



# Summary of Patient Safety Component Annual Survey Data, 2016 - 2020

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**NHSN Acute Care Analytics Team**

National Healthcare Safety Network (NHSN) Annual Training 2022  
On-demand Presentation

# Learning Objectives

- Define the purpose of the NHSN PSC Annual Survey.
- List facility information reported on the NHSN PSC Annual Surveys.
- Describe findings from NHSN PSC Annual Survey data.

# NHSN PSC Annual Survey Overview

# NHSN PSC Annual Survey

- Collects facility-level data from the previous calendar year
- Completed by all facilities enrolled in the NHSN Patient Safety Component
- Annual Survey types include:
  - Annual Acute Care Hospital Survey
  - Long Term Acute Care (LTAC) Survey
  - Inpatient Rehabilitation Facilities (IRF) Survey

# NHSN PSC Annual Survey

## ■ Annual Survey sections:

- Facility characteristics 
- Lab practices
- Infection control practices
- Antibiotic stewardship practices
- Water management and monitoring practices

## ■ Annual Survey data are used:

- Calculate HAI Standardized Infection Ratio (SIR) risk adjustment models and track HAI incidence in your facility
- Support decision making, program planning, and research across CDC


# NHSN PSC Annual Survey

## ■ Annual Survey sections:

- Facility characteristics
- Lab practices
- Infection control practices
- Antibiotic stewardship practices
- Water management and monitoring practices

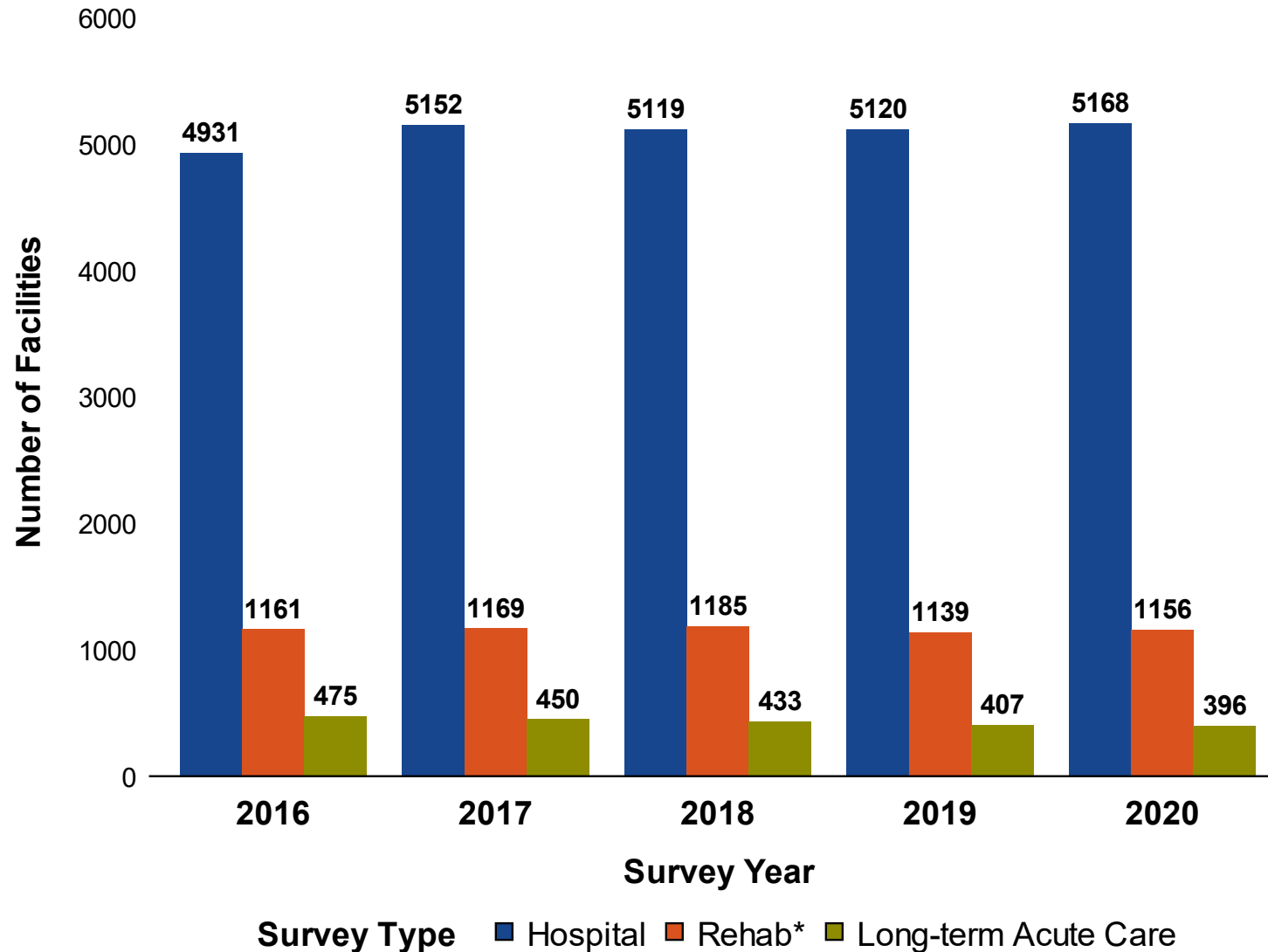
## ■ Annual Survey data are used:

- Calculate HAI Standardized Infection Ratio (SIR) risk adjustment models and track HAI incidence in your facility
- Support decision making, program planning, and research across CDC



For more information about the SIR, watch the NHSN Annual Training Presentation titled **Patient Safety Component - Use of NHSN Annual Survey Data: Involvement in HAI SIR Models**

# Number of Facilities that Completed an Annual Survey by Survey Year and Survey Type



\*Rehab includes Rehab units and Rehab Hospitals

# Acute Care Hospitals



# Hospital Facility Characteristics

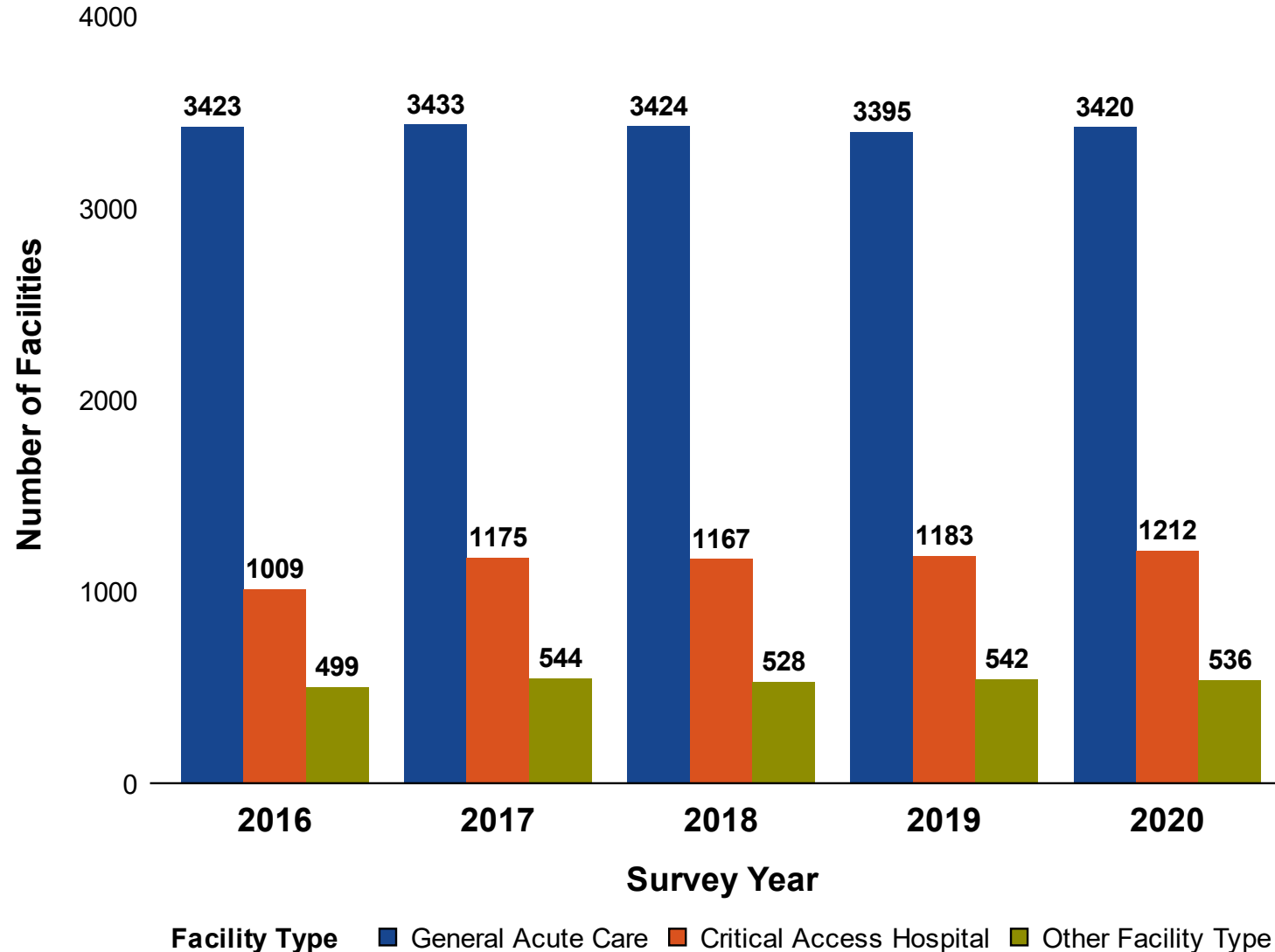
- Ownership
  - Teaching Hospital Status
  - Number of Beds
- 
- ❖ Facility Type (part of facility enrollment)



