# NHSN Users Group Call

February 27th, 2019

# Welcome from the SHARP Unit!

- **Elli Ray**
  - NHSN Epidemiologist
- **Brenda Brennan**
  - HAI Coordinator/CRE Prevention Coordinator/SHARP Unit Manager
- **Sara McNamara**
  - Antimicrobial Resistance Epidemiologist
- **Noreen Mollon**
  - Infection Prevention Consultant
- **Anne Haddad**
  - Antimicrobial Stewardship Coordinator
- **Chardé Fisher**
  - Health Educator

# Surveillance Initiatives & Reports

# SHARP Reports

- Individual Facility and Aggregate TAP Reports
  - 2018 Q1
  - 2018 Q2 – Coming Soon!
  - www.michigan.gov/hai
- NHSN Data Quality Reviews
  - 2018 Q3 – Complete!

# TAP Assessments

- TAP Assessments are underway!
- Five facilities participating
  - 3 Acute Care
  - 1 Critical Access
  - 1 Long-Term Acute Care
- Collection period ends on March 8th
- Feedback Report
- Evaluation

# NHSN Updates

# Save the Date!

Patient Safety Component Annual Training

**March 25-29, 2019**

**~Live Stream Available~**

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Deadline to Complete Annual Survey

**March 1, 2019**

# 2018 Patient Safety Component Annual Survey – Now Available

- 2018 NHSN Patient Safety Component Annual Surveys and Tables of Instructions, and 2019 Data Collection Forms and Tables of Instructions are now posted.
  - Should be used for any NHSN events with dates of event January 1, 2019 or later.
- The 2018 Patient Safety Annual Surveys are available and can now be completed in NHSN.
  - Please see the links below to access a blank copy of each of the 3 annual survey types for the patient safety component. There are additional links found on each blank form to table of instructions that provide additional details to assist in completing each question on the surveys. The appropriate survey will be uploaded to your NHSN facility page and is based on your facility type.
- Hospital Survey: https://www.cdc.gov/nhsn/forms/57.103_pshospsurv_blank.pdf
- LTAC Survey: https://www.cdc.gov/nhsn/forms/57.150_LTACFacSurv_BLANK.pdf
- IRF Survey: https://www.cdc.gov/nhsn/forms/57.151_REHABFacSurv_BLANK.pdf

# 2019 HAI Checklists Available

- Tools to assists Infection Preventionists when making a determination about a healthcare associated infection
- Should be used to guide you towards a final determination when evaluating NHSN HAI criteria
- Streamline surveillance efforts
- https://www.cdc.gov/nhsn/enrolled-facilities/index.html
  - Click the "HAI Checklists" link in the left navigation bar to view. Use the scroll bar within the checklists to locate the criterion you are interested in viewing.

# Changes to HCP influenza vaccination Reporting

- There have been several changes to healthcare personnel (HCP) influenza vaccination summary reporting requirements for the 2018-2019 influenza season.
- CMS has removed the HCP Influenza Vaccination Summary Measure from certain quality reporting programs. The following facility types are no longer required to report HCP influenza vaccination summary data through NHSN beginning with the 2018-2019 influenza season for CMS quality reporting purposes:
  - Ambulatory surgery centers
  - Inpatient psychiatric facilities
  - Hospital outpatient departments
  - Outpatient dialysis facilities
- Facilities are still encouraged to voluntarily report HCP Vaccination summary data through NHSN.
- Link to recent trainings (Jan. 2019) http://www2.cdc.gov/vaccines/ed/nhsn/

- In other words, beginning with the 2018-2019 influenza season, users should follow the guidance below when making determinations about which areas of the acute care facility to include when reporting HCP influenza vaccination summary data to NHSN as part of the Hospital Inpatient Quality Reporting Program:
- **Include** all inpatient units/departments of the acute care facility sharing the exact same CCN (100% identical) as the acute care facility, regardless of distance from the facility.
- **Include** all outpatient units/departments of the acute care facility sharing the exact same CCN (100% identical) as the acute care facility, regardless of distance from the facility.
- **Exclude** all inpatient and outpatient units/departments of the acute care facility with a different CCN (even if different by only one letter or number) from the acute care facility.
- This guidance supersedes any specific information that CDC had provided regarding reporting for the CMS Hospital Inpatient Quality Reporting Program, including information presented during the January 2019 webinars that CDC hosted for acute care facilities.
- **Training Materials**
- Training materials incorporating this guidance will be posted later this month at: www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html.

