

Presenters & Panelists & Moderator

Presenters today:

Juan Teran Plasencia, MD

jteranplasencia@unmc.edu

Lacey Pavlovsky, MSN, RN, CIC, LTC-CIP

lacey.pavlovsky@nebraska.gov

Lauren Musil, BSN, RN

lmusil@nebraskamed.com

Panelists today:

Jenna Preusker, Pharm.D., BCPS

jepreusker@nebraskamed.com

Rebecca Martinez, BSN, BA, RN, CIC

remartinez@nebraskamed.com

Jody Scebold, EdD, MSN, RN, CIC

jodscebold@nebraskamed.com

Sarah Stream, MPH, CDA, FADAA

sstream@nebraskamed.com

Moderator today:

Margaret Deacy

mdeacy@nebraskamed.com

Questions & Answer Session

- Please use the Q&A box in the webinar platform to type a question to be read aloud.
 - If your question is not answered during the webinar, please call (402) 552-2881 Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists or e-mail your question to nebraskaicap@nebraskamed.com

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No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content

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The faculty have nothing to disclose:

Juan Teran Plasencia, MD

Lacey Pavlovsky, MSN, RN, CIC, LTC-CIP

Lauren Musil, BSN, RN

The planning committee members have nothing to disclose:

Kate Tyner, RN, BSN, CIC;

Jody Scebold, EdD, MSN, RN, CIC

Margaret Deacy

Josette McConville, BSN, RN, CIC

Chris Cashatt, RN, BSN, CIC

Jenna Preusker, Pharm.D., BCPS

Rebecca Martinez, BSN, BA, RN, CIC

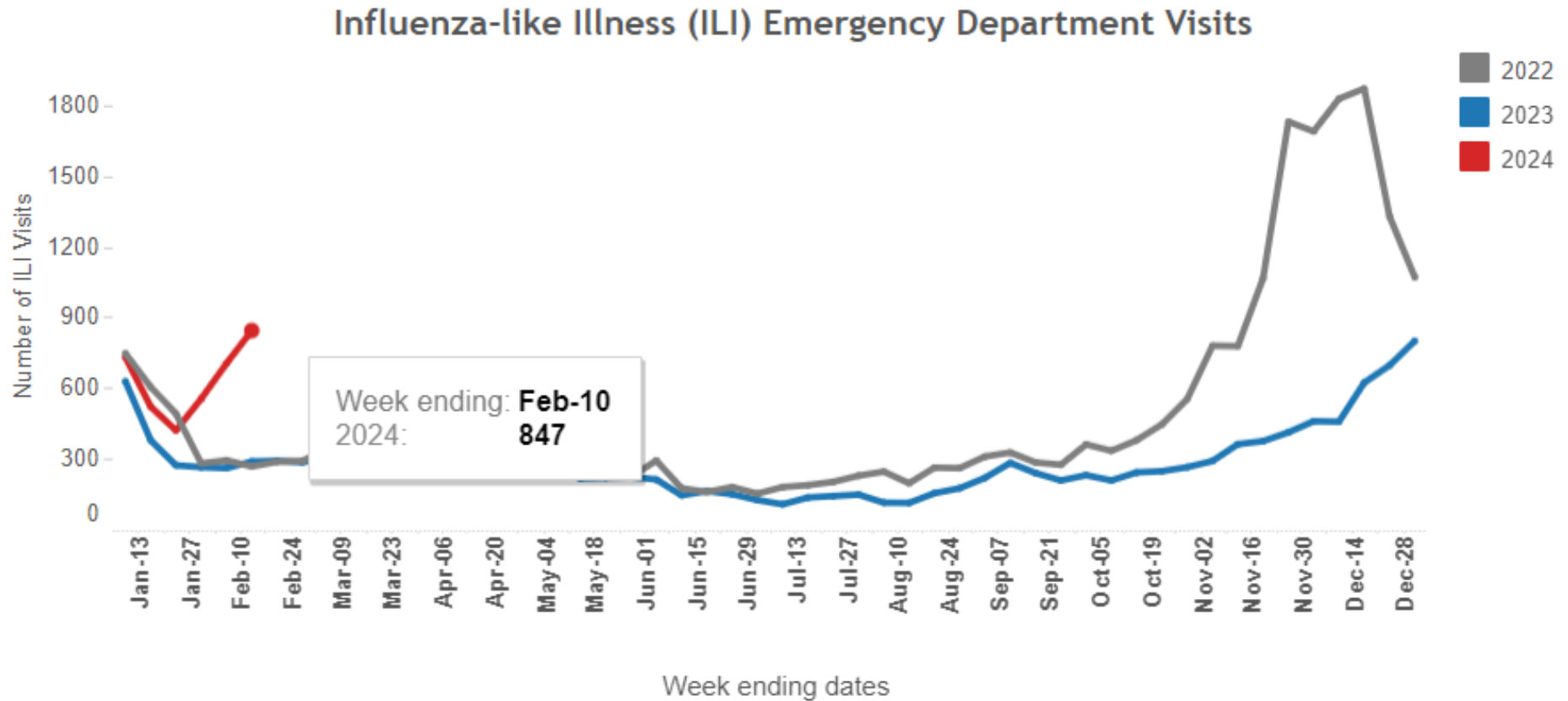
Sarah Stream, MPH, CDA, FADAA

Respiratory Season Update

Juan Teran, MD
Medical Director, NE ICAP



Influenza-like Illness (ILI) Report



NEBRASKA

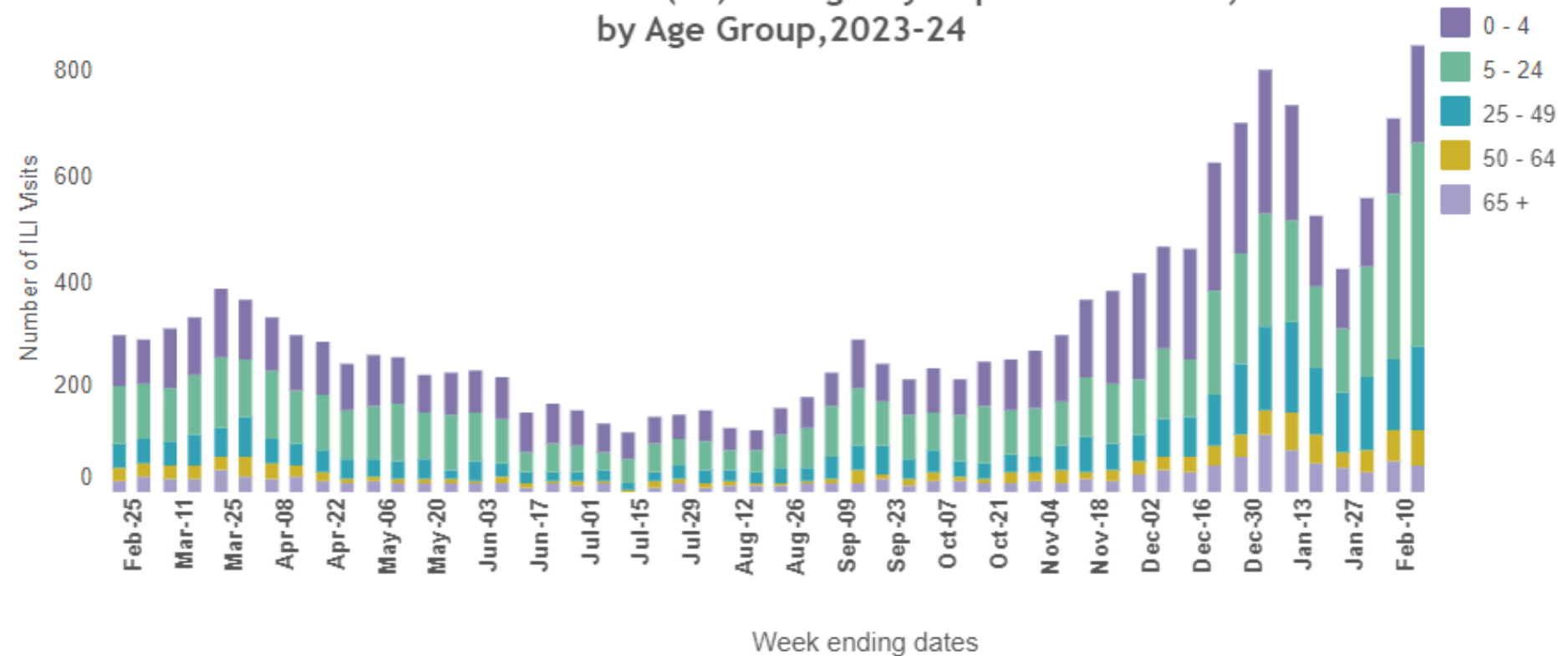
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ILI Emergency Visits By Age Group

Influenza-like Illness (ILI) Emergency Department Visits,
by Age Group, 2023-24



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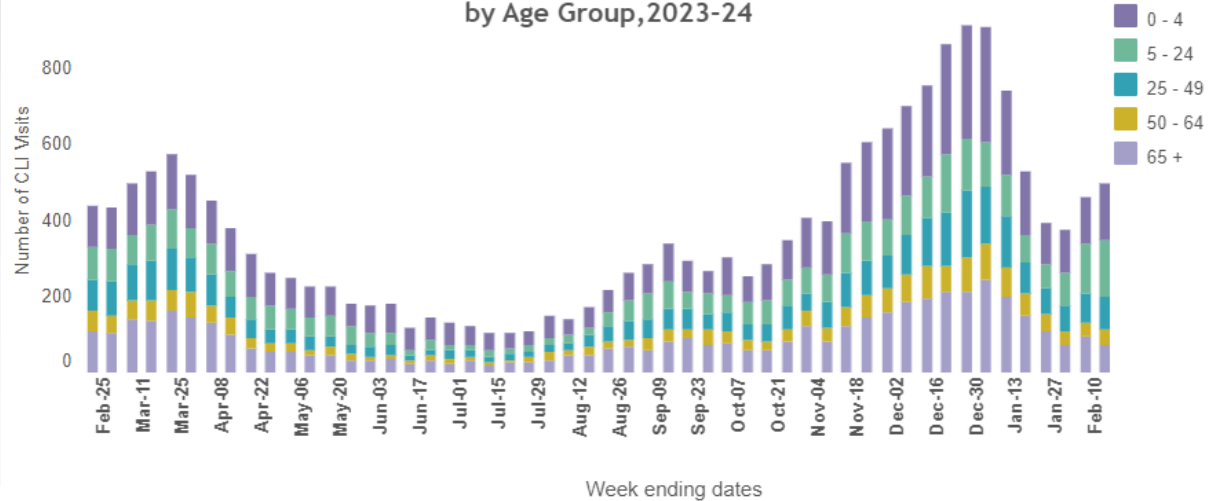
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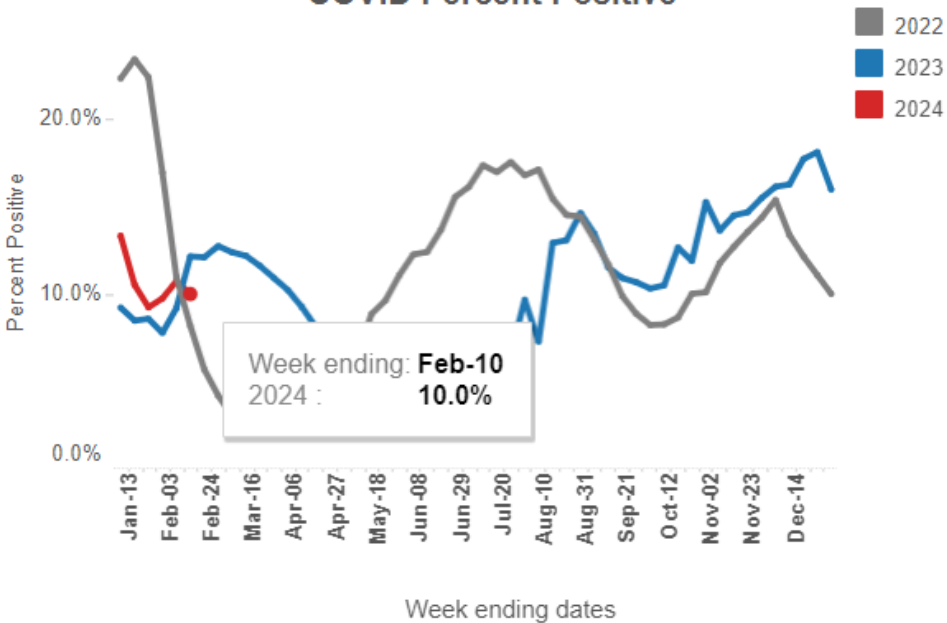


