



NHSN PATIENT SAFETY ANNUAL SURVEY

AMS REMINDERS

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DOH Antimicrobial Stewardship Team



Jessica Zering

AMS Pharmacist



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AMS Physician



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AMS Epidemiologist

NHSN PS Annual Survey & Why It Matters

Track progress in AMS efforts

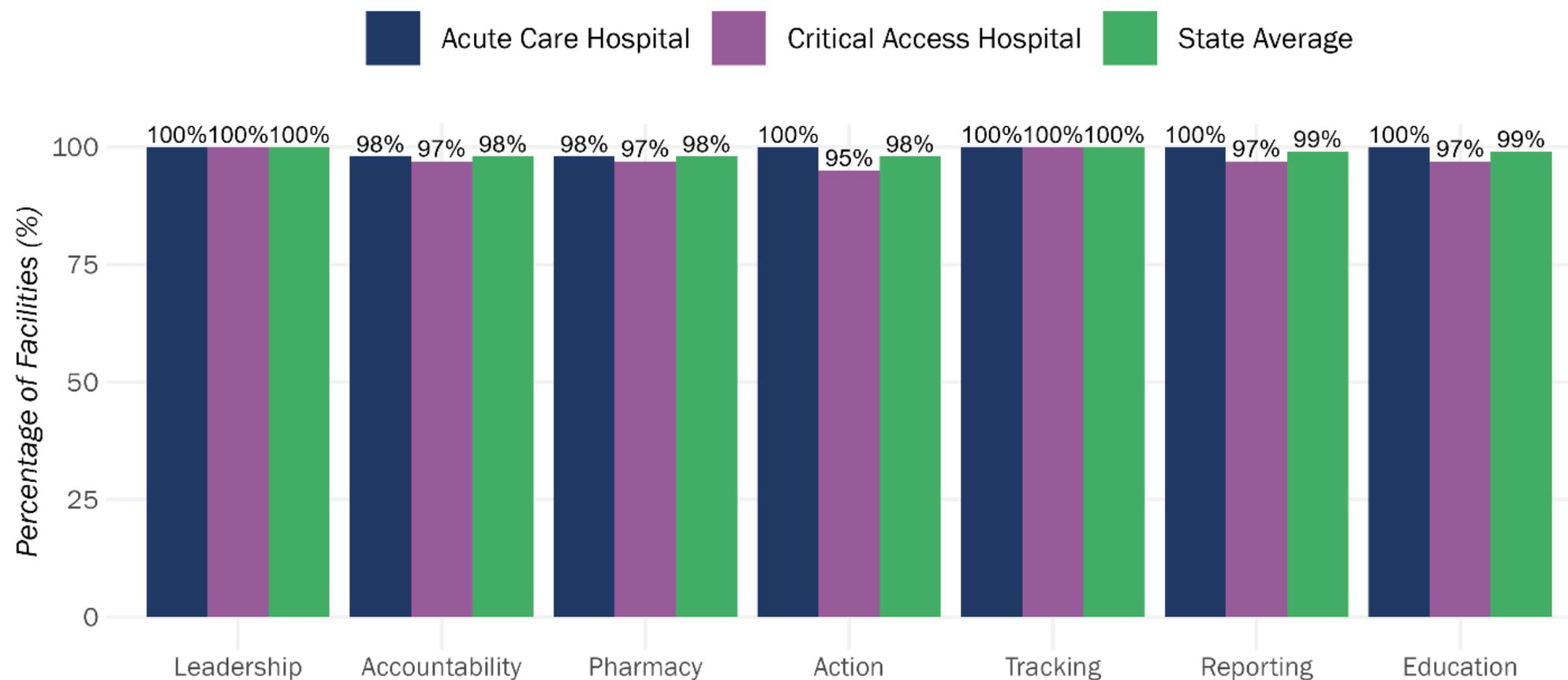
Advocate for resources and funding

Informs public health & policy

Meets reporting & CMS compliance requirements

Core Elements of Antibiotic Stewardship

NHSN Annual Hospital Survey, 2023

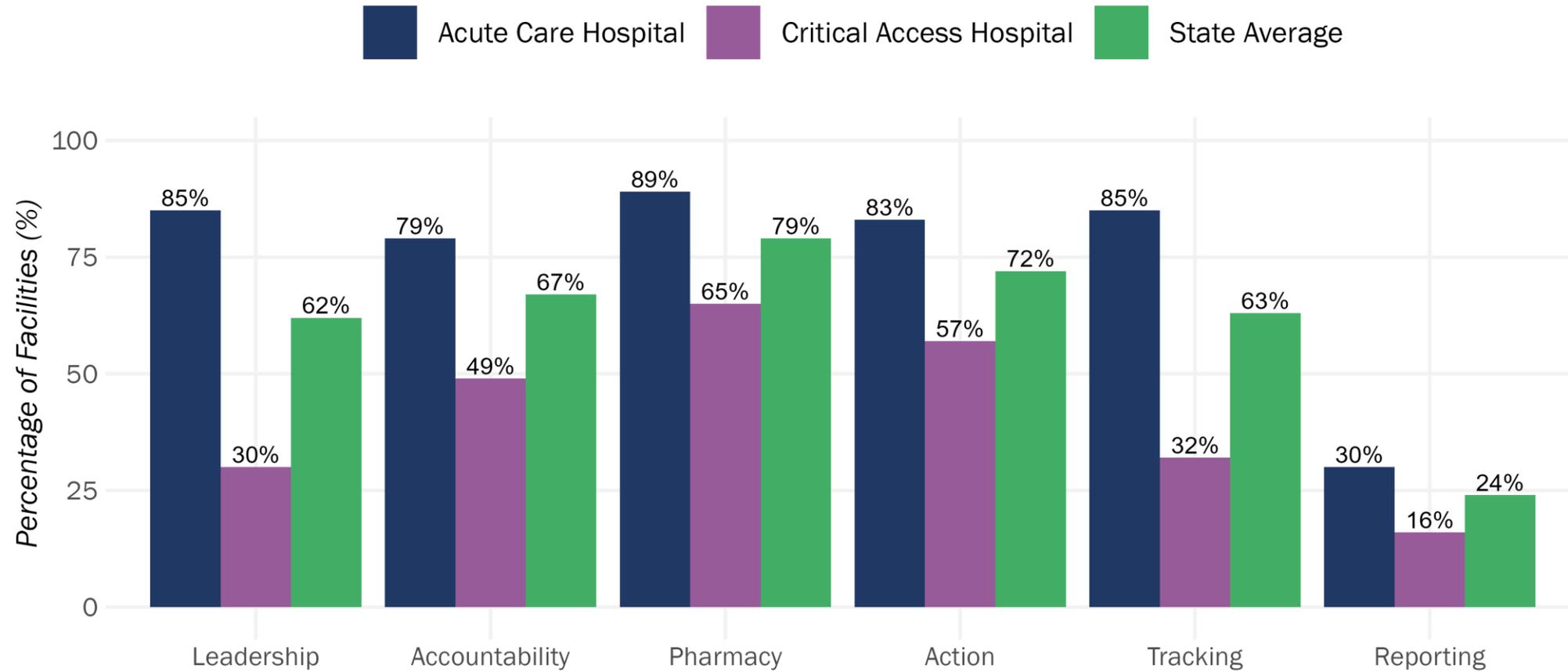


Survey Questions map to the “Priorities”

Hospital Leadership Commitment	Antibiotic stewardship physician and/or pharmacist leader(s) have antibiotic stewardship responsibilities in their contract, job description, or performance review.
Accountability	The antibiotic stewardship program is co-led by a physician and pharmacist. For critical access hospitals, the CDC’s Priorities document states that this criterion can be met if the hospital has a physician leader with a pharmacist involved in stewardship.
Pharmacy/Stewardship Expertise	The antibiotic stewardship physician <u>and/or</u> pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on antibiotic stewardship.
Action	The program has facility-specific treatment recommendations for common clinical conditions and performs prospective audit and feedback or preauthorization for specific antibiotic agents.
Tracking	Hospital submits antibiotic use data to the NHSN Antimicrobial Use (AU) Option.
Reporting	Prescriber, unit, or service-level antibiotic use reports are provided at least annually to target feedback to prescribers and the program monitors adherence to facility-specific treatment recommendations for at least one common clinical condition.

