A QAPI Approach to CDI Reduction
Using the National Healthcare Safety Network (NHSN)

Health Services Advisory Group (HSAG)
Tuesday, November 13, 2018
Objectives

At the end of this session, you will be able to...

• Describe the CDC’s National Healthcare Safety Network (NHSN) and how it applies to nursing homes in California.

• Demonstrate how to input laboratory-identified events, such as *Clostridium difficile*, into NHSN.

• Discuss the experience of nursing homes participating in the Quality Improvement Organization national cohort to input data into NHSN.
Patient is at the center of care

- Cardiac Health
- Disparities in Diabetes
- Transforming Clinical Practice
- Antibiotic Stewardship in Communities
- Coordination of Care
- Behavioral Health
- Healthcare-Acquired Conditions in Nursing Homes
- Support of Clinicians in the Quality Payment Program
- Adult Immunizations
- Improve Hand Hygiene and Injection Practices in ASCs*

*ASCs=Ambulatory Surgery Centers
Patient is at the center of care

- Cardiac Health
- Disparities in Diabetes
- Transforming Clinical Practice
- Antibiotic Stewardship in Communities
- Coordination of Care
- Behavioral Health
- Support of Clinicians in the Quality Payment Program
- Healthcare-Acquired Conditions in Nursing Homes
- Adult Immunizations
- Improve Hand Hygiene and Injection Practices in ASCs
• Support recruited NHQCC member NHs with:
  – QAPI as a framework to achieve system-wide improvement.
  – Reducing inappropriate use of antipsychotic medications.
  – Using the quality measure composite score to monitor progress.
  – Managing CDIs with the CDI Initiative.
These are high-consequence antibiotic-resistant threats because of significant risks identified across several criteria. These threats may not be currently widespread but have the potential to become so and require urgent public health attention to identify infections and to limit transmission.

Clostridium difficile (C. difficile), Carbapenem-resistant Enterobacteriaceae (CRE), Drug-resistant Neisseria gonorrhoeae (cephalosporin resistance)
In nursing homes, approximately 20% of healthcare providers account for about 80% of antibiotics prescribed.\(^1\)

Roughly 40–75% of antibiotics are prescribed incorrectly.

Nearly 50% of antibiotics prescribed in nursing homes may be given longer than necessary.\(^1\)

NHSN CDI Cohort
CDI Initiative in AZ, CA, FL, and OH

- 483 nursing homes participating
- All participants enrolled in NHSN
- Baseline period (March–December 2017)
- Remeasurement period (January–December 2018)
- Data analysis
- Quality improvement coaching
First, What is NHSN?

- National Healthcare Safety Network (NHSN)
- Operated by the Centers for Disease Control and Prevention (CDC)
- Secure federal mainframe
  - Need for Secure Access Management Services (SAMS) card
NHSN Enrollment Update (as of June 2018)

<table>
<thead>
<tr>
<th>Healthcare Setting</th>
<th>NHSN Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>7,054</td>
</tr>
<tr>
<td>Outpatient Dialysis Centers</td>
<td>7,278</td>
</tr>
<tr>
<td>Ambulatory Surgery Centers</td>
<td>5,173</td>
</tr>
<tr>
<td>Long-Term Care Facilities (LTCFs)</td>
<td>3,299</td>
</tr>
<tr>
<td><strong>Total Facilities Enrolled</strong></td>
<td><strong>22,804</strong></td>
</tr>
</tbody>
</table>

What Can NHSN Do For CDI?

• Facility’s CDI rate (LTCF-Onset vs. On Admission)
• Identify not just residents, but units or neighborhoods with CDI issues
• Aggregate data from multiple facilities (need rights)
• Help support antibiotic stewardship programs
NHSN LTC
Monthly Reporting
Benefits of Sustained Reporting

• Gain familiarity with CDC reporting system
• Tracking platform for facility CDI reporting, analysis, quality improvement, infection prevention
• Opportunity to contribute to national surveillance, control, and prevention program
• Improve community communication, especially with hospitals
Keys To Successful NHSN Reporting

Verify Monthly Reporting Plan (MRP)

Verify all events entered

Enter summary data

Check box if no events

Resolve alerts
Log into SAMS with Grid Card Credentials

Log-in Requires:

1. Username (email)
2. Password
3. SAMS Grid Card
Set up MRPs through December 2018

MRP must be added before NHSN will allow you to enter your Summary Data.

