

MDCH SHARP NHSN USERS CONFERENCE CALL
Wednesday, May 22, 2013

Thank you to those who were able to join our monthly NHSN users' conference call. If you were unable to participate, we hope that you will be able to join us next month. Any healthcare facility is welcome to participate, 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.

Brief Updates

NHSN Email Notifications: Judy reminded call participants to check hospital contacts listed under "Facility" and "Facility Information" on the navigation bar within NHSN. Judy sends email to users through the Group email function within NHSN to these contacts. The SHARP Unit is getting lots of bounce backs indicating that emails are undeliverable, possibly because the person is no longer there or that the listed email address is incorrect. Please take a few minutes to make sure that these contacts are correct for your hospital. If not, you can edit the information. The SHARP Unit cannot edit contact information for you.

NHSN Changes & Reporting Requirements for 2013

As of January 1, 2013, acute care hospitals should now be reporting MRSA bacteremia and *C. difficile* LabID events (facility wide inpatients) into NHSN. This requires that all hospital locations be mapped within NHSN. In addition, May 15th was the CMS deadline for reporting healthcare personnel flu vaccination data from acute care hospitals for the period of January 1 – March 31, 2013 (Note that this data for October 1 – December 31, 2012 was optional). On October 1, 2013, LTACs will be required to also begin reporting healthcare personnel flu vaccination data into NHSN.

April 2013 NHSN Newsletter

The April NHSN newsletter is attached to the meeting room for this call. This issue contains a lot of important information that needs to be read by hospitals, especially with regard to changes within NHSN for 2013.

New Annual Facility Survey for 2012

If your hospital completed the 2012 NHSN annual facility survey **BEFORE February 16, 2013**, you will need to **redo** it. The up-to-date version of the survey was not available until after that time. Even if you do not have an onsite laboratory at your facility, you are still obligated to complete microbiology sections of the survey by contacting your offsite laboratory(-ies).

Please verify that you have accurately reported the primary method for *C. difficile* testing used by your hospital. See page 3 of the April NHSN newsletter for additional information. This information is used for risk adjustment for current and future national aggregate data, as well as for public reporting of data on Hospital Compare.

New NHSN Website

CDC has updated their website, making it more user-friendly. Each facility type now has its own links to protocols, other manual chapters, analysis tools, trainings and other resources. Check the new website out!

New Analysis Quick Reference Guides

Hospitals that need NHSN analysis help should check out the new Quick Reference Guides for the Patient Safety Component on the NHSN website. A link is also listed in the meeting room for this conference call.

NHSN Training at APIC Conference in June

Several NHSN training sessions will be held during the APIC Conference in Fort Lauderdale which begins June 7th. A list of these training dates and times is included in the April 2013 NHSN Newsletter on page 9.

Update on NHSN Reports

Allie announced to the group that she is finalizing the semi-annual individual reports and hopes to have them available soon. The 2012 quarter 3 surveillance report is in for final review, and she is planning on posting this to www.michigan.gov/hai when complete. She has pulled the 2012 quarter 4 data to correspond with the CMS reporting deadline.

Overview on the Export Function within NHSN

Allie attached the data dictionary provided by CDC to the meeting room for download. It is also available on the NHSN website. She described some of the variables that stood out to her, particularly within the MRSA and CDI LabID Modules. When exporting MDRO LabID data, the main variables to focus on are the admitprevCOCount, admitprevCOHCFACount, facilityincHOCcount, and LabIDCount variables. These can be used to calculate various prevalence and incidence rates using admissions or patient days as a denominator. One variable that can be confusing is the admprevHOCcount. This

variable indicates infections that were hospital-onset based on the date admitted to the *facility*, but were considered to be “prevalent” based on the date admitted to the *location*. This only applies when hospitals are performing individual unit surveillance in addition to FacWideIn reporting (it isn’t an issue when only performing FacWideIn reporting).

Overview of Michigan Regional Trend Data

Allie walked through the powerpoint included at the end of these minutes. She presented the SIR by Michigan public health preparedness region data in a poster session at the Spring MSIPC conference.

Pulling Your Facility’s CMS Reports from NHSN: What do the data mean?

Allie demonstrated how to pull the CMS reports from NHSN for MRSA bacteremia and CDI LabID SIRs. This is located under the advanced folder in the analysis options tab, in CMS reports. The MRSA bacteremia and CDI LabID SIRs are only provided on a quarterly basis and for facility-wide reporting. A document detailing the risk adjustment for MRSA bacteremia and CDI LabID can be found at <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf>.

Questions from Participants

Questions from participants were asked during other parts of this conference call.

Next Conference Call

The next conference call will be on Wednesday, June 26th at 10:00 a.m. The next meeting agenda, as well as notes from today’s call, will be posted at www.michigan.gov/hai during the week prior to the call.

CAUTI, CLABSI, AND SSI STANDARDIZED INFECTION RATIOS (SIR) IN MICHIGAN TRENDS BY MICHIGAN EMERGENCY PREPAREDNESS REGION 2011-2012

Allison Gibson Murad, MPH
Judy Weber, MPH
Jennie Finks, DVM, MVPH

Background

- The Michigan Department of Community Health (MDCH) Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit conducts statewide Healthcare-Associated Infection (HAI) surveillance via the National Healthcare Safety Network (NHSN).
- Although reporting to MDCH SHARP is voluntary, the Centers for Medicare and Medicaid Services (CMS) requires that acute-care hospitals report Central Line-Associated Bloodstream Infection (CLABSI) data (effective January 2011), as well as select Surgical Site Infection (SSI) data (effective January 2012), and Catheter-Associated Urinary Tract Infection (CAUTI) data (effective January 2012) via NHSN.
- Previously reported low Michigan CAUTI and CLABSI standardized infection ratios (SIRs) and device utilization (DU) ratios may be attributed to longstanding CAUTI and CLABSI surveillance and prevention efforts within the state. SSIs are also closely monitored.

