	0.07447	103					WARD	10018	12345	HOSP-CHLD	U	GA
35	2016Q1	0	8.10666	7697	0.0003		0, 0.370		WARD_ONC	10018	12345	HOSP-CHLD	U	GA
36	2016Q1	5	0.53151	311					CC_N	10312	222222222	HOSP-GEN		GA
37	2016Q1	8	0.56116	595					CC	11211	N/A	HOSP-GEN		NV
38	2016Q1	0	0.54155	480					CC_ONC	11305	220162	HOSP-ONC	M	MA
39	2016Q1	1	0.34054	221					WARD_ONC	11305	220162	HOSP-ONC	M	MA
40	2016Q1	0	0.36142	120					IN:ACUTE:CC:B	10018	12345	HOSP-CHLD	U	GA
41	2016Q1	1	0.01101	11					IN:ACUTE:CC:C	10018	12345	HOSP-CHLD	U	GA
42	2016Q1	0	1.91654	1500	0.1471		0, 1.563		IN:ACUTE:CC:M_PED	10018	12345	HOSP-CHLD	U	GA
43	2016Q1	0	0.03465	25					IN:ACUTE:CC:NURS	10018	12345	HOSP-CHLD	U	GA
44	2016Q1	0	0.22372	165					IN:ACUTE:CC:T	10018	12345	HOSP-CHLD	U	GA
45	2016Q1	0	0.02642	11					IN:ACUTE:CC_STEP:NURS	10018	12345	HOSP-CHLD	U	GA
46	2016Q1	0	0.15356	145					IN:ACUTE:SCA:DIAL	10018	12345	HOSP-CHLD	U	GA
47	2016Q1	0	0.07175	80					IN:ACUTE:STEP	10018	12345	HOSP-CHLD	U	GA

Facility Overall SIR

Facility Overall SIR by Location type

Facility Overall by CDC Location

Understanding the SIR Exports at Group Level

- Data SIR reports at Group levels will have multiple tables
 - For Procedures/SSIs:
 - Overall Group
 - Overall Group/Procedure Categories
 - Overall Facility
 - Overall Facility/Procedure Categories
 - If applicable: Data Excluded from the SIR/by Facility
 - For MDRO/CDI, the FACWIDEIN SIRs are presented by:
 - Overall Group
 - Overall Facility
 - If applicable: Data Excluded from the SIR/by Facility

Troubleshooting Data When a Single Facility is Missing from an Analysis Report

- Step 1: Confirm the facility is sharing ALL data defined on the Group's Define Rights Template
 - Facilities can limit the data they share with a Group although they have conferred rights to the Group
 - A Group does not have the same RIGHTS to facility data as the facility user
 - The facility has the option to limit data shared with Group by checking the NA box shown in the screen shot below. This is the facility's view of the Define Rights Template

MDRO/CDI Events
Includes Applicable Denominators and "No Events" Indicators

Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements	Your Locations	N/A
Both	January	2015	To		FACWIDE	FacWIDEIn			<input checked="" type="checkbox"/>

Specific Organism Type:

- ACINE - MDR-Acinetobacter
- CDIF - C. difficile
- CEPHRKLEB - CephR-Klebsiella
- CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)
- MRSA - MRSA
- MSSA - MSSA
- VRE - VRE

Event Type:
LABID - Laboratory-identified MDRO or CDI Event

Run the Membership Rights line list report to determine if any of the NA boxes are checked.

Analysis Reports-Group-level Data

Group-level Data

- Line Listing - Membership Rights
- Create Export File for CUSP - CLAB Rates for ICU/Other
- Export File for CUSP - SUTI Rates for ICU/Other-SCA

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	parentOrgID	name	objectname	objectA	objectModi	naFlag	locationTy	location	locCDC	procCode	setting	plans	monthFrom	yearFrom	monthT	
2	10297	10018	DHQP MEMORIAL HOSPITAL	Analyze												
3	10297	10018	DHQP MEMORIAL HOSPITAL	Plan	View											
4	10297	10018	DHQP MEMORIAL HOSPITAL	FacInfo	View	FacInfo-PS										
5	10297	10018	DHQP MEMORIAL HOSPITAL	Facility Survey Dat	View	FACSRV-PS						(ALL)			2015	
6	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	0	IN:ACUTE:WARD:M			IN		1	2015	
7	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	0009A	NONPTC:NA:LAB:CHEM			IN		1	2015	
8	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	00A	OUT:ACUTE:WARD			IN		1	2015	
9	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	00B-OBS	OUT:ACUTE:WARD			IN		1	2015	
10	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	3325	OUT:NONACUTE:CLINIC:DIAB			IN		1	2015	
11	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	1029-8	IN:ACUTE:CC:MS			IN		1	2015	
12	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TESTSLJ	IN:ACUTE:MIXED:ALL_ADULT			IN		1	2015	
13	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TREAT	IN:ACUTE:SUPPORT:TREAT			IN		1	2015	
14	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TTLWT57	OUT:ACUTE:WARD			IN		1	2015	
15	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	WBL1	IN:ACUTE:WARD:NURS			IN		1	2015	
16	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	WTWLR6	IN:ACUTE:MIXED:ALL_ADULT			IN		1	2015	
17	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	T12345	OUT:NONACUTE:MOBILE			IN		1	2015	
18	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TEST	IN:ACUTE:WARD:M			IN		1	2015	
19	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TEST 1	IN:ACUTE:MIXED:ALL_ADULT			IN		1	2015	
20	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TEST 123	IN:ACUTE:MIXED:ALL_ADULT			IN		1	2015	
21	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TEST1234	IN:ACUTE:WARD:VS			IN		1	2015	
22	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	TESTREH	IN:ACUTE:WARD:REHAB			IN		1	2015	
23	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	SCOTT BH	IN:ACUTE:WARD:BHV			IN		1	2015	
24	10297	10018	DHQP MEMORIAL HOSPITAL	CL assoc BSI Event	View		(ALL)	SICU	IN:ACUTE:CC:S			IN		1	2015	

IMPORTANT FEATURE: Will indicate what data elements are not being shared with the Group

Facility 10018 is sharing the ff locations with Group 10297

0 IN:ACUTE:WARD:M

0009A NONPTC:NA:LAB:CHEM

00A OUT:ACUTE:WARD

00B-OBS OUT:ACUTE:WARD

3325 OUT:NONACUTE:CLINIC:DIAB

1029-8 IN:ACUTE:CC:MS

TESTSLJ IN:ACUTE:MIXED:ALL_ADULT

TREAT IN:ACUTE:SUPPORT:TREAT

TTLWT57 OUT:ACUTE:WARD

WBL1 IN:ACUTE:WARD:NURS

WTWLR6 IN:ACUTE:MIXED:ALL_ADULT

T12345 OUT:NONACUTE:MOBILE

TEST IN:ACUTE:WARD:M

TEST 1 IN:ACUTE:MIXED:ALL_ADULT

TEST 123 IN:ACUTE:MIXED:ALL_ADULT

TEST1234 IN:ACUTE:WARD:VS

TESTREH IN:ACUTE:WARD:REHAB

SCOTT BH IN:ACUTE:WARD:BHV

SICU IN:ACUTE:CC:S

Troubleshooting Data When a Single Facility is Missing from an Analysis Report

- Step 2: Confirm data is included on monthly reporting plan, if running analysis reports on in-plan data
 - Use the Plan Data Line List
- Step 3: If a location specific report, confirm locations are mapped accordingly or if the facility has such locations

Infections and other Events (Not specific to MDRO/CDI)
Includes Applicable Denominators and "No Events" Indicators

Plan	Month	Year	Month	Year	Event	N/A
In	January	2015	To		BSI - Bloodstream Infection (CLA)	<input type="checkbox"/>
	Location type: (ALL)		Location: (ALL)		Other Location Requirements:	Your Locations 239 selected
In	January	2015	To		UTI - Urinary Tract Infection (Cath)	<input type="checkbox"/>
	Location type: (ALL)		Location: (ALL)		Other Location Requirements:	Your Locations 240 selected