NE DHHS COVID Data

COVID-like Illness (CLI) Emergency Department Visits,
by Age Group, 2023-24

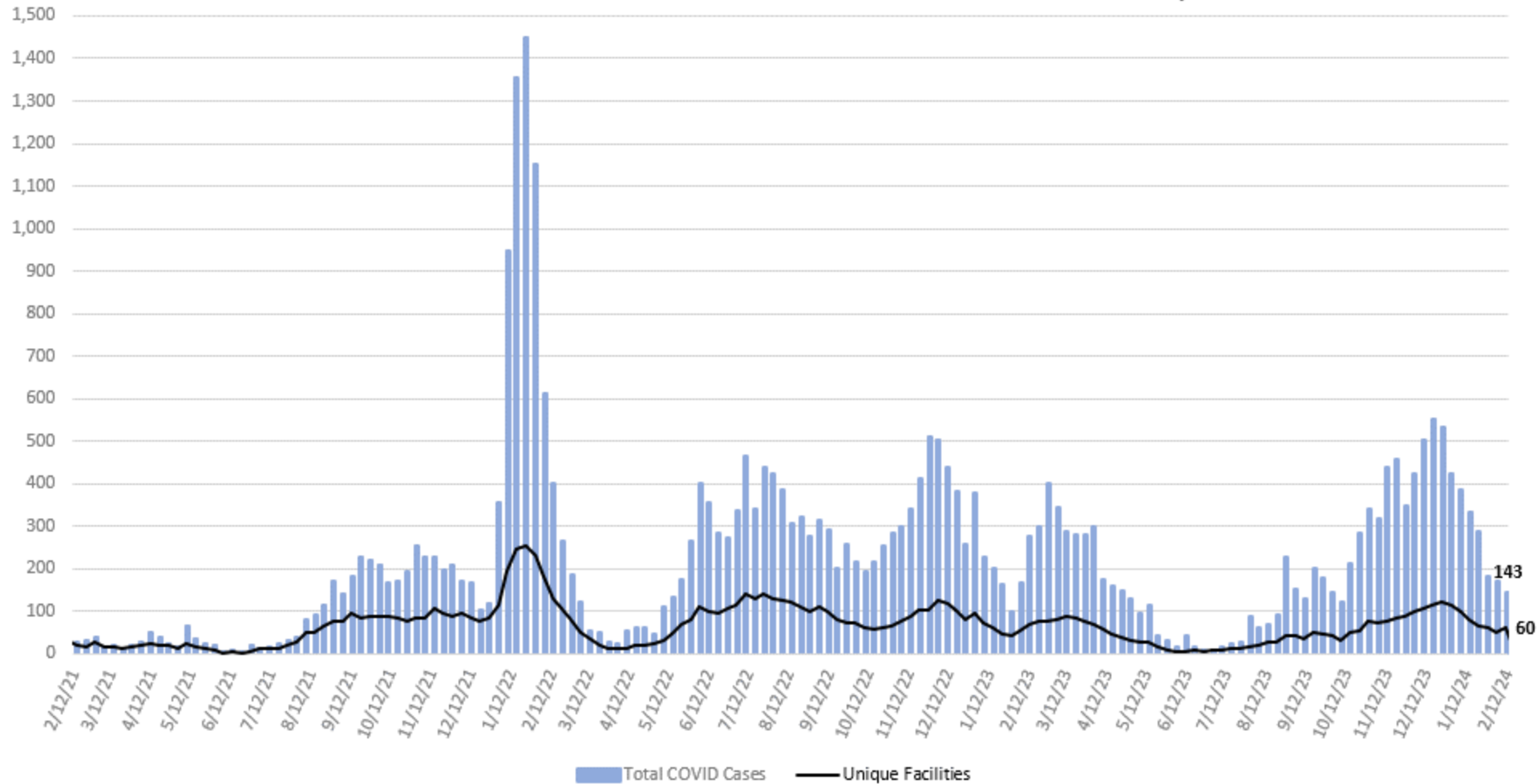


COVID Percent Positive



COVID Cases Long Term Care

Nebraska LTC Resident & Staff COVID Cases & Facilities by Week

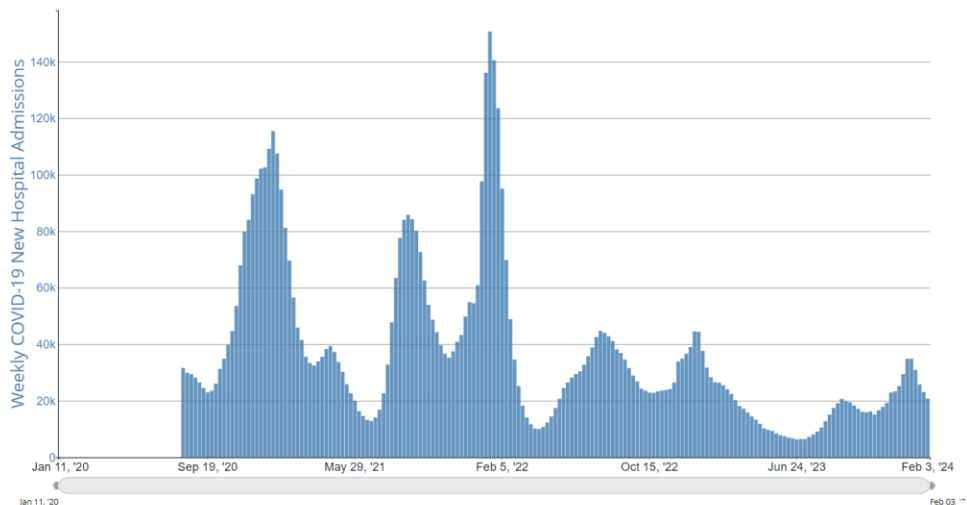


Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual Numbers may vary slightly



