

**MDCH SHARP NHSN USERS CONFERENCE CALL**  
**Wednesday, October 23, 2013**

Thank you to those who were able to join our 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 each month at 10:00 a.m. Our next conference call is scheduled for **Wednesday, November 20<sup>th</sup>, 2013**. It will be a week earlier than usual to avoid conflicts with the Thanksgiving holiday.

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 Judy at [weberj4@michigan.gov](mailto:weberj4@michigan.gov) to add items to the agenda.**

**HIGHLIGHTS FROM CONFERENCE CALL**

**Welcome & Introductions**

Judy welcomed participants on the call and introductions were made of SHARP staff on the call. Participants were reminded to put their phones on mute or to press \*6.

**Update on SHARP Reports**

Allie walked the group through a few graphs and tables in the recently posted 2012 Quarter 4 Surveillance Report. She pointed out that there was a significant decrease in overall MRSA LabID events from the 3<sup>rd</sup> to the 4<sup>th</sup> quarter in 2012. However, the onset distribution remained stable. CDI LabID events had no significant changes and the onset distribution also remained stable. She then reviewed the Michigan SIRs for CLABSI and SSI. The Michigan CLABSI SIR continues to be very low (well below 1). The overall SSI, COLO SSI, and HYST SSI decreased significantly from the third to the fourth quarter of 2012, and the overall SSI and COLO SSI SIRs demonstrated significantly fewer infections than expected.

Allie noted that the 2013 Quarter 1 and 2012 Annual Reports will be posted to the SHARP Unit website in the near future.

### **National HAI Action Plan: Phases, Metrics & Progress**

Judy provided a brief overview of this federal plan that was originally developed by the Department of Health & Human Services (HHS) and an HHS Steering Committee to identify new approaches to HAI prevention & collaboration. The Action Plan consists of 3 Phases, along with 5-year goals and metrics. The 3 Phases of the Plan are:

Phase 1 – Acute Care Hospitals

Phase 2 – Ambulatory Surgical Centers, Endstage Renal Disease Facilities, & Influenza Vaccination among Healthcare Personnel

Phase 3 -- Long Term Care Facilities

A revision of the Plan was released in April 2013 which includes more detail about infection reduction in ambulatory surgery centers, end-stage renal dialysis facilities, and indicates a goal of influenza vaccination for 75% of healthcare personnel by 2015.

The 5-year goals and metrics of the Action Plan are listed below (note: data in the “On Track to Meet 2013 Targets” box are from 2011):

<b>Metric</b>	<b>Source</b>	<b>National 5-yr Prevention Target</b>	<b>On Track to meet 2013 Targets?</b>
Bloodstream infections	NHSN	50% reduction	Yes
Adherence to central-line insertion practices	NHSN	100% adherence	Retired
C.. diff hospitalizations	HCUP	30% reduction	No
C. diff infections	NHSN	30% reduction	Data not yet available
Urinary tract infections	NHSN	25% reduction	Yes
MRSA invasive infections	EIP	50% reduction	Yes
MRSA bacteremia	NHSN	25% reduction	Data not yet available
Surgical site infections	NHSN	25% reduction	Yes
Surgical Care Improvement Project Measures	SCIP	95% reduction	Yes

Judy indicated that it is important to know that the Action Plan that was created in 2009 was the impetus for many of the infection control requirements now mandated by CMS, Joint Commission and participation in NHSN through CDC.

## **Updates and Reminders**

### **Healthcare Personnel Safety Module – Confer Data Rights**

Judy reminded those on the call that the SHARP Unit would like participating facilities to confer data rights to the SHARP Unit for access to their healthcare personnel flu vaccination summary data. Facilities logging into the Healthcare Personnel Safety Component should see an alert which reminds them to take this action. Because this Component is separate from the Patient Safety Component, it was necessary to create a separate template of data rights to get permission to access this information. This request does not conflict with the facility's Master Data Use Agreement but is a new request for data already mentioned in the Master Agreement. Questions regarding this can be directed to Judy or Allie in the SHARP Unit.

