

# Welcome!

- Audio for this event is available via ReadyTalk® Internet Streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if needed.
- This event is being recorded.



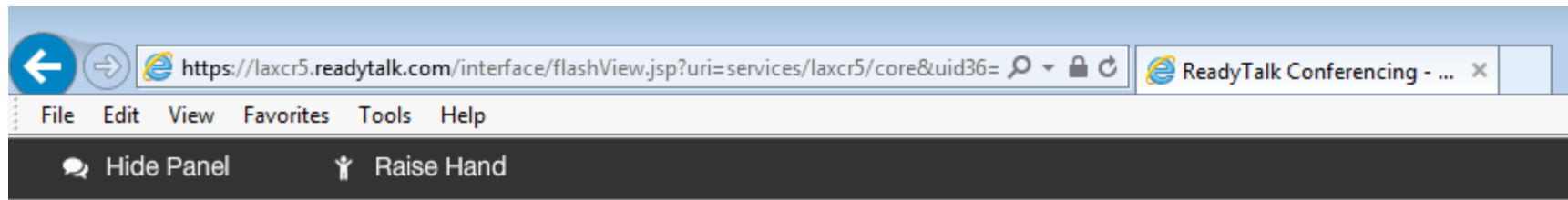
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?

- Click Refresh icon –  
or-  
Click F5



F5 Key  
Top row of Keyboard

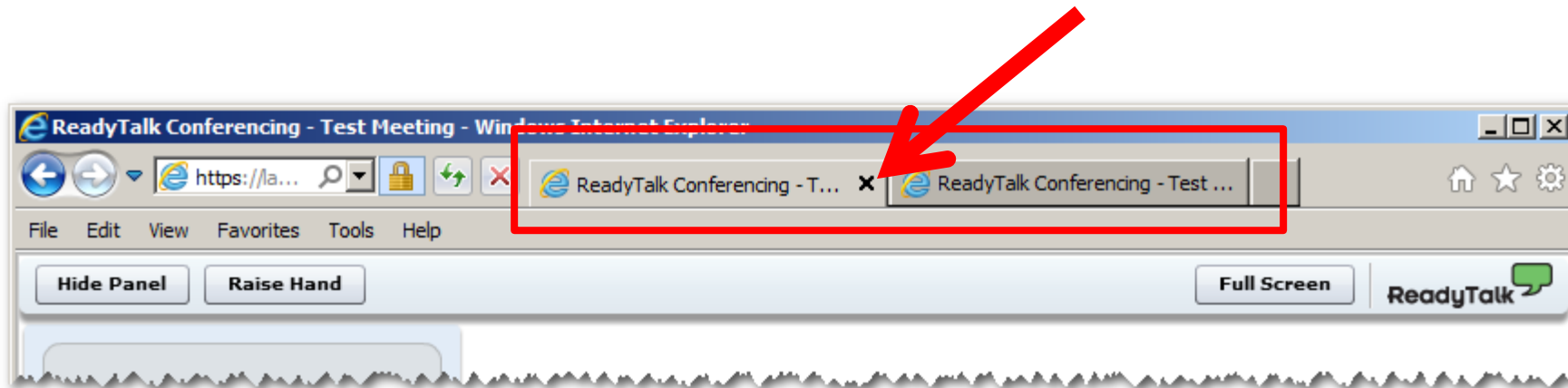


Location of Buttons

Refresh

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



*Example of Two Browsers Tabs open in Same Event*

# Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



# NHSN: Transition to the Rebaseline Guidance for Acute Care Facilities

**PRACHI PATEL**

**REBECCA YVONNE KONNOR**

**LINDSEY WEINER**

NHSN Methods and Analytics Team, Surveillance Branch  
Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention

October 26, 2016

# Today's Objectives

- Explain the elements of the new HAI risk models
- Review the use of the SIRs in relation to Centers for Medicare and Medicaid Services (CMS) programs
- Learn how to review NHSN data
- Preview the new application interface
- Discuss additional resources and upcoming events

# The Rebaseline (BS2) is Coming!

- The new risk adjusted baseline (BS2) will be implemented in the application on December 10, 2016
- Now through December 10<sup>th</sup> (scheduled release of NHSN v8.6):
  - Develop new reports in NHSN application
  - EDUCATION! (via newsletters, quick reference guides, and Rebaseline webinars)
- With the NHSN v8.6 release on Dec. 10<sup>th</sup>, NHSN Users will be able to run SIRs for 2015 and 2016 under both the old baseline (BS1), and the new baseline (BS2)
  - Data for 2017 and forward will be available under the new BS2 only

# The Rebaseline: Modeling Approach

- Used in-plan data reported to NHSN for January –December 2015 (as reported by May 16, 2016)
- Included facilities from all states, territories, and DoD installations
- Lead analysts applied consistent overarching methods and analytic approach
- Input was solicited from subject matter experts
- Decisions made a priori regarding which factors should or should not be considered potential risk factors in the model
- Data cleaning and outlier detection was performed prior to modeling work



# Device-Associated Events

Prachi Patel

# Central Line-Associated Bloodstream Infection (CLABSI) Data Submitted to CMS

- Includes in-plan data for:
  - Beginning with 2011
    - Adult, pediatric, and neonatal ICU
  - Beginning with 2015, additional locations were added:
    - Adult and pediatric Medical Wards
    - Adult and pediatric Surgical Wards
    - Adult and pediatric Medical/Surgical Wards

# CLABSI: Model Changes

- Negative binomial regression model used to calculate # predicted infections
- MBI-LCBI excluded from the CLABSI SIR
- Addition of events and device days from some ICU locations
  - There were some locations that at the time of Baseline 1 did not have enough data to be included in the SIR calculations.
  - They were still required to be reported, but SIRs were not calculated.
  - Now, with the Baseline 2, data from these locations will now be included in the SIR calculations.