COVID Rate of Hospitalizations US

COVID-19 New Hospital Admissions, by Week, in The United States, Reported to CDC



United States

Weekly COVID-19 New Hospital Admissions: 20,772

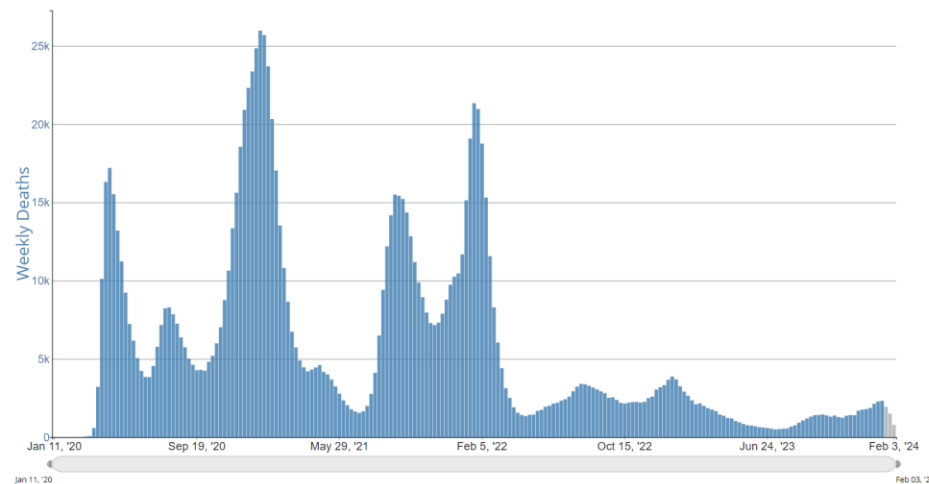
Date: February 3, 2024

United States

Weekly Deaths: 774

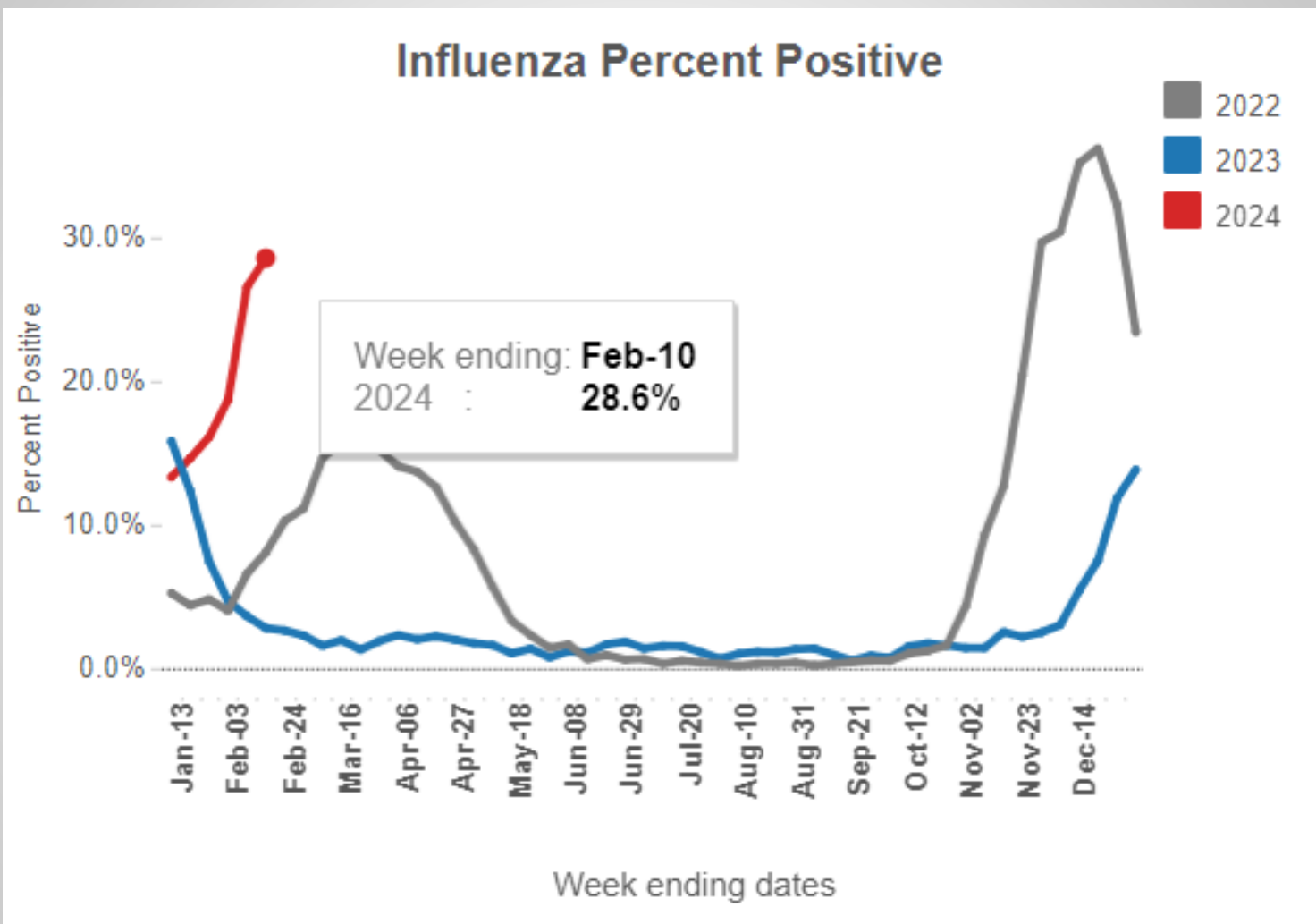
Date: February 3, 2024

Provisional COVID-19 Deaths, by Week, in The United States, Reported to CDC



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Influenza NE DHHS report



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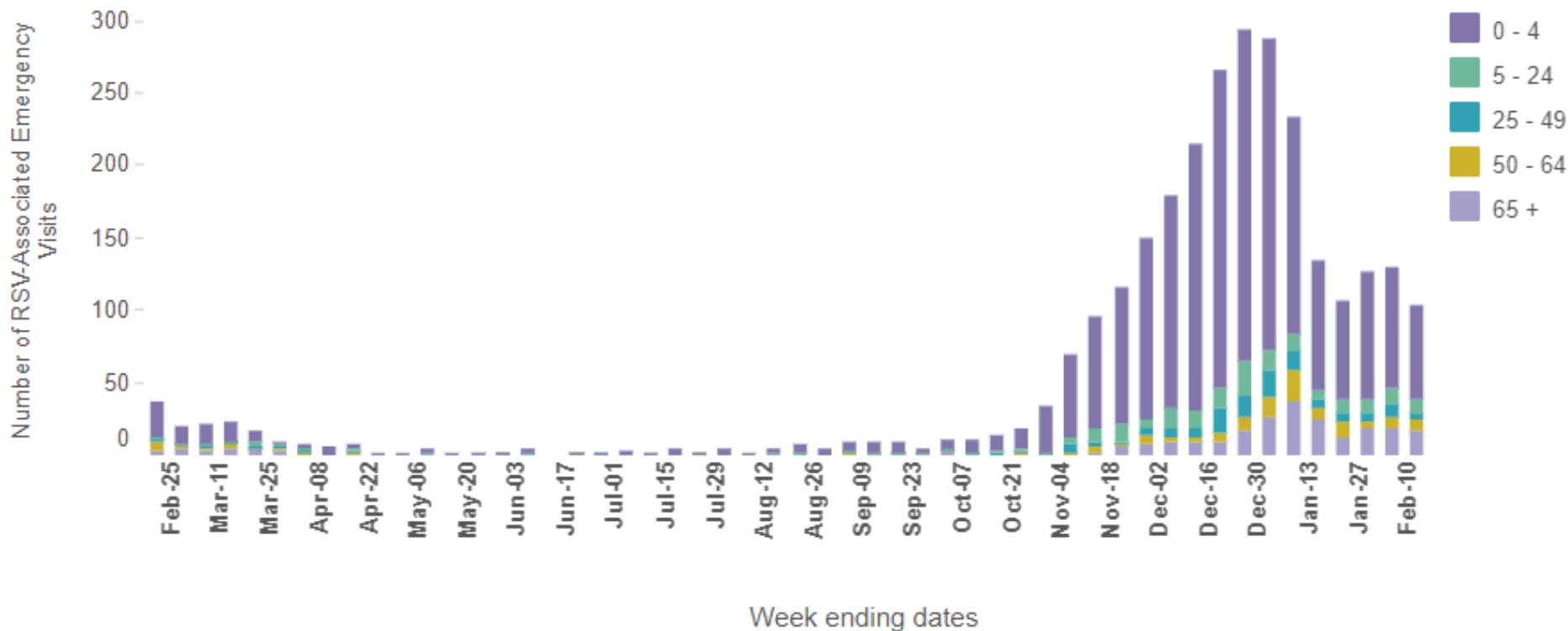
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RSV ER Visits By Age Group

RSV-Associated Emergency Department Visits, by Age Group, 2023-24



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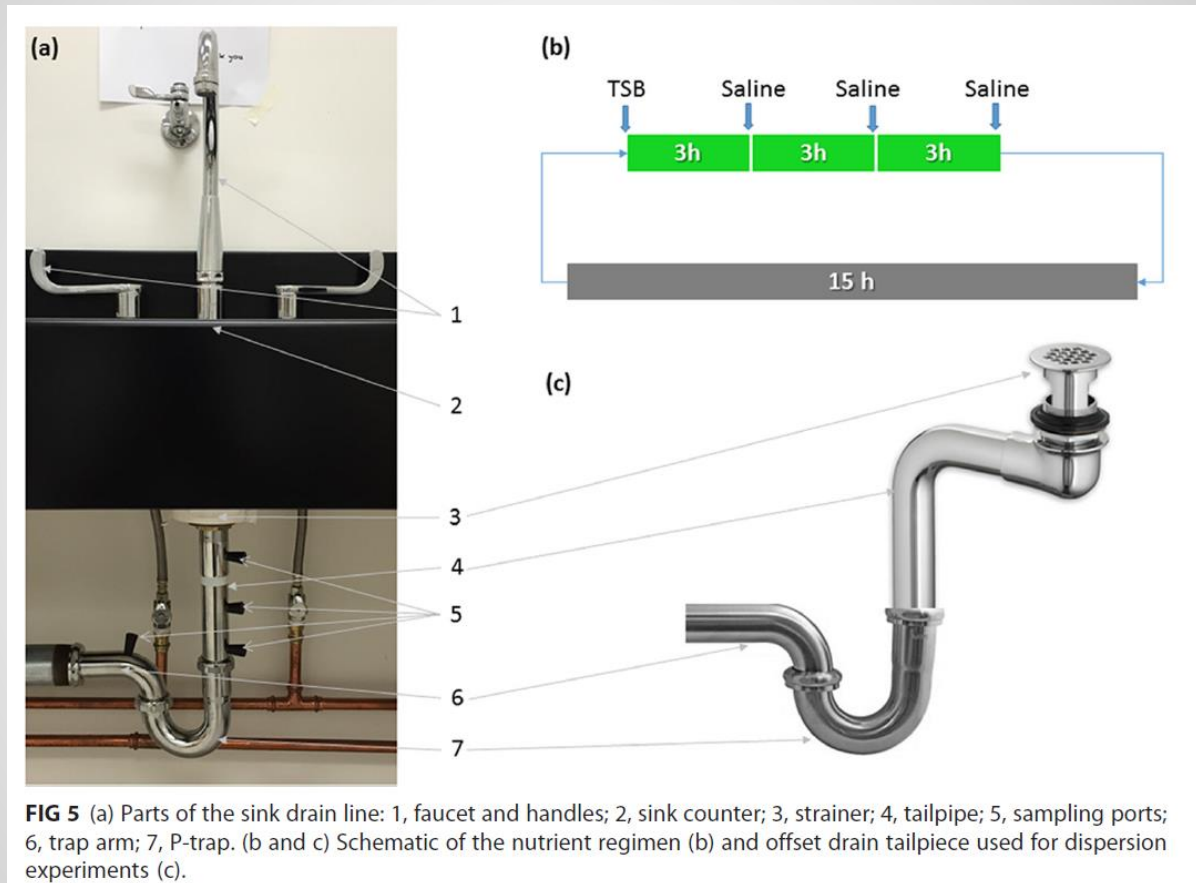
Sinks as Potential Sources of Transmission

Juan Teran, MD
Medical Director, NE ICAP



Basic Sink Anatomy and Experimental Background

Anatomy of a Sink



Kotay et al. *Appl Environ Microbiol.* 2017;83(8):e03327-16.

GFP-expressing *E. coli*: Growth in the Tailpipe

TABLE 1 Growth in the tailpipe connected to the P-trap colonized with GFP-expressing *E. coli* biofilm 1 inch per day

Sampling area	Presence of GFP-expressing <i>E. coli</i> on day ^a :							
	0	1	2	3	4	5	6	7
Strainer 8 in. above P-trap water	—	—	—	—	—	—	—	+
Tailpipe								
6 in. above P-trap water	—	—	—	—	+	+	+	+
4 in. above P-trap water	—	—	—	+	+	+	+	+
2 in. above P-trap water	—	+	+	+	+	+	+	+
P-trap	+	+	+	+	+	+	+	+

^a—" and "+" denote the absence and presence of GFP-expressing *E. coli*, respectively.

Kotay et al. *Appl Environ Microbiol.* 2017;83(8):e03327-16.

Transmission to Other Sinks by Day 7

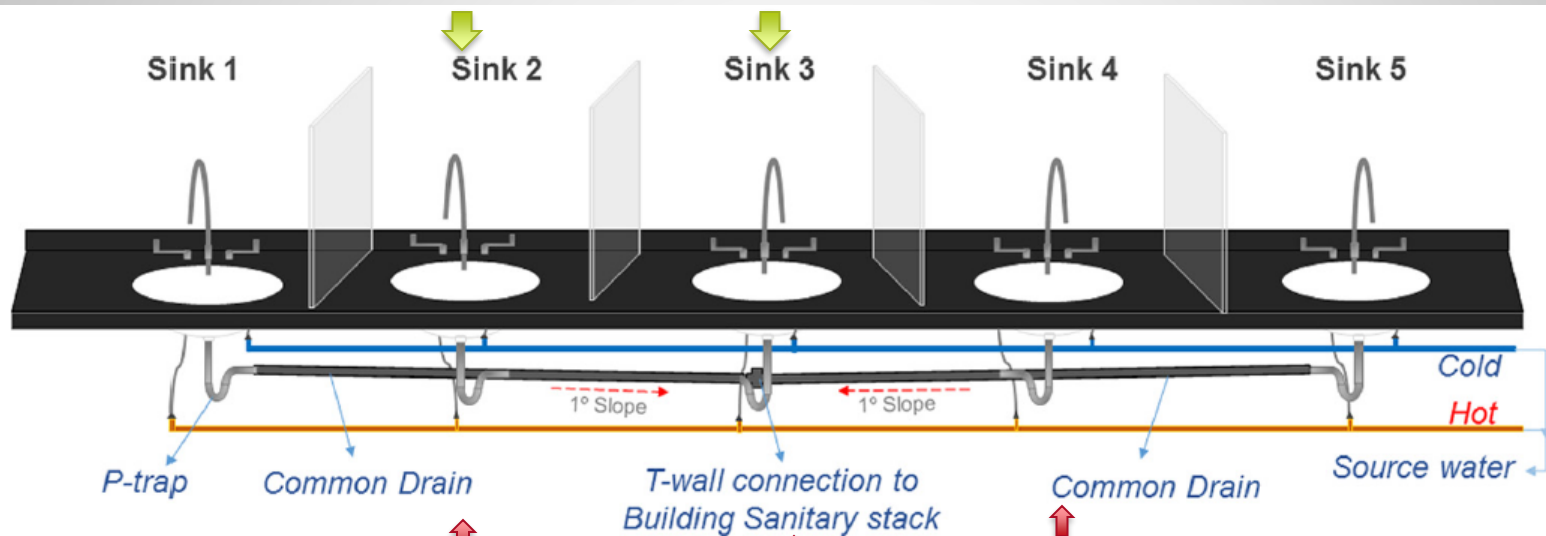


FIG 4 Layout of the sink gallery comprising the 5 sink modules and the associated plumbing.



Inoculum size: 10^3 CFU/mL



Inoculum size: $10^6 - 10^{10}$ CFU/mL

Kotay et al. *Appl Environ Microbiol.* 2017;83(8):e03327-16.

