

MDCH SHARP NHSN USERS CONFERENCE CALL

Wednesday, January 22, 2013

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, February 26, 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 the Allie or Judy at MDCH-SHARP@michigan.gov to add items to the agenda.

HIGHLIGHTS FROM CONFERENCE CALL

Welcome & Introductions

Allie welcomed participants, and introductions were made of SHARP staff on the call. Allie announced that Judy was having her surgery today and wished her well with recovery. Participants were reminded to put their phones on mute or to press *6.

Update on NHSN Reports

Allie announced that the 2013 Quarter 1 Report had been posted and emailed out to the group. She is currently working on the 2012 Annual Report and 2012 Individual Highlight Sheets that will cover CMS required data. Hospitals should be looking for these reports in February. She also shared the Prevention Status Report for Michigan HAIs, recently released by CDC. This report showed Michigan's very low CLABSI SIR as well as a "green" rating for participating in prevention collaboratives.

NHSN Updates

A. Updated CMS HAI Reporting Requirements and Deadlines Documents

The CMS HAI Reporting Requirements document and the CMS Deadlines document have been updated (in December 2013) and were attached in the meeting room as well as posted on the home page of the www.michigan.gov/hai website.

B. 2014 CMS Quality Reporting Rules

See attached powerpoint presentation

C. NHSN Version 8.1 Release

See attached powerpoint presentation

D. 2013 Facility Surveys

See attached powerpoint presentation

E. 2014 Patient Safety Protocol Changes

See attached powerpoint presentation

F. Guidance on Changing Location Descriptions

See attached powerpoint presentation

G. Update on Conferred Rights in HCP Vaccination Component

Allie announced that, as of the meeting date, 58 hospitals had conferred rights for the SHARP Unit to view their HCP Vaccination data. She encouraged hospitals who had not yet conferred rights to the SHARP Unit to do so. The reporting deadline for the 2013-2014 flu season is May 15, 2014.

Acute Care Hospital & Inpatient Rehab Facility Survey

Allie presented the data from this survey in the powerpoint (attached to the end of this report).

NHSN Training March 12-14 at CDC

Allie reminded participants that this training will take place both in-person and via webinar. Registration and selection of attendees has already occurred. No members of the SHARP Unit will be able to attend, but will be viewing the webinar.

Reminder: Next CMS Reporting Deadline is Saturday, February 15


Allie announced that the next CMS reporting deadline will be Saturday, February 15th for 2013 Q3 data. Please note that this is a Saturday, and the CDC help desk is not staffed on Saturdays. It is advised that hospitals enter their data in before this deadline to avoid problems.

Questions and Answers

Questions were asked and answered throughout the NHSN update powerpoint.

Next Meeting

The next NHSN conference call is scheduled for Wednesday, February 26, 2014 at 10:00 a.m. Please join the call if you can.



NHSN Newsletter (2014 Protocols and 8.1 Release) & ACH and IRF Survey

Allison Murad

MI NHSN User Group Call

1-22-14

CMS Rules for Quality Reporting 2014

Clarification:

- Medicare Beneficiary Number (MBN) must be entered on all NHSN **event** records for Medicare patients
- MBN is **not** required to be entered on NHSN **procedure** records for Medicare patients at this time

CMS Rules Update

- Outpatient Dialysis Facilities
 - Beginning January 2014 will be required to report 12 months of dialysis event data into NHSN. They will have three months after the end of the quarter to submit data.
- Hospital Outpatient Departments (HOPDs):
 - Required to submit HCP Influenza vaccination summary data for 2014-2015 influenza season by May 15, 2015
- Ambulatory Surgery Centers (ASCs):
 - Required to submit HCP Influenza vaccination summary data for 2014-2015 influenza season. Deadline for this data to be entered is not set.

