Generating Reports in NHSN for Data Quality

Presentation to: Georgia Hospital Association
Presented by: Liz Smith, MPH
Date: April 13, 2016
Outline

• Why data quality is important
• Resolving NHSN alerts to improve data quality
• Built-in Data Quality reports
• How to update facility data to ensure appropriate risk-adjustment
• Line lists you can run for your own information
Data Presented

• I logged into the NHSN Test Facility which allows me to see what a facility user would see
  – However, this test facility was created by CDC and was not designed to be Georgia-specific
  – There may be some differences in requirements, questions, variables, etc.
• All patient, hospital, and health data are made up
Importance of Data Quality

The data your facility provides is used at the:

- Facility level for risk-adjustment and SIR calculations
- Health network/corporate level for inter-network analysis, benchmarking
- Group level analysis by DPH, GHA, and Alliant Quality
- National level analysis and publication by CDC and CMS Hospital Compare
Reports Presented

• Missing/Incomplete Data
• Updating your hospital bed size and medical school affiliation
• Updating your locations’ bed sizes
• Updating your CDIF testing methodology
• Line Lists for your information
NHSN Home Page Alerts

**Numerator Alerts**
- Incomplete Events
- Missing Events
- Missing Procedure-Associated Events

**Denominator Alerts**
- Incomplete Summary Data
- Missing Summary Data
- Incomplete Procedures
- Missing Procedures

**Other Alerts**
- Unusual Susceptibility Profiles

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**Action items**

You must complete these items.

- A survey is required for 2015

- You have 15 missing events
- You have 8 incomplete summary items
- You have 16 missing summary items
- You have 10 missing procedures

We Protect Lives.
NHSN Home Page Alerts

• Alerts tell you that data are missing or incomplete. At the start of data entry, you may not have all the necessary information to complete your entry. Alerts keep track of what was not completed.
Incomplete Events alerts occur when some, but not all, required data have been entered for a CAUTI, CLABSI, SSI, or LabID event. Enter required data to correct.
**Missing Events** alerts occur when summary data is complete for a location, but there were no events found. Either check the “Report No Events” box or complete Incomplete Events to correct.

<table>
<thead>
<tr>
<th>Location</th>
<th>CDC Location</th>
<th>Month/Year</th>
<th>Alert Type</th>
<th>Event Type/Pathogen</th>
<th>Summary Data Form Type</th>
<th>Report No Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACWIDEIN</td>
<td></td>
<td>08/2013</td>
<td>Summary but no events</td>
<td>LabID (All) - CDIF</td>
<td>MDRO</td>
<td>□</td>
</tr>
<tr>
<td>FACWIDEIN</td>
<td></td>
<td>02/2014</td>
<td>Summary but no events</td>
<td>LabID (All) - CREKLEB</td>
<td>MDRO</td>
<td>□</td>
</tr>
<tr>
<td>ED</td>
<td>OUT:ACUTE:ED</td>
<td>01/2015</td>
<td>Summary but no events</td>
<td>LabID (Blood) - MRSA</td>
<td>MDRO</td>
<td>□</td>
</tr>
</tbody>
</table>

![Incomplete/Missing List](image-url)
Incomplete Summary Data alerts occur when some, but not all, required data have been entered for a Device-Associated or MDRO summary or because of Incomplete/Missing Events. Either enter required data or complete Incomplete/Missing Procedures to correct...
**Missing Summary Data** alerts occur when a location does not have a completed summary form. Enter a summary form to correct.
Incomplete Procedures alerts occur when some, but not all, required data have been entered for a procedure. Enter required data to correct.
Missing Procedure alerts occur when procedures are listed in the reporting plan but there were no procedures performed. Either check the “No Procedures Performed” box or complete any Incomplete Procedures to correct.
Missing Procedure-Associated Events alerts occur when procedure data is complete but there were no events (e.g., SSI) found. Either check the “Report No Events” box or complete Incomplete/Missing Procedures to correct.
Unusual Susceptibility Profiles

- An unusual susceptibility profile alert pop-up appears when you enter a pathogen that has an unusual susceptibility profile (e.g., CRE, VRSA) but you do not confirm it.
Unusual Susceptibility Profiles alerts occur when there are unconfirmed susceptibility profiles that are considered unusual. Confirm or correct the susceptibility profile to correct.
More Information

BUILT-IN DATA QUALITY REPORTS
Data Quality Reports

In the Advanced folder of your Output Options, there are Data Quality Reports:

- These contain known issues with your data
- Current business rules prevented me from creating most of these errors, but errors from before the rules will appear here

![Data Quality Reports](image.png)
Data Quality Reports

Did your CDI test method change to something with a lower sensitivity?

