Reporting SSI to the National Healthcare Safety Network

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Oregon Health Authority

Primary audiences

- Oregon acute-care, critical access, and long-term acute care hospitals who are
  - Newly reporting surgical site infections (SSI) to the National Healthcare Safety Network (NHSN) at the facility level
  - Need a refresher regarding reporting SSI to NHSN
  - Training new infection preventionists to report SSI to NHSN

Objectives

- Define SSI and the public health significance of these infections
- Review reporting requirements for SSI in Oregon
- Understand the key steps to reporting SSI in NHSN
- Access guidance documents and reporting forms
- Locate resources to complete self-guided training
- List ways to connect with Oregon's Healthcare-Associated Infections (HAI) Program

What is an SSI?

- A post-surgical infection that occurs at the part of the body where an NHSN Operative Procedure took place
- NHSN Operative Procedure
  - Included in NHSN procedure code mapping
  - At least one incision is made, or reoperation via an incision left open from a prior procedure
  - Takes place in an operating room
- Characterized in NHSN by depth of infection and whether infection is at a primary or secondary incision site
  - Superficial infections involve the skin only; other surgical site infections are more serious and can involve tissues under the skin, organs, or implanted material
  - Identified at site of primary incision, or secondary incision in patients with more than one incision

https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf
https://www.cdc.gov/hai/ssi/faq_ssi.html

What is an SSI?

- SSI can occur at any surgical site; six types of SSI are reportable to the Oregon Health Authority (OHA)
  - Knee replacement (KPRO)
  - Hip replacement (HPRO)
  - Abdominal hysterectomy (HYST)
  - Colon surgery (COLO)
  - Laminectomy (LAM)
  - Coronary artery bypass graft with donor site incision (CBGB)

https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf
https://www.cdc.gov/hai/ssi/faq_ssi.html

SSI risk and prevention

- Population at risk
  - Patients undergoing surgery
  - Patient factors, including diabetes, smoking, older age, obesity
  - Surgical or post-surgical care, including length of procedure and skin preparation
- Prevention strategies
  - Hand hygiene, hair removal, appropriate personal protective equipment (PPE), antimicrobial prophylaxis, skin preparation

https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf
https://www.cdc.gov/hai/ssi/faq_ssi.html

SSI in the U.S. and Oregon

- Burden of disease
  - One of the most common HAIs and most frequent cause of unplanned post-surgical hospital admissions
  - Estimated approximately 157,500 SSIs and 8,205 associated deaths occur in the U.S. each year
- Benchmarks
  - The Oregon Health Authority (OHA) compares Oregon hospital data to two national benchmarks, both standardized infection ratios (SIR)
    - 2013 U.S. Department of Health and Human Services (HHS) target SIR for acute care hospital HAI prevention: 0.75
    - 2014 national SIRs established by NHSN – vary by procedure type (0.53-0.98)
  - Both benchmarks have been updated to assess data reported for 2017 and later

https://health.gov/hcq/prevent-hai-action-plan.asp
https://www.cdc.gov/nhsn/pdfs/training/2018/ssi-508.pdf

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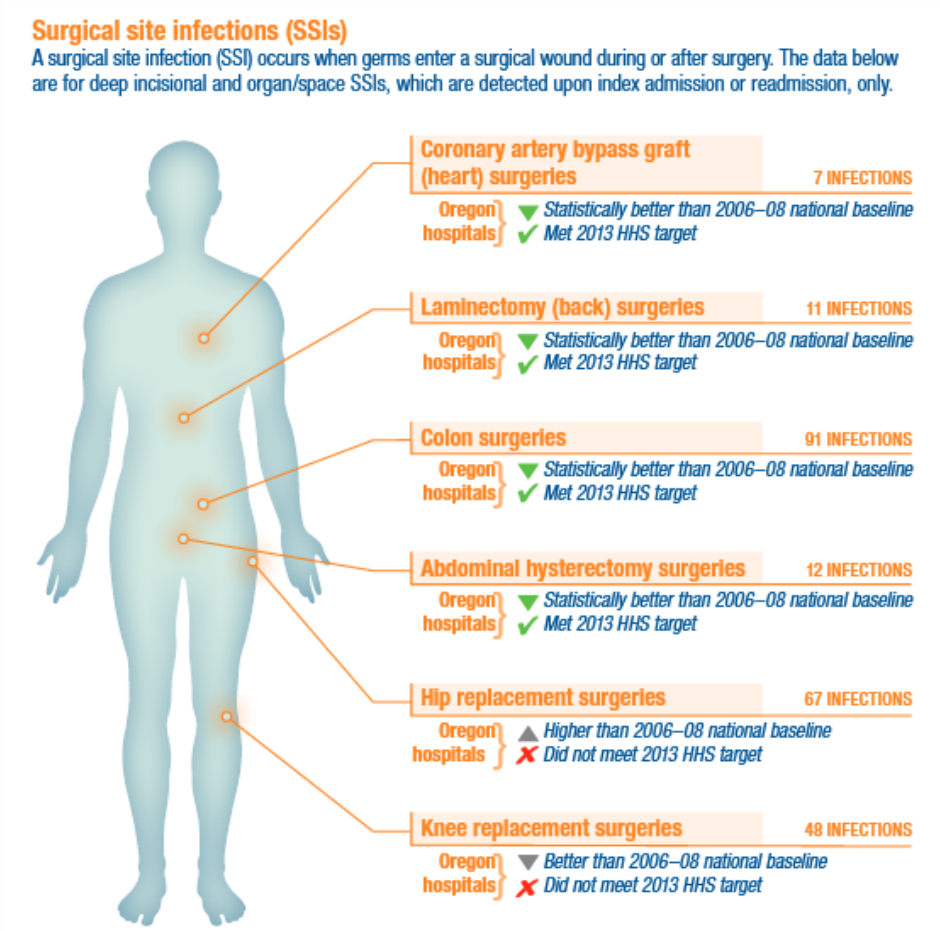
SSI in Oregon - 2016



https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/HAI/Pages/Reports-and-Data.aspx

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Reporting SSI in Oregon

- Legislative context
  - Established by OAR 333-018
- Oregon SSI reporting requirement (updated 2011)
  - All hospitals (acute-care, critical access, long-term acute care)
  - Procedure-based (CBGB, LAM, HYST, COLO, HPRO, KPRO)
- Exemptions for SSI reporting will not be offered starting 2019
  - Previously, facilities with <20 of a given procedure type per year could request an exemption to reporting this procedure to OHA
  - June 2018 HAI Advisory Committee (HAIAC) meeting: Vote to remove exemptions based on HAI Program staff proposal
  - All applicable facilities must report all SSI data for 2019 forward

HAI MEASUREMENT TYPE	HOSPITALS AND LONG-TERM ACUTE CARE HOSPITALS[1]	
	CMS Requirements (*date requirement enacted*)[2]	OREGON Requirements (*date requirement enacted*)[3,4]
SSI	*Colon surgery, inpatient (2012)* *Abdominal hysterectomy, inpatient (2012)*	*Colon surgery, inpatient (2011)* *Abdominal hysterectomy, inpatient (2011)* *Coronary artery bypass graft surgery, inpatient (2009)/CBGB only (as of 2011)* *Knee prosthesis procedure, inpatient (2009)* *Hip prosthesis procedure, inpatient (2011)* *Laminectomy, inpatient (2011)*

arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_018.html
https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/ReportingPosters/poster-hai.pdf

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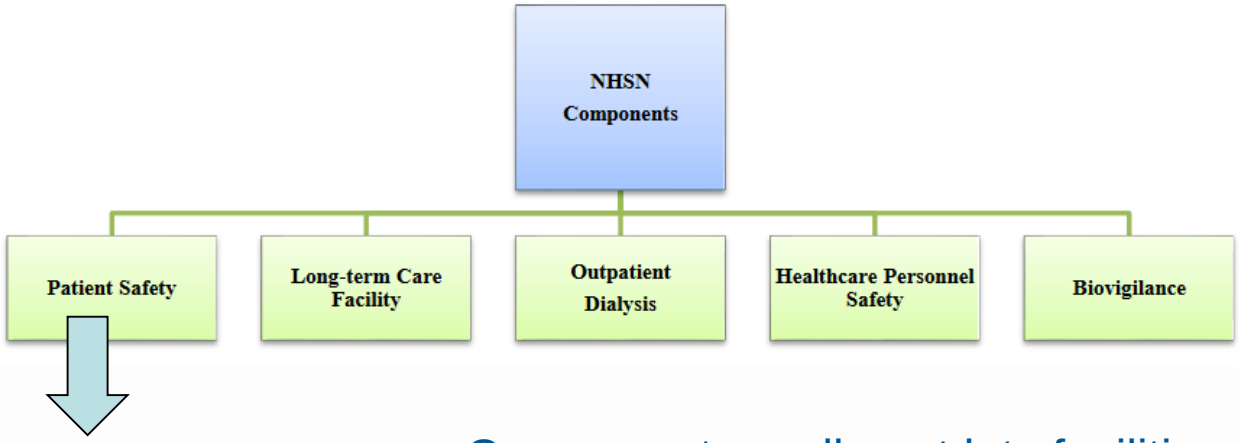
Key steps to reporting SSI

- Setup
  - Enroll in the Patient Safety Component (PSC) in NHSN
  - Ensure facility users have access and rights
  - Join the State of Oregon NHSN group
  - Facility location mapping - look at the required locations and review old mapped locations
  - Check that your confer rights template is up to date
- Ongoing reporting
  - Enter monthly reporting plans
  - Identify and report denominator data (procedures)
  - Identify and report numerator data (infections)
- Review alerts and data

Activate the Patient Safety Component



- Device-associated module
- Procedure-associated module
- Antimicrobial use and Resistance module
- MDRO/CDI module

- Component enrollment lets facilities access and report certain data in NHSN
- Can only be done by the NHSN Facility Administrator
- Since all Oregon hospitals report laboratory-identified (LabID) MRSA and *Clostridium difficile* infection (CDI) events, all are already enrolled in the PSC.

https://www.cdc.gov/nhsn/pdfs/pscmanual/1psc_overviewcurrent.pdf

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Review your confer rights template

- Ensure your facility has accepted the most recent confer rights template
  - If not, your facility will be notified upon login (Confer Rights Not Accepted alert)
  - Click the link under Group Name to view requested data and accept the template
- Make sure you are looking at the correct group (State of Oregon)

Confer Rights Not Accepted List

⚠ Define rights have been changed or new locations have been added affecting the Group below. You may accept new rights or leave the group. Click the Group Name to view and accept new rights.

