Troubleshooting the LabID Event SIR

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NHSN Acute Care Analytics Team

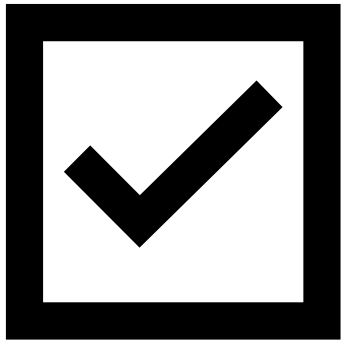
September 2024

Objectives

- **At the end of the presentation, participants will be able to**
  - Identify best practices before running analysis reports
  - Define SIR exclusions
  - Locate the risk adjustment factors used in the LabID SIRs (Acute Care Hospitals)
  - Understand which LabID events contribute to the SIR numerator

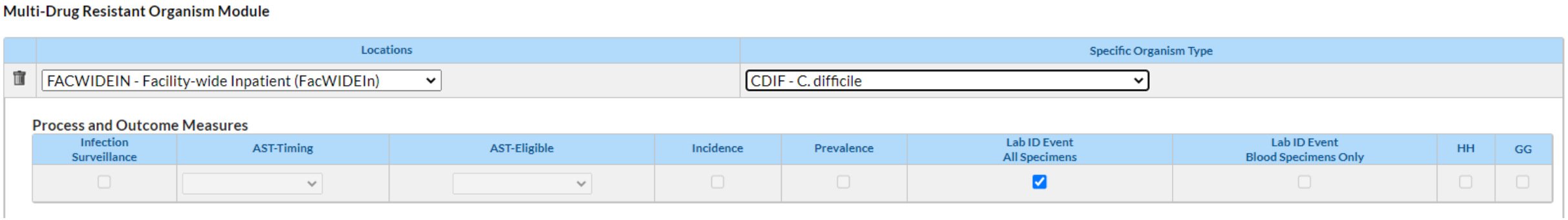
Prior to running the SIR report

- ❑ Monthly reporting plans (MRPs)
- ❑ Alerts dashboard
- ❑ Dataset generation



MRP Reminders

- Only in-plan data receives NHSN alerts on the homepage
- Only in-plan data is included in CMS Reports



Read more about MRPs: https://www.cdc.gov/nhsn/pdfs/pscmanual/3psc_monthlyreportingplancurrent.pdf

MRP: Common DQ Issues for LabID

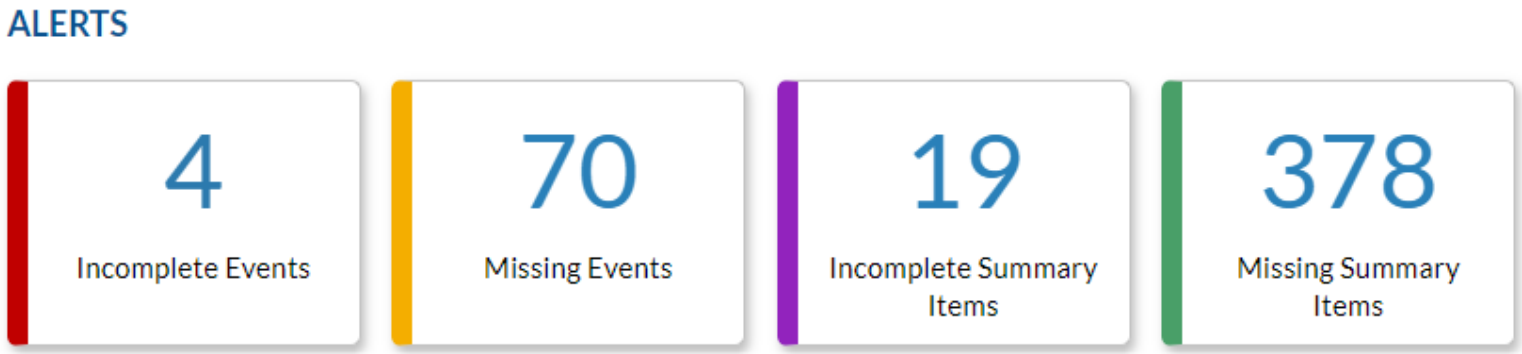
- Required locations (FacWideIN, ED, OBS, CMS IRF*) for LabID event reporting are missing from the MRP
- MRPs are not complete for all 3 months in the quarter

- **Resolution:** Users can run an MRP Line Listing Report or manually check each month to ensure completeness^.

*Current requirement is only applicable to CDI LabID for IRFQR: https://www.cdc.gov/nhsn/cms/index.html
^How to set up LabID Reporting: https://www.cdc.gov/nhsn/pdfs/cms/how-to-set-up-and-report-mrsa-cdi.pdf

Alerts Dashboard Reminders

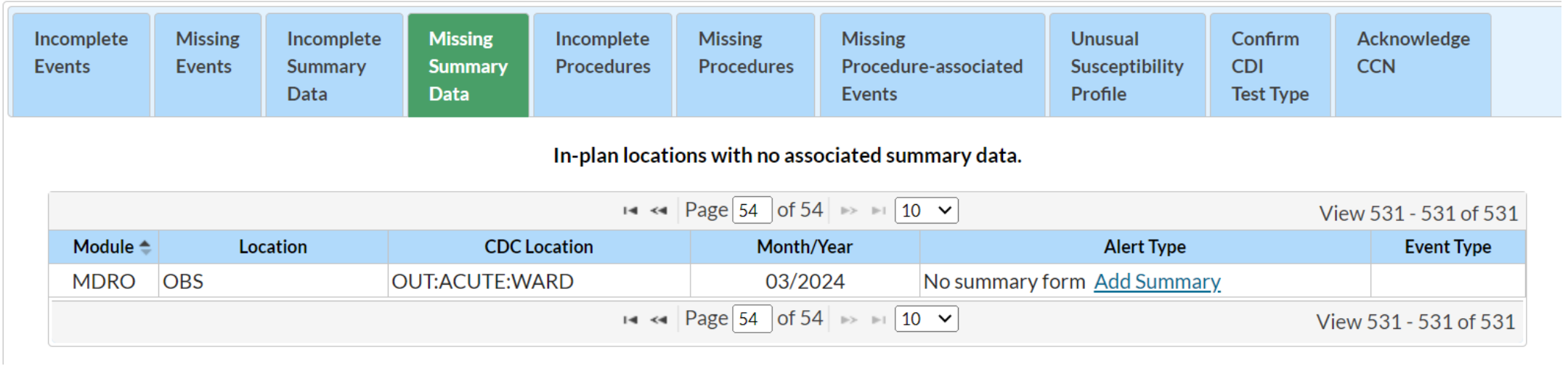
- Alerts are created for in-plan data only
- In-plan data will be included in SIRs only if the month is considered "complete" by reporting all required data and resolving most applicable alerts
- Alerts are interactive icons that you can click on to resolve



Read more about resolving alerts: https://www.cdc.gov/nhsn/pdfs/gen-support/nhsn-alerts.pdf

Alerts: Common DQ Issues for LabID

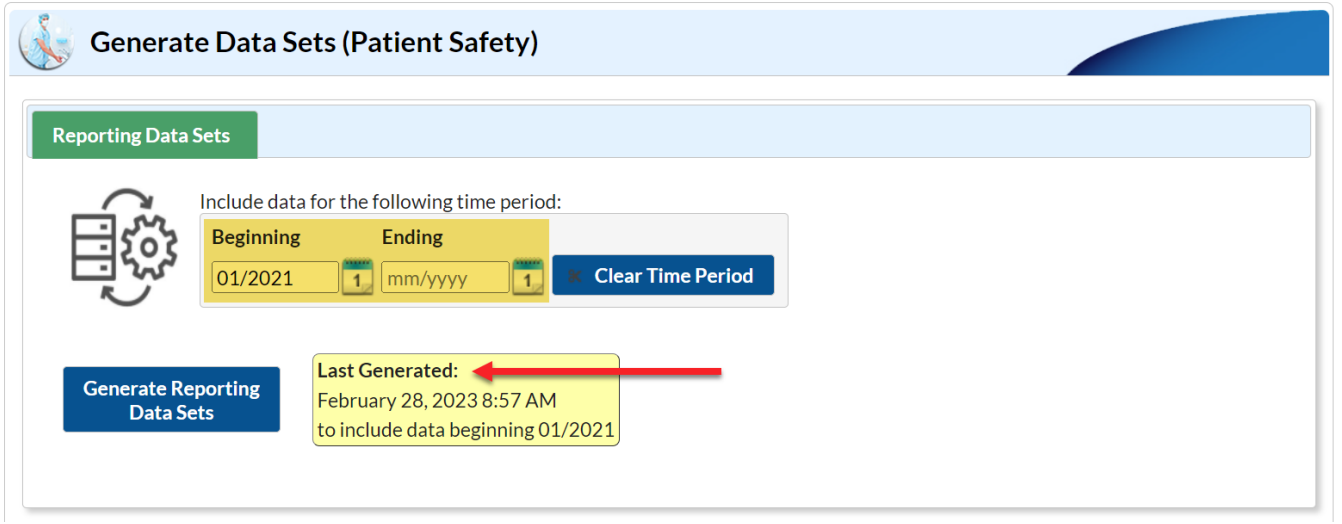
- Incomplete or Missing Events
- Incomplete or Missing Summary Data
- Confirm CDI Test Type*



*SIR will still display in the report even if there is an unresolved Confirm CDI Test Type alert, assuming all other requirements are met
Read more about resolving alerts: https://www.cdc.gov/nhsn/pdfs/gen-support/nhsn-alerts.pdf

Dataset Generation

- Verify “Beginning” and “Ending” time period
- Verify “Last Generated” timestamp
- Note: the dataset generation process will include all LabID events (necessary for accurate event categorization)

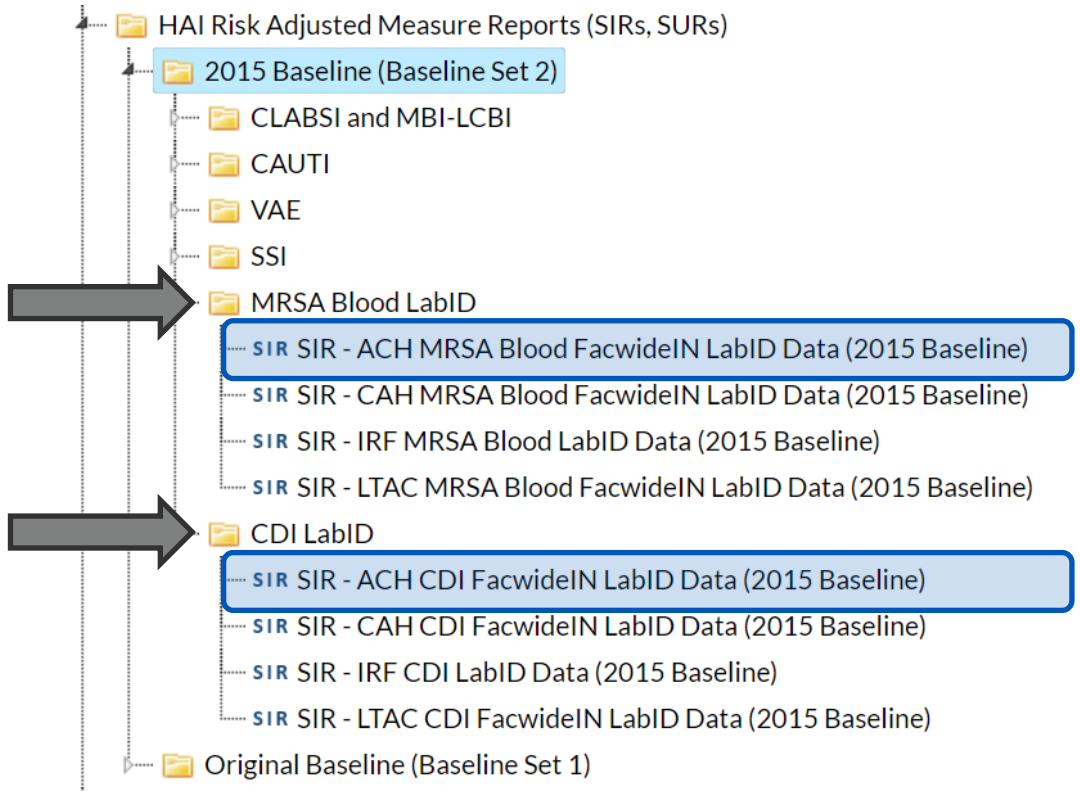


Read more about data set generation: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/generatedatasets-psc-508.pdf

