

**MDHHS SHARP NHSN USERS CONFERENCE CALL**  
**Wednesday, August 23<sup>rd</sup>, 2017**

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 October 25<sup>th</sup>, 2017.**

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](mailto: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. Allie introduced the new Antimicrobial Resistance Epidemiologist with the SHARP Unit, Sara McNamara, and announced that Michael Balke has concluded his fellowship and is leaving the SHARP Unit.

**Update on Surveillance and Reports**

Allie informed the group that updated reports will be coming all at once in the near future with corrected risk adjustment. This includes an update to the 2015 Annual Report, a new 2016 Annual Report, updated 2016 Q1 and Q2 Reports, and new 2016 Q3-Q4, 2017 Q1 reports.

**NHSN Updates and Correspondence**

Allie presented a powerpoint with multiple updates (see below).

**SHARP Updates**

See powerpoint below.

**Next Meeting**

The next SHARP Unit NHSN conference call is scheduled for October 25<sup>th</sup>, 2017 at 10am.

# Michigan NHSN User Group Call

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AUGUST 23, 2017

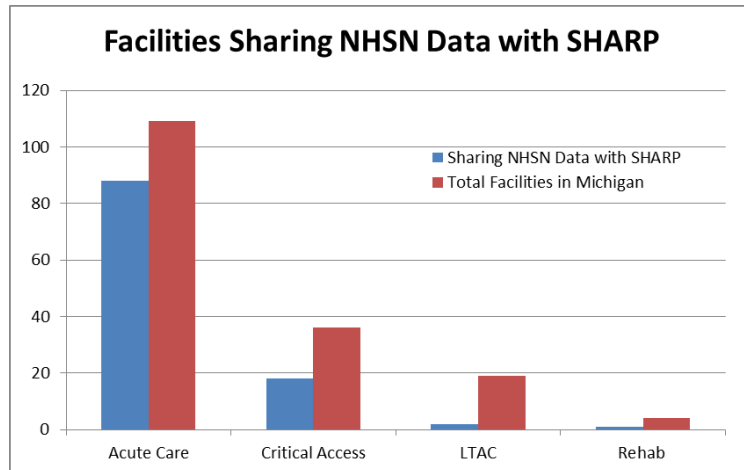
ALLISON MURAD

[MURADA@MICHIGAN.GOV](mailto:MURADA@MICHIGAN.GOV)

## Updates on Surveillance/Reports

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## Surveillance Update



## SHARP Reports and Surveillance Updates

Coming soon (sorry for they delay!):

- 2015 Annual (updated)
- 2016 Annual
- 2016 Q1-Q2 TAP (updated)
- 2016 Q3-Q4 TAP
- 2017 Q1 TAP

Website Updates coming soon:

- Homepage renovation/updates
- Interactive HAI tracker (in the works)

# NHSN Updates

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## June 2017 Newsletter

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2017 NHSN members meeting slides now available (from national APIC conference)

### New NHSN case study published in AJIC

- SSI Case Study
- June 1, 2017 AJIC, Volume 45, Issue 6, Pages 612-614
  - Demonstrate the application of the SSI criteria along with HAI site-specific criterion
  - Identify a BSI that is secondary to an SSI
  - Apply the PATOS event detail

## BSI: Odd Organisms Out

January 2017: NHSN excluded a list of enteric pathogens previously used to meet LCBI criterion

While these changes have been made in the protocol, they are not yet built into the application (so if you enter an event with these as the only organism, they will appear in your BSI data)

Exclude the following as primary LCBI reported for any 2017 events if they are the only pathogens reported for the event:

- Campylobacter, C. difficile, Shigella, Listeria, Yersinia, Enteropathogenic E. coli

## Perform Device-associated Denominator Data Sampling (correctly)

Since January 2015, denominator data sampling has become an alternative method for collecting NHSN CLABSI and CAUTI denominator data in eligible location types

ICU and ward location types are eligible (excluding SCA/ONC & NICU)

- Must have an average of 75+ device days per month

location	summaryYr	months	clabcount	numcldays	CLABRate	numpatdays
5G	2016	12	1	1270	0.787	2480

*eligible*

5G average CL days per month: 1270 CL days /12= 105.8

This location has more than 75 average central-line days per month (over the past 12 months). Therefore, it is eligible to participate in denominator data sampling.

