

**MDCH SHARP NHSN USERS CONFERENCE CALL**  
**Wednesday, November 20, 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 are held on the 4th Wednesday each month at 10:00 a.m., however, **our next conference call is scheduled for Wednesday, December 18<sup>th</sup>**, one week earlier to avoid the Christmas holidays.

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 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 announced that she is working on the 2013 Quarter 1 report, and it should be out within the next two weeks. She is also working on the 2012 annual report, and hopes to have that out by the end of the year. CDC is releasing 2012 state-specific reports towards the end of January or early February, so she is planning on incorporating those into the 2012 individual reports and releasing them around the same time. She pulled the 2013 Q2 data after the November 15<sup>th</sup> CMS reporting deadline and is working on that report as well.

**NHSN Changes in 2014**

Judy announced a number of changes coming in 2014, as reported in the October issue of the NHSN E-News for CDC (included as an attachment in the meeting room). Some of these changes are listed below. Additional information will be provided in future emails or newsletters from CDC.

**Changes for SSI Reporting:**

- Broadening of the definition of an operative procedure to include those procedures that were not closed primarily. Closure type will be recorded for all procedures. Two types to be reported: primarily closed and non-primarily closed. Primary closure is defined as closure of all tissue levels during the original

surgery, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision. Primarily closed includes surgeries where the skin is closed by some means, including incisions that are described as being “loosely closed” at the skin level. Non-primarily closed is defined as closure that is other than primary and includes surgeries in which the superficial layers are left completely open during the original surgery and therefore cannot be classified as having primary closure. For surgeries with non-primary closure, the deep tissue layers may be closed by some means (with the superficial layers left open), or the deep and superficial layers may both be left completely open. The Muscular Skeletal Infection Society’s definition of periprosthetic joint infection will be added as a new organ/space infection site (SS-PJI) & will replace SSI-JNT for HPRO & KPRO procedures.

- Regarding operative duration, NHSN has adopted the Association of Anesthesia Clinical Directors’ definitions of Procedure/Surgery Start Time (PST) and Procedure/Surgery Finish.
- Patient height and weight will be reported for all procedures. **Note that reporting of diabetes status has been delayed until 2015 (Nov 21, 2013 email from CDC).**
- For HPRO and KPRO, additional details about these procedures will be added – total, hemi, and resurfacing (HPRO only) will be collected.

#### **Changes for Ventilator-Associated Event (VAE) Reporting:**

- VAE surveillance will be restricted to adult inpatient locations only. No VAE surveillance in pediatric, mixed age, or neonatal patient locations. Patients under 18 years of age who are housed on an adult unit should be included under VAE surveillance. Adults housed on pediatric unit should be included under VAP surveillance. Surveillance is conducted according to location.
- Facilities should re-evaluate their location mapping to ensure that locations are mapped appropriately to the correct CDC location codes. Consider ‘virtual location mapping’ in some situations. Additional information about mapping locations, including ‘virtual location mapping’, can be found at [www.cdc.gov/nhsn/PDFs/psc/MappingPatientCareLocations.pdf](http://www.cdc.gov/nhsn/PDFs/psc/MappingPatientCareLocations.pdf).

#### **Changes for Lab ID Events:**

- CDC is in the process of building a LabID Event calculator, similar to the current VAE calculator, to help users with decision-making regarding the 14-day rule. More info from CDC will be coming.

#### **Procedure Import Specifications:**

- Changes in 2014 will reflect SSI protocol changes mentioned in these slides. More information, including a 2014 sample procedure import file, is posted on the SSI surveillance section of the NHSN website at: <http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>.

**Changes for *C. difficile* LabID Event:**

- Facilities conducting facility-wide LabID Event surveillance for *C. difficile* will be required to report their *C. difficile* test TYPE on a quarterly basis. The test type is used in the risk adjustment of the *C. difficile* SIR, and now the information will be able to be collected in “real time”.

**CMS Rules for Quality Reporting****Acute Care Hospitals -- 2014:**

- Continue CLABSI and CAUTI reporting from ICU locations only. Continue to report healthcare personnel influenza vaccination status during the flu season (October 1, 2014 – March 31, 2015).
- July 1, 2014 – Begin to include patient’s Medicare Beneficiary # on the Event record in NHSN. This is optional until then.
- No other changes in current reporting requirements in NHSN modules until January 1, 2015.

**Long-Term Acute Care Hospitals (LTACs) – 2014:**

- No changes to existing CLABSI and CAUTI reporting requirements.
- Deadline for reporting events, starting with events occurring on January 1, 2014, is 1.5 months after the end of a quarter, i.e. Q1 data (Jan – March 2014) will be due on May 15, 2014. Q4 2013 data (Oct – Dec 2013) will also be due on May 15, 2014.
- Oct 1, 2014 – LTACS will be required to begin using the HCP Flu Vaccination Module to report flu vaccination data for the 2014-15 flu season.