Reporting Plan > Add > Month, Year > Select C. difficile under Specific Organism Type > SAVE
LabID C. *difficile* Event Criteria

Report a CDI Event in NHSN if:

- Stool specimen tested was unformed/loose and conformed to the shape of container, and
- Stool specimen tested positive for *C. difficile*, and
- Stool specimen was collected while resident was in your facility, or at Emergency Department (ED) for observation, or in outpatient setting, during current admission, and
- Resident had no prior positive CDI lab result within the last 14 days.
Tip: Report ALL positive *C. difficile* laboratory assay, tested on a 
loose unformed stool specimen, and collected while a resident is 
receiving care in the LTCF, and the resident has no prior *C. difficile* 
positive laboratory assay collected in the previous 14 days.

<table>
<thead>
<tr>
<th><strong>Facility ID:</strong> Auto-entered by the system</th>
<th><strong>Event #:</strong> Event # auto-assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident ID:</strong> Ex. Medical Record #</td>
<td><strong>Social Security #:</strong> Insert 999-99-9999 if not using SSN</td>
</tr>
</tbody>
</table>

Medicare number (or comparable railroad insurance number):

<table>
<thead>
<tr>
<th><strong>Resident Name, Last:</strong> Recommend to enter name</th>
<th><strong>First:</strong></th>
<th><strong>Middle:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Gender:</strong></th>
<th><strong>Date of Birth:</strong> MM / DD / YYYY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Ethnicity (specify):</strong></th>
<th><strong>Race (specify):</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Resident type:</strong></th>
<th><strong>Date of First Admission to Facility:</strong> <strong>/</strong>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-stay (&lt; or = 100 days)</td>
<td>Long-stay (&gt; 100 days from date of first admission)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date of Current Admission to Facility:</strong> <strong>/</strong>/____</th>
</tr>
</thead>
</table>

**Event Details**

<table>
<thead>
<tr>
<th><strong>Event Type:</strong> LabID</th>
<th><strong>Date Specimen Collected:</strong> MM / DD / YYYY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Specific Organism Type:</strong> (check one)</th>
<th><strong>Specimen Body Site/System:</strong> DIGEST – Digestive System</th>
</tr>
</thead>
<tbody>
<tr>
<td>❌ MRSA</td>
<td>❌ MSSA</td>
</tr>
<tr>
<td>❌ VRE</td>
<td>❌ C. difficile</td>
</tr>
<tr>
<td>❌ CRE-E. coli</td>
<td>❌ CRE-Enterobacter</td>
</tr>
<tr>
<td>❌ CRE-Klebsiella</td>
<td>❌ MDR-Acinetobacter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Specimen Source:</strong> STOOL – Stool Specimen</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Resident Care Location:</strong> Where resident was residing on date of specimen collection</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Primary Resident Service Type:</strong> (check one)</th>
<th><strong>Has resident been transferred from an acute care facility in the past 4 weeks:</strong> Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term general nursing</td>
<td>Long-term dementia</td>
<td>Long-term psychiatric</td>
</tr>
<tr>
<td>Skilled nursing/Short-term rehab (subacute)</td>
<td>Ventilator</td>
<td>Bariatric</td>
</tr>
<tr>
<td>Hospico/Palliative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If answer is YES, need to answer the **at the time of transfer to your facility?**
Event Entry Into NHSN

