

**MDCH SHARP NHSN USERS CONFERENCE CALL**  
**Wednesday, November 28, 2012**

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.

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 NHSN Reports**

Allie updated the group on her reports, informing them that she is finalizing the 2012 Q1 Report and the 2011-2012 Semi-Annual Report. She hopes to get these posted as soon as possible. She pulled the data for the 2012 Q2 Report, and is beginning work on 76 corresponding Individual Semi-Annual Reports.

Allie also gave the results from her individual reports survey, indicating that the overall report and graphs were considered "mostly useful" by recipients. The interpretation sheet was helpful in understanding reports. People are planning on sharing with their hospital leadership, infection prevention committee, and quality council. Some hospitals felt the data were too historical and they would like to present more recent data.

**Update from October NHSN Training at CDC**

Allie gave an overview on the NHSN training at CDC. She encouraged participants to email or call her with specific questions. She first covered CMS reporting reminders. CMS reportable data **MUST** be included in monthly reporting plans, and the data are frozen at midnight on the 16<sup>th</sup> of the reporting month (at the end of the day on the 15<sup>th</sup>). Also, when reporting data, it is important to be active, prospective, and consistent—remember, the surveillance determination trumps clinical determination.

She informed the group on an important new key term: present on admission (POA). This is defined as an infection that occurs on the day of admission or the next day and fully meets a CDC/NHSN site-specific infection criterion.

She reviewed some analysis tips, beginning with generating datasets. She reminded the group that generating datasets copies and freezes data (it is not live), and always overwrites the last time you generated datasets. Each user has his/her own analysis datasets. She reminded everyone that frequency tables, bar charts, and pie charts produce counts and frequencies of data, not rates. SIRs are also not rates, so they need to be interpreted as such. For example, an SIR of 1.44 is interpreted as 44% more infections than expected, NOT a 44% higher rate.

She read 4 steps that help in determining device-associated infections, as follows: 1. Is it HAI or POA? If POA, you can stop here. 2. If HAI, which site-specific criterion are met? 3. Is it device-associated? 4. What location/facility is it attributed to?

Finally, she gave a couple updates on the procedure-associated module. There will no longer be a post-procedure pneumonia module. Also, there will no longer be a requirement to follow surgical implants for a year. Instead, there will be a new list of procedures to follow for either 30 or 90 days, beginning in January 2013.

## **Updates and Reminders**

### **Update on CMS Reporting Requirements**

Judy reminded participants on the call that, beginning October 1, 2012, Long Term Acute Care Hospitals (LTACs) that are participating in CMS's Long Term Care Hospital Quality Reporting Program, were required to begin reporting CLABSIs and CAUTIs into NHSN. Judy also mentioned that Inpatient Rehab Facilities (IRFs) are required to report CAUTIs, also beginning October 1 of this year. Additional details and training for these facilities are available on the NHSN website at [www.cdc.gov/nhsn](http://www.cdc.gov/nhsn).

Judy also reminded acute care hospitals of their new reporting requirements which will become effective January 1, 2013: **facility-wide reporting** of **inpatient** MRSA bacteremias and *C. difficile* LabID Events, and Healthcare Personnel Flu Vaccination summary data. A chart showing the CMS reporting requirements for healthcare facilities is posted on the home page of the MDCH HAI website at [www.michigan.gov/hai](http://www.michigan.gov/hai). Additional information on the two new acute care reporting requirements is discussed later in these meeting notes.

### **Group Emails sent through NHSN**

Judy reminded participants that emails sent to facilities by the SHARP Unit through the Group email function within NHSN are sent to contacts listed under "Facility" and "Facility Information" on the navigation bar of NHSN. Each facility identifies its own contacts listed here and can change/revise the name and contact information as needed. The primary contact roles listed here are the NHSN Facility Administrator, Patient Safety Coordinator, and the Laboratory Director. If a hospital/facility wishes to change a name

for one of these contacts, they can do so under Facility and Facility Information on the NHSN navigation bar. The SHARP Unit cannot make these changes, nor do they have control over who receives the emails sent through the Group email function within NHSN. If a facility Infection Preventionist is not listed as one of the contacts, he/she should notify one of the contacts listed and ask them to forward the emails to them, or request that their name be listed as one of the contacts. Contact names should also be updated if one of the persons listed leaves the facility. Questions regarding these contact lists can be directed to Judy or Allie in the SHARP Unit.