Methods

- MDCH accepts all voluntarily shared surveillance data. NHSN calculates SIRs, comparing time-specific Michigan data to risk-stratified national baseline data.
- SIRs for CLABSI, CAUTI and SSI modules are shown overall for 2011 and 2012 and stratified overall by Michigan public health preparedness region.
- A reference dotted line is provided for all SIR bar graphs to indicate the national expected level, or “no different than expected”.
- Regions without bar graphs had fewer than 5 hospitals participating.

Results - CLABSI

- The 2011 overall Michigan CLABSI SIR is 0.398 for 69 hospitals and the 2012 overall Michigan CLABSI SIR is 0.464 for 71 hospitals. Both are significantly lower than expected.
- CLABSI SIRs are consistently significantly lower than expected throughout every region for 2011 and 2012, with the exception of Region 8, which has too few participating hospitals to calculate an SIR.
- Region 5 has the lowest SIRs at 0.154 for 2011 and 0.347 for 2012.

Results - SSI

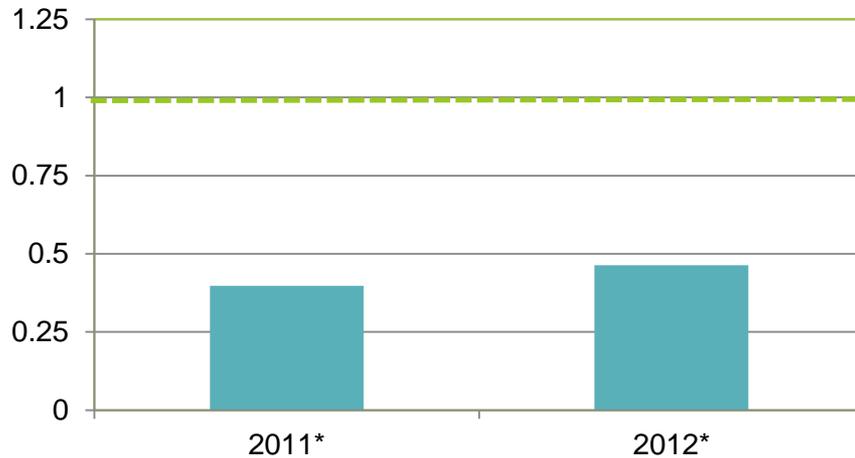
- The 2011 overall Michigan SSI SIR is 1.195 for 27 hospitals, which is significantly higher than expected. The 2012 overall SSI SIR is 1.044 for 70 hospitals.
- In 2012, Region 2N has an SSI SIR of 0.473, which is significantly lower than expected. In contrast, Region 2S has a 2011 SSI SIR of 1.434 (significantly higher than expected), and a 2012 SSI SIR of 1.101.

Results - CAUTI

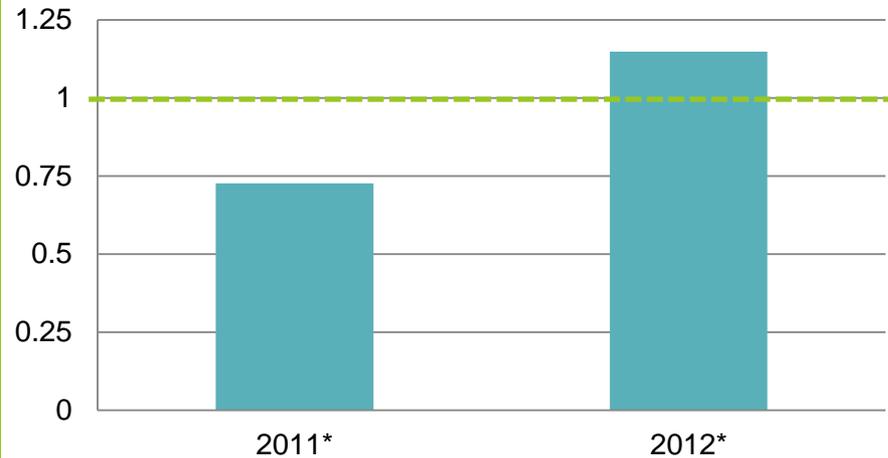
- The 2011 overall Michigan CAUTI SIR is 0.726 for 26 hospitals, which demonstrates significantly fewer infections than expected. The 2012 overall CAUTI SIR is 1.148 for 73 hospitals, which is significantly higher than expected.
- Region 6 has a 2012 CAUTI SIR of 2.554, which is significantly higher than expected, while Region 1 and Region 2N have CAUTI SIRs of 0.773 and 0.793, respectively, which indicate over 20% fewer infections than expected.

