



# Kansas Quality Improvement Partnership

## MEMORANDUM

DATE: June 5, 2015  
TO: Kansas hospital administrators, infection preventionists, clinical and quality leaders  
FROM: Kansas Quality Improvement Partnership (KQIP)  
RE: KQIP recommendation for all Kansas hospitals to use NHSN for HAI reporting

One of the purposes of the Kansas Quality Improvement Partnership (KQIP), a group of leading Kansas health care organizations, is to coordinate, support and simplify when possible, patient safety reporting requirements for health care providers statewide.

Among its 2015 priorities, KQIP has set a bold goal that all Kansas acute care and critical access hospitals actively use NHSN by the end of 2015 for reporting healthcare-associated infection (HAI).

NHSN is the Centers for Disease Control and Prevention's National Healthcare Safety Network. It is the nation's most widely used HAI tracking system. It is recognized nationally as the "gold standard" for HAI definitions and collection of meaningful and actionable data to accurately identify and reduce infections related to the delivery of clinical care.

In addition to the common HAIs that hospitals should already be monitoring, NHSN also allows health care facilities to track important health care process measures, such as health care personnel influenza vaccine status, infection control adherence rates and more.

We offer the attached background, recommendation and references—along with our technical assistance and professional support—for Kansas to become the first state in the nation to voluntarily submit HAI data to NHSN, without a government mandate.

With the ease of NHSN's new, secure, online sign-up system and in-state technical support, expert assistance is available to help your hospital begin using NHSN. For assistance, contact Joey Scaletta, KDHE, ([jscaletta@kdhe.ks.gov](mailto:jscaletta@kdhe.ks.gov) or 785-296-4090) or Nadyne Hagmeier, KFMC ([nhagmeier@kfmc.org](mailto:nhagmeier@kfmc.org) or 800-432-0770 x374).

Sincerely yours,

Jerry Slaughter  
Executive Director  
Kansas Medical Society

Kendra Tinsley, MS, CPPS  
Executive Director  
Kansas Healthcare Collaborative

Tom Bell  
President  
Kansas Hospital Association

Sarah Irsik-Good, MHA  
Director of Quality Improvement  
Kansas Foundation for Medical Care

Joseph Scaletta, MPH, BWSN, RN, CIC  
Program Director, KDHE Healthcare-Associated Infections Program  
Kansas Department of Health and Environment

P.S. Here is a link to an important policy article regarding hospital infection reporting:  
[www.healthleadersmedia.com/content/QUA-316153/Hospital-Infection-Reporting-to-Widen-Definitions-to-Get-More-Precise##](http://www.healthleadersmedia.com/content/QUA-316153/Hospital-Infection-Reporting-to-Widen-Definitions-to-Get-More-Precise##)





# Kansas Quality Improvement Partnership

## **Recommendation:**

The Kansas Quality Improvement Partnership (KQIP) recommends use of the National Healthcare Safety Network (NHSN) for tracking health care-associated infection (HAI) and strengthening prevention efforts throughout Kansas.

The Kansas Quality Improvement Partnership has established a bold goal for Kansas, that by January 1, 2016, 100 percent of all Kansas hospitals (including critical access hospitals) will actively use NHSN for infection surveillance and reporting.

## **Statement of the Issue:**

To augment and support statewide efforts to reduce HAIs, hospital readmissions, extended hospital stays and health care costs, KQIP recommends use of the Centers for Disease Control and Prevention's (CDC) NHSN for the collection of meaningful and actionable data to accurately identify and reduce infections related to the delivery of clinical care.

Nationally, HAIs are associated with a significant number of medical errors with an estimated 1.7 million infections<sup>1</sup> at a cost of \$28.4 to \$45 billion in direct medical costs per year<sup>2</sup>. With increased attention from the public and payers to reduce HAIs and produce the best possible outcomes for patients, there is no better time than the present to adopt NHSN as a timely and accurate tracking system to support efforts to eliminate HAIs.