# NHSN Seeking Input on Bloodstream Infection (BSI) and Outpatient Procedure Component Surveillance Protocols

- NHSN is providing an opportunity for facilities, groups and individuals to identify issues and areas for potential improvement for consideration as CDC updates and maintains the Bloodstream Infection (BSI) surveillance and new Outpatient Procedure Component (OPC) protocols for 2020. Comments may be submitted for consideration via the Federal Register, beginning Thursday February 14, 2019 through Monday April 15, 2019. This will be the only format for submitting suggested modifications or comments regarding these two types of surveillance for 2019. Users submitting comments/suggested protocol changes to NHSN@cdc.gov will be referred to the Federal Register while it is active. The protocols are found at these locations:
- BSI: **https://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html**
- OPC: **https://www.cdc.gov/nhsn/ambulatory-surgery/index.html**
- Please visit **https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-01915.pdf** for more information or to submit a comment. Follow the instructions provided.

# The Outpatient Procedure Component (OPC) Training is now available!

- OPC includes two modules that focus on adverse events associated with surgical procedures performed in Ambulatory Surgery Centers (ASCs).
- The two modules are:
  - **Same Day Outcome Measures (OPC-SDOM**) - designed to describe the Same Day Outcome Measures included in the protocol, reporting criteria, steps for accurately reporting, and data analysis options.
  - **Surgical Site Infection (OPC-SSI)** - designed to provide instructions for performing surgical site infection surveillance using the OPC-SSI protocol.
- Both self-paced courses are available on the NHSN Training website page under the last section of the page, which is titled "Outpatient Procedure Component". Click the link below to get started!
- https://www.cdc.gov/nhsn/training/continuing-edu/cbts.html

# Reminder! MRSA Bacteremia and CDI Reporting from ED and Observation Units

- NHSN would like to remind all users from ACHs that LabID Event surveillance is **REQUIRED** in all emergency departments (EDs) and 24 hour observation locations during months in which "FacWideIN" surveillance is performed
- Each ED or 24 hour observation location should be listed on an individual row within the MDRO section of the monthly reporting plans
- Surveillance in EDs and/or 24 hour observation units is not required during months in which these units are inactive or non-operational, or if your facility does not have these types of locations
- More information about the proper steps needed for FacWideIN surveillance of MRSA bacteremia and CDI can be found here: https://www.cdc.gov/nhsn/pdfs/cms/how-to-set-up-and-report-mrsa-cdi.pdf

# 2019 Updates to the LabID Event Denominator Form

- Summary records for LabID MDRO and CDI will look slightly different in NHSN beginning on January 1, 2019, **in response to frequent data entry errors made on the FacWideIN denominator record.**
- The cosmetic changes and details added to the form were done to improve the clarity of data entry instructions and requirements. No changes were made to the definitions of the denominators themselves.
- **Changes include:**
  - Updated title of the form, now "MDRO and CDI Monthly Denominator- All Locations"
  - For the FacWideIN location, new description text appears for rows 2 and 3. Formulas are also provided to help users calculate correct patient days and admissions for these rows.
  - For the FacWideIN location, removal of terms "MDRO" and "CDI" patient days/admissions on rows 2 and 3
  - Organism selection box now has MRSA and C. *difficile* in the first two columns
- This denominator information is used to help generate your facility's rates and SIRs for LabID Event reporting.

# Antimicrobial Use & Resistance Module Updates

- **New 2019 NHSN AUR Protocol**

  The 2019 NHSN AUR protocol is now posted! Within the AU Option, the updated protocol contains the details for the 2017 baseline SAARs. Within the AR Option, we've updated the specific organisms to be reported and made significant changes to the AR Option drug panels. We've also added a flowchart to help discern which specimen to report when faced with AR Event duplicates. New to the AR Option for 2019 is the AR Option Phenotypes found in Appendix I. These AR Option specific phenotype definitions are used in three new analysis reports within NHSN.