<table>
<thead>
<tr>
<th>year</th>
<th>month</th>
<th>source</th>
<th>cdiTestMeth</th>
<th>cdiTestMethOth</th>
<th>downgrade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>.</td>
<td>Annual Hospital Survey</td>
<td>GDH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>.</td>
<td>Annual Hospital Survey</td>
<td>GDH</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>2014</td>
<td>3</td>
<td>MDRO/CDI FacWideIN Summary</td>
<td>GDHEIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>6</td>
<td>MDRO/CDI FacWideIN Summary</td>
<td>GDH</td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>
Data Quality Reports

**Did at least 50% of your procedures result in SSI?**

<table>
<thead>
<tr>
<th>orgID</th>
<th>summaryYM</th>
<th>procCode</th>
<th>outpatient</th>
<th>ssiPlan</th>
<th>SSICount</th>
<th>ProcCount</th>
<th>SSIIIncidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>15165</td>
<td>2016M02</td>
<td>COLO</td>
<td>N</td>
<td>Y</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>15165</td>
<td>2016M02</td>
<td>COLO</td>
<td>N</td>
<td>Y</td>
<td>1</td>
<td>2</td>
<td>50</td>
</tr>
</tbody>
</table>
More Information


NHSN Data Quality Output Options

NHSN version 6.4

6/1/2011
Risk Adjustment

- Risk adjustment allows for fair comparison of facilities
- Factors that affect the number of infections—like bed size, medical school affiliation, CDI test methodology, patient age, and location type—are taken into consideration when determining the number of predicted infections
- The number of predicted infections then affects the SIR calculation
Update Survey Data

Find Survey

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID: NHSN State Users Test Facility #2 (ID 15165)
Survey Type: FACSRV-PS - Hospital Survey Data
Survey Year: 2015
34. Has your stewardship program provided education to clinicians and other relevant staff on improving antibiotic use?  * Y - Yes

Hospital Facility:
Number of Patient Days: * 516551
Number of Admissions: * 4358

Is your hospital a teaching hospital for physicians and/or physicians-in-training? *
  
  Y - Yes
  N - No

If Yes, what type: ☐ MAJOR ○ GRADUATE ○ UNDERGRADUATE

Number of beds set up and staffed in the following location types (as defined by NHSN):
  a. ICU beds (including adult, pediatric, and neonatal levels II/III and III): * 500
  b. All other inpatient locations: * 50

Total Number of Beds Set Up and Staffed: 550

11. 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) (e.g., PCR, LAMP)
  ○ 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)
  ○ OTH: Other (specify)

("Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or conduct a search for further guidance on selecting the correct option to report.)
Update Survey Data—Medical School Affiliation

- Major: Facility has a program for medical students and post-graduate medical training.
- Graduate: Facility has a program for post-graduate medical training (i.e., residency and/or fellowships).
- Undergraduate: Facility provides training program(s) for medical students only

Suppose we start with hospital A, it uses GDH only, it has a community-onset CDI rate of 0.19, it has 90 beds, no medical school affiliation, and 6500 patient days. About 3 cases of HO CDI can be expected.

When we change one variable at a time, we can see the effect of each on the expected number of HO CDI cases.

Update Location Bed Size

• DPH has been seeing more patient days or more device days reported than possible
  – For example, June has 30 days. If a location has 10 beds that are filled for the entire month of June then the maximum number of patient days or device days for that location is 300.
Update Location Bed Size

Instructions

- To Add a record, fill in the form with the required fields and any desired optional values. Then click on the Add button.
- To Find a record, click on the Find button. One or more fields can be filled in to restrict the search to those values.
- To Edit a record, perform a Find on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the Save button.
- To Delete one or more records, perform a Find on the desired record(s). Check the corresponding box(es), then click on the Delete button.
- Press the Clear button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

- Your Code*: L900
- Your Label: 
- CDC Location Description*: 
- Status*: Active
- Bed Size: A bed size greater than zero is required for most inpatient locations.
Update Location Bed Size

Mandatory fields to "Add" or "Edit" a record marked with *

- **Your Code**: L800
- **Your Label**: LIZTEST-WS
- **CDC Location Description**: Surgical Ward
- **Status**: Active
- **Bed Size**: 25

A bed size greater than zero is required for most inpatient locations.