NHSN Version 8.1 Release

- Set for January 25, 2014
- All previous protocols and forms became obsolete on January 1, 2014
- Data from events and procedures that occur on or after January 1, 2014 should be collected according to the new protocols and held on paper copies of the new forms until the NHSN Version 8.1 release

2013 Facility Surveys

- Patient Safety Component: Available January 1, 2014
 - Alert on NHSN Home Screen
 - Must complete by March 1st
 - Questions are identical to 2012 survey
- Healthcare Personnel Safety Component: optional
 - Only one survey should be completed during the influenza season
- Biovigilance: Available January 25, 2014
- Long-term Care Facilities (NHs/SNFs): Available January 1, 2014
 - Must complete by March 1st, identical to 2012 survey
- Dialysis:
 - Should be based on data from the first week of February 2014 and must be completed before the first week of May 2014

2014 Patient Safety Protocol Changes

- CLABSI Reporting

- Surveillance for and reporting of Mucosal Barrier Injury-Laboratory Confirmed Bloodstream Infection (MBI-LCBI) events
- Definition of neutropenia in the MBI-LCBI criteria will be expanded to include the 3 calendar days after the positive blood culture.
- Optional question on BSI form: "Any hemodialysis catheter present?". This will help track the proportion of CLABSIs that are related to CVCs used for hemodialysis

2014 Patient Safety Protocol Changes

- Ventilator-Associated Reporting:
 - In-plan pedVAP surveillance no longer available in NICU locations. This will affect only NICUs and other neonatal locations; pediatric locations will not be affected
 - pedVAP in-plan reporting will be conducted by patient care location type.
 - Ventilated patients who are 18+ but cared for in pediatric units will be included in pedVAP surveillance and ventilated patients under 18 but cared for in adult inpatient units
 - It is NOT recommended to include in VAE surveillance young children housed in adult ICU locations who are not thought to be physiologically similar to the location's adult population.
 - VAE reports from pediatric or mixed age locations will no longer accept VAE reports after Jan. 25; 2013 events will be viewable but not able to be edited.

2014 Patient Safety Protocol Changes

- Ventilator-Associated Reporting, cont...
 - Definitions of “daily minimum PEEP” and “daily minimum FiO₂” will be modified so that the daily minimum PEEP or FiO₂ setting will be defined as the lowest setting of PEEP or FiO₂ during a calendar day that is maintained for at least 1 hour.
 - In units where ventilator settings are monitored and recorded less frequently than once per hour, the daily minimum values will remain the lowest recorded for the calendar day.
 - Additional instructions provided in the January 2014 VAE protocol for facilities attempting to use the purulent respiratory secretions criterion in meeting the Possible and Probable VAP definitions
 - This will provide greater flexibility for facilities where the clinical laboratory uses a different format for reporting results of direct examination of respiratory secretions than the format specified in the purulent respiratory secretions criterion

2014 Patient Safety Protocol Changes



- Ventilator-Associated Reporting, cont...
 - List of antimicrobial agents eligible for use in meeting the IVAC definition refined to eliminate:
 - oral cephalosporins and penicillins, chloramphenicol, erythromycin, erythromycin/sulfisoxazole, nitrofurantoin, fidaxomicin, and enteral vancomycin (intravenous vancomycin remains on list of eligible agents)

2014 Patient Safety Protocol Changes



- SSI Updates:

- NHSN is working on an ICD-9 CM mapping tool for the new HPRO and KPRO denominator for procedure data fields
- New 2014 procedure import specifications, as well as a sample procedure import file, are available on the SSI section of the CDC's NHSN website

2014 Patient Safety Protocol Changes

- SSI Changes:

- Additional data to improve risk-adjustment and procedure-specific analyses:

- Height and weight
 - Diabetes status
 - Incisional closure type (primary vs. non-primary)
 - Modified definition of procedure duration

- CDC considers implications for NHSN users in terms of added burden and availability of data

- They have provided interim guidance for reporting diabetes and incisional closure type because they may be particularly burdensome. This guidance allows for some leeway in 2014 and mandatory reporting in 2015. There is no interim guidance for procedure duration or height and weight; these are required as-is in 2014.

2014 Patient Safety Protocol Changes

- SSI Changes, cont...

- Diabetes (Y/N): Yes/No data entry depending on whether the patient is a diagnosed diabetic on the basis of documentation in the medical record regarding diabetes management.
 - Y if patient has diagnosis of diabetes requiring management with insulin or a non-insulin anti-diabetic agent (including patients with "insulin resistance" who are on management with an anti-diabetic agent) OR patients with a diagnosis requiring management but are non-compliant
 - N if no known diagnosis of diabetes or a diagnosis that is controlled by diet alone. Also if the patient receives insulin for perioperative control of hyperglycemia but has no diagnosis of diabetes.
- If diabetes status is not available in perioperative record: default to "N" value until you have a system in place to identify and report this information.
- The diabetes field, with "Y" or "N" data entries in accordance with the NHSN protocol will be required for all NHSN users in 2015.

