MDCH SHARP NHSN USERS CONFERENCE CALL
Wednesday, November 19th, 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 **every other** month at 10:00 a.m. **Our next conference call is scheduled for January 28th, 2015**

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 Allie at murada@michigan.gov to add items to the agenda.

HIGHLIGHTS FROM CONFERENCE CALL

Welcome & Introductions
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.

September Newsletter
See powerpoint attached to this document.

CDC Emails
Allie reviewed a few updates from CDC, including expanded NHSN guidance for HCP Flu Vaccination Summary Data, ambulatory surgery center enrollment in NHSN, information on a hemovigilance module upcoming training, and the CMS deadline extension from November 15th, 2014 to November 20th, 2014.

Update on Reports
Allie announced that the 2013 Annual Report will be published by the end of the year. This report will include an overall TAP report for the state in which each hospital will be able to see a coded ranking of all participating hospitals and receive their corresponding letter.

Ebola Update
Noreen Mollon gave an update on Ebola and Enterovirus D68. She provided current case counts and precaution information to the group. For more information on ebola, please visit the CDC website at http://www.cdc.gov/vhf/ebola/. For more information on

enterovirus, please visit the CDC website at http://www.cdc.gov/non-polio-enterovirus/outbreaks/EV-D68-outbreaks.html.

Future Meeting Schedule

In the future, SHARP Unit NHSN calls will be every other month. They will still be held on the 4th Wednesday at 10am. Allie will send out reminders through the MDCH SHARP listserv regarding these calls.

Next Meeting

The next SHARP Unit NHSN conference call is scheduled for January 28th, 2014 at 10:00 a.m.

NHSN User Group Call

November 19th, 2014

MDCH SHARP Unit
MDCH-SHARP@michigan.gov

General NHSN Updates

Upcoming NHSN Trainings/Guidance

- NHSN Manual distributed by the end of December
- Hot Topic webinars will be posted to the NHSN training website by mid-December
- In-person training February 17-19 at CDC in Atlanta. Spots are limited, but livestream will be made available

SAMS Update

- No new digital certificates will be issued
- Proofing for SAMS access normally takes 2 weeks, but may take up to 30 days
- Please be aware of expiring digital certificates as this process cannot be expedited

New NHSN Reporting (CMS)

Acute Care Hospitals

- Beginning October 1, 2014:
  - 2014–2015 Influenza Season: acute care hospitals should begin reporting HCW flu vaccination summary data from **hospital outpatient departments**
- Beginning January 1, 2015:
  - Acute care hospitals should begin reporting CLABSI and CAUTI data from all adult and pediatric medical, surgical, and medical/surgical wards

New NHSN Reporting (CMS)

Other Hospital Types

- IRFs: HCW flu vaccination 2014–2015 season
- IRFs: MRSA bacteremia and CDI LabID by location within acute care or FacWideIn if free standing
- LTACs: HCW flu vaccination 2014–2015 season
- LTACs: MRSA bacteremia and CDI LabID events FacwideIn
- ASCs: HCW flu vaccination 2014–2015 season

Patient Safety Manual

- A comprehensive NHSN manual will be posted to the NHSN website by the end of December
- At that time, all 2014 protocols, forms and instructions will be removed
  - If you will need these documents (ex. to finish 2014 reporting), print or save them prior to December 2014

Annual Facility Survey Expansion

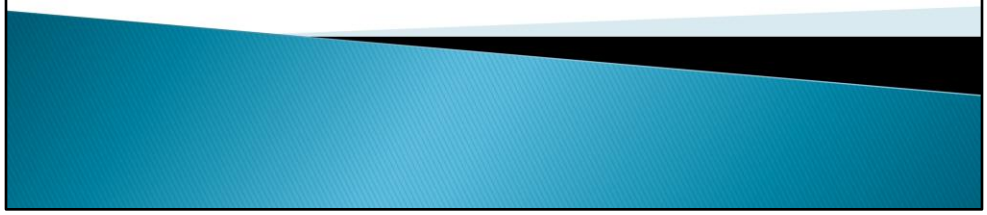
- Two new sections for 2014 survey (completed in early 2015):
  - Infection Control Practices
    - Will be used to target future prevention efforts
  - Antibiotic Stewardship Practices
    - Will be used to improve facility implementation of best practices to improve antibiotic stewardship programs and antibiotic use in hospitals
- New questions will be available on the forms and tables posted to the website
- Don't fill out survey until after January 2015 update or it will be deleted

