

MDHHS SHARP NHSN USERS CONFERENCE CALL
Wednesday, September 23rd, 2015

Thank you to those who were able to join our bi-monthly NHSN users' conference call. If you were unable to participate on this call, we hope that you will be able to participate next month. Any healthcare facility is welcome to participate in these calls, whether they are sharing NHSN data with us or not. These conference calls are voluntary. Registration and name/facility identification are **not** required to participate.

Our monthly conference calls will be held on the 4th Wednesday **every other** month at 10:00 a.m. **Our next conference call is scheduled for November 18th, 2015.**

Call-in number: 877-336-1831

Passcode: 9103755

Webinar: <http://breeze.mdch.train.org/mdchsharp/>

Suggestions for agenda items and discussion during the conference calls are always welcome! Please contact Allie at murada@michigan.gov to add items to the agenda.

HIGHLIGHTS FROM CONFERENCE CALL

Welcome & Introductions

Allie welcomed participants on the call and SHARP staff in the room were introduced. Participants were reminded to put their phones on mute or to press *6.

Update on Surveillance and Reports

Allie informed the group that 104 hospitals are currently sharing data with the SHARP Unit via NHSN. The SHARP Unit is currently looking to recruit Long-Term Acute Care hospitals to join their NHSN group.

Allie also announced that the 2015 Q1 report will be available soon, followed by individual TAP reports. Aggregate reports are posted at www.michigan.gov/hai.

Update on Validation

Mike gave the group an update on the MDHHS SHARP Validation project. He is currently recruiting hospitals to voluntarily participate in 2014 ICU CLABSI and CAUTI validation. Event and summary data will be collected for CLABSI, summary data will be collected for CAUTI, and event data will be collected for CAUTI depending on time and available resources. Please contact Mike at balkem@michigan.gov if you have any questions or are interested in participating.

NHSN Updates

Allie presented a powerpoint containing a review of the SHARP DUA, NHSN Release 8.4, conversion to ICD-10 and CPT codes, and some NHSN FAQs. This presentation is included below.

Fall MSIPC Conference

Allie announced that she will be giving a NHSN surveillance and case study presentation at the Fall MSIPC conference. She asked the group if they had any case studies they would like discussed during the presentation.

Next Meeting

The next SHARP Unit NHSN conference call is scheduled for November 18th, 2015 at 10:00 a.m (note: one week early due to Thanksgiving).

MICHIGAN NHSN USER GROUP CALL

September 23rd, 2015

SHARP DUA

Questions on the SHARP DUA

- Is this the same as the new MHA DUA?
 - No, MHA has created their own group within NHSN and a unique DUA. They will have their participating hospitals confer rights directly to them.
 - This does not change your DUA with MDHHS SHARP. We will continue to collect data for statewide and individual hospital reports. You don't need to do anything to your current DUA.

Questions on the SHARP DUA

- Does my DUA have an expiration date?
 - No, your DUA will not expire with the SHARP Unit
 - If you would like to make changes (ex. new leadership wants to sign), please contact Allie to make these changes.

NHSN VERSION 8.4

Released late July

Patient Safety Component Changes

- Event Entry: When entering HAIs, the fields Secondary Bloodstream Infection and Pathogen Identified will auto fill with “No” unless:
 - Positive culture is selected
 - Positive blood culture is selected
 - Other positive lab is selected

Patient Safety Component Changes

- LabID Onset Variable Issue
 - Some users experienced an error when the LabID event was modified and the onset variable was not properly accounting for this change (has been corrected)
- AUR Module alerts
 - New alerts have been created when facilities have selected AU or AR options in their reporting plan but data have not been entered

Patient Safety Analysis Updates

- NHSN Statistics Calculator
 - New comparison option which allows for a comparison and statistical calculations around a single proportion
 - Can be used to calculate a 95% CI around a single proportion
 - Can be used to compare a proportion to a chosen benchmark

Statistics Calculator

[HELP](#)

- Compare Two Proportions
- Compare Single SIR to 1
- Compare Two Standardized Infection Ratios
- Compare Two Incidence Density Rates
- Compare Single Proportion to a Benchmark

95% CI around single proportion examples: healthcare worker influenza vaccination percentage, device-utilization ratio, etc...

Statistics Calculator, cont

Compare Single Proportion To a Benchmark

Use this option to calculate a 95% confidence interval around a single proportion (such as healthcare influenza vaccination percentage, device utilization ratio, etc.), or to compare a single proportion to a benchmark value. To calculate the 95% confidence interval around the proportion, enter the number of events as the numerator (e.g., number of healthcare workers vaccinated) and the number of trials as the denominator (e.g., total healthcare workers in the facility). Click Calculate. To perform a statistical test around the comparison of the proportion to a benchmark, enter the benchmark value to which your single proportion will be compared. The benchmark should be entered as a value from 0.000 - 1.000. Click Calculate. The resulting output will provide you with a 95% confidence interval around the single proportion (i.e., an indication of precision), and a 1- and 2-tailed p-value from the comparison to the benchmark.

Single Proportion to be Tested

Group Label:

Numerator (Number of Events):

Denominator (Number of Trials):

Proportion:

Shown as a percentage:

Benchmark (optional)

Group Label:

Benchmark Value (Enter a value between 0-1):

Shown as a percentage:

Title:

Statistics Calculator, cont

NHSN Output - HCP Flu Vaccination My Hospital - Internet Explorer
<https://nhsn2.cdc.gov/nhsn/ratecalculator.do?method=calculateStats&modul>

National Healthcare Safety Network
As of: September 23, 2015 at 8:24 AM
HCP Flu Vaccination My Hospital
HCP Flu Vacc
Single Proportion

Numerator	86
Denominator	134
Proportion (shown as percentage)	64.2%
95% confidence interval	(55.8, 72.0)

National Healthcare Safety Network
As of: September 23, 2015 at 8:24 AM
HCP Flu Vaccination My Hospital
Target HCP Flu Vacc
Comparison to Benchmark

Proportion (shown as perc	64.2%
Benchmark (shown as perce	88.0%
1-tailed p-value	0.0000
2-tailed p-value	0.0000

95% CI: shows how precise the 64.2% proportion (percentage) is. This means that 95% of the time this value is calculated, the true value will fall within the interval provided (55.8-72.0). This window gets smaller and more accurate with more data.