**Inpatient Rehab Facilities (IRFs):**

- October 1, 2014 – March 31, 2015: Use the Healthcare Personnel Influenza Vaccination Module to report vaccination status of facility’s healthcare personnel.
- Data must be entered by May 15, 2015.

**PPS-Exempt Cancer Hospitals:**

- January 1, 2014 – Begin reporting surgical site infections (SSIs) from inpatient colon procedures (COLO) and inpatient abdominal hysterectomies (HYST).
- No changes to existing CLABSI and CAUTI reporting requirements.

**Refresher on NHSN Alerts**

Allie presented several examples of questions related to alerts received on NHSN:

**Problem: I’m not getting an alert but think I should be**

- Check that the reporting plan is correct
  - Alerts are not generated for out-of-plan data.

- **Device-Associated Module:** either summary data or event data must be entered before an alert will appear asking the user to enter the missing event/summary data for the given month.

**Problem: I’m getting an alert that I can’t seem to get rid of**

- **Procedure Module:** Make sure that procedures and events are entered for each month indicated in the reporting plan.
  - An event with an August event date linked to a July procedure date is considered a July event.
  - If there were no events that occurred from an August procedure, check ‘No Events’ for August.
- **MDRO Module:** make sure that the specimen source indicated in the reporting plan is the same specimen source indicated on the events.
  - If blood only MRSA LabID specimens are indicated on the reporting plan, an alert will appear until a LabID event with a blood specimen is entered or the ‘No Events’ box is checked.
  - An event with a specimen from a vein or artery will not remove the alert.
- **MDRO Module:** make sure that summary data has been entered for each location on the reporting plan:
  - If FacWideIn was on the reporting plan, summary data must be entered into the FacWideIn location to clear the alert.
  - If individual locations are indicated in the MDRO module of the reporting plan, summary data must be entered for those individual locations also.
- **Vaccination Module within the Patient Safety Component:**
  - If you don’t plan on entering summary vaccination data for your patients, please remove this from your monthly reporting plan.
  - Healthcare worker flu vaccination data is entered into the Healthcare Personnel Safety Component only.

**Guidance on Missing Device-Associated Denominator Data**

How should a facility handle days during a month in which denominator data were not collected or are missing? This should be a rare occurrence. CDC has developed guidance for four scenarios at:

[http://www.cdc.gov/nhsn/PDFs/NHSNMissingDenomData\\_Sep2013.pdf](http://www.cdc.gov/nhsn/PDFs/NHSNMissingDenomData_Sep2013.pdf)

- **Scenario 1:** Missing 1 or 2 days within a month: take the average of the day before and the day after and impute this value for the missing day(s).
- **Scenario 2:** Missing denominator data for 3 to 14 days within a month: calculate the average denominator value for the known days of data, and use this to calculate values for the missing days.

- **Scenario 3:** Missing denominator for 15 or more days within a month: take the average value for the prior 3 months.
- **Scenario 4:** If your facility is missing more than one month of denominator data, please contact the NHSN help desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

### **Update on Migration to the Secure Access Management Services (SAMS)**

#### **SAMS:**

- Will be used to replace the Secure Data Network (SDN) and digital certificates.
- If new or current digital certificate user, you will be receive an invitation from “SAMS No-Reply (CDC)” to register for access to SAMS.
- Continue to use your digital certificate until you receive invitation (may take a couple of years to switch over everyone).
- Visit <http://www.cdc.gov/nhsn/sams/about-sams.html> for more information about SAMS.

### **New NHSN Continuing Education Webpage**

- New webpage provides current courses available for CEs, directions on how to use the CDC Training and Education Online System, materials related to the trainings, and evaluations in order to receive the CEs. This training has been accredited for CME, CNE, CHES, and CEUs.
- <http://www.cdc.gov/nhsn/training> -- click on the CE button on the lower half of the page, or visit <http://www.cdc.gov/nhsn/Training/continuing-edu.html>

### **CDC In-Person Training**

- CDC planning mid-March 2014 in-person NHSN training in Atlanta. The training will include info on CMS reporting, definitions and protocol clarification, interactive case studies, analysis, and changes in reporting requirements for 2014.
- Registration will be free of charge.
- More info coming soon on exact date of training, registration information, and an agenda.

### **Q and A:**

A question was asked about whether there is a mandate that requires 75% of healthcare workers to receive the influenza vaccine by 2015. This was mentioned on our October call, and refers to the HHS National HAI Action Plan, which provides goals and metrics to aim for in a given time frame nationally. In 2015, it will **not** be mandated that 75% of HCP are vaccinated; however, it is a national target that 75% of HCP will be vaccinated by that time due to individual hospital mandates, programs, etc...

Judy also asked the group what we are observing this week related to infection control. The correct response was ‘Get Smart about Antibiotics Week’. The SHARP Unit has resources on this posted to the [www.michigan.gov/hai](http://www.michigan.gov/hai) website.

**Next Call:**

Judy indicated that the next conference call is scheduled for Wednesday, December 18<sup>th</sup> at 10:00 a.m., one week earlier to avoid the Christmas holidays. Judy thanked facilities for participating in this November conference call.