

MDCH SHARP NHSN USERS CONFERENCE CALL

Wednesday, April 23, 2014

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. Our next conference call is scheduled for Wednesday, May 28th.

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

HIGHLIGHTS FROM CONFERENCE CALL

Welcome & Introductions

Judy welcomed participants on the call and SHARP staff in the room was introduced. Participants were reminded to put their phones on mute or to press *6.

Update on SHARP Reports

- See attached powerpoint slides 2-3.

Important Dates to Note -- Judy

- See attached powerpoint slides 4-7.

Other NHSN Updates – Judy

- See attached powerpoint slides 8 – 23. For additional information regarding these updates, please see the March 2014 CDC NHSN e-News at this link: <http://www.cdc.gov/nhsn/PDFs/Newsletters/March-2014.pdf>
- Judy also mentioned that CDC had recently sent out an email indicating that the transition to ICD-10 and CPT codes has been delayed and will not happen prior to October 1, 2015. The implementation date has not yet been announced but CDC will keep us updated as they hear more.

Questions regarding any of the NHSN updates can be directed to Judy or Allie.

Analysis Updates

- See attached powerpoint slides 24-31. More information regarding these updates can also be found in the March 2014 CDC NHSN e-News.
- Allie gave a brief demo in NHSN showing users how to create custom outputs, name them, and put them into output sets.

Analysis Tip of the Month

- See attached powerpoint slides 32-33.
- Allie gave a brief demo showing users how they can pull their own data out to view what is sent to CMS by CDC.

| **Next Conference Call** – May 28, 2014 at 10:00 a.m.

NHSN Conference Call

Wednesday, April 23, 2014

10:00 – 11:00 a.m.

SHARP Unit/MDCH

Report Updates

Report Updates

- Expect the 2012 Quarter 2 and Quarter 3 MI HAI Surveillance Reports soon!

Important Dates

Important Dates to Note

May 15th Deadline for Acute Care Hospitals:

- 2013-14 (Oct 1, 2013 – March 31, 2014) healthcare personnel flu vaccination data
- 4th Quarter 2013 (Oct 1 – Dec 31) CLABSI and CAUTI data (ICU locations only)
- 4th Quarter 2013 (Oct 1 – Dec 31) COLO and HYST SSI data
- 4th Quarter 2013 (Oct 1 – Dec 31) MRSA Bacteremia and *C. difficile* LabID events (FacWideIN)

Important Dates to Note

May 15th Deadline for Long-Term Acute Care Facilities:

- 4th Quarter 2013 (Oct 1 – Dec 31) CLABSI and CAUTI data (all bedded inpatient locations)
- 1st Quarter 2014 (Jan 1 – March 31) CLABSI and CAUTI data (all bedded inpatient locations) – **this is one time only**

Important Dates to Note

May 15th Deadline for Inpatient Rehab Facilities:

- 4th Quarter 2013 (Oct 1 – Dec 31) CAUTI data (all bedded inpatient locations)

May 15th Deadline for Cancer Hospitals:

- 4th Quarter 2013 CLABSI and CAUTI data (all bedded inpatient care locations)

Other Important Dates to Note

- **July 1, 2014** – Medicare Beneficiary Number (MBN) must be entered on all **event** records for Medicare patients. It is **not required** to be entered onto **procedure** records at this time.
- See March 2014 NHSN eNews for additional information regarding the MBN.

Other Important Dates to Note

October 1, 2014:

- Ambulatory Surgical Centers (ASCs) must begin reporting healthcare personnel flu vaccination summary data for the 2014-15 flu season.
- ASC enrollment information to be posted on the NHSN website at:
<http://www.cdc.gov/nhsn/ambulatory-surgery/enroll.html>

NHSN Updates

SAMS Migration

- **S**ecure **A**ccess **M**anagement **S**ystem replaces digital certificate.
- Migration still in progress with current digital certificate user. New users will use SAMS.
- Access to SAMS is by invitation from CDC.
- Series of paperwork steps and identity verification.
- SAMS grid card sent to home address.
- Can access NHSN on any computer with a password and SAMS grid card.

FAQ from NHSN Users

Q. With the new definition of an NHSN operative procedure, should NHSN procedures that do not have a primary closure be included in SSI surveillance?

A. As of 2014, incisional closure is NO LONGER a part of the NHSN operative procedure definition; all otherwise eligible procedures are included, regardless of closure type. In the denominator for procedure, you should note the closure method as either "Primary Closure", or "Other than Primary".

FAQ from NHSN Users

Q. If a patient undergoes an NHSN operative procedure with non-primary closure and subsequently develops an infection that meets criteria for an SSI, must we include this case as an SSI in the numerator?

A. Yes. It will be attributed & linked to the open procedure that is in your denominator data. Although required to be reported, it will not be sent to CMS at this time. SIRs will only be calculated for procedures with a primary closure method at this time.

New LabID Event Calculator

- Web-based tool designed to help users learn how to accurately apply the MDRO & CDI LabID Event algorithms and assist in making correct LabID Event determinations.
- Does not save, store, or report any data that are entered.
- Does not report data into the NHSN application.
- Calculator link:

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

Clarification of “Present on Admission”

- Caution regarding patient admitted with a clinical diagnosis of an infection.
- Subsequent infections may or may not be reported as an HAI.
- POA time period includes 2 days before admission, the day of admission, and the day after admission.
- If patient does not fully meet criteria in the POA time period, any subsequent infections are eligible to be reported as an HAI.