Facilities can select the locations they choose to share with Groups, regardless of what is requested on the Group's Define Rights Template. In this example, the Group requested ALL locations, the facility is sharing 239

- Step 4: Confirm there are no Alerts of missing data for a particular month(s)
 - Participation Alerts Line List

Notes: The use of these steps are specific to the type of issue you encounter as a Group user. Steps can be used out of order

CLABSI/CAUTI

Prachi Patel, MPH

NHSN Analysis Reports

- Click on 'Analysis Reports' under the Analysis tab to see all available reports in NHSN
- The highlighted reports on the right are the most commonly used and basic report types

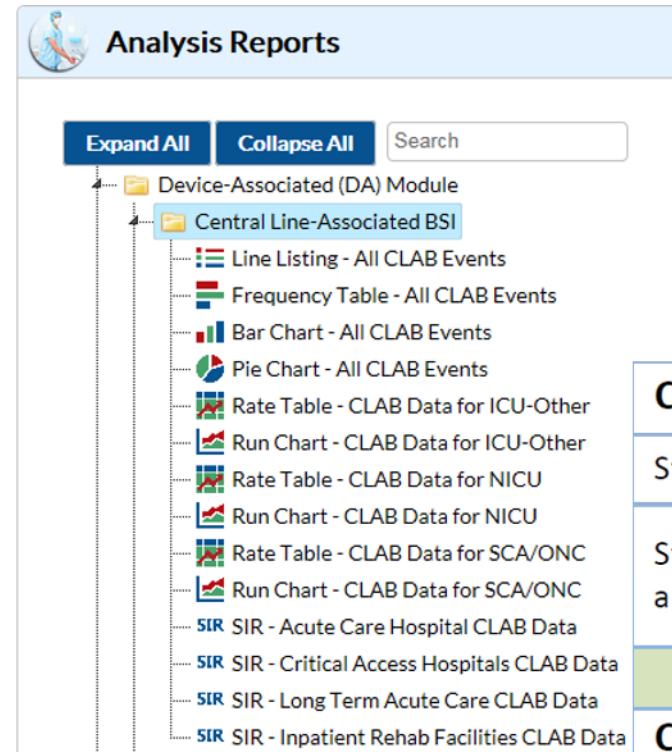
Analysis Reports

Expand All Collapse All Search

- Device-Associated (DA) Module
- Procedure-Associated (PA) Module
- HAI Antimicrobial Resistance (DA+PA Modules)
- Antimicrobial Use and Resistance Module
- MDRO/CDI Module - LABID Event Reporting
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - Process Measures
- MDRO/CDI Module - Outcome Measures
- CMS Reports
- TAP Reports
- Baseline Set 1
- Advanced
- My Custom Reports
- Published Reports

NHSN Analysis Reports : CLABSI Report

- Standard list of all report types
 - Line List
 - Frequency Table
 - Bar/Pie Chart
 - Rate Table/Run Chart
 - SIR Report
- The Device Associated (DA) Module reports will contain data from ALL locations that have DA data



CLABSI

Start Q1 2011 - a dult, pediatric, and neonatal ICUs

Start Q1 2015 - a dult and pediatric medical, surgical, and medical/surgical wards

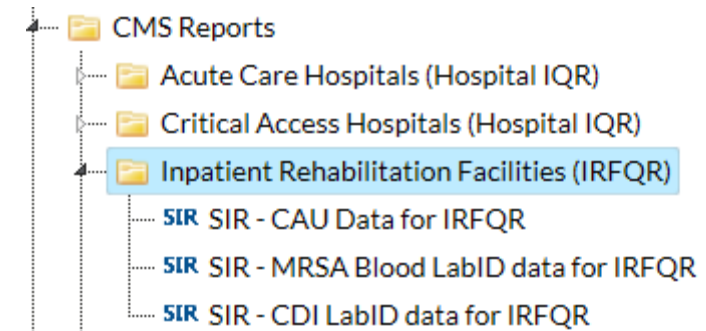
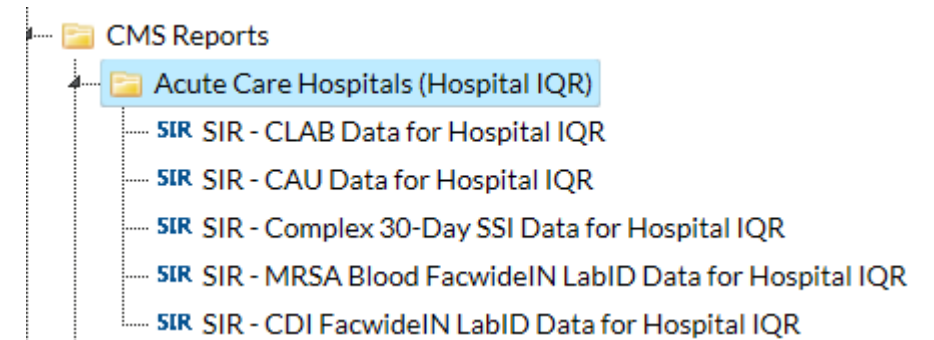
CAUTI

Start Q1 2012 - a dult and pediatric ICUs

Start Q1 2015 - a dult and pediatric medical, surgical, and medical/surgical wards

NHSN Analysis Reports : Hospital IQR Report

- Hospital IQR Reports
 - Will only contain data from locations that are required to be reported
 - Important for checking facility data before quarterly deadlines
- IRF IQR Reports
 - Will contain IRF data for quarterly deadlines
- LTCH IQR Reports



Standardized Infection Ratio (SIR)

- 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:

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

- 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

Modifying Analysis Reports : CLABSI SIR Report

- Allows for selection of a specific time period for your report
- Select a date variable from the “Date Variable” drop down menu and specify the beginning and ending date for the desired time period
- If the “Ending” date is left blank, the results will include all data from the beginning time period and forward

Modify “SIR – Acute Care Hospital CLAB Data”

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

Analysis Data Set: bs2_CLAB_RatesICU Type: SIR Data Set Generated On: 02/23/2017 12:20:00

Title/Format

Time Period

Filters

Display Options

Time Period:

Date Variable

Beginning

Ending



⌘ Clear Time Period

Enter Date variable/Time period at the time you click the Run button

Modifying Analysis Reports : CLABSI SIR Report

- Add Group vs. Add Rule
- Resulting in a SIR table with data if the BSI Plan is Yes and the location type is CC or if the location type is CC_N

Modify "SIR - Acute Care Hospital CLAB Data"

Show descriptive variable names (Print List)

Analysis Data Set: bs2_CLAB_RatesICU Type: SIR Data Set Generated On: 02/23/2017 12:20:00

Title/Format Time Period **Filters** Display

Additional Filters:

AND OR

AND OR

bsiPlan equal Y

locationType equal CC - CC

AND OR

locationType equal CC_N - CC_N

In this example, each Group is separated by "OR" and each rule within a group is connected by "AND". This report will select events and denominator data if the BSI Plan is Yes and the location type is CC or if the location type is CC_N.

Various operators can be selected to modify the output.

Operator	Meaning
=	Equal to
>	Greater than
>=	Greater than or equal to
<	Less than
<=	Less than or equal to
!=	Not equal to
In	In a set of defined values
-In	Not in a set of defined values
Between	Within a range of defined values

Interpreting your SIR Report

National Healthcare Safety Network

SIR for Central Line-Associated BSI Data for Acute Care Hospitals (2015 baseline) - By OrgID

As of: March 10, 2017 at 9:58 AM

Date Range: BS2_CLAB_RATE\$ALL summaryYr 2015 to 2015

orgID=10000 CCN=32M22222 medType=M

orgID	summaryYQ	infCount	numPred	numclays	SIR	SIR_pval	sir95ci
10000	2015Q1	4	1.903	1917	2.102	0.1701	0.668, 5.070
10000	2015Q2	4	2.310	2018	1.731	0.2878	0.550, 4.176
10000	2015Q3	0	0.026	32	.	.	
10000	2015Q4	0	0.042	49	.	.	