Overall SIRs

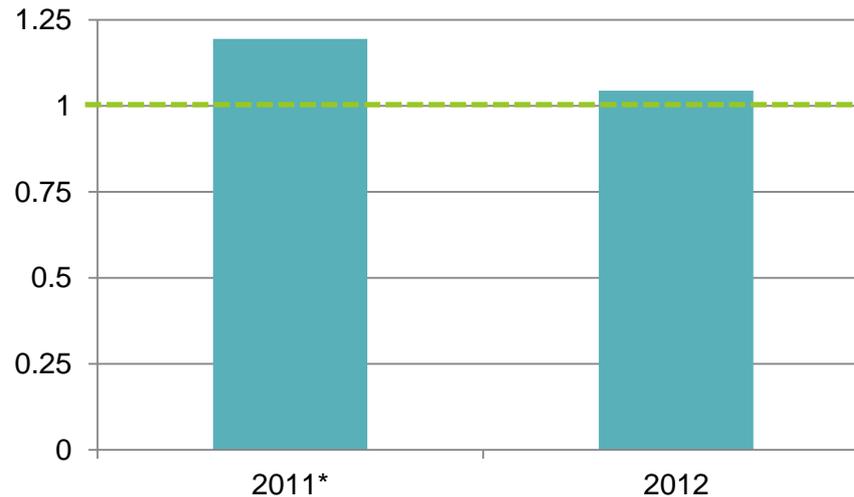
CLABSI SIR in SHARP-Participating Hospitals



CAUTI SIR in SHARP-Participating Hospitals

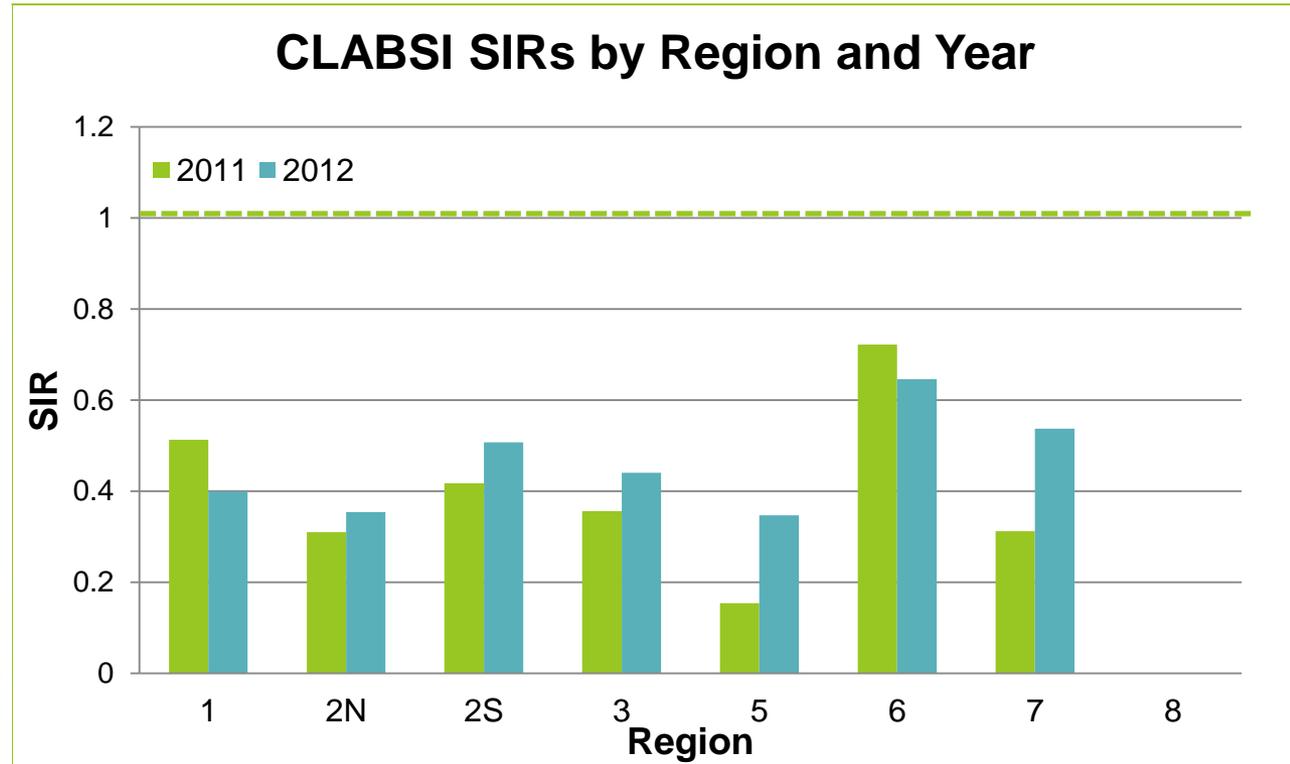
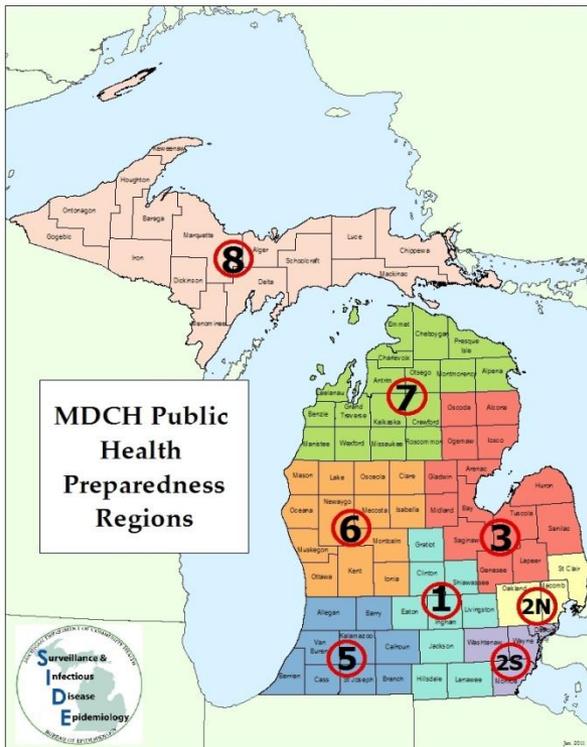


