NHSN Group Users Call

OCTOBER 23RD, 2019
Welcome from the SHARP Unit!

- Elli Ray
  - NHSN Epidemiologist

- Brenda Brennan
  - HAI Coordinator/CRE Prevention Coordinator/SHARP Unit Manager

- Sara McNamara
  - Antimicrobial Resistance Coordinator

- Noreen Mollon
  - Infection Prevention Consultant

- Anne Haddad
  - Antimicrobial Stewardship Coordinator

- Charde Fisher
  - Health Educator

- Libby Reeg
  - MPH Candidate, GVSU
NHSN Updates
2020 Patient Safety Component Protocol Updates

- Effective January 1, 2020
- Email sent 10/7/2019
- Full list of updates can be found here: https://www.cdc.gov/nhsn/commup/index.html
Applies to multiple infection protocols:

- Under the Denominator section a reminder, when moving to a new electronic capture of denominator data to validate the new electronic data against manually-collected denominator counts (not the previously used electronic counts) to assure the new electronically-collected data is within 5% of manual counts.

MDRO/CDI

- *Klebsiella aerogenes* added to CRE definition used for LabID event reporting.

- An improvement has been made to the de-duplication algorithms used for the MRSA bacteremia SIR numerator. This improvement adjusts the de-duplication that occurs in rare scenarios when a single patient has multiple positive MRSA bacteremia events that cross multiple units within the facility and multiple calendar months. A positive MRSA bacteremia will not be counted in the SIR if the patient had a prior positive MRSA bacteremia in the previous 14 days.
Laboratory Confirmed Bloodstream Infection (LCBI)

- New guidance is provided for use of non-culture based testing methodologies (NCT) to identify an LCBI. **Note: If blood is collected for culture within 2 days before, or 1 day after the NCT, disregard the result of the NCT and use only the result of the CULTURE to make an LCBI surveillance determination. If no blood is collected for culture within this time period, use the result of the NCT for LCBI surveillance determination.**

- **MBI RIT Exception**—A non-MBI organism is NOT assigned to an MBI-LCBI (primary BSI) event when a blood culture with the non-MBI organism is collected during a BSI (MBI-LCBI)-RIT and also deemed secondary to an NHSN site-specific infection. The MBI-LCBI designation will not change to an LCBI event.

- Reporting Exclusions when making a CLABSI determination: Starting in 2020 reporting of any in-plan event meeting one of the following exclusions is required. In each instance the respective data field should be marked “Yes” and the central-line field should be marked “Yes.” These exclusions are also listed within the Analysis section.
  - Extracorporeal life support (ECMO) or Ventricular Assist Device (VAD)
  - Patient self-injection
  - Epidermolysis bullosa (EB) or Munchausen Syndrome by Proxy (MSBP)
  - Pus at the vascular access site
  - Group B Streptococcus in the first 6 days of life
The following new NHSN location type has been added: Level IV Neonatal Intensive Care Unit (NICU). These are level NICUs that have the following capabilities in addition to Level III capabilities:

- Located within an institution with the capability to provide surgical repair of complex congenital or acquired conditions
- Maintain a full range of pediatric medical subspecialists, pediatric surgical subspecialists, and pediatric subspecialists at the site
- Facilitate transport and provide outreach education
**Objective:** To help us better understand your facility’s practices and protocols for administering antimicrobials to newborns, please answer the following questions:

<table>
<thead>
<tr>
<th>OLD Question 30</th>
<th>New Question 30</th>
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<tbody>
<tr>
<td>If your facility administers antimicrobials (oral or parenteral) to newborns residing in their mother’s room, to which NHSN location(s) is the baby mapped? (Select all that apply)</td>
<td>If babies are roomed with their mother in a labor and delivery or postpartum ward and are administered oral or parenteral antimicrobials, such as ampicillin, what location is the medication administration attributed to in the electronic medication administration record (eMAR) system and/or bar code medication administration (BCMA) system?</td>
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Antibiotic Stewardship Practices Section

- Change of wording for Question 35 to *Our facility has a policy or formal procedure for: (Check all that apply)*

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<tr>
<th>Old Question 35a</th>
<th>New Question 35a</th>
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<tr>
<td>If selected: Our stewardship team monitors adherence to the policy or formal procedure for required documentation of indication for all antibiotic orders.</td>
<td>Formal procedure – If selected: Our stewardship team audits antibiotic orders to review appropriateness indications</td>
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## Water Management Program Section