1. This report includes non-MBI CLABSI data from acute care hospitals for 2015 and forward.
2. The SIR is only calculated if the number predicted (numPred) is ≥ 1 . Lower bound of 95% Confidence Interval only calculated when number of observed events > 0 .
3. The number of predicted events 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.
4. If the risk factor data are missing, the record will be excluded from the SIR.

Source of aggregate data: 2015 NHSN CLABSI Data

Data contained in this report were last generated on February 23, 2017 at 12:20 PM.

Standardized Infection Ratio (SIR)

- The standardized infection ratio (SIR) is a summary measure used to track HAIs at a national, state, or local level over time.
- SIR compares the observed number of HAIs reported to what would be predicted, given the standard population.

National Healthcare Safety Network

SIR for Central Line-Associated BSI Data for Acute Care Hospitals (2015 baseline) - By OrgID

As of February 16, 2017 at 2:00 PM

Date Range: All BS2_CLAB_RATESALL

Facility Org ID=10000 CMS Certification Number=12345 Type of Affiliation=''

Org ID	Events	Number Predicted	Central Line Days	SIR	SIR p-value	95% Confidence Interval
10000	30	30.003	49032	0.999	0.1587	0.749, 3.841

TAP Reports and the TAP Dashboard

Rashad Arcement, MSPH

Cumulative Attributable Difference (CAD)

- CAD is a measure that shows difference between the number of observed infections and 'predicted infections multiplied by a SIR goal' in a defined period.

$$\text{CAD} = \text{Observed \# HAIs} - (\text{Predicted \# HAIs} \times \text{SIR goal})$$

- SIR goal represents an HAI Reduction Goal.
 - Therefore, should always be less than 1.
- Unlike SIR, CAD is calculated even if the predicted number of events is less than 1.

CAD and the HAI Reduction Goal

- **CAD = Observed – (Predicted X SIR_{goal})**
- SIR goal represents an “HAI Reduction Goal”
- HHS Action Plan Goals for 2020: <https://health.gov/hcq/prevent-hai-measures.asp>
 - HHS 50% reduction goal for CLABSI → SIR = 0.50

Facility A: Observed=30, Predicted=30, SIR=1.0 in 2016

HHS Reduction Goal (Reduction in Reported)	SIR	CAD Formula Observed – (Predicted X SIR goal)	CAD
0%	1.0	30 – (30 X 1.0)	0
50% HHS Reduction Goal	0.50	30 – (30 X 0.50)	15
75%	0.25	30 – (30 X 0.25)	22.5

TAP Reports

- The TAP Reports for All HAI Types utilize 2015 baseline data.
- Analyze all data dated from January 2015 forward.
- Data from earlier time periods (before Jan 2015) must be analyzed using the originals baseline models.

NHSN Home
Reporting Plan ▶
Event ▶
Procedure ▶
Summary Data ▶
Surveys ▶
Analysis ▶
Users ▶
Group ▶
Tools ▶
Logout

Analysis Reports

Expand All Collapse All Search

- Device-Associated (DA) Module
- Procedure-Associated (PA) Module
- HAI Antimicrobial Resistance (DA+PA Modules)
- Antimicrobial Use and Resistance Module
- MDRO/CDI Module - LABID Event Reporting
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - Process Measures
- MDRO/CDI Module - Outcome Measures
- CMS Reports
- TAP Reports
 - Acute Care Hospitals (ACHs)
 - TAP TAP Report - ACH and CAH CLAB Data ←
 - TAP TAP Report - ACH and CAH CAU Data ←
 - TAP TAP Report - ACH and CAH FACWIDEIN CDI LabID Data ←
 - Long Term Acute Care Hospitals (LTACs)
 - TAP TAP Report - LTAC CLAB Data ←
 - TAP TAP Report - LTAC CAU Data ←
 - TAP TAP Report - LTAC FACWIDEIN CDI LabID data ←
 - Inpatient Rehabilitation Facilities (IRFs)
 - TAP TAP Report - IRF CAU Data ←
 - TAP TAP Report - IRF CDI LabID Data ←
- Baseline Set 1
- Advanced
- My Custom Reports

CLABSI
CAUTI
CDI LabID

Example TAP Report Outputs For Group Users

Table 1 – Totals for all Facilities in Group

National Healthcare Safety Network

TAP Report for CLABSI Data for Acute Care and Critical Access Hospitals (2015 Baseline)

Totals for all Facilities in Group

SIR Goal: HHS Goal = 0.5

A TAP Report is the first step in the CDC TAP Strategy. For more informatin on the TAP Strategy, please visit: <http://www.cdc.gov/hai/prevent/tap.html>

As of February 16, 2017 at 2:00 PM

Date Range: BS2_CLAB_TAP summaryYr2016 to 2016

Group CAD

Number of Facilities	Number of Beds	Location (LC)	Events (LC)	Device Days (LC)	DUR % (LC)	CAD (LC)	SIR (LC)	SIR Test	ICU No. Pathogens (CNS,YS,SA,ES,KS,EC)	NICU No. Pathogens (CNS,YS,SA,ES,KS,EC)	Ward+ No. Pathogens (CNS,YS,SA,ES,KS,EC)
10	2,420	87 (15, 6, 66)	44 (17, 0, 27)	60186 (20966, 569, 38651)	17 (45, 7, 13)	19 (7.5, -0.3, 11.8)	0.9 (0.9, ., 0.9)		19 (2, 8, 0, 2, 1, 0)	0 (0, 0, 0, 0, 0, 0)	28 (4, 8, 4, 1, 2, 1)

1. This report includes CLABSI data for 2015 and forward. Following the 2015 rebaseline, Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infections (MBI-LCBI) are excluded from CLABSI rates, SIRs and TAP reports.

2. If location-level CADs are the same in a given facility, their ranks are tied.

3. (CNS,YS,SA,ES,KS,EC) = No. of CNS, Yeast (both candida and non-candida species), Staph aureus, Enterococcus species, K. pneumoniae/K. oxytoca, E. coli

4. SIR is set to '.' when predicted number of events is <1.0.

5. LOCATION CAD = (OBSERVED_LOCATION - PREDICTED_LOCATION* SELECTED SIR Goal)

6. SIR TEST = 'SIG' means SIR > SIR Goal significantly

Source of aggregate data: 2015 NHSN CLABSI Data

Data contained in this report were last generated on February 14, 2017 at 10:57 AM.

Example TAP Report Outputs For Group Users

- Location Category, abbreviated as (LC), gives a breakdown of the different types of locations contributing to the total in the following order: ICU, NICU, Ward+

Number of Facilities	Number of Beds	Location (LC)	Events (LC)	Device Days (LC)	DUR % (LC)
10	2,420	87 (15, 6, 66)	44 (17, 0, 27)	60186 (20966, 569, 38651)	17 (45, 7, 13)

CAD (LC)	SIR (LC)	SIR Test	ICU No. Pathogens (CNS,YS,SA,ES,KS,EC)	NICU No. Pathogens (CNS,YS,SA,ES,KS,EC)	Ward+ No. Pathogens (CNS,YS,SA,ES,KS,EC)
19 (7.5, -0.3, 11.8)	0.9 (0.9, .., 0.9)		19 (2, 8, 0, 2, 1, 0)	0 (0, 0, 0, 0, 0, 0)	28 (4, 8, 4, 1, 2, 1)

- For CAUTI, there are only 2 Location Categories: ICU, Ward+.

Example TAP Report Outputs For Group Users

Number of Facilities	Number of Beds	Location (LC)	Events (LC)	Device Days (LC)	DUR % (LC)
10	2,420	87 (15, 6, 66)	44 (17, 0, 27)	60186 (20966, 569, 38651)	17 (45, 7, 13)

CAD (LC)	SIR (LC)	SIR Test	ICU No. Pathogens (CNS,YS,SA,ES,KS,EC)	NICU No. Pathogens (CNS,YS,SA,ES,KS,EC)	Ward+ No. Pathogens (CNS,YS,SA,ES,KS,EC)
19 (7.5, -0.3, 11.8)	0.9 (0.9, ., 0.9)		19 (2, 8, 0, 2, 1, 0)	0 (0, 0, 0, 0, 0, 0)	28 (4, 8, 4, 1, 2, 1)

- Number of common pathogens identified for each location.
- Pathogen list can be found in the footnotes.
- The Pathogen columns for each location category are in the same order as they are listed in parenthesis for the preceding columns.

