

**MDHHS SHARP NHSN USERS CONFERENCE CALL**  
**Wednesday, January 27<sup>th</sup>, 2016**

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 March 23<sup>rd</sup>, 2016.**

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](mailto: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.

**General SHARP Updates**

Allie read an update provided by Jennie Finks regarding ICAR assessments. Notes can be found in the slide set, attached below.

**Update on Surveillance and Reports**

Allie informed the group that 105 hospitals are currently sharing data with the SHARP Unit via NHSN.

Allie reviewed the 2015 Q1 Highlight Sheet, 2015 Q1 State and Regional TAP Report, and 2015 Q1 Individual TAP Reports. Hospitals should expect 2015 Q2 reports within the next few days.

**NHSN Updates**

Allie presented a powerpoint (below) containing information on 2016 NHSN protocol changes, the December 2015 NHSN newsletter, and Version 8.5 release notes.

**CRE Surveillance and Prevention Initiative**

Allie read an update provided by Brenda Brennan. Please see some notes regarding joining this initiative in the powerpoint below, or contact Brenda at [brennanb@michigan.gov](mailto:brennanb@michigan.gov) for more information.

**APIC E-news**

Noreen provided updates that Allie read on Zika Virus and Duodenoscope design modifications, provided below in the attached powerpoint.

**Next Meeting**

The next SHARP Unit NHSN conference call is scheduled for March 23<sup>rd</sup>, 2016 at 10:00am.

A presentation slide with a blue background featuring a repeating pattern of white leaves and circles. A white rectangular box with a thin black border is centered on the slide. At the top center of this box is a small, light-brown rectangular tab. The text inside the box is centered and reads: "NHSN USER GROUP CALL" in a large, bold, black sans-serif font. Below this, in a smaller black sans-serif font, is "January 27<sup>th</sup>, 2016, 10am". At the bottom of the box, also in a smaller black sans-serif font, is "MDHHS SHARP Unit".

**NHSN USER GROUP  
CALL**

January 27<sup>th</sup>, 2016, 10am

MDHHS SHARP Unit

A presentation slide with a blue background featuring a repeating pattern of white leaves and circles. A white rectangular box with a thin black border is centered on the slide. At the top center of this box is a small, light-brown rectangular tab. The text inside the box is centered and reads: "SHARP UPDATES" in a large, bold, black sans-serif font.

**SHARP UPDATES**

# ICAR Assessments

- The MDHHS Communicable Disease Division's Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit received supplemental grant funds to help improve statewide preparedness and infection control practices. Part of these funds are being used to help support the Special Pathogens Response Network in conducting readiness site visits at Ebola treatment, assessment and screening facilities statewide. One of the other goals is to strengthen general infection control programs and practices at facilities across the healthcare continuum.
- **We are currently seeking acute care, nursing home/long term care facilities, and outpatient facilities that would be interested in allowing MDHHS SHARP to perform an evaluation of their Infection Control (IC) program.** The tools which were provided by the CDC are attached for reference (and can be shared freely). All facility types are encouraged to have on-site review of their IC programs, but the in-person visit is considered optional for acute care and NH/LTC. *These evaluations are not regulatory in nature, merely consultative.* We will provide a summary report to each facility at the end of each visit highlighting strengths and areas for opportunity. Facility identity and findings of the evaluation will not be shared with CDC nor other outside parties. Aggregate findings will be compiled statewide and nationally to direct training efforts.

# ICAR Assessments

- Participation in these IC evaluations is completely voluntary. In coming years as we conduct additional evaluations, we may target specific facilities in areas with high rates of healthcare-associated infections (HAIs) in the community or at neighboring acute care facilities, facilities in areas with a high burden of Ebola travelers, or facilities with histories of outbreaks. We would like to conduct our first evaluations and learn this CDC tool with facilities that are ready and willing. Interested facilities should contact [mdhhs-sharp@michigan.gov](mailto:mdhhs-sharp@michigan.gov), [finksj@michigan.gov](mailto:finksj@michigan.gov), or [mollonn@michigan.gov](mailto:mollonn@michigan.gov).



