

MDCH SHARP NHSN USERS CONFERENCE CALL
Wednesday, July 23, 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 will be held on the 4th Wednesday each month at 10:00 a.m. **Our next conference call is scheduled for August 27, 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, or Allie at murada@michigan.gov, to add items to the agenda.

HIGHLIGHTS FROM CONFERENCE CALL

Welcome & Introductions

Judy 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.

Update on Reports

Allie announced that the 2013 semi-annual report will be posted to the website soon along with a highlight sheet. 91 hospitals will be receiving corresponding individual hospital reports from our summer intern, Xiaotong. 2013 quarters 3 and 4 will be released soon after, followed by the 2013 annual report.

Medicare Beneficiary Number Reporting

Judy reminded participants that the Medicare Beneficiary Number is required for Medicare patients, effective July 1, 2014. This number should be entered on all 'Event' records for Medicare patients. It is not required on 'Procedure' records for Medicare patients at this time. Additional information regarding this can be found in the June 2014 newsletter from CDC.

August 15th Deadline for Quarter 1 (Jan – March) 2014 Reporting

Judy reminded participants that all quarter 1 (Jan – March 2014) data should be entered into NHSN before the August 15th deadline in order for CDC to send the data to CMS.

Antimicrobial Resistance (AR) Option Now Available

With the release of NHSN 8.2 at the end of July, the AR Option will be available under the Antimicrobial Use & Resistance Module within the Patient Safety Component on NHSN. Both the Antimicrobial Usage (AU) option and the Antimicrobial Resistance (AR) module provide a mechanism for facilities to report and analyze antibiotic use and resistance patterns at users' healthcare facilities. Data, however, must be added using CDA. Data cannot be added manually. Use of this module is not mandatory although it may assist facilities with their antimicrobial stewardship activities. Training for this module and options are available on the NHSN website.

Unusual Antibiotic Susceptibility Profile Alerts

This is a new alerting system that CDC will use to send a message after an unusual antibiotic susceptibility pattern is entered into NHSN. A pop-up message will appear on the screen and will give the user the option to confirm the accuracy of the data, to correct or amend the data, or to acknowledge receipt of the message by clicking 'ok' with the option to change confirm, amend or cancel the data at a later time. The alert, however, will remain as an alert until the entry has been confirmed, amended or cancelled. More information about this is available on the NHSN website.

Healthcare Personnel Vaccination Reporting Update

Beginning October 1st, acute care hospitals will be required to again keep track of the flu vaccination status of healthcare personnel (HCP) working in their facilities. This not only includes HCP working in inpatient units **but also in outpatient units that are physically attached to the hospital and/or on the same medical campus as the hospital**. Note that these facilities should share the same CCN. Data from these inpatient and outpatient units should be combined into a single summary report in the Healthcare Personnel Safety Component within NHSN. Data should be collected for the time period of October 1, 2014 through March 31, 2015. Facilities should work with their HR Department to keep track of healthcare personnel working in their facility. Any HCP working in the facility for at least one day should be included in the counts.

Note too that this requirement will also now apply to freestanding Inpatient Rehab Facilities (IRFs) and IRF units located within an acute care hospital. Data for HCP working in an IRF unit of an acute care facility with a different CCN should report separately from the acute care facility's summary data. Ambulatory surgical centers and long-term acute care (LTAC) facilities are also required to begin reporting HCP flu vaccination data beginning October 1, 2014 through March 31, 2015.

C. difficile LabID Event SIR & Lab Test Type

Judy reminded participants that hospitals should report at the end of each quarter (March, June, Sept & December) the primary type of test used by their lab to identify *C. difficile* in their hospital for that quarter. This info should be entered on the summary data form. SIRs for LABID Events cannot be calculated until this quarterly test type is completed. Remember that the "other" option of CDI test type should be not be used unless absolutely no other testing option is appropriate.

Update on Available NHSN Training

CDC has posted NHSN training, case studies and slide sets on the NHSN website, including slide sets from the March 12 – 14, 2014 training at CDC. CEs are also available free of charge for online training on the website. CDC has announced that new trainings will be posted in January 2015.

Patient ID Number Data Entry

CDC wants to remind NHSN users that if there is a leading zero(s) in a patient ID number, all zeros should be included when entering the patient ID number in NHSN. Otherwise it will be difficult to match the same patient if another entry is added.

