

MDCH SHARP NHSN USERS CONFERENCE CALL

Wednesday, December 19, 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 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 the status of her reports. The 2012 Q1 and Q2 reports are in for final review and edits before release. The 2011-2012 Semi-Annual Report is also in final stages, and work is being started on the 76 corresponding Semi-Annual Individual Hospital Reports. Allie is also working on a deeper analysis of Michigan CAUTI data.

Updates and Reminders

Review of CMS Reporting Requirements

Judy reminded participants on the call that, effective 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 effective October 1, 2012. Additional details and training for these facilities are available on the NHSN website at 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 bacteremia 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.

Additional information on the two new acute care reporting requirements is discussed later in these meeting notes.

Review of Healthcare Personnel Flu Vaccination Reporting

Judy gave a quick overview of the Healthcare Personnel Vaccination module. 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 “Add/Edit Component”. The Healthcare Personnel Safety (HPS) Component should be check marked. **Within the HPS Component**, Monthly Reporting Plans must also be created or updated to include “**HCP influenza vaccination reporting**”. A Monthly Reporting Plan only needs to be completed once for each flu vaccination season (Oct 1 through March 31 of the following year.) 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. Although hospital users may have rights to enter data into the Patient Safety Component and modules, these rights do not carry over to the Healthcare Personnel Safety Component and modules.

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. 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>.

Review of MRSA/CDI LabID Event Reporting & Analysis

This 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.

Overview of 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. When mapping locations, the *CDC Location Labels and Location Descriptions* master

list should also be used. This latter document is posted to the Breeze meeting room and 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 in locations are made within the hospital.**

MRSA Bacteremia & CDI LabID SIR Overview

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 an adjustment for CDI test types. That is why it is so important to fill out a 2012 facility survey when it becomes available. Both the MRSA bacteremia and CDI SIRs will use a baseline period of 2010-2011 data. CDI will have a national 5-year target of a 30% reduction in facility-wide, inpatient healthcare-onset (HO) CDI LabID events (SIR=0.70), and will be adjusted for facility bed size, teaching type, CDI test type (PCR, EIA, other), and prevalence (continuous variable). MRSA bacteremia will have a national 5-year target of a 25% reduction in facility-wide inpatient HO blood LabID events (SIR=0.75), and will be adjusted for bed size, teaching type, and prevalence (continuous variable).

Upcoming 2013 Changes within NHSN

Judy mentioned some of the changes coming in January 2013 as described on a document from CDC released August 7th, 2012. This document is posted as an attachment to the Breeze meeting room. Some of the changes include the following:

- The definition of primary closure will be changed to include procedures where devices remain extending through the incision at the end of the surgical procedure.
- NHSN will no longer collect information on “implants” utilized during operative procedures as part of surgical site infection surveillance.
- Duration of SSI surveillance will no longer be determined by presence of surgical implant nor type of SSI but instead will be determined by the NHSN Procedure Category only. A 30 day or a 90 day period will be required.
- Several specific site criteria for organ/space SSI and for nonsurgical HAI events will be updated to change the criterion “Radiographic evidence of infection” to “Imaging testing evidence of infection” and change “Other evidence of infection found on direct exam during surgery, or by diagnostic tests” to “Other evidence of infection found on direct exam, during invasive procedure, or by diagnostic tests”.
- Although CDC said that they would be using the terminology “Present on Admission” (POA) in their new definitions for SSIs and for Device-Associated Infection Surveillance, they have recently decided to remove this from the 2013 revised definitions. Because these definitions will be changing again in 2014, they decided to wait on this change. Joe also reminded participants that an infection is considered an HAI if it occurs on or after the 3rd hospital day and meets a CDC/NHSN site-specific infection criterion.

Until the final changes for 2013 are released from CDC, which should be any day, the above changes should be considered draft. Allie also noted that revisions to the October NHSN trainings at CDC have been posted to the www.michigan.gov/hai website as well as to the NHSN website at www.cdc.gov/nhsn/training/.

Surveillance for VAEs

Surveillance for the Ventilator-Associated Events (VAE) module will become available in January 2013 although NHSN will not accept this data until mid-February. Note that VAE surveillance is not currently a requirement by CMS for acute care hospitals. VAE replaces the VAP module for adult patients 18 years and older. Additional information regarding these changes can be found in the September 2012 NHSN e-News from CDC.

Plans for Additional SHARP NHSN Training

Allie will be conducting an analysis training on January 16, 2013 at 10 a.m. using the same Breeze meeting room and conference call-in number. Basic analysis and the SIR will be covered. After the January 23, 2013 call at 10a.m., Judy and Allie will be hosting a Q&A session along with an NHSN demo on Breeze. Participants are encouraged to stay on the line as long as necessary to get their questions answered. Lastly, in February 2013 (date TBA), SHARP staff will be hosting a Breeze session covering case studies only.

They are still considering in-person trainings, but have decided to host webinars to get some questions answered. Further trainings will be discussed in the future.

Participant Questions

There were no additional questions from the participants.

Next Conference Call

The next SHARP NHSN conference call is scheduled for January 23, 2013 at 10:00 a.m. We hope that you will be able to join us on this call. An agenda and call-in details will be posted on our website at www.michigan.gov/hai about a week or so prior to the call. 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.