# Catheter Associated Urinary Tract Infections (CAUTI) Data Reported to CMS

- Includes in-plan data for:
  - Beginning with 2012 data:
    - Adult and Pediatric ICU
  - Beginning with 2015, additional locations were added:
    - Adult and Pediatric Medical Wards
    - Adult and Pediatric Surgical Wards
    - Adult and Pediatric Medial/Surgical Wards

# CAUTI: Model Changes

- Negative binomial regression model used to calculate # predicted infections
- Urinary catheter days will continue to be used in the SIR calculations
- Addition of events and device days of some ICU locations
  - There were some locations that at the time of Baseline 1 did not have enough data to be included in the SIR calculations.
  - They were still required to be reported, but SIRs were not calculated.
  - Now, with the Baseline 2, data from these locations will now be included in the SIR calculations.

# Factors included for CLABSI and CAUTI Models

Factors	CLABSI	CAUTI
Type of CDC Location	✓	✓
Facility Type	✓	✓
Medical School Affiliation	✓	✓
Facility Bedsize	✓	✓

# Preparing for the CMS Deadline

- Clear all alerts
- Generate your datasets
- Run your CMS CLASBI and CAUTI reports

## 📁 CMS Reports

### 📁 Acute Care Hospitals (Hospital IQR)

#### 📁 CDC Defined Output

📄 SIR - CLAB Data for CMS IPPS	Run	Modify
📄 SIR - CAU Data for CMS IPPS	Run	Modify
📄 SIR - Complex 30-Day SSI Data for CMS IPPS	Run	Modify
📄 SIR - CDI FacwideIN LabID Data for CMS IPPS	Run	Modify
📄 SIR - MRSA Blood FacwideIN LabID Data for CMS IPPS	Run	Modify

- The following CAUTI elements will match between NHSN and QNET
  - Number of CAUTIs (numerator)
  - Urinary catheter days
- The following CLABSI elements will match between NHSN and QNET
  - Number of CLABSI (excluding MBI-LCBIs)
  - Central line days

# CLABSI – Numerator Check

- Run a CLABSI Line List to identify MBI-LCBIs

Device-Associated (DA) Module

Central Line-Associated BSI

CDC Defined Output

Line Listing - All CLAB Events

Run

Modify

## National Healthcare Safety Network

### Line Listing for All Central Line-Associated BSI Events

As of: October 3, 2016 at 2:08 PM

Date Range: CLAB\_EVENTS evntDateYM 2015M02 to 2015M02

orgID	admitDate	eventID	eventDate	eventType	spcEvent	mbi_lcbi
	02/23/2015		02/26/2015	BSI	LCBI	N
	01/20/2015		02/02/2015	BSI	LCBI	Y
	02/05/2015		02/10/2015	BSI	LCBI	N
	02/02/2015		02/09/2015	BSI	LCBI	N
	02/01/2015		02/05/2015	BSI	LCBI	N



# CLABSI – Denominator Check

- Run a Summary Data line list to identify all contributing summary data
- Include those additional ICU locations

Summary-level Data

CDC Defined Output

Line Listing - All Summary Data	Run	Modify
User-Defined Rate Table - ICU-Other	Run	Modify
User-Defined Rate Table - NICU	Run	Modify
User-Defined Rate Table - SCA	Run	Modify
Line Listing - CLAB Rates for NICU	Run	Modify

## National Healthcare Safety Network Line Listing for All Summary Data

As of: October 3, 2016 at 2:15 PM

Date Range: PSSUMMARY summaryYM 2015M02 to 2015M02

summaryYM	summarytype	locationtype	eventtype	numddays	numpatdays
2015M02	ICU	OTHER	CLAB	50	100
2015M02	ICU	CC	CLAB	98	197
2015M02	ICU	CC	CLAB	90	159

# Data Quality Check

- CDC Location
  - Review your facility CDC locations in NHSN
- Facility Type
  - Designated during enrollment in NHSN
  - Can be viewed under “Facility” > “Facility Info”
- Medical School Affiliation
  - 2015 Annual Survey
- Facility Bedsize
  - 2015 Annual Survey

# **Surgical Site Infections: Complex 30-day Model**

**Rebecca Konnor**

# What is included in the Complex 30-day model

- COLO and HYST
- In-plan, inpatient procedures in adults 18 years and older
- Deep incision primary (DIP) and Organ/space (O/S) SSIs
- SSIs identified within 30 days of the procedure date
- SSIs regardless of detection (e.g., readmission, post discharge surveillance, etc.)
- Procedures with either primary and other than primary closure techniques