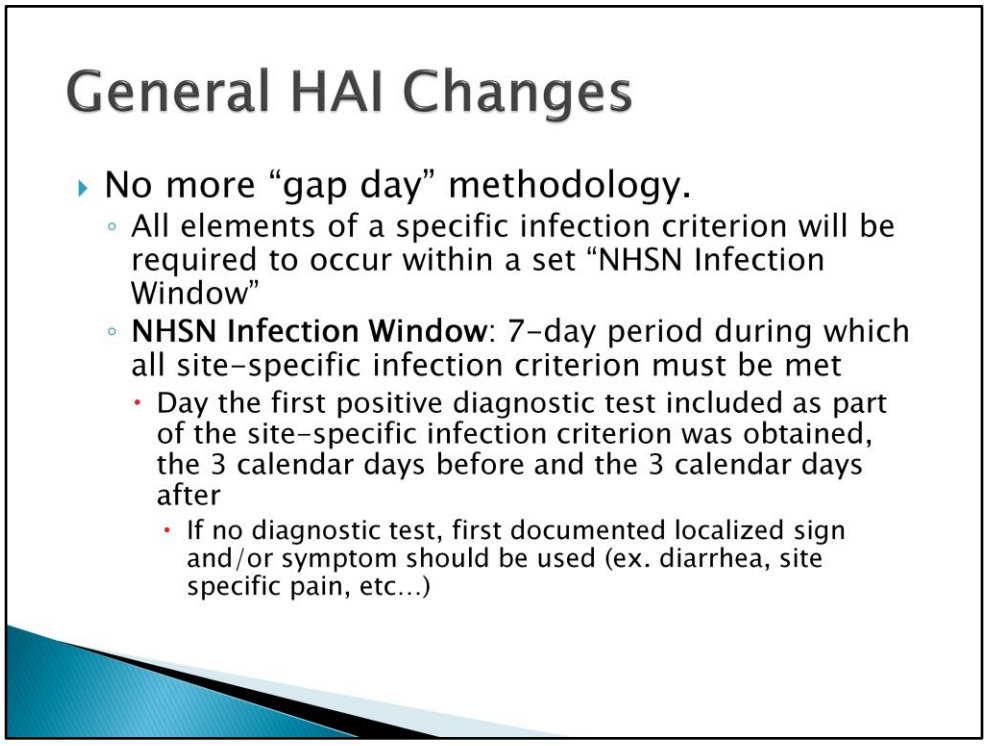
Mapping Locations

- 2015 CLABSI and CAUTI reporting expansion to ward locations
  - Any unit mapped as a specific type that is **not** an ICU, NICU (CLABSI only), or one of the six wards below will **not** be required

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

HAI Surveillance Changes in 2015





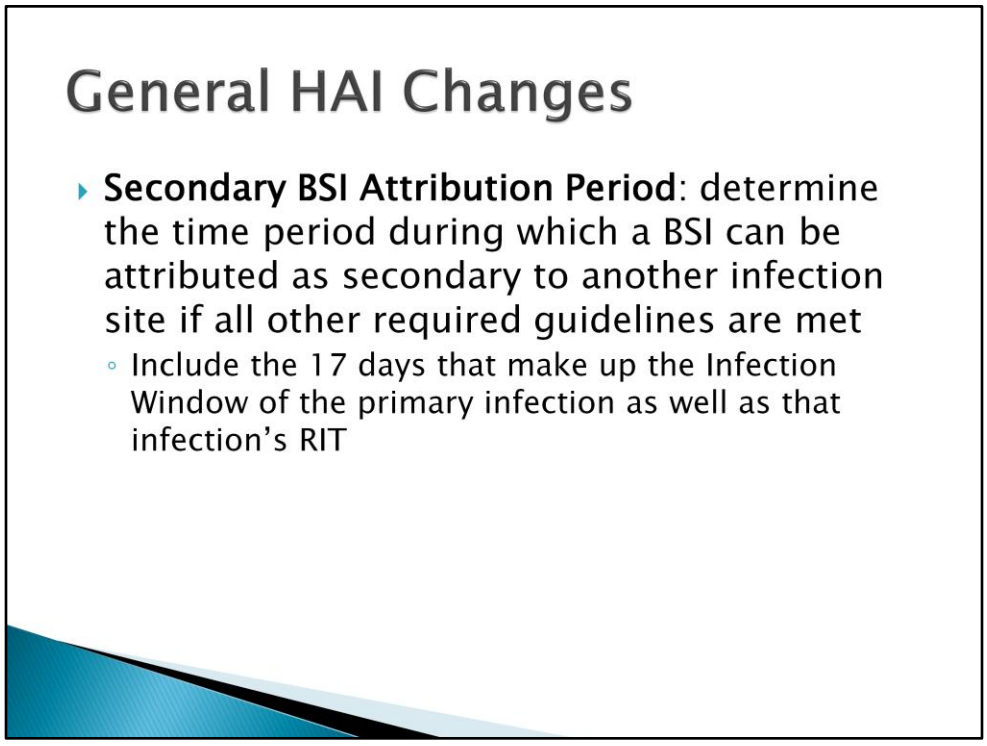
Gap day: a calendar day during which no infection criterion elements are present. An infection must occur within a timeframe that does not exceed a gap of 1 calendar day between any two adjacent elements.

General HAI Changes

- Date of Event – now date of **first element** of the infection criterion (no longer date of last element)
  - Date that the first element used to meet a NHSN site-specific infection criterion occurs for the first time within the 7-day infection window
    - Note: Date of Event will still be used to distinguish between infections that are POA or HAI.

