

MDHHS SHARP NHSN USERS CONFERENCE CALL
Wednesday, July 22nd, 2015

Thank you to those who were able to join our bi-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 **every other** month at 10:00 a.m. **Our next conference call is scheduled for September 23rd, 2015.**

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 Allie at murada@michigan.gov to add items to the agenda.

HIGHLIGHTS FROM CONFERENCE CALL

Welcome & Introductions

Allie welcomed participants on the call and SHARP staff in the room were introduced. Participants were reminded to put their phones on mute or to press *6. CSTE Fellow Mike Balke was introduced and will be working on validation efforts for the next two years. The SHARP summer interns will complete their internships July 31.

Update on Reports

Allison Chan gave reviewed the most recent reports: 2014 Michigan Annual HAI Surveillance Report, 2014 Individual TAP Report, 2014 Individual Hospital Report. Aggregate reports are posted at www.michigan.gov/hai.

NHSN Updates

Allie presented a powerpoint containing a review of the June 2015 NHSN Newsletter, articles about NHSN, MDHHS SHARP validation, and the CDC travel website (see below).

Next Meeting

The next SHARP Unit NHSN conference call is scheduled for September 23rd, 2015 at 10:00 a.m.

NHSN User Group Call

Allison Murad
MDHHS SHARP Unit

July 22, 2015

10am – 11am

June 2015
NHSN Newsletter

RIT

- RIT: 14-day period during which no two infections of the same type will be reported for the same patient
- HAI Surveillance except VAE, SSI, and LabID:
 - RIT does NOT extend across admissions
 - Is specific to a single patient admission (do not extend from one patient admission to another)

April 2015 UTI Definition

- Beginning April 1, 2015:
 - Criterion 1a for SUTI now includes both scenarios where the indwelling urinary catheter was INPLACE and where the catheter was REMOVED on the date of event
 - Previously, scenarios were addressed in separate subcategories of criterion 1a.
 - This clarifies that when the catheter is removed on the date of event, it was in fact also in place for some time on the date of event

NHSN CAUTI System Defect

- Note that NHSN has identified a defect within the NHSN system which currently prevents urinary frequency, urgency, or dysuria to be entered when the indwelling catheter was either 1) discontinued on the date of event or 2) removed and replaced on the date of event. To enter this event into NHSN and remain in compliance with any reporting requirements, please follow these “work around” steps until the defect can be addressed in January 2016:
 - 1. Under risk factor choose REMOVE-Urinary catheter in place > 2 days but **removed the day before event**. This will allow you to enter the necessary symptoms.
 - 2. Keep track of this case so you can edit this entry once NHSN completes the fix in January 2016.
 - 3. You may wish to document something about this in the comments field of the event. Using the same comment for all such events, e.g., “work around”, will allow you to easily identify these cases by including the comments variable in a line listing of UTIs for editing once the fix has been completed.
 - Note: This work around allows you to enter the event as a Catheter-Associated Urinary Tract Infection (CAUTI), and therefore correctly maintains your CAUTI data for CMS reporting and analysis.

BSI Secondary to Pneumonia

- PNEU definitions are no longer available for in-plan PNEU/VAP surveillance for patients in adult locations
 - PNEU definition is available for assigning secondary BSI attribution when conducting BSI surveillance for patients in **any** location
 - To assign an LCBI as secondary to a primary site of infection, one of the NHSN site specific infection definitions must be fully met
 - PNEU: Chapter 6
 - UTI: Chapter 7
 - SSI: Chapter 9
 - Surveillance Definitions for Specific Types of Infections: Chapter 17

LCBI Secondary to VAE

- For patients in adult locations:
 - An LCBI may be determined to be secondary to VAE
 - Specific guidance provided in the VAE surveillance protocol:
http://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf

Transition to ICD-10-PCS and CPT Codes

- Mapping for ICD-10-PCS and CPT is very close to completion
- Two Excel spreadsheets will be in the Supporting Materials section of the NHSN SSI webpages
 - ICD-10-PCS
 - CPT
 - An email will be sent to all users and vendors once this is available
 - Expected mid-July, so should be any day now

Transition to ICD-10-PCS and CPT Codes

- ICD-10-PCS codes will replace ICD-9-CM codes on October 1, 2015
 - NHSN will not have the ability to receive these codes until the January 2016 release
- Data entry guidance: enter NHSN procedure code (ex. COLO, HYST, etc...), but no associated ICD-9, ICD10, or CPT codes associated

More Information on Procedure Codes

- ICD-10-PCS and CPT codes:
 - Will remain optional in 2016
 - Do not differentiate between spinal fusion (FUSN) and repeat spinal fusions (RFUSN). Therefore, NHSN FUSN will include both.
- Codes mapped as OTH-other exceed NHSN resources. Therefore, procedures in this group will not be considered an NHSN operative procedure beginning January 1, 2016.

CDI Test Type Reminder

- CDI LabID SIRs use CDI test type reported each quarter
- Report primary type of test used to identify CDI in the hospital at the end of the “MDRO/CDI Prevention Process and Outcome Measures Monthly Reporting” forms
 - SIRs will not be calculated for a quarter until the CDI test type has been reported
 - Data for these months will be listed in the “incomplete months” data table

Reminder: CMS Data Due Soon!