Transmission by Day 14

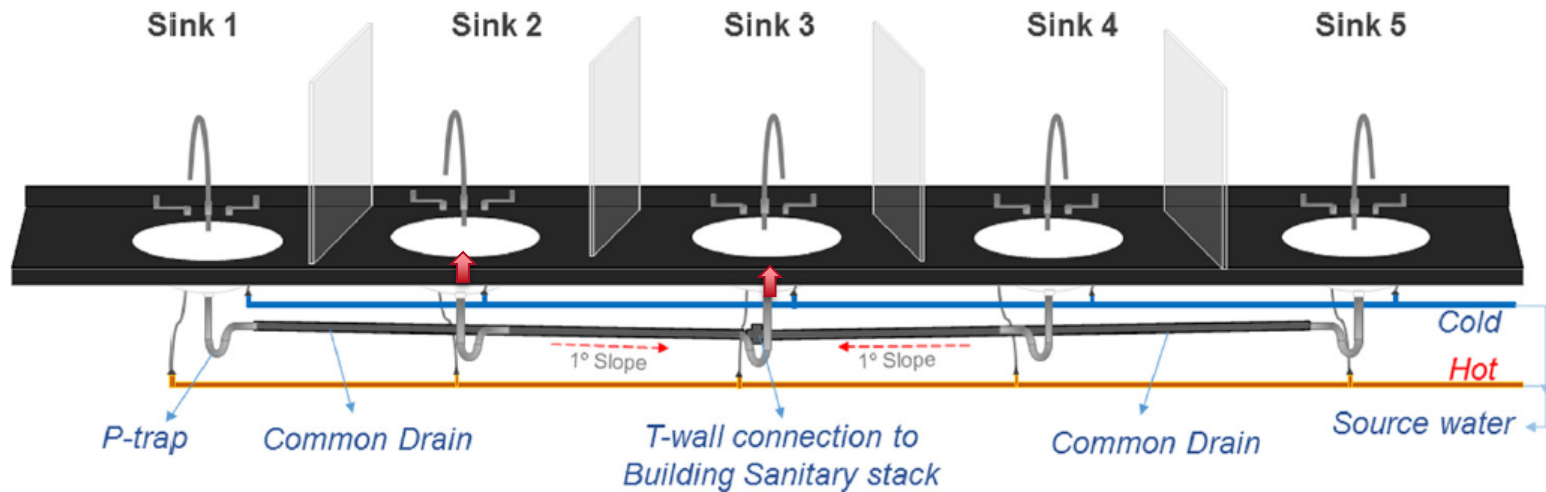


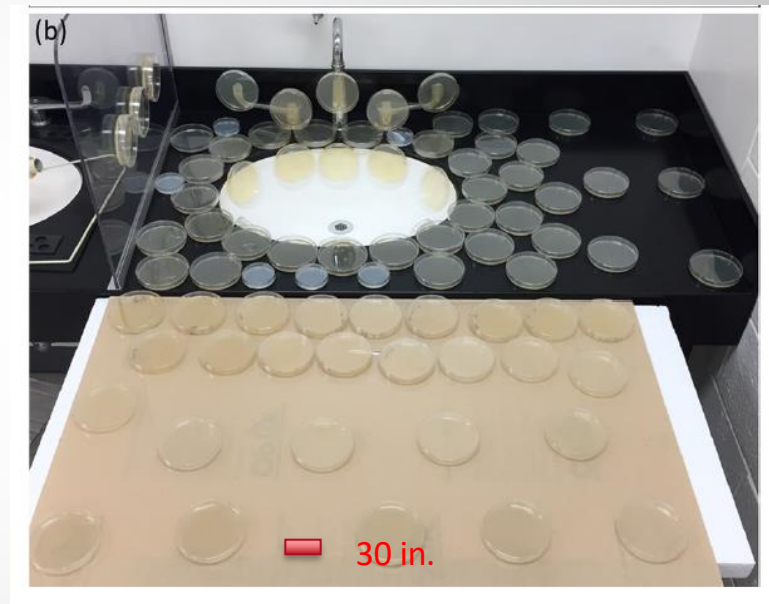
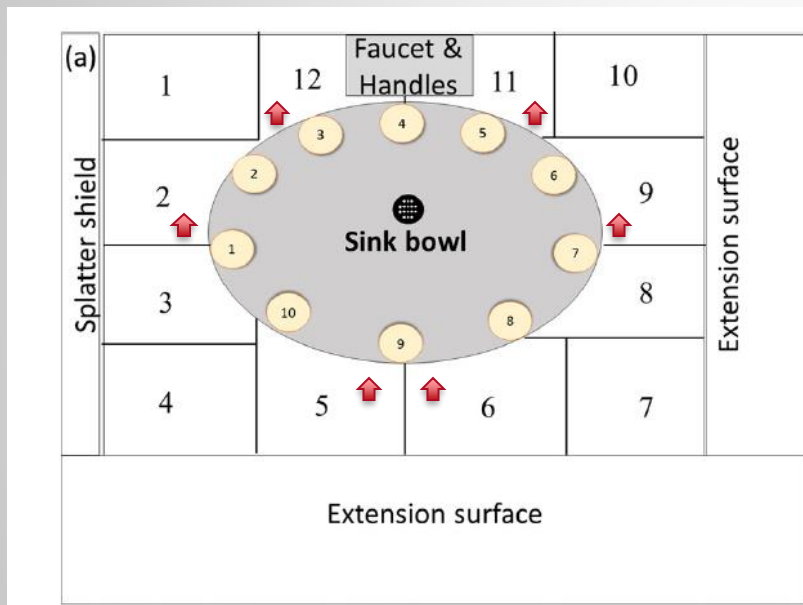
FIG 4 Layout of the sink gallery comprising the 5 sink modules and the associated plumbing.



Inoculum 10^{10} CFU/mL

Kotay et al. *Appl Environ Microbiol.* 2017;83(8):e03327-16.

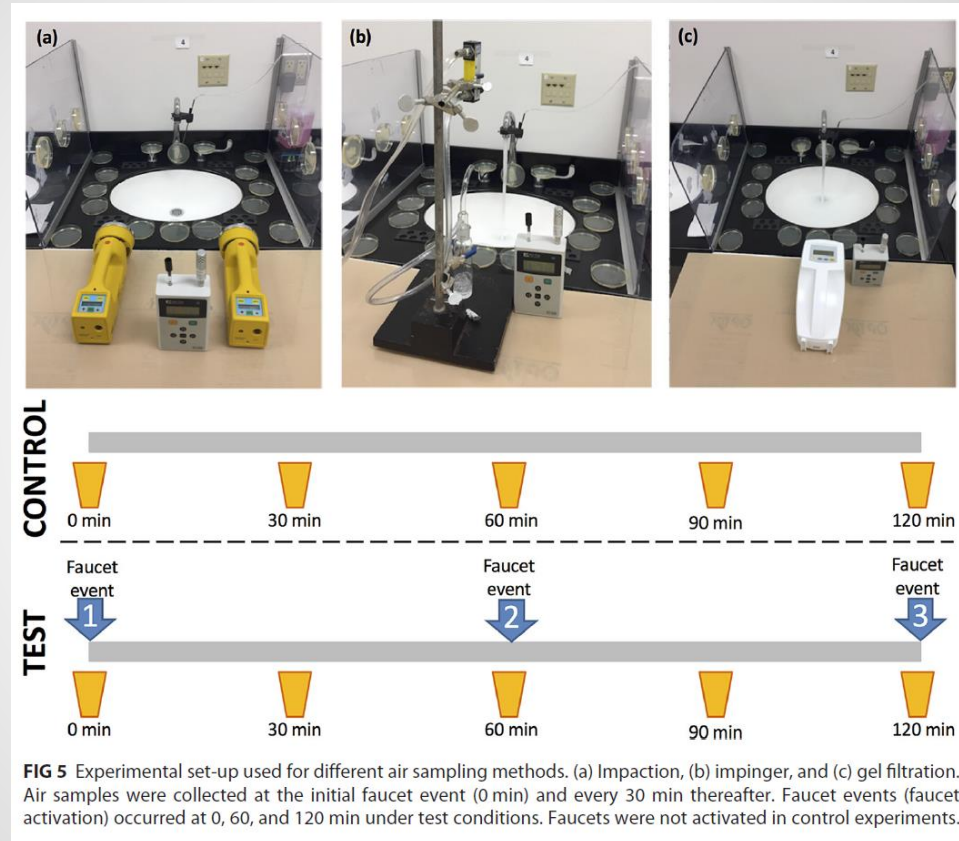
Dispersion Testing with Microspheres and E. coli



More dispersion when strain was colonized prior to dispersion Experiment

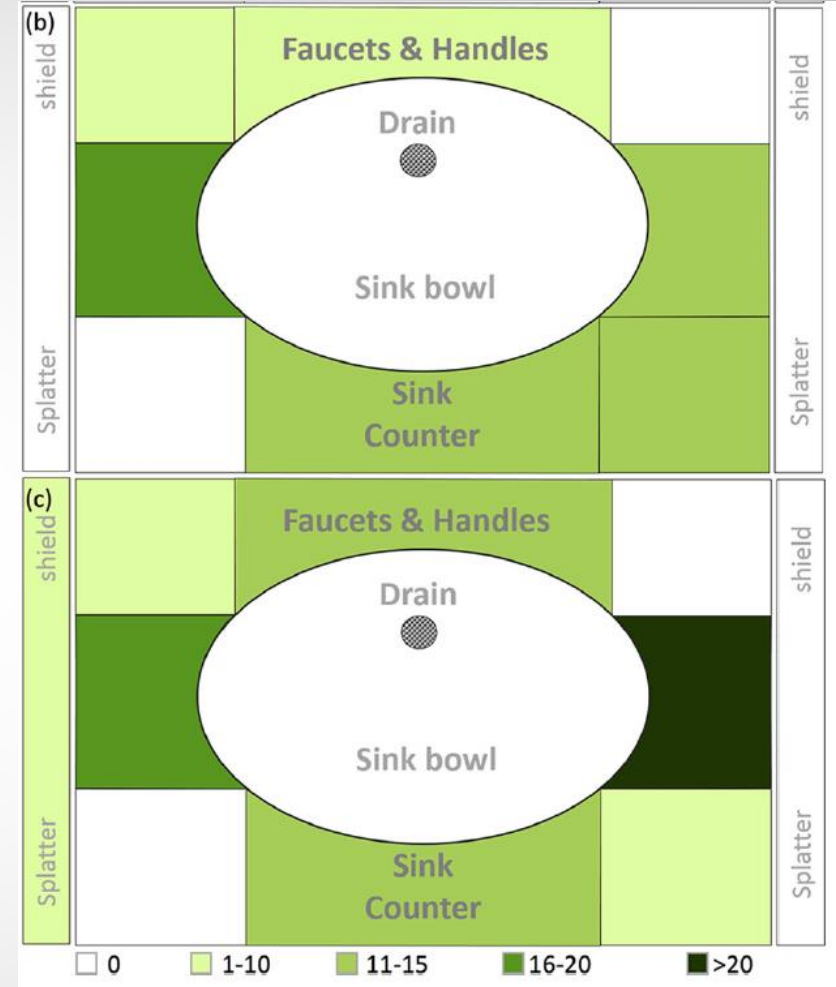
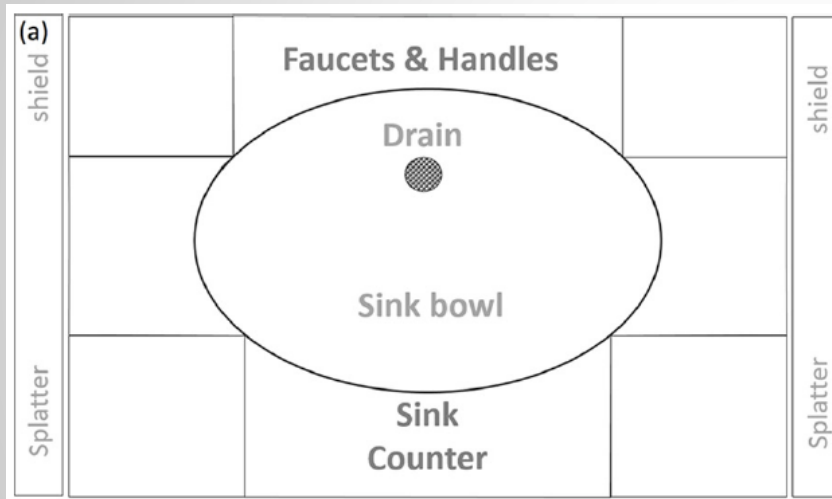
Kotay et al. *Appl Environ Microbiol.* 2017;83(8):e03327-16.

Dispersion Study Design: Droplets vs Aerosol



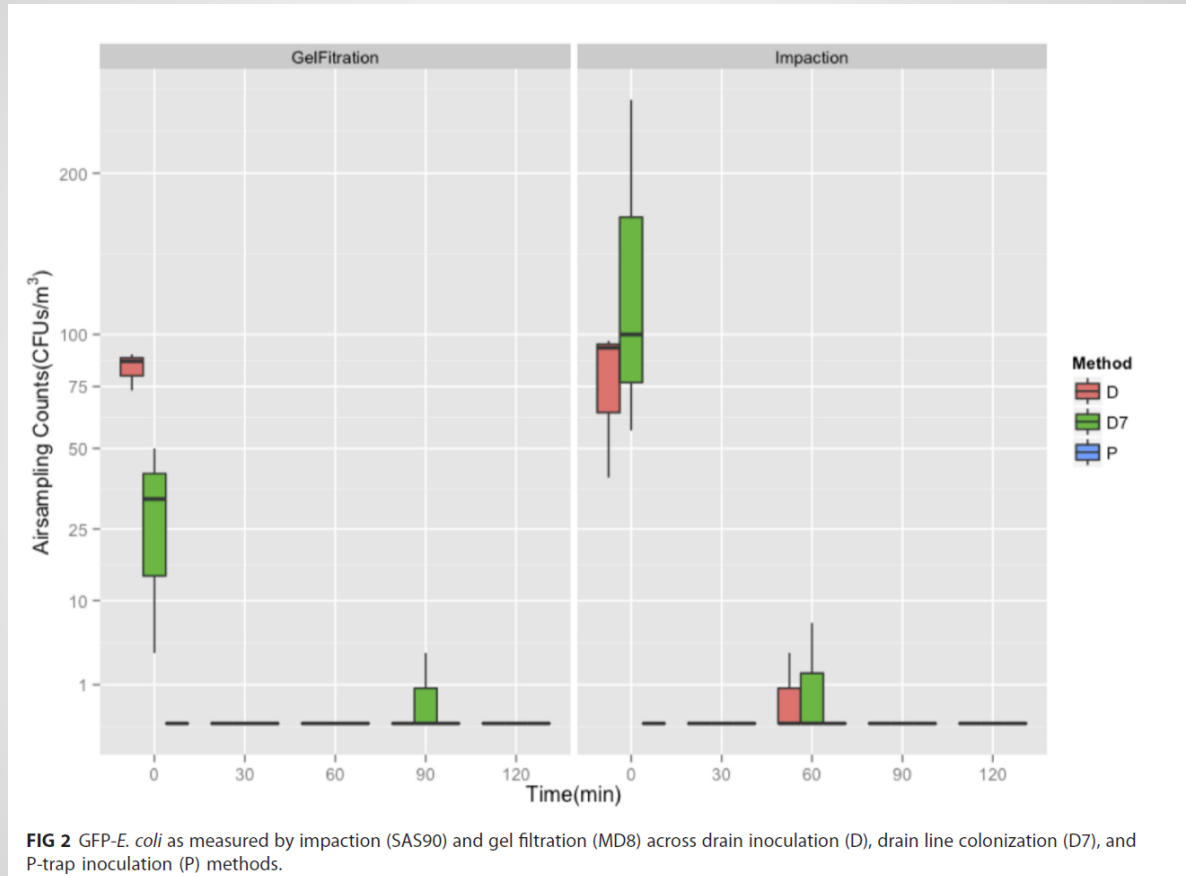
Kotay et al. Appl Environ Microbiol 85:e01997-18.