- **New SAARs are Here!**

  The AU team has now updated the SAARs based on 2017 AU data. Two new locations were added, and we renamed and recategorized the SAARs. The new 2017 baseline SAARs will be available for data from January 2017 forward while the 2014 baseline SAARs will still be available for data from 2014-2018. Remember, in order to see the new SAAR reports, please generate new data sets within NHSN. All of the updated information is included in the new 2019 version of the AUR Protocol that is now posted on the NHSN website. Look for more information on the new 2017 baseline SAARs in future newsletters!

- **AU Option Drug Changes for 2019**

  As a reminder, Delafloxacin, which was optional for AU reporting in 2018, will be required for AU reporting beginning with data year 2019. Also, the FDA recently approved a new drug, meropenem/vaborbactam, that will be eligible for AU Option reporting beginning in 2019. Meropenem/vaborbactam will be optional for inclusion in the AU Option CDA data submission files.

- **Six New AR Option Organisms Added for 2019**

  Six new organisms were added to the AR Option: *Candida parapsilosis, Candida tropicalis, Citrobacter amalonaticus, Citrobacter koseri (Citrobacter diversus), Proteus penneri,* and *Proteus vulgaris.* These organisms can be reported for specimens collected 1/1/2019 and forward.

- **AR Option Drug Panels Updated**

  A number of the AR Option drug panels were updated. Drugs have been added and removed to align with CLSI susceptibility testing guidance. Please refer to Appendix F of the updated AUR Module Protocol for the new panels. The new panels should be used for all specimens collected 1/1/2019 and forward.

# SHARP Updates

# SAVE the DATE!

Healthcare-associated Infections
HAI Elimination
www.michigan.gov/hai


The MDHHS Surveillance for Healthcare Associated & Resistant Pathogens (SHARP) unit will be hosting regional meetings to share healthcare associated infection resources.

**Topics will include:**

- CP-CRE and *Candida auris* Reporting
- Novel Resistance Activity
- Antimicrobial Stewardship Elements and Practices
- NHSN Updates and Tips

## SHARP Symposiums

| Grand Rapids | Grayling | Livonia | Bay City | Kalamazoo |
|---|---|---|---|---|
| May 10 | May 17 | May 24 | June 20 | June 25 |

MDHHS
Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

Registration is FREE
More details to follow

# VIM-CRPA from Patients with Recent Invasive Procedures in Mexico

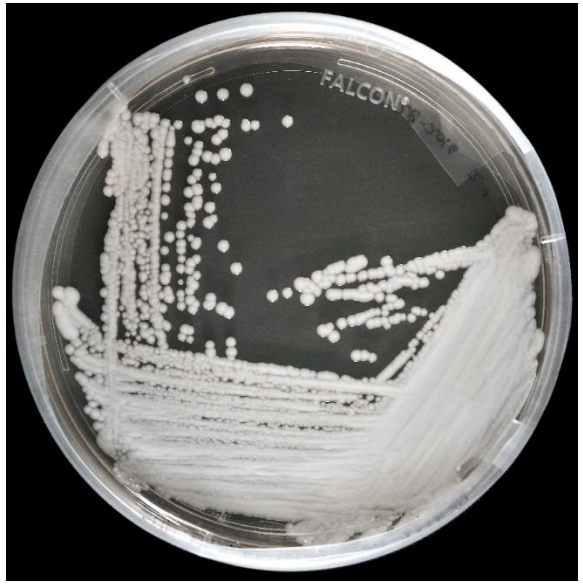
- CDC has identified 16 patients with VIM-CRPA who underwent surgery in Tijuana, Mexico
  - 12 received surgery at Grand View Hospital
  - 10 reported booking surgery through WeightLossAgents
  - Surgery dates 8/21/18 – 1/15/19
- WeightLossAgents notified 620 U.S. patients they referred to Grand View Hospital of potential risk of CRPA and bloodborne pathogen exposure
  - At least 12 residents from Michigan were referred to Grand View Hospital
  - MDHHS and CDC do not have names or contact information
- Please notify SHARP of any *Pseudomonas aeruginosa* infections in patients with a history of medical tourism to Tijuana, Mexico
  - MDHHS SHARP 517-335-8165
  - MDSS with outbreak identifier "VIMPA2019"
  - Hospital where surgery occurred, date of surgery, type of surgery, type of infection

