

MDHHS SHARP NHSN USERS CONFERENCE CALL
Wednesday, November 18th, 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 January 27th, 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 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 invited the group to participate in the MDHHS SHARP Validation project. Mike Balke, SHARP's CSTE Fellow, is conducting validation on 2014 CLABSI and CAUTI data. Hospitals were directed to contact Allie or Mike (balkem@michigan.gov) for more information.

Allie provided the updated State HAI Plan to the group. It can be found on the www.michigan.gov/hai website. This was the first update to the plan since 2009.

Update on Surveillance and Reports

Allie informed the group that 104 hospitals are currently sharing data with the SHARP Unit via NHSN.

Allie announced that the 2015 Q1 highlight report has been posted to the SHARP website. Hospitals should be expecting 2015 Q1 and Q2 Individual TAP reports by the end of the year. Allie also showed the group draft regional TAP reports, consumer HAI reports, and HAI reports for healthcare professionals. Any questions or comments can be directed to Allie on these reports.

NHSN Updates

Allie presented a powerpoint (below) containing some information on upcoming 2016 changes and other notes from the most recent NHSN newsletter. She also presented a few tricky case studies as a review from the Fall MSIPC conference. Full slides from this presentation can be found at www.michigan.gov/hai.

Next Meeting

The next SHARP Unit NHSN conference call is scheduled for January 27th, 2016 at 10:00am.

Michigan NHSN User Group Call

NOVEMBER 18TH, 2016

10-11AM

MDHHS SHARP UNIT

WWW.MICHIGAN.GOV/HAI

SHARP Unit Updates

Validation

Conducting validation on 2014 CLABSI and CAUTI data

Currently have ~15 hospitals who have agreed to participate

Looking for at least 18 hospitals to participate

May not need a whole year of data – one or two quarters for larger hospitals

State HAI Plan

First created in 2009

Updated 2015

Outlines Michigan HAI prevention activities

http://www.michigan.gov/documents/mdhhs/Revised_Michigan_2015_HAI_Plan_11_02_15_505300_7.pdf

SHARP Reports

2015 Q1 Report

View at www.michigan.gov/hai

Direct link:

http://www.michigan.gov/documents/mdhhs/2015_Q1_Highlight_Sheet_Final_502891_7.pdf

2015 Q1 Report

All SIRs were less than 1

CAUTI, CLABSI (overall, ICU/Ward, and NICU), and CDI LabID SIRs were statistically significantly less than 1

CAUTI SIR decreased significantly from 2014 Q4 to 2015 Q1

Note: CAUTI definition change in 2015

Regional TAP Reports

Coming soon

By emergency preparedness region

Will provide overall CAD and ranking of hospitals in region

Highlight Reports

Draft 2014 Annual Highlight Reports

One for healthcare professionals, one for general public

Working to make it more plain language

Feedback is appreciated!

NHSN Updates

September E-Communication

Ensure data reported to NHSN is reported accurately

Some reports from NHSN users that reporting decisions are sometimes made by those who disregard the protocol or are not thoroughly familiar with it

Two issues:

- Ordering diagnostic tests in absence of clinical symptoms (if positive, can report POA because have positive test on record)
- Not ordering diagnostic tests with clinical symptoms to avoid results that would need to be reported to NHSN

September 2015 Newsletter Highlights

2016 Changes

Secondary BSI and RIT

MDRO/CDI optional questions to become required in 2016

HAI/POA Worksheet

New locations for outpatient departments and ASCs

CMS Requirement Updates

2016 Changes

Positive blood cultures associated with observed or suspected patient access of vascular access lines that is documented in the medical record

The use of non-culture diagnostic test results in place of culture results for NHSN HAI surveillance

The classification of infections with community-associated fungal pathogens as HAIs

Positive cultures collected from patients declared brain dead and awaiting organ harvesting for donation

2016 Changes

Symptoms of infection at non-central line vascular access sites with concurrent positive blood cultures

Respiratory specimen types used for PNU3 criteria

BSIs reported with enteric organisms such as *Salmonella*

Intraabdominal infections (IAB) without culture or imaging test, and positive blood culture with intestinal organism

Secondary BSI and RIT

Secondary BSI does NOT produce BSI RIT

- A BSI secondary to a primary site of infection does not have an RIT of its own that captures all subsequent positive blood cultures
- Example in newsletter

MDRO/CDI Optional Questions

The following optional MDRO/CDI questions will become required in 2016:

- Last physical overnight location of patient immediately prior to arrival into facility
- Has patient been discharged from another facility in past 4 weeks? If yes, from where (check all that apply)?