Droplet Dispersion



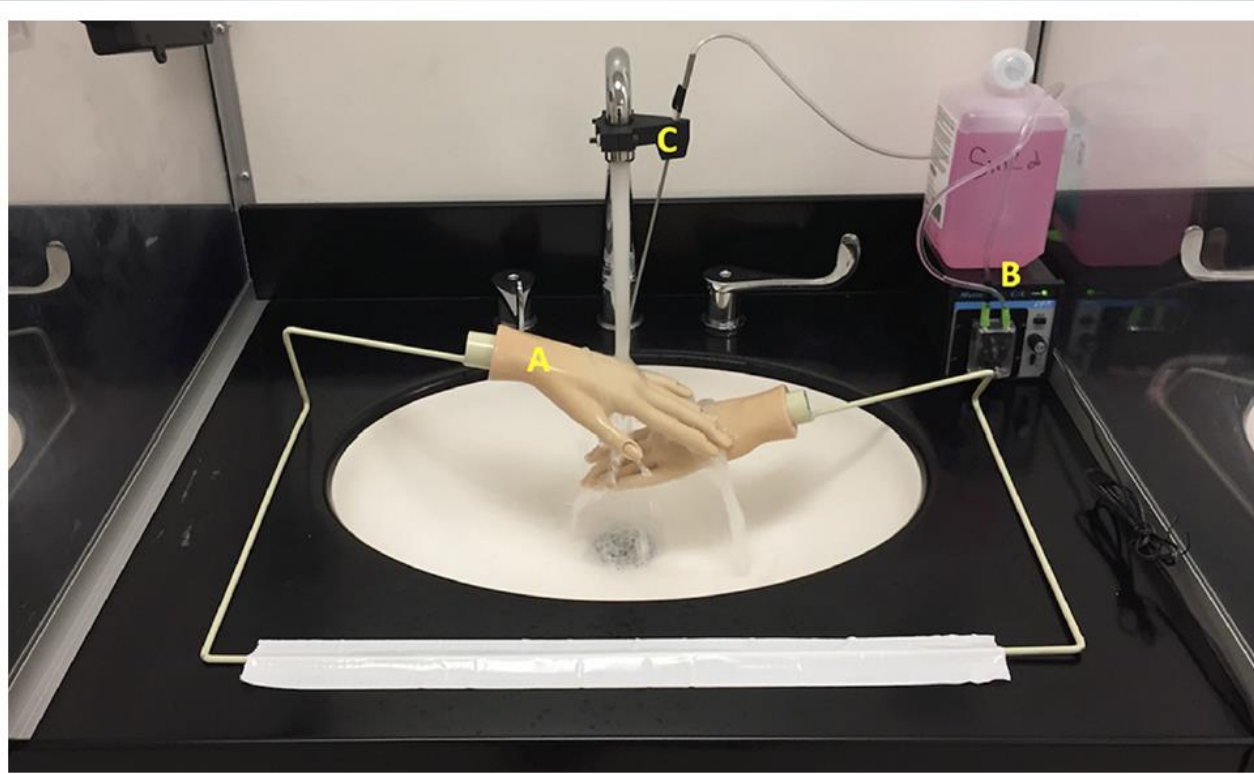
Kotay et al. Appl Environ Microbiol 85:e01997-18.

Air Sampling



Kotay et al. Appl Environ Microbiol 85:e01997-18.

Model for Dispersion



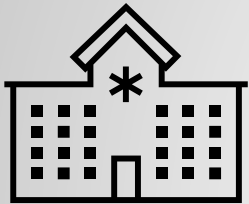
Kotay et al. Appl Environ Microbiol 85:e01997-18.

Recommendations

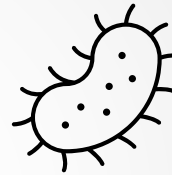
- Faucet spouts should not flow directly to the drain. Facility Guidelines Institute (FGI) recommendation.
- Limit counterspace surrounding the sink bowl.
- Placing or storing patient care items around the sinks should be prohibited.
- Placement of sinks in patient areas should be strategically determined, keeping in mind 1m droplet dispersion zone.
- Patient sinks usage should be limited to hand washing. Disposal of nutrients or contaminated wastes should be prohibited.

Case Example

Sheba Medical Center in Israel



- 1600 beds
- Tertiary Care Center



- 10 – 20 CPE cohort beds, Rotating system



- 3 patient per room
- In-room sink and shower



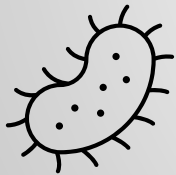
- Routine cleaning include
Pouring 500ml NaDCC 1,000ppm

Regev-Yochay et al. Infect Control Hosp Epidemiol. 2023 Dec 27:1-8

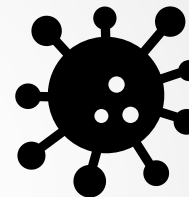
Screening Criteria



- Screening high risk pt:
 - Hospitalization within 6m
 - LTC or another HCF
- High risk units screen all pt weekly or biweekly
- 20 – 25% are high risk



- ~2% of patients are positive for CPE



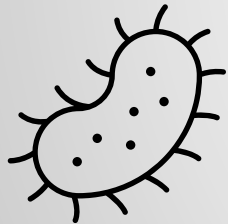
- **Carrier** detection leads to department screening. **Index** is the earliest case with > 95% similarity via PFGE testing.

Regev-Yochay et al. Infect Control Hosp Epidemiol. 2023 Dec 27:1-8

Sink Testing



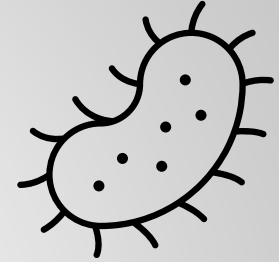
- Sink outlet testing with 4 sterile cotton swabs in 34 departments.



- Suspicious colonies were tested with Maldi-Toff and Carba-R PCR testing was used to detect CPE
- PFGE used for genetic similarities

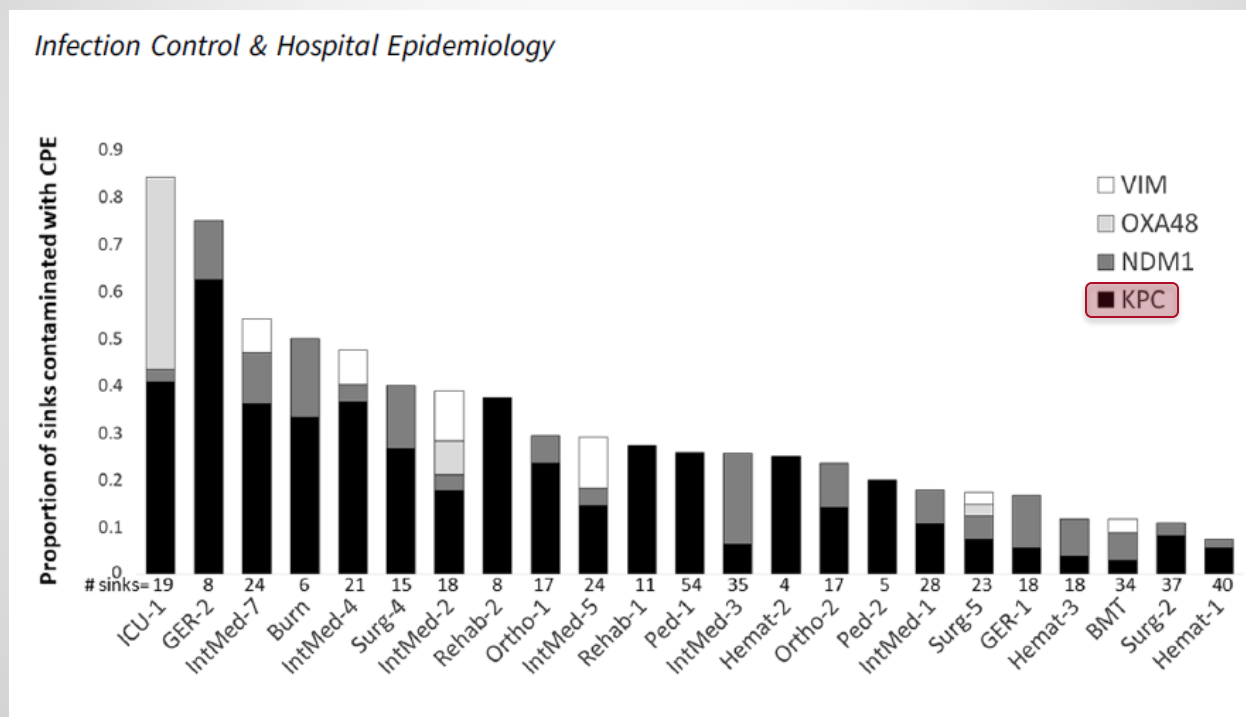
Regev-Yochay et al. Infect Control Hosp Epidemiol. 2023 Dec 27:1-8

Results



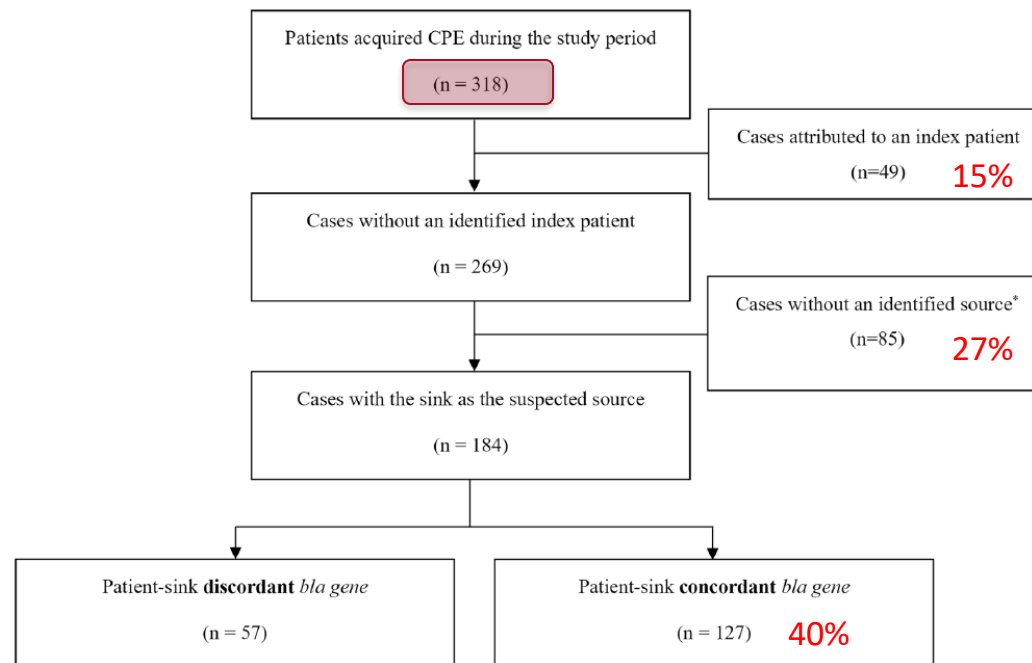
- 592 patient-room sinks were tested
- 144 (24%) sinks were contaminated with CPE in 25 out of 34 departments.
- Of the 9 departments without CPE, 7 were newly renovated

