National Center for Emerging and Zoonotic Infectious Diseases



National Healthcare Safety Network

Infection Surveillance in Long-term Care: A National Perspective

Jeneita Bell, MD, MPH Long-term Care Team Lead

July 9, 2019

Agenda

- Burden of healthcare-associated infections (HAIs) in LTC
- Challenges affecting nursing homes
- Strategies to overcome the challenges
- Why do surveillance?
- Annual training overview

Nursing Home Infection Burden Estimates

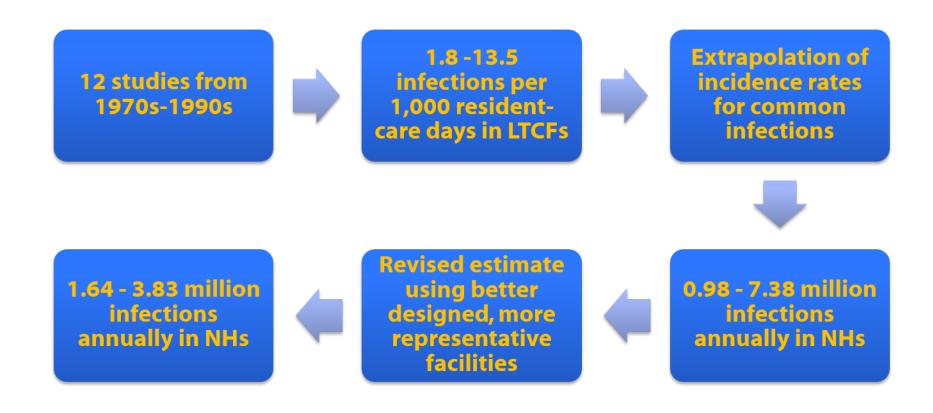
1.64 – 3.83 million infections *annually*

Strausbaugh and Joseph, 2000

1.13 – 2.68 million infections *in 2013*

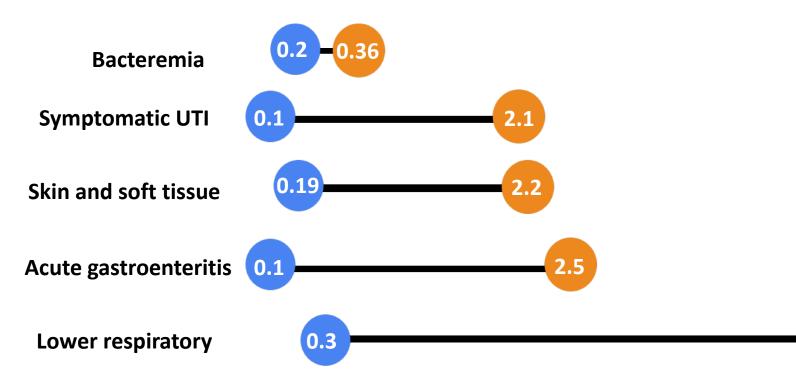
Herzig et al, 2017

Strausbaugh and Joseph, 2000 – Methods Summary



Lower respiratory tract infections have the highest estimated incidence rate per 1,000 resident-days.

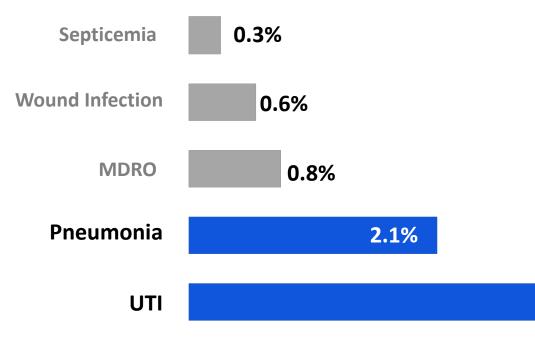
4.7



Herzig et al, 2017 – Methods Summary

- Minimum Data Set (MDS) 3.0, 2013 Quarter 4
- Used routinely scheduled assessments, excluding admission assessments
- Evaluated MDS infection items
 - Multidrug-resistant organisms (MDRO)
 - Pneumonia
 - Septicemia
 - Urinary Tract Infection (UTI)
 - Wound infection
- Prevalence determined using 7-day look-back periods and 30-day for UTI

In 2013, pneumonia and UTI were the most commonly reported infections among all resident assessments.