# Data Exclusions

Data Exclusions (Due to potential data quality issues or outliers)	
Data from ambulatory surgery centers (ASCs) and long-term acute care hospitals (LTACHs)	Closure technique is missing
Present at time of surgery (PATOS) is 'Yes'	ASA score is missing
Age at the time of procedure is greater than 109	If number of beds missing
Gender = Other	Gender is missing
Procedure duration less than 5 minutes	If procedure duration is greater than $Q3+5IQR$
BMI is less than 12 or greater than 60 (adults)	Outpatient procedures and resulting SSIs
Medical affiliation is missing or medical affiliation is 'Y' and medical type is missing	

# Factors Included in the Complex 30-day Model

Factor	COLO	HYST
Age	X	X
ASA Score	X	X
BMI	X	X
Cancer hospital	X	X
Closure technique	X	
Diabetes	X	X
Gender	X	

# SIRs using the 2015 Rebaseline

- NHSN will submit SIRs using the new 2015 risk-adjusted baseline
- Details of the process and approach to the rebaseline and risk adjustment provided in previous webinar
  - <https://www.cdc.gov/nhsn/2015rebaseline/index.html>
- Compared to the current baseline of (2006-2008), you will notice differences in your
  - Numerator (# of observed SSIs)
  - Denominator (# of predicted SSIs based on 2015 risk adjusted baseline)
- Because of the new data inclusions/exclusions and updated risk factors listed above

# Data Submission to CMS for Quality Reporting

- Quarterly SIRs
- NHSN submits aggregate data to CMS
  - Numerator (# of observed SSIs)
  - Denominator (# of predicted SSIs based on 2015 risk adjusted baseline)
  - Number of procedures
  - SIR
  - P-value and the 95% Confidence Interval



# Upcoming CMS Deadline

- The upcoming 2016Q2 submission will use the 2015 risk-adjusted rebaseline
  - 2016Q2 data submission for IQR due November 15, 2016
- However, the updated risk-adjusted models will not be implemented in NHSN until later--on December 10, 2016
- So, the 2016Q2 CMS reports in NHSN will not match the data previewed on Quality Net
- Differences between what is in NHSN vs. Quality Net, for the Complex 30-day model, in terms of following
  - The number of procedures
  - The number of observed SSIs
  - The number of predicted SSIs
  - The SIR (and supporting statistics)

# How do I Know what is included in my Data?

- Continue to follow the steps of checking your data for CMS submission
  - Include HYST and COLO on your monthly reporting plans for the quarter
  - Address all outstanding Alerts related to procedures/SSIs
  - Generate datasets
  - Run the Complex 30-day SSI Data report and
  - Review your table of “Incomplete and Custom Procedures not Included in the SIR”
  - In addition, review the new data inclusions/exclusion and the new risk factors

# Checking your Denominator-Procedures

- Step 1: Run a line list of procedures limiting to COLO and HYST and the time period in question
  - <http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/faq-procedure-line-list.pdf>
  - On the modify screen, include all risk factors listed above, in the available variable list
- Step 2: Review the procedure line list for the inclusion and exclusion criteria
  - Procedures included in the new SIR are
    - In-plan, inpatient procedures in adults 18 years and older
    - Procedures with either primary or other than primary closure techniques

How to troubleshoot your SIR:

[http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/ssi-sir\\_tips.pdf](http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/ssi-sir_tips.pdf) <https://www.youtube.com/watch?v=2zKqpSrZVAU&feature=youtu.be>

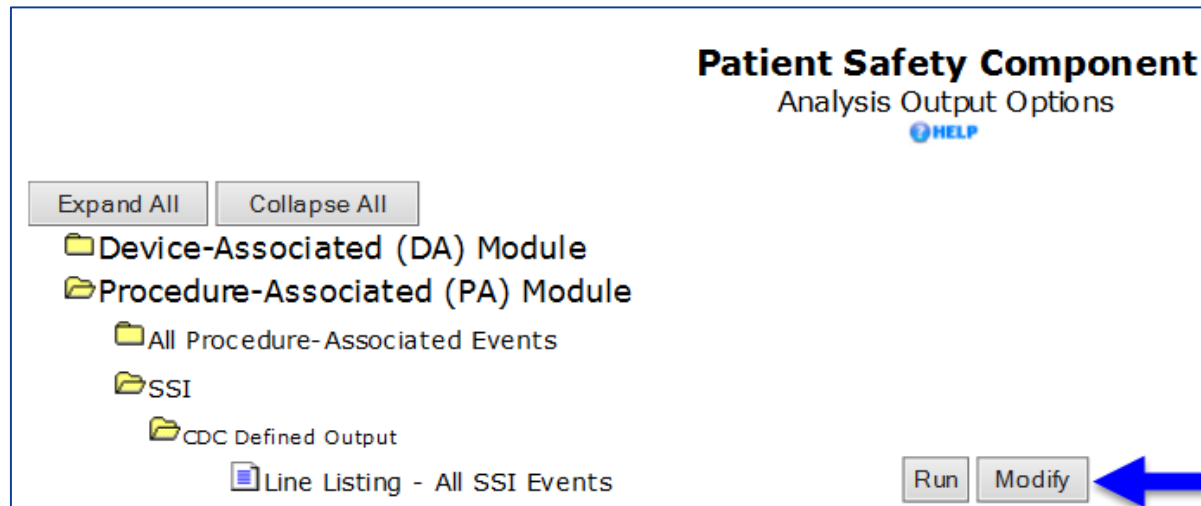
# Checking your Denominator-Procedures

- Procedures excluded from the new SIR are
  - Procedures with gender = Other 'O'
  - Procedures with BMI <12 or >60
  - Present at time of surgery (PATOS) = Yes
  - Procedures with duration <5 minutes or >IQR5 (COLO: 697 minutes, HYST: 547 minutes)
  - Procedures missing any of the required factors
  - Age at time of procedure > 109 year