Event > Add > Resident ID (Medical Record #)
Event > Add > Print > Save

Resident Information

Facility ID: LTCF/QIN-QIO Project - test (45188)
Resident ID: 566727

Last Name:
Middle Name:
Gender: F - Female
Ethnicity:
Race: □ American Indian/Alaska Native □ Asian
□ Black or African American □ Native Hawaiian/Other Pacific Islander
□ White

Event # 11370
Social Security # : 999-99-9999
Medicare number (or comparable railroad insurance number):
First Name:
Date of Birth : 01/25/1972

SSN Alternative: 999-99-9999

Resident type: LS - Long Stay
Date of First Admission to Facility: 01/01/2017
Date of Current Admission to Facility: 04/05/2017

Event Information

Event Type: LABID - Laboratory-identified MDRO or CDI Event
Specific Organism Type: CDIF - C. difficile
Specimen Body Site/System: DIGEST - Digestive System
Specimen Source: STOOL - Stool specimen
Resident Care Location: 2NORTH - 2 NORTH
Primary Resident Service Type: GENNUR - Long-term general nursing
Has resident been transferred from an acute care facility in the past 4 weeks? N - No


Save Back
Common NHSN Event Errors

*Resident type:  □ Short-stay (< or = 100 days)
□ Long-stay (> 100 days from date of first admission)

TIP Count the number of days resident in facility from first admission to determine if short or long-stay. Check with business office.

*Date Specimen Collected: MM/DD/YYYY

TIP Date resident’s specimen was collected at your facility. Do not count a specimen collected at an acute care facility. An error will occur if date is prior to the current admission date.
Common NHSN Event Errors (cont.)

*Date of First Admission to Facility: MM/DD/YYYY

TIP Resident’s very first admission to your facility. If resident leaves for >30 consecutive days, use the new admission date.

*Date of Current Admission to Facility: MM/DD/YYYY

TIP Resident’s most recent date of admission to your facility (after re-admission).

Can be the same date
Common NHSN Event Errors (cont.)

*Has resident been transferred from an acute care facility in the past 4 weeks (prior to specimen collection date)?

Before answering “Yes”:
• Confirm resident was admitted to hospital. ED visit for observation or outpatient appointment is excluded.

TIP Count days prior to specimen collection date. 4 weeks is 28 days.
Common NHSN Event Errors (cont.)

If YES, date of last transfer from acute care to your facility: __/__/____
If YES, was the resident on antibiotic therapy for this specific organism (C. diff) type at the time of transfer to your facility?

**TIP**
Use date of current admission

**TIP**
Confirm antibiotics are prescribed specifically for CDI, and not for another reason.
Summary Data

Monthly Totals to Submit:

- Number of admissions (including re-admissions)
- Number of resident days
- Number of admissions on CDI Treatment

SUMMARY DATA, select ADD, select month and year > complete all * fields > PRINT > SAVE.
Summary Data > Add > Select Month, Year > Insert Data > Print Form > SAVE

Mandatory fields marked with *
Fields required for record completion marked with **

Facility ID*: LTCF/QIN-QIO Project (ID 45188)  
Month*: February  
Year*: 2015  

Denominators for Long Term Care Locations
- No long term care locations selected on monthly reporting plan

MDRO & CDI LabID Event Reporting

<table>
<thead>
<tr>
<th>Location Code</th>
<th>MRSA</th>
<th>VRE</th>
<th>CephR-Klebsiella</th>
<th>CRE-Ecoli</th>
<th>CRE-Enterobacter</th>
<th>CRE-Klebsiella</th>
<th>C. difficile</th>
<th>MDR-Acinetobacter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide Inpatient (FacWIDEin)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Days: 1838</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Admissions on C. diff Treatment: 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LabID Event (All specimens) Report No Events

Prevention Process Measures
- No long term care locations selected on monthly reporting plan

If you have no C. difficile LabID Events to report, click the check box with ** under C. difficile column!
Common Summary Data Errors

Missing Check Box if Reporting No Events

<table>
<thead>
<tr>
<th>LabID Event (All specimens) Report No Events</th>
<th>MRSA</th>
<th>VRE</th>
<th>CepbR-Klebsiella</th>
<th>CRE-Ecoli</th>
<th>CRE-Enterobacter</th>
<th>CRE-Klebsiella</th>
<th>C. difficile</th>
<th>MDR-Acinetobacter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you forget to click the check box with **, your data will not count as complete. You will get an alert on your Alerts Page.