- Clarification: The wording for the current Questions 51-52 has been edited

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<th>Old</th>
<th>New</th>
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<td>51</td>
<td>Have you performed an assessment of the water systems in your facility to identify areas of risk for growth and transmission of Legionella and other opportunistic waterborne pathogens? (e.g. pseudomonas, acinetobacter, burkholderia, and nontuberculous mycobacteria)</td>
<td>Have you ever conducted a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. <em>Pseudomonas</em>, <em>Acinetobacter</em>, <em>Burkholderia</em>, <em>Stenotrophomonas</em>, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system (e.g., piping infrastructure)?</td>
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<tr>
<td>52</td>
<td>Has your hospital established a team specifically for the purpose of developing and implementing a water management program to prevent the growth and transmission of Legionella and other waterborne pathogens?</td>
<td>Does your facility have a water management program to prevent the growth and transmission of <em>Legionella</em> and other opportunistic waterborne pathogens?</td>
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2020 Long Term Care Component Protocol Updates

- Event reporting
  - Resident Type (short stay vs long stay) will auto-populate based on the entered Date of First Admission to Facility and Date of Event.

- HAI Module – UTI
  - Form and interface modification for UTI event reporting: Removed options for reporting a positive urine culture based on specimen collection method. Now, there is only one option for reporting a positive urine culture.
  - This modification does not represent a change in surveillance protocol.

- LabID Event Module
  - For each organism under surveillance, all positive specimens collected while the resident is receiving care in the LTCF must be reported. Includes duplicate and non-duplicate specimens.
  - The NHSN application will categorize submitted positive specimens as either duplicate or non-duplicate based on the most recent positive specimen submitted to NHSN.
REMINDER!

Data for CMS Quality Reporting Programs
DEADLINE – November 18, 2019
2019 Quarter 2 (April 1 – June 30)
Your Questions — Answered!
Question #1

Procedure: KPRO
Date of Procedure: 3/18/19
DOE: 3/29/2019

Notes

• No Redness, no increased tenderness, no foul drainage, no purulent drainage, no fever.
• Evidence of wound dehiscence about 1cm right in the middle of the surgical scar with serous, copious drainage.
• Suture abscess versus cellulitis at surgical site.
• Wound Culture + Staph Epidermis

“Symptoms of a stitch abscess are confined/localized to the point where the suture penetrates through the skin, and the incision itself will not have any signs/symptoms of infection. But if the signs/symptoms involve the incision, then you would evaluate for an incisional SSI. Diagnosis/treatment of cellulitis (redness/warmth/swelling), by itself, does not meet superficial incisional SSI criteria. Conversely, an incision that is draining or that has organisms identified by culture or non-culture based testing is not considered a cellulitis. In this case, there are signs of incisional involvement - wound dehiscence, incisional drainage - so you would investigate for an SSI. Additionally, an organism is identified from a culture collected from the superficial incision, which is sufficient to meet Superficial incisional SSI criterion ‘b’. Of note, common commensal organisms are not excluded from meeting SSI criteria. I would report a Superficial SSI ‘b’, date of event 3/29, linked to the 3/18 KPRO procedure.”

*Some information has been changed to maintain confidentiality
Question #2

Our facility would like to drill down into our CDI rates for an upcoming antimicrobial stewardship meeting. I am not sure how to pull the CDI SIR, rate and infection count by quarter. We want to know which CDI LabID events are hospital-associated. We have seen examples from other facilities that look like they pull bar graphs with infection counts directly from NHSN. Is this something you can help us with? Are there any other training modules on the NHSN website that you recommend related to interpreting and using SIR data?

- SIR – ACH/CAH CDI FacwideIN LabID Data
- Rate = (number of CDI infections/number of patient days) x 10,000
- Frequency table – shows the number of CO vs CO-HCFA vs HO CDI LabID events
- Bar chart – shows number of infection by location, onset, etc.
- Line list – detailed list of all CDI events

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question #3

Are there any reports related to outpatient SSI analysis in NHSN?

- Yes!
- “SIR for Adult All Outpatient SSI Data by Procedure” report includes outpatient NHSN operative procedures performed in hospital outpatient procedures department (HOPD) in patients \( \geq 18 \) years of age (pediatric report age \(< 18\) years of age).
- Note - all Superficial Incisional Secondary (SIS) and Deep Incisional Secondary (DIS) SSIs are excluded

*Some information has been changed to maintain confidentiality*
2018 Healthcare-Associated Infections Annual Report Webinar

Monday, November 25, 2019 at 1:00 p.m.