# Checking your Numerator-SSIs

- Step 1: Run a line list of SSI events, limiting to COLO and HYST and the time period in question



- NOTE: If a procedure is excluded from the denominator, the resulting SSI is excluded from the numerator

# Checking your Numerator-SSIs

- Step 2: Review the SSI event line list for inclusion/exclusion criteria
  - SSI events included in the new SIR are
    - Deep incisional primary and organ/space SSIs
    - SSIs identified within 30 days of the procedure date
    - SSI regardless of detection (e.g., readmission, post discharge surveillance, etc.)
  - SSI events excluded from the new SIR are
    - PATOS = YES

# MRSA Bacteremia & *C.difficile* LabID Events

Lindsey Weiner

# Data Submission to CMS for Quality Reporting

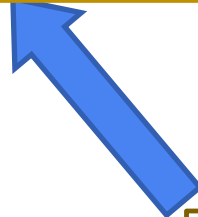
- Quarterly facility-wide (FacwideIN) SIRs
  - One SIR for entire facility, based on CCN
- The following data elements are submitted to CMS for both MRSA bacteremia and *C.difficile* (CDI):
  - Numerator (# of unique hospital-onset events)
  - Denominator (# of predicted hospital-onset events)
  - SIR
  - Total patient days
  - P-value
  - 95% Confidence Interval



# What is Changing?

- The following data elements are submitted to CMS:

- Numerator (# of unique hospital-onset events)
- Denominator (# of predicted hospital-onset events)
- SIR
- Total patient days
- P-value
- 95% Confidence Interval



New risk adjustment  
will result in a change  
to the number of  
predicted events

# Number of Predicted LabID Events

- Will now be calculated based on the national experience from 2015
- Will account for a new set of risk factors
  - Based on variables that were significant predictors of LabID events according to the 2015 national experience

<b><u>Risk Adjustment Factors for 2015 Baseline</u></b>	
<b><u>MRSA Bacteremia</u></b>	<b><u>C.difficile</u></b>
Facility type	Facility type
Med school affiliation/teaching status	Med school affiliation/teaching status
# ICU beds	# ICU beds
Average length of stay for patients in the hospital	Total # beds
Inpatient community-onset prevalence rate	Inpatient community-onset prevalence rate
Outpatient community-onset prevalence rate in ED/24 hr observation location	Any reporting from an ED/24 hr observation location
	CDI test type

# What is Changing?

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

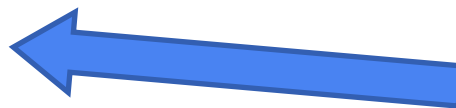
- The following data elements are submitted to CMS:
  - Numerator (# of unique hospital-onset events)
  - Denominator (# of predicted hospital-onset events)

– SIR

– Total patient days

– P-value

– 95% Confidence Interval



SIR is a comparison of the # observed events in your hospital to the 2015 national experience

# NHSN and QualityNet

- Updated risk models will be incorporated into NHSN in December 2016
- For 2016 Q2 data submitted to CMS on November 15<sup>th</sup>:
  - NHSN SIR reports generated prior to December 2016 use the original baseline
  - Data submitted to Quality Net/CMS will use the updated 2015 baseline
- For LabID events, 2016 Q2 reports from Quality Net will not match SIR reports in NHSN for *some data elements*
  - # predicted events, SIR, p-value, 95% confidence interval
- The following LabID data elements will match between NHSN and Quality Net:
  - Numerator (# of unique hospital-onset events)
  - Total Patient Days

# Preparing for Q2 Deadline

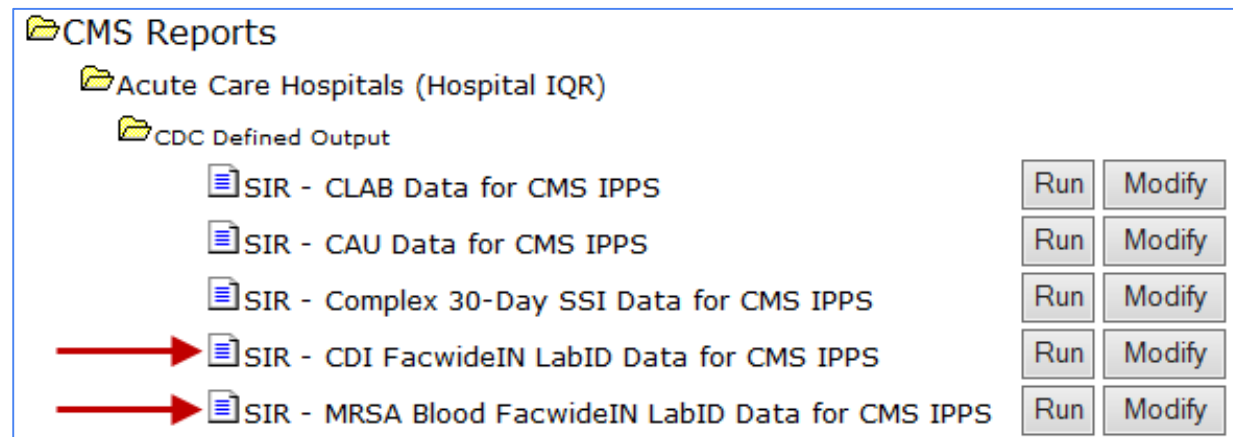
**Step 1:** Confirm monthly reporting plans are accurate and no outstanding “Alerts”