Example TAP Report Outputs For Group Users

Table 2 – Facilities Within the Group Ranked by CAD

National Healthcare Safety Network

TAP Report for CLABSI Data for Acute Care and Critical Access Hospitals (2015 Baseline)

Facilities within the Group Ranked by CAD

SIR Goal: HHS Goal = 0.5

Facility Rank

Facility CAD

A TAP Report is the first step in the CDC TAP Strategy. For more information on the TAP Strategy, please visit: <http://www.cdc.gov/hai/prevent/tap.html>

As of February 16, 2017 at 2:00 PM

Date Range: BS2_CLAB_TAP summary, 1/1/2016 to 2016

facRank	orgID	name	state	medType	numBeds	numLoc	numEvent	facDDays	facDUR	facCADloctype	facSIR	SIRtest
1	10000	DHQP Memorial Hospital	GA		677	27 (8, 0, 19)	157 (77, 0, 80)	112962 (54877, 0, 58085)	27 (71, ., 17)	100 (47.2, 0, 52.8)	1.4 (1.3, ., 1.5)	SIG
2	10401	DHQP Memorial Annex	GA	M	886	31 (7, 1, 23)	123 (57, 4, 62)	99541 (38931, 6884, 53726)	20 (44, 28, 14)	69.1 (32.6, -0.3, 36.9)	1.1 (1.2, 0.5, 1.2)	
3	10587	Dudeck Regional Life Center	IL	M	1,044	40 (7, 1, 32)	115 (27, 11, 77)	105785 (32839, 5901, 67045)	20 (59, 23, 15)	60.4 (8.4, 6.7, 45.2)	1.1 (0.7, 1.3, 1.2)	
4	90001	CDC Health Hospital	GA		357	20 (4, 1, 15)	61 (22, 4, 35)	22527 (6017, 1765, 14745)	16 (38, 15, 13)	49.3 (18.8, 2.6, 27.9)	2.6 (3.4, 1.4, 2.5)	SIG
5	10018	Weiner Center of Medicine	CA		535	20 (3, 1, 16)	53 (22, 2, 29)	20574 (5614, 725, 14235)	10 (36, 8, 8)	42.6 (18.9, 1.4, 22.3)	2.6 (3.5, 1.7, 2.2)	SIG
6	10297	Arcement Medical Center	LA		361	19 (3, 0, 16)	55 (20, 0, 35)	25796 (8169, 0, 17627)	15 (40, ., 12)	42.1 (15.4, 0, 26.7)	2.1 (2.2, ., 2.1)	SIG
7	10064	Falcon Memorial Hospital	GA		457	19 (4, 0, 15)	79 (18, 0, 61)	75493 (28370, 0, 47123)	31 (57, ., 24)	40.3 (2, 0, 38.3)	1 (0.6, ., 1.3)	
8	10957	All Saints Medical	LA		281	9 (2, 0, 7)	47 (9, 0, 38)	16691 (5102, 0, 11589)	14 (40, ., 11)	40.2 (6.7, 0, 33.4)	3.4 (2, ., 4.1)	SIG
9	10962	Louisiana Hospital of Texas	TX		595	20 (5, 1, 14)	62 (13, 2, 47)	40057 (14574, 3750, 21733)	19 (40, 21, 14)	40.2 (4.8, -1.3, 36.7)	1.4 (0.8, 0.3, 2.3)	SIG
10	88888	Georgia Hospital of Louisiana	LA	G	355	24 (5, 1, 18)	47 (12, 6, 29)	16936 (7952, 638, 8346)	11 (27, 7, 7)	38 (7.5, 5.4, 25.1)	2.6 (1.3, 5.1, 3.7)	SIG

1. This report includes CLABSI data for 2015 and forward. Following the 2015 rebaseline, Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infections (MBI-LCBI) are excluded from CLABSI rates, SIRs and TAP reports.

2. If location-level CADs are the same in a given facility, their ranks are tied.

3. (CNS,YS,SA,ES,KS,EC) = No. of CNS, Yeast (both candida and non-candida species), Staph aureus, Enterococcus species, K. pneumoniae/K. oxytoca, E. coli

4. SIR is set to '.' when predicted number of events is <1.0.

5. LOCATION CAD = (OBSERVED_LOCATION - PREDICTED_LOCATION) * SELECTED SIR Goal)

6. SIR TEST = 'SIG' means SIR > SIR Goal significantly

Source of aggregate data: 2015 NHSN CLABSI Data

Data contained in this report were last generated on January 19, 2017 at 12:17 PM.

Example TAP Report Outputs For Group Users

TABLE 3 – Locations Ranked by CAD Within a Facility

National Healthcare Safety Network
TAP Report for CLABSI Data for Acute Care and Critical Access Hospitals (2015 Baseline)
Locations Ranked by CAD Within a Facility
SIR Goal: HHS Goal = 0.5

A TAP Report is the first step in the CDC TAP Strategy. For more informatin on the TAP Strategy, please visit: <http://www.cdc.gov/hai/prevent/tap.html>
 As of February 16, 2017 at 2:00 PM
 Date Range: BS2_CLAB_TAP summaryYr2016 to 2016

FACILITY			LOCATION										
Facility Rank	Facility Org ID	Facility Name	Facility CAD	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	SIR Test	No. Pathogens (CNS,YS,SA,ES,KS,EC)
1	10000	DHQP Memorial Hospital	6.35		OP WARD	OUT:ACUTE:WARD	0	56	
				1	STEP1	IN:ACUTE:STEP	3	1120	11	2.41	2.6	3 (1, 1, 0, 0, 0, 0)	
				2	2W	IN:ACUTE:WARD:M	2	1312	22	1.39	1.6	2 (0, 0, 0, 0, 0, 0)	
				3	ICU	IN:ACUTE:CC:MS	4	5073	54	1.33	0.8	4 (0, 2, 0, 2, 0, 0)	
				4	STEP2	IN:ACUTE:STEP	2	2105	21	0.89	0.9	2 (0, 1, 1, 0, 0, 0)	
				5	1E	IN:ACUTE:WARD:MS	1	402	9	0.81	.	1 (1, 0, 0, 0, 0, 0)	
				6	2E	IN:ACUTE:WARD:PP	0	4	0	0	.		
				7	1W	IN:ACUTE:WARD:M	0	28	2	-0.01	.		
				8	TELE	IN:ACUTE:WARD:TEL	0	457	7	-0.21	.		
2	10401	DHQP Memorial Annex	5.35	1	ICU	IN:ACUTE:CC:MS	3	2181	53	2.06	1.6	3 (1, 1, 0, 0, 0, 0)	
				2	2 West	IN:ACUTE:WARD:TEL	2	654	6	1.75	.	2 (0, 0, 1, 0, 0, 1)	
				3	6 West	IN:ACUTE:WARD:N	1	382	7	0.85	.	1 (0, 0, 0, 0, 1, 0)	
				4	ICU4	IN:ACUTE:CC:MS	2	2692	60	0.84	0.9	2 (0, 1, 0, 0, 0, 0)	
				5	ICU3	IN:ACUTE:CC:M	1	496	6	0.81	.	1 (0, 1, 0, 0, 0, 0)	
				6	7 East	IN:ACUTE:WARD:S	1	1169	14	0.55	.	1 (0, 0, 0, 0, 1, 0)	
				7	5 West	IN:ACUTE:WARD:M	1	2194	21	0.16	0.6	1 (0, 0, 0, 0, 0, 0)	

Facility CAD

Location Rank and Location

A Few Reminders About TAP Reports in NHSN

- Acute care hospital TAP reports include data from critical access hospitals
 - Use the “Modify Report” option to select facility type
- TAP reports will show CLABSI + CAUTI data from all locations
- Groups will see three tables in their TAP Reports:
 - 1. Overall cumulative CAD for the Group
 - 2. Facility rankings within the Group
 - 3. Location rankings within each facility (CLABSI + CAUTI)
- *Make sure your Group has requested access to annual survey data on the Define Rights template*
- ***Groups will not have a TAP Dashboard***

TAP Dashboard


- Available to Facility Users
- Facilities will see TAP report data on NHSN home screen
 - Data auto-populated after signing into NHSN
 - CADs generated using HHS Action Plan Goals for 2020
 - Users can generate new analysis datasets directly from the TAP dashboard
- Encourage facilities to be proactive and hands-on with their data

NHSN Patient Safety Component Home Page



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**

- ▶ **TAP Strategy Dashboard**
- ▼ **Action Items**

COMPLETE THESE ITEMS

ALERTS

22 Missing Summary Items	2 Missing Procedures
------------------------------------	--------------------------------

TAP Dashboard provides a “snapshot” of the first step of the TAP Strategy, the TAP Report.