*Not Eligible*

location	summaryYr	months	clabcount	numcldays	CLABRate	numpatdays
CARDCRIT	2016	12	3	175	17.143	360

CARDCRIT average CL days per month: 175 CL days /12= 14.5

This location has less than 75 average central-line days per month (over the past 12 months). Therefore, it is not eligible to participate in denominator data sampling.

## Device-associated Denominator Data Sampling, cont...

How often should denominator data be sampled?

- Collected on a designated day and time each week (Mon-Fri)

Correct						Incorrect						
	M	T	W	Th	F	M	T	W	Th	F	Sat	
Week 1	9am					9am						
Week 2	9am										3pm	
Week 3	9am							9am				
Week 4	9am					6am						

- Data entered in:
  - Monthly total for patient days (collected daily)
  - Sampled total for patient days
  - Sampled total device days
- Once these are complete, NHSN calculates the total central-line and/or urinary catheter days

## Inactivate a location in NHSN

Facility – location – find

Click on the hyperlinked “your code”

Status – change “active” to “inactive” and click “save”

# Inactivate a location in NHSN

**Locations**

**Instructions**

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the **Save** button.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding box(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with \*

Your Code \*

Your Label \*

CDC Location Description \*

Status \*

Bed Size \*  A bed size greater than zero is required for most inpatient locations.

**Location Table**

[Display All](#) [Print Location List](#)

Delete	Status	Your Code	Your Label	CDC Description	CDC Code	NHSN HL7 Code	Bed Size
<input type="checkbox"/>	Active	1160-1	URGENT CARE	Urgent Care Center	OUTACUTE-CLINIC:UE	1160-1	
<input type="checkbox"/>	Active	2	2	Adult Mixed Acuity Unit	IN-ACUTE-MIXED-ALL_ADULT	1210-4	2
<input type="checkbox"/>	Active	24H-OBS	24H OBSERVATION	24-Hour Observation Area	OUTACUTE:WARD	1162-7	15
<input type="checkbox"/>	Active	2E-MS 2	M/S WARD	Medical/Surgical Ward	IN-ACUTE:WARD:MS	1061-1	60
<input type="checkbox"/>	Active	2S-BMT	BONE MARROW TRANSPLANT WARD	ONC Hematopoietic Stem Cell Transplant Ward	IN-ACUTE:WARD:ONC_HSCT	1231-0	20
<input type="checkbox"/>	Active	3E-ORTHO	ORTHO WARD	Orthopedic Ward	IN-ACUTE:WARD:ORT	1065-2	20
<input type="checkbox"/>	Active	3EAST	MED WARD 3RD FLOORS EAST	Medical Ward	IN-ACUTE:WARD:M	1060-3	25
<input type="checkbox"/>	Active	3N - SICU	SURG ICU	Surgical Critical Care	IN-ACUTE:CCS	1030-6	20
<input type="checkbox"/>	Active	3S-ONC	HEME/ONC WARD	ONC General Hematology/Oncology Ward	IN-ACUTE:WARD:ONC_HONC	1232-8	20

# View Inactive Locations

[Display All](#) [Print Location List](#)