- Follow the regular CMS checklist to confirm reporting is complete:

<http://www.cdc.gov/nhsn/pdfs/cms/ach-monthly-checklist-cms-iqr.pdf>

**Step 2:** Use CMS LabID SIR report in NHSN to review # of hospital-onset LabID events and total patient days

- Same # events and patient days you see in NHSN will be submitted to CMS for Q2



# Review Hospital-onset LabID Events and Patient Days


## National Healthcare Safety Network

### SIR - MRSA Blood FacwideIN LabID Data for CMS IPPS

As of: October 11, 2016 at 9:53 AM

Date Range: LABID\_RATE SMRSA summaryYr After and Including 2013

if (((mrslabIDPlan = "Y" ) ))



orgID	location	summaryYQ	months	MRSA_bldIncCount	numExpMRSA	numpatdays	SIR	SIR_pval	sir95ci
10000	FACWIDEIN	2016Q2	3	0	0.450	7549	.	.	

- Follow regular data quality assessment to confirm accuracy
  - MRSA or CDI event line list to review hospital-onset events
  - Summary data line list or manual review of monthly denominator data
  - Troubleshooting tips for MRSA and CDI: [http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mrsacdi\\_tips.pdf](http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mrsacdi_tips.pdf)

# Preparing for Q2 Deadline

**Step 3:** For data quality check of # predicted events, review new risk adjustment variables

## MRSA Bacteremia:

- **Facility type**
  - Confirm accurate enrollment status (click “Facility” > “Facility Info”)
  - HOSP-CAH: reserved for CMS-certified Critical Access Hospitals
- **Medical school affiliation/teaching status**
  - Review 2015 annual survey
- **# ICU beds**
  - Review 2015 annual survey





# MRSA Bacteremia, continued

- Average length of stay
  - Review annual survey: total # annual patient days / total # annual admissions
  - Should include all inpatient locations, including CMS-certified units
- Inpatient community-onset prevalence rate for 2016 Q2
  - Review MRSA bacteremia rate tables

**National Healthcare Safety Network**  
**Rate Table - All MRSA LabID Events by Location**  
**MDRO Bloodstream Infection - Inpatient MRSA BSI Admission Prevalence Rate**  
As of: October 3, 2016 at 12:04 PM  
Date Range: All LABID\_RATE SMRSA

orgID=10000 locCDC=' '

summaryYQ	months	location	MRSA admPrevBldCount	numadms	MRSA BSIAdmPrevRate
2016Q2	3	FACWIDEIN	1	757	0.132

# MRSA Bacteremia, continued

- Outpatient community-onset prevalence rate in ED/24 hr observation
  - Review MRSA bacteremia rate tables for outpatient locations

<b>National Healthcare Safety Network</b>				
<b>Rate Table - All MRSA LabID Events by Location</b>				
<b>MDRO Bloodstream Infection - Outpatient MRSA BSI Prevalence Rate</b>				
As of: October 3, 2016 at 12:13 PM				
Date Range: All LABID_RATE\$MRSA				
orgID=10000 locCDC=OUT:ACUTE:ED				
summaryYQ	location	MRSA_bldCount	numencounters	MRSA_bldPrevRate
2016Q2	ED	0	2500	0.000

- If your hospital does not have an ED or 24 hr observation location, you will still receive appropriate risk adjustment

# Updated Risk Adjustment for *C.difficile*

- *C.difficile*:

- Facility type
- Medical school affiliation/teaching status
- # ICU beds

## Total # beds

- Review 2015 annual survey

## Reporting from ED/24 hr observation locations

- Ensure proper reporting, if applicable

## CDI test type

- Review June 2016 FacwideIN denominator form

## Inpatient community-onset prevalence rate

- Review CDI rate tables

# Updated Risk Adjustment for *C.difficile*

- *C.difficile*:

- ✓ Facility type

- ✓ Medical school affiliation/teaching status

- ✓ # ICU beds

Total # beds

- Review 2015 annual survey

Reporting from ED/24 hr observation locations

- Ensure proper reporting, if applicable

CDI test type

- Review June 2016 FacwideIN denominator form

Inpatient community-onset prevalence rate

- Review CDI rate tables

# CDI Test Type on June FacwideIN Summary Record

## General

Setting: Inpatient    Total Facility Patient Days \*: 1500    Total Facility Admissions \*: 500

Setting: Outpatient    Total Facility Encounters :

If monitoring *MDRO* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) from Totals:

MDRO Patient Days\*: 1200    MDRO Admissions\*: 400    MDRO Encounters:

If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) as well as

CDI Patient Days\*: 1000    CDI Admissions\*: 350    CDI Encounters:

For this quarter, what is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory?