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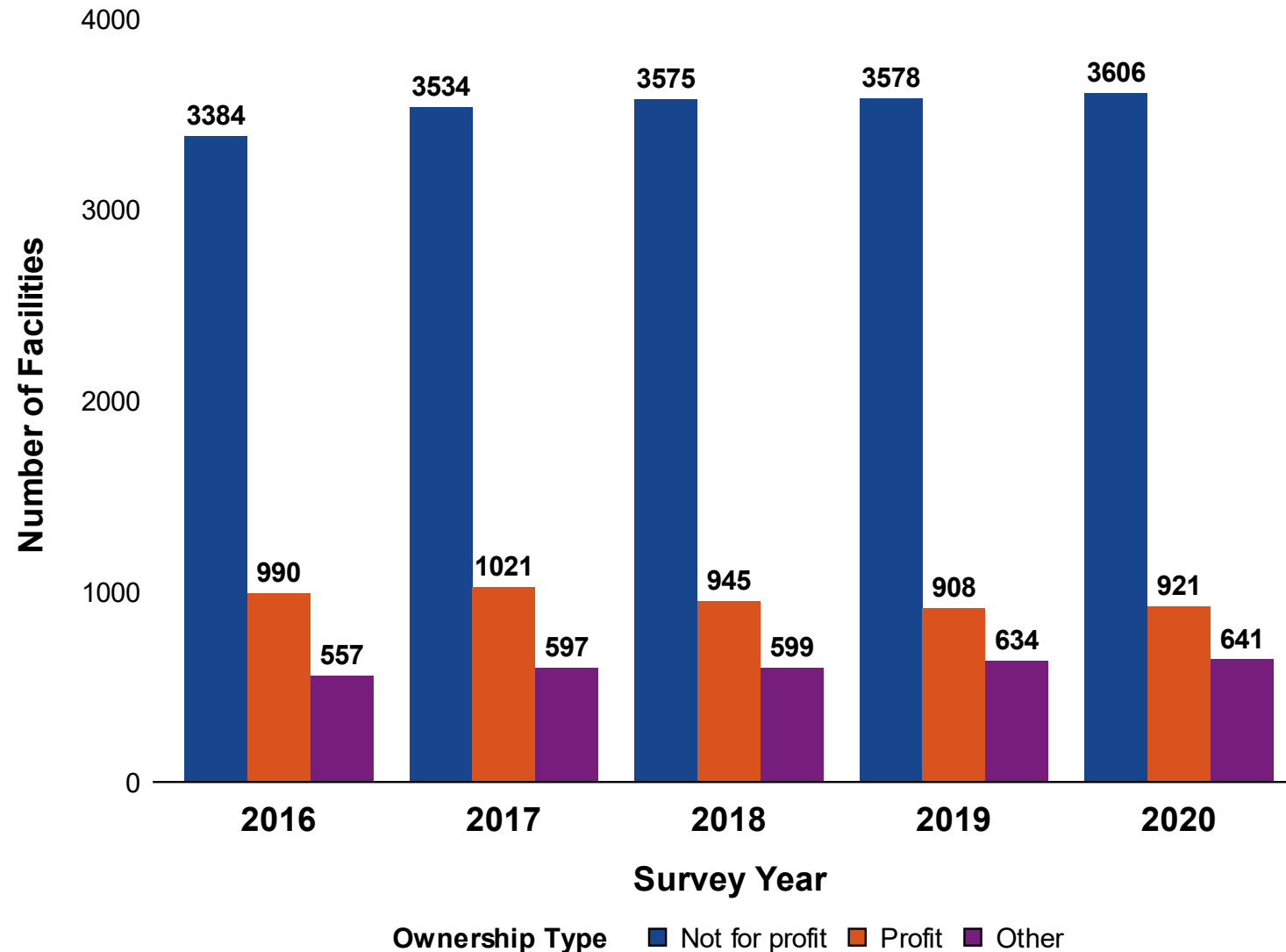
<b>Patient Safety Component—Annual Hospital Survey</b>		
Instructions for this form are available at: <a href="http://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf">http://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf</a>		
Page 1 of 19		
*required for saving	Tracking #:	
Facility ID:	*Survey Year:	
Facility Characteristics (completed by Infection Preventionist)		
*Ownership (check one):		
<input type="checkbox"/> For profit	<input type="checkbox"/> Not for profit, including church	<input type="checkbox"/> Government
<input type="checkbox"/> Military	<input type="checkbox"/> Veterans Affairs	<input type="checkbox"/> Physician owned
<b>If facility is a Hospital:</b>		
*Number of patient days: _____		
*Number of admissions: _____		
<u>For any Hospital:</u>		
*Is your hospital a teaching hospital for physicians and/or physicians-in-training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, what type: <input type="checkbox"/> Major <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate		
*Number of beds set up and staffed in the following location types (as defined by NHSN):		
a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____		

