

Monthly SHARP Conference Call August 24, 2011

This was the second SHARP Unit conference call with healthcare facilities using NHSN. Any healthcare facility is welcome to participate in these calls. Registration and name/facility identification are **not** required to participate.

The monthly conference call will be held every 4th Wednesday of the month at 10:00 a.m. The next call is scheduled for Wednesday, September 28th at 10:00 a.m.

- Call-in number: 877-336-1831
- Passcode: 9103755
- Webinar: <http://breeze.mdch.train.org/mdchsharp/>

Suggestions for discussion during the conference calls are always welcome!

Conference Call Highlights

Welcome & Introductions

Joe Coyle, MPH, was introduced as the new Infection Control Consultant. An updated list of all SHARP staff and their contact information is listed on the MDCH website (www.michigan.gov/hai).

Previous Minutes

Judy reminded those on the call that notes from all SHARP monthly conference calls will be posted on the home page of the MDCH website at www.michigan.gov/hai.

Updates to Website: www.michigan.gov/hai

Updated CMS requirements for NHSN reporting, updates to the HAI Advisory Group roster, revisions to the conferring rights information as well as adding and editing locations within NHSN, and Infection Prevention Guide and Checklist for Outpatient Settings. Please check the site often and let us know if there is anything you think we should add!

Data Mining Options

As with CDC, MDCH SHARP cannot endorse any specific vendors. You are encouraged to contact your current vendors to see what their capabilities and NHSN compatibility is. A list of vendors which support and/or have expressed interest in providing services and software for the electronic collection of antimicrobial use data is available on the Society for Infectious Disease Pharmacists' website (www.sidp.org).

September 9th Conference

SHARP is co-sponsoring a one-day free symposium on September 9th in conjunction with the Michigan Health and Hospital Association (MHA) Keystone Center for Patient Safety, MPRO, and the Michigan Antibiotic Resistance Reduction (MARR) Coalition. The conference entitled "Infection Prevention: A Community Effort" will be held at the Kellogg Center in East Lansing from 8:30 a.m. to 3:45 p.m. on September 9th. Additional information, including the program agenda and registration, can be found on the MDCH HAI website.

Reimbursement Receipts

The first 50 hospitals to share their NHSN data with SHARP are reminded to submit their reimbursement requests to Jennie Finks prior to October 1, 2011 for their professional development awards. Questions regarding these awards should be directed to Jennie.

Quarterly & Semi-Annual Reports

Allison is completing a quarterly report for April–June, 2011, and will post this in the near future on the MDCH HAI website under the heading “HAI Surveillance & Prevention Plans and Reports”. Allison is also working on a Semi-Annual Report for the time period of October 1, 2010 through March 30, 2011 as well as Individual Hospital Semi-Annual Reports for the same time period. Individual Hospital Reports will be made available only to the hospital providing the data to the SHARP Unit (each hospital will only have access to their own report). The cumulative reports will not include any identifiable data.

CMS Reporting Rule for 2012

A link to the chart listing the current and proposed CMS IPPS reporting requirements for 2012 has been added to the home page of the MDCH SHARP website. Beginning January 1, 2012, acute care hospitals will be required to report CAUTIs from adult and pediatric ICUs, and also colon and abdominal hysterectomy SSIs from all areas of the hospital. CLABSI reporting will also continue from adult, pediatric, and neonatal ICUs.

Also proposed for January 2012 are reporting of I.V. antimicrobial starts, positive blood cultures, and signs of vascular access infection from dialysis facilities. According to CDC, the proposed rule covers all units/facilities that provide dialysis to outpatients. In other words, every one of these dialysis units needs to become its own outpatient dialysis facility within NHSN. If an acute care facility has an outpatient dialysis facility/location affiliated with it and currently has that facility defined under their HOSP-GEN acute care facility type as an outpatient dialysis location, then they will need to delete that location from the acute care facility and that location must become its own outpatient dialysis facility. The only units that are not affected by this proposed rule are “inpatient” dialysis locations within hospitals and those locations would only be used to provide dialysis to inpatients that are staying overnight in the facility for some sort of care/treatment and that need to be dialyzed during their hospital stay. If a dialysis location serves both inpatients and outpatients, then they will have to report from the outpatient side, not from the inpatient side, for the proposed rule.