# SURVEILLANCE AND REPORTS

## 2015 Q1 Highlight Sheet

- Michigan Overall CMS SIRs for all required modules
- CAUTI, CLABSI, CDI LabID SIRs were statistically significantly lower than expected
  - CAUTI SIR decreased significantly from 2014 Q4, but likely due to definition change (noted in report)
- Graphs provided for SIR compared to baseline and Michigan SIR over time

## 2015 Q1 State and Regional TAP

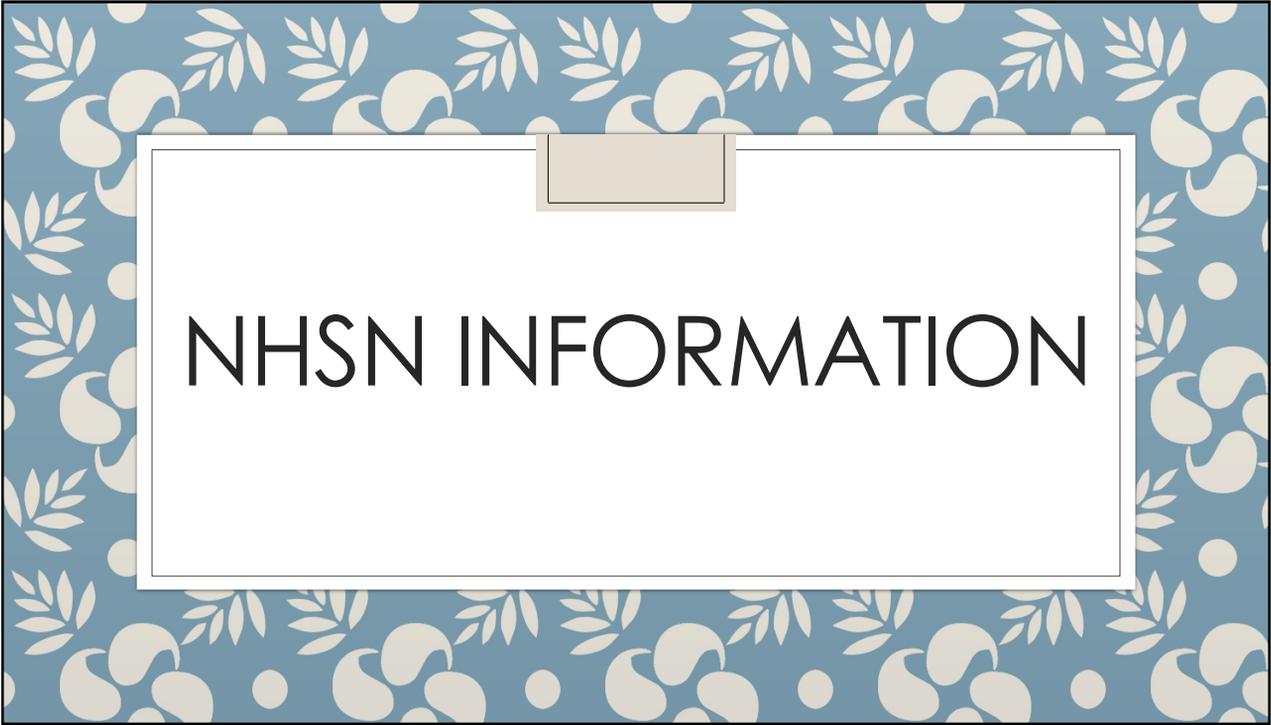
- State report
  - Provides SIR
  - Provides Cumulative Attributable Difference (CAD) and if the number of infections were prevented or needed to prevent to get to the HHS goal SIR
  - Provides bar graphs comparing individual, letter-coded hospital CADs. Each facility should have received a letter in their individual report
- Regional reports
  - Provides same detail as statewide but broken down into MDHHS preparedness regions

## 2015 Q1 Individual TAP Reports

- Hospital name, letter in upper left corner
- Provides CAD for individual hospital event types overall and by location type (when applicable)

## 2015 Q2 Reports

- 2015 Q2 Highlight Sheet and State/Regional Report will be published this week
- 2015 Q2 Individual Reports will be emailed this week (password-protected document)