# New Reporting Requirements – 2019

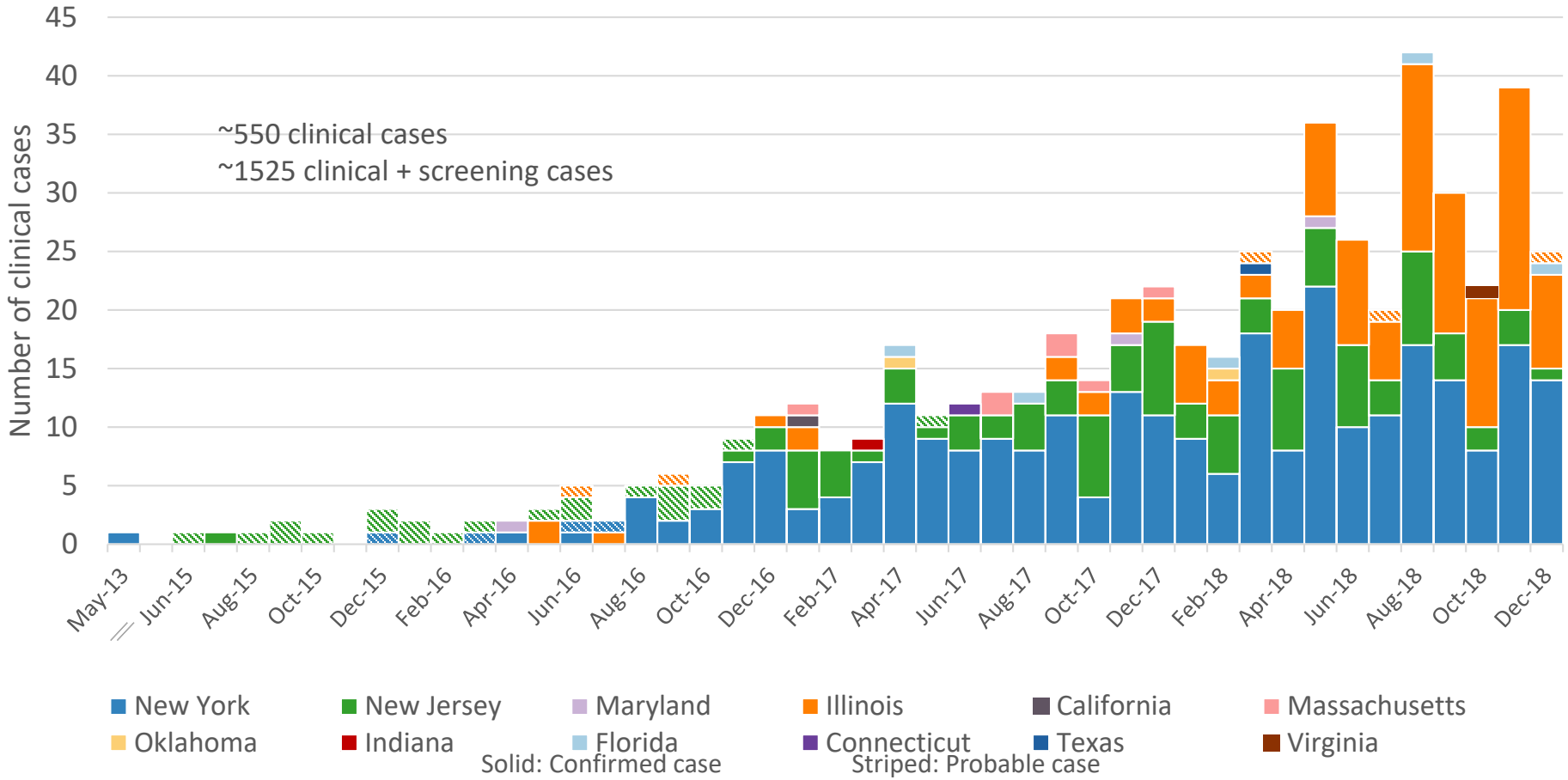
## *Candida auris*

### Why is *C. auris* a public health threat?

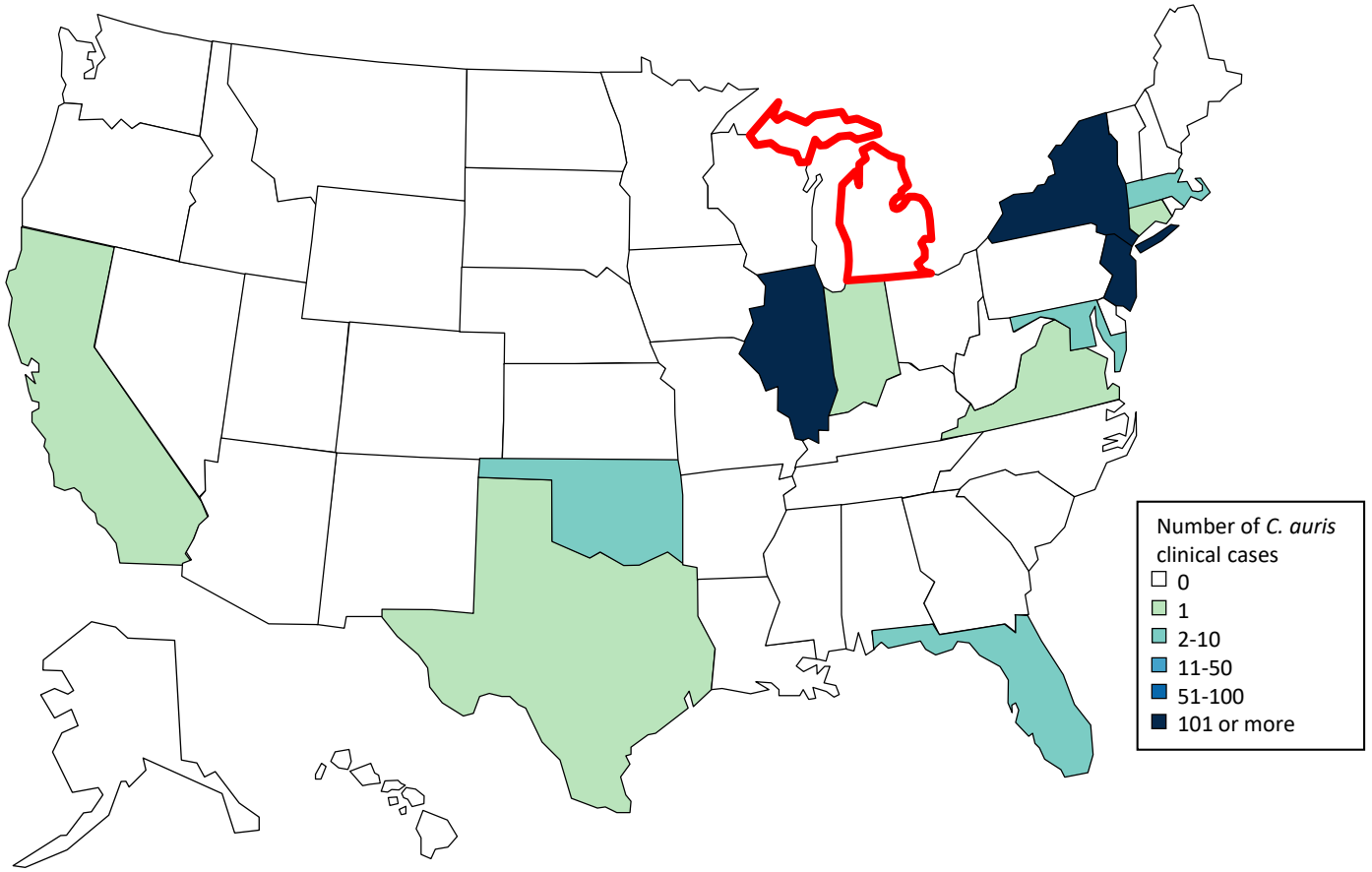
- Highly drug-resistant yeast
- Causes invasive infections associated with high mortality
- Spreads easily in healthcare settings
- Difficult to identify