First | Previous | Next | Last — Displaying 1 - 1 of 1

Group Name	Group ID	Status	Status Date
Paul's Test Group	10676	Not Accepted	Apr 27 2011 3:06PM

First | Previous | Next | Last — Displaying 1 - 1 of 1

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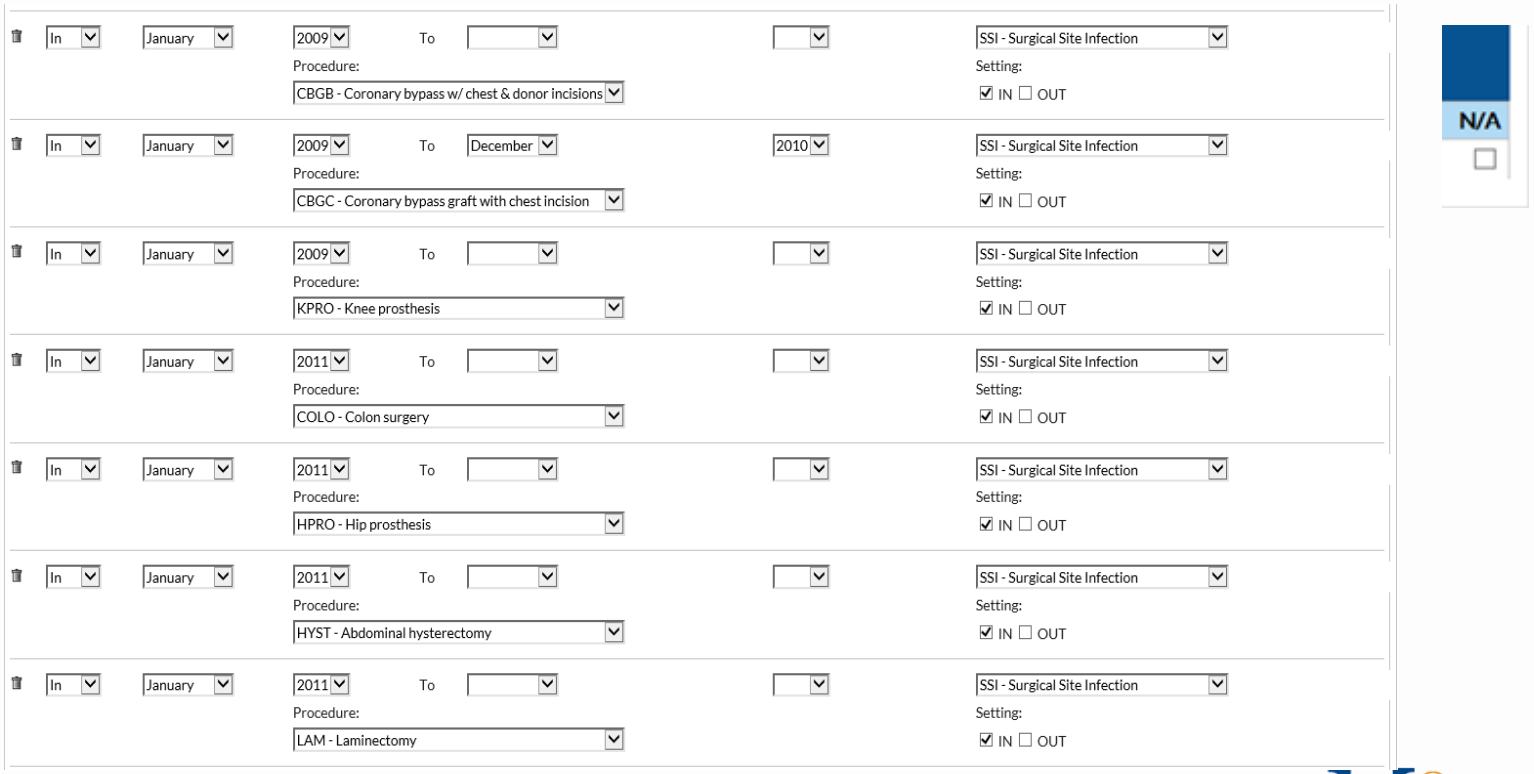
Review your confer rights template

Checked “N/A” boxes next to required procedures mean those data will not be shared with the group, and should only be checked if your facility does not perform these procedures



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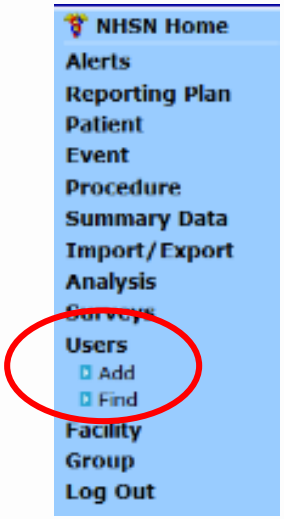
Ensure user access and rights

- If your facility has newly enrolled in the PSC, the NHSN Facility Administrator must make sure at least one user may access it
- New users may be added, or existing users may be given access to the PSC
- For all users intended to access the PSC, be sure that “Patient Safety” box is checked under “Edit User Rights” and save



https://www.cdc.gov/nhsn/pdfs/training/enroll/nhsn_getting_started.pdf

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Review mapped locations

- Review all mapped locations in your facility
  - Review “Facility” “Locations” and hit “Find” to create a list of all mapped locations.
- Review all existing mapped locations to ensure they are accurate
  - Define acuity of care and type of service to ensure mapped accurately
  - Edit, add, delete as needed; re-map as applicable and add to monthly reporting plan
  - Incorrectly mapped locations will impact the completeness of the data you report and the accuracy of your data analyses
- Recommendation is to review locations annually and whenever changes that may impact mapping are anticipated

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

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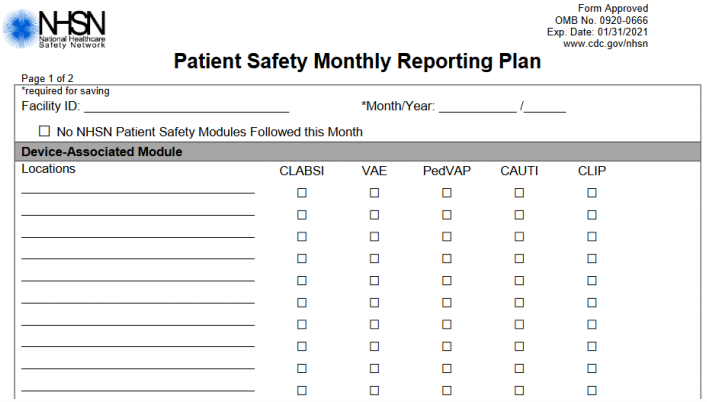
Enter/edit monthly reporting plans

- Reporting plans allow NHSN users to inform CDC which data is going to be reported by the facility
  - Each month must have its own plan
  - Plans can be copied and pasted from one month to another
- Each component has its own plan
- “Off plan” surveillance is data only for facility use, and will not be shared with CMS/OHA or included in NHSN reports/publication
- PDF version of plan and table of instructions are useful to review
- Accuracy of plans can impact ability to enter/edit/access data as well as ensure complete reporting and alert function



NHSN National Healthcare Safety Network

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Patient Safety Monthly Reporting Plan

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Facility ID: _____ *Month/Year: _____ /_____

☐ No NHSN Patient Safety Modules Followed this Month

Device-Associated Module					
Locations	CLABSI	VAE	PedVAP	CAUTI	CLIP
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐
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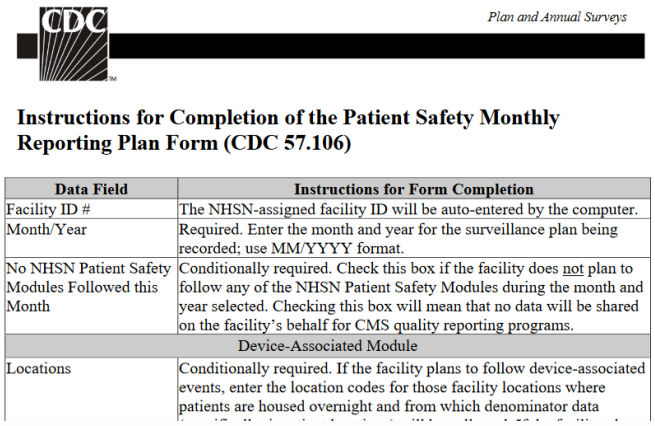

CDC

Plan and Annual Surveys

Instructions for Completion of the Patient Safety Monthly Reporting Plan Form (CDC 57.106)