# Number of Hospitals that Completed an Annual Survey by Survey Year and Facility Type



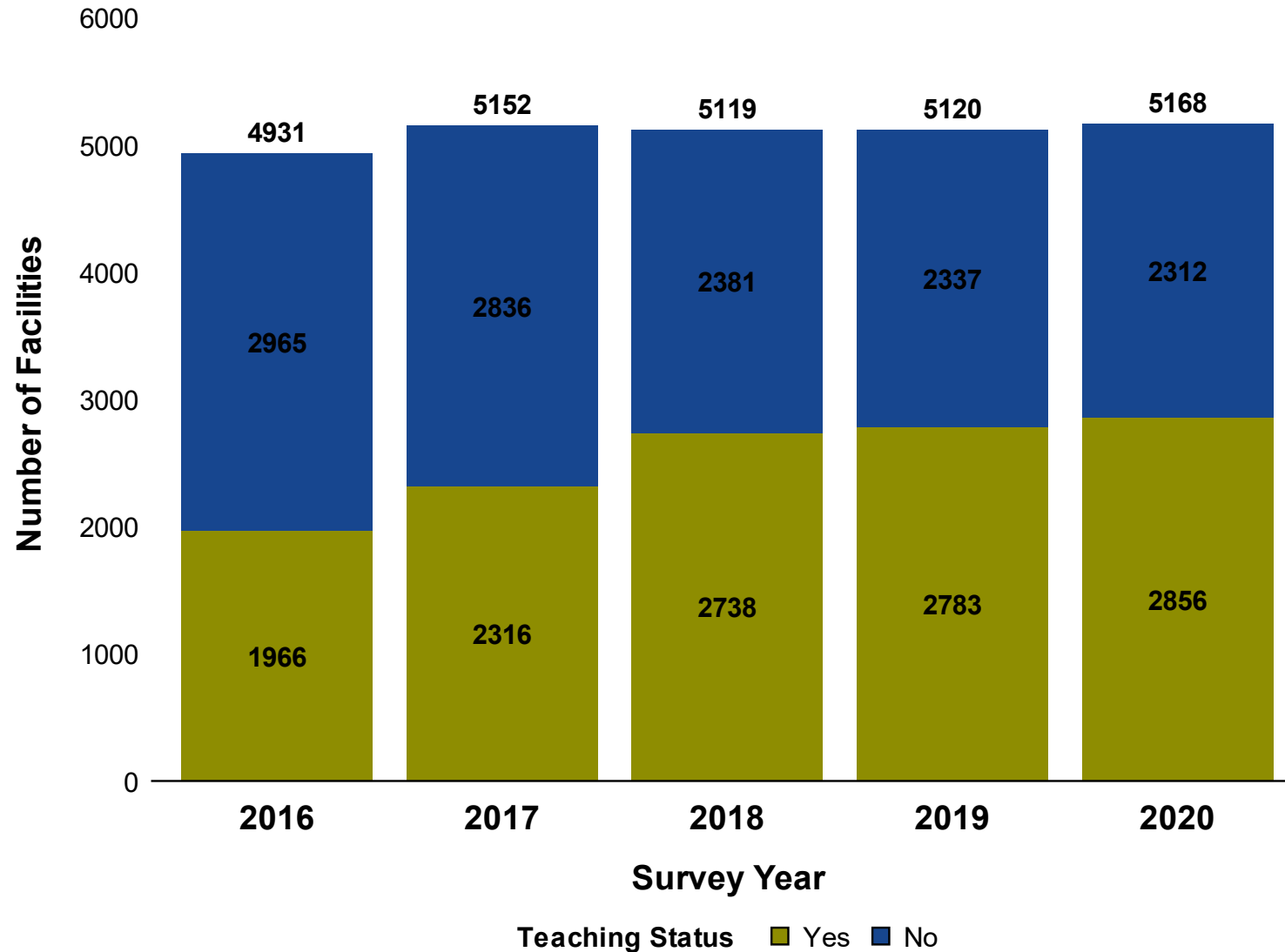
\*Other Facility Types include Oncology, Orthopedic, Children's, Women's, Women and Children's, Military, Veterans Affairs, Psychiatric, and Surgical Hospitals

# Number of Hospitals that Completed an Annual Survey by Survey Year and Ownership Type

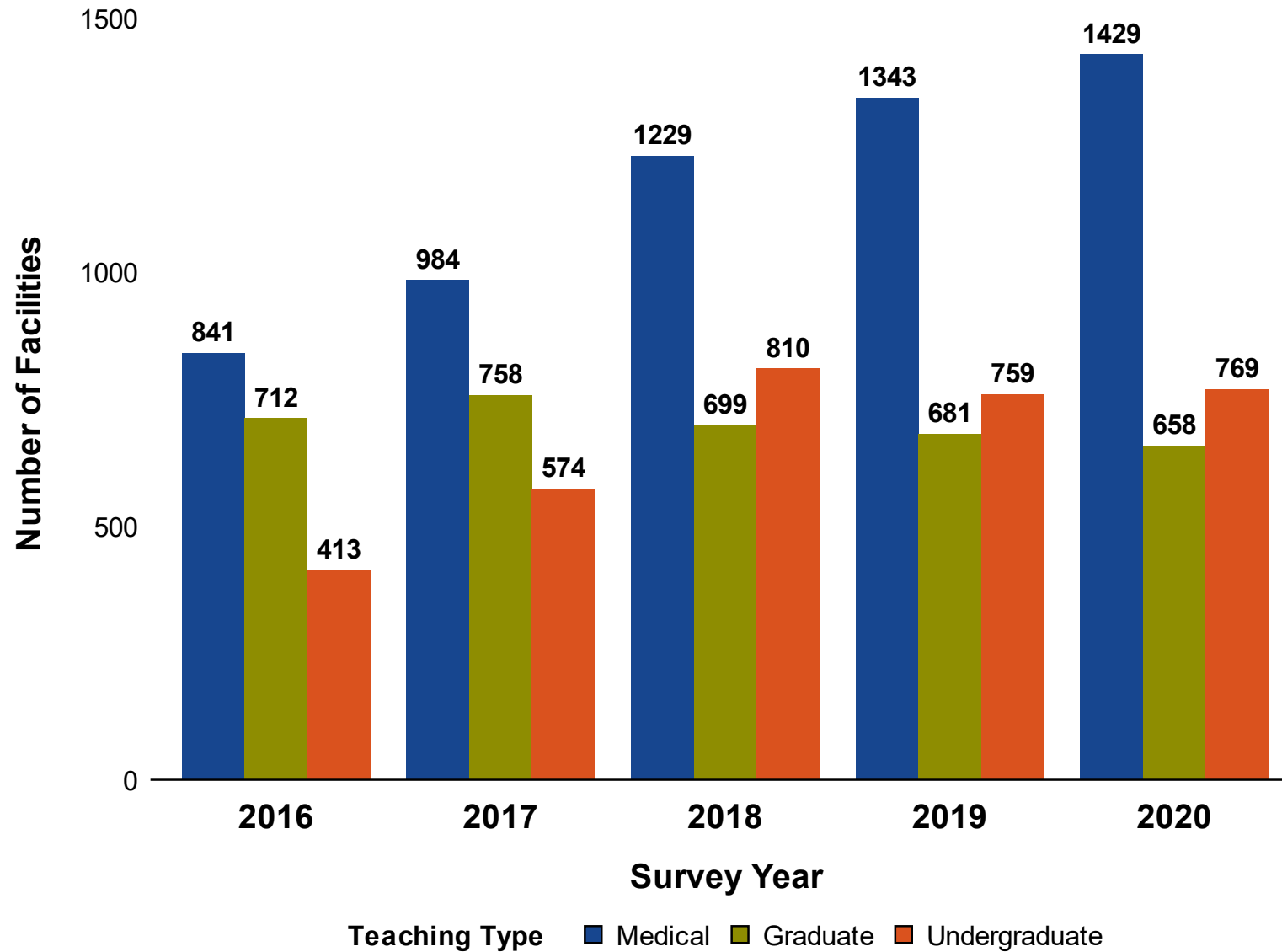


\*Other Ownership Types include Government, Military, Veterans Affairs, and Physician

