

MDCH SHARP NHSN USERS CONFERENCE CALL
Wednesday, March 26, 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 are held on the 4th Wednesday each month at 10:00 a.m., however, **our next conference call is scheduled for Wednesday, April 23, 2014.**

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 to add items to the agenda.

HIGHLIGHTS FROM CONFERENCE CALL

Welcome & Introductions

Judy welcomed participants, and introductions were made of SHARP staff on the call. Participants were reminded to put their phones on mute or to press *6.

Update on Reports

Allie announced that the 2013 Quarter 2 report is close to being finished, and data for the 2013 Quarter 3 report have been pulled. She then provided the group with an update on the 2012 MI HAI Surveillance Individual Report feedback survey and an update on the newly released prevention status reports from CDC. Details can be found in the attached powerpoint presentation.

Call to Action on Antibiotic Stewardship – Judy

Judy discussed the Vital Signs report on “Improving Antibiotic Use Among Hospitalized Patients”, that was recently published in the March 7, 2014 issue of the Morbidity and Mortality Weekly Report. Facts about antibiotic use in hospitals were presented and Judy stated that CDC is recommending that all hospitals develop antibiotic stewardship programs. Judy presented core elements of such a program and provided a checklist of questions that hospitals can use to assess their progress in this area. Judy's presentation is covered in the attached slide set and email links in the meeting room.

CDC NHSN Training

Judy reminded the participants of the 3-day training on the NHSN modules that was held at CDC on March 12 – 14. The training was also available via live satellite and this is how SHARP staff participated. The NHSN modules were reviewed, indicating new changes that have occurred this year. Case studies were presented, and there was quite a bit of time for questions from the participants. The recording from this training will be available in April.

Allie shared the takeaway points that she found most useful from the training. There were some questions on the classification of LabID summary data that were resolved.

Opportunity for NHSN Training for Skilled Nursing Facilities

Judy mentioned that the SHARP Unit is interested in recruiting skilled nursing facilities (SNFs) that are interested in using NHSN to share their HAI data with us. She mentioned that Gail Denkins is recruiting SNFs and hospitals for her MRSA/CDI prevention initiative and that these facilities will be strongly encouraged to use NHSN to report their HAIs to the SHARP Unit. A live training on the use of NHSN will be offered to recruited SNFs on April 10th (Part I) and again on May 21 (Part II). Hospitals who may know SNFs that are interested in learning about NHSN should spread this information, and these SNFs are invited to participate in these trainings. These facilities should contact Gail Denkins at denkinsg@michigan.gov.

Participant Questions

There were several participant questions that were asked and answered throughout other sections of the agenda.

Additional Note

Judy mentioned that at noon today (March 26th) there would be live webinar from CDC regarding the release of the new national HAI estimates as well as progress on state HAI activities. Judy provided the call-in information for those interested in listening.

Next Meeting


The next NHSN conference call is scheduled for Wednesday, April 23, 2014 at 10:00 a.m. Please join the call if you can.



SHARP UNIT
NHSN CONFERENCE CALL
March 26, 2014


2012 INDIVIDUAL REPORT SURVEY RESULTS

- The 2012 Individual Hospital Reports were sent out last month, and we have received some feedback regarding these reports
 - If you have not filled out a feedback survey regarding your 2012 Individual Report, you can do so by following this link:
<https://www.surveymonkey.com/s/2012individualreport>




SURVEY RESULTS

- As of 3/24, we have received 17 responses
 - Almost all responses were from acute care hospitals

 - Formatting (new vs. old)
 - 50% liked the new format better than the old
 - 25% liked both formats
 - 12.5% liked the new format but were unfamiliar with the old format
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FORMATTING RESULTS

- When asked why they liked the new format:
 - It was simpler and easier to read and share
 - It gave the “bottom line”
 - Easier to navigate and very understandable

 - What they didn't like about the old format:
 - It was difficult to read through and/or because it was so long
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GRAPH RESULTS

- Did you find the graphs useful?
 - 37.5% found them very useful
 - 43.75% found them mostly useful

- Any comments on the graphs?
 - They would like to see CMS-specific LabID information
 - Note: this will be coming on all 2013 reports (when CMS LabID reporting mandates began)



INTERPRETATION SHEET

- 87.5% of respondents found the interpretation sheet helpful in understanding their report
 - Those who found it helpful commented that it helped educate them to be able to present it to others
 - Those who felt it wasn't helpful indicated that it was not necessary



USEFULNESS OF REPORT

- 85% of respondents felt the report was mostly or very useful to their facility
 - Those who found it useful indicated that the data were used for goal setting and at IP meetings
 - Those who found it not useful indicated that the data were too old and that they may be difficult for those outside of Infection Prevention to understand



SHARING OF REPORTS

- 93.75% of hospitals planned on sharing their report with someone
 - Of these, most planned on sharing with:
 - IP committee
 - Hospital leadership, director, “higher ups”
 - Quality group



FORMATTING SUGGESTIONS

- 53.33% of respondents would like to receive a spreadsheet containing their hospital's raw data along with their report
- 40% prefer only receiving the final .pdf report
- 6.67% would like to receive editable data only on a request basis (this is the current method)