- 2015 Quarter 1 (January 1 - March 31) due August 15th
 - Make sure at least one individual at your facility can access NHSN data via SAMS
 - Verify:
 - Monthly reporting plans are complete
 - All summary and event data are entered
 - All alerts are cleared from the facility homepage

Monthly Checklist

- <http://www.cdc.gov/nhsn/cms/index.html>

- Available soon, will look like:

June 2015

CCN: _____

Month/Year: _____

NHSN Monthly Checklist for Reporting to CMS Hospital IQR

	CAUTI	CLABSI	HAC/AVENI/ENI Event	SSI	HCP Influenza Vaccination (denominator)
Monthly Plan	<input type="checkbox"/> ICU <input type="checkbox"/> Wards*	<input type="checkbox"/> ICU <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> ED <input type="checkbox"/> Observation	<input type="checkbox"/> ED/LO <input type="checkbox"/> W/ST
Seasonal Influenza Vaccination Summary Data					<input type="checkbox"/>
Monthly Denominator Data	<input type="checkbox"/> ICU <input type="checkbox"/> Wards*	<input type="checkbox"/> ICU <input type="checkbox"/> Wards*	<input type="checkbox"/> HAC/AVENI/ENI <input type="checkbox"/> ED <input type="checkbox"/> Observation	<input type="checkbox"/> ED/LO <input type="checkbox"/> W/ST	
# Zero Events or Zero procedures (00s only). Report 00 Events or no Procedures	<input type="checkbox"/> ICU <input type="checkbox"/> Wards*	<input type="checkbox"/> ICU <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> ED/LO <input type="checkbox"/> W/ST	
Enter Events	<input type="checkbox"/> ICU <input type="checkbox"/> Wards*	<input type="checkbox"/> ICU <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> ED/LO <input type="checkbox"/> W/ST	
Check for Accuracy	<input type="checkbox"/> ICU <input type="checkbox"/> Wards*	<input type="checkbox"/> ICU <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> ED/LO <input type="checkbox"/> W/ST	<input type="checkbox"/>
Send quarterly CMS Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/>	<input type="checkbox"/>

*For January 2015 and forward, includes those locations defined as, and mapped as, adult and pediatric medical, surgical, and medical/surgical wards.

Note: This is a summary checklist that applies to acute care hospitals only; if you need additional information please refer to the document below. This guide is not meant to cover requirements for other facility types, including CMS-certified Inpatient Rehabilitation Facilities (IRFs) located as units within acute care hospitals.

Location

- NHSN recommends reviewing your NHSN locations at least once a year to verify for:
 - CDC location designation
 - Bed size
 - Active/Inactive status
 - Non-duplicate

Location FAQs

- **Question: One of the units in my hospital has moved to a different floor and has a new name. Should I create a new location in NHSN?**
- **Answer:** If the staff moved with this location, and the type of patients remains the same (i.e., the only difference is the geographical location), then it's recommended to just change "Your Code" and "Your Label" on the existing location record. This will keep all of the data for this location continuous within analysis. Otherwise, it is recommended that your facility inactivates the location and create a new location for the moved unit. Note that deactivating a location will simply prevent you from being able to enter new data for that location; the location and its previously-entered data will still appear in the analysis output options and you will continue to have access to these data.

Location FAQs

- **Question: I have a single unit that spans two floors. The same staff and same patient-mix exist on both floors. Should each floor be mapped separately, or can I map one single unit in NHSN for both floors?**
- **Answer:** Each floor should be mapped individually in NHSN, as these represent physically separated units. This allows for accurate tracking of patient movement within the hospital, and proper location identification on an HAI or event form. The movement between units (or floors) is an important part of LabID Event surveillance as algorithms for LabID event assignment are based on patient movement between physical locations. If the patient-mix is the same on both floors, then you can map each floor to the same CDC Location code; note that you can generate a single SIR encompassing data from all locations of the same CDC location code.

Location FAQs

- **Question: One of my units has closed. How do I indicate that in NHSN?**
- **Answer:** Once the data has been completed entered for this location it can be set to inactive. Keep in mind that inactivating a location will simply remove the location as an option in the location drop-downs during data entry. All data reported in inactive locations will still be accessible, and available in analysis output options. In addition, any inactive location can be re-activated as needed.

General NHSN Information

- Tips for NHSN Help Desk:
 - Provide type of organization, NHSN ID, and component/module of concern in subject line
 - Provide details and screenshots in the body of your email
 - Only send information which can be used to meet the infection criteria (no excess info) when seeking help with definitions and event determinations
 - Never include patient personally identifiable information (PII) in the email

General NHSN Information

- NHSN Website has a new look
 - All content is the same
- NHSN Enrollment: 15,769 Total Healthcare Facilities Enrolled (nationally)

NHSN in the News

NHSN in the News

- http://www.medscape.com/viewarticle/847559#vp_1
 - Note: need to create a free Medscape account to access
- <http://www.beckershospitalreview.com/quality/are-cauti-rates-up-or-down-cdc-ahrq-data-disagree-study-finds.html>
 - Provides link to article published in AJIC

MDHHS SHARP Validation

MDHHS SHARP Validation

- Focus on CAUTI and CLABSI
- Looking for hospitals willing to volunteer
- More to come soon!

CDC Travel Website

CDC Travel website

www.cdc.gov/travel

Yellow book- updated summer 2015

<http://wwwnc.cdc.gov/travel/yellowbook/2016/table-of-contents>



Next Call

Wednesday, September 23rd at 10am

Please send topic ideas!

murada@michigan.gov