Delete	Status	Your Code	Your Label	CDC Description	CDC Code	NHSN HL7 Code	Bed Size
<input type="checkbox"/>	Inactive	2T-MSICU	MED/SURG ICU	Medical/Surgical Critical Care	IN-ACUTE:CC:MS	1029-8	20
<input type="checkbox"/>	Inactive	8201	EMERGENCY DEPT	Emergency Department	OUTACUTE:ED	1108-0	
<input type="checkbox"/>	Inactive	L100	LIZTEST-CCM	Medical Critical Care	IN-ACUTE:CC:M	1027-2	25
<input type="checkbox"/>	Inactive	MEDICAL IC	MEDICAL ICU	Medical Critical Care	IN-ACUTE:CC:M	1027-2	20
<input type="checkbox"/>	Inactive	1	ICU	Medical/Surgical Critical Care	IN-ACUTE:CC:MS	1029-8	5
<input type="checkbox"/>	Active	1160-1	URGENT CARE	Urgent Care Center	OUTACUTE-CLINIC:UE	1160-1	
<input type="checkbox"/>	Active	2	2	Adult Mixed Acuity Unit	IN-ACUTE-MIXED-ALL_ADULT	1210-4	2
<input type="checkbox"/>	Active	24H-OBS	24H OBSERVATION	24-Hour Observation Area	OUTACUTE:WARD	1162-7	15
<input type="checkbox"/>	Active	2E-MS 2	M/S WARD	Medical/Surgical Ward	IN-ACUTE:WARD:MS	1061-1	60
<input type="checkbox"/>	Active	2S-BMT	BONE MARROW TRANSPLANT WARD	ONC Hematopoietic Stem Cell Transplant Ward	IN-ACUTE:WARD:ONC_HSCT	1231-0	20
<input type="checkbox"/>	Active	MEDICAL IC	MEDICAL SURGICAL CRITICAL CARE	Medical/Surgical Critical Care	IN-ACUTE:CC:MS	1029-8	20

## Inactive locations in NHSN

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### Inactive locations:

- Data will still be sent to CMS if you don't remove from your reporting plan
- Data will still be available in analysis reports, but new data cannot be entered
- Make sure to add a new location (which is replacing the old location) and remove the old location from your reporting plan for all applicable months and moving forward

## FacWideIn MDRO Denominator Form Reminders

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### Acute care hospitals required to report:

- Total facility patient days and total facility admissions
  - This includes units with a separate CMS CCN; however, any affiliated unit/facility that is physically separate from the hospital should be excluded (and enrolled in NHSN as separate facilities)
- MDRO patient days and MDRO admissions
  - Counts excluding patient days and admissions from CMS-certified IRFs and IPFs with separate CCNs. If you don't have either of these, repeat the first numbers
- CDI patient days and CDI admissions
  - Counts excluding patient day and admission counts from CMS-certified IRFs and IPFs with separate CCNs as well as counts from NICU and well-baby units.
  - If you don't have any of these, repeat the first numbers again



# FacWideIn MDRO Denominator

## General

Setting: Inpatient Total Facility Patient Days \*:  Total Facility Admissions \*:

Setting: Outpatient Total Facility Encounters:

If monitoring MDRO in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) from Totals:

MDRO Patient Days \*:  MDRO Admissions \*:  MDRO Encounters:

If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) as well as NICU and Well Baby counts from Totals:

CDI Patient Days \*:  CDI Admissions \*:  CDI Encounters:

# Denominator for IRF/IPF as CCN Locations

Form marked with \*

Your Code \*:

Your Label \*:

CDC Location Description \*:

Is this location a CMS IRF unit within a hospital? \*:

Specify the IRF CCN (will have an R or T in the 3rd position) \*:  Effective Date of IRF CCN:   [Edit IRF CCN](#)

Status \*:

Bed Size \*:  A bed size greater than zero is required for most inpatient locations.

# Denominator for IRF/IPF as CCN Locations

Mandatory fields marked with \*

[Print Form](#)

Facility ID \*: NHSN State Users Test Facility #2 (ID 15165) ▾  
 Location Code \*: IRF LOC - IRF LOCATION ▾  
 Month \*: January ▾  
 Year \*: 2017 ▾

**General**  
 Setting: Inpatient Total Patient Days \*:  Total Admissions \*:   
 Setting: Outpatient Total Encounters:

**MDRO & CDI Infection Surveillance or LabID Event Reporting**

Specific Organism Type	MRSA	Report No Events	VRE	Report No Events	CephR-Klebsiella	Report No Events	CRE-Ecoli	Report No Events	CRE-Enterobacter	Report No Events	CRE-Klebsiella	Report No Events	MDR-Acinetobacter	Report No Events	C. difficile	Report No Events
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All specimens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LabID Event (Blood specimens only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Process Measures**

# Denominator for Freestanding IRF or LTAC

Typically don't have any units meeting the exclusion rules

Report the same values for all three (A, B, C below)