Data Field	Instructions for Form Completion
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Month/Year	Required. Enter the month and year for the surveillance plan being recorded; use MM/YYYY format.
No NHSN Patient Safety Modules Followed this Month	Conditionally required. Check this box if the facility does not plan to follow any of the NHSN Patient Safety Modules during the month and year selected. Checking this box will mean that no data will be shared on the facility’s behalf for CMS quality reporting programs.
Device-Associated Module	
Locations	Conditionally required. If the facility plans to follow device-associated events, enter the location codes for those facility locations where patients are housed overnight and from which denominator data

https://www.cdc.gov/nhsn/pdfs/pscmanual/3psc_monthlyreportingplancurrent.pdf
https://www.cdc.gov/nhsn/forms/instr/57_106.pdf

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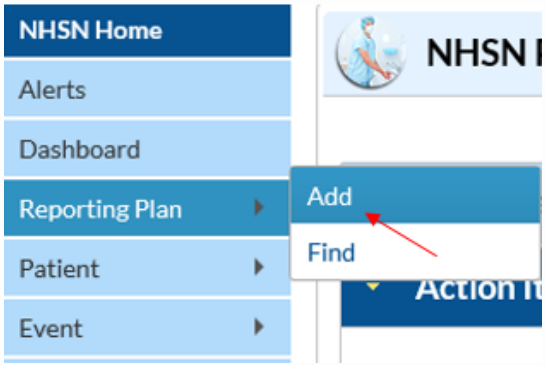
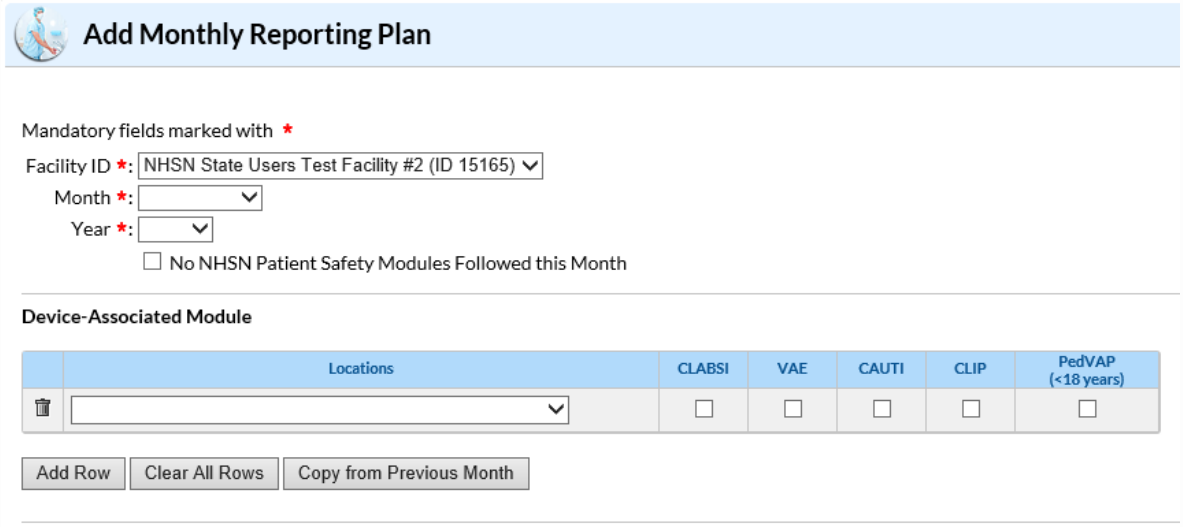
Enter/edit monthly reporting plans

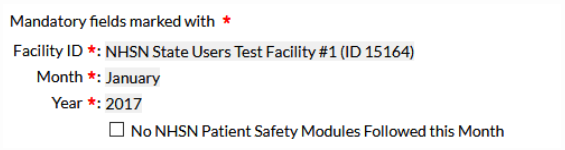
- Select Reporting Plan and Add

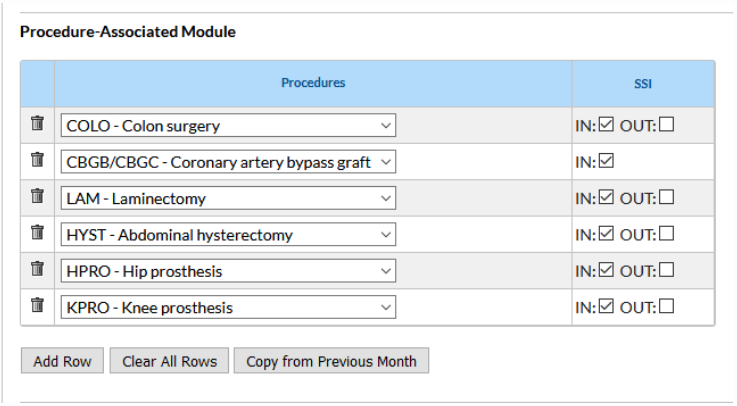


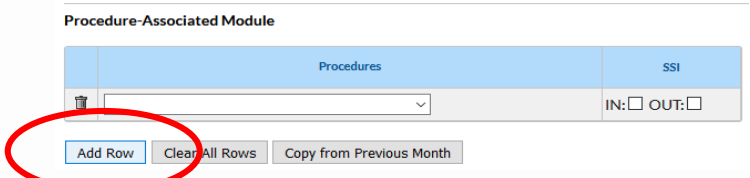


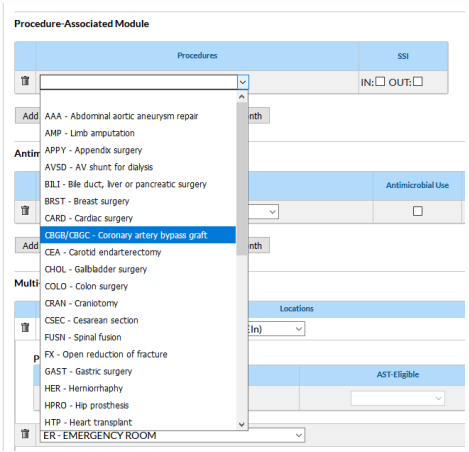
Enter/edit monthly reporting plans

- Ensure that the procedure codes for all procedures for which SSI surveillance is required are represented under “Procedures”



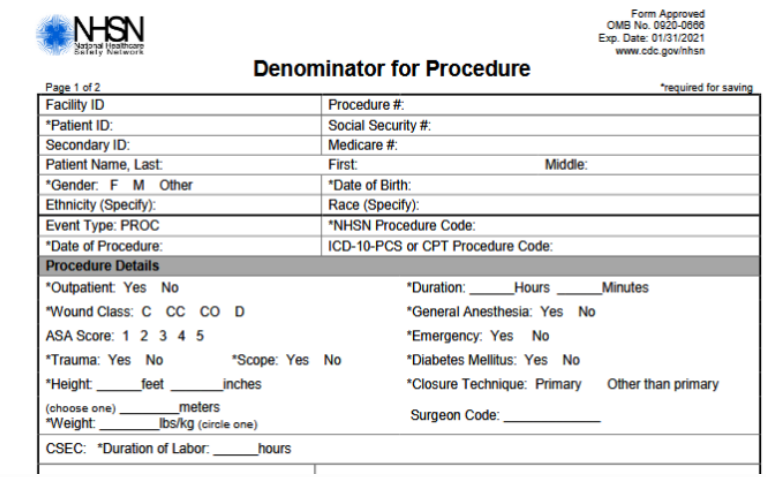






Report denominator data

- Procedures are entered on the Denominator for Procedure form
- Data collection and reporting based on billing codes
  - ICD-10
  - CPT
- For every month in which no procedures are performed, resolve the “Missing Procedures” alert by checking “No Procedures Performed”
- PDF version of denominator reporting form and table of instructions are useful to review



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Denominator for Procedure

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Facility ID	Procedure #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
Event Type: PROC	*NHSN Procedure Code:
*Date of Procedure:	ICD-10-PCS or CPT Procedure Code:
Procedure Details	
*Outpatient: Yes No	*Duration: _____Hours _____Minutes
*Wound Class: C CC CO D	*General Anesthesia: Yes No
ASA Score: 1 2 3 4 5	*Emergency: Yes No
*Trauma: Yes No *Scope: Yes No	*Diabetes Mellitus: Yes No
*Height: _____feet _____inches	*Closure Technique: Primary Other than primary
(choose one) _____meters *Weight: _____lbs/kg (circle one)	Surgeon Code: _____
CSEC: *Duration of Labor: _____hours	

https://www.cdc.gov/nhsn/forms/57.121_DenomProc_BLANK.pdf
https://www.cdc.gov/nhsn/forms/instr/57_121.pdf

