MDCH SHARP NHSN USERS CONFERENCE CALL
Wednesday, August 27, 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 September 24, 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

<u>Welcome & Introductions</u>
Allie 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.

<u>NHSN Release 8.2</u>
Allie reviewed the July 2014 NHSN changes. The overview of these changes can be found in the attached powerpoint presentation.

<u>Update on Reports</u>
Allie announced that the 2013 Semi-Annual Report and Individual Reports had been sent out to hospitals. She also announced that she is finalizing the 2013 Q3 and Q4 reports, and those should be released shortly.

<u>2013 Semi-Annual Report</u>
Allie reviewed the 2013 Semi-Annual Report and the 2013 Semi-Annual Highlight sheet with the group. She indicated that hospitals should have received their corresponding individual reports via email along with a password to open the document. The aggregate reports can be found on the www.michigan.gov/hai website.

<u>Ebola Update</u>
Jennie Finks read the following report on Ebola: As of August 22, 2014 there are 2615 Suspected and Confirmed cases and 1427 deaths. The countries involved, all in West Africa, are Guinea, Liberia, Sierra Leone and Nigeria.

Infection Prevention Information:
U.S. hospitals can safely manage a patient with EVD by following recommended isolation and infection control procedures, including standard, contact, and droplet precautions. Early recognition and identification of patients with potential EVD is critical. Any U.S. hospital with suspected patients should follow CDC's Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals. These recommendations include information on patient placement, healthcare provider protection, aerosol-generating procedures and environmental infection control

Important links:
MDCH Interim Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease:
http://michigan.gov/documents/emergingdiseases/Michigan_EBOLA_Guidance_464829_7.pdf?20140812103615

MDCH BOL specimen collection and submission:
http://www.michigan.gov/documents/mdch/Ebola_Updat_1_8-7-2014_464958_7.pdf

Case Definition: http://www.cdc.gov/vhf/ebola/hcp/case-definition.html

Infection Prevention Information: http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html

Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus:
http://www.cdc.gov/vhf/ebola/hcp/environmental-infection-control-in-hospitals.html

Additional guidance on EVD for healthcare workers can be found at:
http://www.cdc.gov/vhf/abroad/healthcare-workers.html

Most up-to-date information on 2014 Ebola Outbreak in West Africa:
http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html

Antimicrobial Stewardship Survey

Jennie also read the following report on a recent Antimicrobial Stewardship Survey from Brenda Brennan: With antimicrobial resistance being one of the world's most pressing public health problems, the MDCH SHARP Unit and the Antimicrobial Stewardship Workgroup (members include: *Anurag Malani, Jason Pogue, Curtis Collins, and Keith Kaye)* want to learn current practices and/or resources that may be needed to implement Antimicrobial Stewardship Programs (ASP) in long-term care (LTC) facilities here in Michigan. A growing body of evidence demonstrates that programs dedicated to improving antimicrobial use, commonly referred to as ASPs, can both optimize the treatment of infections and reduce adverse events associated with antimicrobial use. These programs help clinicians improve the quality of patient care and improve patient

safety through increased infection cure rates, reduced treatment failures, and increased frequency of correct prescribing for therapy and prophylaxis. ASPs often achieve these benefits in addition to cost-savings to facilities.

MDCH SHARP is in the process of working with infection prevention partners to distribute a short survey to assess current antimicrobial stewardship practices in LTCs throughout Michigan.   The survey will help us gather information about activities that are being conducted to monitor antimicrobial usage and efforts to promote the judicious use of antimicrobials. We ultimately want to know how to best direct education and resources for ASPs in long-term care facilities.

The survey is being distributed through MSICP, APIC-GL, Prevention Initiatives partners, MPRO list servs and their various regional IP groups. Currently there are 90 responses to the survey. Results will be shared as soon as they are finalized. The survey will remain open until September 12th.

Next Conference Call
The next SHARP Unit NHSN conference call is scheduled for September 24, 2014 at 10:00 a.m.

NHSN Release 8.2

SHARP Unit NHSN Call
Wednesday, August 27th, 2014

All NHSN Components

▸ New Print option available for saved records

◦ Print PDF option in NHSN replaced by new print option

◦ When reviewing through the "view" screen, click "print form"
  • A new pop-up window will open with the record's details, and clicking the printer icon at the top of the pop-up screen will allow users to print the record

All NHSN Components

▸ Users are now able to select the Output Format for any Custom Output set. The formats available are:

◦ HTML (default), PDF, CSV, RTF, and Excel

All NHSN Components

▸ NHSN Help has been updated!