NAAT - Nucleic acid amplification test (NAAT)

- CDI test type indicated on the June summary record will be used in the calculation for # predicted events
- PCR testing should be indicated by selecting NAAT

# Inpatient Community-Onset Prevalence Rate

- Review 2016 Q2 CO prevalence rate, found in the *C.difficile* rate tables

MDRO/CDI Module - LABID Event Reporting

- All LabID Events
- All MRSA LabID Events
- All MSSA LabID Events
- All *C. difficile* LabID Events
- CDC Defined Output
  - Line Listing for All CDIF LabID Events
  - Frequency Table for All CDIF LabID Events
  - Bar Chart for All CDIF LabID Events
  - Pie Chart for All CDIF LabID Events
  - Rate Tables for CDIF LabID Data
  - SIR - CDI FacwideIN LabID Data

Run Modify


Run Modify

Run Modify

Run Modify

Run Modify

Run Modify



## National Healthcare Safety Network

### Rate Table - All CDIF LabID Events by Location

#### CDI Prevalence - Community-Onset Admission Prevalence Rate

As of: October 4, 2016 at 5:16 PM

Date Range: All LABID\_RATE SCDIF

summaryYQ	months	location	CDIF_admPrevCOCCount	numadms	CDI_COprevRate
2016Q2	3	FACWIDEIN	0	4834	0.000

# Hospital Compare

# December 2016 Update of Hospital Compare

- 2015 Q1 – Q4 data will be posted with the December update to Hospital Compare
  - These data have been calculated under the new 2015 baseline
  - Will be used for other programs such as HAC and HVBP
- Preview period for these data began October 8<sup>th</sup>
  - Review your SIRs, calculated under the new baseline, in QualityNet preview reports
  - Note that SIR reports generated in NHSN will continue to use the old baseline until the December 2016 NHSN update
- More information: <http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-sept-2016.pdf>



# Hospital Compare

- All future releases of Hospital Compare, starting with December 2016, will show SIRs calculated under the new baseline
  - April 2017 refresh of Hospital Compare: 2015 Q3 – 2016 Q2
- Language on the Hospital Compare website will be updated to reflect the new baseline and new risk adjustment variables

# Data in Q-net vs NHSN

# Why will 2016 Q1 and Q2 SIRs be submitted to CMS before hospitals have the opportunity to view them?

- Since 2011, NHSN application has enabled hospitals to reproduce CDC's SIR calculations.
  - This year, new baseline for each HAI SIR calculation
  - Use the new risk models in the 2016Q1 and 2016Q2 HAI SIRs reported on behalf of hospitals to CMS.
- These new risk models will be incorporated into the next release of the NHSN application – **December 2016**.
  - Hospitals will not be able to calculate their own 2016Q1 and 2016Q2 HAI SIRs in the NHSN application until December
  - CDC needs remaining months to develop and implement the new risk models and reports in the NHSN application

# Hospital Compare Preview Reports

- Hospitals participating in the CMS Hospital Inpatient Quality Reporting (IQR) Program can preview their HAI data before the data are publicly posted on Hospital Compare
  - CDC submitted preliminary, quarterly files to CMS – using the new 2015 baseline.
  - QualityNet Secure Portal: view December 2016 preview reports of HAI data from 2015 Q1 – 2015 Q4.
  - **Preview period begins October 8, 2016**
  - **Data shown in the December Preview Report and the data generated from NHSN analysis reports will be different**
- <http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-sept-2016.pdf>

# Rebaselined SIRs Shared with CMS

- CDC re-sent 2015Q1-2015Q4 data, under the new 2015 baseline, for the following measures:
  - **Hospital IQR:** CLABSI, CAUTI, SSI-COLO, SSI-HYST, MRSA bacteremia LabID, CDI LabID
- The new baseline will continue to be used for rolling 4-quarter Public Reporting files
- CDC is sending 2016Q1+ data to CMS, under the new 2015 baseline, for all QRP HAI measures at each quarterly deadline
- SIRs calculated under the new 2015 baseline will be available within the NHSN application in December, 2016
- **Bottom Line:** The 2015 data shown in the Hospital Compare Preview Report for the December Hospital Compare release will be different from the data currently generated within NHSN.

# Additional Resources

# Rebaseline Educational Tools

- Rebaseline Website
  - <http://www.cdc.gov/nhsn/2015rebaseline/index.html>
- Updates to existing documents on website
- Rebaseline Compendium
- The NHSN Standardized Infection Ratio (SIR): A User's Guide to the SIR
- SUR User's Guide
- Quarterly Newsletters