**SUMMARY DATA > FIND > Month, Year > EDIT > Check box with ** > SAVE**
Incocent Resident Admissions and Resident Days

- Resident Admissions = **ALL** resident admissions and readmissions for the entire month; **not just Medicare residents**

- Resident Days Calculation = Daily census totals added up for the entire month; **not average daily census**
Check NHSN Alerts Before Logout

• Missing events
• Incomplete events
• Missing monthly summaries
• Incomplete monthly summaries
NHSN Data Analysis
## HSAG QIN-QIO and National CDI Rates

<table>
<thead>
<tr>
<th></th>
<th>Total Number of Resident Days</th>
<th>Total</th>
<th>Facility Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count of CDI</td>
<td>CDI Rate*</td>
<td>Count of CDI</td>
</tr>
<tr>
<td>Arizona</td>
<td>701,366</td>
<td>128</td>
<td>1.825</td>
</tr>
<tr>
<td>California</td>
<td>5,161,716</td>
<td>335</td>
<td>0.649</td>
</tr>
<tr>
<td>Florida</td>
<td>3,515,763</td>
<td>267</td>
<td>0.759</td>
</tr>
<tr>
<td>Ohio</td>
<td>3,417,834</td>
<td>267</td>
<td>0.781</td>
</tr>
<tr>
<td>National</td>
<td>66,953,032</td>
<td>4,362</td>
<td>0.652</td>
</tr>
</tbody>
</table>

*Total CDI Rate: (Total CDI Count/Total Number of Resident Days) * 10,000 Resident Days

**Facility Onset CDI Rate: (Facility Onset CDI Count/Total Number of Resident Days) * 10,000 Resident Days

Source: Centers for Disease Control and Prevention (CDC)-Supplied CDI Baseline Rates_20180516 (03/01/2017–12/31/2017)
7 Easy Steps to Generate Your Facility Monthly *Clostridium difficile* Infection (CDI) Rates in the National Healthcare Safety Network (NHSN)

Step 1: Once logged into NHSN, Generate a New Data Set. Select ‘Analysis’ and then select ‘Generate Data Sets’, and click ‘Generate New’.

Step 2: A pop-up will appear telling you that the current data set will be updated. Click ‘OK’.

Step 3: Once the data set is complete, a pop-up will appear stating that the data sets have been successfully generated. Click ‘OK’.

Step 4: Next, select ‘Analysis’ and ‘Reports’.

Step 5: Select ‘Multidrug-Resistant Organism (MDRO)/CDI Module Laboratory-Identified (LabID) Event Reporting’ and click on the sub-folder labeled ‘All *C. difficile* LabID Events’.

Step 6: Next, select ‘Rate Tables for CDI LabID Event Data’ and click ‘Run Report’.

Step 7: From here you can review the 7 generated rate tables specific to your facility:
- Total CDI Rate
  - Hospital CDI Rate
  - Lab ID CDI Rate
  - Non-Lab ID CDI Rate
  - CDI Rate among PAs
  - CDI Rate among MDs
  - CDI Rate among All Clinicians

[https://www.hsag.com/contentassets/ee9e4f3f16164149a22fb388dc34eef3/how2gfacilitycdiratesfinal508.pdf](https://www.hsag.com/contentassets/ee9e4f3f16164149a22fb388dc34eef3/how2gfacilitycdiratesfinal508.pdf)
### NHSN CDI Sample Report