SSI SIR in SHARP-Participating Hospitals

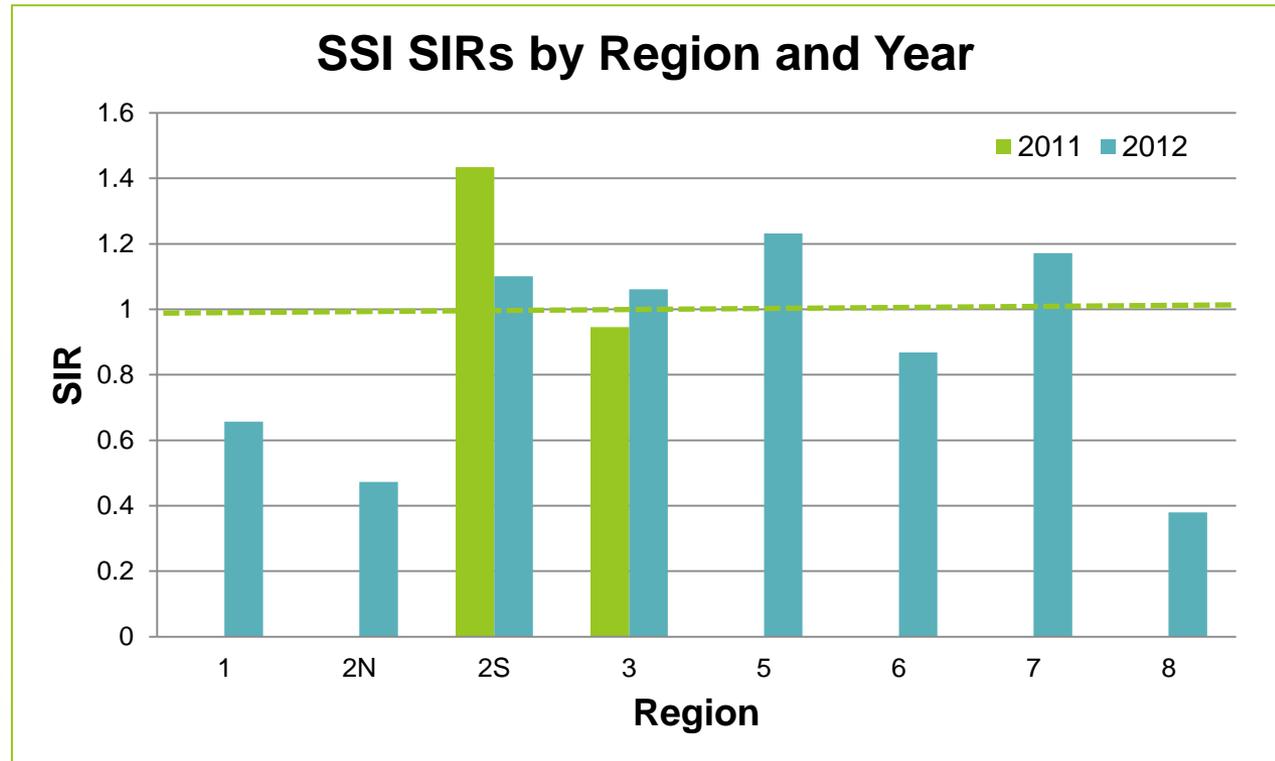
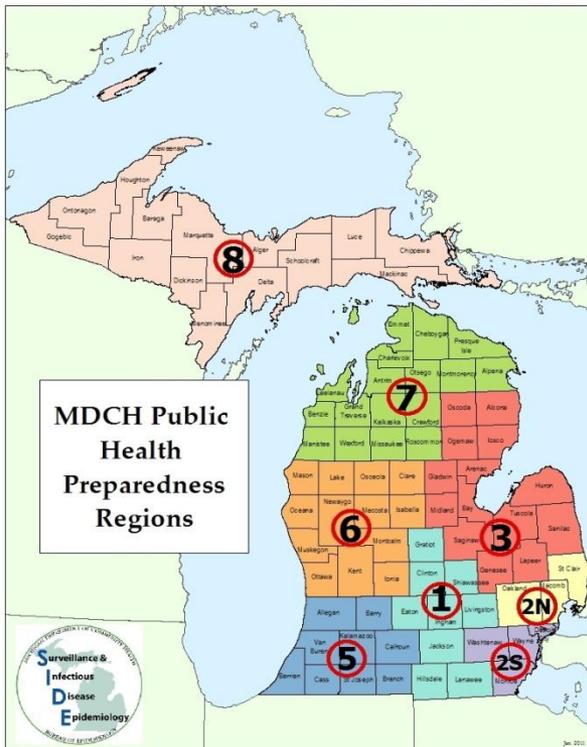


