





Health Quality Innovation Network

HQIC Office Hours

January 11, 2024

Logistics – Zoom Meeting



To ask questions, click on the **Chat** icon. At the end of the presentation, you will also be able to unmute to ask a question verbally.

You may adjust your audio by clicking the caret next to the **Mute** icon.

Resources from today's session will be shared after the call.



“Infection Prevention is a Program, Not a Person”: A Team Approach to the NHSN Annual Survey and IP Plan Best Practices

Health Quality Innovation Network

Today's Presenters



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Objectives

- 1 Identify best practices for developing a comprehensive IP/IC plan**
- 2 Apply strategies for timely completion of NHSN annual survey**
- 3 Structure and promote a collaborative approach to developing an organizational IP plan**

NHSN Annual Survey

Completed at the beginning of each year to reflect data from the prior calendar year.

- **Deadline:** March 1, 2024
- Mandatory for anyone reporting to Patient Safety module
- Failure to submit will prevent the facility from adding or editing monthly reporting plans until the most recent survey is completed.

[2023 Patient Safety Annual Hospital Survey Instructions](#)
[2023 Patient Safety Annual Hospital Survey Form](#)

NHSN Annual Survey - Purpose

NHSN data entry
and reporting

Public reporting
compliance

Risk-adjustment

Benchmark

Identify infection
prevention
problems

Measure
prevention
progress

NHSN Survey Best Practices

Multiple NHSN assigned users

Review, revise and update unit mapping

Review and update monthly reporting plan

Review, revise and update infection prevention plan

Frequently Asked Question #1

“I saved my Annual Survey but am getting an alert that it is incomplete. How do I mark completed?”

There are two buttons you can select, **SAVE** or **SUBMIT**.

- **SAVE** only saves your data and allows you to continue to edit
- **SUBMIT** only after you have answered all the questions to mark survey complete

Frequently Asked Question #2

“Can I edit survey data after I submit it?”

All PSC Annual Surveys **can be edited at any time** in NHSN.

Remember data is used for risk adjustment calculations that generate SIRs.

- Changes to these values may change your SIR.
- Data submitted to CMS Inpatient Quality Reporting **will not update**, even if the SIR changes.

Frequently Asked Question #3

“Which designation of teaching status should I indicate on the annual hospital survey?”

Select the *highest level* your facility meets.

- **Major:** Residents, fellows, and medical or nursing students
- **Graduate:** Residents and fellows
- **Undergraduate:** Medical or nursing students

POLL QUESTION

Who participates in completing your NHSN survey? (Select all that apply)

- Infection Prevention
- Quality/Safety
- Nursing
- Physicians
- Senior leaders
- Professional services (e.g. Lab, Pharmacy)
- Support services (e.g. EVS, Facilities)
- Other (please post in Chat)

Annual Survey Collaboration

Annual Survey Section	Question #'s	Recommended Collaboration
Facility Characteristics	--	Administration; Quality
Microbiology Lab	1 – 23	Micro/Lab
IP Practices	24 – 35a	Nursing
Neonatal or Newborn	36 - 41a	Nursing
Antimicrobial Stewardship	42 – 58	Pharmacy
Sepsis Management	59 – 73	Med Staff; ED: Nursing; Pharmacy
Water Management	74 – 78	Facility Services; Maintenance/ Engineering

1992 DREAM TEAM

ROSTER UNVEILED SEPT. 21, 1991



Magic Johnson

Michael Jordan

Larry Bird

Scottie Pippen

Charles Barkley



Karl Malone

Chris Mullin

John Stockton

Patrick Ewing

David Robinson

Building the Team



POLL QUESTION

When do you typically review your IP plan?

- A. Once annually in Q1
- B. Quarterly
- C. At every IP Committee meeting
- D. As often as needed, but at least annually

Infection Prevention Annual Plan

What it Is

- Dynamic document
- At least reviewed annually
- Regulatory requirement
- “Road map” for the year

What It Isn't

- Static document
- Only reviewed annually
- ICRA
- Gap analysis
- RCA

IP Annual Plan - Components

Facility Risk Assessment

Environmental scan (internal and external)

Data (qualitative and quantitative)

SMART goals

Policy and procedure review

Regulatory, state, and/or federal law changes

Formulating the Plan

Timing

- Budget cycle
- Surveys
- Data availability

Team

- IP/IC Committee
- Procedural areas
- Health department
- Community organizations

Goals

- Strategic plan
- Rating goals
- Program designations

Overview

- Infection prevention planning is 24/7/365.
- Remember your ad hoc participants.
- Your process and team needs to fit your organization.
- Never too early to start completing your survey.
- The IP Department should lead, not do all the work.
- Visit the appendix slides for additional details.