## *C. auris* clinical cases reported by state — United States, 2013–December 2018



# Clinical cases of *C. auris* reported in the United States as of December 2018



# ***Candida auris***

- Please report any patient or laboratory finding to MDHHS that meets either of the following criteria:
  - Detection of *C. auris* in a specimen using either culture or a culture-independent diagnostic test (CIDT) (e.g., Polymerase Chain Reaction [PCR])
  - Detection of an organism that commonly represents a *C. auris* misidentification in a specimen by culture (i.e., *Candida haemulonii*): https://www.cdc.gov/fungal/diseases/candidiasis/pdf/Testing-algorithm-by-Methodtemp.pdf

- Laboratories shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory

| Identification Method | Database/Software, if applicable | *C. auris* is confirmed if initial identification is *C. auris.* | *C. auris* is possible if the following initial identifications are given. Further work-up is needed to determine if the isolate is *C. auris*. |
|---|---|---|---|
| **Bruker Biotyper MALDI-TOF** | RUO libraries (Versions 2014 [5627] and more recent) | *C. auris* | n/a |
| | CA System library (Version Claim 4) | *C. auris* | n/a |
| **bioMérieux VITEK MS MALDI-TOF** | RUO library (with Saramis Version 4.14 database and Saccharomycetaceae update) | *C. auris* | *C. haemulonii*<br>No identification |
| | IVD library | n/a | *C. haemulonii*<br>No identification |
| **VITEK 2 YST** | Software version 8.01 | *C. auris* | *C. haemulonii*<br>*C. duobushaemulonii*<br>*Candida* spp. not identified |
| | Older versions | n/a | *C. haemulonii*<br>*C. duobushaemulonii*<br>*Candida* spp. not identified |
| **API 20C** | | n/a | *Rhodotorula glutinis* (with characteristic red color present)<br>*C. sake*<br>*Candida* spp. not identified |
| **BD Phoenix** | | n/a | *C. catenulata*<br>*C. haemulonii*<br>*Candida* spp. not identified |
| **MicroScan** | | n/a | *C. lusitaniae**<br>*C. guilliermondii**<br>*C. parapsilosis**<br>*C. famata*<br>*Candida* spp. not identified |
| **RapID Yeast Plus** | | n/a | *C. parapsilosis**<br>*Candida* spp. not identified |

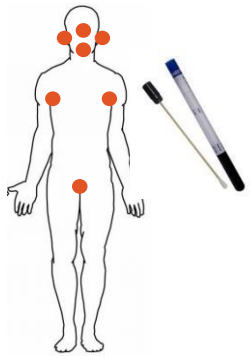
* *C. guilliermondii, C. lusitaniae,* and *C. parapsilosis* generally make hyphae or pseudohyphae on cornmeal agar. If hyphae or pseudohyphae are not present on cornmeal agar, the isolate should raise suspicions of being *C. auris* as *C. auris* typically does not make hyphae or pseudohyphae. However, some *C. auris* isolates have formed hyphae or pseudohyphae. Therefore, it would be prudent to consider any *C. guilliermondii, C. lusitaniae,* and *C. parapsilosis* isolates identified on MicroScan and any *C. parapsilosis* isolates identified on RapID Yeast Plus as possible *C. auris* isolates and further work-up should be considered.