*significantly different than the reference line of 1

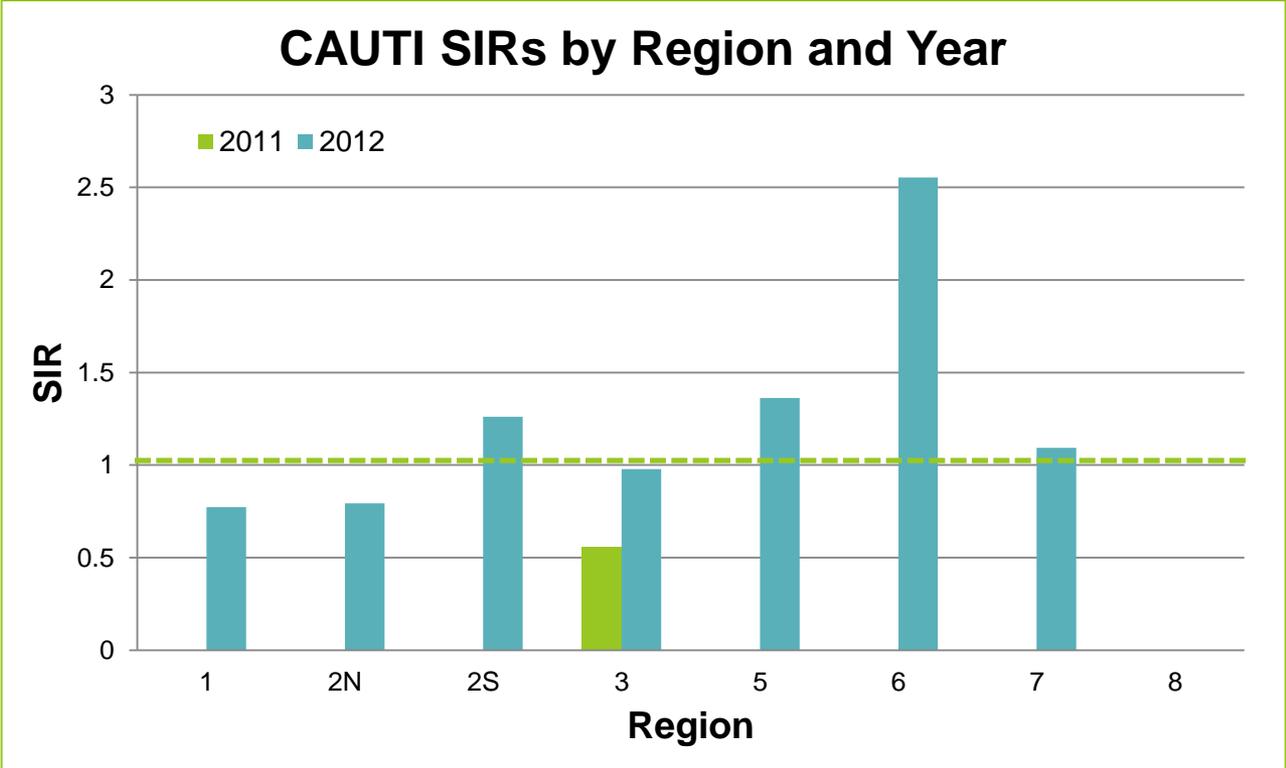
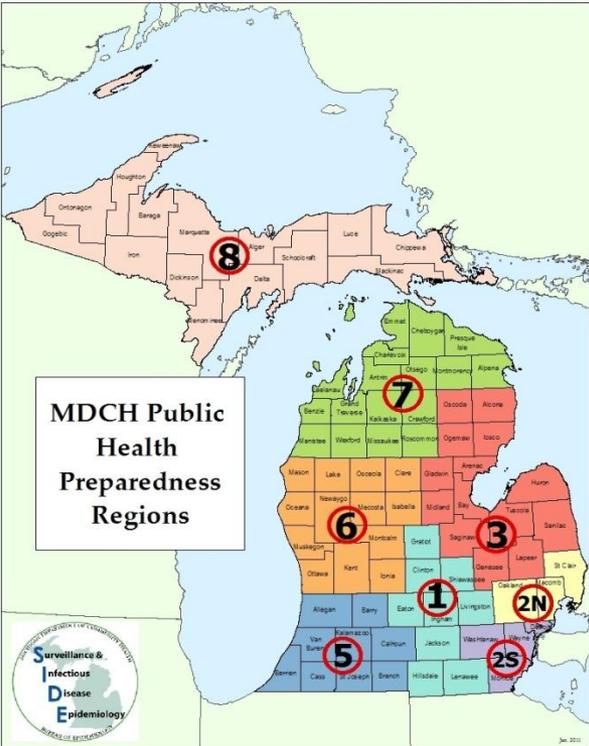
SIRs by Region - CLABSI