◦ Simply click the "Help" icon on any reporting page

Patient Safety Component

▸ Alerts for twelve unusual susceptibility profiles when reported for in-plan events

  ◦ Will be discussed later in conference call

Patient Safety Component

▸ Modified format of .csv procedure import file

▸ Users can now use one of two methods to import procedure data via CSV file:

  ◦ If the CSV file is imported without a header row, the data must be in the same order as described in the import documentation found at http://www.cdc.gov/nhsn/PDFs/ImportingProcedure Data_current.pdf
  ◦ If the CSV file is imported with a header row, the data can be entered in any order. Details about this will be posted soon to the NHSN website

Patient Safety Component

▸ Update to ASA Score description
  ◦ Descriptions supplied with each ASA score in NHSN have been updated to reflect the current descriptions defined by the American Society of Anesthesiologist's Classification of Physical Status

▸ Increased upper weight limit for procedures
  ◦ Users can now enter a patient weight up to 999.9 lbs when reporting procedure-level data

Patient Safety Analysis

▸ CMS Reports Output Option Folder
  ◦ Has been moved and now appears above the Advanced folder on the Output Options screen.
    • Subfolders have been created for each CMS reporting program
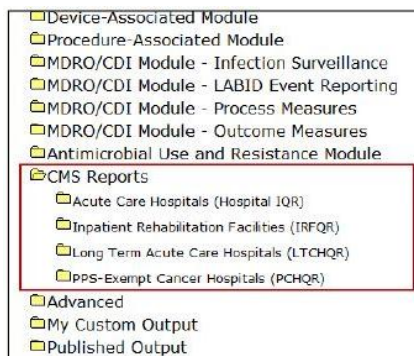
Patient Safety Analysis

▸ SSI SIR added for PPS-Exempt Cancer Hospitals
  ◦ PPS-Exempt Cancer Hospitals can now run SSI SIRs specific to the PPS-Exempt Cancer Hospital Quality Reporting Program requirements

▸ Removed risk model calculation for procedures with "Other" closure type
  ◦ Procedures with a closure technique of "Other" will no longer have a risk model value calculated, and these procedures will continue to be excluded from SIRs and SSI rate tables

Healthcare Personnel Safety Component

▸ New functionality has been added to enable IRF units mapped as locations of an acute care hospital to enter individual monthly reporting plans and submit summary influenza vaccination data separately to fulfill the CMS IRF QRP requirements

▸ Acute care hospitals with IRF units mapped as locations can now view data submitted separately from acute care data

▸ Linelists have been created for CMS reporting on HCP summary influenza vaccination data for IRFs, LTACs, and ASCs.

Long Term Care Component

▸ Analysis Output Options have been added

▸ Include:

◦ Linelist and rate tables for process measures and event- and summary-level linelists and frequency tables

Clinical Document Architecture (CDA)

▸ Antimicrobial resistance option available through CDA only (no manual entry)

▸ Two analysis reports are available:
◦ Linelisting of AR Events
◦ Facility-wide antibiogram table (displays the percent of isolates that tested non-susceptible for each applicable organism-antimicrobial pairing across all locations in the facility)

▸ Details regarding this module can be found at: http://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html

Group-Level Updates

▸ Facility User Output Option
  ◦ Group users can obtain a line list of users for each facility in the group

▸ Patient Safety Exported Output Datasets
  ◦ Variables added: CCN, Facility Type, Medical affiliation type, State

▸ CDC location code has been added to the Membership Rights line list for all location-specific rights within the analysis dataset

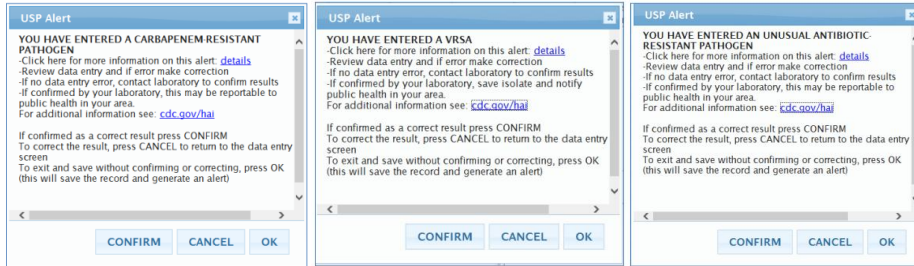# Unusual Susceptibility Profiles

Alerts will pop-up for:

1. Carbapenem-intermediate or –resistant Enterobacteriaceae
2. Carbapenem-intermediate or –resistant Acinetobacter baumannii
3. Carbapenem-intermediate or –resistant Pseudomonas aeruginosa
4. Highly Drug-Resistant Enterobacteriaceae
5. Highly Drug-Resistant Pseudomonas aeruginosa
6. Highly Drug-Resistant Acinetobacter baumannii
7. Colistin/Polymyxin B-resistant Acinetobacter baumannii
8. Colistin/Polymyxin B-resistant Pseudomonas aeruginosa
9. Daptomycin non-susceptible and Linezolid-resistant Enterococcus spp.
10. Vancomycin-resistant Staphylococcus aureus (VRSA)
11. Daptomycin non-susceptible and Linezolid-resistant and Vancomycin-intermediate Staphylococcus aureus
12. Vancomycin-resistant Staphylococcus, coagulase negative (VRSE)

Unusual Susceptibility Pop-Ups

‣ CR, VRSA, or Other

‣ The "details" link can provide further information on which results are generating the alert

Unusual Susceptibilities Analysis

‣ Generate linelist and frequency tables which will identify the profiles identified, the number of each, and whether the profile has been verified to be accurate or if it is pending verification

Unusual Susceptibilities

▸ For more information, visit:
  http://www.cdc.gov/nhsn/PDFs/USP-Alert-current.pdf

Unusual Susceptibility Profiles	Profile Codes	Definition of Unusual Susceptibility Profiles	Alert Message Type
Carbapenem-intermediate or -resistant Enterobacteriaceae	CRE	Carbapenem (imipenem, meropenem, doripenem, ertapenem) is Intermediate(I) or Resistant(R)	CR
Highly Drug-Resistant Enterobacteriaceae	HDR_E	Defined as highly drug-resistant if all **five** drug classes have at least one drug within the class reported as either Intermediate(I) or Resistant(R): • Extended spectrum cephalosporin (cefepime, cefotaxime, ceftriaxone, ceftazidime) • Fluoroquinolones (ciprofloxacin, levofloxacin, moxifloxacin) • Aminoglycosides (amikacin, gentamicin, tobramycin) • Carbapenems (imipenem, meropenem, doripenem, ertapenem) • Piperacillin/tazobactam	Other
Colistin/Polymyxin B-resistant *Pseudomonas aeruginosa*	PR_PA	Colistin/polymyxin B is Intermediate(I) or Resistant(R)	Other
Carbapenem-intermediate or -resistant *Pseudomonas aeruginosa*	CR_PA	Carbapenem (imipenem, meropenem, doripenem) is Intermediate(I) or Resistant(R)	CR
Highly Drug-Resistant *Pseudomonas aeruginosa*	HDR_PA	Defined as highly drug-resistant if all **five** drug classes have at least one drug within the class reported as either Intermediate(I) or Resistant(R): • Extended spectrum cephalosporin (cefepime, ceftazidime), • Fluoroquinolones (ciprofloxacin, levofloxacin) • Aminoglycosides (amikacin, gentamicin, tobramycin) • Carbapenems (imipenem, meropenem, doripenem) • Piperacillin or piperacillin/tazobactam	Other
Colistin/Polymyxin B-resistant *Acinetobacter baumannii*	PR_ACBA	Colistin/polymyxin B is Resistant(R)	Other
Carbapenem-intermediate or -resistant *Acinetobacter baumannii*	CR_ACBA	Carbapenem (imipenem, meropenem, doripenem) is Intermediate(I) or Resistant(R)	CR
Highly Drug-Resistant *Acinetobacter baumannii*	HDR_ACBA	Defined as highly drug-resistant if all **six** drug classes have at least one drug within the class reported as either Intermediate(I) or Resistant(R): • Extended spectrum cephalosporin (cefepime, ceftazidime), • Fluoroquinolones (ciprofloxacin, levofloxacin) • Aminoglycosides (amikacin, gentamicin, tobramycin) • Carbapenems (imipenem, meropenem, doripenem) • Piperacillin or piperacillin/tazobactam • Ampicillin/sulbactam	Other
Daptomycin non-susceptible and Linezolid-resistant *Enterococcus* spp.	HDR_ENTSP	Daptomycin is Non Susceptible(NS) AND Linezolid is Resistant(R)	Other
Vancomycin-resistant *Staphylococcus aureus* (VRSA)	VR_SA	Vancomycin is Resistant(R)	VRSA
Daptomycin non-susceptible and Linezolid-resistant and Vancomycin-intermediate *Staphylococcus aureus*	HDR_SA	Daptomycin is Non Susceptible(NS) AND Linezolid is Resistant(R) AND Vancomycin is Intermediate(I)	Other
Vancomycin-resistant *Staphylococcus*, coagulase negative (VRSE)	VR_CSN	Vancomycin is Resistant(R)	Other