Join at: http://breeze.mdch.train.org/mdchsharp/
Audio Call-in Number: 877-336-1831
Passcode: 9103755

Save the Date!
CP-CRE and Candida auris Updates

- New reporting forms in MDSS (target date, available Jan.1)
- CP-CRE is very similar to current form
- Incorporated drop down of facilities to ease/standardize reporting
- More questions on travel and hospitalizations (internationally and domestically)
- Candida auris – completely new form!
  - Currently, just the Basic Case Investigation form
CRE Surveillance and Prevention Initiative Close-out Summary

Save the Date!
Summary Webinar – November 20th

- Initiative officially ended August 2019
- Survey sent to participants to determine future prevention efforts
One Health - Antimicrobial Resistance Summit

- SHARP hosted the first AMR Summit in September
- If you are interested in assisting with the creation of the Michigan One Health Collaborative and action plan development, please contact Anne Haddad
  - HaddadA3@Michigan.gov
- Slides from the presentations are available on our websites:
  - www.michigan.gov/hai
  - www.michigan.gov/AMSql
AHRQ Safety Program for Improving Surgical Care and Recovery

- November 11th, 9:00am – 3:30pm CST/ 10:00am – 4:30pm EST
- Illinois Health & Hospital Association, Naperville, IL

On behalf of MHA, we would like to let you know about this Improving Surgical Care and Recovery (ISCR) program. This program is run by the Armstrong Institute for Patient Safety at John’s Hopkins and the American College of Surgeons (ACS), with funding from AHRQ, and the goal of the program is to improve outcomes for surgical patients. The premise of the program is to deploy evidence based bundles (similar to ERAS) related to specific surgical lines (Colorectal, orthopedic, gynecology) to ensure compliance with literature and reduce adverse surgical events such as SSI, VTE, Readmissions, high LOS, etc.

The event is open to all facilities, regardless of participation in the ISCR program, thus, we are encouraging attendance from all hospitals who are working to improve surgical care. Attendance at the November 11 event does automatically enroll hospitals in the program, rather provides an opportunity for folks to learn more about it, the benefits, how the program is run, network with the Hopkins and ASC project team, and engage in strategic planning related to bundle implementation.

To register – please go to the MHA Member Portal”
AHRQ Safety Program for Improving Surgical Care and Recovery

Nov. 11 from 9 a.m. to 3:30 p.m. CST / 10 a.m. to 4:30 p.m. EST

Join the Great Lakes Partners for Patients Hospital Improvement Innovation Network (GLPP HIIN) for a one-day course that will emphasize leadership and change management skills in the context of perioperative-enhanced recovery implementation. Registration is limited, so reserve your spot today.

Attendees will participate in an innovative, in-person training and connect with national leaders in enhanced recovery, as well as other hospitals participating in the Agency for Healthcare Research & Quality (AHRQ) Safety Program for Improving Surgical Care and Recovery (ISCR).

Event Details
- Registration is free and available via the MHA Member Portal
- The event will take place Nov. 11 from 9 a.m. to 3:30 p.m. CST / 10 a.m. to 4:30 p.m. EST at the Illinois Health & Hospital Association, which is located at 1551 E. Warrenville Road in Naperville, IL. The workshop will occur in conference rooms C, D and E.

Highlights
- Overview of ISCR program components and evidence and elements of the ISCR pathways.
- Learn and apply strategies to engage senior leaders and frontline providers in your enhanced recovery program.
- Overview of ISCR data and registry practices, and networking opportunities.

Benefits
- Think about implementation barriers before they happen.
- Discuss unique challenges at your hospital with peers.
- Meet the national project team from Johns Hopkins Armstrong Institute Patient Safety and Quality and the American College of Surgeons.

Who Should Attend?
- Hospitals from all cohorts who are enrolled in ISCR are welcome to attend. Specifically, enhanced recovery teams including surgeons, anesthesiologists, nurses, quality improvement specialists, project managers and surgical clinical reviewers.
- The event will be structured in a way that brainstorming and implementation discussions will be most beneficial if facilities send a small team (two to three staff) to participate.
- Hospitals who are interested in participating in the next cohort, which will include colorectal, orthopedic, gynecology and emergency general surgery. The next cohort will begin March 2020.
Questions?
Next Meeting

February 26th @10am