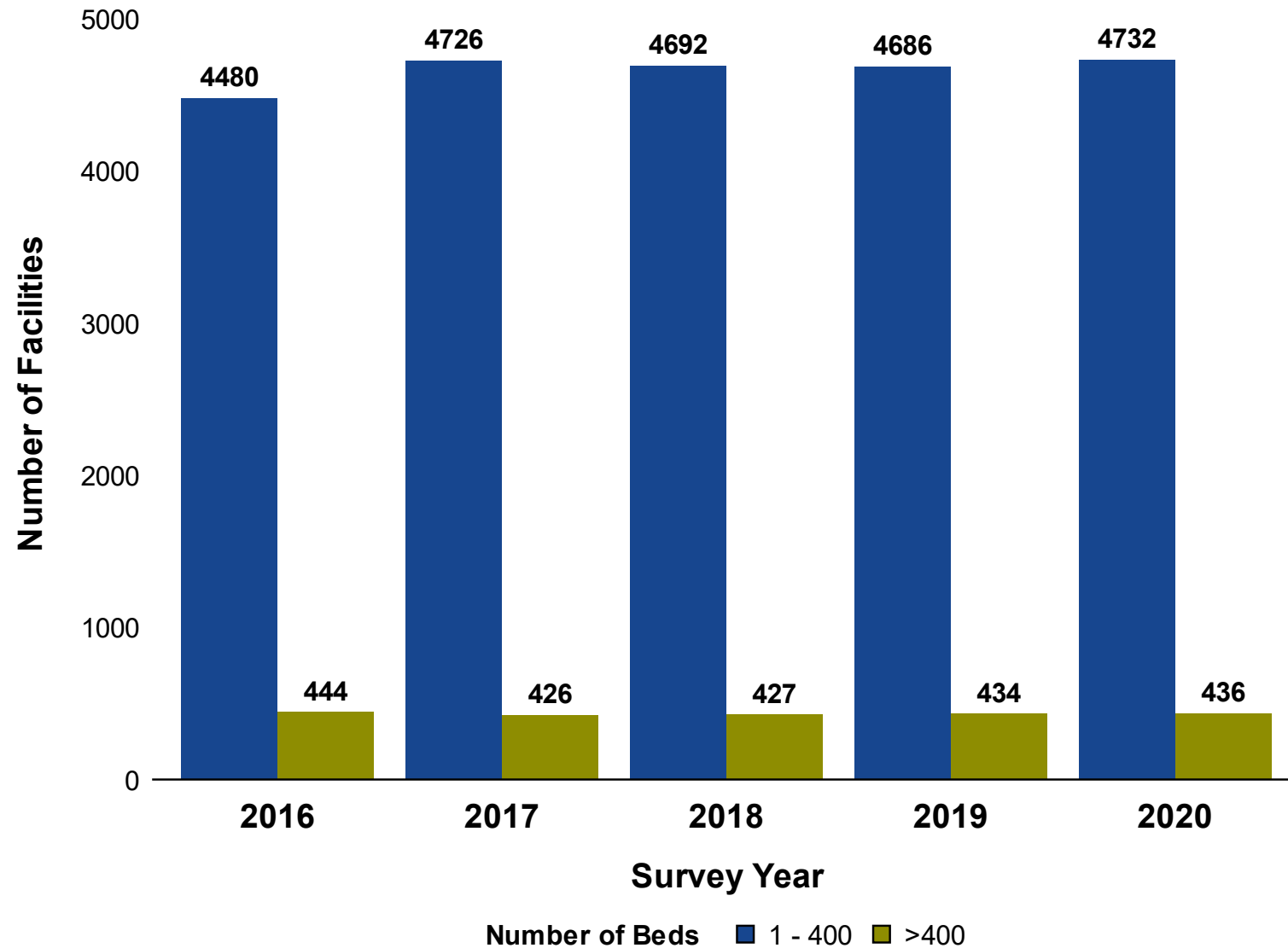
# Number of Hospitals that Completed an Annual Survey by Survey Year and Teaching Status



# Number of Hospitals that Completed an Annual Survey by Survey Year and Teaching Type



# Number of Hospitals that Completed an Annual Survey by Survey Year and Number of Beds



# Long-term Acute Care Facilities

# LTAC Facility Characteristics

- Ownership
- Affiliation
- Setting
- Number of Beds

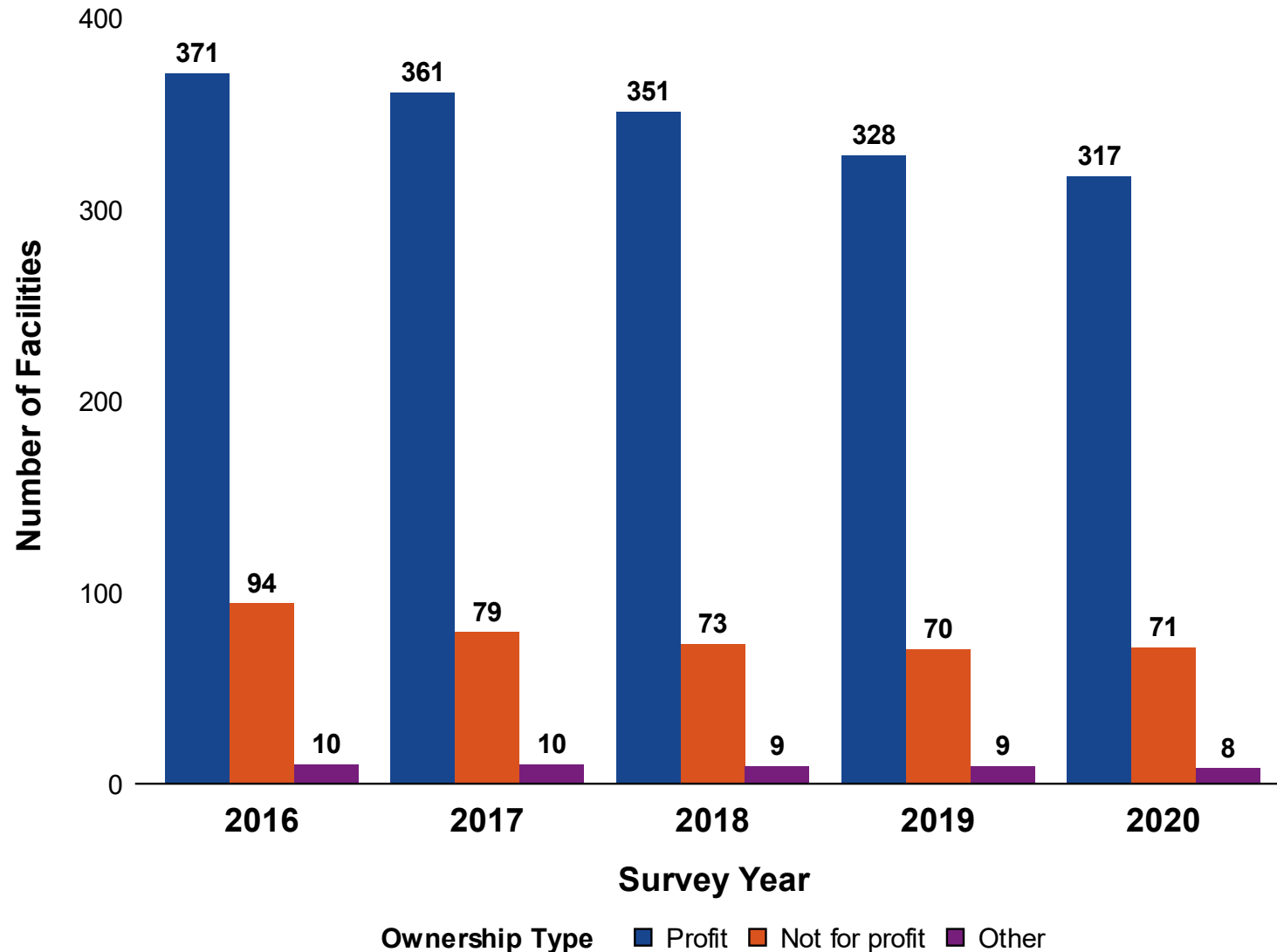


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<b>Patient Safety Component—Annual Facility Survey for LTAC</b>	
Instructions for this form are available at: <a href="http://www.cdc.gov/nhsn/forms/instr/TOI-57.150-LTAC.pdf">http://www.cdc.gov/nhsn/forms/instr/TOI-57.150-LTAC.pdf</a>	
Page 1 of 17	
*required for saving	Tracking #:
*Facility ID:	*Survey Year:
Facility Characteristics (completed by Infection Preventionist)	
*Ownership (check one):	
<input type="checkbox"/> For profit <input type="checkbox"/> Not for profit, including church <input type="checkbox"/> Government <input type="checkbox"/> Veterans Affairs	
*Affiliation (check one):	
<input type="checkbox"/> Hospital system <input type="checkbox"/> Independent <input type="checkbox"/> Multi-facility organization (specialty hospital network)	
*Setting/classification:      ___ Free-standing      ___ Within a hospital	
If classified as "Free-standing," does your LTAC hospital share physical housing with one or more of the following on-site facilities or units (check all that apply)?	
<input type="checkbox"/> No <input type="checkbox"/> Inpatient rehabilitation facility <input type="checkbox"/> Skilled nursing facility (SNF)/nursing home <input type="checkbox"/> Neuro-behavioral unit or facility <input type="checkbox"/> Residential facility (assisted living) <input type="checkbox"/> Other (specify: _____)	
If classified as "Within a hospital," is your LTAC hospital located:	
In a building that does not provide acute care services (e.g., psychiatric hospital)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Near (but not within) an acute care hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the previous calendar year, indicate:	
*Number of patient days:	_____
*Number of admissions:	_____
*Average daily census:	_____
*Numbers of LTAC beds in the following categories (categories should equal total):	
a. Intensive care unit (ICU) or critical care beds:	