Point Prevalence of CPE-Contaminated Sinks



Regev-Yochay et al. Infect Control Hosp Epidemiol. 2023 Dec 27:1-8

Patient Acquisition

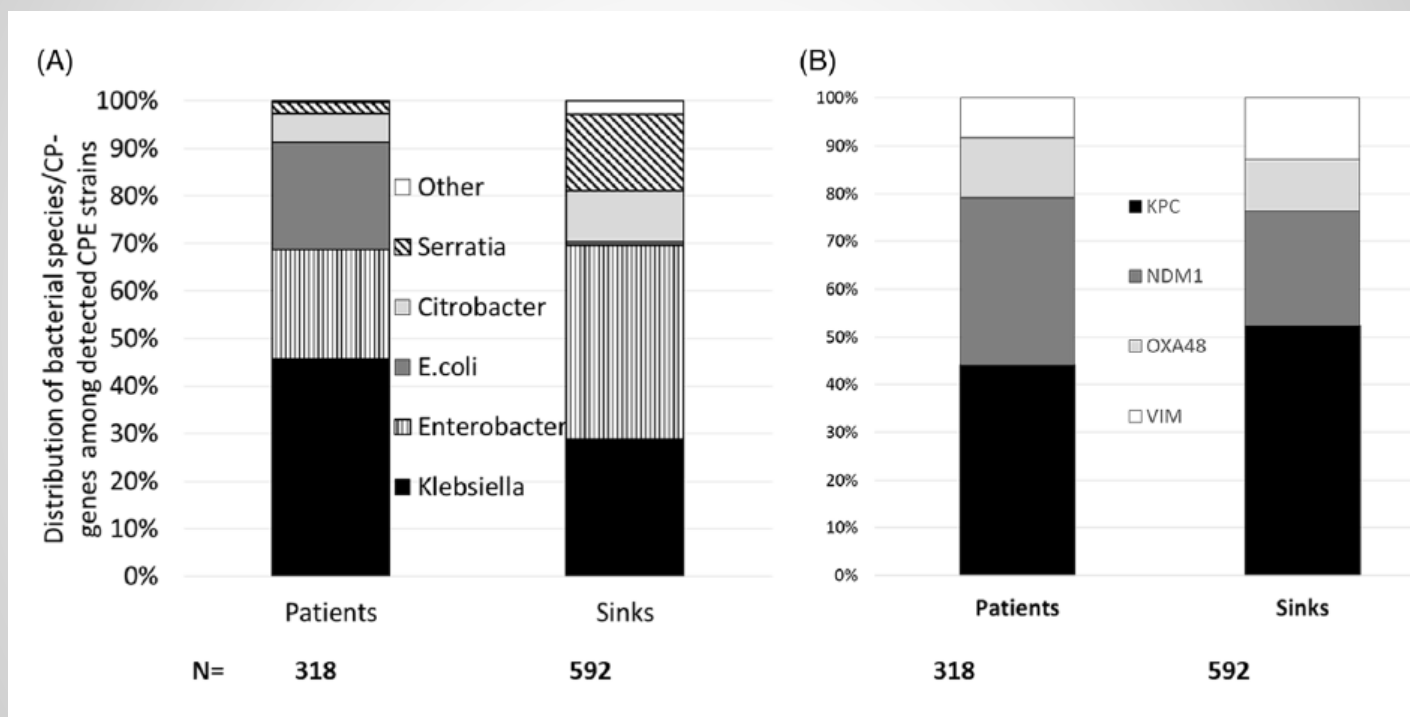


* Potential sources could have been an unidentified index patient, an unrecognized community acquisition or another environmental source.

Figure 2. Results of the epidemiological investigation of the 318 CPE acquisition cases during the study period.

Regev-Yochay et al. Infect Control Hosp Epidemiol. 2023 Dec 27:1-8

Distribution: Patients vs Sinks



Regev-Yochay et al. Infect Control Hosp Epidemiol. 2023 Dec 27:1-8

Attribution According to CPE Genes

Table 1. CPE Isolates Acquired by 318 Patients According to CP Genes and the Attributed Factor

Acquisition of CPE Genes	No.	Attributed to Another Index Case, No. (%)	Possibly Attributed to a Contaminated Sink, No. (%) ^a	Probably Attributed to a Contaminated Sink, No. (%) ^b	Genetically Identical Sink-Patient Isolates, n/N ^c
KPC	144	20 (13.8)	24 (16.7)	69 (47.9)	12/60
NDM-1	115	19 (16.5)	31 (26.9)	42 (36.5)	16/34
OXA-48	41	5 (12.2)	2 (4.9)	10 (24.4)	7/7
VIM	27	6 (22.2)	1 (1.8)	11 (40.7)	4/6

Note. CPE, carbapenemase-producing Enterobacteriaceae; CP, carbapenemase producing; KPC, carbapenemase-producing *Klebsiella pneumoniae*; NDM-1, New Delhi metallo β -lactamase-1; VIM, Verona integron-encoded; PFGE, pulsed-field gel electrophoresis.

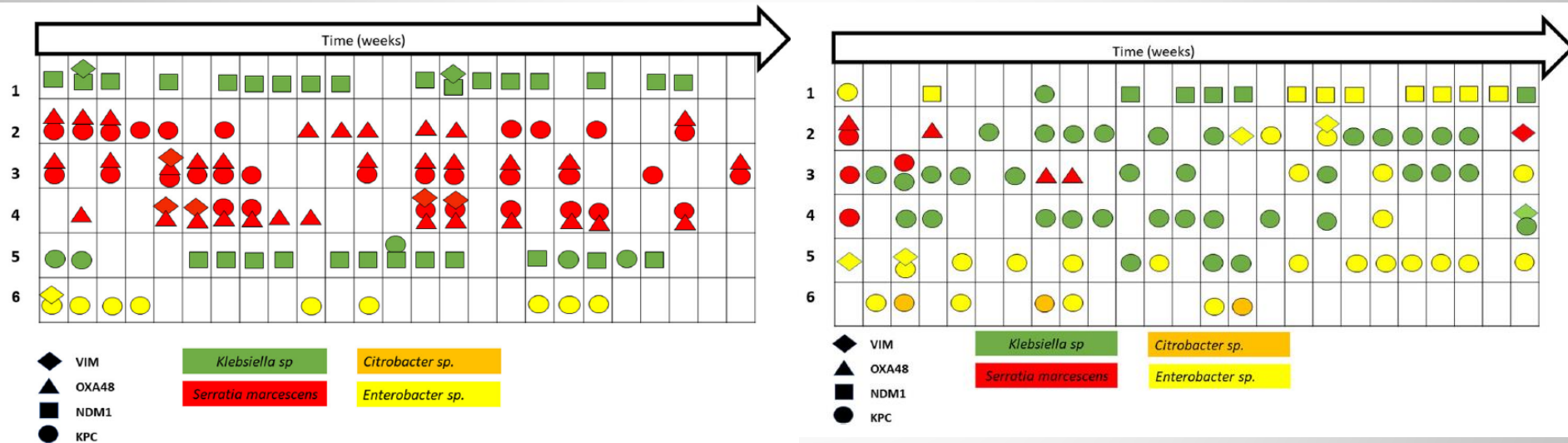
^aSink contaminated by a different bacterial specie but with an identical CP gene and no index case suggested.

^bSink contaminated by an identical bacterial specie with an identical CP gene and no index case suggested.

^cNo. of patient-sink identical isolates per no. of pairs assessed by PFGE.

Regev-Yochay et al. Infect Control Hosp Epidemiol. 2023 Dec 27:1-8

Persistence in Sinks



Rapid colonization after p-trap exchange

Regev-Yochay et al. Infect Control Hosp Epidemiol. 2023 Dec 27:1-8

FGI and CDC Recommendations

Regulations

FGI 2010

- An ICRA shall be conducted during the early planning phase of a project.
- Sensor-regulated water fixtures shall meet user need for temperature and length of time the water flows. Electronic faucets shall be capable of functioning during loss of normal power.
- The material used for plumbing fixtures shall be nonabsorptive and acid-resistant.
- Waterspouts used in lavatories and sinks shall have clearances adequate to avoid contaminating utensils and the contents of carafes, etc.

2010 The Facility Guidelines Institute

FGI 2010

- Sinks in hand-washing stations shall be designed with deep basins.
- The area of the basin shall not be less than 144 square inches (365.76 square millimeters), with a minimum 9-inch (22.86-mm) width or length.
- The discharge point of hand-washing sinks shall be at least 10 inches (25.40 centimeters) above the bottom of the basin
- Faucets should not discharge directly above the drain as this causes splashing (i.e., water should be angled away from the drain).

2010 The Facility Guidelines Institute

FGI 2010

- Cleansing agent. Hand-washing stations shall include liquid or foam soap dispensers.
- Hand-washing stations shall include a hand-drying device that does not require hands to contact the dispenser.

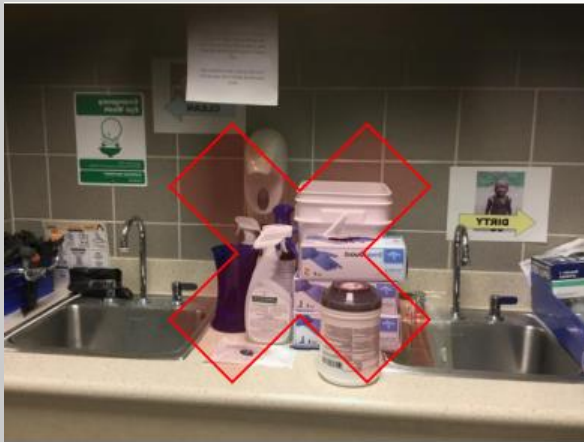
CDC Water Management Recommendations

- Clean and disinfect surfaces near the drain at least daily.
- Avoid placement of patient care items or personal items on counters next to sinks.
- Avoid locating sinks adjacent to medication preparation areas unless barriers are in place to prevent splashing in medication preparation areas.
- Do not discard patient waste down sinks and minimize discarding liquid nutritional supplements or other beverages down sinks or toilets.

2019. Preventing HAIs, Reduce Risk from Water. CDC (DHQP)

CMS Hospital Infection Control Worksheet

- Medications should not be prepared near areas of splashing water (e.g. within 3 feet of a sink). Alternately when space is limited, a splash guard can be mounted beside the sink.



[Survey-and-Cert-Letter-15-12-Attachment-1.pdf \(cms.gov\)](#)

Questions & Answer Session

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[Acute Care and Outpatient Setting Webinars](#)



Tips, Tricks, and Reminders for the NHSN Patient Safety Component Annual Survey

Lacey Pavlovsky, RN, MSN, CIC, LTC-CIP

Healthcare-Associated Infections and Antimicrobial
Resistance Infection Preventionist and NHSN Coordination
Lead

Division of Public Health- Epidemiology and Informatics Unit
Nebraska Department of Health and Human Services

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**DIVISION OF
PUBLIC HEALTH**

NHSN *Patient Safety Component (PSC)* Annual Survey

At the beginning of each survey year, a new facility survey(s) must be completed to reflect data from the prior calendar year.

For example, at the beginning of 2024, an acute care hospital completes a 2023 Annual Hospital Survey containing data from 2023.

Deadline: March 1st

After March 1st, facilities will not be able to enter new monthly reporting plans until completion of the applicable survey(s).

Reminder: For facilities that participate in a CMS Quality Reporting Program, responses entered on the annual surveys can impact various HAIs SIRs. The CMS deadline to submit 2023 Quarter 3 data is February 15, 2024. If the annual facility survey is not completed before the CMS Quarter 3 deadline, NHSN will utilize the most recently completed survey for SIR risk adjustment.

[Annual Surveys, Locations & Monthly Reporting Plans](#)

Separate surveys by facility type

Acute Care Hospital Survey

Acute Care Hospitals*

*Includes General acute care, Critical access, Oncology, Orthopedic, Pediatric, Women's, Women's and children's, Military, Psychiatric, Veterans Affairs

Acute Care Hospital Survey:

https://www.cdc.gov/nhsn/forms/57.103_pshospsurvey_blank.pdf

LTACH Survey

Long-term Acute Care (LTAC) Hospital

Long Term Acute Care (LTAC) Hospital Survey:

https://www.cdc.gov/nhsn/forms/57.150_LTACFacSurv_BLANK.pdf

IRF(Rehab) Survey

Free-standing inpatient rehabilitation facilities and CMS-certified inpatient rehabilitation units*

*Mini IRF Survey is completed by LTACHs and Hospitals that have a CMS-Certified IRF Unit in addition to the HOSP or LTACH Survey

Inpatient Rehabilitation Facility (IRF) Survey:

https://www.cdc.gov/nhsn/forms/57.151_REHABFacSurv_BLANK.pdf

NHSN Annual Survey Overview

Survey sections:

- Facility characteristics
- Lab practices
- Infection control practices
- Neonatal and newborn patient care practices (Hospital survey only)
- Antibiotic stewardship practices
- Sepsis management and practices (NEW section for Hospital survey only)
- Water management and monitoring program

Survey data is used across CDC to support

- Decision making
- Program planning
- Research

Survey provides data that are used to calculate standardized metrics for HAIs

- Risk adjustment models
- Standardized Infection Ratio (SIR)
- Standardized Utilization Ratio (SUR)
- Standardized Antimicrobial Administration Ratio (SAAR)

Tips for Completing the 2024 Survey

- Schedule time to complete the survey
- Complete each section in collaboration with the team lead or expert for that section.
 - Ideas for survey:
 - Set up a meeting with the lead for each section
 - Meet as a large group
 - Send out a copy of the survey

Example:

Complete the Antibiotic Stewardship Practices with your Antibiotic Stewardship Lead

Antibiotic Stewardship Practices

(completed with input from Physician and Pharmacist Stewardship Leaders)

*42. Did the antibiotic stewardship leader(s) participate in responding to these questions? (Check one.)