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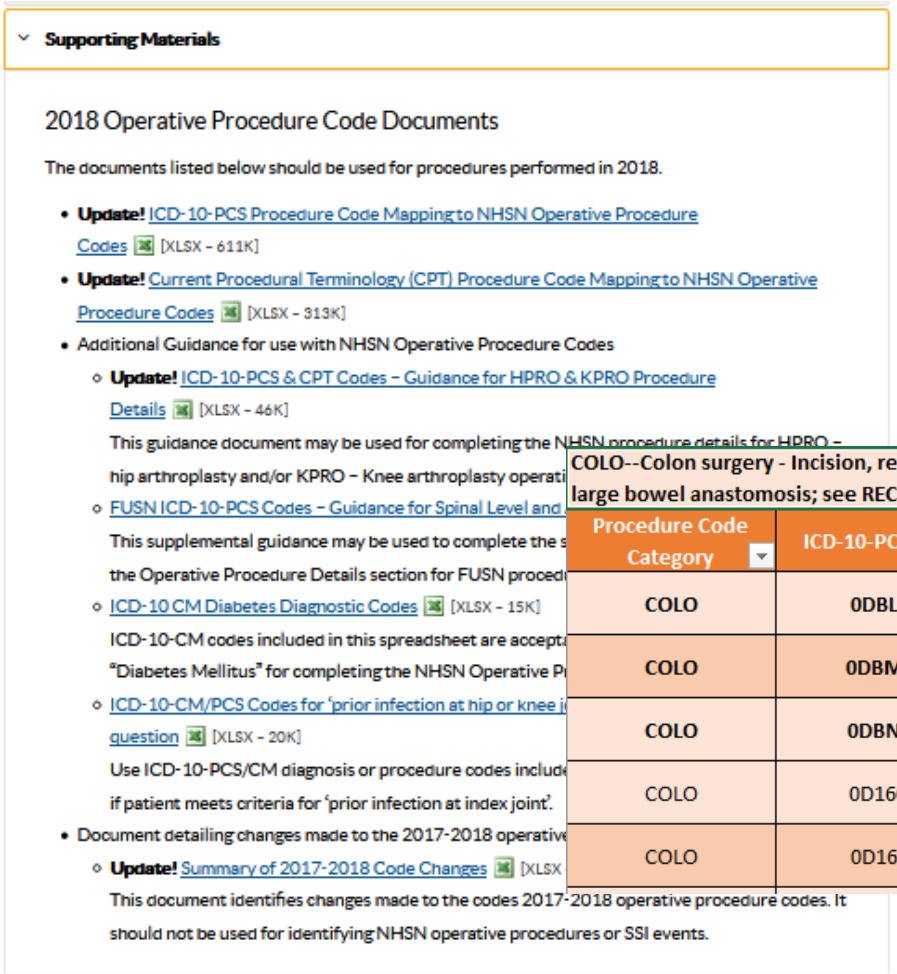
Report denominator data



Supporting Materials

2018 Operative Procedure Code Documents

The documents listed below should be used for procedures performed in 2018.

- **Update!** ICD-10-PCS Procedure Code Mapping to NHSN Operative Procedure Codes [XLSX - 611K]
- **Update!** Current Procedural Terminology (CPT) Procedure Code Mapping to NHSN Operative Procedure Codes [XLSX - 313K]
- Additional Guidance for use with NHSN Operative Procedure Codes
  - **Update!** ICD-10-PCS & CPT Codes – Guidance for HPRO & KPRO Procedure Details [XLSX - 46K]
    This guidance document may be used for completing the NHSN procedure details for HPRO – hip arthroplasty and/or KPRO – Knee arthroplasty operati
  - FUSN ICD-10-PCS Codes – Guidance for Spinal Level and
    This supplemental guidance may be used to complete the s the Operative Procedure Details section for FUSN procedu
  - ICD-10 CM Diabetes Diagnostic Codes [XLSX - 15K]
    ICD-10-CM codes included in this spreadsheet are accepta "Diabetes Mellitus" for completing the NHSN Operative P
  - ICD-10-CM/PCS Codes for 'prior infection at hip or knee j question [XLSX - 20K]
    Use ICD-10-PCS/CM diagnosis or procedure codes include if patient meets criteria for 'prior infection at index joint'.
- Document detailing changes made to the 2017-2018 operative
  - **Update!** Summary of 2017-2018 Code Changes [XLSX
    This document identifies changes made to the codes 2017-2018 operative procedure codes. It should not be used for identifying NHSN operative procedures or SSI events.

COLO--Colon surgery - Incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis; see REC for rectal operations

Procedure Code Category	ICD-10-PCS Codes	Procedure Code Descriptions	Code Status
COLO	**0DBLFZZ**	**Excision of Transverse Colon, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance**	**Add**
COLO	**0DBMFZZ**	**Excision of Descending Colon, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance**	**Add**
COLO	**0DBNFZZ**	**Excision of Sigmoid Colon, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance**	**Add**
COLO	0D1607L	Bypass stomach to Transverse Colon with Autologous Tissue Substitute, Open Approach	No Change
COLO	0D160JL	Bypass stomach to Transverse Colon with Synthetic Substitute, Open Approach	No Change

- Identify applicable procedures
  - ICD-10
  - CPT
- OR records and billing data

https://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html

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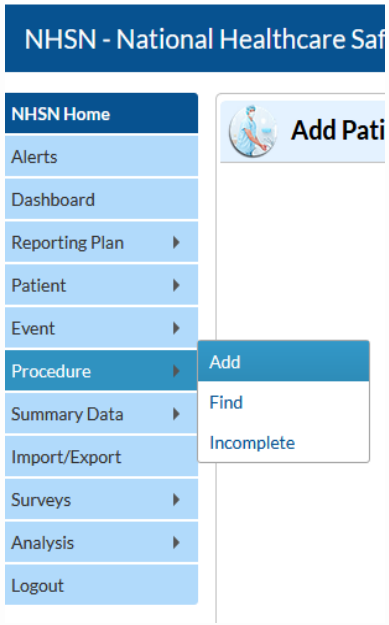
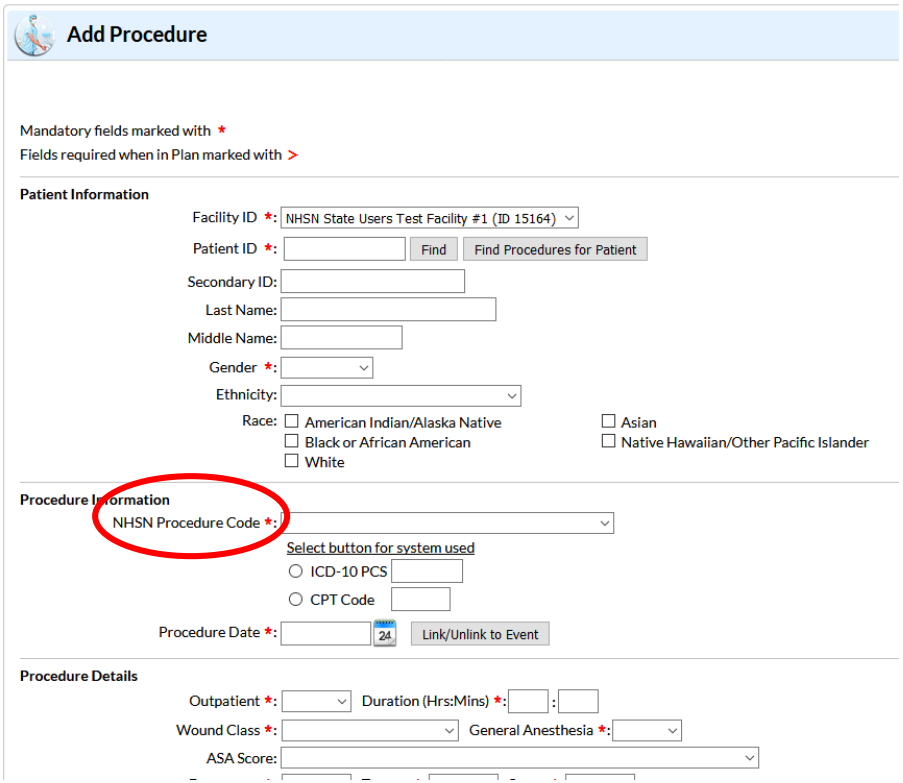
Report denominator data



- Select Procedure and Add
- Enter procedure and Save



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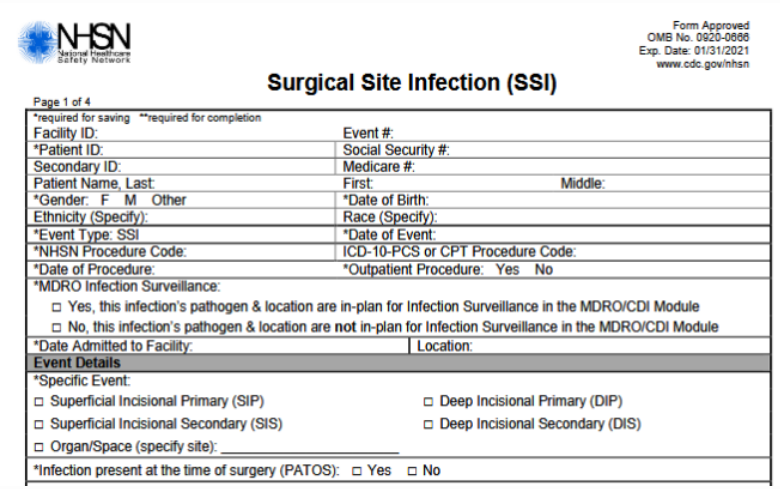
Identify numerator data

- Active surveillance
  - Admission, readmission, ED, and OR logs
  - Patient charts for signs and symptoms of SSI
  - Lab, X-ray, other diagnostic test reports
  - Nurse or physician notes
  - Discuss with primary care staff on ICUs and wards
- Post-discharge surveillance
  - Surgeon or patient surveys by mail or phone
  - Review of postoperative clinic records
  - Line list of all readmissions or ED admissions with diagnosis
  - ICD-10-CM diagnosis codes for infection
  - Notification between facilities

https://www.cdc.gov/nhsn/pdfs/training/2018/ssi-508.pdf

Report numerator data

- SSI events are reported on the Surgical Site Infection form
- PDF version of numerator reporting form and table of instructions are useful to review
- Protocols provide definitions, guidelines, and reporting criteria
- For every month in which no SSI events are identified, resolve the "Missing Procedure-Associated Events" alert