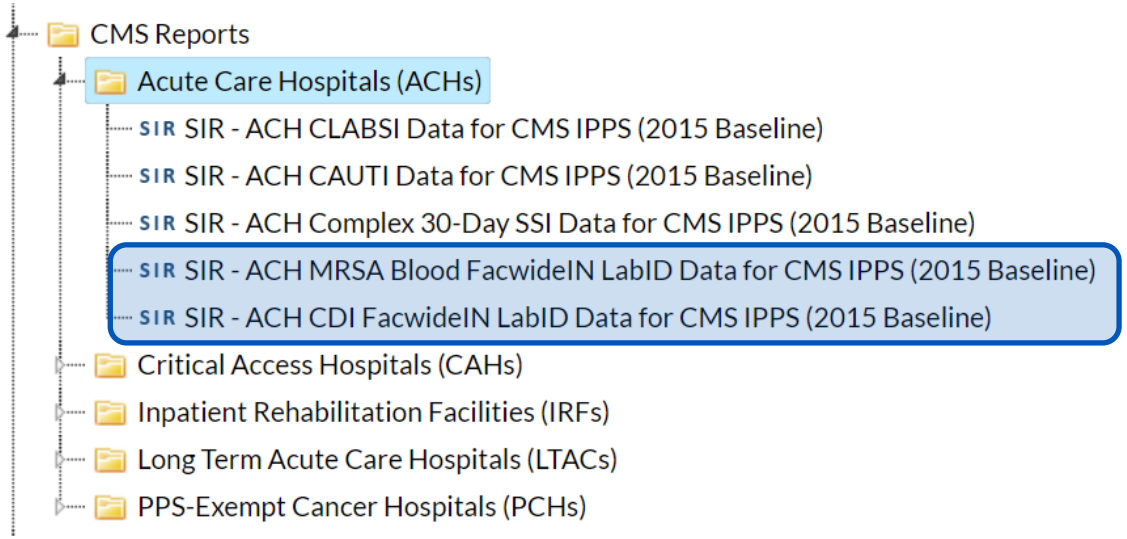
Analysis Reports

SIR Reports (Non-CMS and CMS)

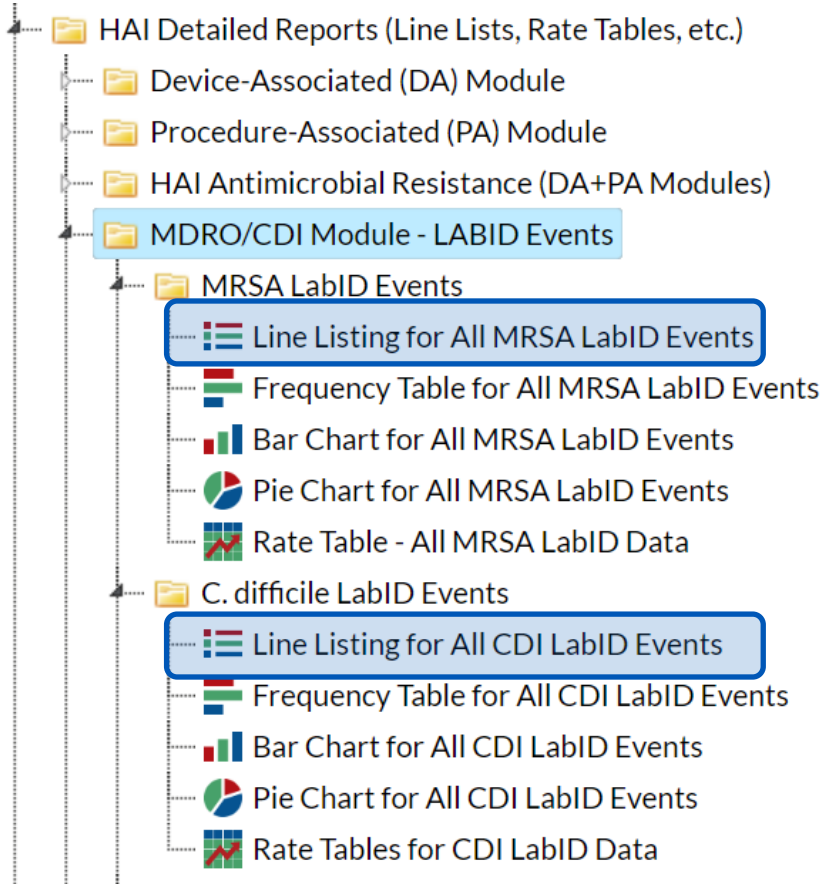
- SIR reports under HAI Risk Adjusted Measure Reports folder include all data



- SIR reports under CMS Reports folder only include in-plan data



Line Listings



- **Provides event level details**
- **Contains all LabID events reported for the organism**
- **Use to review NHSN event categorizations**
- **Identify which events are counted in the SIR**
- **Easy to modify and customize**

SIR Report

CDI LabID Example

Example CDI SIR Report: 2022 Q1

SIR for CDI FacwideIN LabID in Acute Care Hospital (2015 baseline)

As of: February 28, 2023 at 7:14 PM
Date Range: BS2_LABID_RATESCDIF summaryYr After and Including 2015

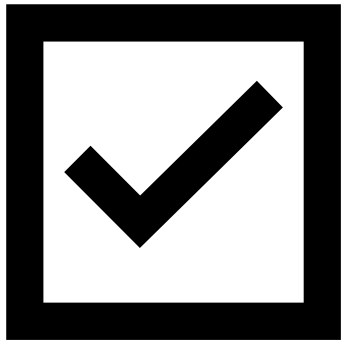
orgID=10401 medType=M

orgID	ccn	location	summaryYQ	months	CDIF_facIncHOCount	numPred	numpatdays	SIR	SIR_pval	sir95ci	SIR_pctl
10401	999999	FACWIDEIN	2022Q1	3	1	1.227	1341	0.815	0.9460	0.041, 4.019	83

- **Months: 3**
- **SIR numerator (CDIF_facIncHOCount): 1**
- **SIR denominator (numPred): 1.227**
- **Total CDI patient days for the quarter (numpatdays): 1,341**
- **SIR: 1 / 1.227 = 0.815**

Fictitious data used for illustrative purposes only.

After running the SIR report



- ❑ Consider SIR exclusions
- ❑ Review risk adjustment factors
- ❑ Check line listing events report and indicator variables
- ❑ Visit the SIR Troubleshooting document if needed

Troubleshooting the MRSA Bacteremia and CDI LabID Event SIR

We suggest that you review the General Tips for NHSN Analysis document before reviewing this troubleshooting guide any further. **This guide assumes recent dataset generation and no 'Alerts' on the home screen.**

SIR Exclusions: What if SIR is missing?

- **SIR is not calculated if number of predicted events (SIR denominator; numpred) < 1**
  - NHSN does not calculate SIRs and accompanying statistics when the number of predicted events is less than 1
  - SIR, p-value, and 95% CI would be blank in the table
  - Statistically imprecise SIRs, which typically have extreme values
- **Most LabID SIRs are calculated at the quarter-level or higher**
  - CDI exclusions: missing CDI test method for the quarter, outlier inpatient community-onset prevalence rate

Read more in the SIR guide: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf

Troubleshooting the SIR Denominator

CDI LabID Example (Acute Care Hospital)

How is the predicted # of CDI events calculated?

- **CDI Example: 7 different risk factors & total patient days**
- **Review data table beneath the SIR report**
  - Inaccurate risk adjustment factors will lead to inaccurate # of predicted events
  - Review this table when you run your SIR reports

Risk Adjustment Factors for FacwideIN CDI SIR

As of: February 28, 2023 at 7:14 PM

Date Range: BS2_LABID_RATESCDIF summaryYr After and Including 2015

orgID	ccn	summaryYQ	CDI_COprevRate	cdiTestType	numICUBeds	facType	numBeds	CDIF_EDOBSindicator	medType	numpatdays
10401	999999	2022Q1	0.662	NAAT	75	HOSP-GEN	225	1	M	1341

Fictitious data used for illustrative purposes only.

Common DQ Question: CDI Test Type

Risk Adjustment Factors for FacwideIN CDI SIR

As of: February 28, 2023 at 7:14 PM

Date Range: BS2_LABID_RATESCDIF summaryYr After and Including 2015

orgID=10401 medType=M

orgID	ccn	summaryYQ	CDI_COprevRate	cdiTestType	numICUBeds	facType	numBeds	CDIF_EDOBSindicator	medType	numpatdays
10401	999999	2022Q1	0.662	NAAT	75	HOSP-GEN	225	1	M	1341

- **CDI test method is collected on the FacWideIN denominator form on the 3rd month of the quarter and categorized into CDI test type for risk adjustment* (cdiTestType)**
- **This is NOT the CDI test method from the annual hospital survey**

*Extra slide at the end shows the CDI test categorizations for the 2015 baseline models

Fictitious data used for illustrative purposes only.

Common DQ Question: Missing CDI Test Type

CDI Data - Months Excluded from SIR Due to Missing CDI Test Type

As of: September 13, 2024 at 1:10 PM UTC
Date Range: BS2_LABID_RATESCDIF summaryYr After and Including 2015

orgID=10315 medType=G

orgID	ccn	location	summaryYM	CDIF_facIncHOCount	numPatDays	numAdms	cdiTestType
10315		FACWIDEIN	2023M07	0	500	90	
10315		FACWIDEIN	2023M08	0	505	95	

1. This table displays months that are excluded from the SIR report. These months will be included in the SIR once reporting for the entire quarter has been completed and CDI test type has been reported.

Data contained in this report were last generated on July 16, 2024 at 5:53 PM UTC to include data beginning January 2023 .

- **If a row that you were expecting to show up in the SIR table is missing, scroll down to the end of the CDI LabID SIR report to see if there is an additional table for "Months Excluded from SIR Due to Missing CDI Test Type"**

Fictitious data used for illustrative purposes only.

Troubleshooting the SIR Numerator

CDI LabID Example (Acute Care Hospital)

How do I know which LabID Events are Counted in the SIR Numerator?