Update on SAMS Migration

CDC is slowly moving digital certificate users to SAMS (Secure Access Management System). As of June 3 this year, 29% of all users are now using SAMS. New users will be asked to use SAMS immediately instead of applying for a digital certificate. Digital certificate users will generally be invited to register for their SAMS card when their digital certificate expires. Use of SAMS requires receipt of a grid card from CDC, and this process involves sending personal information to CDC to verify the user's identity. All NHSN users should get their own SAMS card – these should not be shared among other users in your facility. NHSN Facility Administrators are reminded to delete any users within their facility who are no longer using NHSN or who have left their facility. This will prevent CDC from contacting people who no longer are users and will save time with SAM notifications.

Mapping Locations for CMS-IPPS 2015 Reporting

There will be a new CMS requirement in 2015 for acute care hospitals to report CLABSIs and CAUTIs from 6 specific ward locations, specifically adult and pediatric medical, surgical, and med/surgical wards. When mapping these locations, make sure that you use the CDC **Locations and Descriptions** found on the NHSN website at <http://www.cdc.gov/nhsn/PDFs/master-locations-descriptions.pdf>.

January 2015 Retirement of “All Device-Associated Events” Output Options

With the release of NHSN version 8.3 in late January 2015, the “All Device-Associated Events” output options under Analysis within NHSN will be retired. CDC is encouraging use of the event-specific output option (e.g. CAUTI, CLABSI, etc) as an alternative.

Reminder regarding MDCH SHARP List Serve

Allie reminded the group that they can email the MDCH-SHARP@michigan.gov email address or subscribe directly at https://public.govdelivery.com/accounts/MIDCH/subscriber/new?topic_id=MIDCH_130

Update from June APIC Conference

Judy stated that she and Allie were unable to attend this conference in June of this year and asked for announcements from others on the call who may have attended. There were two powerpoint presentations available for download in the meeting room from the June APIC Conference.

NHSN Updates from the CSTE Meeting

Allie and Jennie attended this Council of State & Territorial Epidemiologists meeting at the end of June in Nashville, Tenn. Allie updated the group on the HAI workshop, presentation formatting roundtable, and NHSN changes presentation she attended. From what was presented in the HAI workshop, the SHARP Unit is going to begin calculating a CAD (cumulative attributable difference) in future reports, which tells the difference between observed and expected infections. CDC will also be providing these data in 2015, along with a TAP (targeted assessment for prevention) report, allowing targeted prevention activities at the facilities with the most infections. The NHSN changes reviewed at CSTE can be found on pages 10-13 of the June 2014 NHSN newsletter.

Detect & Protect Against Antibiotic Resistance

Judy stated that this is a new initiative by CDC aimed at antibiotic resistance. It has four core actions:

- Detect & track patterns of antibiotic resistance
- Respond to outbreaks involving antibiotic-resistant bacteria
- Prevent infections from occurring & resistant bacteria from spreading
- Discover new antibiotics and new diagnostic tests for resistant bacteria (responsibility of NIH & private industry)

In the 2015 Budget, the President has asked for \$30 million in annual funding for 5 years to address these areas. Targeted organisms include *C. difficile*, CRE, MDR (multi-drug resistant) *Neisseria gonorrhoeae*, extended-spectrum B-lactamase-producing Enterobacteriaceae (ESBL), MRSA, and MDR Pseudomonas. The first 3 core actions involve infection preventionists and other healthcare providers, including state and local health departments.

Judy included an Antimicrobial Stewardship Toolkit in the meeting room for hospitals who are looking for information on how to do this. This toolkit is also available on the homepage of the www.michigan.gov/hai website.

SHARP Staffing Announcement

Judy announced that she is retiring from her position in the SHARP Unit. Her last day will be Thursday, July 31, to coincide with the end of the SHARP Unit's 5-year funding grant from CDC. The announcement of new 2015 FY funding from CDC is expected in August. Allie will take over many of the responsibilities from Judy, until additional decisions can be made about SHARP staff assignments.

Next Conference Call

The next SHARP Unit NHSN conference call is scheduled for August 27, 2014 at 10:00 a.m.