2014 Patient Safety Protocol Changes

- SSI Changes, cont...

- Incisional Closure Type: Primary Closure: closure of all tissue levels during the original surgery, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision
- Non-Primary Closure: closure other than primary and includes surgeries in which the superficial layers are left completely open during the original surgery
- If incisional closure type is not available in the perioperative record, NHSN users should continue to report procedure denominators as in 2013 throughout 2014. For each SSI identified, a thorough evaluation should be conducted to determine if the linked procedure was a primary closure or non-primary closure and update the procedure record if necessary.

2014 Patient Safety Protocol Changes

The slide features a blue background with several white snowflake graphics of varying sizes scattered across the right side and bottom.

- SSI Changes, cont...

- NHSN duration of an operative procedure:

- Procedure/Surgery Start Time (PST): Time when the procedure is begun (e.g., incision for a surgical procedure)
 - Procedure/Surgery Finish (PF): time when all instrument and sponge counts are completed and verified as correct, all postoperative radiologic studies to be done in the OR are completed, all dressings and drains are secured, and the physicians/surgeons have completed all procedure-related activities
 - Requirement for primary incisional closure is being removed from the definition

2014 Patient Safety Protocol Changes



- SSI Changes, cont...

- Height and Weight

- Height: patient's most recent height documented in the medical record in feet (ft) and inches (in), or meters (m)
 - Weight: patient's most recent weight documented in the medical record in pounds (lbs) or kilograms (kg) prior to or otherwise closest to the procedure

Changing Location Descriptions

- NHSN does not allow the CDC location code to be changed on an existing location (to maintain historical data)
- If you need to change the CDC location code on an existing location, you must create a new location in NHSN mapped to the correct location code (with different “your code” value)
- Once you finish reporting under the old location, and the new location is created, it is suggested to place the old location into “inactive” status. You can still view data from inactive locations, but you cannot enter new data for these locations.

Changing Location Descriptions

- If you are making changes to a location that falls under CMS quality reporting requirements:
 - Be aware of CMS quarterly deadlines
 - Data from inactive locations will still be sent to CMS as appropriate

ACH and IRF Survey

- At the request of CDC, we sent out a survey to understand the working relationship between Acute Care Hospitals (ACHs) and the Inpatient Rehabilitation Facilities (IRFs) that operate as Rehabilitation Wards within their hospitals.
- The survey was sent to all SHARP participating hospitals in late November, and the response deadline was December 4th.

Survey Results

- 43 unique responses to the survey
- 21 of the responses were from an ACH with an IRF that operates as a rehabilitation ward within the hospital.
- All 21 of those ACHs who had an IRF responded that patients were discharged from the ACH before being admitted to the IRF unit and vice versa.

Survey Results

- 15 responded that the schedules and pay of the IRF unit healthcare workers were controlled jointly by the IRF and ACH
 - 3 were controlled by IRF unit
 - 1 was controlled by ACH

Survey Results

- 11 responded that the admission and patient day counts from the IRF unit were kept completely separate as IRF Admission, Discharge, and Transfer (ADT) data
 - 9 responded that these counts were combined in with the totals for the ACH ADT data

Survey Results

- 17 responded that, when patient test results are reported from the laboratory in line listings, the IRF unit patient lab results were combined with the ACH patient lab results
 - 4 responded that the IRF unit data were found on a separate list

Survey Results

- 19 responded that it would be easier for the facility to report data into NHSN with the IRF as part of the ACH
 - 2 responded that it would be easier if the IRF unit were a completely separate entity with its own NHSN OrgID

Next Steps

- These survey results were compiled and the responses were sent back to CDC.
- The CDC NHSN team will use this information to help decide whether the IRF units in the ACHs should remain as NHSN patient care units within those ACHs, or if the IRF units should be pulled out from the ACHs and enrolled in NHSN as separate facilities.