P-value: <0.05 means that you are statistically significantly different from the benchmark (in this case, significantly fewer vaccinated than you were aiming for).

Patient Safety Analysis Updates

- Update to TAP Reports
 - “Group by” option has been removed (not applicable to TAP reports)
 - New option to select a Target SIR
 - The test for significance will compare the facility or location SIR to that of the SIR Goal
 - Group Users will see one cumulative row that is inclusive of all facilities in the group (total CAD)

Patient Safety Analysis Updates

- Participation Alerts Output Option
 - The “Line Listing – Participation Alerts” output option has been updated to align with the alerts that are listed on a facility’s NHSN Alerts screen
 - Alerts are organized into separate tables by Alert Type (e.g. Missing Summary Data)

You can run the linelist of your participation alerts by going to Advanced – Facility-level data – CDC defined output – Line Listing-Participation Alerts

Patient Safety Analysis Updates

- CDI Infection Surveillance Rate Table Issue
 - Unexpected error while attempting to run unit-specific CDI rate tables for Infection Surveillance (2014 data). This has been resolved.
- Rate Tables for AU Option
 - Allow facilities to generate an antimicrobial usage rate per individual drug or a selection of multiple drugs using the data they've uploaded into the NHSN AU Option.

Healthcare Personnel Safety Component Updates

- Inpatient Psychiatric Facilities and Outpatient Dialysis Facilities
 - Free-standing inpatient psychiatric facilities, inpatient psychiatric units within an acute care hospital, and outpatient dialysis facilities will now be able to enter their healthcare personnel influenza vaccination summary data for the 2015-2016 season

Helpful if you enter data for IPF with different CCN in your hospital

Clinical Document Architecture (CDA)

- AU Option: new drugs have been added. NHSN will now accept data for three newly FDA-approved antimicrobials: Ceftazidime/Avibactam, Isavuconazonium, and Peramivir.

ICD-10-PCS AND CPT CODES

ICD-10-PCS and CPT Codes

- ICD-10-PCS codes will replace ICD-9-CM codes on October 1, 2015
 - NHSN will NOT have the ability to receive these codes until the January 2016 release
 - NHSN has uploaded two excel documents to their website to help prepare for upcoming changes
 - Found by going to the SSI webpage – “Supporting Materials”
 - <http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>
 - One for acute care, one for ambulatory surgical center

Documents provide a list of codes in numerical order per procedure type

ICD-10-PCS and CPT Codes

- Beginning October 1:
 - Enter NHSN Procedure Code (e.g. COLO or HYST) as identified in the new mappings, but not the associated code
 - In January 2016, will have the option to choose either NHSN Operative Procedure Code category or enter one of the ICD-10-PCS or CPT codes and have NHSN auto-populate the category
- ICD-10-PCS and CPT codes will remain optional fields in 2016

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ICD-10-PCS and CPT Code Notes

- ICD-10-PCS and CPT codes do not differentiate between spinal fusions (FUSN) and repeat spinal fusions (RFUSN). Therefore the NHSN procedure group FUSN will include both fusion and re-fusion procedures and the RFUSN category should not be used for procedures performed on or after October 1, 2015.
- Requirements to map the current NHSN operative procedure code category “OTH-Other” to ICD-10-PCS and CPT codes exceeded available NHSN resources. “OTH – Other” is a default category for NHSN operative procedures which do not fall into one of the 39 NHSN Operative Procedure Code categories, and for which NHSN does not provide any benchmarking data. For these reasons, the NHSN Category “OTH” will not be mapped to ICD-10-PCS and CPT codes and will not be available for use in 2016. Any infections associated with procedures in that group will not be considered an NHSN surgical site infection, beginning with October 1, 2015 procedures.

Important to map procedure to a procedure code when possible to include in SSI surveillance

SHARP FAQ'S

CDI Test Type

- Q: Where do I indicate test type each quarter?
- A: When the summary data form is completed for the last month of each quarter (March, June, September, December), users will be asked to report the primary type of test that was used to identify CDI in the hospital for that quarter.

LabID in IRF or IPF (analysis)

- Q: Are my LabID events included in my CMS SIR for IRF or IPF units with a different CCN?
- A: No. Only inpatient, hospital-onset (HO) MRSA LabID events from blood specimens and inpatient, HO *C.difficile* incident LabID events, from non-CMS-IRF/CMS-IPF units are included in the SIR.
 - If you run a line list for all MRSA LabID events (or line list for all CDIF LabID events), there is a variable called “FWMRSA_bldIncCount” or “FWCDIF_facIncCount”. This will equal “1” for all events in your SIR numerator and “0” for excluded events

LabID in ED and Obs (analysis)

- Q: My ED and Obs MRSA or CDI events aren't showing up in my SIR. Am I missing something?
- A: ED and Obs reporting is now required, but is still considered outpatient. Therefore, it is not currently included in SIR calculations. If you are concerned about missing data, you can try running a MRSA or CDI rate table which will display a rate (events per encounters) for your outpatient as well as inpatient.

QUESTIONS?

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