5.6%

Note: Estimates are the 7-day prevalence for each except UTI, which are 30-day

Office of the Inspector General — 2014

Adverse events in SNFs among Medicare beneficiaries		
Events Related to Infections	26%	
Aspiration pneumonia and other respiratory infections	10%	
Surgical site infection (SSI) associated with wound care	5%	
Urinary tract infection associated with catheter (CAUTI)	3%	
Clostridium difficile infection (CDI)	3%	
Other infection events	5%	

Source: OIG analysis of SNF stays for 653 Medicare beneficiaries discharged in August 2011.

Limitations of Burden Estimates

- Estimates based on small number of residents
 - Residents may not be representative
- National estimates extrapolated from few geographic locations
 - Facilities may not be representative
- Standard infection definitions are <u>not</u> used
- Trends of infections overtime unknown
 - How many new infections are occurring?
 - Are the rates of new infections problematic?
 - Are infection rates worsening?
 - Are infection rates improving?

Improved national data is needed to inform prevention.

Question	Examples
Who?	Who is disproportionately affected and most at risk of infection?
What?	What infection type is the most problematic?
When?	Is the problem new or was it increasing over time?
Where?	Is there a geographic region or specific facility type most adversely affected?
How?	Were our intervention or prevention efforts effective?

Challenges affecting nursing homes

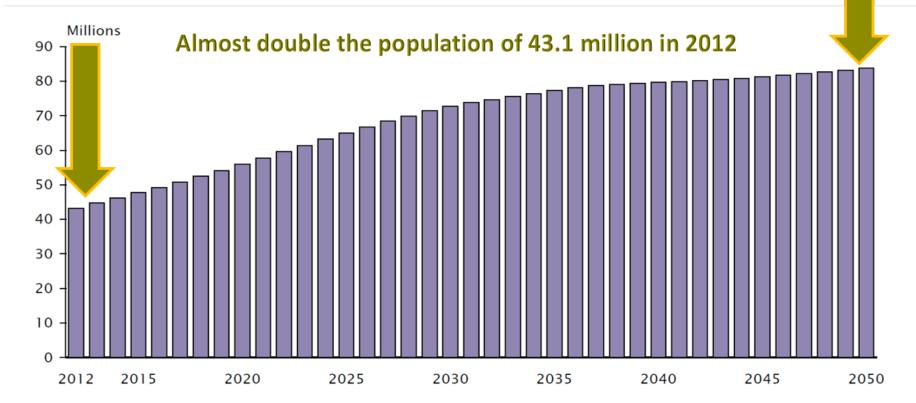
In 2013, there were over 35 million hospital discharges.



22% or 8 million inpatients were discharged to a postacute care setting.

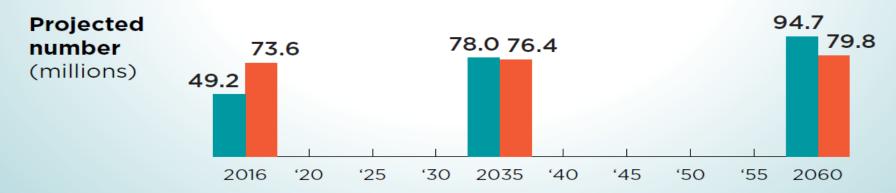


In 2050, the population aged 65 and over is projected to be 83.7 million.



For the First Time in U.S. History Older Adults Are Projected to Outnumber Children by 2035





Note: 2016 data are estimates not projections.