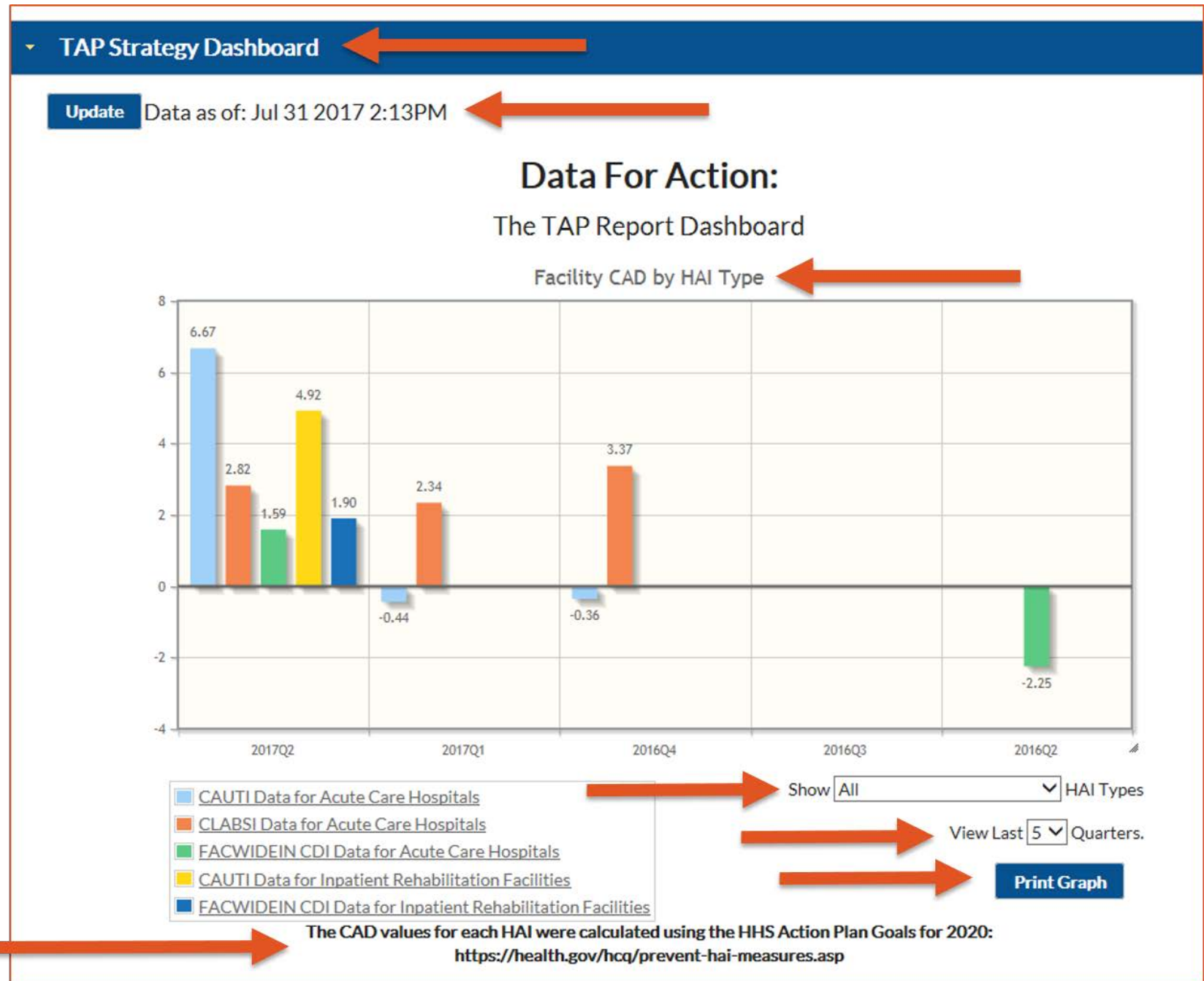
Action Items

Dashboard

- Dataset generation
- Bar graph showing facility-level CADs for each HAI type and can be altered by:
 - HAI Type
 - Quarter
- Display and print options
- CADs use 2020 HHS Action Plan Goals

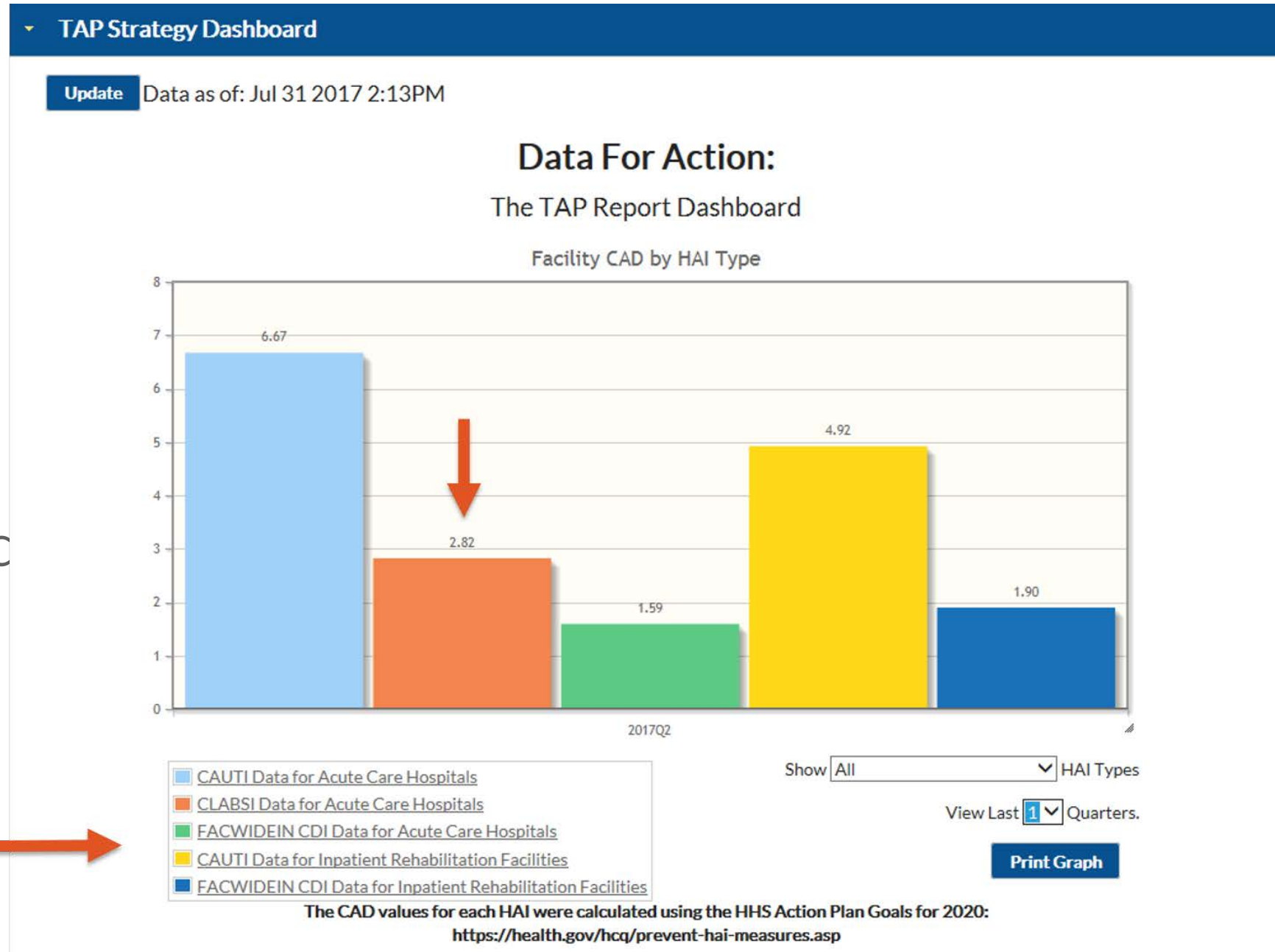
2020 HHS Action Plan:

<https://health.gov/hcq/prevent-hai-measures.asp>



Dashboard

- Select HAI type in the legend to see a detailed location level graph and table.
 - CAUTI for ACH
 - CLABSI for ACH
 - FacWideIN CDI for AC
 - CAUTI for Rehab Location
 - FacWideIN CDI for Rehab Location



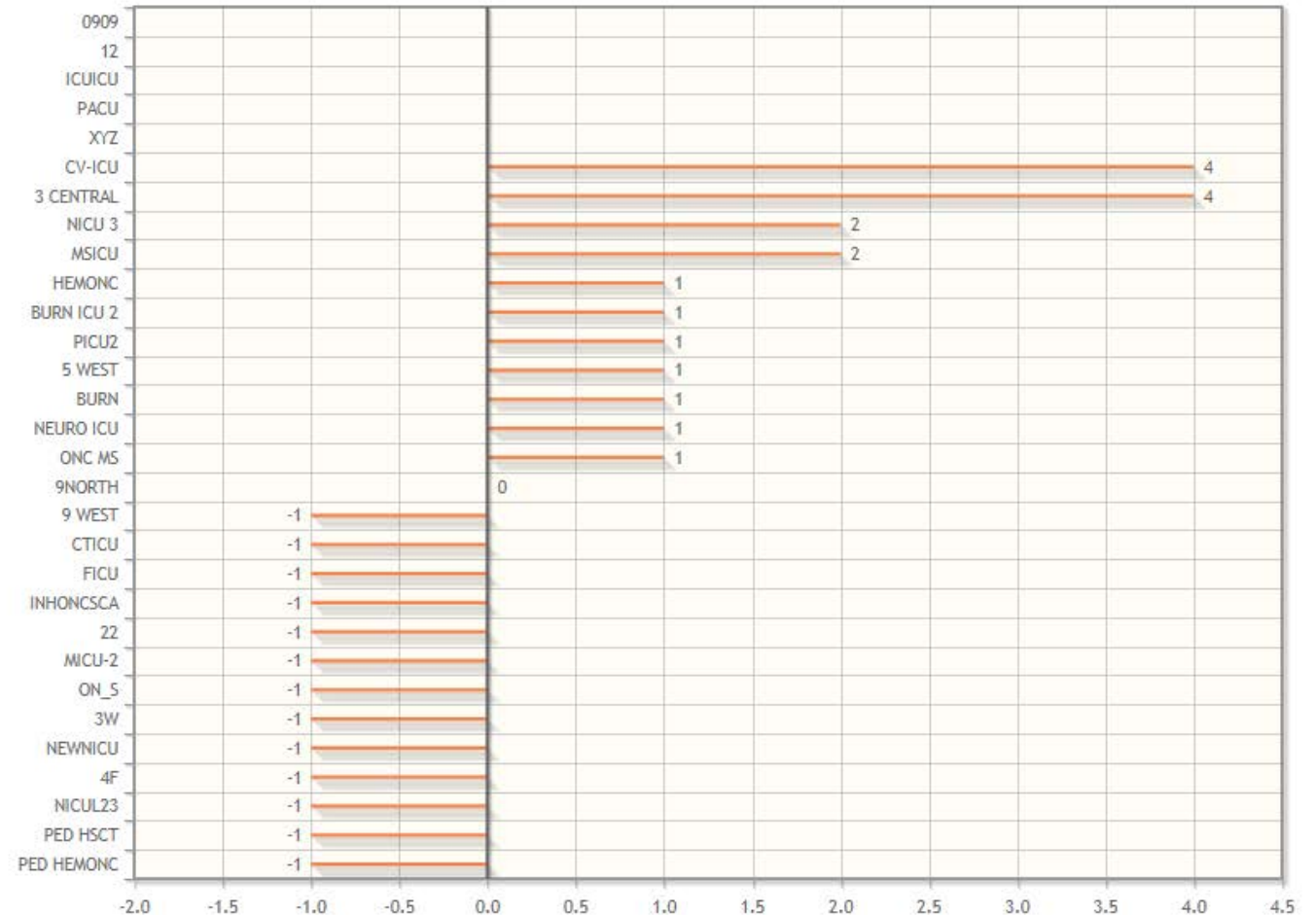
TAP Dashboard Detail View

- Number of Infections to Prevent to reach SIR goal.
 - CAD rounded to the next whole number
- CAD Interpretation:
 - Positive CAD = excess infections
 - Negative CAD = fewer infections than what would be predicted

TAP Dashboard Detail

CLABSI Data for Acute Care Hospitals

Number of Infections to Prevent to Reach SIR Goal



TAP Dashboard Detail View

- Location ranking table under the graph (CAUTI and CLABSI)

Location Rank	Location	Location Type	Infection Count	Location CAD	Organisms
1	CV-ICU	WARD+	4	3.96	4 (0, 1, 0, 0, 0, 1)
2	3 CENTRAL	WARD+	4	3.85	9 (0, 1, 0, 3, 0, 0)
3	NICU 3	NICU	2	1.92	3 (0, 1, 0, 0, 0, 0)
4	MSICU	ICU	2	1.78	3 (0, 2, 0, 0, 0, 0)
5	HEMONC	WARD+	1	0.99	1 (0, 0, 0, 0, 0, 0)
6	BURN ICU 2	ICU	1	0.98	1 (0, 1, 0, 0, 0, 0)
7	PICU2	ICU	1	0.93	1 (0, 0, 0, 1, 0, 0)
8	5 WEST	WARD+	1	0.92	2 (0, 0, 0, 0, 0, 0)
9	BURN	ICU	1	0.74	1 (0, 0, 0, 0, 0, 0)
10	NEURO ICU	ICU	1	0.73	1 (0, 1, 0, 0, 0, 0)
11	ONC MS	WARD+	1	0.46	3 (0, 0, 0, 1, 0, 0)
12	9NORTH	WARD+	0	0	
13	9 WEST	WARD+	0	-0.01	
13	CTICU	ICU	0	-0.01	
13	FICU	ICU	0	-0.01	

Page 1 of 2 30 record(s) found

Visualization are a summary year depiction of the available data. For further analysis, use the [Analysis TAP Reports](#).

- Direct link TAP Reports in the Analysis Reports section of NHSN

TAP Dashboard Detail View

- Direct link to the Analysis Reports folder to run and modify TAP Reports

The screenshot displays the 'Analysis Reports' interface. At the top, there are buttons for 'Expand All' and 'Collapse All', and a search box. Below this, a tree view shows the following structure:

- TAP Reports
 - Acute Care Hospitals (ACHs)
 - TAP TAP Report - ACH and CAH CLAB Data (highlighted in blue)
 - TAP TAP Report - ACH and CAH CAU Data
 - TAP TAP Report - ACH and CAH FACWIDEIN CDI LabID Data
 - Long Term Acute Care Hospitals (LTACs)
 - TAP TAP Report - LTAC CLAB Data
 - TAP TAP Report - LTAC CAU Data
 - TAP TAP Report - LTAC FACWIDEIN CDI LabID data
 - Inpatient Rehabilitation Facilities (IRFs)
 - TAP TAP Report - IRF CAU Data
 - TAP TAP Report - IRF CDI LabID Data

Colored arrows point from the legend on the right to the corresponding report items: a green arrow points to the highlighted 'ACH and CAH CLAB Data' item, a purple arrow points to 'ACH and CAH CAU Data', and an orange arrow points to 'ACH and CAH FACWIDEIN CDI LabID Data'. Similar arrows are present for the LTAC and IRF categories. A 'Close' button is located at the bottom right of the panel.