SIRs by Region - SSI

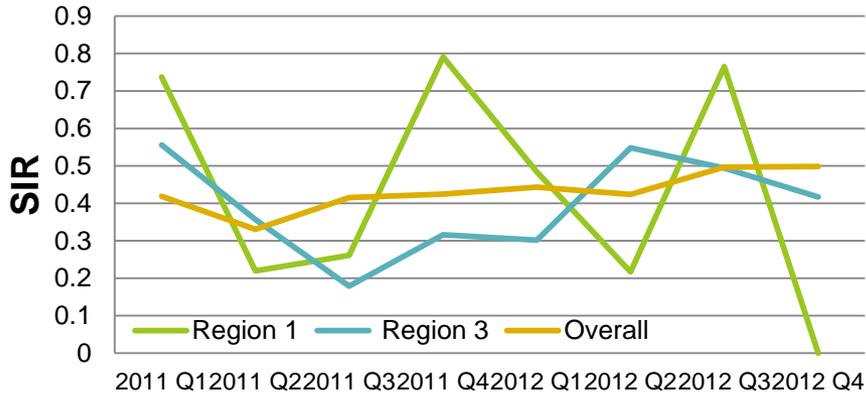


SIRs by Region - CAUTI

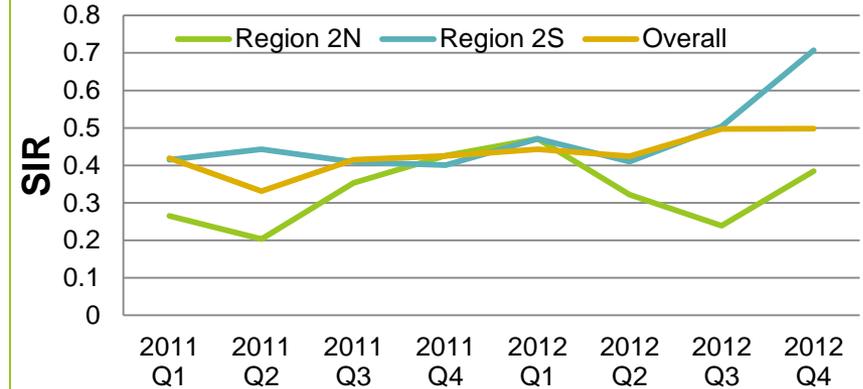


SIR Trends by Region - CLABSI

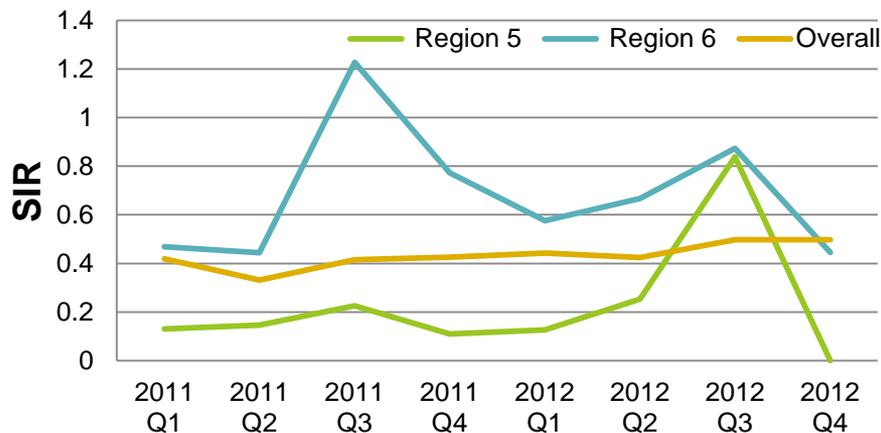
Mid-Michigan CLABSI SIR Trends



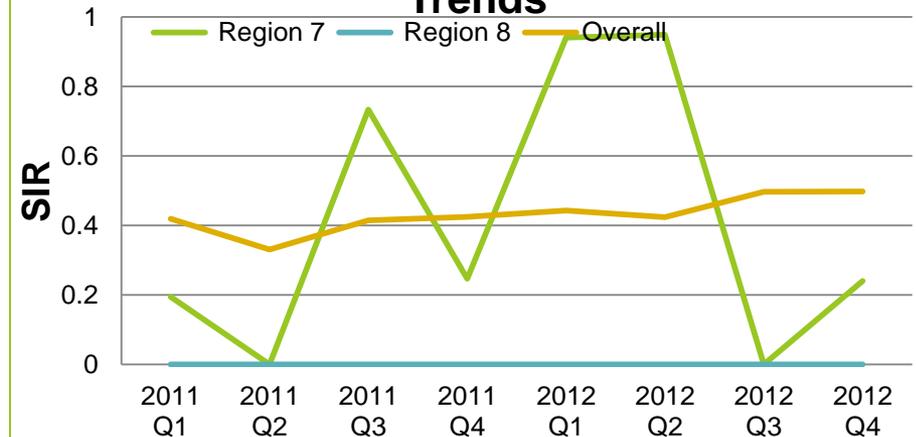
Southeast Michigan CLABSI SIR Trends



West Michigan CLABSI SIR Trends

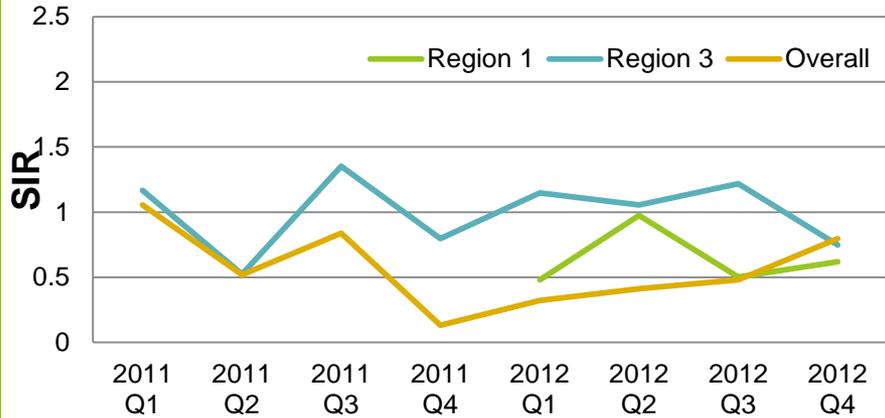


Northern Michigan CLABSI SIR Trends

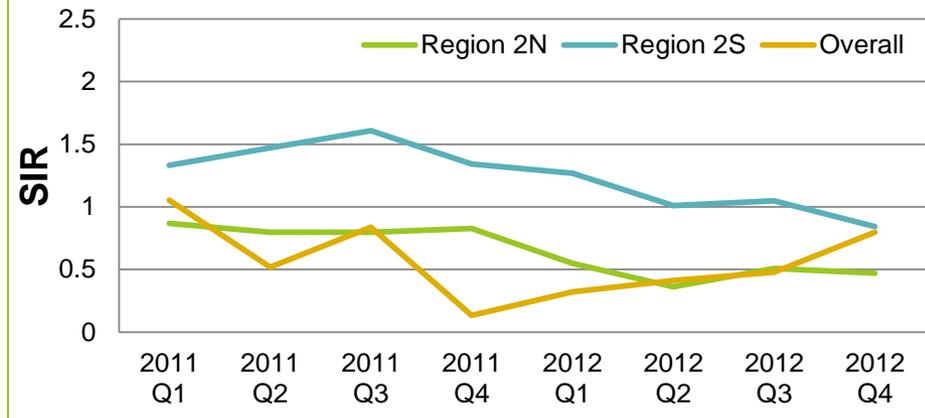


SIR Trends by Region - SSI

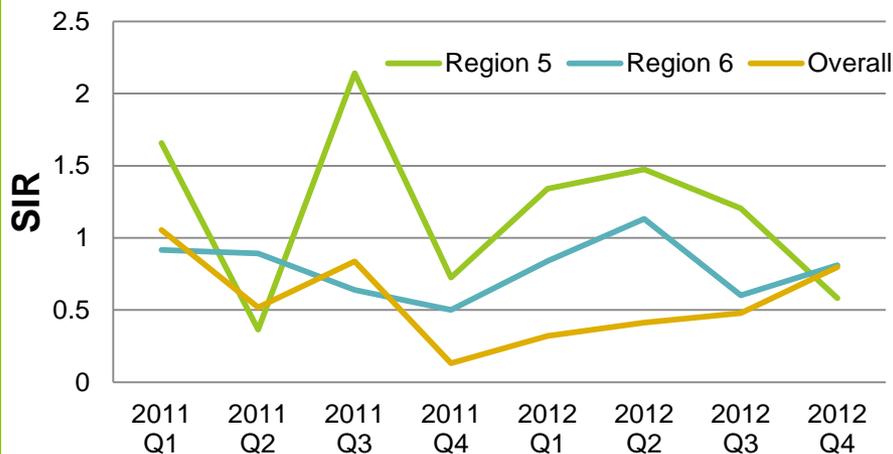
Mid-Michigan SSI SIR Trends



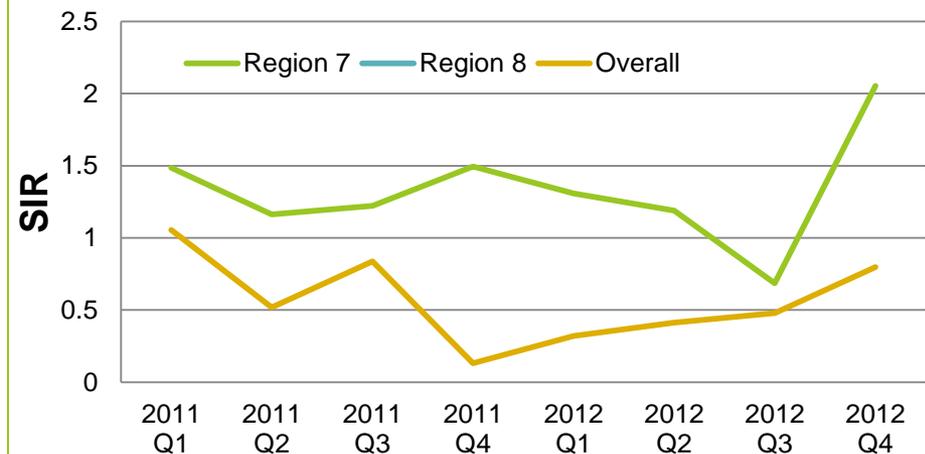