- ***C. difficile* (CDI) FacWideIN:**
  - Inpatient units only, *excluding* Rehab & Psych units with unique CCN
  - Healthcare Facility-Onset (HO)
  - Incident

- **MRSA Blood FacWideIN:**
  - Blood specimens from inpatient units, *excluding* Rehab & Psych units with unique CCN
  - Healthcare Facility-Onset (HO)
  - No positive MRSA bacteremia event in the previous 14 days in any location

Full algorithms are described in the Troubleshooting guide: https://www.cdc.gov/nhsn/pdfs/gen-support/nhsn-alerts.pdf

CDI Line Listing Report- ACH, CAH, LTAC, HOSP-REHAB

patID	eventID	spcOrgType	location	onset	cdiAssay	admitDate	locationAdmitDate	specimenDate	FWCDIF_facIncHOCount	FWCDIF_admPrevCOCount
2323	110902	CDIF	ICU	CO	INCIDENT	03/03/2022	03/03/2022	03/04/2022	0	1
3425	110903	CDIF	MED	CO	INCIDENT	03/07/2022	03/07/2022	03/08/2022	0	1
870	110900	CDIF	ICU	HO	INCIDENT	03/13/2022	03/13/2022	03/16/2022	1	0
8787	110901	CDIF	MED	CO	INCIDENT	03/30/2022	03/30/2022	03/30/2022	0	1

- **Indicator variables**
  - **FWCDIF_facIncHOCount**
    - 1 = event is counted in the numerator of the CDI SIR
  - **FWCDIF_admPrevCOCount**
    - 1 = event is counted in the numerator of the CDI inpatient CO prevalence rate

Fictitious data used for illustrative purposes only.

Additional Resources

- **MRSA/CDI Troubleshooting guide: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mrsacdi_tips.pdf**
- **SIR guide: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf**
- **CMS MRSA SIR report guide (ACH): https://www.cdc.gov/nhsn/pdfs/cms/cms-ipps-mrsa-sir.pdf**
- **CMS CDI SIR report guide (ACH): https://www.cdc.gov/nhsn/pdfs/cms/cms-ipps-cdi-sir.pdf**

Extra Slides: CDI Test Type

NAAT-level risk adjustment:

- NAAT (nucleic acid amplification test, including PCR)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results

EIA-level risk adjustment:

- Enzyme immunoassay (EIA) for toxin
- GDH antigen plus EIA for toxin (2-step algorithm)
- NAAT plus EIA, if NAAT positive*

OTHER- level risk adjustment:

- Cell cytotoxicity neutralization assay
- Toxigenic culture (CDI culture followed by detection of toxins)
- "Other"

*Prior to 2018, the CDI test method of "NAAT plus EIA, if NAAT positive" was included in the NAAT-level risk adjustment category. Due to a 2018 NHSN protocol change, the CDI test method of "NAAT plus EIA, if NAAT positive" is now included in the EIA-level risk adjustment category for 2018 data and forward. More information is available in the December 2017 NHSN Newsletter.

Read more: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mrsacdi_tips.pdf

Extra Slides: ACH CDI model from SIR guide (2015 baseline)

Table 1. CDI in Acute Care Hospitals

Parameter	Parameter Estimate	Standard Error	P-value
Intercept	*-8.9463*	*0.0523*	*<0.0001*
Inpatient community-onset prevalence rate*	0.7339	0.0181	<0.0001
CDI test type*: EIA	-0.1579	0.0246	<0.0001
CDI test type*: NAAT	0.1307	0.0219	<0.0001
CDI test type*: OTHER	REFERENT	-	-
Medical school affiliation‡: Major, graduate, or undergraduate	0.0331	0.0111	0.0028
Medical school affiliation‡: Non-teaching	REFERENT	-	-
Number of ICU beds‡: ≥ 43	0.7465	0.0412	<0.0001
Number of ICU beds‡: 20- 42	0.7145	0.0395	<0.0001
Number of ICU beds‡: 10-19	0.6261	0.0396	<0.0001
Number of ICU beds‡: 5-9	0.4394	0.0420	<0.0001
Number of ICU beds‡: 0-4	REFERENT	-	-
Facility type: Oncology Hospital *(HOSP-ONC)*	1.2420	0.0765	<0.0001
Facility type: General Acute Care Hospital *(HOSP-GEN)*	0.3740	0.0342	<0.0001
Facility type: Other Specialty Hospital	REFERENT	-	-
Facility bed size‡	0.0003	0.0000	<0.0001
Reporting from ED or 24-hour observation unit^: YES	0.1119	0.0179	<0.0001
Reporting from ED or 24-hour observation unit^: NO	REFERENT	-	-

Read more: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf

Questions or Need Help?

- **Use subject line: “September DQ Webinar”**
- **NHSN-ServiceNow to submit questions to the NHSN Help Desk.**
- **Access new portal at https://servicedesk.cdc.gov/nhsncsp.**
- **If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at 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.

Common LabID DQ Outreach: “Other” CDI Test Type

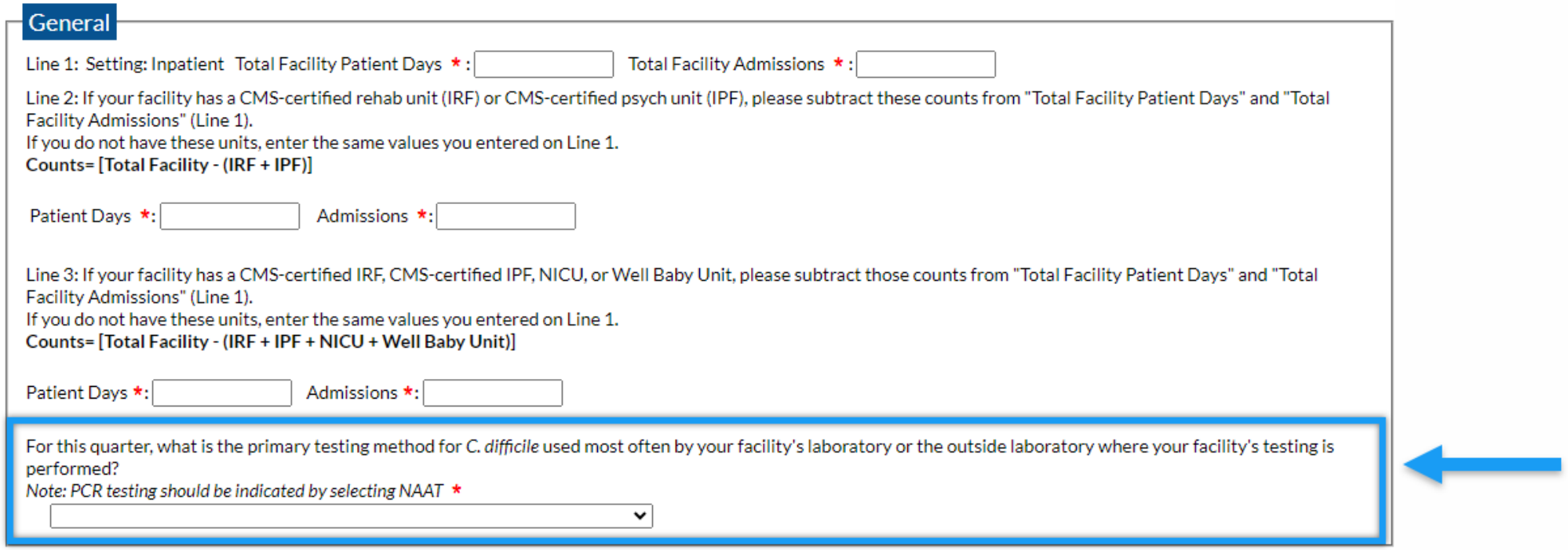
Katie Brousseau, MPH

NHSN Acute Care Analytics Team

NHSN Data Quality Webinar – September 2024

CDI Test Type

- Required field on FacWideIN and CMS-certified IRF unit MDRO and CDI monthly denominator forms entered for the 3rd month of each quarter (i.e., March, June, September, December)

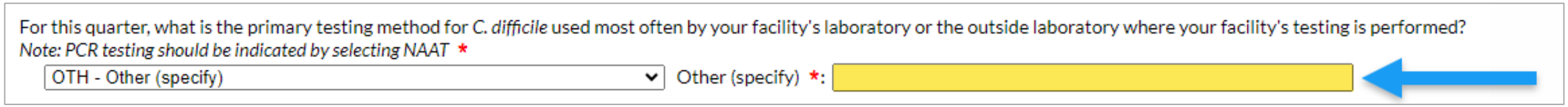


CDI Test Type (cont.)

- Select test type from dropdown menu. Options include:
  - Enzyme immunoassay (EIA) for toxin
  - Cell cytotoxicity neutralization assay
  - Nucleic acid amplification test (NAAT) [includes PCR]
  - NAAT plus EIA, if NAAT positive (2-step algorithm)
  - Glutamate dehydrogenase (GDH) antigen plus EIA for toxin
  - GDH plus EIA for toxin, followed by NAAT for discrepant results
  - Toxigenic culture
  - Other (specify)
- Selecting incorrect CDI test type from the drop-down menu may cause inaccurate risk adjustment
- All 3 months of data entry must be complete before generating SIR for the quarter

Reporting “Other” CDI Test Type

- Use pre-populated drop-down options whenever possible
- Majority of facilities should **not** select “Other”
- When selecting “Other” in the drop-down menu, use text box to specify CDI test type
- Reminder: PCR = NAAT (Nucleic Acid Amplification Test)
- Consult with lab if needed!

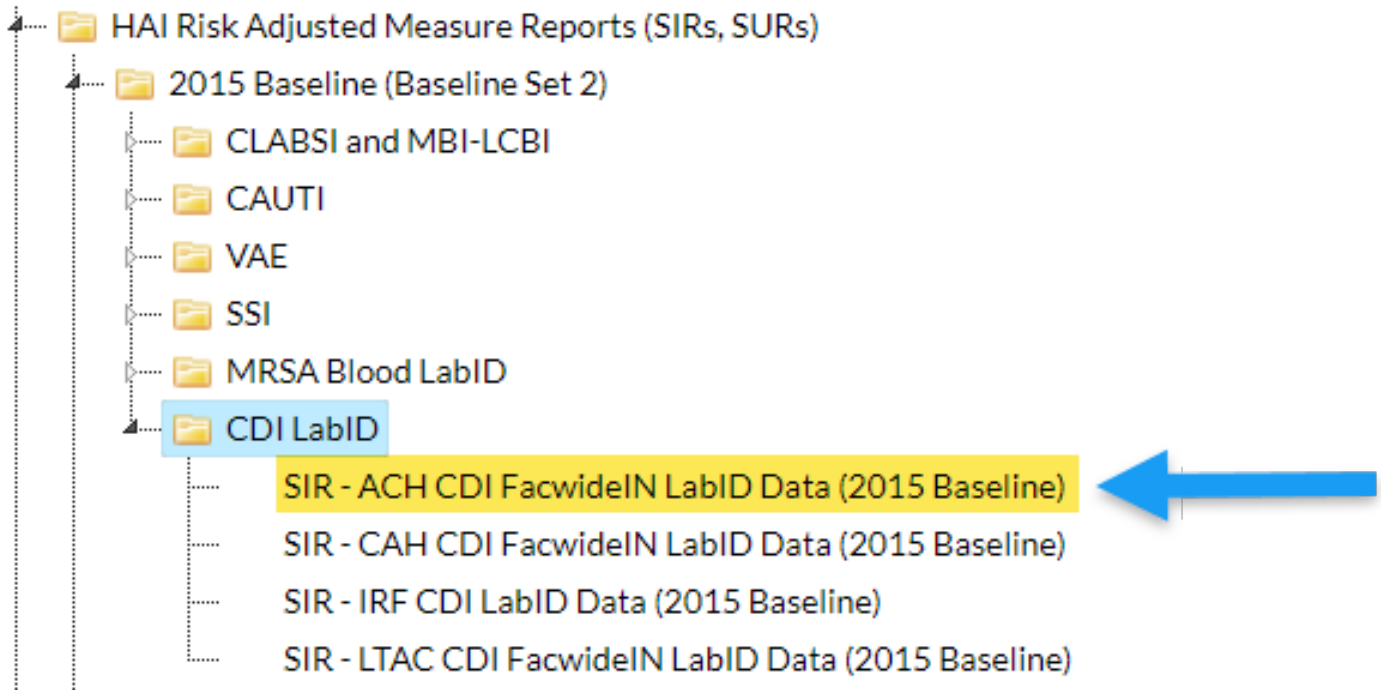


“Other” CDI Test Type Outreach

- NHSN sends email outreach to facilities who have selected “Other” CDI test type in advance of a CMS reporting deadline.
  - Subject line: “NHSN Data Quality Alert: CDI Test Type Other”
- Email will include suggested correction based on CDI test type free-text entry field, when possible.
- Please respond with your questions, or to confirm that your testing algorithm is not listed in the dropdown menu. We are here to help!