The majority of long-term care residents were aged 65 and over in 2011 and 2012.



Long-term care residents have a higher risk of infection.



Co-morbid conditions

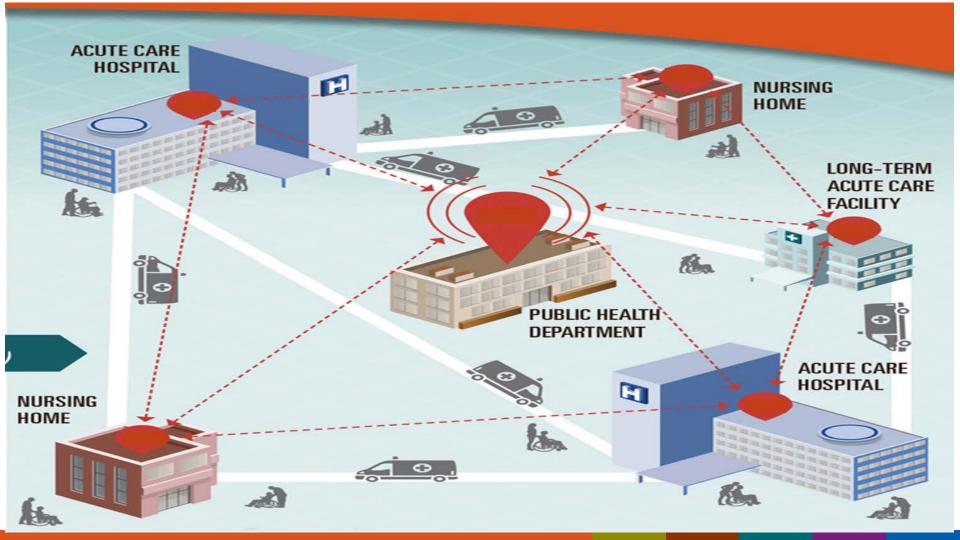
Frequent hospitalizations

Exposure to antibiotics

Implications

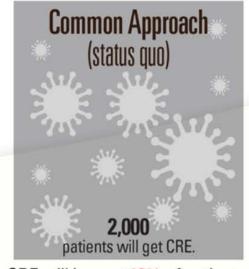
- Increase in acute care and LTC facility volumes
- Increase demand on health system resources
- Increase healthcare setting transitions
- Threat to healthcare quality, infection prevention and control

Strategies to overcome the challenge



More patients get infections when facilities do not work together.

(Example: 5 years after CRE enters 10 facilities in an area sharing patients)



CRE will impact 12% of patients.

Independent Efforts 1,500 patients will get CRE. CRE will impact 8% of patients.



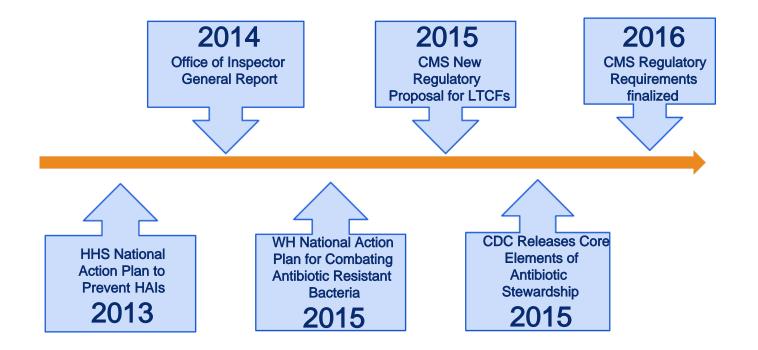
SOURCE: CDC Vital Signs, August 2015.