NHSN INFORMATION

# Operative Procedure Codes

- NHSN has uploaded supplemental guidance for FUSN – Spinal Fusion Procedures
  - Found in the Supporting Materials section of the SSI page or here:
    - <http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>
    - <http://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html>
- HPRO and KPRO Guidance
  - Assists with identifying details based on the structure of the ICD-10 codes
  - Found in the Supporting Materials section of the SSI page or here:
    - <http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>
    - <http://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html>
  - This should be used for procedures performed on or after October 1, 2015 (replaces the information found in the "02/03/14" update)

# Operative Procedure Codes

- Other operative procedure updates:
  - *ICD-10-PCS Codes*
    - **KPRO** – OSUT092 was updated to **OSUT09Z**; **OSHC08Z** and **OSHC48Z** were removed
    - **COLO** – **ODTN4ZZ** was moved from REC to COLO
    - **HYST** – **OUB90ZZ** was removed
    - **SB** – **OD1A0KQ** was added
    - **APPY, BILL, CHOL, COLO, GAST, NECK, OVRY, PRST, REC, SB & THOR** – several hundred colonoscopy and endoscopy procedure codes **were removed**. *NHSN discovered that colonoscopy and endoscopy procedure codes were included in the ICD-10-PCS COLO, GAST, REC, SB operative procedure groups posted on September 29, 2015. These procedures are not considered NHSN operative procedures and have been removed.*
  - *CPT Codes*
    - **KPRO** – **27440, 27441, 27442 and 27443** were added
- Note: ICD-10-PCS and CPT code fields will remain as optional fields in 2016

## New NHSN Updates

- December 2015 Newsletter
  - Released December 22, 2015
- Version 8.5 Release
  - Released January 9, 2016

## Patient Safety

- Protocols have been posted to the NHSN website
- Document identifying major changes: <http://www.cdc.gov/nhsn/commup/index.html>
- The new protocols should be used for all data January 1, 2016 and forward

## Changes Effecting Multiple Protocols

- Fungal pathogens which are most commonly community-acquired and rarely associated with HAIs, but may meet HAI criteria due to long incubation periods will no longer be included in NHSN HAI reporting
  - Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus, and Pneumocystis
- PCR will be accepted in addition to specimen cultures for infection criteria
- Culture collected from patients documented brain dead AND maintained awaiting organ harvest will not be used for HAI surveillance

## CLABSI Changes

- Added "Impella Heart Device" to list of devices not considered central lines
- If patient is suspected of self-injecting into a vascular access device (or is observed doing so), this can be identified as a healthcare-associated BSI, but not CLABSI
- If patient has clear evidence of infection associated with non-central line site, the event will be identified as healthcare-associated BSI, but not CLABSI
- ANC/WBC levels should not be used to set the date of MBI-LCBI (date is the date the patient first meets LCBI criteria)
- Added exclusion of Salmonella species as pathogens for primary BSI
- When a BSI is suspected to be secondary to a lower respiratory tract infection and the BSI cannot be determined to be secondary to VAE, the PNEU definitions are available for secondary BSI assignment

## CAUTI Changes

- Updated protocol to clarify:
  - Urinary urgency, frequency, and dysuria cannot be used as symptoms when catheter is in place
  - Candida species or yeast not otherwise specified, mold, dimorphic fungi, or parasites are excluded as organisms in the UTI definition

## SSI Changes

- Changes made to reflect transition from ICD-9-CM codes to ICD-10-PCS/CM codes
- Superficial SSSI criterion "c" was updated to reflect a symptomatic patient whose incision opened but no culture is obtained (note that if a (+) culture is obtained, the patient meets criterion "b")
- Appendix 1 was added to the SSI protocol containing a list of all NHSN operative procedure groups and the site-specific SSIs that are available as events for each group

## CAUTI Data Entry Update

- When entering a UTI into NHSN in 2015, a data entry defect has not allowed entry of the symptoms of urinary urgency, frequency, or dysuria when an indwelling catheter was indicated to be "INPLACE" (was in place >2 days and present on date of event).
  - This happened when there was correct documentation of symptoms if the catheter had been removed on the day of event, but prior to symptoms
  - April 2015 UTI FAQ offered a work-around to address this
- This has been fixed for UTI events January 1, 2016 and going forward
- CAUTIs with event date July 1, 2015 and forward can be edited.