### **Healthcare Personnel Flu Vaccination Reporting**

This is a new module within the Healthcare Personnel Safety (HPS) Component within NHSN, separate from the Patient Safety Component that most hospitals are already using. It is also a new reporting requirement for acute care facilities. While some hospitals may have already begun to report into this starting October 1 of this year, CMS only requires reporting beginning January 1, 2013 through March 31, 2013. (Future years will include reporting from October 1 through March 31 of the following year.) Reporting includes counts of employee influenza vaccinations, declinations, medical contraindications, unknown status, and denominator data. Only healthcare personnel physically present and working 30 days or more (full-time or part-time) in the facility between October 1, 2012 and March 31, 2013 should be included in the denominator count. Categories of personnel that should be counted include the following:

- a. All employees on payroll
- b. Licensed independent practitioners
- c. Adult students/trainees & volunteers aged 18 years and older
- d. Optional: other contract personnel

To report data, the component must be activated prior to use. This must be done by the NHSN Facility Administrator by going to “Facility” on the NHSN navigation bar and clicking onto “Add/Edit Component”. The Healthcare Personnel Safety (HPS) Component should be checked. **Within the HPS Component**, Monthly Reporting Plans must also be created or updated to include “**HCP influenza vaccination reporting**”. NHSN Facility Administrators should also remember that they may need to confer additional rights to their hospital NHSN users if others will be entering flu vaccination data into this module.

HCP influenza vaccination summary data should be entered under “Flu Summary” on the navigation bar. CDC encourages monthly reporting of data. Reporting consists of a single data entry screen per influenza season, so each time a user enters updated data, all previously entered data for that season will be overwritten and a new modified entry date will be auto-filled by the system. Denominator data (number of each category of healthcare personnel) is also added on this summary page.

The deadline for submitting data for Healthcare Influenza Vaccination Reporting for this flu season is May 15, 2013. After this date, CDC will forward the data to CMS. Data submitted for the 2012-2013 flu season will not be publicly reported on Hospital Compare. Public viewing of Flu Vaccination data will not begin until after the 2013-2014 flu season.

Operational Guidance for using this module, as well as training slides, are available on the NHSN website at [www.cdc.gov/nhsn/hps\\_Vacc.html@protocol](http://www.cdc.gov/nhsn/hps_Vacc.html@protocol). A copy of both of these are also included as handouts to the Breeze meeting room. In addition, frequently asked questions can be found at the CDC website: <http://www.cdc.gov/nhsn/faqs/FAQ-Influenza-Vaccination-Summary-Reporting.html>.

### **MRSA/CDI LabID Event Reporting & Analysis**

This again will be a new CMS reporting requirement for acute care hospitals beginning January 1, 2013. The requirement is for facility-wide reporting of MRSA blood specimens and all *C. difficile* specimens reported from the hospital's laboratory. If a facility wants to report all MRSA specimens, not just blood specimens, this is also acceptable although not required. **Active surveillance cultures** for either MRSA or *C. difficile* should not be reported. Through the reporting process, NHSN will categorize the LabID Events as one of the following three types of events (the person entering the data will not need to determine this):

- Community-Onset (CO)
- Healthcare Facility – Onset (HO)
- Community-Onset Healthcare Facility-Associated (CO-HCFA)

Before using this module, the NHSN Facility Administrator must add this module to the Monthly Reporting Plan under the Patient Safety Component of NHSN. This can be done by going to the Monthly Reporting Plan (MRP) and adding the appropriate location (i.e. facility-wide), the specific organisms (MRSA & *C. difficile*), and by checking the LabID Surveillance Option under the “Multi-Drug Resistant Organism Module” heading on the (MRP) form. This should be done for each month under surveillance. Note also that, although CMS requires **facility-wide reporting**, all acute care hospital locations/units must be coded separately into NHSN to ensure that all units of the hospital are included in the surveillance/reporting activities. These locations can be added under “Facility” and then under “Locations” on the navigation bar of NHSN. LabID Events can then be added under “Event” on the navigation bar, and denominator data (Total Patient Days and Total Admissions) can be added under “Summary Data”, and then under “MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring”. “Report No Events” can also be added on this page under “Summary Data”. Facilities using this module must also remember to complete their 2012 Facility Survey which will become available in January 2013. This survey will include information about the hospital's laboratory method(s) for detecting *C. difficile*.