Review Facility's CDI Test Type

- Review the CDI test type category used in risk adjustment of a facility's SIR:
  - "HAI Risk Adjusted Measure Reports (SIRs, SURs)" > "2015 Baseline (Baseline Set 2)" > "CDI LabID"
  - Choose appropriate SIR report for your facility type



Review Facility's CDI Test Type (cont.)

- Scroll to table: "Risk Adjustment Factors for FacwideIN CDI SIR"
- Find CDI test type ("cdiTestType") risk adjustment for each quarter

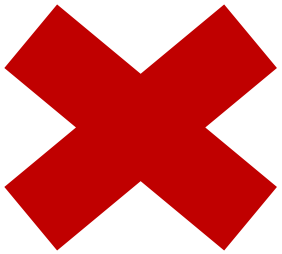
National Healthcare Safety Network
Risk Adjustment Factors for FacwideIN CDI SIR
As of: September 9, 2024 at 3:02 PM UTC
Date Range: BS2_LABID_RATESCDIF summaryYr 2023 to 2023

orgID=15328 medType=M

orgID	ccn	summaryYQ	CDI_COprevRate	cdiTestType	numICUBeds	facType	numBeds	CDIF_EDOBSindicator	medType	numpatdays
15328		2023Q1	0.000	EIA	0	HOSP-GEN	66	1	M	34615
15328		2023Q2	0.000	NAAT	0	HOSP-GEN	66	1	M	34415
15328		2023Q3	0.036	NAAT	0	HOSP-GEN	66	1	M	36425
15328		2023Q4	0.000	NAAT	0	HOSP-GEN	66	1	M	37235

Fictitious data used for illustrative purposes only.

Correcting “Other” CDI Test Type



For this quarter, what is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed?
Note: PCR testing should be indicated by selecting NAAT *

OTH - Other (specify) | Other (specify) *: DNA Amplification/PCR

Facility's SIR will adjust for the incorrect CDI test type and will be inaccurate.

For this quarter, what is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed?
Note: PCR testing should be indicated by selecting NAAT *

NAAT - Nucleic acid amplification test (NAAT)

Facility’s SIR will account for the appropriate CDI test type and will be risk-adjusted accordingly.

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Demo of common Pediatric Ventilator-Associated Event (PedVAE) Data Quality (DQ) issues

Emma X. Yu, PhD, MHS, MPH

NHSN Acute Care Analytics Team (ACAT)

September 2024 – DQ Webinar

Overview

- Common PedVAE data quality issue #1
- Common PedVAE data quality issue #2
- Other data quality issues regarding event dates

Disclaimer: The screenshots and data presented during this presentation are for illustrative purposes only and do not represent an actual NHSN facility or NHSN data.

What is a Pediatric Ventilator-associated Event (PedVAE)?

- A PedVAE is identified by deterioration in respiratory status after a period of stability or improvement on the ventilator
- Assessed by monitoring two key parameters that reflect oxygenation status in neonatal and pediatric ventilated patients:
  - Fraction of Inspired Oxygen (FiO_2)
  - Mean Airway Pressure (MAP)

Where are PedVAE data collected?

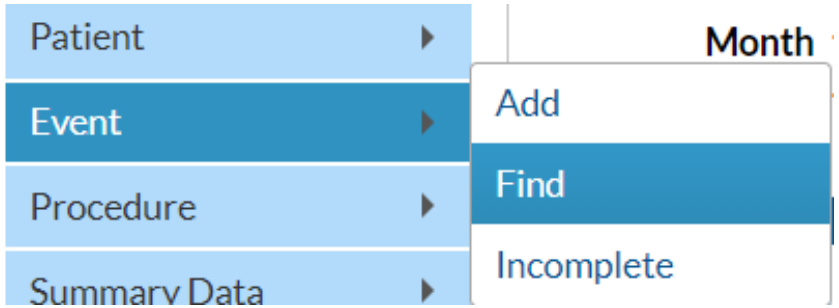
- Neonatal and pediatric locations in acute care hospitals, long term acute care hospitals, and inpatient rehabilitation facilities where denominator data (ventilator and patient days) can be collected for patients.
- Such locations may include critical/intensive care units (ICU), specialty care areas (SCA), step-down units, and wards.

Whose data are collected?

- All patients in the neonatal and pediatric inpatient locations, regardless of patient's age
- Patients on a ventilator who are receiving a conventional mode of mechanical ventilation or high-frequency oscillatory or jet ventilation

Issue #1: Device days <3 for PedVAE ≥1

Issue #1: Device days <3 for PedVAE ≥1



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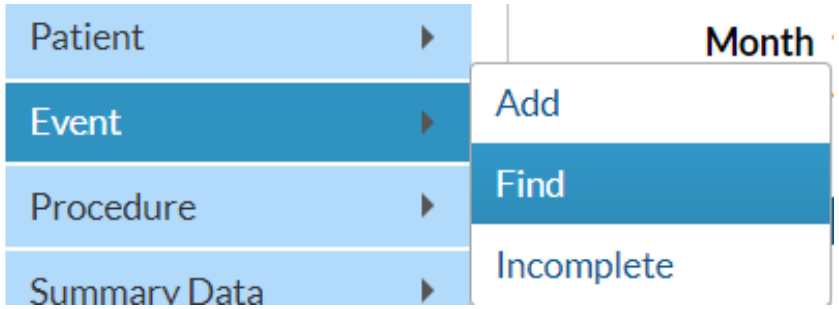
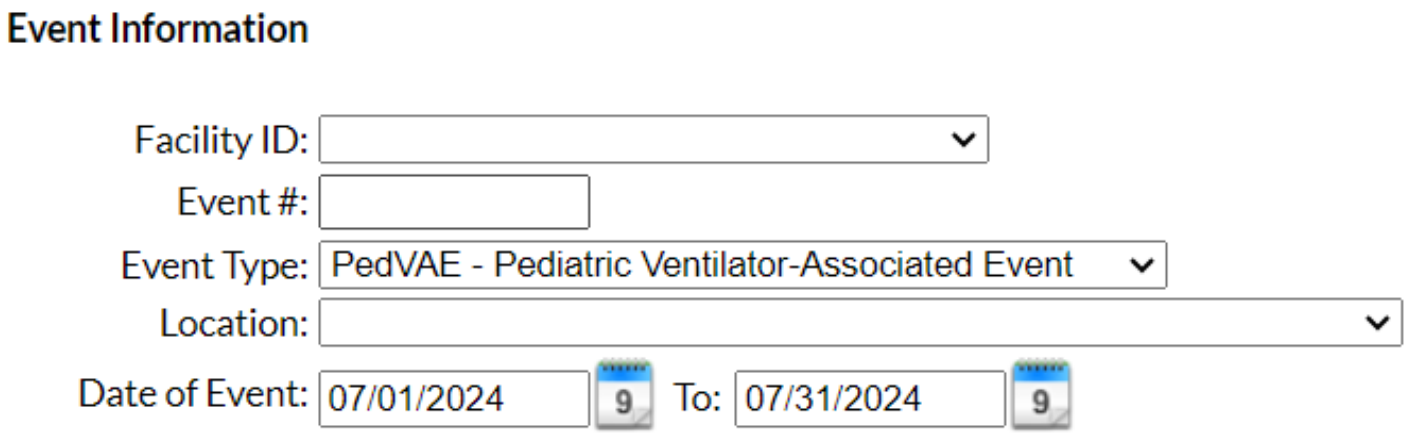
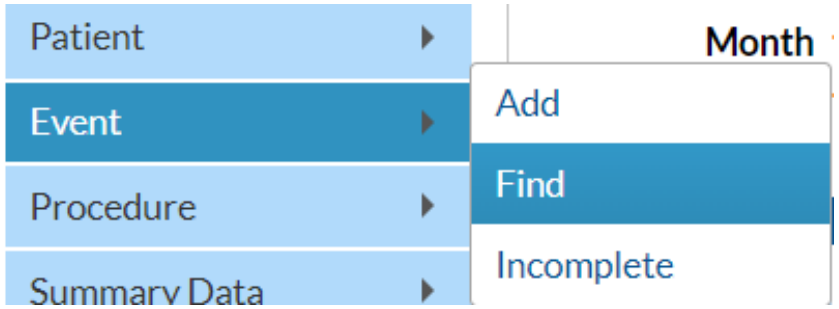
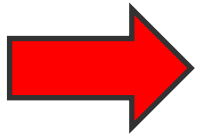
Issue #1: Device days <3 for PedVAE ≥1

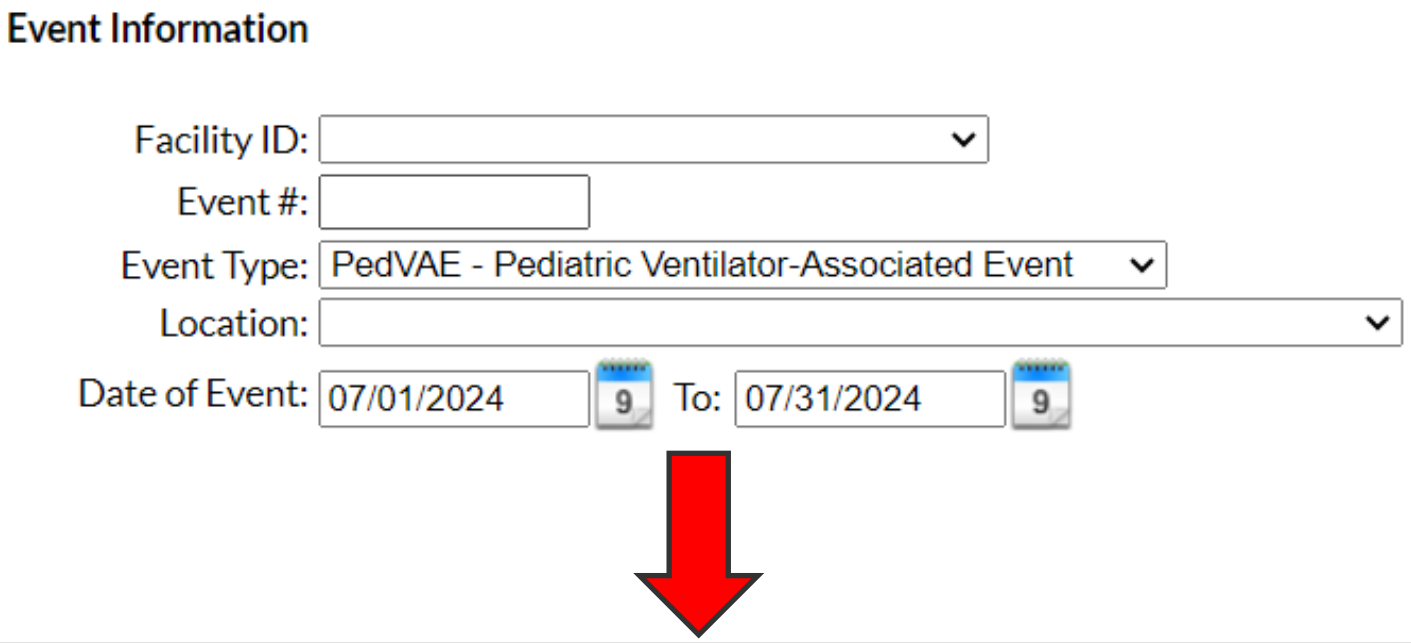




Issue #1: Device days <3 for PedVAE ≥1







Event Information

Event Type *: PedVAE - Pediatric Ventilator-Associated Event

Date of Event *: 07/ /2024

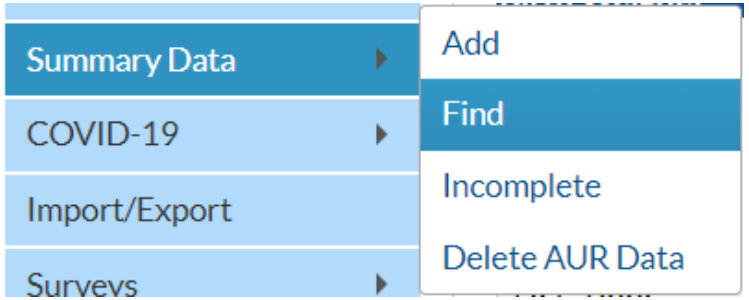
Post-procedure:

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

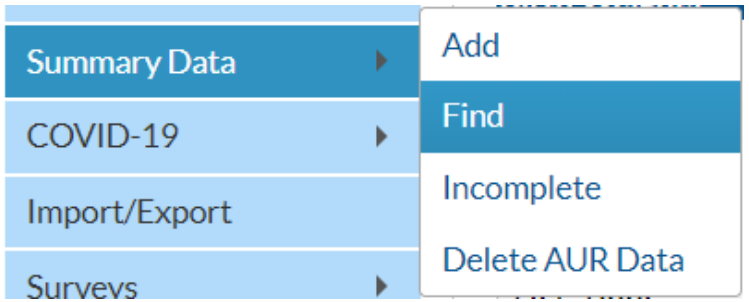
Location *:

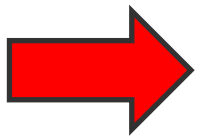
Date Admitted to Facility *: 07/ /2024

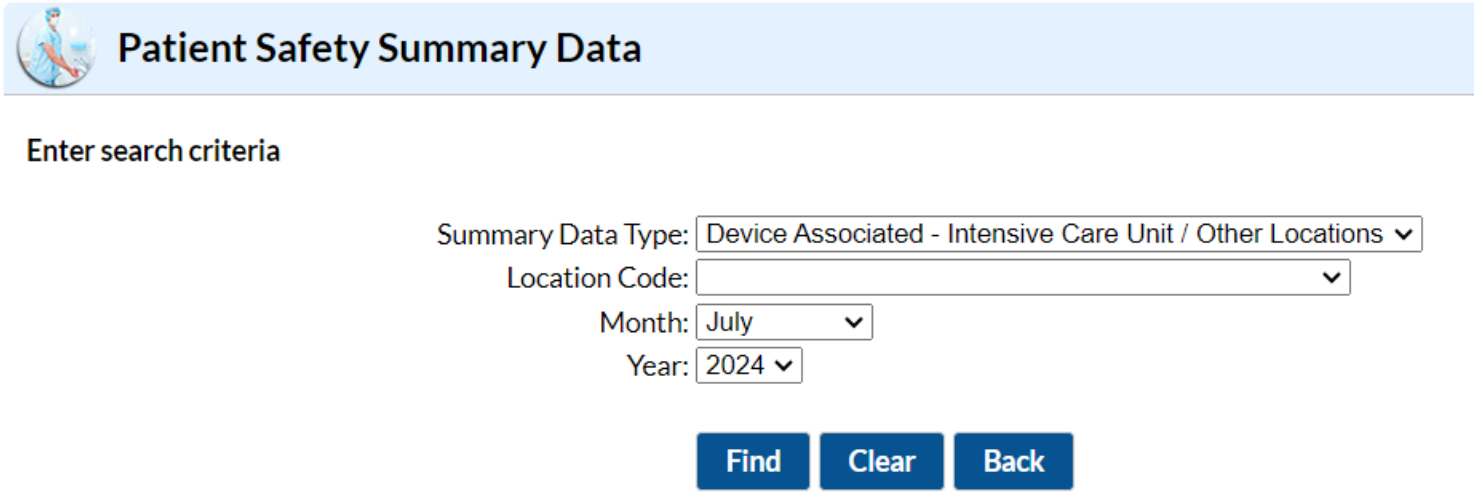
Issue #1: Device days <3 for PedVAE ≥1



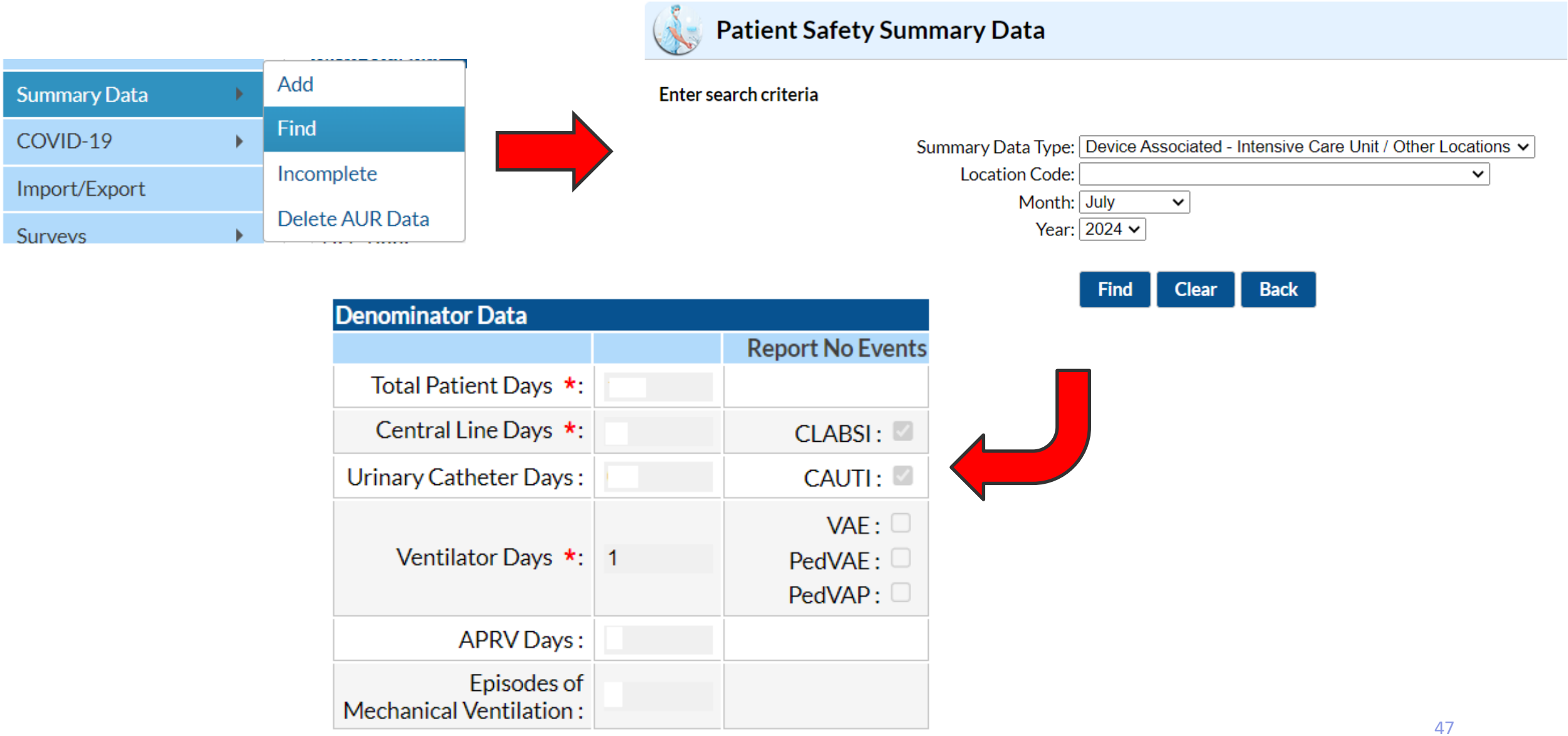
Issue #1: Device days <3 for PedVAE ≥1



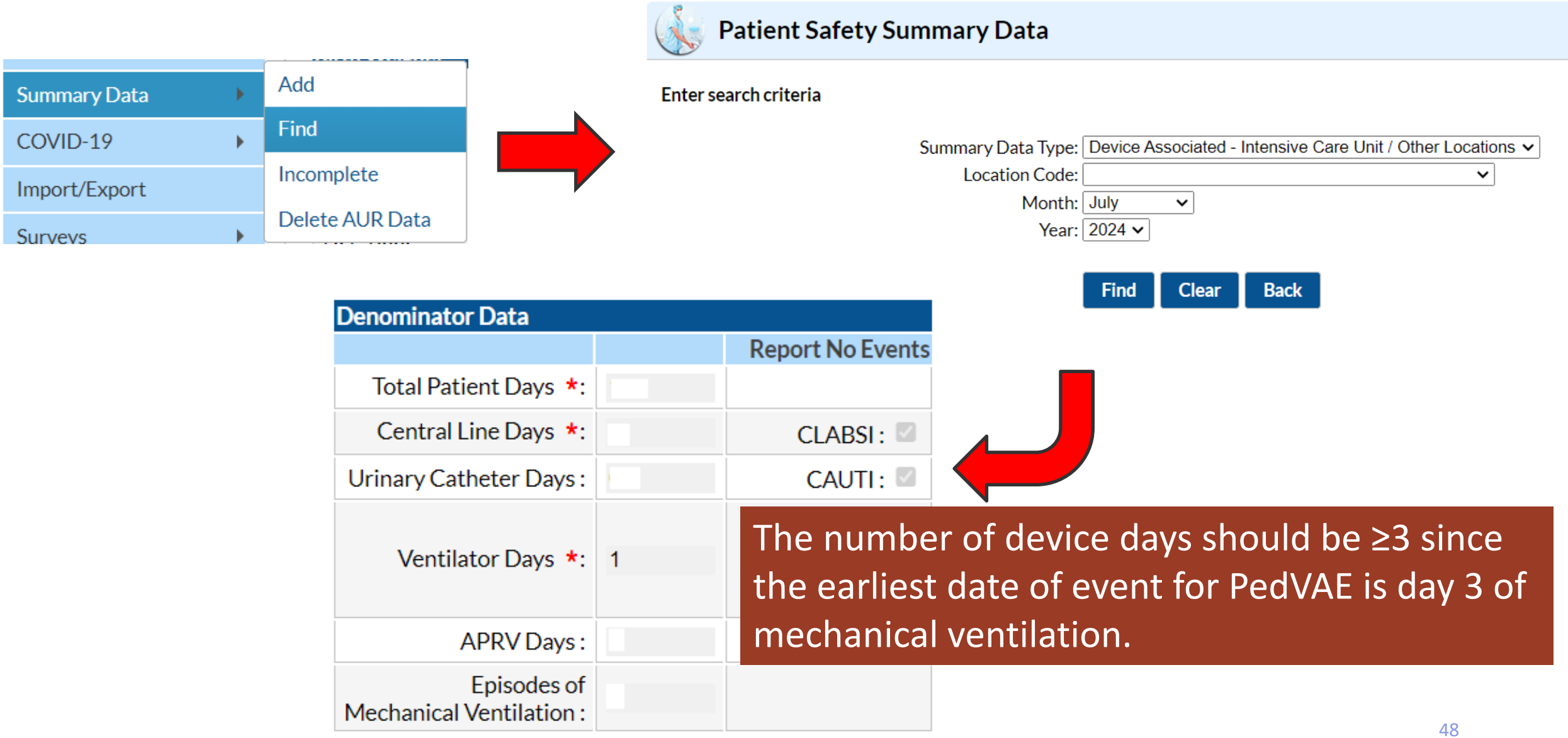




Issue #1: Device days <3 for PedVAE ≥1



Issue #1: Device days <3 for PedVAE ≥1



Issue #1: Solutions

1. Under the first table "Denominator Data", change the cell right to the “Ventilator Days” to a number that is ≥3.

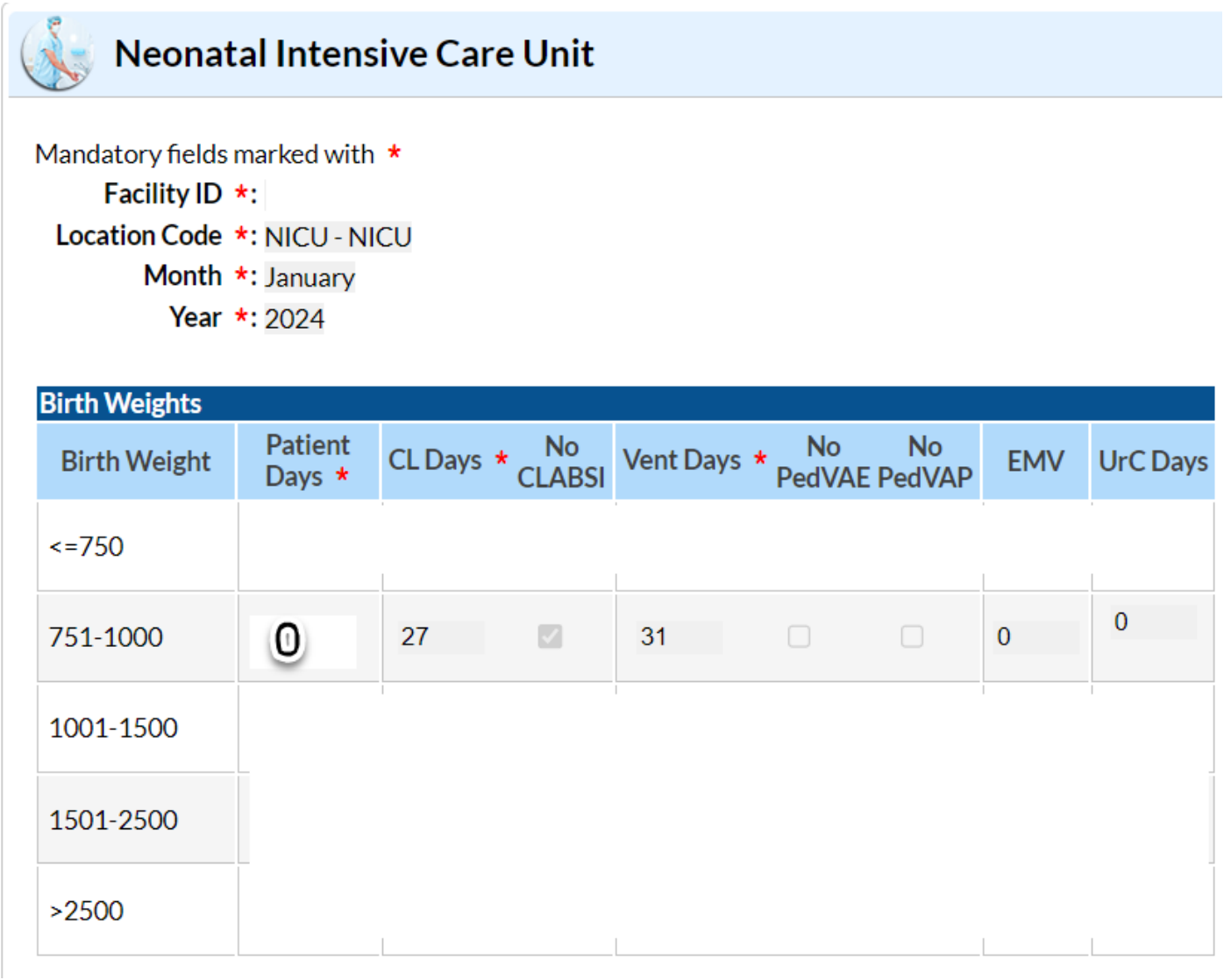
Issue #1: Solutions (cont.)

1. Under the first table "Denominator Data", change the cell right to the “Ventilator Days” to a number that is ≥3.