## Location Additions and Updates

- Acute Care Hospitals can set up a location(s) for an outpatient operation room(s).
  - New location codes with a separate definition than current Ambulatory Surgery Center outpatient
  - For Facility type = AMB-SURG, the current Ambulatory Surgery Center outpatient OR locations have been revised to be specifically used by facilities enrolled in NHSN as Ambulatory Surgery Centers.
    - Some location codes have been inactivated and some new codes created
  - Announcement regarding these changes found: <http://www.cdc.gov/nhsn/pdfs/newsletters/newsletter-sept-2015.pdf>

# Patient Safety Survey

- Small changes have been made
  - Two new questions about MRSA infection control practices
- Remember, this is the 2015 survey
- Surveys must be completed and submitted in NHSN by March 1, 2016

# LabID Changes

- Three questions changed from "Optional" to "Required"
  - Last physical overnight location of patient immediately prior to arrival into facility?
  - Has the patient been discharged from another facility in the past four weeks?
    - Note: this has changed from past 3 months to past 4 weeks
  - When a CRE-Kleb, CRE-Ecoli, or CRE-Enterobacter is reported in a LabID event, additional laboratory test questions about the testing and presence of carbapenemase will be required
- If the data are not retrievable at this time, you can indicate "Unknown" for these fields

## AU and MDRO Denominators

- For AU and MDRO denominators, the maximum value for "outpatient encounters" was increased to "≤50,000"
- AU – the maximum value for AU "days present" for Emergency Department locations was increased to "≤50,000"

## HAI and POA Worksheet Generator

- The worksheet generator release has been delayed
- In the meantime, the manual worksheet continues to be available and can be found under the supporting materials location on the CLABSI, CAUTI, and VAP web pages

## Analysis Updates

- Output option for reporting "downgraded" CDI test type
  - Will show the quarters and/or years when the CDI test method has been changed to a less-sensitive test type compared to the previous time period
- CMS IRF MRSA and CDI analysis data sets have been updated to match the variables in the CMS ACH and LTAC MRSA and CDI analysis data sets
- Aggregated CAUTI and CLABSI rates have been updated to 2014 data (for comparison)
  - VAE rates now include pooled mean rates and DU ratios based on 2014 data

## 2016 NHSN Training in Atlanta

- Long-term Care: February 29<sup>th</sup>
- Acute Care: March 1-4
- Registration has already filled
  - If you didn't get registered, there will be a livestream available

# 2015 Q3 Reporting Deadline

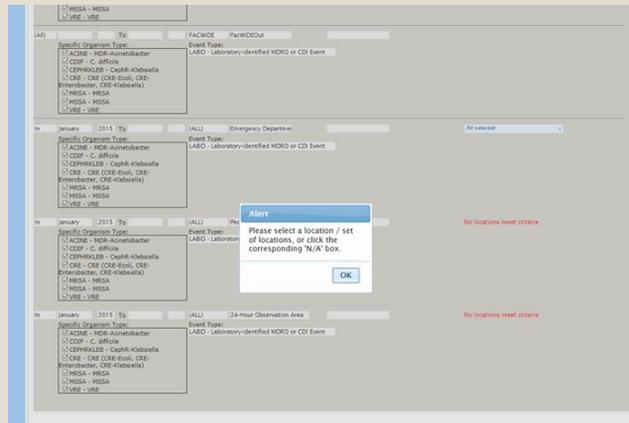
## Acute Care Hospitals

- Acute Care Hospitals that take part in the CMS Hospital IQR Program must report the following data into NHSN by the upcoming February 15, 2016 reporting deadline:
  - Q3 2015 (July 1 – September 30) CLABSI and CAUTI data
  - All ICU Locations and NICUs (CLABSI only)
  - Adult and pediatric medical, surgical, and medical/surgical wards
  - Q3 2015 (July 1 – September 30) Inpatient COLO and HYST SSI data
  - Q3 2015 (July 1 – September 30) MRSA Bacteremia and *C.difficile* LabID Events (all healthcare onset and community onset)
  - FacWideIN
  - Emergency department and 24-hour observation locations