# AR Lab Network *Candida* testing

*C. auris*

Non-*albicans Candida*

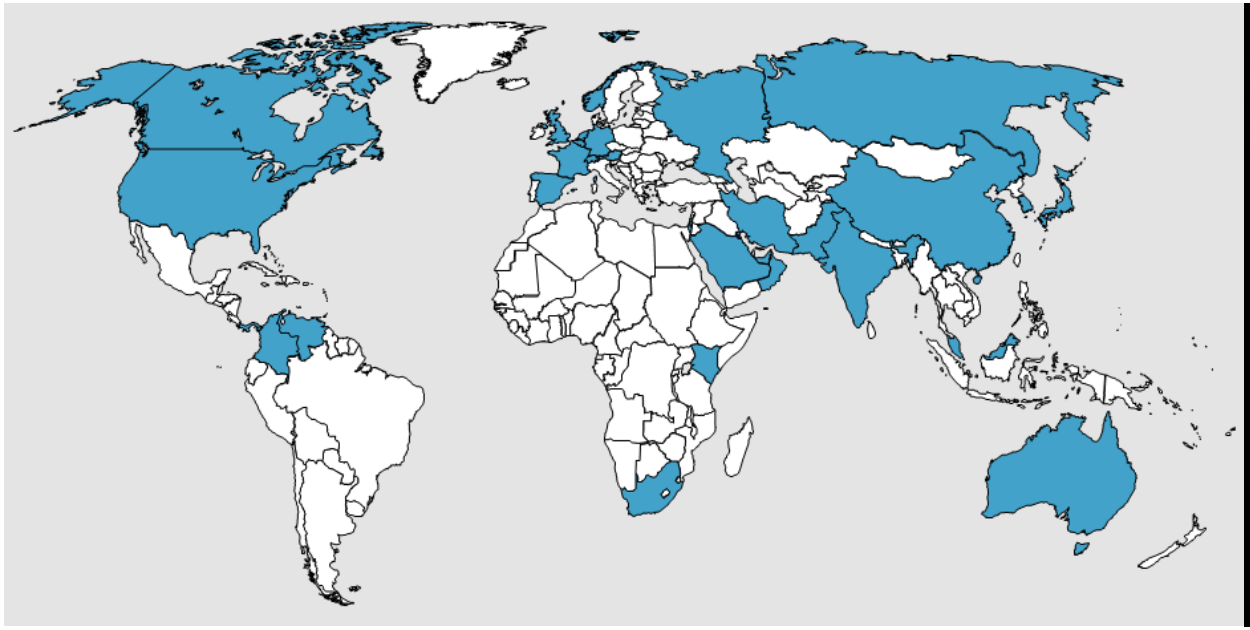

No identification

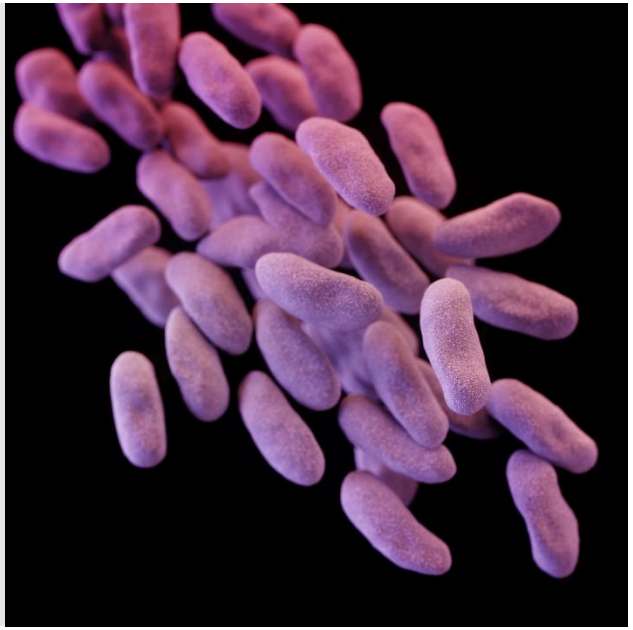


*C. auris* colonization

Essentially non-*albicans Candida* isolates,
any specimen source

# Screening recommendation update





# Questions?

# Next Meeting

## April 24, 2019 @ 10am