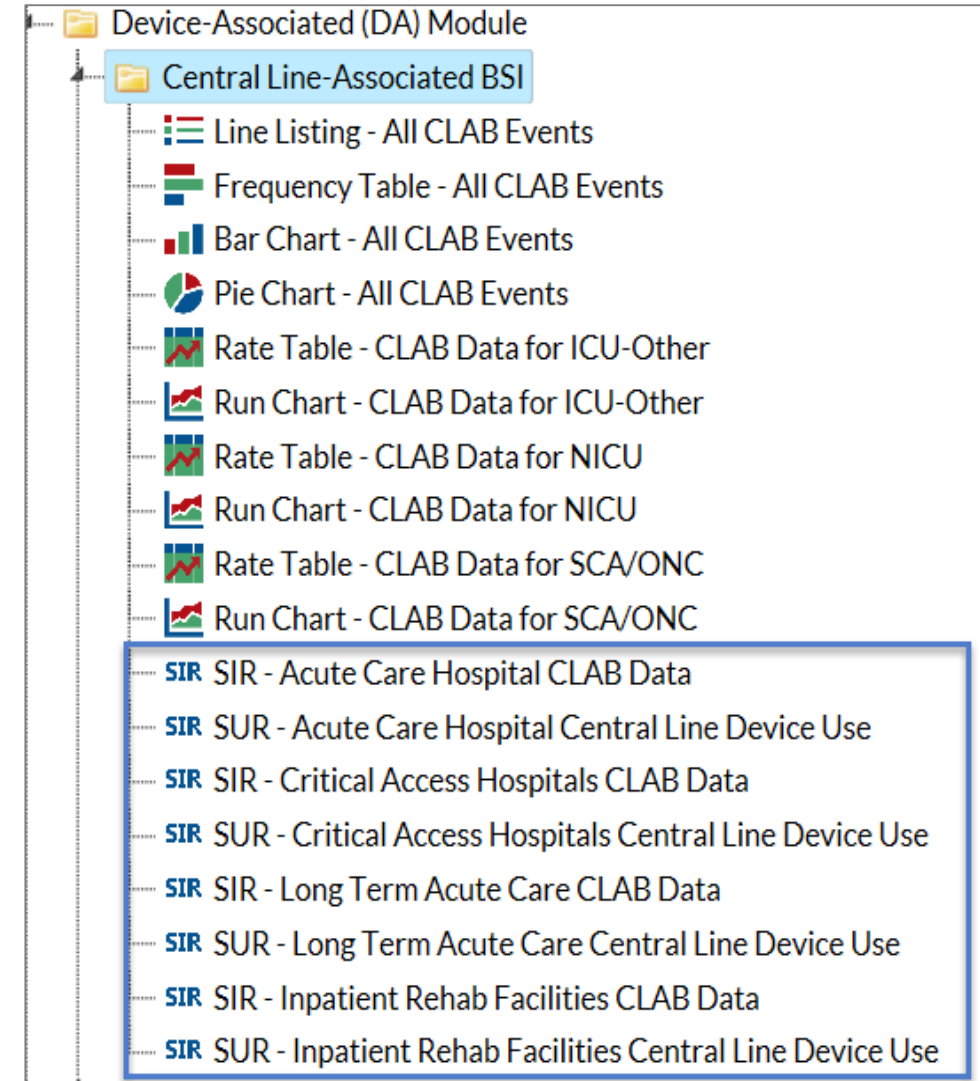
CLABSI
CAUTI
CDI LabID

Helpful Tips

Selecting Analysis Reports: Acute Care Hospitals

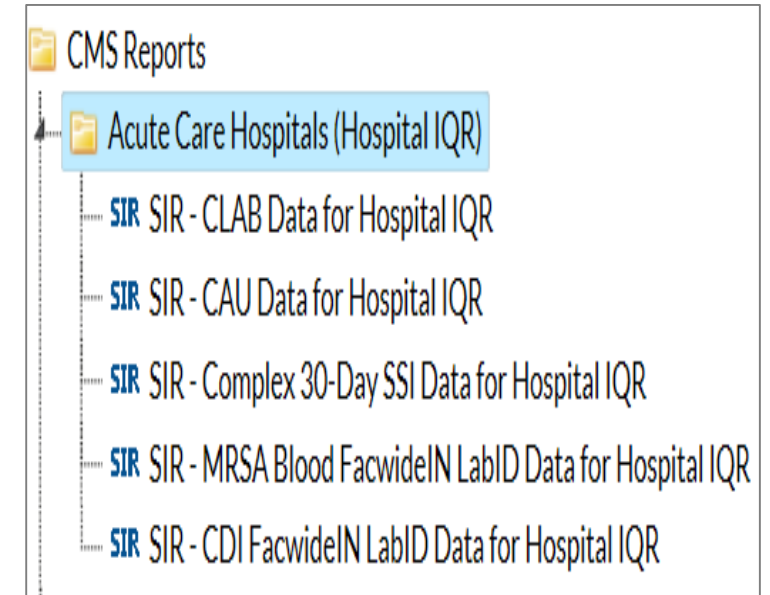
Helpful Tips-Device Associated Models

- The CLABSI, CAUTI, and VAE data in the reports indicated by the blue outline in the screen shot are inclusive of data reported from all eligible locations within hospitals.
 - These data are also stratified by location type (critical care units, neonatal critical care units, and inpatient wards as appropriate)
 - Used in the National and State HAI Data Report



Helpful Tips-Device Associated Models

- The CMS reports include a subset of the locations included in the 'general' reports (that are inplan)
 - They include only the CMS reportable locations
 - All ICU locations
 - 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



NOTE: Your State reporting mandates may be different from the CMS reporting mandates

Helpful Tips-Surgical Site Infections

All SSI SIR Data Report	Complex Admission/Readmission SSI SIR Data SIR Data Report	Complex 30-day SSI SIR Data Data Report
<ul style="list-style-type: none"> • All Inclusive SSI SIR report. Includes all procedure categories • Includes inpatient procedures ONLY 	<ul style="list-style-type: none"> • Subset of All SSI SIR report with focus on complex SSIs detected upon admission and readmission to the same facility at which procedure was performed. • Includes all procedure categories • Includes inpatient procedures ONLY 	<ul style="list-style-type: none"> • Subset of the All SSI SIR report with focus on complex SSIs, regardless of of detection method in COLO and HYST procedures procedures • In-plan, inpatient COLO and and HYST procedures in adults 18 years and older
<ul style="list-style-type: none"> • Often used by facilities to estimate estimate overall SSI burden within within their facility over time 	<ul style="list-style-type: none"> • Used by CDC for the annual National and State HAI Data Report-due to the inclusion inclusion criteria, reporting bias of SSI events is limited 	<ul style="list-style-type: none"> • For CMS reporting and verification

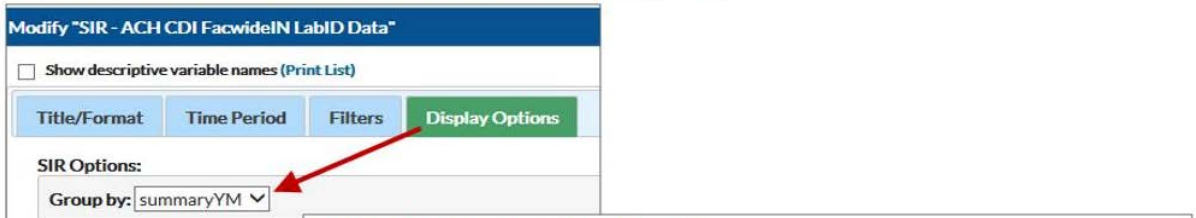
Helpful Tips-Surgical Site Infections

	All SSI Model-Adult	Complex AR SSI Model-Adult	All SSI Model-Pediatric	Complex AR SSI Model-Pediatric	Complex 30-Day Model
Included in model: Under 2015 Baseline					
All NHSN procedure categories	X	X	X	X	COLO and HYST
Procedures in patients <18 years			X	X	
Procedures in patients >=18 years	X	X			X
Inpatient procedures	X	X	X	X	X
Superficial incisional primary (SIP) SSIs	X		X		
Deep incisional primary (DIP) SSIs	X	X	X	X	X
Organ/space (O/S) SSIs	X	X	X	X	X
DIP and O/S SSIs identified > 30 days after procedure (per protocol)	X	X	X	X	
SSIs detected on current admission (A)	X	X	X	X	X
SSIs detected on follow-up admission to the same facility (RF)	X	X	X	X	X
SSI detected on follow-up admission to different facility (RO)	X		X		X
SSIs detected through post-discharge surveillance efforts (P)	X		X		X

Helpful Tips-MDRO LabID

- CMS and non CMS SIR reports function similarly
 - Difference is that CMS SIR reports include in-plan data only
 - Used in the National and State HAI Data Report
- SIR analyzed at FacWIDEIn
- SIR Generated quarterly or higher
 - If you generate monthly SIR for a completed quarter, the numPred, SIR, P-value, and 95% CI will Not be calculated
- ED/OBS Events excluded from the numerator of the SIR

Adjust "Group by" to Summary_{YM}?