Priorities for Hospital Core Element Implementation

NHSN Annual Hospital Survey, 2023



2024 Annual Facility Survey - due March 1st



Must be submitted before new monthly reporting plans are made



Must be completed in 1 sitting



Complete with your Facility Administrator (IP) or **send them your answers!**

[Annual surveys and monthly reports](#) on NHSN

Pro Tip: Complete with [Instructions](#) open side-by-side

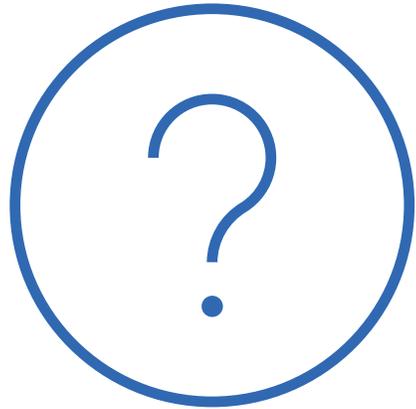


Plan and Annual Surveys

Instructions for Completion of the Patient Safety Component-Annual Hospital Survey (CDC 57.103)

Data Field	Instructions for Form Completion
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-entered by the computer.
Survey Year	<i>Required.</i> Select the calendar year for which this survey was completed. The survey year should represent the last full calendar year. For example, in 2022, a facility would complete a 2021 survey.

** Questions in the survey can be vague, and the instructions provide A LOT of detail!*



Questions to pay
attention to:

*42. Our facility has a leader or co-leaders responsible for antibiotic stewardship program management and outcomes. Yes No

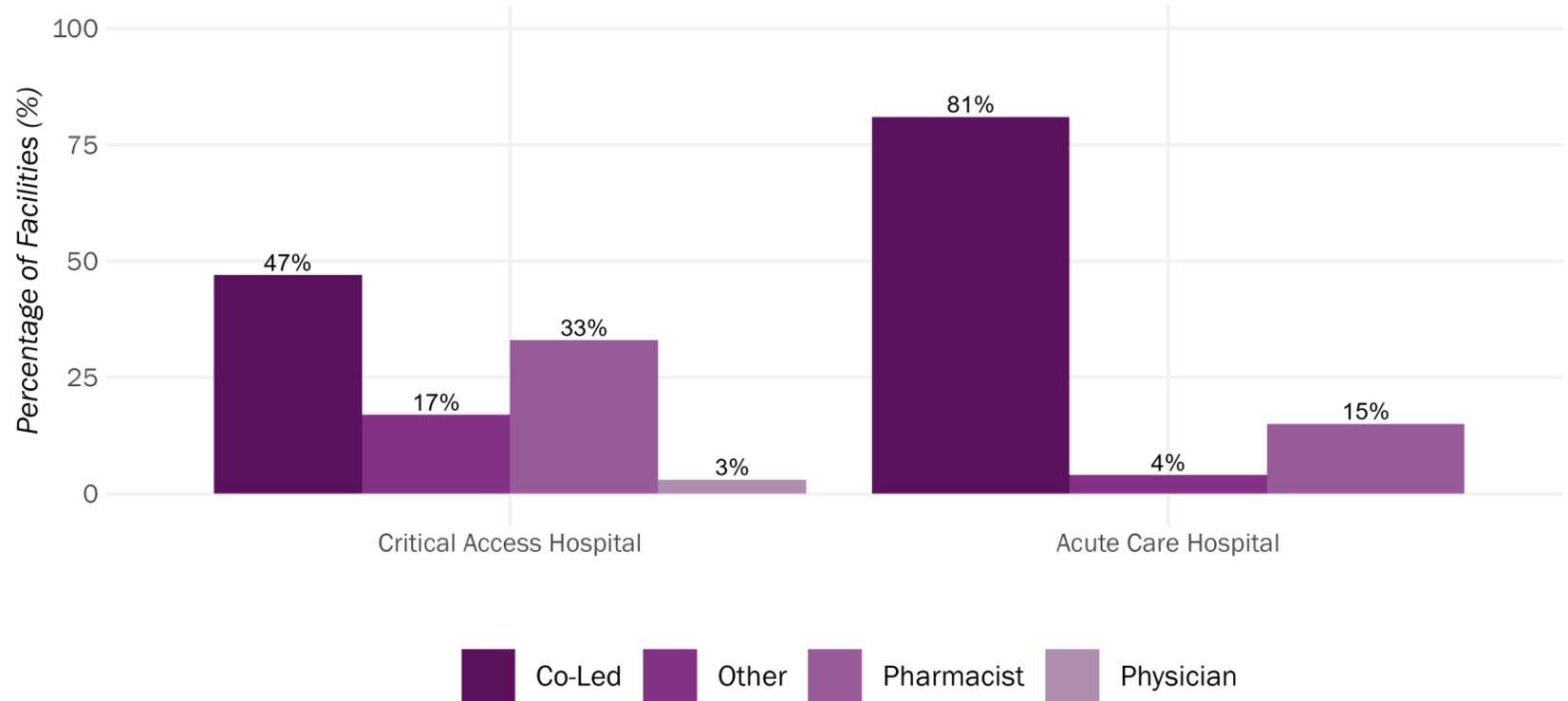
42a. If Yes, what is the position of this leader? (Check one.)