## NHSN FAQ

# Current FAQ

- I get an error message when I'm conferring rights to a group that looks like:



# Answer from CDC

- This is an application defect resulting from the latest release. Our development team is still working to resolve the issue with conferring rights. I have been provided a work around if you want to attempt for the time being. The application is being tricked somehow with that 'no locations meet criteria' in the MDRO/FACWIDE section. It 'thinks' you should have a Pediatric ED and 24 OB unit mapped. If not, then it wants you to check the N/A box for all of the MDRO/FACWIDE IN sections. That's where the defect is currently. Selecting the N/A box is not the move as it **will exclude all of those items from the group**.
- 
- If the facility maps a 'fake' Pediatric Emergency Dept. and 24 OB unit in their locations, (even though they may not have one) it should let them hit the accept button on the rights template. Those red alerts should disappear in the MDRO section. All they would need to do is go to **FACILITY>LOCATIONS**, then create a code and label like example below **for each**. Use the CDC location description drop down to select each. Then hit add. You should not need to create an event or summary data for this location. Then go back into that group's template, make sure the N/A boxes are all unchecked under the MDRO section, then you should be able to hit accept and it go through.
- Note: this is just a temporary fix. No current estimate of the time to fix this issue.

# Answer from CDC

**Locations**

**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\*:

Your Label\*:

CDC Location Description\*:

Status\*:

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

Buttons: Find, **Add**, Edit Locations List, Clear

# CRE SURVEILLANCE AND PREVENTION INITIATIVE

## CRE Surveillance and Prevention Initiative

- Currently enrolling 10 additional facilities for Phase 3
  - Note: data is submitted directly to Brenda via fax or email (not through NHSN)
- Contact Brenda Brennan, CRE Prevention Coordinator for more information
  - [brennanb@michigan.gov](mailto:brennanb@michigan.gov)
- Enrollment ends Friday, February 26<sup>th</sup>, 2016!!

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APIC E-NEWS UPDATE

## Zika Virus

- The CDC issued a Health Advisory on recognizing, managing and reporting Zika virus infections in travelers returning from Central America, South America, the Caribbean and Mexico. Although local transmission of Zika virus has not been documented in the continental United States, Zika virus infections have been reported in travelers returning to the U.S.
- Clinical disease associated with the Zika virus is usually mild. However, during the current outbreak, Zika virus infections have been confirmed in several infants with microcephaly and in fetal losses in women infected during pregnancy.

## Zika Virus

- The most cases have been identified in Brazil. Healthcare providers are encouraged to report suspected Zika virus disease cases to the state health department to facilitate diagnosis.
- At this point, testing is being focused on patients with symptoms. Ask about travel dates and country visited, onset date of symptoms (if any, and did they begin within two weeks of travel) and list of symptoms. Consult with MDHHS Epi to talk about testing. The full health alert can be found on the CDC website.

## Olympus TJF-Q180V Duodenoscope

- The U.S. Food and Drug Administration (FDA) approved design and labeling modifications to the Olympus TJF-Q180V duodenoscope intended to help reduce the risk of bacterial infections.
- Olympus will voluntarily recall its original model currently being used in healthcare facilities and make the needed repair as quickly as possible. The company will contact each facility that owns a TJF-Q180V duodenoscope and provide instructions on returning the original TJF-Q180V for this replacement that Olympus will provide free of charge.
- Olympus estimates a four-day turnaround time to replace the elevator mechanism once it receives a duodenoscope from a healthcare facility. The FDA news release can be found on the FDA website.

## Abbott Recall (just FYI)

- Abbott's Compounding Pharmacy is voluntarily recalling all unexpired lots of sterile compounded products due to concerns of lack of sterility assurance. All unexpired lots are subject to the recall. These include injectable medications, sterile solutions, eye drops, and eye ointments. All recalled products were distributed to patients, physician offices and clinics, and veterinarians within California.

# Questions/Discussion

**Next call: Wednesday, March 23<sup>rd</sup>, 2016 at 10am**

Allison Murad, [murada@michigan.gov](mailto:murada@michigan.gov)