<table>
<thead>
<tr>
<th>Facility Org ID</th>
<th>Resident ID</th>
<th>Resident Type*</th>
<th>Date of Current Admission</th>
<th>Days: Admit to Event</th>
<th>Event Date</th>
<th>Location**</th>
<th>Transferred from Acute Care Facility in Past 4 Weeks?</th>
</tr>
</thead>
<tbody>
<tr>
<td>45188</td>
<td>555258</td>
<td>SS</td>
<td>12/13/2017</td>
<td>21</td>
<td>1/2/2018</td>
<td>NH A</td>
<td>Y</td>
</tr>
<tr>
<td>45188</td>
<td>30259</td>
<td>SS</td>
<td>2/15/2018</td>
<td>10</td>
<td>2/24/2018</td>
<td>NH A</td>
<td>Y</td>
</tr>
<tr>
<td>45188</td>
<td>39820</td>
<td>LS</td>
<td>6/14/2017</td>
<td>237</td>
<td>2/5/2018</td>
<td>NH A</td>
<td>N</td>
</tr>
<tr>
<td>45188</td>
<td>28596</td>
<td>SS</td>
<td>1/8/2018</td>
<td>30</td>
<td>2/6/2018</td>
<td>NH A</td>
<td>N</td>
</tr>
<tr>
<td>45188</td>
<td>87952</td>
<td>SS</td>
<td>2/14/2018</td>
<td>24</td>
<td>3/9/2018</td>
<td>NH A</td>
<td>N</td>
</tr>
<tr>
<td>45188</td>
<td>55589</td>
<td>LS</td>
<td>9/13/2017</td>
<td>182</td>
<td>3/13/2018</td>
<td>NH A</td>
<td>N</td>
</tr>
</tbody>
</table>

*SS = Short Stay; LS = Long Stay

**ST A = Station A
## Table 2: NHSN Annual Facility Survey: 7 Core Elements of AS

<table>
<thead>
<tr>
<th>Year</th>
<th>Leadership</th>
<th>Accountability</th>
<th>Drug Expertise</th>
<th>Action</th>
<th>Tracking</th>
<th>Reporting</th>
<th>Education</th>
<th>Total Core Elements of AS Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>5</td>
</tr>
<tr>
<td>2016</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>7</td>
</tr>
<tr>
<td>2017</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>7</td>
</tr>
</tbody>
</table>
CDI Reduction Strategies
The Core Elements of Antibiotic Stewardship

• Leadership
• Accountability
• Drug Expertise
• Action
• Tracking and Monitoring
• Reporting
• Education

https://goo.gl/D5C6zQ
Key CDI Reduction Strategies

QAPI

- Antibiotic Stewardship
- CDI Management
- Communication
- NHSN Data Entry and Analysis
CDI Probing Questions to PIPs

• Why is our rate high?
• Which groups are most affected?
• Is there a process for early diagnosis and isolation of CDI?
• Is a hand hygiene process in place?
• How do we use antibiotics?
**Clostridium difficile Infection (CDI) Tracer and Assessment Tool (Post-Acute)**

**Patient Information**
- Date: ____________________
- Facility: ____________________
- Primary Diagnosis: ____________________
- Allergy Information: ____________________

**CDI Tracer Question/Scenario**

The CDI tracer worksheet helps you/your facility identify CDI risk factors and areas of improvement. If a resident is not available, create a scenario, and then interview the appropriate staff members to answer the questions below. At the end review the answers with your team(s) to identify solutions and improvements.

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Areas of Concern</th>
<th>Areas of Excellent Care</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How many active resident beds do you have?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>What is your average daily census?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What is the current number of staff working in infection prevention within your facility?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Is there an initiative within the facility to address CDI? If “Yes,” obtain a copy and use it as a guide to compare policy and practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Is there staff/provider/patient education program addressing CDI within your facility?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Are there specific hand hygiene instructions when CDI is suspected or confirmed? If so, please describe.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Resources
NHSN Data Entry and QAPI

• NHSN Data Analysis
  – **Goal**: Create PIP and monitor and track data for QAPI

