August 2009 – CDC hosted the Healthcare-associated infections (HAI) Surveillance in Long-term care conference

Summary statements:

- CDC, in partnership with national collaborators, is committed to developing a national HAI surveillance program tailored for and accessible to LTCFs
- The top priority of this HAI surveillance program will be to provide information and support quality improvement (QI) efforts among participating facilities
- Proposed: LTC component designed within the framework of NHSN based on existing modules with adaptation for LTC population
2012 LTC infection surveillance milestones

- Sept. 2012 – CDC released the LTCF infection reporting component within NHSN
- Oct. 2012 – Updated infection surveillance definitions for LTC published by CDC/SHEA
Drivers of NHSN use by nursing homes

- State HAI programs engaging nursing homes in NHSN use for MDRO/CDI prevention activities
- Hospital partners providing NHSN support for their affiliated healthcare partners
- Policy statements about the role of NHSN reporting in long-term care (e.g., 2013 HHS HAI Action Plan, 2015 CSTE position statement)
- Growing awareness of NHSN reporting incentives
  - CMS reporting programs in other post-acute care settings, (e.g., long-term acute care hospitals and inpatient rehab facilities)
  - Nevada become 1st state to require NHSN reporting for SNFs
  - Wisconsin surveyors starting to inquire about NHSN use during review of infection surveillance programs
NHSN Long-term Care Facility Component

- Standardizes event criteria and data reporting for all facilities
- Reporting options
  - Urinary tract infections,
  - Multidrug-resistant organisms and *C. difficile*
  - Adherence to hand hygiene and gown/glove use

www.cdc.gov/nhsn/ltc
NHSN LTCF Early enrollees: Jan 2013-Dec 2014

- Reviewed data reported from 201 facilities enrolled
- Median bed size was 109 (IQR 71-158)
- Median daily census was 99 (IQR 58-146)
- Median staff hours/week for infection control was 14 (IQR 8,24)
- 155 (77%) submitted at least one monthly reporting plan

<table>
<thead>
<tr>
<th>Characteristic (n=201)</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliation: Independent, free-standing</td>
<td>77 (39)</td>
</tr>
<tr>
<td>Multi-facility organization</td>
<td>57 (28)</td>
</tr>
<tr>
<td>Hospital system affiliated</td>
<td>67 (33)</td>
</tr>
<tr>
<td>Certification: Dual Medicare/Medicaid</td>
<td>187 (93)</td>
</tr>
<tr>
<td>Medicare only</td>
<td>6 (3)</td>
</tr>
<tr>
<td>Medicaid/state only</td>
<td>8 (4)</td>
</tr>
<tr>
<td>Number of beds:</td>
<td></td>
</tr>
<tr>
<td>&lt; 50</td>
<td>36 (18)</td>
</tr>
<tr>
<td>50 – 99</td>
<td>47 (23)</td>
</tr>
<tr>
<td>100 – 199</td>
<td>84 (42)</td>
</tr>
<tr>
<td>&gt; 199</td>
<td>34 (17)</td>
</tr>
<tr>
<td>Median staff hours per week dedicated to infection control (IQR)</td>
<td>14 (8,24)</td>
</tr>
<tr>
<td>Facilities with ≥1 monthly reporting plan</td>
<td>155 (77)</td>
</tr>
</tbody>
</table>
**NHSN events and patterns of reporting: Jan 2013–Dec 2014**

- CDI selected for reporting most often; UTI reporting completed most often
- 83% of facilities with a reporting plan submitted at least one complete month of data
- Consistent reporting (≥6 months of complete data) declined over time

<table>
<thead>
<tr>
<th>Event</th>
<th># of months intended</th>
<th># of months completed</th>
<th>Percent completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. difficile</td>
<td>1358</td>
<td>1011</td>
<td>74%</td>
</tr>
<tr>
<td>Methicillin-resistant <em>S. aureus</em></td>
<td>709</td>
<td>543</td>
<td>77%</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>673</td>
<td>547</td>
<td>81%</td>
</tr>
<tr>
<td>Vancomycin-resistant <em>Enterococcus</em></td>
<td>581</td>
<td>451</td>
<td>77%</td>
</tr>
<tr>
<td>Carbapenem-resistant <em>E. coli</em></td>
<td>512</td>
<td>381</td>
<td>74%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of facilities</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intending to report &gt;1 event</td>
<td>110</td>
<td>118</td>
</tr>
<tr>
<td>&gt;1 completed month (% among intended)</td>
<td>92 (83.6)</td>
<td>97 (82.2)</td>
</tr>
<tr>
<td>Reported consistently* (% among completed)</td>
<td>70 (76.1)</td>
<td>46 (47.4)</td>
</tr>
<tr>
<td>Median consecutive months of reporting (IQR)</td>
<td>6.5 (1.8)</td>
<td>4 (1.8)</td>
</tr>
</tbody>
</table>