Southeast Michigan SSI SIR Trends



West Michigan SSI SIR Trends

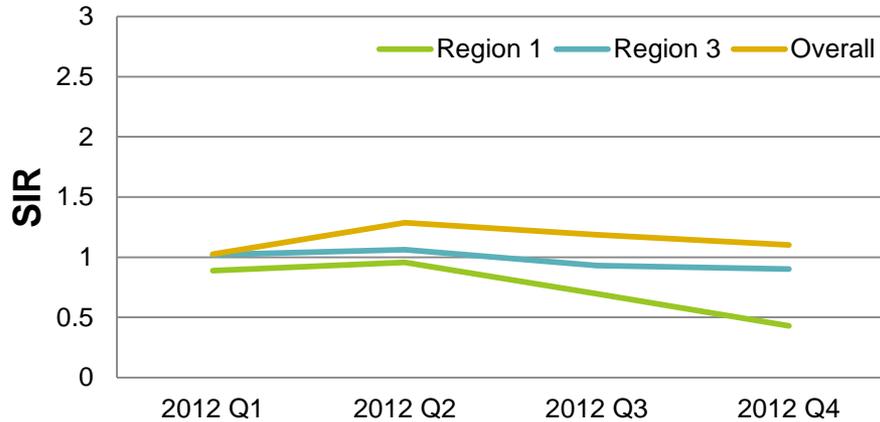


Northern Michigan SSI SIR Trends

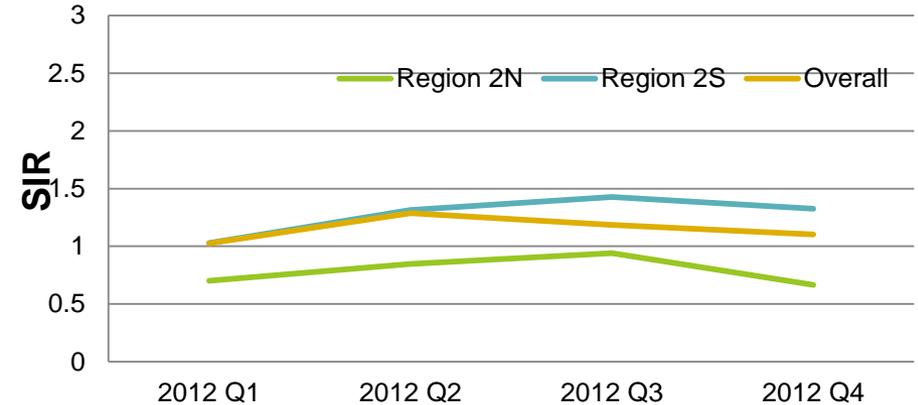


SIR Trends by Region - CAUTI

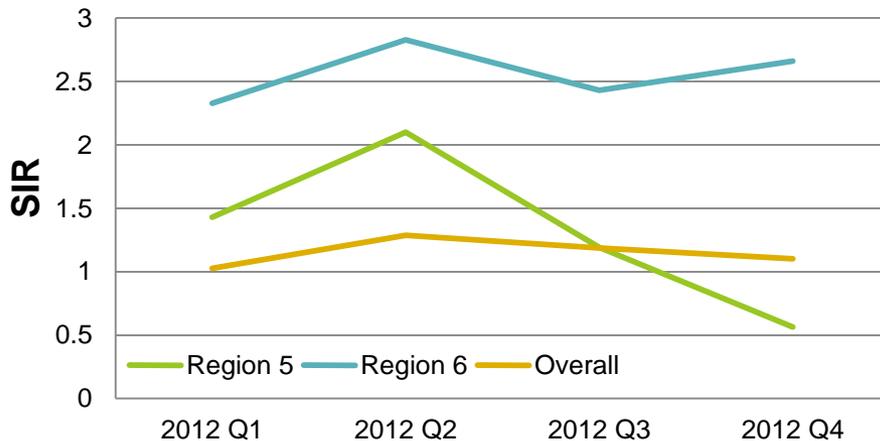
Mid-Michigan CAUTI SIR Trends



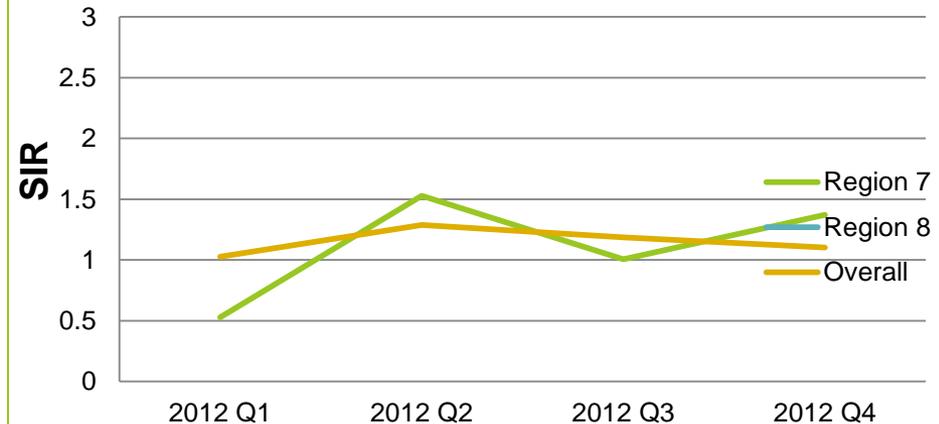
Southeast Michigan CAUTI SIR Trends



West Michigan CAUTI SIR Trends



Northern Michigan CAUTI SIR Trends



Discussion

- Historically, Michigan has reported low overall CAUTI and CLABSI SIRs, while overall SSI SIRs have generally been no different than expected.
- Due to the CMS CLABSI mandate becoming effective in January 2011, the number of hospitals participating in 2011 is already high. The 2012 CMS mandates lead to the addition of 43 SSI-reporting hospitals and 45 CAUTI-reporting hospitals, a dramatic increase from 2011.
- It has been shown that hospitals involved in CAUTI and CLABSI prevention initiatives as well as collaboratives to reduce catheter and central line usage can maintain a lower-than-expected number of infections.

Thank You!

- Please contact me with any questions or comments.
- Allie Gibson Murad
 - murada@michigan.gov
 - 517-335-8199
 - Website: www.michigan.gov/hai