Location Code \*: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)  
 Month \*: January  
 Year \*: 2017

**General**  
 Setting: Inpatient Total Facility Patient Days \*: 15201 Total Facility Admissions \*: 1200 **A**  
 Setting: Outpatient Total Facility Encounters:   
 If monitoring *MDRO* in a FACWIDE location, then subtract all counts from patient care units with unique CCN  
 MDRO Patient Days \*: 15201 MDRO Admissions \*: 1200 **B** MDRO Encounters:   
 If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique  
 CDI Patient Days \*: 15201 CDI Admissions \*: 1200 **C** encounters:

## Provider Review Reports

Why are there sometimes discrepancies between provider reports (CMS facility compare websites) and NHSN?

- Data in reports represent the data that were entered in NHSN for a facility at the time of the CMS quarterly deadline, for each individual quarter
- Any additions, deletions, modifications, updates, etc... that a facility makes (to their events data, summary data, procedure data, annual survey, monthly reporting plans, and/or addressing outstanding data alerts on the NHSN home screen) after each quarterly deadline will not be reflected on reports, but will be reflected within NHSN

## Provider Review Reports

Annual Survey Example:

Quarter	CMS Quarterly Deadline (data pulled from NHSN)	Survey Used at Deadline	Survey Used Currently in NHSN, as of June 2017*	Survey that would be used in NHSN, as of June 2018*
2015Q3	Feb 15, 2016	2015, if entered before CMS deadline (2014 if not)	2015	2015
2015Q4	May 15, 2016	2015, if entered before CMS deadline (2014 if not)	2015	2015
2016Q1	Aug 15, 2016	2015	2016	2016
2016Q2	Nov 15, 2016	2015	2016	2016
2016Q3 **	March 15, 2017	2016, if entered before CMS deadline (2015 if not)	2016	2016
2016Q4	May 15, 2017	2016, if entered before CMS deadline (2015 if not)	2016	2016
2017Q1	Aug 15, 2017	2016	2016	2017
2017Q2	Nov 15, 2017	2016	2016	2017

\*If the survey is entered by the submission deadline of March 31<sup>st</sup> of any given calendar year

\*\*2016Q3 IRFQR and LTCHQR deadline extended to May 15, 2017

## Provider Review Reports

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Annual survey – once the 2017 survey has been entered during 2018 Q1, the 2017 survey will then be used for risk adjustment

CDC recommends reviewing and printing/saving CMS reports and data on the day of the CMS deadline for future reference as it should match

## Data entry and data modified dates

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### Advanced

- Events, summary procedure, annual survey, or reporting plan linelist
  - Users can add the “modifyDate” and “modifyUserID” variables to see when and by whom the data were last modified
  - Users can add “createdate” and “createUserID” to see when the data were first entered
  - Note: this does not account for any deleted records and will not state how the record was modified (or how many times it was modified-only the most recent time)

## SURs Available Now

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Scalable, risk-adjusted measure that can be compared across locations and facilities because they are risk-adjusted accordingly

- DURs can only be compared amongst the same location
- SUR interpreted similarly to SIR: ratio of observed to predicted device days

## AUR Resources Posted

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<https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html>

### New Presentations Posted:

- Antibiotic Stewardship: Optimizing Antibiotic Use in the Inpatient Setting
- Antimicrobial Use and Resistance Module Protocol
- Standardized Antibiotic Administration Ratio
- Antimicrobial Use Option Analysis Training

## NHSN Beta Testing

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Planning two week beta testing period prior to the full production release scheduled for December 9, 2017

October 23-November 3, “dummy data” will be populated in the beta environment for testers to manipulate

New data will be available each morning

Will provide NHSN users an opportunity to explore new NHSN features and potentially identify issues

Looking for volunteers, so please contact [NHSNBeta@cdc.gov](mailto:NHSNBeta@cdc.gov) if you want to participate

## Update to NHSN Agreement to Participate and Consent

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Important – updated NHSN agreement to participate and consent will be available for review and electronic signature with the December NHSN release

Primary contacts **MUST** accept this form by February 24, 2018 or will risk losing access to NHSN