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Surgical Site Infection (SSI)

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Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: SSI	*Date of Event:
*NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:
*Date of Procedure:	*Outpatient Procedure: Yes No

*MDRO Infection Surveillance:

□ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

□ No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

*Date Admitted to Facility:	Location:

Event Details

*Specific Event:

□ Superficial Incisional Primary (SIP) □ Deep Incisional Primary (DIP)

□ Superficial Incisional Secondary (SIS) □ Deep Incisional Secondary (DIS)

□ Organ/Space (specify site): _____

*Infection present at the time of surgery (PATOS): □ Yes □ No

https://www.cdc.gov/nhsn/forms/57.120_SSI_BLANK.pdf
https://www.cdc.gov/nhsn/forms/instr/57_120.pdf

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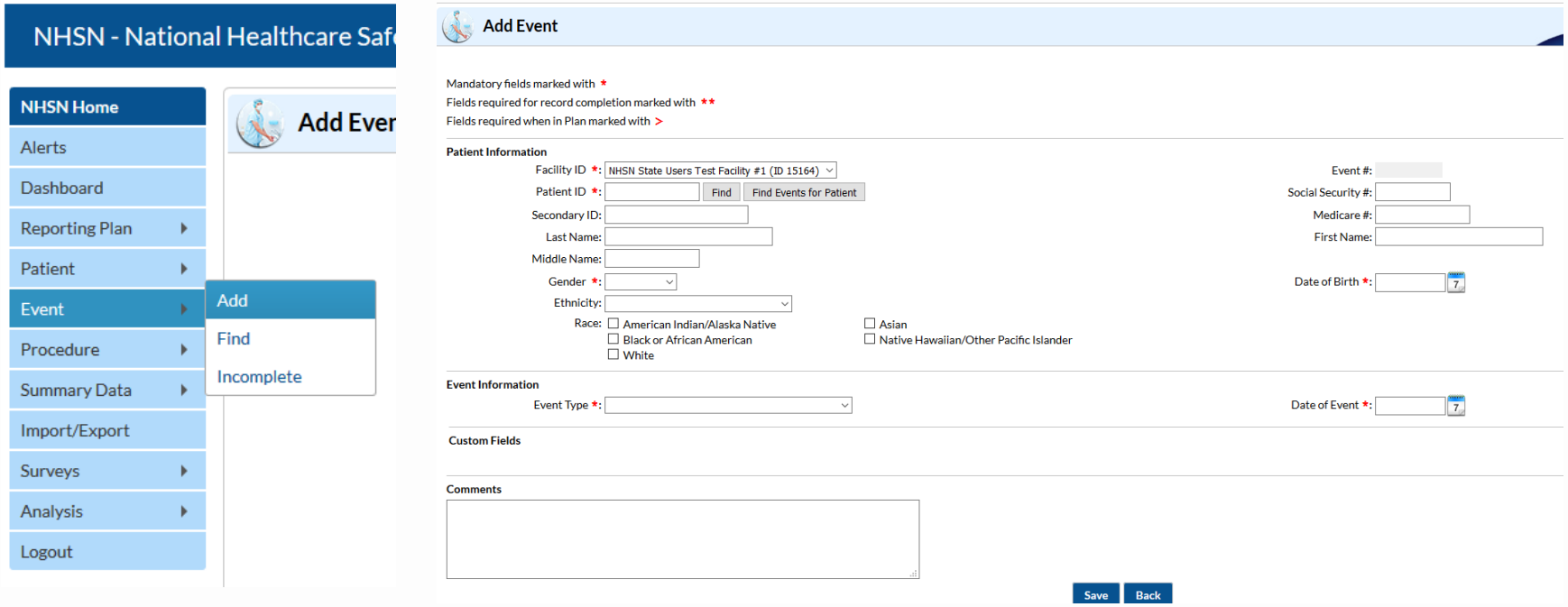
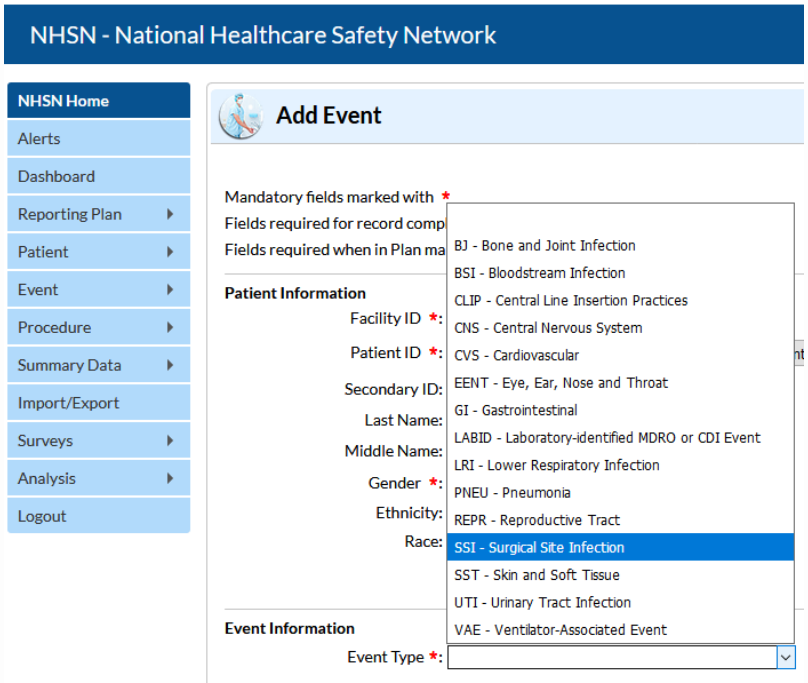
Report numerator data

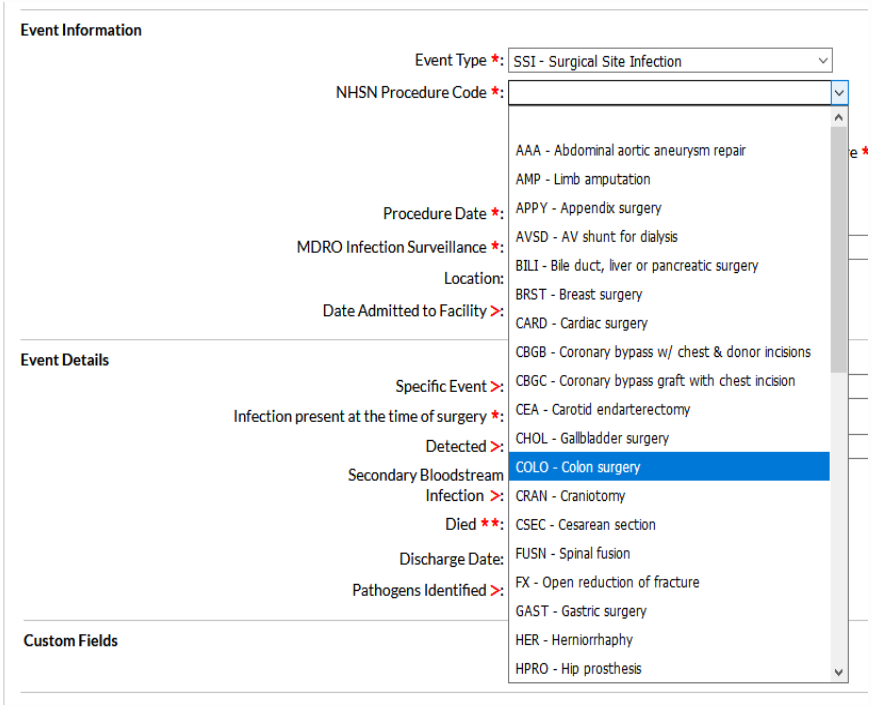
- Select Event and Add



Report numerator data

- Select SSI – Surgical Site Infection as Event Type
- Select appropriate code under NHSN Procedure Code
- Enter data and Save





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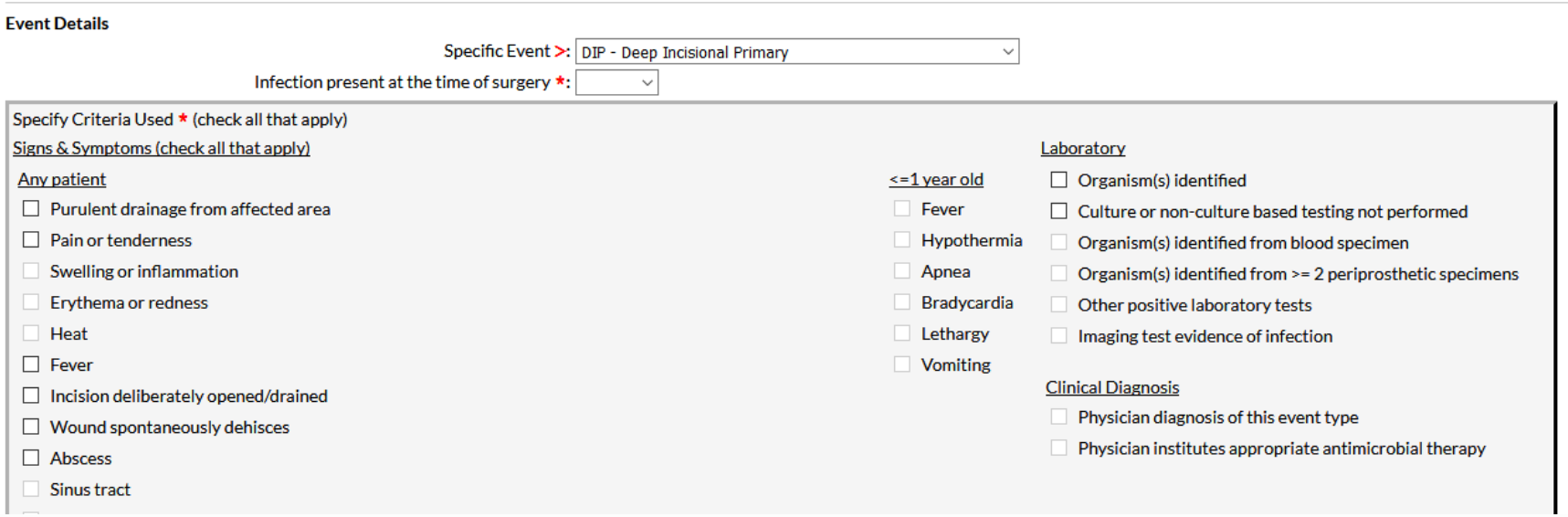
Report numerator data