HAI/POA Worksheet Generator

NHSN plans to release a HAI and POA worksheet generator that will be available to use with multiple infection types

Web-based tool, designed to identify:

- 7-day infection window period
- Date of Event and POA or HAI determination
- 14-day RIT
- Secondary BSI attribution period

New Locations for HOPDs and ASCs

January 2016 release will include new locations for defining an outpatient procedure room/suite (i.e. Hospital Outpatient Departments (HOPDs)).

- For units physically attached or detached but with same CCN as hospital

Only ASCs that have a CCN identifying the facility as an ASC per CMS definitions should be reporting to NHSN as an ASC (AMB-SURG), not as a location within an acute care hospital.

New NHSN Reporting to fulfill CMS Requirements

Acute Care Hospitals: no additions in 2016

ASCs: no additions in 2016

Cancer Hospitals: FacWideln MRSA
Bacteremia and *C.difficile* LabID Events

IPFs: healthcare worker influenza
vaccination summary data

IRFs: no additions in 2016

Dialysis Facilities: healthcare worker
influenza vaccination summary data

LTACS: VAE by location for all adult
inpatient bedded locations

Case Studies

Case Studies

Presented at Fall MSIPC Conference

Case studies provided by Michigan hospitals and CDC

Full presentation at:

http://www.michigan.gov/documents/mdhhs/MSIPC_NHSN_Presentation_with_cases_final_505539_7.pdf

Case Study 1

LIJ TLC inserted hospital day 1 and tunneled dialysis catheter POA

One blood culture grew staph epi on hospital day 1

Patient was hypotensive on hospital day 1

No cultures hospital day 2

1 blood culture positive for Staph epi and 1 positive for VRE on hospital day 3

Question

Is this a CLABSI?

Answer

Yes, this is a CLABSI

- Central line had been in place >2 days

Question

Is it Present on Admission or Healthcare-Associated?

Answer

HAI

- Positive pathogen collected from blood culture on hospital day 3

Question

What is it considered?

- LCBI 1
- LCBI 2
- LCBI 3

Answer

LCBI 1

- DOE = hospital day 3
- LCBI criterion has a single element to meet criteria, so day of blood culture collection is DOE

Case Study 1 Answers and Rationale

Why is it not POA?

- Did not meet criteria day of or day after admission

Why is it not LCBI 2?

- Hypotension
AND
- Organism not related to infection at another site (assumed)
AND
- Same common commensal cultured from 2+ blood cultures drawn on separate occasions
 - Criterion met within the Infection Window Period

HOWEVER...common commensals were not collected on same or consecutive days, so does not meet criteria

Case Study 2

8/24: Neonate had a PICC line placed

8/28: Blood culture positive for *Enterobacter cloacae*

8/31: G-tube that had purulent drainage, erythema, and a positive culture for *Enterobacter cloacae*

Question

Is this a primary CLABSI or Secondary to SKIN?

Answer

Primary CLABSI – LCBI 1 because it met the single criterion of a blood culture positive for *Enterobacter cloacae* on 8/28

Also a SKIN infection, but this is unrelated

- Meets SKIN criteria (criterion 1) of purulent drainage
- BUT
 - Does not meet criterion 2, which has the culture element
 - Even though these cultures match, because there was no culture used for the SKIN criteria, it cannot be used for a secondary BSI

For CMS requirements: only CLABSI needs to be reported. If your hospital is reporting ALL HAIs, then the SKIN infection will need to be reported separately

Case Study 5

6/9: Patient admitted to orthopedic floor after knee injury. Upon admission to the unit, a surveillance nasal screen tested positive for MRSA.

Question

Should this be reported to NHSN as a positive MRSA?

Answer

No, screening tests are not reported to NHSN

Question

What if blood cultures were also taken and tested positive for MRSA?

Answer

Yes

- Report this as a MRSA bacteremia LabID Event if no MRSA blood was reported for this patient and location in the previous 14 days

Next Meeting January 27th, 2016 at 10am

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