# NHSN Trainings and Webinars

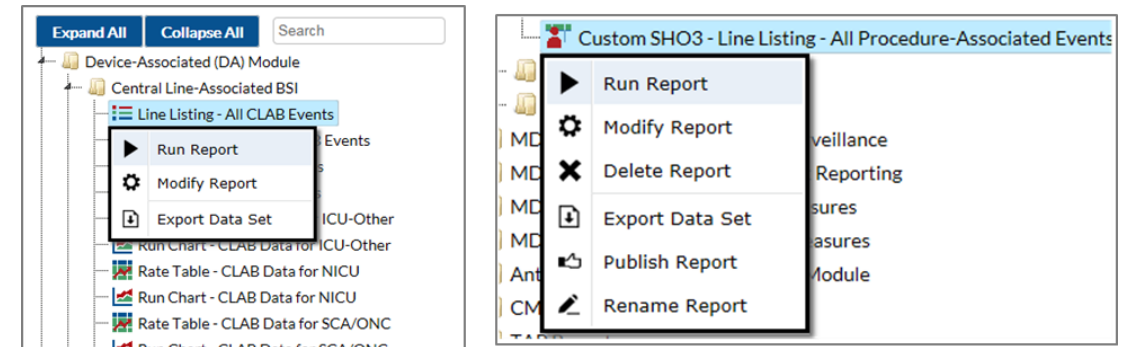
- **November**: LTCHQR/IRFQR Webinar, similar to HIQR webinar
- **November 30th**: Rebaseline Webinar Part II: **“Running the New SIRs in NHSN”**
- **March 2017**: NHSN Annual Training – detailed review of each new SIR by HAI type



# November 30<sup>th</sup>: Running the New SIRs in NHSN

- Preview of the new application interface
- New reports
- Putting the re-baseline into practice
- Annual surveys
- Registration Link:

— <https://cc.readytalk.com/r/ffs5js17p967&eom>



Modify "SIR - All CLAB Data"

Analysis Data Set: CLAB\_RatesICU      Type: SIR      Data Set Generated On: 09/01/2016 10:04:00

☐ Show descriptive variable names

Title/Format   Time Period   Filters   Display Options

Time Period:

Date Variable	Beginning	Ending	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Clear Time Period"/>

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

EXAMPLE

# Additional Rebaseline Resources

- Updating the National Risk-Adjustment of HAI Data – March 2016
  - <http://www.cdc.gov/nhsn/pdfs/training/2016/updating-national-risk-adjustment-dudeck.pdf>
- APIC 2016 NHSN Members Meeting – June 2016
  - <http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-members-meeting-2016.pdf>
- NHSN Newsletters
  - [http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-enewsletter\\_dec-2015\\_final.pdf](http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-enewsletter_dec-2015_final.pdf)
  - <http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-march-2016.pdf>
  - <http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-june-2016.pdf>

# Questions?

NHSN@cdc.gov

# Continuing Education Approval

This program has been approved for 1.5 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

# CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is a separate registration from ReadyTalk®.
  - Please use your PERSONAL email so you can receive your certificate.
  - Healthcare facilities have firewalls up that block our certificates.

# CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.

# CE Credit Process: Survey

☐ No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

☐ Very satisfied

☐ Somewhat satisfied

☐ Neutral

☐ Somewhat dissatisfied

☐ Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by [SurveyMonkey](#)  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**  
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

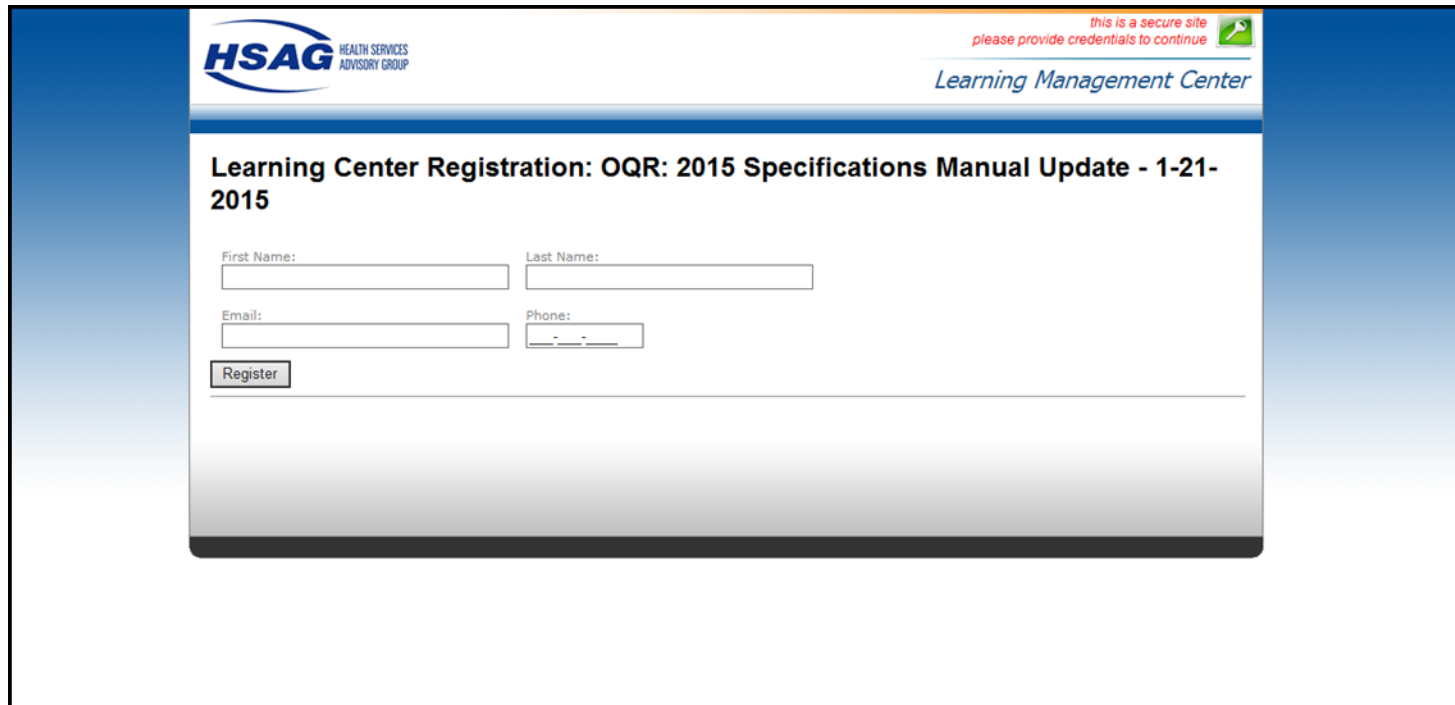
**Existing User Link:**  
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done