Once it is available with the new release, an alert will appear on all NHSN component home pages and primary contacts and facility administrators will receive an email notification

Additional info and FAQs will be available online later this year

# SIR Risk-Adjustment Updates

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## SIR Updates

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As of July 2017, the CLABSI models have been corrected

### Acute Care Hospitals

Factor	Corrected 2015 Model	Incorrect 2015 Model
Location	<ul style="list-style-type: none"> <li>• 11 categories</li> <li>• Oncology ICUs grouped with other ICUs, separate from oncology wards</li> <li>• Pediatric Wards grouped separate from adult wards</li> </ul>	<ul style="list-style-type: none"> <li>• 8 categories</li> <li>• Oncology units grouped by age category rather than acuity level</li> <li>• One large category inclusive of all wards</li> </ul>
Facility Bedsize	<ul style="list-style-type: none"> <li>• 3 levels:               <ul style="list-style-type: none"> <li>○ <math>\geq 224</math> beds</li> <li>○ 94-223 beds</li> <li>○ <math>\leq 93</math> beds (ref.)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 2 levels:               <ul style="list-style-type: none"> <li>○ <math>\geq 296</math> beds</li> <li>○ <math>&lt; 296</math> beds (ref.)</li> </ul> </li> </ul>
Med School Affiliation	<ul style="list-style-type: none"> <li>• 3 levels:               <ul style="list-style-type: none"> <li>○ Major</li> <li>○ Graduate</li> <li>○ Undergrad/Non-Teaching (ref)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 2 levels:               <ul style="list-style-type: none"> <li>○ Major, Graduate, Undergraduate</li> <li>○ Non-teaching (ref.)</li> </ul> </li> </ul>
Facility Type	<ul style="list-style-type: none"> <li>• Military and VA Hospitals grouped with Women's/Children's Hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Military and VA Hospitals grouped with all other hospitals (e.g., Gen., Ortho, etc.)</li> </ul>

## Updated CLABSI Models, cont...

### Critical Access Hospitals

Factor	Corrected 2015 Model	Incorrect 2015 Model
Intercept only	-8.2066	-8.1259

### Long Term Acute Care Hospitals

Factor	Corrected 2015 Model	Incorrect 2015 Model
Location	<ul style="list-style-type: none"> <li>ICU vs. Ward, different parameter estimate</li> </ul>	<ul style="list-style-type: none"> <li>ICU vs. Ward</li> </ul>
Facility Bedsize	<ul style="list-style-type: none"> <li>≥45 beds vs. &lt;45 beds (ref)</li> </ul>	<ul style="list-style-type: none"> <li>≥54 beds vs. &lt;54 beds (ref)</li> </ul>
Length of Stay	<ul style="list-style-type: none"> <li>≥28 days vs. &lt;28 days (ref)</li> </ul>	<ul style="list-style-type: none"> <li>≥24 days vs. &lt;24 days (ref)</li> </ul>
Proportion of admissions on a ventilator	<ul style="list-style-type: none"> <li><b>NEW</b></li> <li>3 levels:               <ul style="list-style-type: none"> <li>≥0.328</li> <li>0.125-0.327</li> <li>&lt;0.125</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Not included</li> </ul>
Proportion of admissions on hemodialysis	<ul style="list-style-type: none"> <li><b>NEW</b></li> <li>3 levels:               <ul style="list-style-type: none"> <li>≥0.138</li> <li>0.008-0.137</li> <li>&lt;0.008</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Not included</li> </ul>

## Updated CLABSI models, cont...

### Inpatient Rehabilitation Facilities\*

Factor	Corrected 2015 Model	Incorrect 2015 Model
Proportion of admissions with stroke	<ul style="list-style-type: none"> <li><b>NEW</b></li> <li>≥0.135 vs &lt;0.135</li> </ul>	<ul style="list-style-type: none"> <li>Not included</li> </ul>
Proportion of admissions due to other, non-specific diagnostic categories	<ul style="list-style-type: none"> <li><b>NEW</b></li> <li>≥0.197 vs &lt;0.197</li> </ul>	<ul style="list-style-type: none"> <li>Not included</li> </ul>