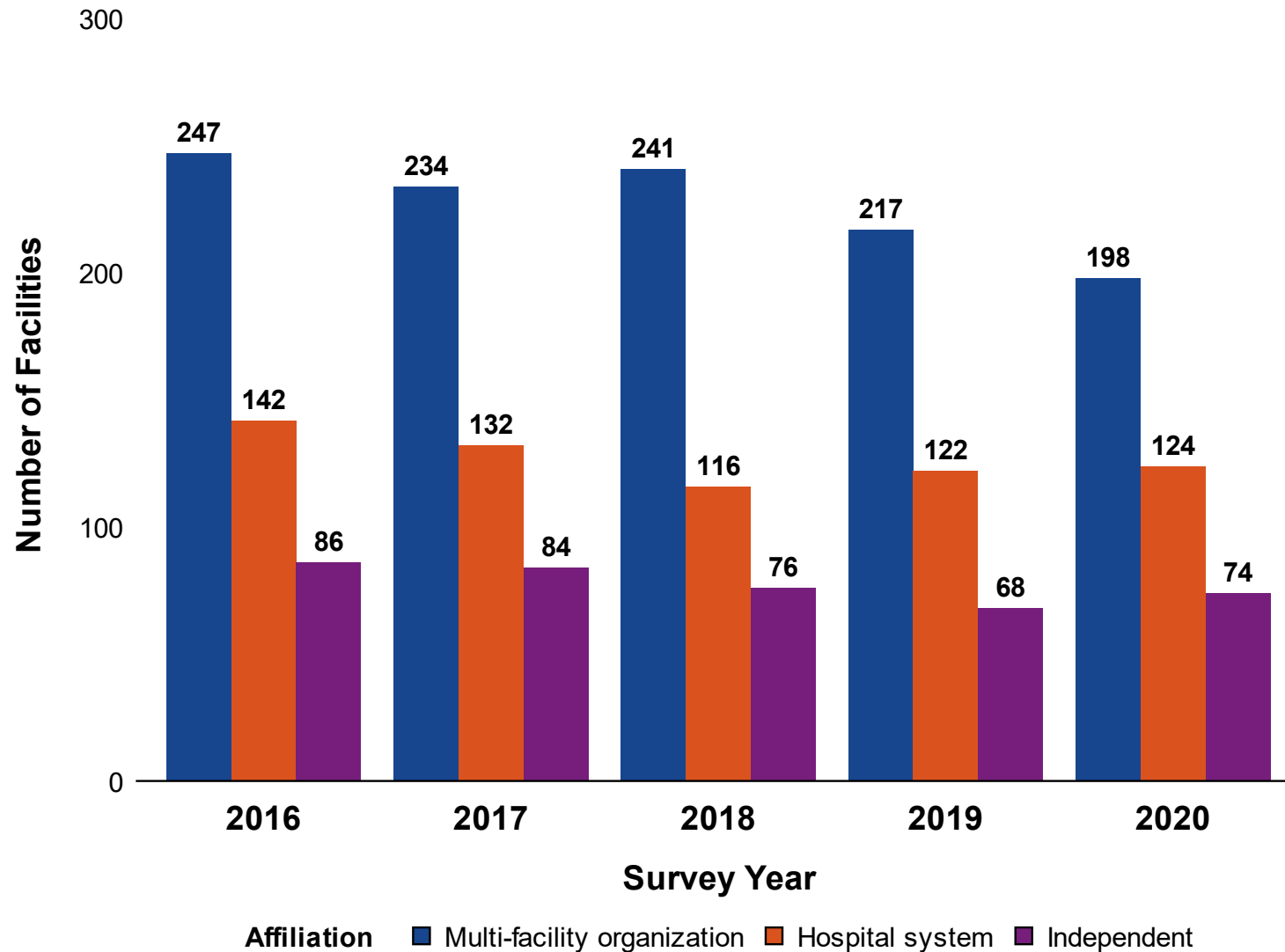


# Number of LTAC Facilities that Completed an Annual Survey by Survey Year and Ownership Type

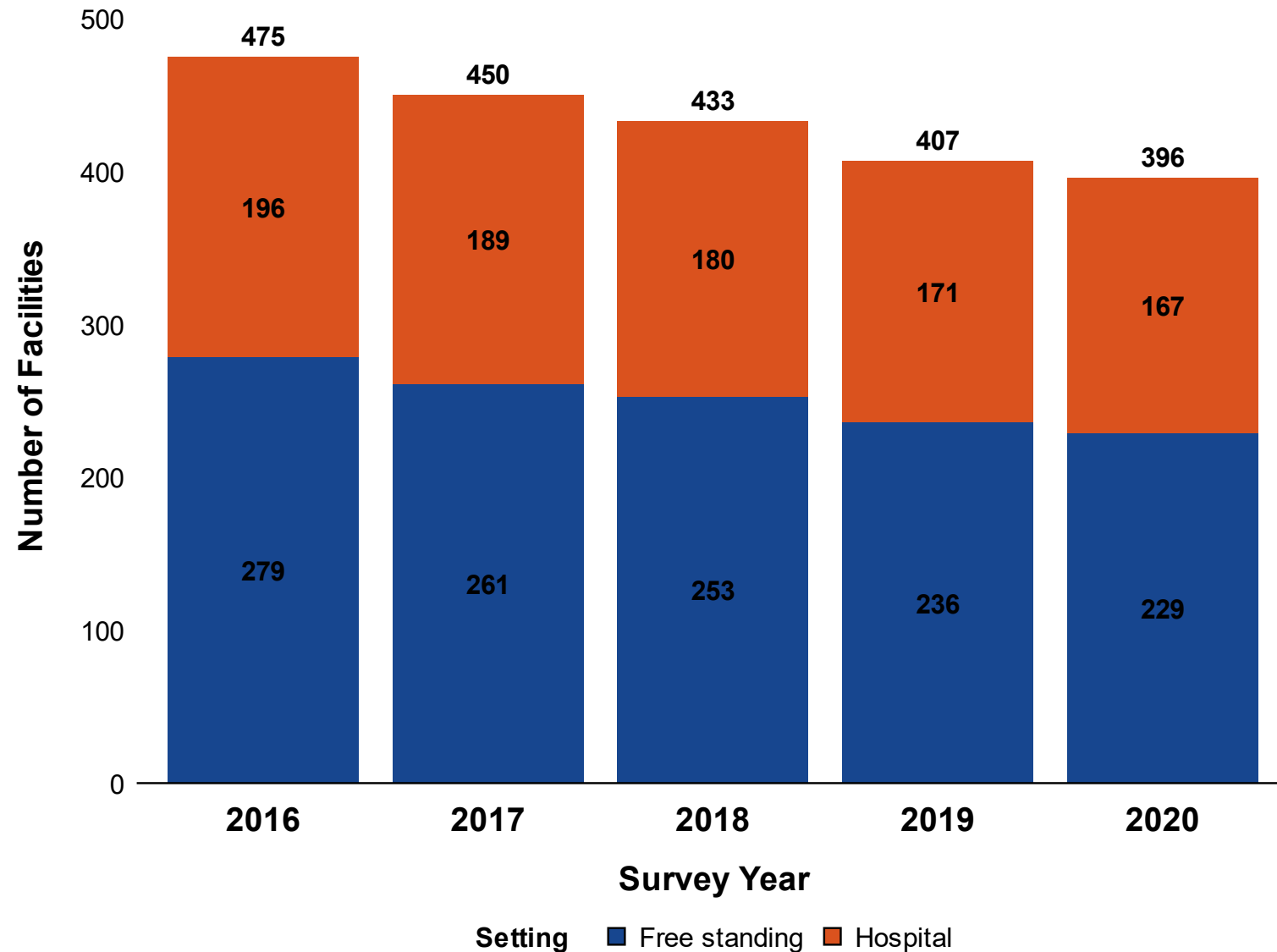


\*Other Ownership Types include Government, Military, Veterans Affairs, and Physician