- Physician
- Pharmacist
- Co-led by both Pharmacist and Physician
- Other (for example, RN, PA, NP, etc.; specify): _____

} What you choose here matters for the following questions!

Antimicrobial Stewardship Team Led By

NHSN Annual Hospital Survey, 2023



42b. If Physician or Co-led is selected, which of the following describes your antibiotic stewardship **physician** leader? (Check all that apply.)

- Has antibiotic stewardship responsibilities in their contract job description, or performance review
- Is physically on-site in your facility (either part-time or full-time)
- Completed an ID fellowship
- Completed a certificate program on antibiotic stewardship
- Completed other training(s) (for example, conferences or online modules) on antibiotic stewardship
- None of the above

Physician participation in UWCSiM counts as “completed other trainings”

** Fulfills the Pharmacy/Stewardship Expertise Priority*

42e. If Pharmacist or Co-led is selected, which of the following describes your antibiotic stewardship **pharmacist** leader? (Check all that apply.)

- Has antibiotic stewardship responsibilities in their contract, job description, or performance review
- Is physically on-site in your facility (either part-time or full-time)
- Completed a PGY2 ID residency and/or ID fellowship
- Completed a certificate program on antibiotic stewardship
- Completed other training(s) (for example, conferences or online modules) on antibiotic stewardship
- None of the above

Pharmacist participation in UWCSiM counts as “completed other trainings”

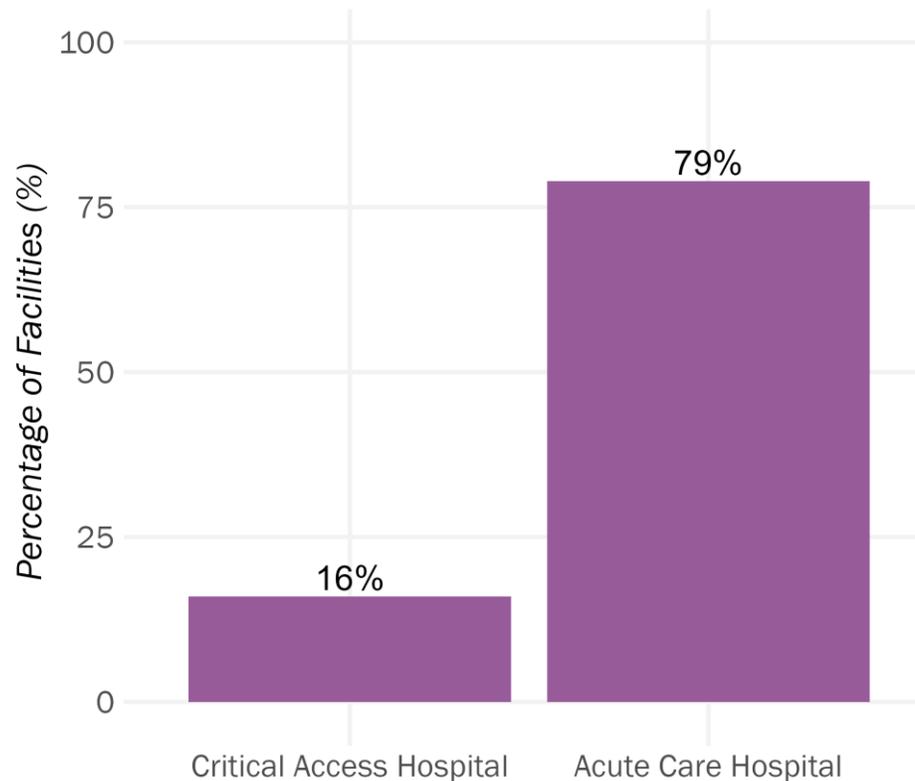
** Fulfills the Pharmacy/Stewardship Expertise Priority*