AUGUST 2015

Making Health Care Safer Stop Spread of Antibiotic Resistance

- Alert receiving facilities of patients who have drug-resistant organisms
- Provide clinical staff access to prompt laboratory testing
- Join HAI/antibiotic resistance prevention in your area
- Connect with public health department to share data
- Review and perfect infection control within your facility

Public Health Action Timeline



National Action Plan to Prevent HAIs — 2013

- Encourage HAI infection surveillance and reporting to NHSN
 - 5% of certified nursing homes enroll in NHSN over the five years following launch of the component
- Construct a data collection system to support assessment of healthcare quality
 - Disease surveillance
 - Effectiveness of prevention and control activities
 - Quality improvement
 - Public reporting

Reform of Requirements for LTCFs— 2016

• § 483.80 Infection control.

We proposed to require the facility to have written standards, policies, and procedures for the IPCP, including but not limited to, **a system of surveillance designed to identify possible communicable disease or infections before it can spread to other persons in the facility**

Why do surveillance?

Public Health Surveillance

ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health -related event to reduce morbidity and mortality and to improve health th



Surveillance Informs Prevention

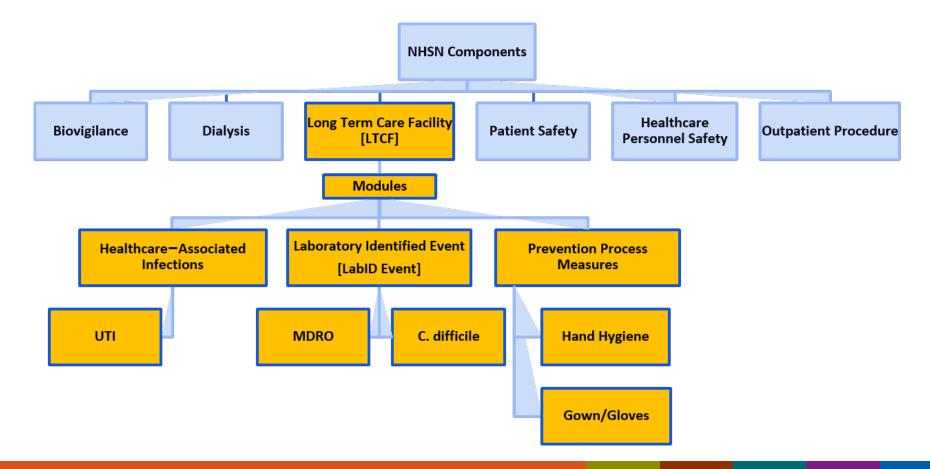
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What is National Healthcare Safety Network (NHSN)?

- Most widely used healthcare-associated infection (HAI) tracking system
- Web-based resource for healthcare facilities to collect HAI data
 - Acute care hospitals
 - Ambulatory surgery centers
 - Long-term care facilities
- Data can be used by facilities
 - Identify problem areas
 - Measure progress of prevention efforts
 - Comply with quality reporting requirements
- >22,000 facilities reporting

NHSN Long-term Care Facility Component



Benefits of NHSN

- Why NHSN and how does this fill a gap?
 - Epidemiology
 - Standard infection definitions
 - Benchmarking at national and facility level
 - Identify prevention targets and goals
 - Track prevention progress

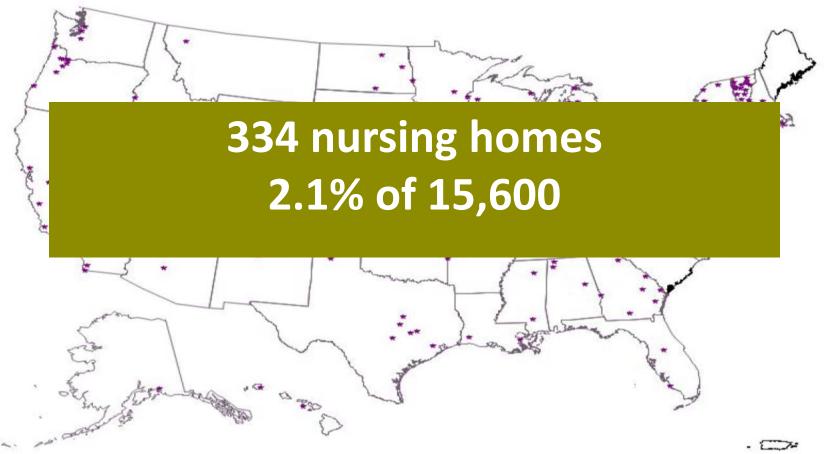
NHSN data can inform prevention.