2. Alternatively, you can remove the event from your plan.

Issue #2: Zero patient days for PedVAE ≥1

Issue #2: Zero patient days for PedVAE ≥1

- Hypothetical example:
  - 2 PedVAEs reported
  - Patient days = 0



Neonatal Intensive Care Unit

Mandatory fields marked with *

Facility ID *:

Location Code *: NICU - NICU

Month *: January

Year *: 2024

Birth Weights

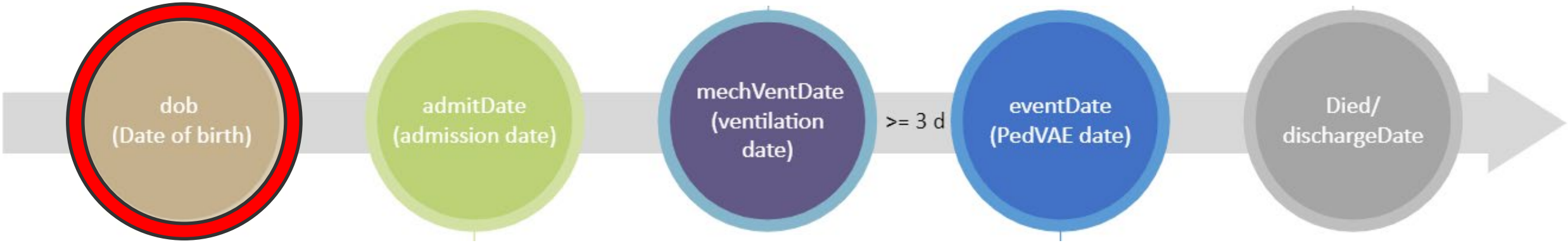
Birth Weight	Patient Days *	CL Days *	No CLABSI	Vent Days *	No PedVAE	No PedVAP	EMV	UrC Days
<=750								
751-1000	0	27	☑	31	☐	☐	0	0
1001-1500								
1501-2500								
>2500								

Issue #2: Solutions

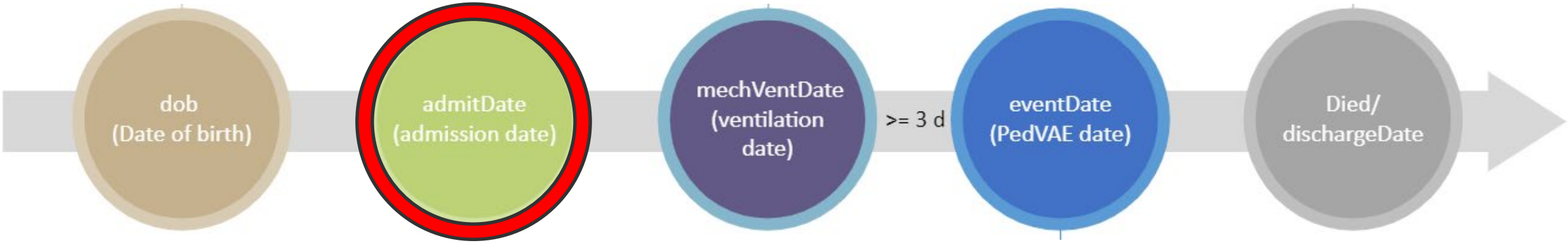
1. Re-enter the number of patient days.

