





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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Senior Consultant, HQI

# 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

Promoting Interoperability: Electronic Clinical Quality Measures (eCQMs) - 2023 Finish and 2024 Focus

February 8, 2024  
12:00 PM EST



# CONNECT WITH US

Call 877.731.4746 or visit [www.hqin.org](http://www.hqin.org)



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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