- Enter Event Information and Event Details
- Enter data and Save



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Report numerator data

- SSIs are categorized into five subtypes for each procedure
  - Each has different criteria that must be met

- Superficial incisional SSI
  - Superficial incisional primary (SIP)
  - Superficial incisional secondary (SIS)
- Deep incisional SSI
  - Deep incisional primary (DIP)
  - Deep incisional secondary (DIS)
- Organ/space SSI

https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf

Example: Superficial incisional SSI

Criterion	Surgical Site Infection (SSI)
	Superficial incisional SSI Must meet the following criteria:
	Date of event for infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date) **AND** involves only skin and subcutaneous tissue of the incision **AND** patient has at least ***one*** of the following: a. purulent drainage from the superficial incision. b. organisms identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST). c. superficial incision that is deliberately opened by a surgeon, attending physician** or other designee and culture or non-culture based testing is not performed. **AND** patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. d. diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee.

https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf

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Example: Organ/space SSI

Organ/Space SSI

Must meet the following criteria:

Date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2

AND

infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure

AND

patient has at least ***one*** of the following:

a. purulent drainage from a drain that is placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage)

b. organisms are identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST).

c. an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.

AND

meets at least ***one*** criterion for a specific organ/space infection site listed in Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter.

https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf

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Example: Organ/space SSI

- BJ – Bone and Joint Infection
  - BONE – Osteomyelitis
  - DISC – Disc space infection
  - JNT – Joint or bursa infection
  - PJI – Prosthetic joint infection

https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf

Example: Organ/space SSI

PJI – Periprosthetic Joint Infection (for use as Organ/Space SSI following HPRO and KPRO only)

Joint or bursa infections must meet at least ***one*** of the following criteria:

1. ***Two*** positive periprosthetic specimens (*tissue or fluid*) with at least one matching organism, identified by culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis and treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).
2. A sinus tract* communicating with the joint identified on gross anatomic exam.
3. Having ***three*** of the following minor criteria:

    a. elevated serum C-reactive protein (CRP; >100 mg/L) ***and*** erythrocyte sedimentation rate (ESR; >30 mm/hr.)
    b. elevated synovial fluid white blood cell (WBC; >10,000 cells/μL) count *OR* "++" (*or greater)* change on leukocyte esterase test strip of synovial fluid
    c. elevated synovial fluid polymorphonuclear neutrophil percentage (PMN% >90%)
    d. positive histological analysis of periprosthetic tissue (>5 neutrophils (PMNs) per high power field)
    e. organism(s) identified from a single positive periprosthetic specimen (*tissue or fluid*) by culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis and treatment ,for example, not Active Surveillance Culture/Testing (ASC/AST)

* A sinus tract is defined as a narrow opening or passageway that can extend in any direction through soft tissue and results in dead space with potential for abscess formation.

https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf

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Surveillance periods for SSI

Table 2. Surveillance Periods for SSI Following Selected NHSN Operative Procedure Categories. Day 1 = the date of the procedure.

30-day Surveillance			
Code	**Operative Procedure**	**Code**	**Operative Procedure**
AAA	Abdominal aortic aneurysm repair	LAM	Laminectomy
AMP	Limb amputation	LTP	Liver transplant
APPY	Appendix surgery	NECK	Neck surgery
AVSD	Shunt for dialysis	NEPH	Kidney surgery
BILI	Bile duct, liver or pancreatic surgery	OVRY	Ovarian surgery
CEA	Carotid endarterectomy	PRST	Prostate surgery
CHOL	Gallbladder surgery	REC	Rectal surgery
COLO	Colon surgery	SB	Small bowel surgery
CSEC	Cesarean section	SPLE	Spleen surgery
GAST	Gastric surgery	THOR	Thoracic surgery
HTP	Heart transplant	THYR	Thyroid and/or parathyroid surgery
HYST	Abdominal hysterectomy	VHYS	Vaginal hysterectomy
KTP	Kidney transplant	XLAP	Exploratory Laparotomy

90-day Surveillance	
Code	**Operative Procedure**
BRST	Breast surgery
CARD	Cardiac surgery
CBGB	Coronary artery bypass graft with both chest and donor site incisions
CBGC	Coronary artery bypass graft with chest incision only
CRAN	Craniotomy
FUSN	Spinal fusion
FX	Open reduction of fracture
HER	Herniorrhaphy
HPRO	Hip prosthesis
KPRO	Knee prosthesis
PACE	Pacemaker surgery
PVBY	Peripheral vascular bypass surgery
VSHN	Ventricular shunt

https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf

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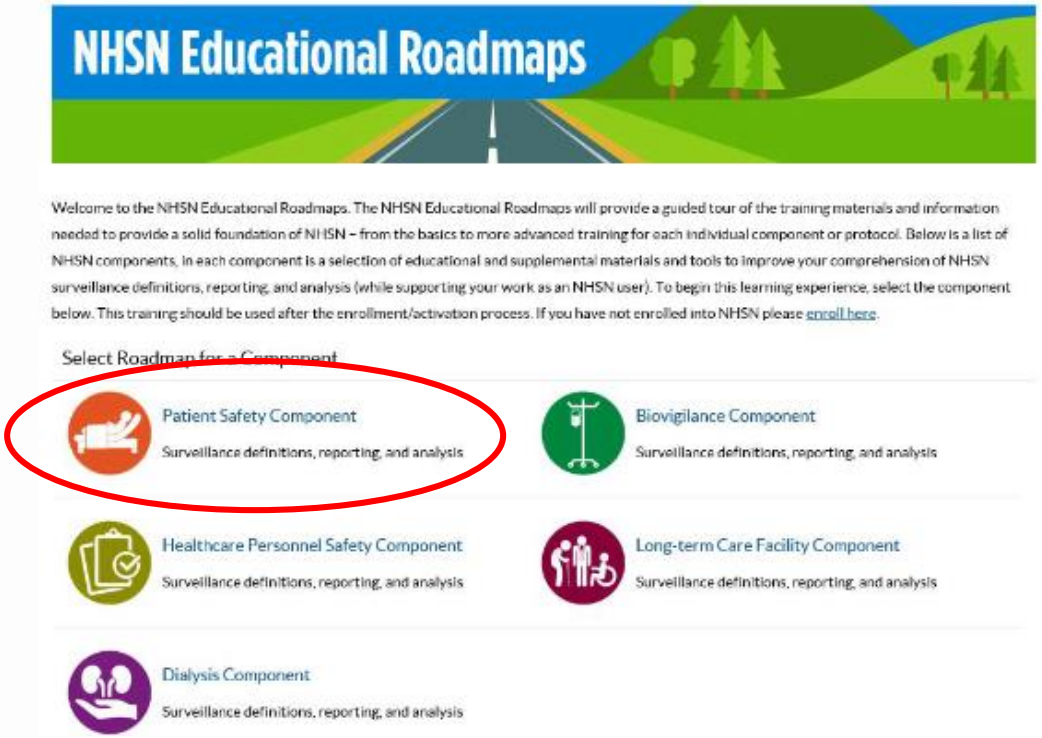
Complete self-guided training