Resources

- [CMS Requirements | NHSN | CDC](#)
- [NHSN Facility Enrollment Guide \(cdc.gov\)](#)
- [NHSN Facility Administrator Enrollment Guide \(cdc.gov\)](#)
- [Map a New CDC Location](#)
- [FAQs: Locations | NHSN | CDC](#)
- [2023 Patient Safety Annual Hospital Survey Form \(cdc.gov\)](#)
- [FAQs: Annual Surveys | NHSN | CDC](#)
- [How to Identify Who Modified the Survey \(cdc.gov\)](#)
- [Healthcare Facility HAI Reporting Requirements to CMS via NHSN Current or Proposed Requirements \(cdc.gov\)](#)
- [Infection Prevention and Control Plan Outline \(apic.org\)](#)
- [IP/IC Plan Checklist \(jointcommission.org\)](#)
- [Infection Control Plan Toolkit \(PA Dept. of Health\)](#)

February Office Hours

Electronic Clinical Quality Measures Basics and Promoting Interoperability

February 8, 2024
12:00 PM EST

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Appendix

NSHN Survey Components

Facility Characteristics:

- Ownership
- Patient days
- Admissions
- Teaching hospital
- Staffed beds
 - ICU
 - All other patient locations

Microbiology Laboratory Practices:

- Antimicrobial susceptibility testing facility location
 - Methods used
- Antimicrobial breakpoint implementation
- Carbapenamase testing
- ESBL testing
- Yeast identification
- Fungal testing
- CDI testing

[How to Add NHSN PSC Annual Facility Survey \(cdc.gov\)](https://www.cdc.gov/nhsn/psc)

Infection Control Practices:

- IP staffing
 - Surveillance activities
 - Epidemiologist staffing
- IPC activities
 - MRSA/VRE/CRE and other MDRO screening/testing protocols
 - C. auris screening/testing protocols
 - Transmission precautions
 - CHG policy and intranasal staphylococcal protocol

Facility Neonatal or Newborn Practices:

- Leadership support and input
- Admissions to NICU
 - Inborn
 - Outborn
 - Birth weight categories
- Antimicrobial administration protocols

Antimicrobial Stewardship Practices

- Leadership Support
- Pharmacy input and support
- ASP responsibilities in job descriptions
- Staffing hours spent on ASP
- Antibiotic stewardship integration in QI and patient safety

Antimicrobial Stewardship Interventions

- Antibiotic stewardship interventions
 - Prospective Audit and feedback
 - Preauthorization
 - Treatment recommendations based on clinical conditions
 - Optimal use of antibiotics
 - Pharmacy based interventions
 - Nursing interventions
- Data monitoring and usage
- Antibiogram utilization
- Staff and patient education

Sepsis Management and Practices

- Demonstrate leadership commitment and support
- Do you have a sepsis committee
 - Members
 - Multi-disciplinary
 - Locations/services
 - Responsibilities
 - Monitor compliance
 - Review strategies
 - Update protocols
 - Monitor pt. outcomes
 - Develop education
 - Review antimicrobial use

- Sepsis rapid identification
 - EMR Alerts
 - SIRS
 - Quick SOFA
 - Predictive model
 - Manual screening
 - No standardized process
- Sepsis management
 - Tailored pt. protocols
 - Diagnostic testing
 - Prompt ABX, fluid ordering
 - Reassessment protocols
 - Automated system protocols
 - Manual protocols
 - Patient/family education

Facility Water Management Program (WMP)

- Does your facility have a WMP
 - Members
 - Multi-disciplinary
 - Locations/services
- Environmental assessment for opportunistic waterborne pathogens like Legionella.
 - [WICRA - Water Management Infection Control and Risk Assessment \(cdc.gov\)](https://www.cdc.gov/wicra/)

Water System Monitoring

- Monitor acceptable limits
- Including corrective action
 - Disinfectant
 - Water temperature
 - Water PH
 - Heterotrophic plate counts
 - Specific environmental testing
 - Legionella