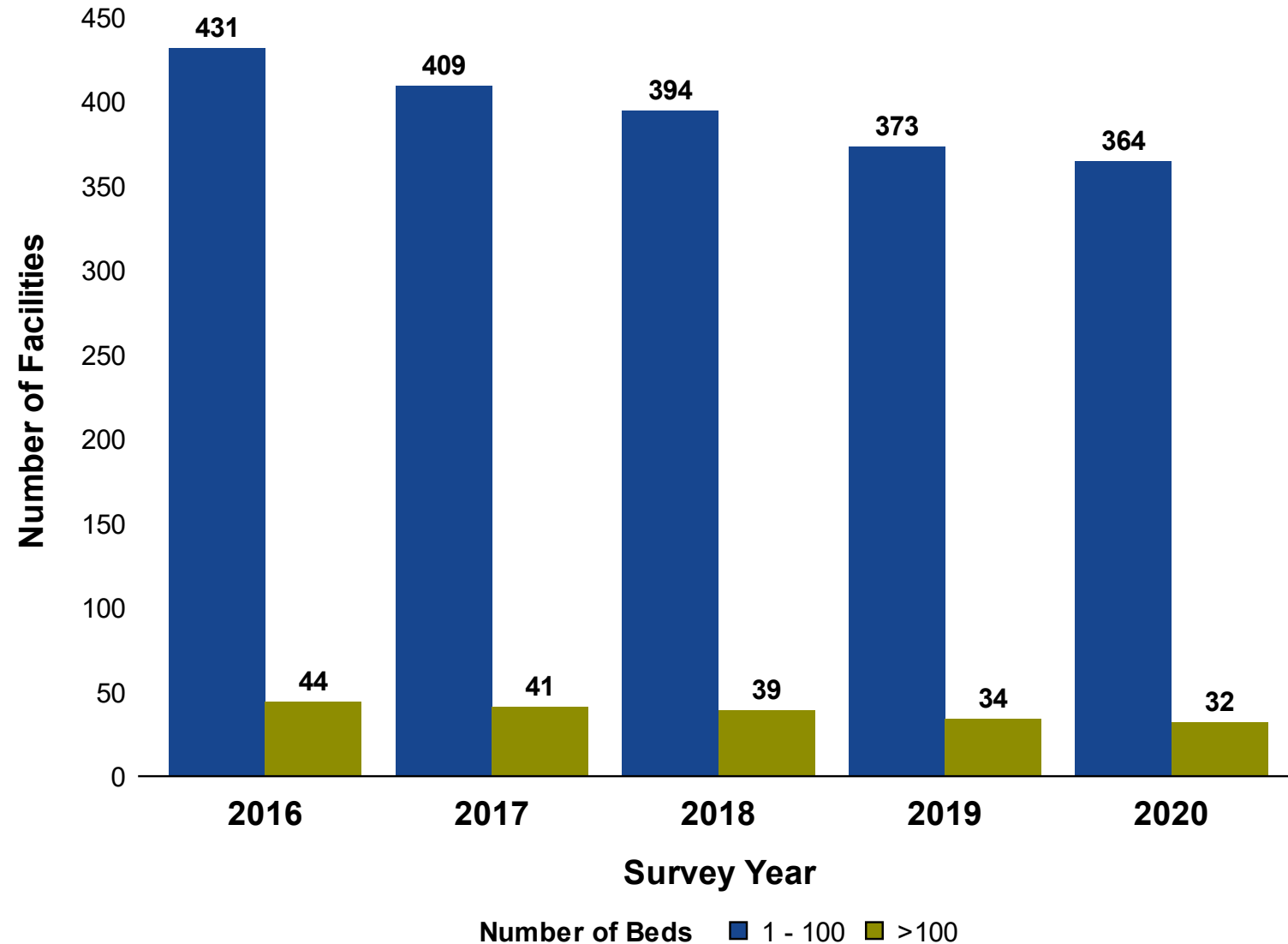
# Number of LTAC Facilities that Completed an Annual Survey by Survey Year and Affiliation



# Number of LTAC Facilities that Completed an Annual Survey by Survey Year and Setting



# Number of LTAC Facilities that Completed an Annual Survey by Survey Year and Number of Beds



# **CMS-certified Inpatient Rehabilitation Facilities**



# Rehab Facility Characteristics

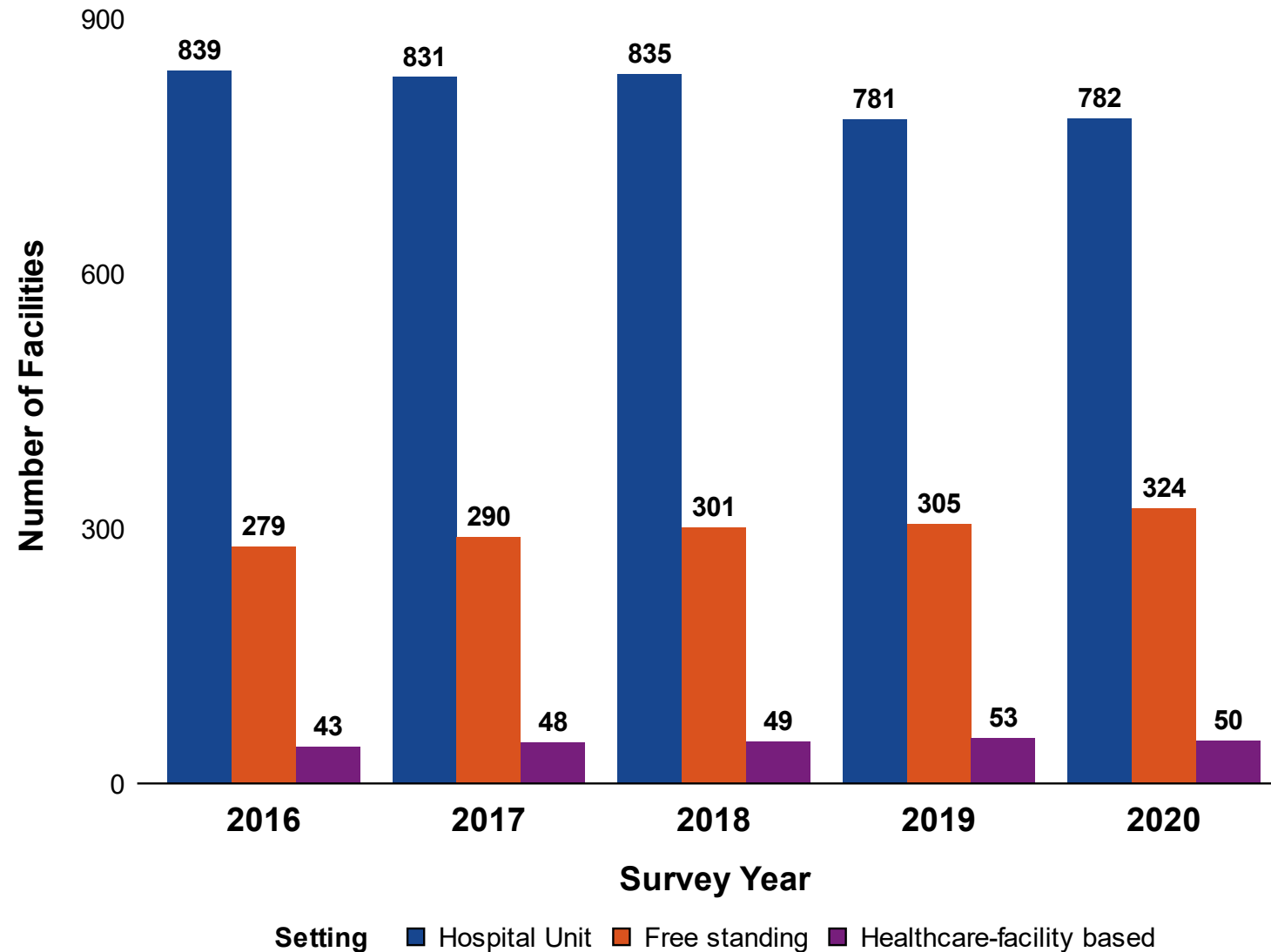
- Setting
- Ownership
- Affiliation
- Number of Beds