To assist with training on the MDRO/CDI module, CDC slides are attached to the Breeze meeting room, and training and guidance documents are also available on the NHSN website at [www.cdc.gov/nhsn/wc\\_mdرو\\_labID.html](http://www.cdc.gov/nhsn/wc_mdرو_labID.html).

Allie mentioned that, beginning with the February release, an SIR will be made available for MRSA bacteremia and CDI LabID reporting. More information will be released on this calculation with the December newsletter, but it is currently known that there will be adjustment for CDI test types. That is why it is so important to fill out a 2012 facility survey when it becomes available.

### **Mapping Locations in NHSN**

CDC recently released a guidance tool for mapping facility locations. A copy of this tool is attached to the Breeze meeting room and a *Location Mapping Quick Reference Guide* can be found in the CDC NHSN Resource Library at [www.cdc.gov/nhsn/library.html](http://www.cdc.gov/nhsn/library.html). When mapping locations, the *CDC Location Labels and Location Descriptions* master list should also be used. This latter document can also be found in the Resource Library at the same website.

To further assist with mapping locations, CDC has suggested that locations be mapped by type of patients cared for on a particular unit, using the following guidance:

- **80% Rule**: Identify location by typing 80% of patients on a unit. For example, if 80% or more of the patients on the unit are surgical patients and 20% are medical patients, classify the unit as a surgical unit. If 60% of the patients are surgical patients and 40% are medical patients, classify the unit as a med/surg unit.
- **Virtual Locations**: If there is a fairly even split between 2 or 3 types of patients on the unit, you can split the name of the unit. For example if 50% of patients are neurology patients, and 50% are neurosurgical patients, the Unit can be split into 2 names: 5 West – N (for neurology patients) and 5West – NS (for neurosurgical patients).
- **Mixed Acuity**: If there is a wide variety of type of patients on the unit, it can be classified as a mixed acuity unit but be aware that CDC does not plan to publish national pooled mean rates for this location type. Therefore, your facility will not be able to compare your mixed acuity unit rates to an NHSN pooled mean, nor will these data be included in any SIR analysis. Note too that if this unit has ICU beds or patients, it cannot be classified as an ICU for CMS reporting purposes. In this situation, you should consult with MPRO staff about compliance with CMS reporting requirements.

Additional guidance regarding mapping locations, including examples, is attached to the Breeze meeting room. Attached to this guidance is an appendix discussing how to manage existing locations if updates are needed, and what to do about assignment of **inaccurate** CDC location descriptions. **CDC does recommend an annual review of location types/descriptions and also when major changes are made within the hospital.**

### **Future NHSN Training**

Judy mentioned that the SHARP Unit has received several requests for additional training on NHSN. She indicated that they would like additional feedback on what type of training (formal vs question/answer only vs use of CDC demo?) and format (via conference call vs in-person training, or other?), and topics. Please send suggestions to Judy or Allie in the SHARP Unit and they will begin to plan trainings for 2013.

### **CDA Training**

Judy had received a request from a hospital for someone from CDC to do a training on CDA. Judy mentioned that there is informational material and training available on the NHSN website at [www.cdc.gov/nhsn/CDA\\_eSurveillance.html](http://www.cdc.gov/nhsn/CDA_eSurveillance.html). Information about CDA is also attached to the Breeze meeting room. Judy asked if anyone on the conference call felt comfortable using CDA and would be willing to be a resource for others who might be interested in using it. No one responded on the conference call.

### **Release of Next Version of NHSN**

Allie mentioned a couple of new changes coming but because of time, SHARP staff did not go into any detail about upcoming changes. These changes will be discussed during the December monthly conference call. Judy did indicate, however, that the next release of NHSN is scheduled for February 16, 2013.

### **Participant Questions**

Conference call ran out of time, although questions were asked during the individual topic areas on the agenda.

### **Next Conference Call**

Because of the Christmas holiday, the next conference call is being moved up one week to ***Wednesday, December 19<sup>th</sup> at 10:00 a.m.*** During this call, new changes and revisions within NHSN for 2013 will be discussed. Please try to join us for this call if you can.