### Location Table

<table>
<thead>
<tr>
<th>Status</th>
<th>Your Code</th>
<th>CDC Location Description</th>
<th>CDC Code</th>
<th>NHSN HL7 Code</th>
<th>Bed Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>L800</td>
<td>LIZTEST-W; Surgical Wa IN: ACUTE: V1072-8</td>
<td></td>
<td></td>
<td>50</td>
</tr>
</tbody>
</table>

We Protect Lives.
Update Quarterly CDI Test Method

- A common error DPH comes across is selecting “Other” when a different CDI test method is available
- PCR and LAMP are types of NAAT
- If you know the name brand but not what type of test, confer with your lab
Update Quarterly CDI Test Method

Patient Safety Summary Data

Enter search criteria

Summary Data Type: MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring
Location Code: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)
Month: March
Year: 2015

Find Clear Back
Update Quarterly CDI Test Method

For this quarter, 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?

- EIA - Enzyme immunosassay (EIA) for toxin
- Cyto - Cell cytotoxicity neutralization assay
- NAAT - Nucleic acid amplification test (NAAT)
- GDH - Glutamate dehydrogenase (GDH) antigen plus EIA for toxin
- GDHNAAT - GDH plus NAAT
- GDHEIA - GDH plus EIA for toxin, followed by NAAT for discrepant results
- ToxiCult - Toxigenic culture
- Infec - Other (specify)

We Protect Lives.
## Comparison of CDI Test Methods

<table>
<thead>
<tr>
<th>Testing approach</th>
<th>Average cost/test (§)</th>
<th>Sensitivity of test/algorithm (%)</th>
<th>No. of patients positive for CDI missed</th>
<th>Specificity of test/algorithm (%)</th>
<th>No. of false-positive test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDH or EIA alone</td>
<td>18.00</td>
<td>55</td>
<td>45</td>
<td>94</td>
<td>54</td>
</tr>
<tr>
<td>Reflex to NAAT for GDH+ and EIA-</td>
<td>19.12</td>
<td>85</td>
<td>15</td>
<td>93.9</td>
<td>55</td>
</tr>
<tr>
<td>Reflex to toxigenic culture for GDH+ and EIA-</td>
<td>18.51</td>
<td>86</td>
<td>14</td>
<td>93.9</td>
<td>55</td>
</tr>
<tr>
<td>Reflex to direct cytotoxin for GDH+ and EIA-</td>
<td>18.32</td>
<td>77</td>
<td>23</td>
<td>93.9</td>
<td>55</td>
</tr>
<tr>
<td>NAAT alone</td>
<td>35.00</td>
<td>95</td>
<td>5</td>
<td>96</td>
<td>36</td>
</tr>
</tbody>
</table>

Assumptions: 1000 patients tested with each test or algorithm; 10% prevalence (ie, 100 true-positive patients and 900 true-negative patients); GDH-positive and EIA-negative samples = 32, which will be retested using one of the reflex methods; testing on first shift of each day; one test type is performed per day; no pre-emptive isolation if test results are reported on same day as ordered (ie, <8-hour turnaround time); pre-emptive isolation for CDI orders includes time for other tests; isolation continues until the day the test result is negative; assumes a 5-day length of stay.

LINE LISTS
Location Line Lists

Exporting

- To **Find** a record, click on the **Find** button. One of more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the **Save** button.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding box(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

1. Your Code*: 
2. Your Label*: 
3. CDC Location Description*: 
   - Status*: Active
   - Bed Size*: A bed size greater than zero is required for most inpatient locations.

We Protect Lives.
Location Line Lists

Exporting

**Import/Export Data**

**Export Location List**

Please choose an export type and click Submit. Location data for the facility you have chosen will be exported.

**Note:** All export types will result in a compressed (zip) download file.

**Save as type:**
- delimited file (comma-separated values) (*.csv)
- delimited file (tab-delimited values) (*.txt)
- Excel spreadsheet (*.xls)
- Excel 5.0 or 7.0 (95) spreadsheet (*.xls)
- Microsoft Access table (*.mdb)
- dBASE 5.0, IV, III+, II, and II files (*.dbf)
- SAS for Windows V7/8/9 (*.sas7bdat)

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**Import/Export Data**

**Export Location List**

Please choose an export type and click Submit. Location data for the facility you have chosen will be exported.