- ☐ Yes, pharmacist lead
- ☐ Yes, physician lead
- ☐ Yes, both pharmacist and physician leads
- ☐ Yes, other lead
- ☐ No

*43. Facility leadership has demonstrated commitment to antibiotic stewardship efforts by: (Check all that apply.)

- ☐ Providing stewardship program leader(s) dedicated time to manage the program and conduct daily stewardship interventions.
- ☐ Allocating resources (for example, IT support, training for stewardship team) to support antibiotic stewardship efforts.
- ☐ Having a senior executive that serves as a point of contact or "champion" to help ensure the program has resources and support to accomplish its mission.
- ☐ Presenting information on stewardship activities and outcomes to facility leadership and/or board at least annually.
- ☐ Ensuring the stewardship program is approved by the facility's governing body and/or board at least annually.
- ☐ Communicating stewardship goals and outcomes to facility staff.
- ☐ Providing opportunities for staff to provide input on stewardship efforts.
- ☐ Providing a formal statement of support for the stewardship program.
- ☐ Ensuring that the stewardship program is contributing to the facility's mission.
- ☐ None of the above

*45. Our facility has the following priority antibiotic stewardship interventions: (Check all that apply)

- ☐ Prospective audit and feedback for specific antibiotic agents

45a. If Prospective audit and feedback is selected: For which categories of antimicrobials? Answer for the following categories of antimicrobials, *whether or not* they are on formulary. (Check all that apply)

- ☐ Cefepime, ceftazidime, or piperacillin/tazobactam
- ☐ Vancomycin (intravenous)
- ☐ Ertapenem, imipenem/cilastatin, or meropenem
- ☐ Ceftazidime/avibactam, ceftolozane/tazobactam, meropenem/vaborbactam, imipenem-cilastatin/relebactam, or cefiderocol
- ☐ Fluoroquinolones
- ☐ Daptomycin, linezolid, or other newer anti-MRSA agents
- ☐ Eravacycline or omadacycline
- ☐ Lefamulin
- ☐ Aminoglycosides
- ☐ Colistin or polymyxin B
- ☐ Anidulafungin, caspofungin, or micafungin
- ☐ Isavuconazole, posaconazole, or voriconazole
- ☐ Amphotericin B and/or lipid-based amphotericin B
- ☐ None of the above

45b. If Prospective audit and feedback is selected: Our antibiotic stewardship program monitors prospective audit and feedback interventions (for example, by tracking antibiotic use, types of interventions, acceptance of recommendations).

- ☐ Yes ☐ No
- ☐ Preauthorization for specific antibiotic agents.

Updates for 2024 Survey

Sepsis Management and Practices

*59. Our facility has a program or committee charged with monitoring and improving sepsis care and/or outcomes. ☐ Yes ☐ No

59a. If Yes: The responsibilities of this committee include the following: (Check all that apply; check at least one)

- ☐ Developing and updating hospital sepsis guidelines
- ☐ Developing and updating hospital sepsis order sets
- ☐ Monitor and review compliance with Centers for Medicare & Medicaid SEP-1 measure
- ☐ Monitor and review effectiveness of early sepsis identification strategies
- ☐ Monitoring and reviewing management of patients with sepsis
- ☐ Monitor and review outcomes among patients with sepsis
- ☐ Monitor and review antimicrobial use in sepsis in conjunction with antimicrobial stewardship or infectious disease staff
- ☐ Providing education to hospital staff on sepsis
- ☐ Setting annual goals for sepsis management and/or outcomes
- ☐ None of the above

Facility Water Management Program (WMP) (Completed with input from WMP team members.)

*74. Does your facility have a water management program (WMP) to prevent the growth and transmission of *Legionella* and other opportunistic waterborne pathogens (for example, *Pseudomonas*, *Acinetobacter*, *Burkholderia*, *Stenotrophomonas*, nontuberculous mycobacteria, and fungi)? ☐ Yes ☐ No

74a. If Yes, who is represented on your facility WMP team? (Check all that apply):

<input type="checkbox"/> Hospital Epidemiologist/Infection Preventionist	<input type="checkbox"/> Compliance/Safety Officer
<input type="checkbox"/> Hospital Administrator/Leadership	<input type="checkbox"/> Risk/Quality Management Staff
<input type="checkbox"/> Facilities Manager/Engineer	<input type="checkbox"/> Infectious Disease Clinician
<input type="checkbox"/> Maintenance Staff	<input type="checkbox"/> Consultant
<input type="checkbox"/> Equipment/Chemical Acquisition/Supplier	<input type="checkbox"/> Laboratory Staff/Leadership
<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Other (specify): _____

CDC 57.103 (Front) Rev. 15, v12.0 Page 24 of 28

- The 2023 NHSN Acute Care Hospital Annual Survey will include several updates to the Sepsis Management and Practices section.
- There are also notable updates to the Facility Water Management Program and Facility Microbiology Laboratory Practices Sections across all PSC Surveys for 2023.
- Acute care hospitals completing the 2023 Annual Hospital Survey will have the option to temporarily save an incomplete survey.
 - Saving an incomplete survey is currently not unavailable for the LTAC and IRF Annual Surveys but will be available in the future.

Facility Water Management Program- Example of Change

Facility Water Management Program (WMP) (continued)

*76. Has your facility ever conducted a water infection control risk assessment (WICRA) to evaluate water sources, modes of transmission, patient susceptibility, patient exposure, and/or program preparedness? An example WICRA tool can be accessed at <https://www.cdc.gov/hai/pdfs/prevent/water-assessment-tool-508.pdf>

☐ Yes ☐ No

76a. If Yes, when was the most recent assessment conducted? (Check one)

☐ Within the most recent year (≤ 1 year ago) ☐ Between 1 and 3 years ago (> 1 year and ≤ 3 years) ☐ More than 3 years ago (> 3 years)

*77. Does your facility regularly monitor the following parameters in the building water system(s)?

Disinfectant (such as residual chlorine):

☒ Yes

☐ No

77a. If Yes, does your facility have a plan for corrective actions when disinfectant(s) are not within acceptable limits as determined by the water management program?

☒ Yes

☐ No

77b. If Yes, where and how frequently does your facility monitor disinfectant(s)? (Check all that apply)

	Daily	Weekly	Monthly	Quarterly	Annually	Other (specify):
Entry Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Potable Water Storage Tank(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Potable Water Storage Tank(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Locations Throughout Cold Potable Building Water System(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Locations Throughout Hot Potable Building Water System(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Each testing point must be filled out, or you can't submit the survey

Facility Microbiology Laboratory Practices

Facility Microbiology Laboratory Practices (continued)

*4. Has the laboratory implemented revised breakpoints recommended by CLSI for the following:

- | | |
|---|--|
| a. Third Generation Cephalosporin and monobactam (i.e. aztreonam) breakpoints for <i>Enterobacterales</i> in 2010 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Carbapenem breakpoints for <i>Enterobacterales</i> in 2010 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Ertapenem breakpoints for <i>Enterobacterales</i> in 2012 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Carbapenem breakpoints for <i>Pseudomonas aeruginosa</i> in 2012 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Fluroquinolone breakpoints for <i>Pseudomonas aeruginosa</i> in 2019 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Fluroquinolone breakpoints for <i>Enterobacterales</i> in 2019 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*5. Does the laboratory test bacterial isolates for presence of carbapenemase? (this does not include automated testing instrument expert rules) ☐ Yes ☐ No

5a. If Yes, indicate what is done if carbapenemase production is detected: (check one)

- ☐ Change susceptible carbapenem results to resistant
- ☐ Report carbapenem MIC results without an interpretation
- ☐ No changes are made in the interpretation of carbapenems, the test is used for epidemiological or infection control practices

5b. If Yes, which test is routinely performed to detect carbapenemase: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> NAAT (for example, PCR) | <input type="checkbox"/> MLB Screen |
| <input type="checkbox"/> Modified Hodge Test | <input type="checkbox"/> Carba NP |
| <input type="checkbox"/> mCIM/CIM | <input type="checkbox"/> Rapid CARB Blue |
| <input type="checkbox"/> E test | <input type="checkbox"/> CARBA 5 |
| <input type="checkbox"/> Cepheid, BioFire, Verigene, Genmark, etc | <input type="checkbox"/> Other (specify): _____ |

5c. If Yes, which of the following are routinely tested for the presence of carbapenemases: (check all that apply)

- ☐ *Enterobacterales* spp. ☐ *Pseudomonas aeruginosa* ☐ *Acinetobacter baumannii*



*21. 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? (check one)

- ☐ Enzyme immunoassay (EIA) for toxin
- ☐ Cell cytotoxicity neutralization assay
- ☐ Nucleic acid amplification test (NAAT) (for example, PCR, LAMP)
- ☐ NAAT plus EIA, if NAAT positive (2-step algorithm)
- ☐ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- ☐ GDH plus NAAT (2-step algorithm)
- ☐ GDH plus EIA for toxin, followed by NAAT for discrepant results
- ☐ Toxigenic culture (*C. difficile* culture followed by detection of toxins)
- ☐ Other (specify): _____

Frequently Asked Questions (FAQ)

Which designation of teaching status should I indicate on the annual hospital survey?

Major: Facility trains medical students and/or nursing students, and post-graduate medical (MD/DO only) residents/fellows.

Graduate: Facility trains only post-graduate medical (MD/DO only) residents/fellows

Undergraduate: Facility trains current medical students and/or nursing students

Major	Graduate (MD/DO only)	Undergraduate
Residents Fellows Medical Students and/or Nursing Students	Residents Fellows	Medical Students Nursing Students

Select the highest level that your facility meets.

Note: There is no minimum number of students that must be present in your facility to meet this designation, and it is not necessary for your facility to be attached/affiliated with a medical school.

[Annual Facility Survey: Frequently Asked Questions \(FAQs\)](#)

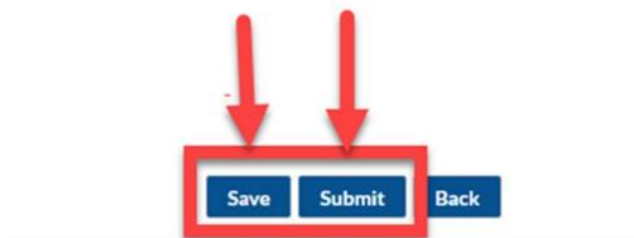
I have saved my survey, but I am getting an alert that it is incomplete.

Verify that all questions have been answered, then hit the “submit” button.

- “Saving” only saves your data so you can come back to add responses.
- By hitting the “submit” button, it says that you are finished with your answers for the survey.

Only acute care hospitals have the option to temporarily save an incomplete survey.

- Saving an incomplete survey is currently unavailable for the LTAC and IRF Annual Surveys.

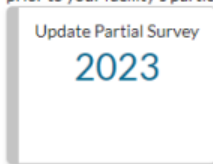


I enrolled in NHSN 6 months ago, completed reporting, but I cannot get an SIR. What is wrong?

- Facilities not operational in the prior year, will complete brief survey during enrollment (mostly facility characteristics)
- Number of admissions and patient days required for most SIR models, which are not completed during enrollment
- Partial survey alert (see screenshot below)
- Ensure complete reporting according to HAI reporting requirements
- Must resolve Partial Survey Alert and complete additionally required fields (marked with red asterisk and varies by survey type)
- Regenerate datasets and re-run NHSN Analysis Reports

Survey Alerts

Your facility completed a partial survey upon enrollment. Additional survey questions must be answered before an SIR is available. Please complete select questions on the survey prior to your facility's participation in any CMS or other public reporting program, ideally after your facility has been operational for at least 6 months.



[Annual Facility Survey: Frequently Asked Questions \(FAQs\)](#)

I need to make a correction to my saved survey. Am I allowed to edit the survey data after I've already submitted it?

- All PSC Annual Surveys can be edited at any time in NHSN
- **Important Reminders:**
 - Selected Survey data is used for risk adjustment calculations that are used in generating SIRs
 - Changes to these selected values may change your SIR
 - Survey data submitted to CMS Inpatient Quality Reporting will not be resubmitted after a deadline has passed even if edited survey data changes your facility's SIR

Does NHSN use the most recent PS annual survey for SIR Calculations?