MPRO Announcement

MPRO (Michigan’s Quality Improvement Organization), on behalf of the Centers for Medicare & Medicaid Services (CMS), is embarking on a national initiative to reduce HAIs in hospitals over the next three years (August 2011–July 2014). MPRO is inviting hospitals to join this statewide mission. During this three-year phase of work with CMS, MPRO has initiated an exciting project known as *Improve Individual Patient Care*. This project will enhance previous and current work to reduce HAIs and is aligned with the national quality strategy *The Partnership for Patients Campaign* and the U.S. Department of Health and Human Services (HHS) Action Plan, as well as partnerships with the

MDCH SHARP Unit and MHA Keystone Projects. This national initiative will give providers opportunities to prevent HAIs including catheter-associated urinary tract infections (CAUTIs), *Clostridium difficile* infections (CDIs), and Surgical-Site Infections (SSIs). Providers will participate in Learning Action Networks (LAN) to leverage national educational sessions, sharing of tools, resources and best practices. Recruitment materials to join this HAI initiative will be distributed by MPRO to hospital CEOs as well as Quality contacts. A suggestion was made to also cc. past MPRO MRSA project participants.

Reminders about using NHSN

August 15th Deadline: Judy congratulated all SHARP-participating hospitals for meeting the August 15th deadline for entering their CLABSI data into NHSN. The next deadline for submitting CLABSI data for the months of April–June, 2011 is November 15, 2011.

Denominators: Judy reminded hospitals to remember to enter their monthly denominator data into NHSN. For the device-associated module, denominators include total patient days and device days. For the MDRO/CDI module, this includes total patient days and admissions for inpatient locations, and patient encounters for ER and outpatient locations. Denominators are entered under “Summary Data” on the navigation bar of the home page of NHSN.

CDC Definitions: Hospitals are reminded to use CDC definitions for facility locations, infections and events. Note that clinical definitions of infections used by healthcare facilities may be different from surveillance definitions used by NHSN. For a list of CDC locations and descriptions, go to <http://www.cdc.gov/nhsn/library.html>. For a list of event definitions, go to the specific event definitions listed under each NHSN module at http://www.cdc.gov/nhsn/TOC_PSCManual.html.

MDRO LabID Events: Hospitals are reminded that if they are using the LabID event option of the MDRO/CDI module, they must enter all positive lab assays and/or positive lab cultures for the organism(s) being monitored. A NHSN algorithm for determining a LabID event can be found on page 12-21 of the Multidrug-Resistant Organism & *Clostridium difficile* Infection (MDRO/CDI) Module within the Patient Safety Component Manual at http://www/cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf. Note that LabID events are proxy measures of MDRO infections, exposures, and healthcare acquisition. NHSN automatically categorizes MRSA LabID events as “Healthcare Facility-Onset” (HO) vs. “Community-Onset” (CO). CDI events are categorized as “Community Onset” (CO), “Community-Onset Healthcare Facility-Associated” (CO-HCFA), or “Healthcare Facility-Onset” (HO), based upon admission date and specimen collection date.

Consistency with Monthly Reporting Plans: Hospitals should remember that Monthly Reporting Plans need to be consistent with data entered in NHSN.

Infection/event data and locations entered into NHSN should be reflected in the corresponding Monthly Reporting Plan.

Help Button within NHSN: Judy reminded hospitals that NHSN has a “help” button in the upper right hand corner of their home page in order to help with the various components and modules of NHSN. A NHSN Table of Contents is also listed at this site to assist anyone who may be totally confused as they are navigating through HNSN.

Demonstrations on NHSN

Judy demonstrated how to add locations and/or to edit them within NHSN by clicking onto “Facility” on the navigation bar of the NHSN Home Page and then going to ”Locations” where various options can be found.

Events on NHSN can be added under the “Event” option on the navigation bar of the NHSN Home Page. As the form is filled in at the top, the appropriate event form will appear. The event form should be consistent with the **type of event** that is being monitored.

Questions & Suggestions for Next Conference Call

Ideas suggested included basic data analysis and SIR (Standardized Infection Ratio) calculations. Other suggestions can be emailed to any of the SHARP staff.

Next Meeting

The next conference call is scheduled for **Wednesday, September 28 at 10:00 a.m.** An agenda and call-in information, as well as the webinar link, will be posted on the MDCH HAI website at least one week prior to the conference call.