Stone ND et al. ID Week 2015, Poster #321
Geography of NH Consistent Reporting: 2013 vs. 2014

Consistent Reporters, 2013 (N=70)

Consistent Reporters, 2014 (N=46)
Sustaining NHSN reporting by NHs

- Barriers to voluntary reporting into NHSN
  - Staff turnover, limited time and resources, and competing priorities
  - Facilities using NHSN may not be getting maximum benefit from their data

- External partners/programs are a strong driver of NHSN use by LTCFs
  - Participation in collaboratives maintains engagement and accountability
  - Creates forum for sharing experiences and seeing how an individual facility’s experience compares to peers
New programs to engage nursing homes in NHSN enrollment and reporting
Expansion of state programs to detect and prevent antibiotic resistance

- State health departments coordinating efforts to reduce antibiotic resistant organisms and improve antibiotic use across healthcare facilities

Portfolio of activities including:
- Mapping patient movement across the care continuum
- Promoting NHSN surveillance for antibiotic resistance and *C. difficile*
- Implementing infection prevention and antibiotic stewardship activities
- Improving communication during care transitions
- Measuring impact of effort and addressing gaps

CDC Vital Signs. August 2015
CMS CDI reporting and reduction project, 2016-2019

- Working within the National NH Quality Care Collaborative
  - QIN-QIOs have already recruited ~7400 NHs into the collaborative
- CDI project goal to recruit 15% (~2300 NHs) to enroll into NHSN and sustain CDI reporting over the course of the project
- Participants will receive training and support on CDI reporting and prevention activities including:
  - NHSN enrollment, CDI event reporting and analysis
  - Training in LTC communication (TeamSTEPPS)
  - Antibiotic stewardship
Participating now…preparing for later

Other uses of LTCF HAI surveillance data identified in August 2009:

- Determining the scope/magnitude of HAI’s in LTC at a national level
- Establishing national HAI incident rates to inform prevention and control policy
- Providing quality of care metrics for regulation/licensing
- Providing quality of care metrics for public reporting
CMS proposed regulations for infection prevention and control programs (IPC)

- Facility risk assessment of resident population
- Integrating IPC into QAPI activities
- Required review and update of IPC program, policies/procedures
- Antibiotic use protocols and monitoring
- Designated IPC Officer with specific training
- IPC-specific education and training for all staff
The IMPACT Act of 2014 aims to improve Medicare Post-Acute Care Transformation by:

- Comparing quality across PAC settings;
- Aligning measures of quality and reporting among all post-acute care providers;
- Current CMS quality reporting programs for Long-term acute care hospitals and inpatient rehabilitation facilities include NHSN reporting.

**Timeline of Major Deliverables in the IMPACT Act of 2014**

- **2014 - 2016**: Use of Quality Data to Inform Discharge Planning
- **2017**: Standardized Assessment Data for PAC and Other Providers Begins
- **2018**: CMS Report on PAC Prospective Payment
- **2019**: Study on Hospital Assessment Data
- **2020**: MedPAC Report on PAC Prospective Payment
- **2021**: Standardized Quality and Resource Use Measure Reporting for PAC Providers Begins
- **2022**:

**Prepared by House Ways and Means and Senate Finance Committee Staff**

March 18, 2014
Nursing homes are expected to take action in tracking and preventing the spread of HAIs

- NHSN can be a resource to support prevention efforts by providing data to identify gaps and measure impact

Nursing home reporting in NHSN is growing

- Consistent reporting is feasible with support and resources
- Increasing opportunities for nursing homes to get involved

Engage in activities now to prepare for the future

- Facilities actively involved in surveillance and prevention programs will be identified as leaders within healthcare communities
- Facility programs will be in place to meet CMS regulations or future quality incentive programs
Thank you!!

Email: nstone@cdc.gov with questions/comments

For more information please contact Centers for Disease Control and Prevention

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Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: 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.