Illustration of POA

- **April 1 – day 1 (Day of Admission to inpatient location)**

Therefore:

- March 30 – 2 calendar days before admission
- March 31 – 1 calendar day before admission
- April 2 – Day 2 (Day after admission to inpatient location)

POA Case Study

- Pt admitted from home with diagnosis of UTI and multiple sclerosis. Foley present on admission. Urinalysis + for >10 WBC /HPF, & leukocyte and nitrite +. Urine culture collected. No provider documentation of elements of the UTI criteria on April 1 or 2, or the days prior to admission. Blood cultures collected on admission. Antibiotics started for presumed UTI.

POA Case Study (cont)

- April 2: Pt asymptomatic, Foley present. Urine culture + for >100,000 CFU/ml *E. coli*.
- April 3: Pt asymptomatic. Foley present. Final blood culture results from April 1 show no growth.
- April 4: Pt asymptomatic. Foley present.
- April 5: Pt spikes fever to 101.0 C. Foley present.
- April 6: Foley present. Tmax 101.2 C. Urine culture collected, + for >100,000 CFU/ml of *E. coli*.

Does this patient have a CAUTI?

POA Case Study (cont)

- Yes, patient has a CAUTI.
- Pt was asymptomatic in the first 2 days of admission, and did not have matching + blood culture to the urine culture.
- Therefore, there was no POA symptomatic UTI (SUTI), nor POA asymptomatic bacteremic UTI (ABUTI). Because criteria for SUTI were met on day 6 of admission, this is a SUTI for facility.

POA Case Study (cont)

Rationale:

- Definition for POA does not include physician diagnosis.
- Physician diagnosis is not an element of the NHSN UTI definition.
- Clinical diagnosis and treatment of UTI alone cannot be used to determine that UTI is present on admission.
- Case definition for UTI (SUTI) was met on April 6th and must be reported as an HAI.

POA Case Study (cont)

**Be very careful
when identifying POA infections.**

Counting Patient Days & Admissions for MDRO/CDI Reporting

- Observation patients housed in an inpatient location must be included in FacWideIN LabID Event reporting (include in both numerator and denominator). Observation patients housed in an outpatient observation location must be excluded from FacWideIN reporting.
- If you use your billing system counts, make sure observation patients are included in inpatient admission or patient day counts depending on unit where patient is housed.

Counting Patient Days & Admissions for MDRO/CDI Reporting

- For the FacWideIN admission count, include any new patients that are assigned to a bed in any inpatient location within the facility.
- Qualification as a 'new patient' means that patient was not present on the previous calendar day.
- Daily admission counts are summed at end of calendar month for a monthly facility-wide inpatient admission count.
- If patient is admitted into multiple inpatient locations throughout their stay, they should still only count as 1 admission for the monthly FacWideIN admission count.

NHSN Analysis: Updates

New and Updated Protocols

- Due to recent protocol changes in NHSN, many users are wondering about the availability of new benchmarks and/or risk adjustment.
 - CDC has addressed:
 - Height, Weight, Diabetes, and Procedure Closure Type for SSIs
 - VAE
 - MBI-LCBI

SSI Protocol Update

- **Height, Weight, Diabetes, and Procedure Closure Technique for SSIs:** these will not be factored into the SIRs at this time, because the current baseline is 2006-2008 and these were not collected then.
 - Current SSI SIRs will exclude those procedures reported to NHSN with a closure technique that is “other than primary”
 - As data are reported, they will be assessed to potentially use in future SSI risk models

VAE Protocol Update

- **VAE:** There are no SIRs or national pooled means yet for VAE. Once there is at least a full year of VAE data reported, CDC will determine if this is sufficient to produce aggregate reports. Internal comparison of VAE rates can be done using the NHSN statistics calculator

MBI-LCBI Protocol Update

- **MBI-LCBI:** MBI-LCBIs that are central line-associated are currently included in all CLABSI rates and SIRs. However, as with VAE, there will need to be at least one full year of data reported before any final determinations can be made as to how these MBIs should be handled analytically at a national level.

CDI Test Type

- Reminder – report the primary test type used to identify CDI in the hospital when the summary data form is completed for the last month of each quarter.
 - “Other” should not be used to name specific laboratories or brand names of *C.diff* tests; otherwise, your facility’s data will not be risk-adjusted to the most appropriate level.
 - CDI LabID SIRs for 2014 and forward will be risk adjusted at the quarterly level. CDI LabID SIRs for 2012-2013 will continue to use the CDI test type as reported on the Annual Hospital Survey.

New Analysis Guides

- The following links help troubleshoot SIRs for each applicable HAI type. They present the most common problems users experience when trying to generate and interpret their SIRs.
 - General Tips for NHSN Analysis: <http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/General-Tips-NHSN-Analysis.pdf>
 - Troubleshooting CLABSI & CAUTI SIR: http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/CLABSI CAUTI_Tips.pdf
 - Troubleshooting SSI SIR: http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/SSI-SIR_Tips.pdf
 - Troubleshooting MRSA and CDI SIR: http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/MRSACDI_Tips.pdf

Unique Names for Custom Output

- When you are creating a custom output, you have the option to “Save” or “Save As”.
 - “Save” will save the changes within that same output option.
 - “Save As” will save the changes as a brand new custom output option.
 - It is recommended that you use a unique output name.
 - This will make it easier for you to find your output in the future under “Custom Output” .

NHSN Analysis: Tip of the Month

HCP Flu Vaccination Analysis

- Reminder: 2013-2014 HCP Flu Vaccination data are due May 15
 - To make sure your data are correct, you can analyze your entered data before the deadline!
 - First, go to “Analysis – Generate data sets” within the HCP component.
 - Then, go to Output Options.
 - The most informative output option is under “Influenza – CDC defined output – Frequency Table”.

Next Conference Call
Wednesday, May 28, 2014
10am – 11am