\*previous IRF CLABSI model was intercept-only



## Updated SIRs

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Updated CAUTI models were also corrected and implemented July 21, 2017

In order to obtain the corrected SIRs in the NHSN application, make sure to generate datasets prior to running CLABSI or CAUTI SIRs and TAP reports

For full models and information, visit: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

## Group Analysis Updates

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6/28/17: group users were unable to see results in the MDRO LabID rate tables and MRSA bacteremia SIR reports

7/12/17: these reports were working and group users should regenerate datasets

8/8/17: some acute care hospital reports were being displayed incorrectly in group data for some groups

- This issue was corrected on 7/28/17 – regenerate datasets

Note: this does not/did not impact individual facilities or CMS data

## Resolved Issues

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Rights conferral error – some facilities were receiving an error screen when they tried to confer rights to a group

### CSV Import issues

- With “height is required” even though height in meters is included in the file
- With “error contacting server” message when trying to submit import file
- Giving “Patient xxxx Already Exists” error when trying to import valid duplicate procedures

## NHSN Trainings

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CE credits are now available for those who have viewed the 2017 NHSN training webstream videos

All archived webstream videos are available on the NHSN Training website under the dropdown menu entitled “NHSN Webstreaming and Webinar Events”:

<http://www.cdc.gov/nhsn/Training/continuing-edu.html>

Step by step directions on accessing the CDC CE registration and online system can be found: <http://www.cdc.gov/nhsn/Training/continuing-edu.html>

## 2017-2018 Recommended Prerequisite Trainings

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Recommended to complete prior to attending or webstreaming the 2018 Annual NHSN training

- Self-paced and completed at the convenience of the learner
- Include:
  - NHSN Quick Learns
  - NHSN Self-paced Interactive Trainings (CBTs)
  - 2017 NHSN Training Archived Webstream Videos

## New Quick Learn Available

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The **Determining Healthcare Association or Present on Admission Infections and Other Rules** Quick Learn is now live on our NHSN website!

This 15 minute video focuses on the definition and rules for identifying healthcare-associated infections found in Chapter Two of the NHSN Patient Safety Manual. Please visit the NHSN website to view the full chapter.

- The video covers:
  - Infection Window Period (IWP),
  - Date of Event (DOE)
  - Present on Admission (POA) Infections
  - Healthcare-Associated Infections (HAI)
  - Repeat Infection Timeframe (RIT)
  - Secondary Blood Stream Infection (BSI)
  - Attribution Period
  - Pathogen assignment.

Click <https://www.cdc.gov/nhsn/training/quicklearns.html> to view them now!

## Data Entry Training eBook Now Available

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Users new to NHSN!

80 page eBook provides step-by-step directions to get started with entering data into NHSN for:

- Monthly Reporting Plans
- Patient Information
- Linking Records

<https://www.cdc.gov/nhsn/training/analysis/index.html>

## STRIVE Modules

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On-demand modules now accessible without logging in

<http://www.hret.org/quality/projects/strive-education.shtml>

Go to: “On-Demand Modules: Foundational Infection Prevention Strategies” and  
On-Demand Modules: Preventing HAIs”

View On-Demand Modules on Foundational Infection Prevention Strategies  
All content is available on both CNE and direct access views.



I don't want CNE.  
(Direct access)



I want CNE.  
(Login required)

# HAIs in the News

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## New Core Elements – Press Release

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### New Core Elements for Small and Critical Access Hospitals

CDC has just released a new resource for small and Critical Access Hospitals that was guided by providers in these settings and is designed to address their unique challenges. The [Implementation of Antimicrobial Stewardship Core Elements at Small and Critical Access Hospitals](#) uses the [CDC Core Elements of Hospital Antibiotic Stewardship Programs](#) as a framework for initiating and/or expanding antibiotic stewardship activities.