2. Alternatively, you can remove the events from your plan.

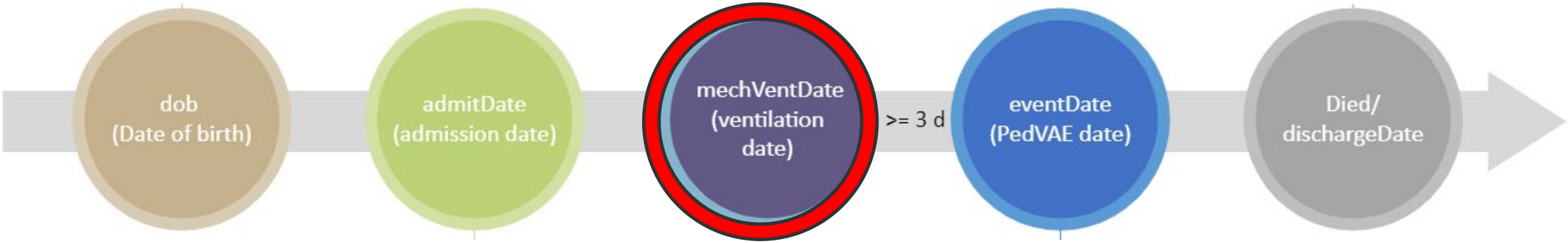
Events datasets dates and DQ issues



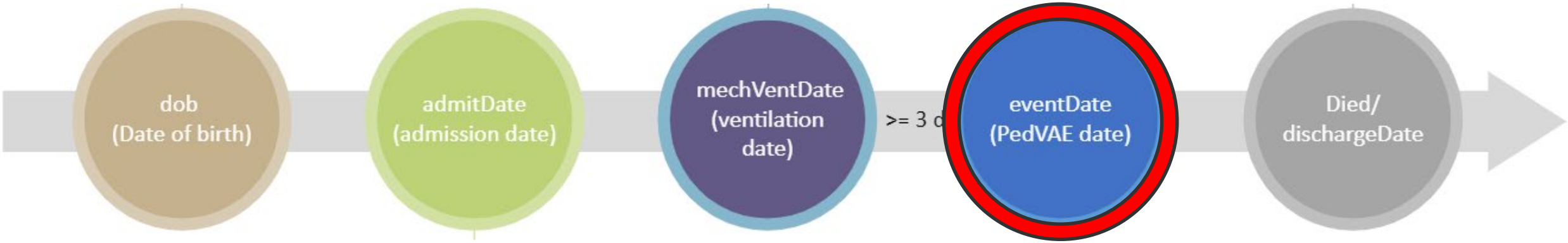
Events datasets dates and DQ issues



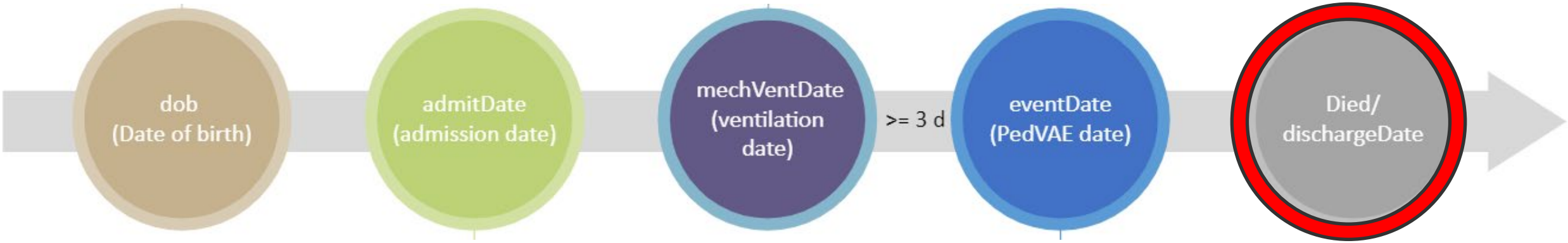
Events datasets dates and DQ issues



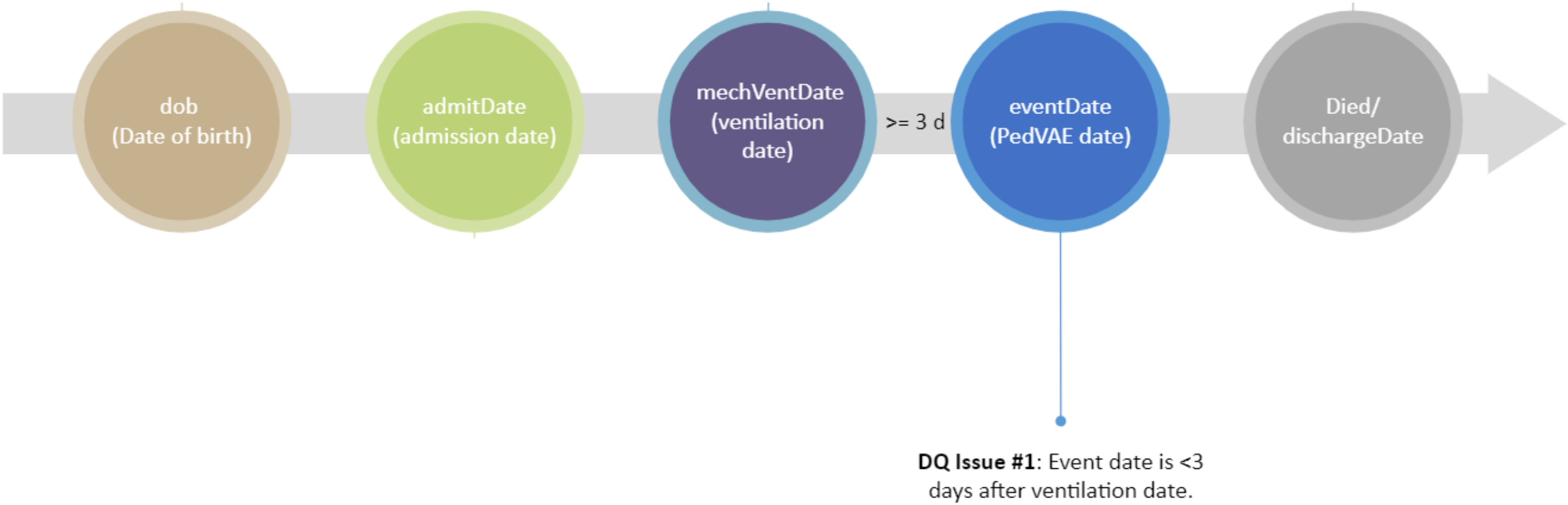
Events datasets dates and DQ issues



Events datasets dates and DQ issues

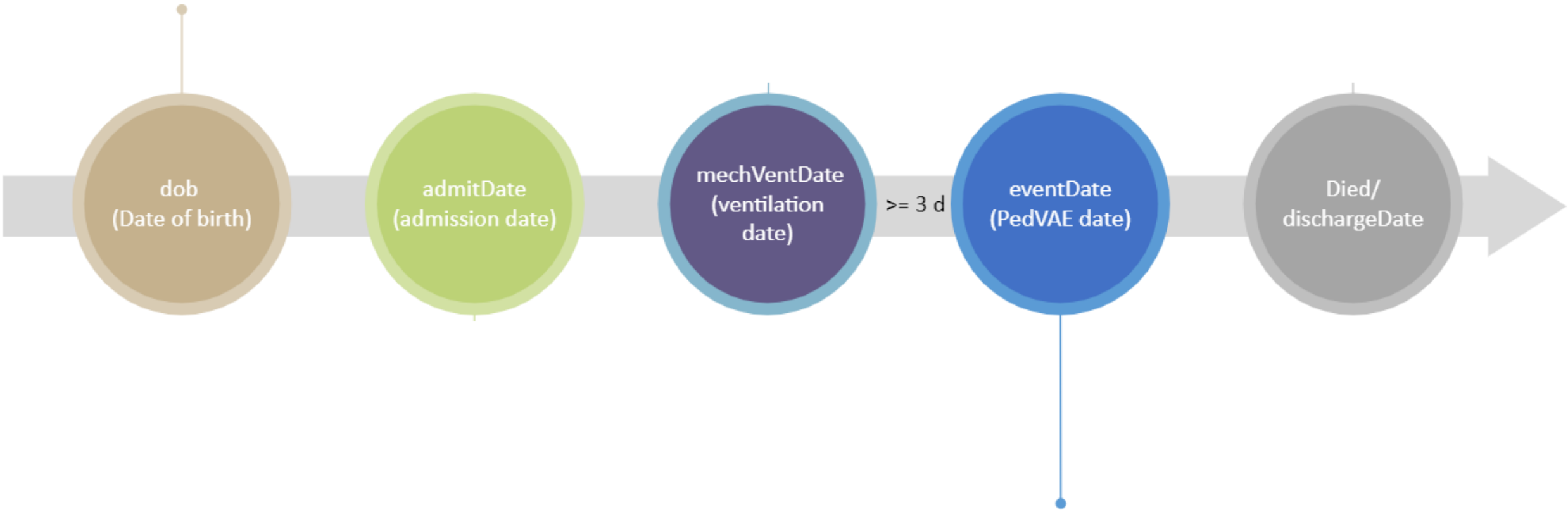


Events datasets dates and DQ issues



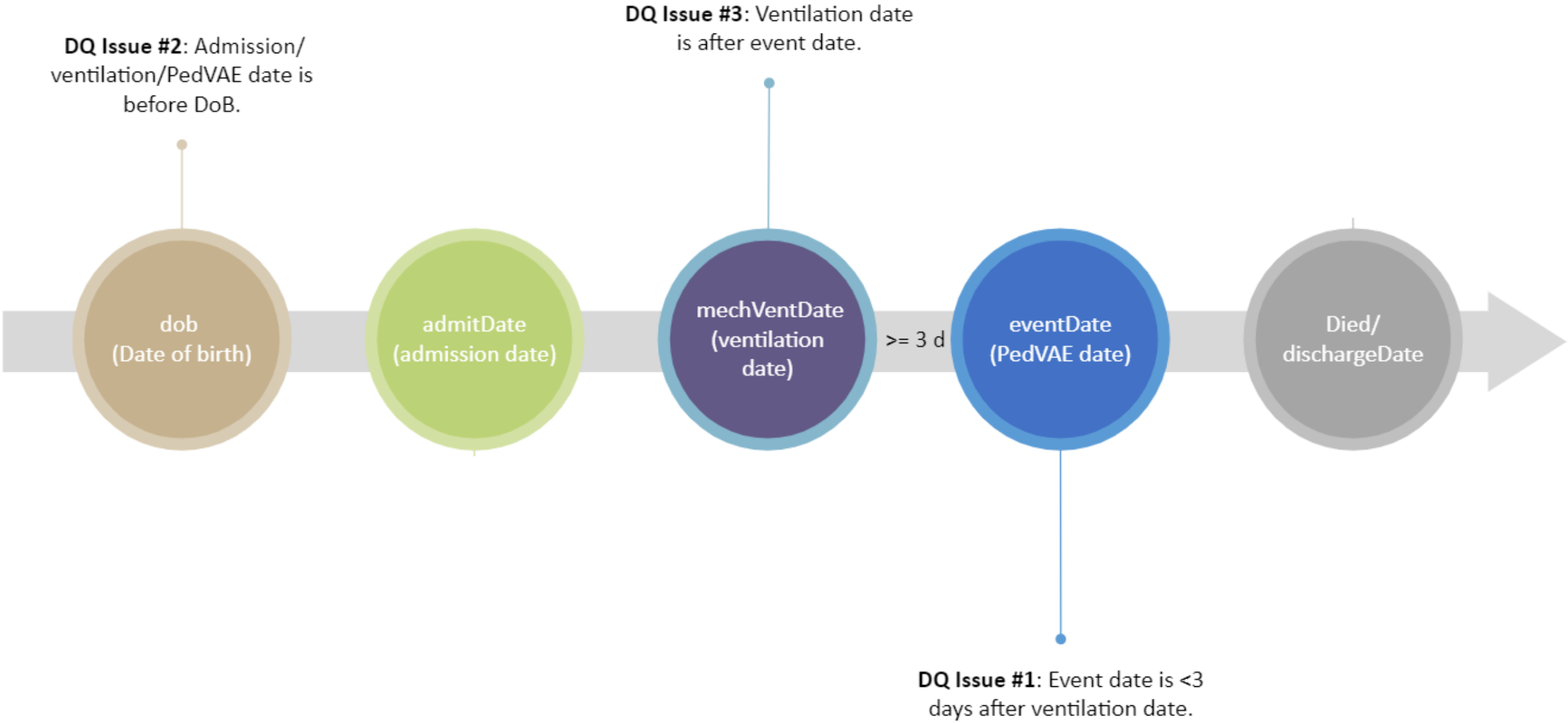
Events datasets dates and DQ issues

DQ Issue #2: Admission/ ventilation/PedVAE date is before DoB.



DQ Issue #1: Event date is <3 days after ventilation date.

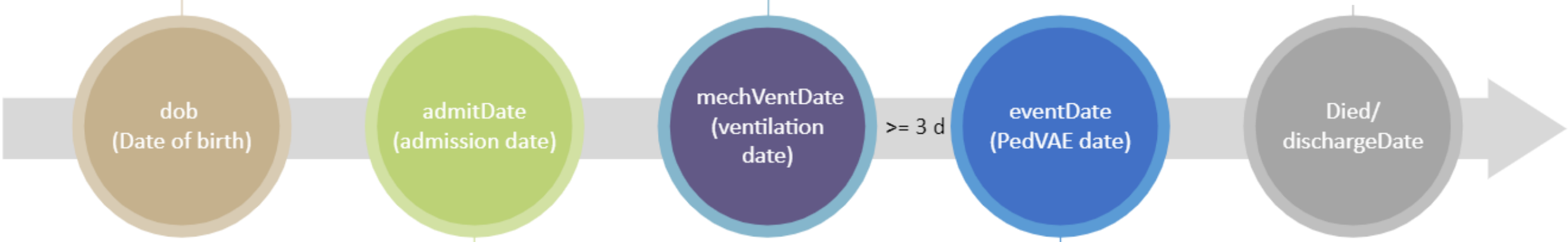
Events datasets dates and DQ issues



Events datasets dates and DQ issues

DQ Issue #2: Admission/ ventilation/PedVAE date is before DoB.

DQ Issue #3: Ventilation date is after event date.



DQ Issue #4: Event date is before admission date.

NOT a DQ issue: Ventilation date is before admission date, b/c patient could be on ventilation before admission to the facility.

DQ Issue #1: Event date is <3 days after ventilation date.

Summary: Whenever at least one PedVAE is reported…

1. Patient days should not be zero or missing.
2. Device days should be ≥3.

Summary: Whenever at least one PedVAE is reported….