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CDI Reporting and Reduction Project

- Collaboration with CMS and Quality Improvement Organizations
- **Project timeline:** May 23, 2016 December 28, 2018
- Objectives:
 - Increase NHSN reporting
 - Establish CDI baseline
 - Monitor prevention outcomes
- **Recruitment period:** May 23, 2016 April 7, 2017
- Enrollment target: 2,330 nursing homes
- Data submission target: 80% (1,864) March 1, 2017 December 31, 2018

Nursing Homes Enrolled in NHSN — June 2016



Nursing Homes Enrolled in NHSN — Jan 2019

3,344 nursing homes ~21% of 15,600

C 19



Increased participation is great but data quality is also important!

2019 Annual Training

Partnership

Improve healthcare quality

Reduce morbidity and mortality

Make a difference

NHSN LTC Team



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Training Overview

- Morning sessions
 - Epidemiology
 - NSHN Protocols
 - Infection prevention
 - Case studies
- Afternoon sessions
 - Hands-on training
 - CDC tours

Concurrent Activities

- Onsite Support
 - SAMS
 - NHSN User Support
- Healthcare Personnel Safety Team
 - Influenza vaccination reporting
- CDC store
 - CDC branded merchandise



Thank You!

For more information please contact Centers for Disease Control and Prevention

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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.

- Herzig CTA, Dick AW, Sorbero M, Pogorzelska-Maziarz M, Cohen CC, Larson EL, Stone PW.Infection Trends in US Nursing Homes, 2006-2013. J Am Med Dir Assoc. 2017 Jul 1;18(7):635.e9-635.e20. Epub 2017 May 25.
- Strausbaugh LJ, Joseph CL. The burden of infection in long-term care. Infect Control Hosp Epidemiol. 2000 Oct;21(10):674-9.
- Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries <u>https://oig.hhs.gov/oei/reports/oei-06-11-</u> 00370.pdf

- **The Silver Tsunami** (also known as **The Grey Tsunami** or **Gray Tsunami**) is a metaphor used to describe population aging. The silver tsunami metaphor has been used in popular media and in scholarly literature to refer to the late-twentieth century demographic phenomenon of population aging in major media platforms including *The Economist*, Forbes.com, and multiple news outlets. The phrase has also been used to refer more specifically to health and economic implications associated with population aging by major <u>medical publications</u> including <u>The British</u> Medical Journal, New England Journal of Medicine, and professional organizations including American Psychological Association.
- https://en.wikipedia.org/wiki/The_Silver_Tsunami

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 https://www.cdc.gov/nchs/data/nsltcp/long_term_care_services_2013.pdf
- Making Health Care Safer Infographics <u>https://www.cdc.gov/vitalsigns/stop-spread/infographic.html#infographic</u>
- National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination <u>https://health.gov/hcq/prevent-hai-action-plan.asp#phase3</u>

- An Aging Nation: The Older Population in the United States <u>https://www.census.gov/content/dam/Census/library/publications/2014/</u> <u>demo/p25-1140.pdf</u>
- Tian W. (AHRQ). An All-Payer View of Hospital Discharge to Postacute Care, 2013. HCUP Statistical Brief #205. May 2016. Agency for Healthcare Research and Quality, Rockville, MD. <u>http://www.hcup-us.ahrq.gov/reports/statbriefs/sb205-Hospital-Discharge-Postacute-Care.pdf</u>