PREVENTION STATUS REPORTS

- Highlight the status of public health policies and practices designed to prevent or reduce public health problems in all 50 states and the District of Columbia, including:
 - Excessive Alcohol Use
 - Food Safety
 - **Healthcare-Associated Infections**
 - Heart Disease and Stroke
 - HIV
 - Motor Vehicle Injuries
 - Nutrition, Physical Activity, and Obesity
 - Prescription Drug Overdose
 - Teen Pregnancy
 - Tobacco Use
 - PSRs can be found at: <http://www.cdc.gov/stltpublichealth/psr/>

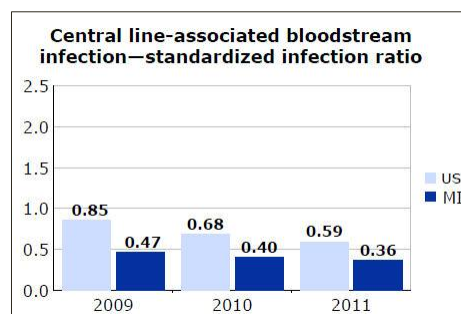


HAI PSRs

- Follow a framework:
 - Describe the public health problem using data
 - Identify potential solutions from research and expert recommendations
 - Report the status of those solutions for each state and D.C.
- Ratings
 - Use a three-level rating scale to provide a practical assessment of the status of policies and practices
 - They do not reflect the status of efforts

MICHIGAN'S HAI PSR

- Michigan had lower CLABSI SIRs than the National CLABSI SIRs for 2009, 2010, and 2011



MICHIGAN'S HAI PSR

- Michigan received a “Green” rating to indicate that MDCH led or participated in a broad prevention collaborative addressing at least one HAI

VITAL SIGNS: IMPROVING ANTIBIOTIC USE AMONG HOSPITALIZED PATIENTS

Morbidity & Mortality Weekly Report
March 7, 2014 /63(09); 194-200

<http://www.cdc.gov/mmwr>

Vital Signs Factsheet

<http://www.cdc.gov/vitalsigns/pdf/2014-03-vitalsigns.pdf>

FACTS ABOUT ANTIBIOTIC RX IN HOSPITALS*

- **1 in 2:** More than half of all hospitalized patients receive an antibiotic.
- **3x:** Doctors in some hospitals prescribe 3 times as many antibiotics as doctors in other hospitals.
- **30%:** Reducing the use of high-risk antibiotics by 30% can lower deadly diarrhea infections by 26%.

*Taken from Vital Signs Report, MMWR, March 7, 2014.



CDC QUOTE*:

“Antibiotic prescribing in hospitals is common and often incorrect. In particular, patients are often exposed to antibiotics without proper evaluation and follow-up. Misuse of antibiotics puts patients at risk for preventable health problems.”

(Adverse drug events, CDI, and even death)

*Quote taken from Vital Signs Report in March 7, 2014 MMWR.



CDC QUOTE*:

- “Given the proven benefit of hospital stewardship programs to patients and the urgent need to address the growing problem of antibiotic resistance, CDC recommends that all hospitals implement an antibiotic stewardship program.”*


* Taken from Vital Signs Report in March 4, 2014 MMWR (early release).

CDC RECOMMENDATIONS FOR ANTIBIOTIC STEWARDSHIP PROGRAM

1. Leadership support and commitment;
2. Accountability through a single physician lead;
3. Drug expertise through a single pharmacy lead;
4. Action, including at least one intervention;
5. Tracking prescribing and resistance patterns;
6. Regularly reporting resistance information to clinicians;
7. Education for clinicians.


WHAT CAN BE DONE?

Federal Government:

- Is expanding NHSN to help hospitals track antibiotic use and resistance (AU Module under Pt Safety Component);
 - Is sharing prescribing improvement recommendations and tools with clinicians and administrators;
 - Is supporting networks that are testing new prescribing improvement strategies;
 - Is helping hospitals and health departments create regional programs to improve antibiotic prescribing;
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WHAT CAN BE DONE?

Federal Government (cont):

- Is improving health care for veterans by launching antibiotic stewardship programs in VA hospitals;
 - Is providing incentives for development of new antibiotics.
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WHAT CAN BE DONE?

Hospitals, Physicians, Other Hospital Staff:

- Prescribe antibiotics correctly – get cultures, start right drug/right dose/right duration. Re-assess after 48 hours.
- Document the dose, duration and indication for every antibiotic prescription.
- Stay aware of antibiotic resistance patterns in your facility.
- Participate in and lead efforts to improve practices.
- Follow hand hygiene and other IC measures with pts.

ANTIBIOTIC STEWARDSHIP CHECKLIST

- The elements in the following have been shown in previous studies to be helpful in improving antibiotic use though not all of the elements might be feasible in all hospitals.
- Checklist is available at:

<http://www.cdc.gov/getsmart/healthcare/implementation/checklist.html>

CALL TO ACTION

“Antibiotic Resistance is one of the world’s most pressing public health problems.”*

*Taken from <http://www.cdc.gov/getsmart>



ADDITIONAL RESOURCES

<http://www.cdc.gov/vitalsigns>

<http://www.cdc.gov/getsmart>