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

- Prospective audit and feedback for specific antibiotic agents

Percentage of Hospitals with Preauthorization of Specific Antibiotics

NHSN Annual Hospital Survey, 2023



Select 'Preauthorization for specific antibiotic agents' if an approval is required prior to using certain antibiotics that are on formulary. Facilities may implement preauthorization in different ways. Examples include:

- your facility has at least one antibiotic agent that requires the stewardship team, or a physician or pharmacist overseen by the stewardship team, to review and approve administration of the drug due to its spectrum of activity or associated toxicities before the agent can be dispensed;
- preauthorization is required immediately, or within a specified short timeframe such as 24 hours;
- there are specific indications or restrictive criteria in the computer entry process.

Note: It is assumed that non-formulary drugs already require preauthorization.

Per instructions: [2024 Patient Safety Annual Hospital Survey TOI](#)

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

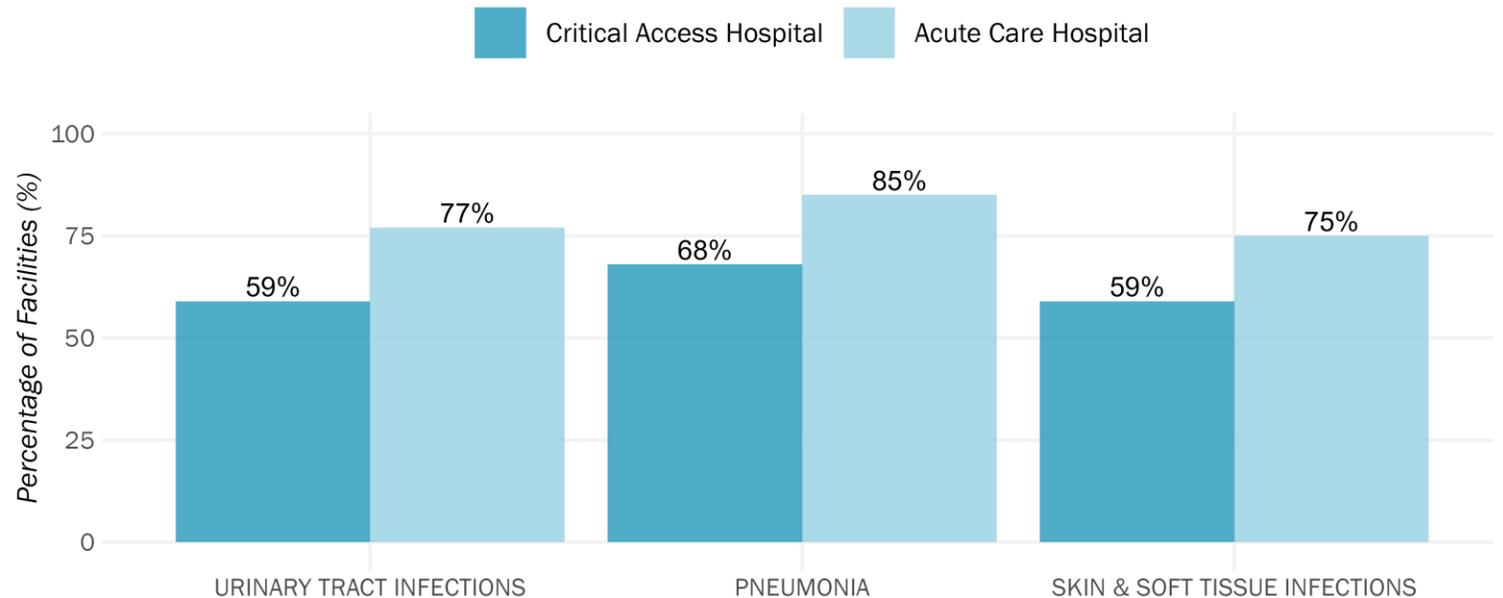
Facility-specific treatment recommendations, based on national guidelines and local pathogen susceptibilities, to assist with antibiotic selection for common clinical conditions (for example, community-acquired pneumonia, urinary tract infection, skin and soft tissue infection)

43c. If Facility-specific treatment recommendations is selected: For which common clinical conditions?