National Healthcare Safety Network
SIR for CDI FacwideIN LabID in Acute Care Hospital (2015 baseline)
As of: February 16, 2017 at 2:18 PM
Date Range: BS2_LABID_RATESCDIF summaryYQ 2016Q1 to 2016Q1

orgID	location	summaryYM	CDIF_facIncHOCCount	numPred	numpatdays	SIR	SIR_pval	sir95ci
10401	FACWIDEIN	2016M01	1	-	1520	-	-	-
10401	FACWIDEIN	2016M02	0	-	1400	-	-	-
10401	FACWIDEIN	2016M03	1	-	1300	-	-	-

- **Not** calculated on a monthly level:
 - numPred
 - SIR
 - P-value
 - 95% Confidence Interval

Helpful Tips-Annual Reports Using HAI Data

- National and State HAI Data Report (formally called HAI Progress Report)
 - <https://www.cdc.gov/hai/surveillance/progress-report/index.html>
- Antibiotic Resistance Patient Safety Atlas
 - <https://www.cdc.gov/hai/surveillance/ar-patient-safety-atlas.html>
- Antimicrobial-Resistant Pathogens Associated with HAIs Report to NHSN, 2011-2014: <https://www.cdc.gov/nhsn/pdfs/datastat/2014-AR-data-summary-nhsn.pdf>
- National Healthcare Personnel Influenza Vaccination Summary Data Tables by Facility Types
 - <https://www.cdc.gov/nhsn/datastat/index.html>
- Summary of Device-associated (DA) Module
 - <https://www.cdc.gov/nhsn/datastat/index.html>

Resources

- NHSN SIR Guide: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>
- Analysis Quick Reference Guides: <https://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html>
- Analysis Training Resources: <https://www.cdc.gov/nhsn/ps-analysis-resources/index.html>
- Plan line list: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/plan-line-list-qios.pdf>
- SAS Macros: <http://www.cdc.gov/nhsn/PS-Analysis-resources/index.html>
- TAP FAQs: <http://www.cdc.gov/hai/prevent/tap.html>
- TAP Report Quick Reference Guides: <https://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html>

Resources

- Journal article by Soe et al. published in *Infection Control & Hospital Epidemiology* describing the cumulative attributable difference (CAD) metric:
<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/div-classtitletargeted-assessment-for-prevention-of-healthcare-associated-infections-a-new-prioritization-metricdiv/9C6A5C82359703538798D31F16A3407A>
- HAI Progress Reports:
http://www.cdc.gov/hai/surveillance/nhsn_nationalreports.html
- Rebaseline Web page: <https://www.cdc.gov/nhsn/2015rebaseline/index.html>
- HHS Action Plan Goals for 2020:
<https://health.gov/hcq/prevent-hai-measures.asp>
- Help with the TAP Strategy: email HAIPrevention@cdc.gov
- Help with TAP Dashboard: email NHSN@cdc.gov

Thank You!

Email: NHSN@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.




Appendices

Appendix A: Monthly Reporting Plans (MRPs)

- Used by all NHSN facilities to inform CDC which patient safety modules will be used in a given month
- Participating facilities must select the modules used, if any, the events, procedures, and/or locations that will be monitored in-plan
- MRP is the first in indicating what data will be submitted from NHSN to CMS as part of the Quality Reporting Program
- Only in-plan data are submitted to CMS in accordance with CMS's Quality Reporting Program

Appendix A: Monthly Reporting Plan



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

NHSN - National Healthcare Safety Network (apt-v-nhsn-test:8001)

NHSN Home

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

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *: DHQP MEMORIAL HOSPITAL (ID 10018) ▼

Month *: ▼

Year *: ▼

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

	Locations	CLABSI	VAP	CAUTI	CLIP
	PEDSURG_CC - PEDSURG_CC ▼	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	AMAU - ADULT MIXED ACUTIY UNIT ▼	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module

	Procedures	SSI	Post-procedure PNEU
	COLO - Colon surgery ▼	IN: <input checked="" type="checkbox"/> OUT: <input type="checkbox"/>	IN - Inpatient ▼
	HYST - Abdominal hysterectomy ▼	IN: <input checked="" type="checkbox"/> OUT: <input type="checkbox"/>	IN - Inpatient ▼

Appendix B: Universal Exclusion Criteria

- Line Listing of Procedures Excluded from the SIR report to investigate this (see quick reference guide: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/line-list-procedures-excluded-sir.pdf>)

Variable Names	Definition: Procedure is excluded because one or more of the ff is true: =Y (for Yes)
exclMissingVarInd	Missing a variable required for the risk adjustment of the SIR
exclMissingVarList	If missing variables
exclDurThresholdInd	The procedure duration is greater than the duration cut off point
exclAgeGT109Ind	The patient was older than 109 years old at the time of surgery
exclOutpatientInd	The procedure is an outpatient procedure
exclPedIndcmpx30d	Procedure is a pediatric procedure and excluded from the CMS model
exclGenderOth	The patient's gender was reported as "Other"
exclInvalidJointRepHemi	The value set for 2015 data entered for KPRO and HPRO as JointRepHemi is invalid
exclBMIThresholdInd	The patient's BMI is less than 12 or greater than 60 (adults) The patient's BMI is less than 10.49 or greater than 65.79 (pediatrics)

Appendix B contd: Universal Exclusion Criteria

- Note: *The BMI exclusion applies to all procedures on adult patients in all 3 SSI models (All SSI, Complex A/R, Complex 30-Day).
- **The BMI exclusion applies to all procedures on pediatric patients, in both applicable SSI models (All SSI and Complex A/R). CDC Growth Charts are used to assess BMI in pediatric patients, calculated using height, weight, age, and gender. Additional clarification on the BMI exclusion rule for pediatric procedures: Although there are BMI thresholds for procedures performed on pediatric patients (10.49-65.79), there is an additional level of consideration made for the biological plausibility of that BMI using the patient's age and gender. After applying the BMI outlier exclusion rule, we review the BMIs for the remaining pediatric procedures to determine if they are biologically plausible based on the patient's age and gender. So essentially, we take age and gender into consideration along with the calculated BMI. Only procedures in which the patient's BMI meets the inclusion rule (10.49-65.79), and in which the patient's BMI is biologically plausible based on age and gender, are included in the SIR. The determination of biologically plausible BMIs are made using the macro available at this site: <https://www.cdc.gov/nccdphp/dnpao/growthcharts/resources/sas.htm>

Appendix C: SSI Indicator Variables

- Line Listing of SSI Events (see quick reference guide: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/ssi-events-line-list-qrg.pdf>)

Variable Name	Definition SSI is included in the specified model (if value is set to 1)
bs2_AllSSI	Included in All Adult SSI SIR model
bs2_SSIPedAll	Included in All Pediatric SSI SIR model
bs2_SSIComplex	Included in Complex AR Adult SSI SIR model
bs2_SSIPedComplex	Included in Complex AR Pediatric SSI SIR model
bs2_SSIComplex30d	Included in Complex 30-daySSI SIR model