## **Background:**

NHSN is the nation's most widely used HAI surveillance system. It provides facilities, states, regions and the nation with data to identify problem areas and measure progress of prevention efforts with the goal of eliminating HAIs. At no cost to hospitals, NHSN now serves over 13,000 medical facilities tracking HAIs including acute care, long-term acute care, psychiatric, and rehabilitation hospitals, dialysis centers, ambulatory surgical centers, nursing homes, with hospitals and dialysis facilities representing the majority of those reporting data<sup>3</sup>.

Along with such issues as motor vehicle crashes and teen pregnancy, CDC considers HAIs among six "winnable battles" recognizing the magnitude of the health problem and the nation's ability to significantly improve outcomes in this area. According to the Kansas Department of Health and Environment (KDHE), in Kansas, 27 (28 percent) critical access hospitals and 55 (98 percent)

Inpatient Prospective Payment System (IPPS) hospitals use NHSN for infection reporting. While 80 (58 percent) Kansas hospitals use NHSN, there is room for improvement.

NHSN ensures data security, integrity and confidentiality and provides facilities with data in real-time that can be shared with others. Using CDC's nationally standardized definitions for HAIs and analytic tools found within the system, facilities can measure progress and help determine priority focus areas. Facilities participating in the Centers for Medicare and Medicaid Services (CMS) infection reporting must use NHSN<sup>4</sup> as it is considered the gold-standard for HAI data collection.

According to the Association of Professionals in Infection Control and Epidemiology (APIC)<sup>5</sup>:

- The CDC/NHSN standardized definitions should be used to identify and report HAIs.
- The CDC/NHSN comparative database should be used to promote the reduction and assess progress towards elimination of HAIs.
- Electronic surveillance technology development and implementation is necessary to enhance infection prevention strategies and effectiveness.
- Validation of findings from surveillance for HAIs is an essential process that facilitates meaningful comparison of HAI findings in a standardized, unbiased manner.
- The exclusive use of administrative data is not a precise measure for identifying healthcare-associated infections and should not be used as a sole source for HAI identification.
- Administrative data collection does not facilitate the real-time implementation of targeted prevention strategies.

The Infectious Disease Society of America (IDSA), Society for Healthcare Epidemiology of America (SHEA), Trust for America's Health (TFAH) Council of State and Territorial Epidemiologist (CSTE) and APIC have long supported use of NHSN to meet HAI public reporting provisions noting its scientifically meaningful reporting and monitoring capability using standard definitions<sup>6</sup>.

## References

1. Klevins RM, Edwards JR, Richards CL Jr, Horan TC, Gaynes RP, Pollock DA, et al. Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002. Public Health Reports March-April 2007.
2. Scott RD, II. The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention. Centers for Disease Control and Prevention, March 2009. Available at: [www.cdc.gov/ncidod/dhqp/pdf/Scott\\_CostPaper.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf) accessed: 10/04/2010.
3. "NHSN is the nation's most widely used," 2015. Retrieved from [www.cdc.gov/nhsn/about.html](http://www.cdc.gov/nhsn/about.html)
4. "NHSN ensures data security," 2015. Retrieved from [www.cdc.gov/nhsn/about.html](http://www.cdc.gov/nhsn/about.html)
5. Gray P, Streed S, Dolan S, Khoury R, Kulich P, Olmstead RN, et al. APIC Position Paper: The Use of Administrative (Coding/Billing) Data for Identification of Healthcare-Associated Infections (HAIs) in US Hospitals, October 2009. Retrieved from [www.apic.org/Resource\\_/TinyMceFileManager/Advocacy-PDFs/ID\\_of\\_HAIs\\_US\\_Hospitals\\_1010.pdf](http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/ID_of_HAIs_US_Hospitals_1010.pdf)
6. "On behalf of the Association for Professionals in Infection Control and Epidemiology," July 16, 2009. Retrieved from [www.idsociety.org/uploadedFiles/IDSA/Policy\\_and\\_Advocacy/Current\\_Topics\\_and\\_Issues/Fair\\_and\\_Adequate\\_Payment/Statements/Health%20Care%20Reform-HAIs%20Joint%20Letter%2071609.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Fair_and_Adequate_Payment/Statements/Health%20Care%20Reform-HAIs%20Joint%20Letter%2071609.pdf)