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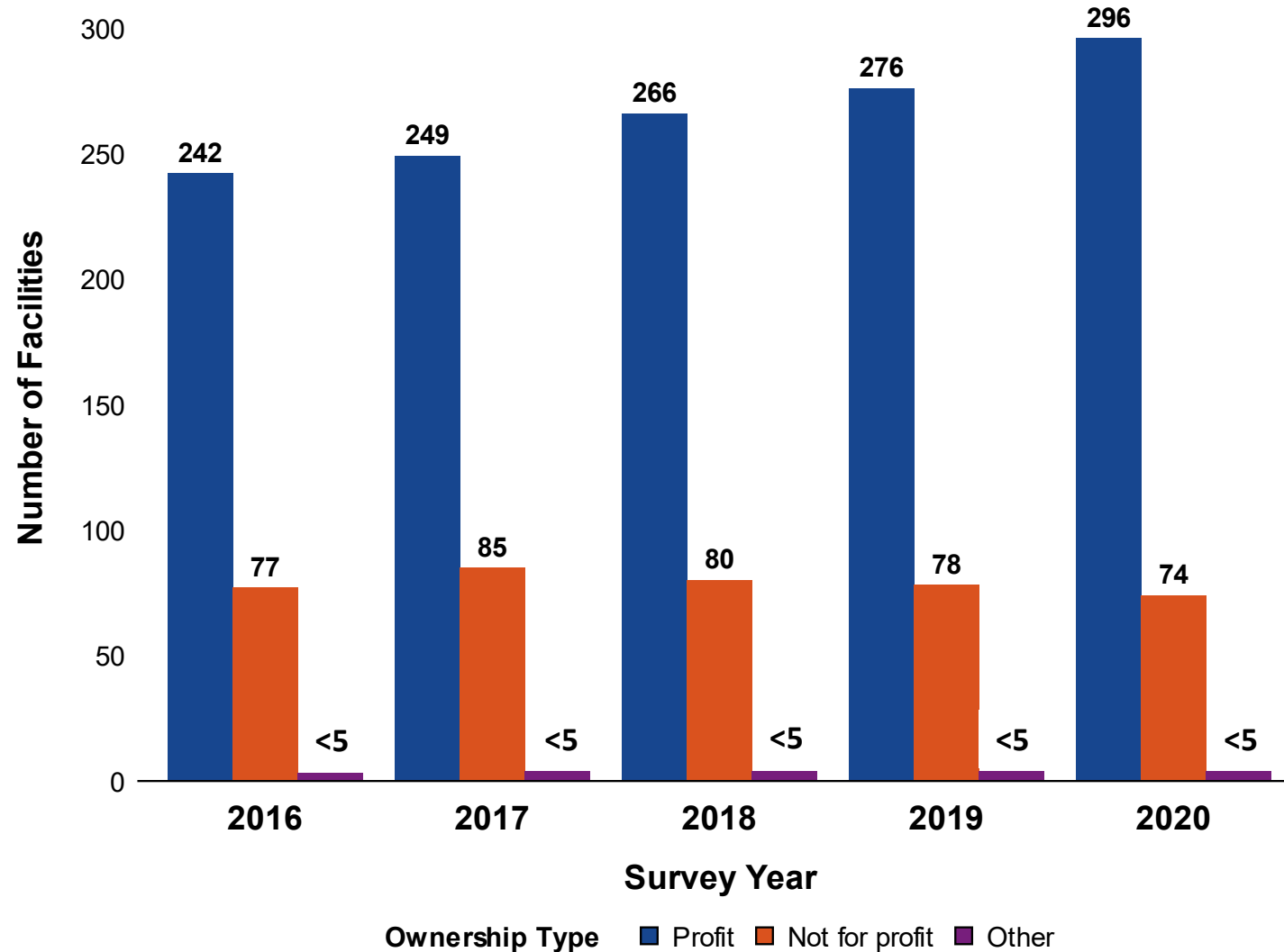
<b>Patient Safety Component—Annual Facility Survey for IRF</b>	
Instructions for this form are available at: <a href="http://www.cdc.gov/nhsn/forms/instr/TOI-57.151-IRF.pdf">http://www.cdc.gov/nhsn/forms/instr/TOI-57.151-IRF.pdf</a>	
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*required for saving	Tracking #:
Facility ID:	*Survey Year:
Facility Characteristics (completed by Infection Preventionist)	
*Ownership (check one):	
<input type="checkbox"/> For profit <input type="checkbox"/> Not for profit, including church <input type="checkbox"/> Government <input type="checkbox"/> Veterans Affairs	
*Affiliation (check one):	
<input type="checkbox"/> Independent <input type="checkbox"/> Multi-facility organization (specialty network) <input type="checkbox"/> Hospital system	
*How would you describe your licensed inpatient rehabilitation facility? (check one)	
<input type="checkbox"/> Free-standing <input type="checkbox"/> Healthcare facility based	
In the previous calendar year, indicate the following counts for the Rehabilitation Facility:	
*Total number of rehab beds:	_____
*Average daily census:	_____
*Number of patient days:	_____
*Average length of stay:	_____
*Indicate the number of admissions with the primary diagnosis for each of the following rehabilitation categories ( <i>must sum to the total number of admissions listed below</i> )	
a. Traumatic spinal cord dysfunction:	_____

# Number of Rehab Facilities that Completed an Annual Survey by Survey Year and Setting



\*Includes free-standing rehabilitation facilities and CMS-certified inpatient rehabilitation units