NHSN's Educational Roadmaps provide a guided tour to training materials/information



https://www.cdc.gov/nhsn/training/roadmap/index.html

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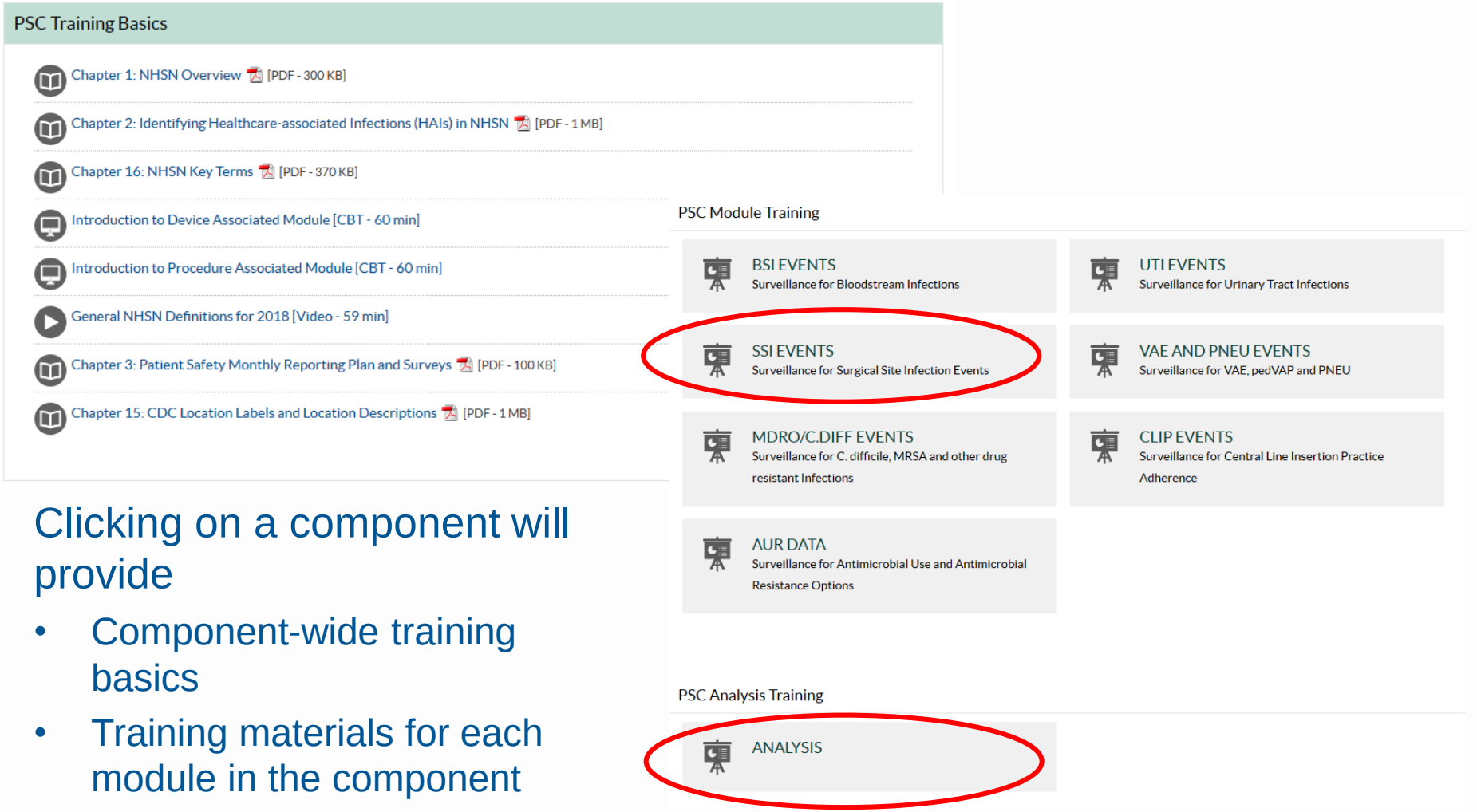

Clicking on a component will provide

- Component-wide training basics
- Training materials for each module in the component
- Training materials for analysis

https://www.cdc.gov/nhsn/training/roadmap/psc-roadmap.html

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CDC > NHSN Home > NHSN Educational Roadmaps > Patient Safety Component Roadmap

SSI – Surveillance for Surgical Site Infection Events

SSI – Surveillance for Surgical Site Infection Events

- Chapter 9: Surgical Site Infection (SSI) Event [PDF – 1 MB]
- Chapter 17: CDC/NHSN Surveillance Definitions for Specific Types of Infections [PDF – 1 MB]
- Surgical Site Infection (SSI) Event 2018 [CBT – 60 min]
- Surgical Site Infections (SSI) Event Form – PATOS (June 2017) [Video – 6 min]
- SSI Surveillance with Case Studies Part 1 – 2018 [Video – 59 min]
- SSI Surveillance with Case Studies Part 2 – 2018 [Video – 83 min]
- FAQs: Surgical Site Infections (SSI) Events
- FAQs: Surgical Site Procedure Codes
- Procedure Code Documents 2018
  Procedure Code Documents for Previous Years [must open "Resources" menu to access documents]
- Surgical Site Infections (SSI) Event Form [PDF – 400 KB] (Print-only)
  Table of Instructions [PDF – 400 KB]
- Denominator for Procedure Form [PDF – 300 KB] (Print-only)
  Table of Instructions [PDF – 300 KB]
- Denominator for Custom Procedure Form [PDF – 300 KB] (Print-only)

https://www.cdc.gov/nhsn/training/roadmap/psc-roadmap.html

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Analysis

Phase 1: Getting Started with NHSN Analysis

Your first stop on the NHSN Analysis Roadmap is to understand the basic elements of the NHSN analysis features and basic statistics.

Introduction to NHSN Analysis – 2018 [Video – 50 min]

Introduction to NHSN Analysis [PDF – 4 MB]
Explanation of different analysis reports users can run and how to modify them

General Tips and Tools for NHSN Analysis [PDF – 150 KB]
Quick reminders to ensure optimal generation and interpretation of your data

Basic Statistics for NHSN Analysis [Video – 11 min]
Explanation of introductory statistical concepts to aid the interpretation of certain NHSN analysis reports

Phase 2: Standardized Infection Ratio (SIR) for Reporting Purposes

Your next stop is to understand how to generate reports required for reporting purposes. Select the appropriate report for the specific HAI you'd like to run analyses for. These reports reflect the data and necessary criteria to comply with various Centers for Medicare and Medicaid Services (CMS) Quality Reporting Programs For more information about how HAI data is risk adjusted to generate a specific SIR, please visit NHSN's Guide to the SIR [PDF – 3 MB].

Acute Care Hospitals

Using the "SIR – CLABSI Data for Hospital IQR" Output Option [PDF – 250 KB]

https://www.cdc.gov/nhsn/training/roadmap/psc/analysis.html

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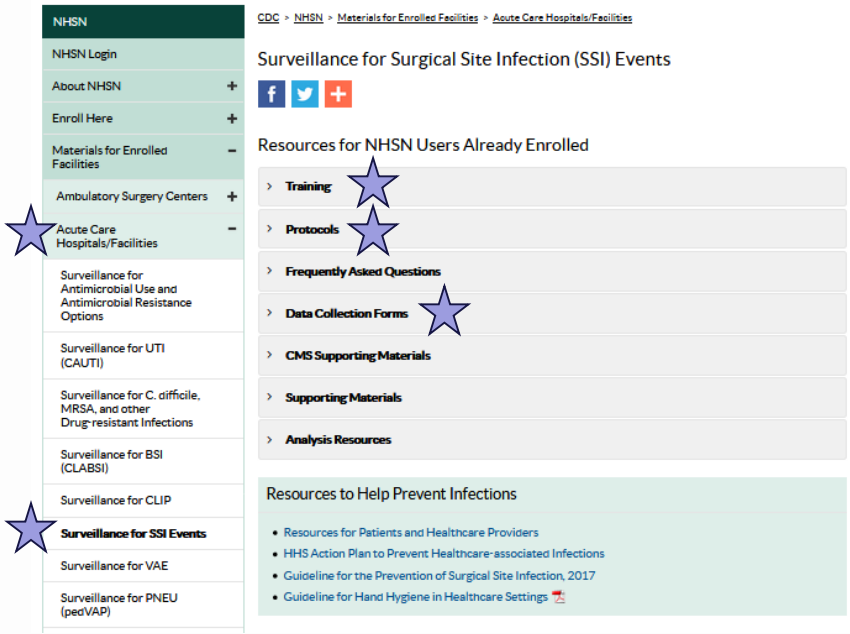
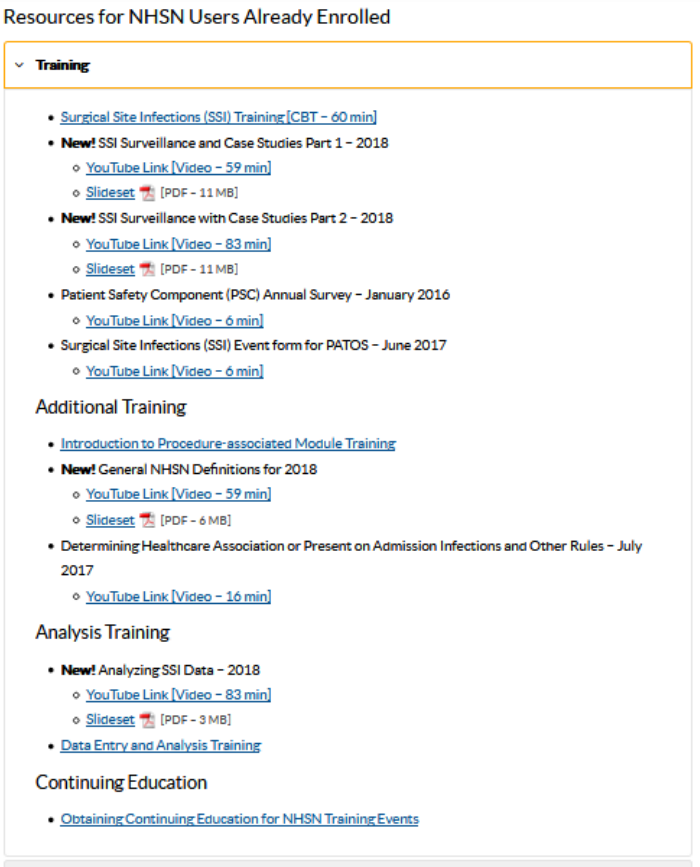
Complete self-guided training