- Under the 2015 NHSN baseline, SIRs are risk adjusted using the corresponding annual survey from that same year. If the annual survey from that year hasn't been completed, SIRs will be risk adjusted using the previous year's survey.

[Annual Facility Survey: Frequently Asked Questions \(FAQs\)](#)

NHSN Annual Facility Survey Resources

- NHSN Website for Annual Surveys, Locations & Monthly Reporting Plans: <https://www.cdc.gov/nhsn/psc/locations.html>
- How to Add and Find the PSC Annual Facility Survey Quick Reference Guide: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/add-edit-psc-survey-508.pdf>
- FAQs: Annual Facility Survey: <https://www.cdc.gov/nhsn/faqs/faq-annual-survey.html>
- FAQs: Annual Facility Survey Analysis: <https://www.cdc.gov/nhsn/faqs/faq-analysis.html#q15>
- Patient Safety Annual Facility Survey Reports: <https://www.cdc.gov/nhsn/datastat/psc-survey-reports.html>

NHSN- ServiceNow

NHSN-ServiceNow

ServiceNow is a web-enabled customer service application where NHSN Users can submit questions to NHSN.

The information you provide through the NHSN-ServiceNow Customer Service Portal will be routed directly to the right Support Specialist or Subject Matter Expert so we can answer your questions faster.

How do I log into the NHSN-ServiceNow Customer Service Portal?

- Log in to SAMS <https://sams.cdc.gov/>
- Click the link for ServiceNow. This will send you to the CDC External Partner Portal.
- Click on NHSN Customer Service to access the NHSN Customer Service Portal.

[NHSN-ServiceNow Frequently Asked Questions\(FAQs\)](#)

CDC-ServiceNow External Partner Portal

2024 Virtual NHSN Training (March 18-22)

2024 Virtual NHSN Training (March 18-22)

[Print](#)

The Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) will host the live presentation sessions of the 2024 NHSN Virtual Training: Taking the Lead in Healthcare Surveillance and Analysis on March 18 – 22, 2024. This course is intended for NHSN users of the Patient Safety Component and Outpatient Procedure Component.

The virtual training event will feature live presentations, pre-recorded training videos for self-paced viewing, and opportunities for Q&A.

Training topics include surveillance definitions and analysis for:

- Antimicrobial Use and Resistance
- Device-associated events
- *New* Digital Quality Measures (dQM)
- MRSA Bacteremia and C. difficile LabID events
- Outpatient Procedures
- Surgical Site Infection events

The virtual course provides participants with the opportunity to gain a better understanding of their NHSN surveillance data and how these data can be used for prevention.

Continuing education is pending for this activity.

Registration details coming soon.

Link to the 2024 Virtual NHSN
Training Agenda
<https://www.cdc.gov/nhsn/pdfs/training/nhsn-training-agenda-508.pdf>



THANK YOU

DIVISION OF PUBLIC HEALTH

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Self-Led Infection Control Evaluation (SLICE) Tool

University of Nebraska
Medical Center



Nebraska
Medicine

What is SLICE?

Assess IPC Program via
Standardized Criteria

Receive Summary
Reports with Immediate
Results

17 IPC
Domains via
free online tool

Access Vetted
Resources for
Performance
Improvement

Currently targeted to
small and rural Acute-
Care Facilities

SLICE Domains & Core Elements

SLICE Domains	
Infection Prevention & Control Program	Transmission-based & Standard Precautions
Hand Hygiene	PPE
Surveillance	CAUTI
Injection Safety	CLABSI
Environment of Care	VAE
Environmental Cleaning	Non-Ventilator Associated Pneumonia
Non-Critical Device Reprocessing	SSI
Semi-Critical Device Reprocessing	Clostridioides difficile
Critical Device Reprocessing	

SLICE Core Elements

for Evaluation:

- Organizational Structure
- Leadership Support
- Policy & Procedure
- Education and Training
- Audit and Feedback
- General Practice



Recent Updates:

Performed Version 3 release of content and expanded domains from 14 to 17

Reference and resource updates to updated guidelines and resources

User dashboard for users experience improvement and progress tracking

Comparative view of previous assessment results to most current

Addition of thresholds to all assessments

Ability to export raw data to perform internal analysis or share with interested parties



Comparative Summary

Catheter-associated Urinary Tract Infections (CAUTI)

Global Center Health Security

This domain performs a comprehensive assessment of CAUTI prevention practices at your facility as it currently functions..

Current Assessment (V6.1)		Previous Assessment (V5.1)	
Score:	71%	Score:	67%
Target:	64%	Target:	64%
Results:		Results:	
Questions:	37	Questions:	37
Points Earned:	25	Points Earned:	26
Points Available:	35	Points Available:	39
Submitted:	04/06/22 06:00 PM	Submitted:	04/06/22 06:00 PM

Recent Updates (New Guidelines)

This assessment has been updated with an improved scoring algorithm and newly added target metric.

Recent resource updates: [Strategies to prevent catheter-associated urinary tract infections in acute-care hospitals: 2022 Update | Infection Control & Hospital Epidemiology | Cambridge Core](#)

Core Element	Questions	Points	Score	Core Element (Previous Assessment)	Questions	Points	Score
+ Leadership Support	10	8 / 8	100%	Leadership Support	10	8 / 8	100%
+ Policy & Procedure	2	1 / 2	50%	Policy & Procedure	2	0 / 1	0%
+ Education & Training	6	3 / 6	50%	Education & Training	6	3 / 11	27%
+ Audit & Feedback	4	1 / 4	25%	Audit & Feedback	4	3 / 4	75%
+ General Practice	15	12 / 15	80%	General Practice	15	12 / 15	80%

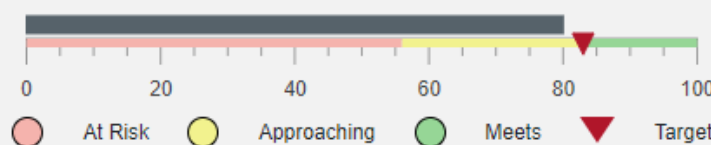


Benchmarking

Environment of Care

Global Center Health Security

This domain performs a comprehensive assessment of environment of care practices at your facility as it currently functions.

Current Assessment (V3.1)	
Score:	80%
Target:	83%
Results:	 <p>0 20 40 60 80 100</p> <p>At Risk Approaching Meets Target</p>
Questions:	78
Points Earned:	45
Points Available:	56
Submitted:	04/14/22 06:00 PM



Future Directions



SLICE Program Quick Facts

Key Areas	Data Points
Program launched	Fall 2022
Registered Users	250
User Assessments	523
Participating States	38
FEMA HHS Regions	10
Top 3 Domains	<ul style="list-style-type: none">• Hand Hygiene<ul style="list-style-type: none">• CAUTI• IPC Program
Most common Facility Type	Critical Access Hospital

Register & Contact:

- Visit us at: <https://ipslice.nebraskamed.com>
- Contact us:
 - InfoforIPslice@nebraskamed.com
 - Imusil@nebraskamed.com



Additional Project Information & Resources

- Visit us at: <https://innovateipc.org/ipc-support-center>



Questions & Answer Session

- Please use the Q&A box in the webinar platform to type a question to be read aloud.
 - If your question is not answered during the webinar, please call (402) 552-2881 Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists or e-mail your question to nebraskaicap@nebraskamed.com

Slides & Webinar Recordings Available

- During this webinar, slides are available on the [NE ICAP Acute Care webpage](#)
- Visit the [NE ICAP Past Webinars and Slides webpage](#)
 - The slides and a recording of this webinar will be posted soon after the webinar
 - Also, various recent NE ICAP webinar slides and recordings are available



[Home](#) > [Events](#) > [Past Webinars and Slides](#)

Past Webinars and Slides

[Acute Care and Outpatient Setting Webinars](#)

Misc. Updates & Upcoming Educational Opportunities



SAVE THE DATE!

2024 Nebraska Antimicrobial Stewardship Summit

Smart Antibiotic Choices, Stronger Future

Friday, May 31, 2024 | 7:30 am – 3:30 pm

Embassy Suites LaVista Hotel & Conference Center

Registration information to follow



**Poster Session - New this year! Visit the Nebraska
ASAP Website to Learn More!**

[Click Here: Nebraska Antimicrobial Stewardship Summit - ASAP
\(nebraskamed.com\)](https://nebraskamed.com)

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\(nebraskamed.com\)](https://nebraskamed.com)

Join Us on Upcoming Webinars

- **March 13, 2024**

- **Measles - Infection Prevention and Control**

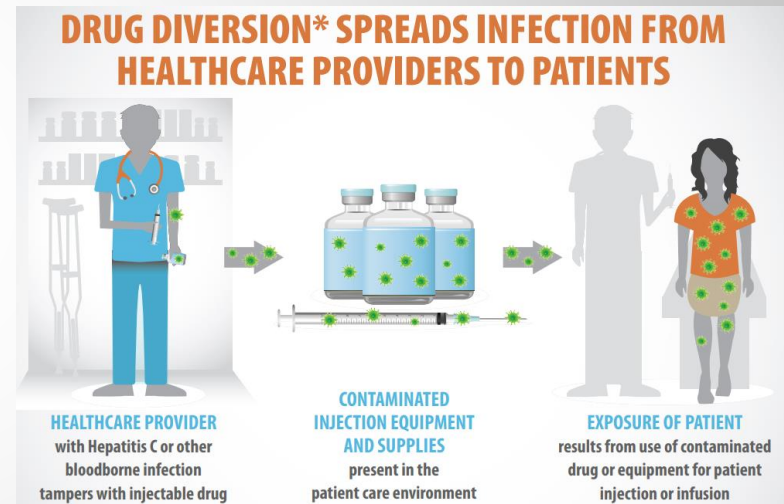
- Alison Keyser Metobo, MPH, Epidemiology Surveillance Coordinator, NE DHHS
- Rebecca Martinez, BSN, BA, RN, CIC, Infection Preventionist, NE ICAP



- If you have suggestions for future webinar topics or would like to learn more about a topic one on one, please contact us with your request by calling at 402.552.2881 or email nebraskaICAP@nebraskamed.com. You can also include them in the continuing education (CE) survey.

- **April 10, 2024**

- **Drug Diversion Overview**
 - Speaker from the Drug Enforcement Administration (DEA)



<https://www.cdc.gov/measles/parent-infographic.html>

[CDC Drug Diversion Handout](#)

Focused ICAR Visits Are Available

Nebraska ICAP is available for on-site infection control assessment and response (ICAR) non-regulatory voluntary visits. Based on your request, we can provide a more focused assessment including some, or all of the below domains. An example would be an SSI focused ICAR looking at surgical suite practices including device reprocessing.

- Surgical Site Infection (SSI) Prevention
- Device Reprocessing including sterilization and high-level disinfection
- Infection Control Program and Infrastructure
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Catheter-associated Urinary Tract Infection (CAUTI) Prevention
- Central Line associated Bloodstream Infection (CLABSI) Prevention
- Ventilator-associated Event (VAE) Prevention
- Injection Safety
- Clostridioides difficile infection (CDI) Prevention
- Environmental Cleaning & Disinfection (ATP testing offered during visit)
- Systems to Detect, Prevent, and Respond to HAIs and MDROs
- Healthcare Personnel Safety
- Water Management
- COVID-19 Prevention and Response
- Antimicrobial Stewardship
 - The NE ASAP program can provide comprehensive assessments



Please let us know if interested
nebraskaicap@nebraskamed.com
(402) 552-2881



Social Media



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https://www.instagram.com/nebraska_icap_asap/



Subscribe to our YouTube at:

https://www.youtube.com/@nebraska_icap_asap

ICAP Contact Information

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 4:00 PM Central Time

Weekends and Holidays 8:00-4:00

On-call hours are available for emergencies only

Scan the QR Code to be taken to
our [NE ICAP Contact Form](#).

You can request to be connected to an
Infection Preventionist that specializes in your area,
get added to our setting specific communication list
for webinar and training invites,
sign up for newsletters and reminders,
or request an ICAR review for your facility.



Webinar CE Process

1 Nursing Contact Hour is awarded by NE Medicine

- Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

CNE Nursing Contact Hours:

- ✓ Completion of survey is required.
 - The survey must be specific to the individual obtaining credit (i.e.: 2 people cannot be listed on the same survey)
 - Survey functionality is lost on mobile devices
- ✓ One certificate is issued quarterly for all webinars attended
 - Certificate comes directly from ICAP via email