

**Michigan's Healthcare-Associated Infection Surveillance and Prevention Plan  
Summary of Q&A Conference Call  
March 17, 2010 at 2:00 PM**

**Speakers**

- Jennie Finks – Leader, Surveillance for Healthcare-Associated & Resistant Pathogens (SHARP) Unit, Michigan Department of Community Health (MDCH)
- Teri Lee Dyke – Infection Control Nurse Consultant, SHARP Unit, MDCH
- Judy Weber – Hospital Liaison, SHARP Unit, MDCH
- Lisa Sturm – Past-President of APIC-GD, and member of the MI HAI Prevention Advisory Group

**Background Information**

The Surveillance for Healthcare-Associated and Resistance Pathogen (SHARP) Unit was formed at MDCH in early 2009, in response to state money to focus on antimicrobial resistant organisms. In the summer of 2009, the SHARP Unit applied for and received grant monies through the American Recovery and Reinvestment Act (ARRA). The specific goal of ARRA is to increase the state infrastructure to conduct healthcare-associated infection (HAI) surveillance and prevention statewide. ARRA will fund SHARP activities from September 2009 until the end of December 2011.

Under the ARRA grant, SHARP has three primary objectives or activity areas, as listed below:

**1. HAI Prevention Coordination**

- a. Formation of Michigan HAI Advisory Group. Members include:
  - i. MDCH — both the Bureau of Epidemiology and the Bureau of Laboratories
  - ii. Michigan Society for Infection Prevention & Control (MSIPC)
  - iii. Association for Professionals in Infection Control and Epidemiology — Greater Detroit Chapter (APIC-GD)
  - iv. South Central Association for Clinical Microbiology (SCACM)
  - v. Michigan Antibiotic Resistance Reduction Coalition (MARR)
  - vi. Michigan Health and Hospital Association-Keystone Center for Patient Safety and Quality (MHA Keystone)
  - vii. MPRO — Michigan's quality improvement organization
  - viii. Michigan Association for Local Public Health (MALPH)
  - ix. Michigan Infectious Disease Society (MIDS)
  - x. A consumer representative
- b. Development of a Michigan HAI Surveillance and Prevention Plan
  - i. Drafted in collaboration with the HAI Advisory Group
  - ii. Submitted to the Department of Health and Human Services (HHS) on December 18, 2009.
  - iii. A copy of the Plan is posted on SHARP's new HAI website: (<http://www.michigan.gov/hai>).

**2. HAI Surveillance**

- a. Voluntary participation with initial focus on acute care hospitals
- b. Targeted organisms: methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (*C.difficile*)
- c. Use of the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN), multidrug-resistant organism/*C. difficile*-associated disease (MDRO/CDAD) module, Lab ID Event option
- d. Laboratory-identified data, without clinical interpretation, eases data collection burden
- e. Minimum of three consecutive months of data from any hospital location (If sending data to MPRO, we request a different location for data shared with SHARP.)

- f. Completion of Data Use Agreement provides assurance of hospital confidentiality
- g. Aggregation of data, development of quarterly reports and posting on SHARP HAI website
- h. Target numbers: thirty (30) hospitals contributing data to SHARP by October 1, 2010, and fifty (50) hospitals by October 1, 2011.
- i. SHARP will accept any NHSN data that expands our understanding of statewide trends.

### 3. HAI Prevention Initiative

- a. Focus on two existing prevention initiatives: the MHA Keystone: HAI — CAUTI initiative, and the MPRO MDRO/MRSA initiative.
- b. Support these existing prevention initiatives to help extend benefits of MHA's and MPRO's work, without asking IPs to do more.

### Questions and Answers

**Q. *Why would a hospital want to participate in SHARP'S new HAI surveillance initiative? It sounds like more work than what hospitals are already doing.***

- 1) Satisfaction of contributing to MDCH SHARP's data to study Michigan trends
- 2) Evidence that you are complying with the Joint Commission standards (National Patient Safety Goal 7) that requires you to conduct surveillance for HAIs.
- 3) Ability to monitor the impact of prevention initiatives in your individual facility.
- 4) Comparison of your HAI rates to other Michigan hospitals and national level data through use of the NHSN system which has standardized definitions
- 5) Technical support from CDC and SHARP for NHSN problems
- 6) Data analysis and interpretation support by MDCH SHARP
- 7) Ongoing training opportunities for participating hospitals throughout this effort, and hopefully beyond the end of the ARRA monies, provided by SHARP

Lisa Sturm, Advisory Group member and past president of APIC-Greater Detroit, commented that participation in this surveillance initiative with MDCH/SHARP will provide added value for facilities by providing a means to make comparisons with what is going on in your own facility and with what might be going on in other hospitals as well as within the community.