### **HCP Flu Vaccination Rates**

A recent article in the September 27<sup>th</sup> issue of the *Morbidity & Mortality Report* provides data regarding healthcare personnel flu vaccination rates during the 2012/2013 influenza season. The overall vaccination rate was 72%, up from a vaccination rate of 67% among healthcare personnel during the 2011-12 flu vaccination season. Vaccination rates were highest among hospital personnel and lowest among healthcare personnel working in long term care facilities. Measures that seemed to increase vaccination rates included vaccination clinics onsite over multiple days and vaccination at no cost to the employee.

### **Chart of CMS Reporting Requirements for 2014**

Judy reminded participants of the new CMS reporting requirements for 2014, not only for acute care facilities but also for LTACS, inpatient rehab facilities, and ambulatory surgery centers. A copy of the latest reporting requirements are included in a chart posted to the MDCH HAI website at [www.cdc.gov/hai](http://www.cdc.gov/hai).

### **New LabID Event Case Studies**

Judy mentioned that the October 2013 issue of the American Journal of Infection Control (AJIC) includes a new case study for a *C.difficile* LabID event. Included in the meeting room is a link to a survey to respond to questions about the case study and get immediate feedback regarding the accuracy of your test answers. Judy recommended that NHSN users test their skills using this module within NHSN.

### **Next Deadline for CMS Reporting**

The next deadline for entering data into NHSN for the 2<sup>nd</sup> quarter of 2013 (April – June) is November 15, 2013. Please make sure that all your 2<sup>nd</sup> quarter data is entered before that date. A calendar of CMS reporting deadlines is attached to the meeting room and will also be posted on the MDCH HAI website.

### **NHSN Pilot Validation Plans**

Jennie announced that CDC is now putting an emphasis on state health departments doing validation of CLABSI data within NHSN. Because of reduced federal funding this fiscal year, the SHARP Unit is not able to do onsite validation of hospital data. Instead,

the SHARP Unit is planning to select at least 5 Michigan hospitals and do validation through electronic transfer of patient medical records and laboratory data. Hospitals that may be interested in participating in these validation studies should contact Jennie to obtain additional information. A copy of the CDC Validation Toolkit that will be used to conduct validation is attached to the meeting room.

### **Quirky NHSN Issues**

Judy presented a question that she received from a hospital that is part of a multi-hospital health care system. Their physicians work in multiple hospitals within this system. The question received relates to how to interpret the wording “outside this healthcare facility”, as used in point #3 on the Healthcare Personnel Influenza Vaccination Summary form, in reference to one of their physicians who was vaccinated in their healthcare system. Judy’s interpretation was confirmed by CDC and is answered as thus:

*Each hospital within the healthcare system should be considered a separate entity. Because all their physicians work in all the hospitals within the healthcare system, the physician in question should be counted as an employee/licensed independent practitioner at each of their facilities. If he gets vaccinated at one hospital within the system, that hospital can indicate that the physician was vaccinated at their facility (line 2 of the flu vaccination summary form). The other hospitals in the system **cannot also claim** that this physician was vaccinated at their facility. They would need to indicate that this physician was vaccinated **outside their healthcare facility** (line 3 of the summary form), even though he was vaccinated within their healthcare system.*

Additional questions and clarification regarding this can be directed to Judy in the SHARP Unit.

### **Other Questions and Answers**

No other questions were asked during the call, however, Gail Denkins, MRSA/CDI Prevention Initiative Coordinator, invited hospitals on the call to participate in her Prevention Initiative for 2014. If interested, please contact her at 517-335-8165, or via email at [denking@michigan.gov](mailto:denking@michigan.gov).

### **Next Meeting:**

Judy indicated that the next conference call is scheduled for **Wednesday, November 20<sup>th</sup> at 10:00 a.m.** This will be one week earlier to avoid conflicts with the Thanksgiving holiday.