**Note:** All export types will result in a compressed (zip) download file.

**Save as type:**
- Excel spreadsheet (*.xls)
Patient Line Listings
Limit by Time Period

1. Reporting Plan
2. Event
3. Procedure
4. Summary Data
5. Import/Export
6. Analysis

Patient Safety Component
Analysis Output Options

- Expand All
- Collapse All

- Device-Associated (DA) Module
- Procedure-Associated (PA) Module
- HAI Antimicrobial Resistance (DA+PA Modules)
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - LABID Event Reporting
- MDRO/CDI Module - Process Measures
- MDRO/CDI Module - Outcome Measures
- Antimicrobial Use and Resistance Module
- CMS Reports
- TAP Reports
- Advanced

4. Patient-level Data
5. CDC Defined Output

- Line Listing - All Patients
- Event-level Data
- Procedure-level Data

6. Run
Modify

We Protect Lives.
Patient Line Listings
Limit by Time Period

1. Modify Attributes of the Output:
   - Output Type: Line Listing
   - Output Name: Line Listing - All Patients
   - Output Title: Line Listing for All Patients

2. Select output format:
   - Output Format: HTML
   - Use Variable Labels
   - Enter Date variable/Time period at the time you click the Run button

3. Specify Other Selection Criteria:
   - Show Criteria: Column + Row +
   - Other Options: Print Variable Reference List

4. Modify Variables To Display By Clicking: Modify List
   - Specify Sort Variables By Clicking: Modify List
   - Select Page by variable: 

5. Select a time period or Leave Blank for Cumulative Time Period:
   - Date Variable: createDate
   - Beginning: 03/01/2016
   - Ending: 03/31/2016

6. Clear Time Period
Patient Line Listings
Choose Output Variables

Modify Attributes of the Output:
- Last Modified On: 03/30/2016
- Output Type: Line Listing
- Output Name: Line Listing - All Patients
- Output Title: Line Listing for All Patients

Select output format:
- Output Format: HTML
- Use Variable Labels

Select a time period or Leave Blank for Cumulative Time Period:
- Date Variable
- Beginning
- Ending
- Clear Time Period

Enter Date variable/Time period at the time you click the Run button

Specify Other Selection Criteria:
- Show Criteria
- Column +
- Row +

Other Options: HELP
- Modify Variables To Display By Clicking: Modify List
- Specify Sort Variables By Clicking: Modify List
Patient Line Listings
Choose Output Variables

Select Variables to include in Line Listing:

Available Variables
- custom38
- custom39
- custom4
- custom40
- custom41
- custom42
- custom43
- custom44
- custom45
- custom46
- custom47
- custom48
- custom49
- custom5
- custom50
- custom6
- custom7
- custom8
- custom9
- ethnicityDesc
- medicareID
- modifyDate
- modifyUserID
- OID
- ssn

Selected Variables
- patID
- orgID
- dob
gender
gname
mname
surname
ethnicity
patRaceAAB
patRaceAMIN
patRaceASIAN
patRaceNH_PI
patRaceWHITE
createDate
id2

4 Save
Reset Close

| L001 | 15165 | 06/01/1990 | M | Philip | J | Fry | NOHISP |
| L002 | 15165 | 07/01/1990 | F | Turanga | Leola | NOHISP |
| L003 | 15165 | 08/01/1900 | M | Hubert | J | Farnsworth | NOHISP |

ToDate Created By
Event Line Listings
Specify Other Selection Criteria

Patient Safety Component
Analysis Output Options

1. Expand All
2. Collapse All

- Device-Associated (DA) Module
- Central Line-Associated BSI
- CDC Defined Output

3. 4. 5. 6. Line Listing - All CLAB Events
Event Line Listings
Specify Other Selection Criteria

Modify Attributes of the Output:
Last Modified On: 03/30/2016
Output Type: Line Listing
Output Name: Line Listing - All CLAB Events
Output Title: Line Listing for All Central Line-Associated BSI Event

Select output format:
Output Format: HTML
Use Variable Labels

Select a time period or Leave Blank for Cumulative Time Period: @HELP
Date Variable Beginning Ending Clear Time Period
Enter Date variable/Time period at the time you click the Run button

Specify Other Selection Criteria:
Show Criteria Column + Row +

Specify an operator and value(s) for selection criteria:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Operator</th>
<th>Value(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pathogen1</td>
<td>in</td>
<td>Escherichia coli - EC</td>
</tr>
<tr>
<td>pathogen1</td>
<td>in</td>
<td>Staphylococcus aureus - SA</td>
</tr>
</tbody>
</table>