# CE Credit Process: New User



The screenshot displays the registration interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text 'HEALTH SERVICES ADVISORY GROUP'. At the top right, a red security notice reads 'this is a secure site please provide credentials to continue' next to a small green icon. Below this is the text 'Learning Management Center'. The main heading for the registration is 'Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015'. The form contains four input fields: 'First Name:', 'Last Name:', 'Email:', and 'Phone:'. The 'Phone:' field includes a small icon for a telephone. A 'Register' button is located below the 'Email:' field. The entire form is set against a light blue gradient background.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

Learning Management Center

**Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:

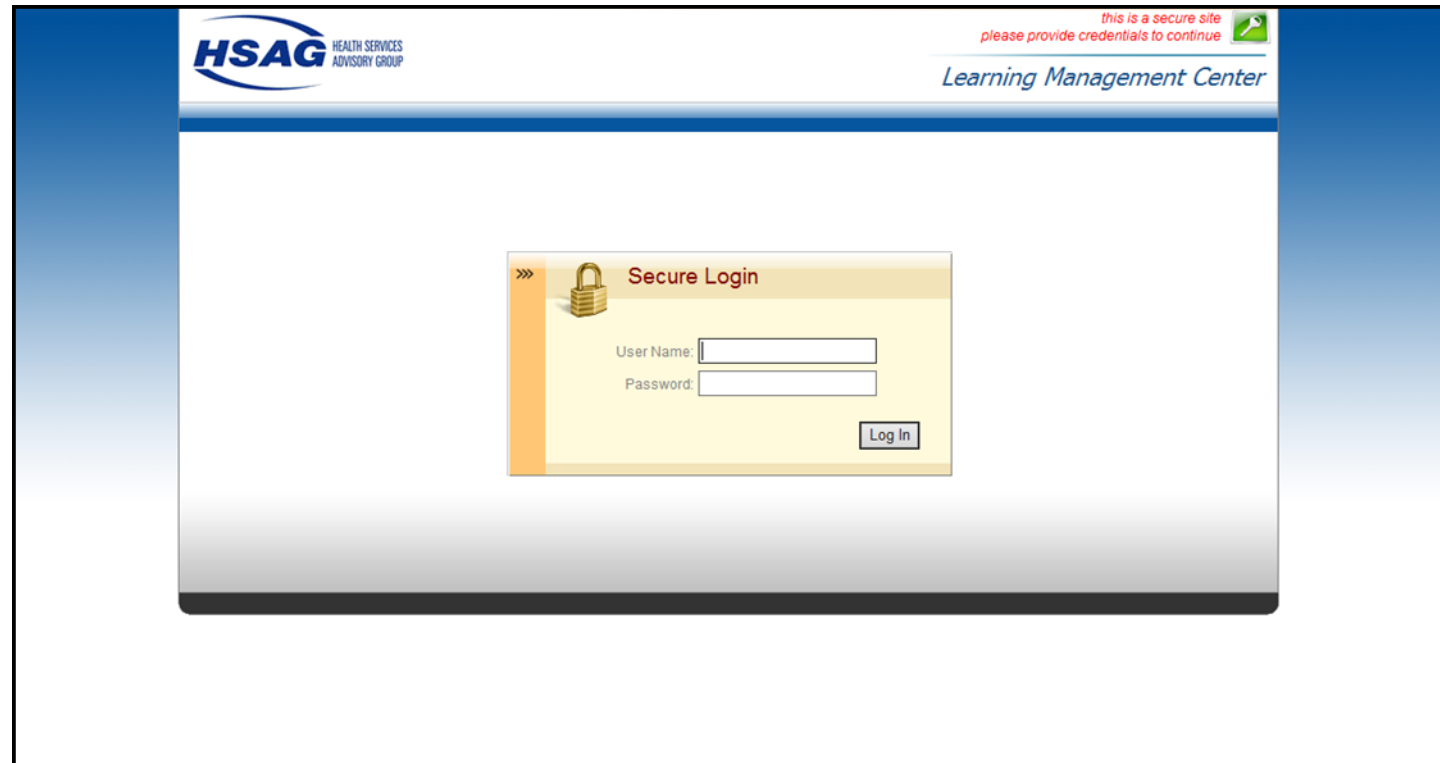
Last Name:

Email:

Phone:

Register

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security notice reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and an orange border. Inside this box, there is a padlock icon, the title "Secure Login", and two input fields labeled "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.