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSAG NHSN Website</td>
<td><a href="https://goo.gl/ne9VBR">https://goo.gl/ne9VBR</a></td>
</tr>
<tr>
<td>NHSN Enrollment Videos</td>
<td><a href="https://goo.gl/NSkl5q">https://goo.gl/NSkl5q</a></td>
</tr>
<tr>
<td>NHSN Analysis Videos</td>
<td><a href="https://goo.gl/rYs89F">https://goo.gl/rYs89F</a></td>
</tr>
<tr>
<td>Nursing Home Change Package</td>
<td><a href="https://goo.gl/Z7Fwc5">https://goo.gl/Z7Fwc5</a></td>
</tr>
<tr>
<td>QAPI At-a-Glance</td>
<td><a href="https://goo.gl/mUYKfT">https://goo.gl/mUYKfT</a></td>
</tr>
</tbody>
</table>
HSAG CDI Initiative Website

www.hsag.com/nh-nhsn-resources
## 2018 Monthly Educational Webinars

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/17/18</td>
<td>CDI Intervention Kick-Off</td>
<td>Recording</td>
</tr>
<tr>
<td>2/22/18</td>
<td>Antibiotic Stewardship</td>
<td>Recording</td>
</tr>
<tr>
<td>3/22/18</td>
<td>Exploring the Role of Antibiotics</td>
<td>Recording</td>
</tr>
<tr>
<td>4/19/18</td>
<td>Case Study: CDI Reduction and QAPI</td>
<td>Recording</td>
</tr>
<tr>
<td>5/31/18</td>
<td>Strategies to Decrease Antibiotic Resistance</td>
<td>Recording</td>
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<tr>
<td>6/21/18</td>
<td>CDI Part 1: Clinical Overview</td>
<td>Recording</td>
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<tr>
<td>7/19/18</td>
<td>CDI Intervention PIP Progress Report</td>
<td>Postponed</td>
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<tr>
<td>8/16/18</td>
<td>Antibiotic Stewardship in Nursing Homes</td>
<td>Recording</td>
</tr>
<tr>
<td>9/13/18</td>
<td>TeamSTEPPS® Communication</td>
<td>Recording</td>
</tr>
</tbody>
</table>

Recordings Available!
TeamSTEPPS® Communication

• Instruct NHs in TeamSTEPPS® Long-Term Care Communication Module

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link</th>
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<tbody>
<tr>
<td>Nursing Home Training Sessions</td>
<td><a href="https://goo.gl/mHAh8b">https://goo.gl/mHAh8b</a></td>
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<tr>
<td>Agency for Healthcare Research and Quality</td>
<td><a href="https://goo.gl/wbPq7n">https://goo.gl/wbPq7n</a></td>
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HSAG YouTube Channel

https://www.youtube.com/user/hsagvideo
Summary
Deadline Reminder

Please submit monthly NHSN CDI data *no later than* day 10 of the following month.

<table>
<thead>
<tr>
<th>Data Month</th>
<th>Submit Data no Later Than</th>
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<tbody>
<tr>
<td>October</td>
<td>November 10</td>
</tr>
<tr>
<td>November</td>
<td>December 10</td>
</tr>
<tr>
<td>December</td>
<td>January 10*</td>
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</tbody>
</table>

* Submit all past due data no later than January 10, 2019
Summary Reporting Points

1. We are here to help you! Give HSAG a call anytime.
2. Add additional SAMS card users!
3. Submit your Summary Data by day 10 of every month. This allows time to fix errors.
4. Add CDI LabID events as they occur.
5. Do not forget to check “no events” box with ** if there are no events to report.
7. Enters all “9s” for resident social security number.
8. Start discussing cases with your QAPI/infection control team!
Ezrah W. Lasola, BSN, RN, RAC-CT
Quality Improvement Specialist, Nursing Homes
elasola@hsag.com

Rose Chen, MPH, RD
Associate Director, Nursing Homes
rchen@hsag.com

Matt Lincoln, MBA
Director, Administrative Operations
mlincoln@hsag.com
Questions?