- Community-acquired pneumonia
- Urinary tract infection
- Skin and soft tissue infection
- None of the above

Percentage of Hospitals with Treatment Recommendations for Common Clinical Conditions

NHSN Annual Hospital Survey, 2023



Facility-Specific Treatment Recommendations



<https://www.uwcsim.org/sites/default/files/A3972.TASP%20booklet%20v7.pdf>

Using the Pocket Guide counts!

Select 'Facility-specific treatment recommendations, based on national guidelines and local pathogen susceptibilities, to assist with antibiotic selection for common clinical conditions' if your facility has or accesses (for example, via your health system or a neighboring facility), and uses guidelines or recommendations for antibiotic treatment selection that are based on national guidelines and take into account facility-specific factors such as formulary, resistance patterns, etc. for ANY common clinical conditions.

Per instructions: [2024 Patient Safety Annual Hospital Survey TOI](#)



DOH 420-650 February 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

What to see more data? Check out our [Annual Report!](#)

If you'd like to see more data than what's in the report – send us an email! ams@doh.wa.gov

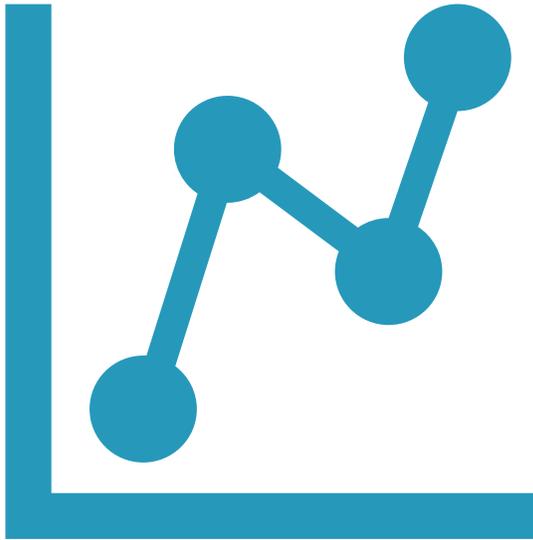
Join the NHSN AU User's Group!



NHSN AU Users Group Sign Up

If you would like join to the Washington Department of Health's NHSN Antibiotic Use Module Users Group, please fill out the information below. Access to this group is limited to current employees involved in antimicrobial stewardship work at Washington State hospitals. For questions, please email us at ams@doh.wa.gov.

1. Hospital



Have NHSN AUR data and need support?

NHSN AU & AR Consultation is Available!



Questions?

Reach our team at ams@doh.wa.gov

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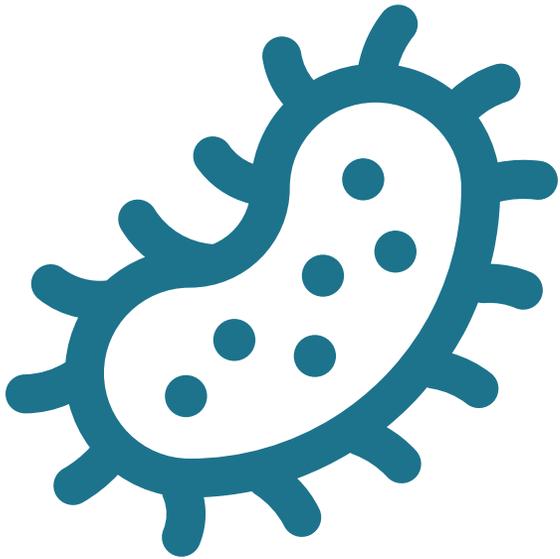
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