- NHSN Materials for Enrolled Facilities
  - Training, Protocols, Data Collection Forms
  - Some resources may be provided more than once





https://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html

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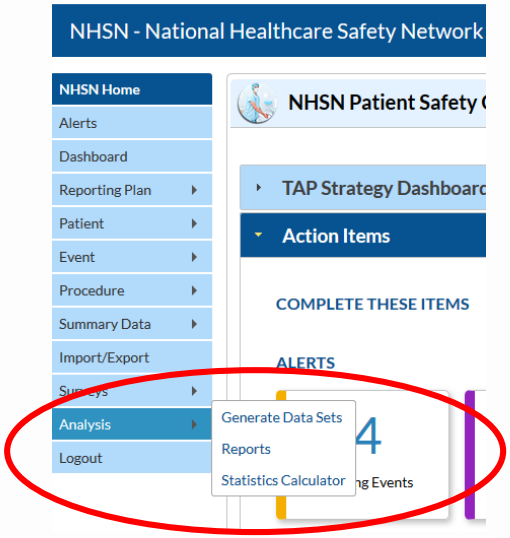
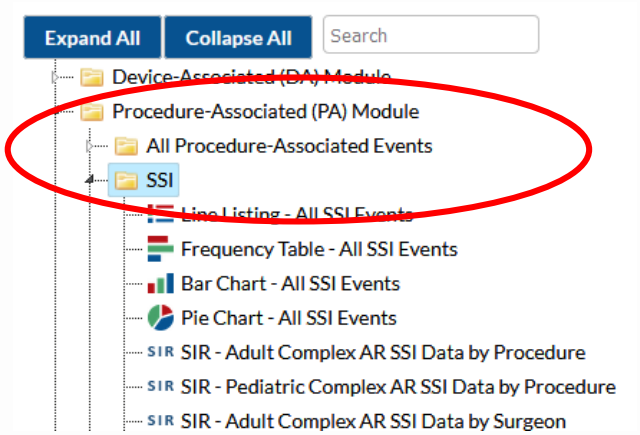
Review your SSI data



- In analyses, SSIs are always presented in the month the procedure was performed regardless of when event occurred
- Analysis > Generate Dataset
- Analysis > Reports
  - PA Module > All Procedure-Associated Events > SSI (2015 baseline)



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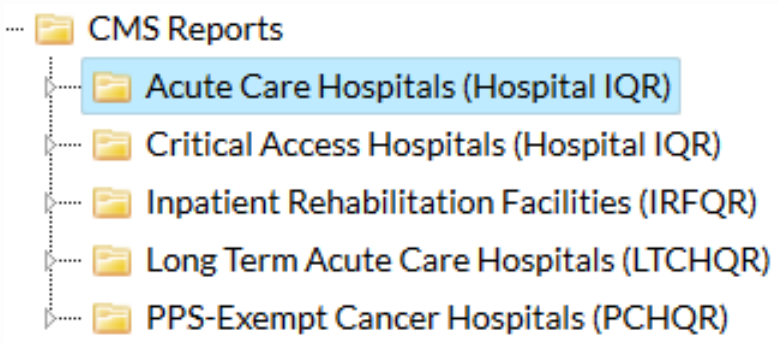
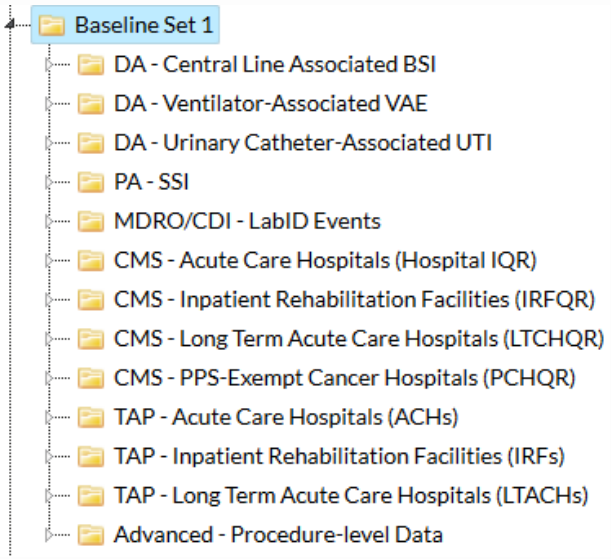
Review your SSI data

- CMS reports
  - SIR by facility type, based on IQR reporting
- BS1 provides SSI data under the original baseline





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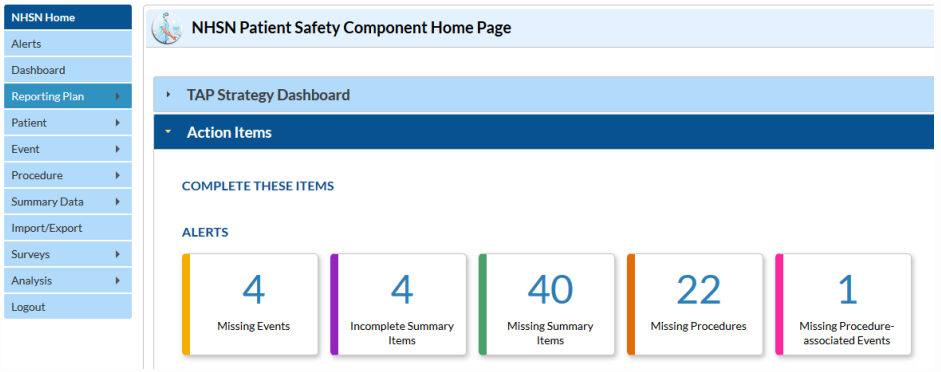
Review your SSI data

- Reports can be customized to include specific subsets of data (custom date range, for example)
- Advanced options provide data by pathogen, location, additional line listing options



- Alerts
  - Displayed upon login
  - Can be found via navigation bar
  - Resolve to improve data quality
- OHA's Internal Validation Guidance

https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/HAI/REPORTING/Documents/Hosp_HAI_Intern_Valid_Guide_2017.pdf

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Review NHSN materials in AJIC

- NHSN publishes case studies in the American Journal of Infection Control (AJIC)
  - Open access
  - Case studies using current protocols
  - Provides questions, answers, and rationale for protocol application
  - Summaries of past case studies
- Links in June 2018 NHSN newsletter
  - June 2017 AJIC
  - December 2017 AJIC
  - May 2018 AJIC

https://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-jun18-508.pdf

Participate in the HAIAC

- OHA's HAIAC is a multidisciplinary group of stakeholders including providers, consumers, insurers and experts that provide the HAI program with oversight and input regarding HAI surveillance and prevention
- Meetings occur quarterly
  - Remote option available
  - In person at 800 NE Oregon St., Portland, OR
- Anyone may attend and apply for vacant committee positions
- We are currently seeking to fill the following vacancies:
  - Healthcare Insurer Representative
  - Patient and Consumer Advocate/Representative
- Visit the website to see schedule and meeting materials

https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/HAI/PREVENTION/Pages/meetings.aspx

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Join the CDC's One & Only Campaign

Who can be a member?

- Professional and nonprofit organizations
- Healthcare systems
- Provider groups
- Private companies

What do members do?

- Raise awareness
- Share materials
- Receive updates
- Be recognized

To join, email injectionsafety@cdc.gov

http://www.oneandonlycampaign.org/campaign-members

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Subscribe to the CD Summary

- 2-page newsletter followed by short quiz for free CMEs
- Audience: licensed health care providers, public health and health care agencies, media representatives, medical laboratories, hospitals, those interested in epidemiology and public health

https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/CDSUMMARYNEWSLETTER/Pages/index.aspx

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Resources & references

- OHA resources
  - OAR: https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=89
  - Facebook: https://www.facebook.com/Oregon.aware
  - HAI Program Publications and Maps: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/HAI/Pages/Reports-and-Data.aspx
  - HAI Reporting Poster: https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/ReportingPosters/poster-hai.pdf
  - Exemptions Proposal Summary: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/HAI/Documents/haiac-meetings/2018/March_%2028_%202018_Meeting%20Materials.pdf
  - CD Summary: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/CDSUMMARYNEWSLETTER/Pages/index.aspx
  - HAIAC: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/HAI/PREVENTION/Pages/meetings.aspx
  - Internal Validation Guidance:
  - https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/HAI/REPORTING/Documents/Hosp_HAI_Intern_Valid_Guide_2017.pdf

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Resources & references

- DHHS Action Plan: https://health.gov/hcq/prevent-hai-action-plan.asp
- CDC resources:
  - NHSN Protocols, forms, TOIs, and trainings:
    - https://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html
    - https://www.cdc.gov/nhsn/forms/57.120_SSI_BLANK.pdf
    - https://www.cdc.gov/nhsn/forms/instr/57_120.pdf
    - https://www.cdc.gov/nhsn/forms/57.121_DenomProc_BLANK.pdf
    - https://www.cdc.gov/nhsn/forms/instr/57_121.pdf
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    - https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf
    - https://www.cdc.gov/nhsn/pdfs/training/2018/ssi-508.pdf
    - https://www.cdc.gov/nhsn/pdfs/training/enroll/nhsn_getting_started.pdf
    - https://www.cdc.gov/nhsn/training/roadmap/psc/analysis.html
    - https://www.cdc.gov/nhsn/training/roadmap/psc-roadmap.html
  - One & Only Campaign membership: http://www.oneandonlycampaign.org/campaign-members
  - HAI Progress report: https://www.cdc.gov/HAI/pdfs/progress-report/hai-progress-report.pdf

Questions & discussion

Join our next Lunch & Learn webinar!

Oregon's First Statewide Antibiogram and Multidrug-Resistant Organism Highlights

October 9, 2018, 12pm-1pm

Register here:
https://register.gotowebinar.com/register/2619405770959186

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