## APIC E-News Highlights

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June 28: MegaSurvey Compensation Dashboard now available for purchase through APIC

July 5: AHRQ released a new [Toolkit To Improve Safety in Ambulatory Surgery Centers](#) with customizable resources to help ASC facilities advance their safety culture

July 12:

- New CDC director appointed, Dr. Brenda Fitzgerald, MD
- APIC has a new [webpage](#) to house social media posts and resources that you can use to start conversations on social media

## *Candida auris* Webinar

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Clinician Outreach and Communication Activity (COCA) Webinar – August 15, 2017

Slides provided in the file share box

Provided by CDC, Title: “Tackling an Invasive, Emerging, Multi-drug Resistant Yeast: *Candida auris* – What Healthcare Providers Need to Know”

# SHARP Unit Updates

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## Outbreaks

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## ICAR Update

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Infection Control and Response (ICAR) program is still looking for acute care, LTC and outpatient facilities to have an infection control needs assessment. Great opportunity to self-evaluate IP program! To date we've completed 24 needs assessments in acute care, long-term acute care, critical access, long-term care, outpatient and dental clinics. Preliminary data was presented at National APIC and it was well received.

- Lessons learned (so far) include: No program is perfect, there is always some room for improvement.
- Infection prevention involves a lot of departments
- ICAR is a great tool

## Biosafety and Healthcare Preparedness

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Join us for Laboratory Biosafety and Healthcare preparedness meetings. Learn about emerging pathogens, epidemiology, outbreaks and even what the lab does!

Region 8 and 7 meetings occurred in early August and have been well received. Region 6 next on September 19. See the agenda for more details.



## Reporting Changes on the horizon

Disease/Condition	Required to be Reported	New Condition in MDSS	New Standardized Case Definition	New form in MDSS
<b>Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE)</b>	Y	Y	Y	Y
Perinatal Hepatitis C	Y - no changes to current reporting requirements	Y	Y	Y
Perinatal Hepatitis B	Y - no changes to current reporting requirements	N	N	N
<b><i>Candida auris</i></b>	<b>Y – Unusual Occurrence</b>	<b>N</b>	<b>Y</b>	<b>N</b>
Extrapulmonary Non-Tuberculous Mycobacterium (NTM)	N - Optional	N	Y	Y
Latent Tuberculosis Infection (LTBI)	N - Optional	Y	Y	Y

## Messaging and Guidance Coming soon!

### Local Health Departments

CP-CRE will now be a routinely reportable condition coming through the MDSS

A new condition (CP-CRE) and case detail form are in development

MDHHS is also developing tools to guide in the investigation of CP-CRE cases reported to the MDSS

- MDHHS is working to understand how to integrate this current process with upcoming reporting mandates

# Messaging and Guidance Coming soon!

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## Clinical Laboratories

Laboratories will soon be able to electronically report CP-CRE results to our surveillance system via HL7 v2.5.1 messages.

These HL7 messages can be more complex for CP-CRE than some of the other reportable conditions and we're developing guidance on how to properly format them

If a laboratory cannot report CP-CRE to MDSS via HL7 message by January 2018, **facilities should develop processes to manually report these cases into the MDSS**

# In the meantime...

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## CRE Surveillance and Prevention Initiative

- Enrolled 22 new facilities
  - **We are now up to 62 facilities!!!**
- All facilities are joining the same cohort in September 2017
  - Adding *Klebsiella* spp
  - Adding *Enterobacter*
  - Re-baselining September 2017-February 2018

# Upcoming Local Trainings and Conferences

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## MSIPC Fundamentals in Infection Control – September 12, 13, 14

- Crowne Plaza, Lansing
- [www.msipc.org](http://www.msipc.org)

## 2017 HITS (Healthcare Infection Transmission System) Annual Meeting – September 13, 14

- NSF International Headquarters, Ann Arbor
- <http://www.hitsconsortium.org/index.php>

## MSIPC Fall Conference – October 19-20

- Crowne Plaza, Lansing
- [www.msipc.org](http://www.msipc.org)

## Regional Biosafety and Healthcare Preparedness Conferences (see flyer for registration)

- September 19: Grand Rapids
- September 21: Lansing
- September 26: Kalamazoo
- October 3: Bay City
- October 11: Plymouth

# Thank you!

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Next Michigan NHSN User Group Call

Wednesday, October 25th, 2017