Hospitals which are interested in participating in the HAI surveillance initiative, should complete the online survey posted at: <http://www.michigan.gov/healthwatch>. Select the survey called 'NHSN participation, 2009' and then put in the password. (NOTE: Contact Judy Weber, at [weberj4@michigan.gov](mailto:weberj4@michigan.gov) or at 517-335-8331, to obtain the password or more information.) As of March 17, 2010, 52 hospitals have responded to the online survey and 11 hospitals have signed a Data Use Agreement (DUA) to share their data with SHARP. Note that hospitals have control over what data is shared with SHARP through the "conferring rights" process in NHSN. If hospitals have difficulty with this process, SHARP staff is available to assist.

SHARP also recommends that hospitals share their DUA with their administration and legal council to make sure they know what's involved in the agreement. This may take some time so it is best to start this process early. Generally, someone from administration signs the agreement on behalf of the hospital.

**Q. *If a health system has multiple acute care sites, is it one DUA? Or does SHARP need one for each of the sites?***

This will depend upon the hospitals. Most hospitals have chosen to sign individual DUAs. If a hospital is part of a system and the entire system wants to participate, that can be written into the agreement.

**Q. *How many licensed hospitals are in Michigan?***

Approximately 144.

**Q. Can SHARP offer a webinar on conferring rights?**

SHARP is already planning a CDC webinar in May. We will cover the conferring rights process, and use of the MDRO/CDAD module of NHSN. Details regarding this training will be provided in the near future. SHARP is also interested in what additional training on NHSN would be of interest to hospitals.

**Q. Is MDCH/SHARP promoting mandatory reporting of healthcare-associated infections (HAIs)?**

No, MDCH SHARP is not promoting mandatory reporting. Reporting HAIs in our surveillance system is voluntary. We feel that hospitals in Michigan are already doing a good job working with MHA Keystone and MPRO. While mandated reporting is definitely not something we advocate, it does appear that there is a federal push for mandatory reporting. It is certainly something that we, along with many of you, will continue to watch closely. Currently, there are at least twenty-eight (28) states which have mandatory reporting and 21 of these have mandatory **public** reporting.

**Q. [To participate in the surveillance initiative with SHARP] the first step that I would have to do is sign up with NHSN to join. I'm a "lone ranger" in a 300 bed hospital. Is there any way to estimate the time commitment with doing this?**

It really depends on how much you want to use in NHSN and what modules you sign up for. The initial joining of NHSN, setting up your monthly surveillance plan, and conferring rights, takes some time. There is also a learning curve. It's our understanding that how much time you spend day to day, week to week, month to month, is very much dependent on which modules within NHSN you use, how large your hospital is, which units you report in, and how many of these particular types of infections you see. We appreciate that many of you are 'lone rangers' and are dealing with a multitude of tasks that you have to accomplish on a day to day basis. While we would really like for folks to be signed on with us indefinitely, if at any time it becomes something that you can't manage and need to step back from, you can.

We should mention the NHSN team down at CDC is working on electronic messaging between infection control software and NHSN that will allow downloads and uploads between your software and NHSN. This will significantly decrease data entry time. Unfortunately, that technology is not available for all parts of NHSN, nor is it available for all the various software programs that different hospitals use. CDC is working on it and we hope things get easier in the future for data sharing with NHSN and with us.

**Q. I work at a LTAC (long-term acute care) located inside a hospital. Are you looking at using our data also for infection control?**

Because you're a long-term acute care facility, you would technically fall under the NHSN umbrella of an acute care hospital. Yes, we would take that at this time. We are aware that HAIs are not unique to acute care and long-term acute care facilities, and know that they are a problem in ambulatory care and in long-term care as well. As directed by the HHS Action Plan to Prevent HAIs, we are starting with acute care facilities. We do hope that we can roll out surveillance to ambulatory surgical centers and long-term care facilities in the near future.

(NOTE: The website for more information and to reach the SHARP Unit is [www.michigan.gov/hai](http://www.michigan.gov/hai).)