Specify an operator and value(s) for selection criteria:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Operator</th>
<th>Value(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>id2</td>
<td>=</td>
<td>LIZTEST</td>
</tr>
</tbody>
</table>

Other Options: @HELP
Print Variable Reference List
Modify Variables To Display By Clicking: Modify List
Specify Sort Variables By Clicking: Modify List
Select Page by variable:
Event Line Listings

Specify Other Selection Criteria

1. Show Criteria

2. Back

3. Run

<table>
<thead>
<tr>
<th>id2</th>
<th>orgID</th>
<th>patID</th>
<th>dob</th>
<th>gender</th>
<th>admitDate</th>
<th>eventId</th>
<th>eventDate</th>
<th>eventType</th>
<th>spcEvent</th>
<th>location</th>
<th>pathogen1</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIZTEST</td>
<td>15165</td>
<td>L001</td>
<td>06/01/1990</td>
<td>M</td>
<td>02/26/2016</td>
<td>21869468</td>
<td>03/01/2016</td>
<td>BSI</td>
<td>LCBI</td>
<td>L100</td>
<td>EC</td>
</tr>
<tr>
<td>LIZTEST</td>
<td>15165</td>
<td>L002</td>
<td>07/01/1990</td>
<td>F</td>
<td>02/27/2016</td>
<td>21869502</td>
<td>03/02/2016</td>
<td>BSI</td>
<td>LCBI</td>
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<td>EC</td>
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<td>LIZTEST</td>
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<td>L004</td>
<td>09/01/1960</td>
<td>M</td>
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<td>LCBI</td>
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<td>EC</td>
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<tr>
<td>LIZTEST</td>
<td>15165</td>
<td>L005</td>
<td>10/01/2010</td>
<td>M</td>
<td>03/01/2016</td>
<td>21869618</td>
<td>03/05/2016</td>
<td>BSI</td>
<td>LCBI</td>
<td>L700</td>
<td>EC</td>
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</tbody>
</table>
Procedure Line Listings
Procedure Line Listings

<table>
<thead>
<tr>
<th>orgID</th>
<th>patID</th>
<th>dob</th>
<th>gender</th>
<th>procID</th>
<th>procDate</th>
<th>procCode</th>
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<tbody>
<tr>
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<td>L041</td>
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<td>M</td>
<td>21889022</td>
<td>03/01/2016</td>
<td>CARD</td>
</tr>
<tr>
<td>15165</td>
<td>L011</td>
<td>04/01/2005</td>
<td>M</td>
<td>21872450</td>
<td>03/01/2016</td>
<td>COLO</td>
</tr>
<tr>
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<td>L012</td>
<td>05/01/2005</td>
<td>M</td>
<td>21872451</td>
<td>03/02/2016</td>
<td>COLO</td>
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<tr>
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<td>L013</td>
<td>04/01/1900</td>
<td>F</td>
<td>21872621</td>
<td>03/03/2016</td>
<td>COLO</td>
</tr>
<tr>
<td>15165</td>
<td>L014</td>
<td>05/01/1930</td>
<td>M</td>
<td>21872757</td>
<td>03/04/2016</td>
<td>COLO</td>
</tr>
<tr>
<td>15165</td>
<td>L015</td>
<td>02/01/1965</td>
<td>M</td>
<td>21872807</td>
<td>03/05/2016</td>
<td>COLO</td>
</tr>
<tr>
<td>15165</td>
<td>L031</td>
<td>03/01/1990</td>
<td>F</td>
<td>21878164</td>
<td>03/01/2016</td>
<td>COLO</td>
</tr>
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<td>15165</td>
<td>L032</td>
<td>05/01/1970</td>
<td>M</td>
<td>21878166</td>
<td>03/02/2016</td>
<td>COLO</td>
</tr>
<tr>
<td>15165</td>
<td>L036</td>
<td>03/01/1992</td>
<td>M</td>
<td>21898808</td>
<td>02/01/2016</td>
<td>COLO</td>
</tr>
<tr>
<td>15165</td>
<td>L035</td>
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More Information


Protocols, Analysis, and Reporting: Getting the Most from NHSN

Resources
Conclusion

• You can ensure the quality of your data by resolving alerts and by updating your facility information when changes occur

• There are a variety of reports available in NHSN, with many ways to customize and view data
Questions?

Contact me at Elizabeth.Smith@dph.ga.gov