# Number of Rehab Facilities that Completed an Annual Survey by Survey Year and Ownership Type

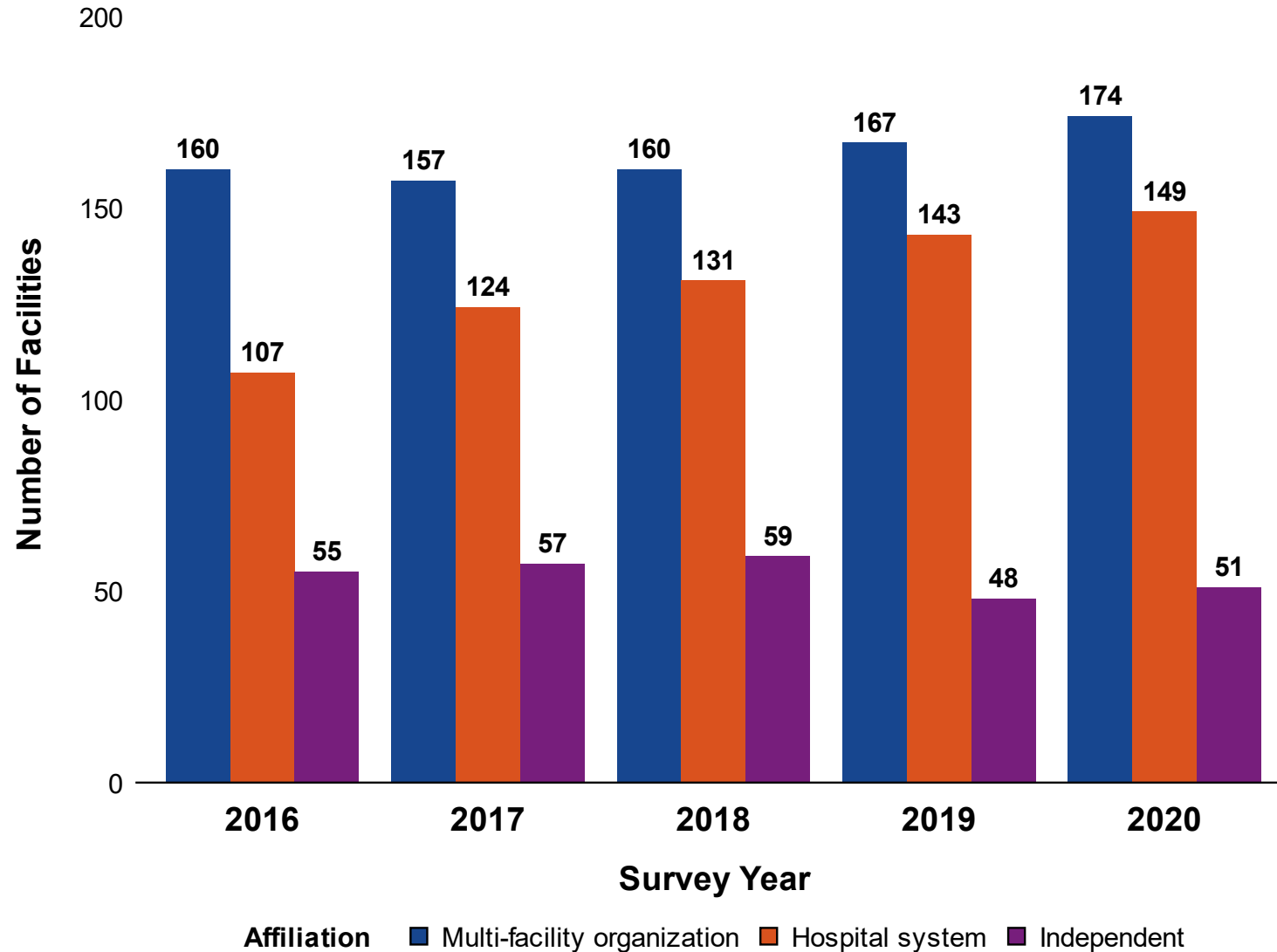


\*Ownership type is presented for Free standing or Healthcare-facility based Rehab Facilities

\*Other Ownership Types include Government, Military, Veterans Affairs, and Physician

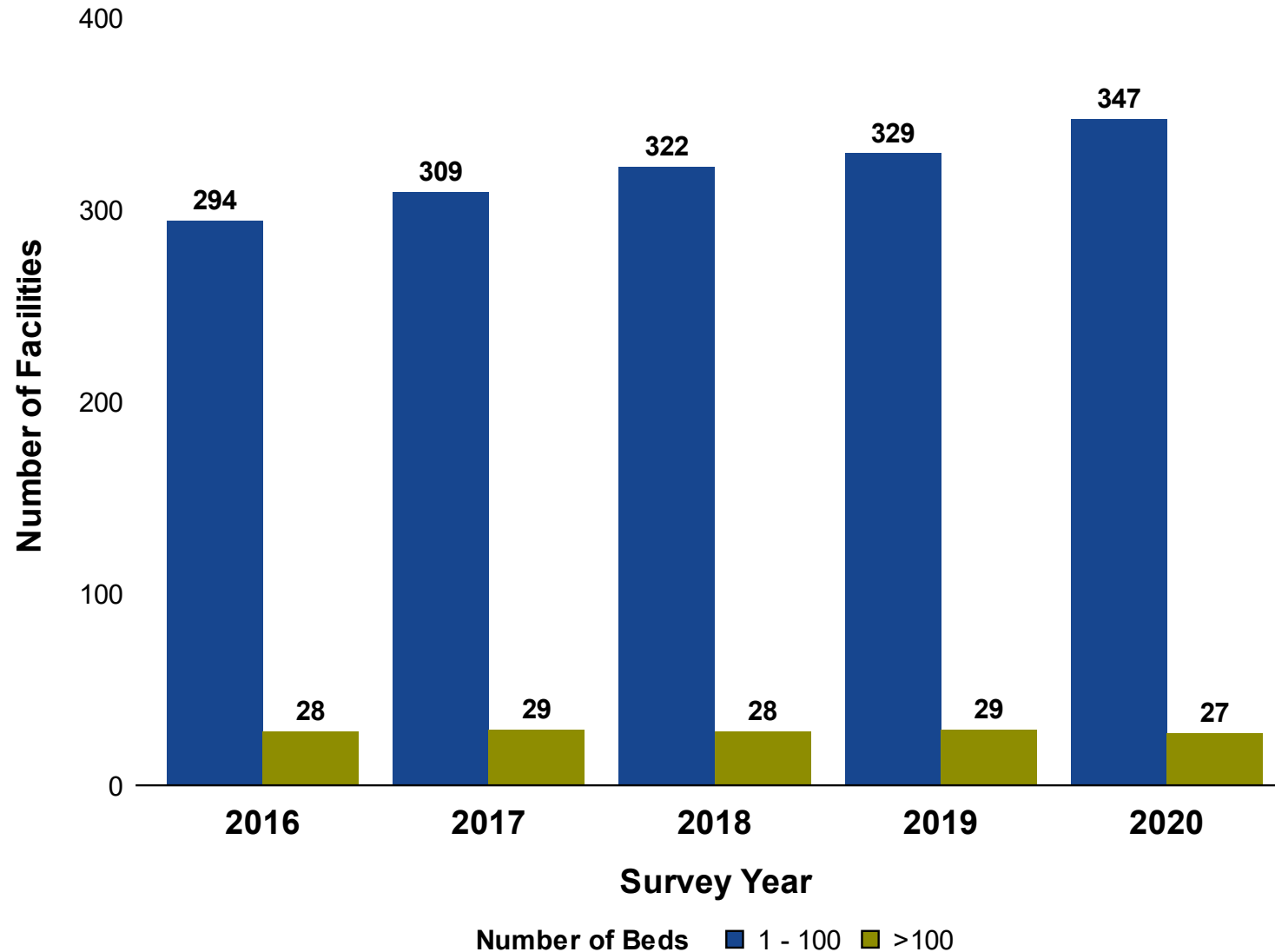


# Number of Rehab Facilities that Completed an Annual Survey by Survey Year and Affiliation



\*Ownership affiliation is presented for Free standing or Healthcare-facility based Rehab Facilities

# Number of Rehab Facilities that Completed an Annual Survey by Survey Year and Number of Beds



\*Number of beds is presented for Free standing or Healthcare-facility based Rehab Facilities

# Summary

# Summary

- PSC Annual Survey collected facility level data that is used for SIR calculations and decision-making
- Annual Survey includes information about facility characteristics (e.g., ownership, affiliation, setting, number of beds)
- Annual Survey data over the last five years were relatively stable

# Resources for the Annual Survey

- NHSN Annual Surveys, Locations & Monthly Reporting Plans Website
  - <https://www.cdc.gov/nhsn/psc/locations.html>
- Annual Survey FAQs
  - <https://www.cdc.gov/nhsn/faqs/faq-annual-survey.html>
- Annual Survey Analysis Report Guidance
  - <https://www.cdc.gov/nhsn/pdfs/surveys/run-survey-report-508.pdf>
- Email questions to [NHSN@cdc.gov](mailto:NHSN@cdc.gov)

# Thank you for attending the NHSN Annual Training!

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

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.