1. Patient days should not be zero or missing.
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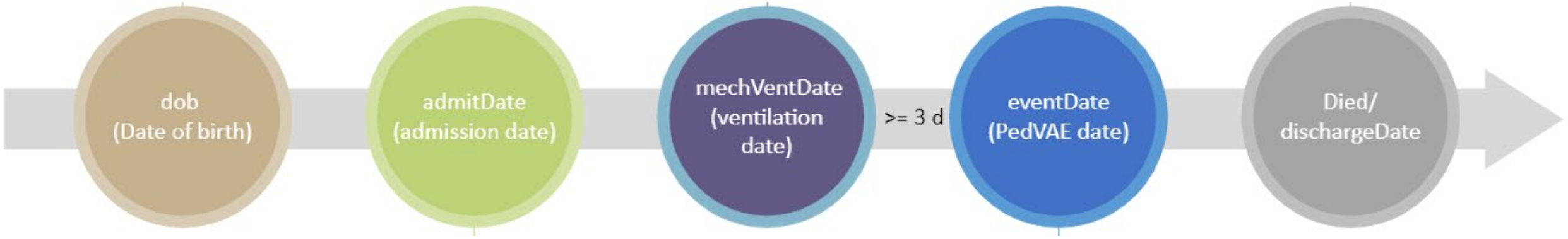

Thank you for your attention.

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

Data Quality Example: Annual Survey

Beth Bouwkamp, MPH

NHSN Acute Care Analytics Team (ACAT)

Learning Objectives

- Define the importance of NHSN and Annual Survey Data Quality (DQ)
- Describe the impact of incorrect or missing Annual Survey data
- List types of Annual Survey DQ checks
- Outline steps for the Annual Survey DQ process
- Summarize an Annual Survey DQ example
- Identify steps for addressing Annual Survey DQ

* Disclaimer: Data used in this presentation are for illustrative purposes only and do not represent an NHSN facility or data.

NHSN and Annual Survey Data Quality (DQ) Overview

- Addressing NHSN Data Quality (DQ) concerns is key to identifying prevention needs and tracking progress
- Annual Survey Team reviews data and contacts facilities to resolve DQ concerns
- DQ checks and outreach occur routinely and ad-hoc
  - Routine outreach: monthly or quarterly
  - Urgent outreach: before CMS HAI Reporting or other deadlines
- **Important:** Annual Survey DQ is designed to complement, not replace, facilities' DQ checks

Impact of Incorrect or Missing Annual Survey Data

- **Facility-related impacts**
  - Standardized Infection Ratios (SIR) may be inaccurate or not calculated
  - Facility data may be excluded from CDC analytic reports
- **CMS HAI Quality Reporting Programs impacts**
  - Inaccurate SIRs may be sent to CMS if Annual Survey data are incorrect
  - Facility HAI data may not be sent to CMS if Annual Survey data are missing

Type of Data Quality Checks for Annual Surveys

- **Consistency Check:** Data is consistent across variables
- **Range Verification:** Numeric values fall within expected ranges
- **Completeness Check:** Required data are complete and not missing
  - Includes facility reporting a “non-operational” status
- **Year-to-Year Comparison:** Evaluate difference between values
  - Current survey is flagged if value is greater than 100% different than the prior value
- **Outlier Detection:** Extreme values

Annual Survey Data Quality (DQ) Process

Annual Survey DQ Check

Number of **Admissions 2023**	Number of **Admissions 2022**	Number of **Patient Days** 2023	Number of **Patient Days** 2022	Number of **Beds** 2023	Number of Beds 2022
98	4	1123	17	50	50

DQ Check: Year-to-Year Comparison identified DQ concern

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Annual Survey DQ Email Outreach

Hello Jane Doe at NHSN orgid 1000,

Addressing NHSN data quality issues is integral to NHSN's ability to help facilities collect the data needed to identify problem areas, measure progress of prevention efforts, and push toward HAI Healthcare Associated Infection) elimination.

The NHSN team is committed to the improvement and validation of data submitted to the system and is continuously conducting routine data quality checks of facility-level data. During a recent data quality analysis, we identified a potential matter that needs your attention with your facility's NHSN 2023 Patient safety Hospital Annual Survey.

Recent analysis shows that this facility reported at least one value for a variable on the 2023 Hospital annual survey that significantly changed from the prior 2022 survey, and we wanted to bring this to your attention. The variable(s) are listed in the attachment.

Review the attachment for applicable variables for your facility (or facilities). A difference of this magnitude on a facility's reported annual survey can impact a facility's risk adjustment calculations for the standardized infection ratio (SIR). Many healthcare-associated infections (HAIs) use the variables reported on the annual survey to generate a SIR. Reporting an incorrect number for this variable(s) may lead to an inaccurate calculation of the SIR.

Please review your facility's survey and confirm that this field(s) is accurate. If you identify an error in this field, please edit your survey and save the changes. We appreciate your help to ensure the quality and integrity of data reported to NHSN.

Please let us know if you have any questions or concerns at nhsn@cdc.gov.

PSC Contact and NHSN orgID

Background about NHSN DQ

Potential DQ Concern identified by the Annual Survey Team

Action items for the facility

Additional support

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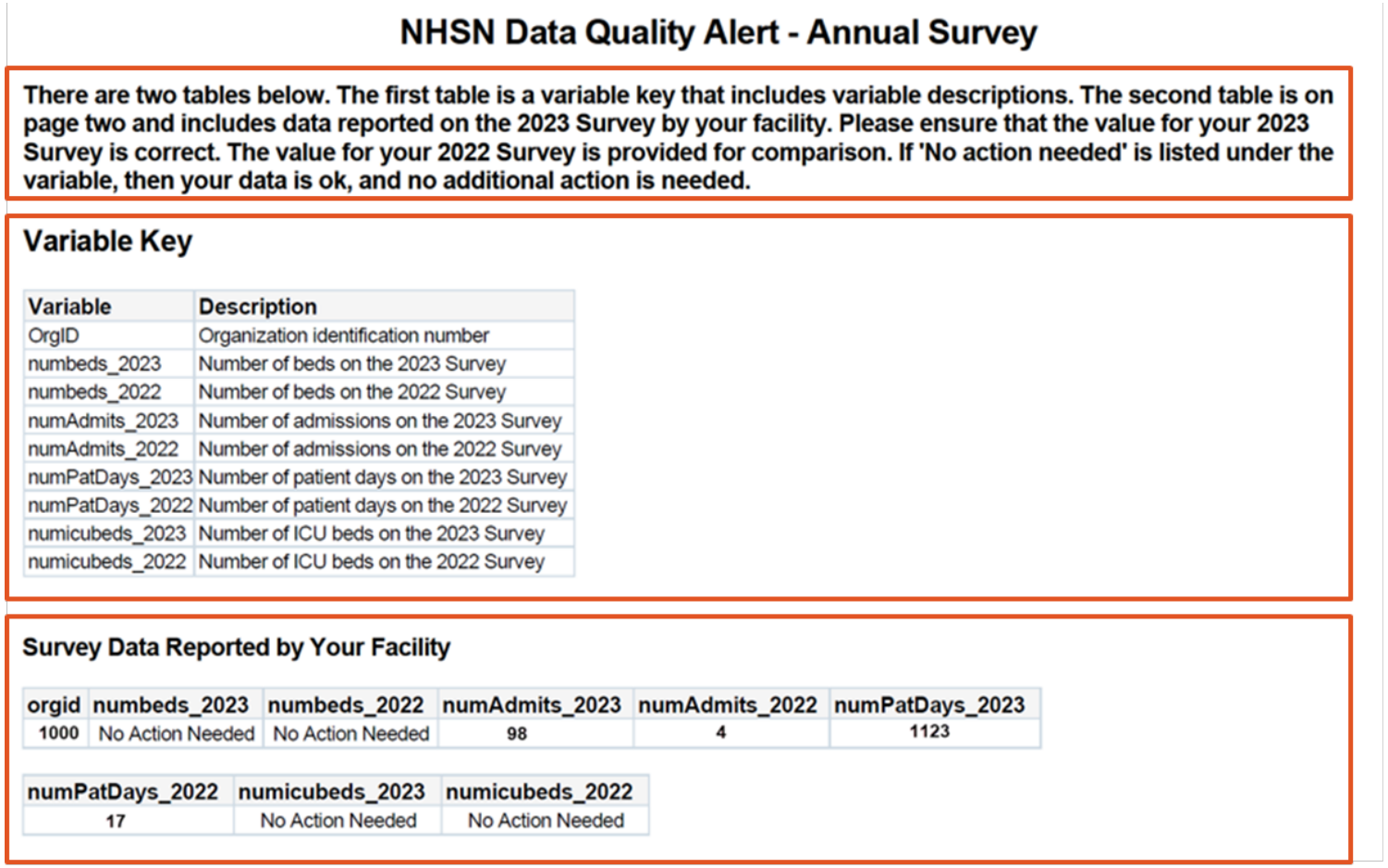
Annual Survey DQ Email Outreach Facility Data Report



NHSN Data Quality Alert - Annual Survey

There are two tables below. The first table is a variable key that includes variable descriptions. The second table is on page two and includes data reported on the 2023 Survey by your facility. Please ensure that the value for your 2023 Survey is correct. The value for your 2022 Survey is provided for comparison. If 'No action needed' is listed under the variable, then your data is ok, and no additional action is needed.

Variable Key

Variable	Description
OrgID	Organization identification number
numbeds_2023	Number of beds on the 2023 Survey
numbeds_2022	Number of beds on the 2022 Survey
numAdmits_2023	Number of admissions on the 2023 Survey
numAdmits_2022	Number of admissions on the 2022 Survey
numPatDays_2023	Number of patient days on the 2023 Survey
numPatDays_2022	Number of patient days on the 2022 Survey
numicubeds_2023	Number of ICU beds on the 2023 Survey
numicubeds_2022	Number of ICU beds on the 2022 Survey

Survey Data Reported by Your Facility

orgid	numbeds_2023	numbeds_2022	numAdmits_2023	numAdmits_2022	numPatDays_2023
1000	No Action Needed	No Action Needed	98	4	1123

numPatDays_2022	numicubeds_2023	numicubeds_2022
17	No Action Needed	No Action Needed

Instructions for reading the data table

Variable key displaying the descriptive variable name for variables in the table

Facility data reported on the Annual Survey that needs review by the facility. “No Action Needed” is listed for variables that were not flagged for a DQ concern.

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Action Steps for Facilities to address Annual Survey DQ

1. Read the Annual Survey DQ Outreach email to understand the:
   - DQ issue
   - Timeline to review and correct the data or reply to the email
   - Action items
2. Review the Facility Data Report attached to the Annual Survey DQ Outreach email
3. Determine whether the data are correct or incorrect, and perform one of the following:
   a) If data are **correct** – reply to the email with facility operational information that led to the unexpected value
   b) If data are **incorrect** – obtain the correct data and edit the Annual Survey. Reply to the email if requested

Annual Survey and Data Quality Resources

- **Annual Survey:**
  - PSC Annual Survey webpage
    - https://www.cdc.gov/nhsn/psc/locations.html
  - Find and Edit the NHSN Patient Safety Component Annual Survey
    - https://www.cdc.gov/nhsn/pdfs/surveys/find-edit-survey-508.pdf
  - Run and Export Annual Facility Survey Reports
    - https://www.cdc.gov/nhsn/pdfs/surveys/run-survey-report-508.pdf
  - Frequently Asked Questions (FAQ)
    - https://www.cdc.gov/nhsn/faqs/faq-annual-survey.html
- **Data Quality:**
  - NHSN Data Quality webpage
    - https://www.cdc.gov/nhsn/ps-analysis-resources/data-quality/index.html

Questions or Need Help?

- **Use subject line: “September DQ Webinar”**
- **NHSN-ServiceNow to submit questions to the NHSN Help Desk.**
- **Access new portal at https://servicedesk.cdc.gov/nhsncsp.**
- **If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at 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.