General HAI Changes

- **Repeat Infection Timeframe (RIT)**: 14-day period during which repeat infections of the same type will not be reported to NHSN
  - Additional site-specific specimens identifying new pathogens should be added to original infection if collected during the RIT
  - Benefit: facilities will no longer have to determine if symptoms of a previous infections have resolved



17 days: 3 days prior to infection plus 14 days of RIT

General HAI Changes

- Chapter 17 of NHSN Manual: CDC/NHSN Surveillance Definitions for Specific Types of Infections
  - Definitions have been updated
  - Many changes so it is recommended to review in its entirety

BSI Changes

- Secondary BSI Guide
  - No longer will use the determination that an organism in a blood culture is a "logical pathogen" for another specific site of infection
  - To qualify as a secondary BSI, the positive blood culture must occur within the NHSN Infection Window for the primary infection or the RIT
- Protocol Change
  - Core temperatures will no longer be required to document infant fevers. Do not convert any temperatures based on route, even if hospital policy exists to say otherwise

UTI Changes

- Definitional
  - No longer include:
    - SUTI criteria 2 and 4 due to the removal of:
      - Colony counts of less than 100,000 CFU/ml
      - Urinalysis results
    - Urine cultures that are positive only for yeast, mold, dimorphic fungi, or parasites
    - Uropathogen List for ABUTI

UTI Changes

- Protocol Changes
  - Fever alone will not be a specific symptom of UTI in non-catheterized, elderly patients (>65 yrs), so presence of fever alone will **not** exclude ABUTI
  - Dysuria can no longer be used to meet infant SUTI (SUTI 4)
  - Core temps not required for infant fevers. Again, no conversion of temps based on route, regardless of hospital policy

What do UTI Changes Mean?

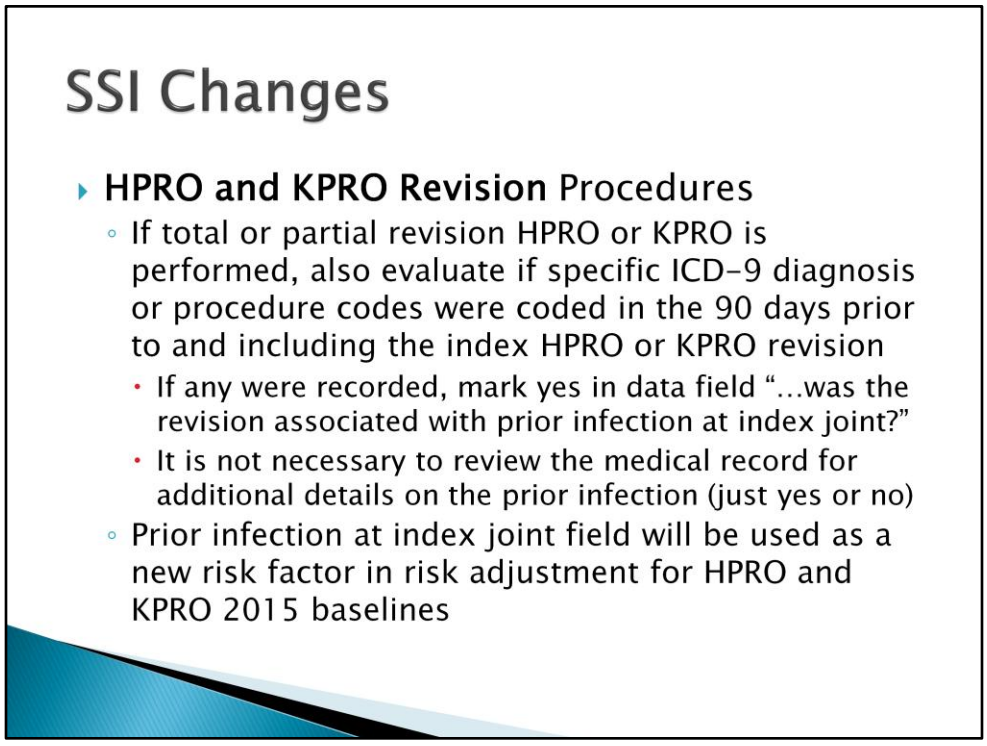
- Only urine cultures with a colony count of at least 100,000 CFU/ml for at least one bacteria will be used to meet NHSN UTI criteria
- Only bacteria will be accepted as causative organisms of UTI
- ABUTI criteria will use the same pathogen list as SUTI

CLABSI & CAUTI Sampling Denom

- Eligible ICU and WARD location types:
  - One single day per week (same day) collect patient days and device days
  - At the end of the month, you will still need to enter total patient days
    - Once this is entered, NHSN will estimate device days automatically
- Eligibility: ICU and WARD locations with 75+ device days/month.
  - Note: traditional method still available

SSI Changes

- **PATOS: Infection Present at Time of Surgery**
  - Doesn't apply if there is a period of wellness between time of pre-op condition and surgery
  - Infection must be noted pre-op or found intra-op
  - Only select PATOS=YES if it applies to the depth of SSI that is being attributed to the procedure (must be the same depth)
  - Don't need to meet NHSN definition at time of procedure, but must have surgeon note of infection
  - SSIs with PATOS=YES will be excluded from baseline (2015) data and 2016 data and analyzed separately



presence of one or more of the following ICD-9 codes associated with the index HPRO or KPRO procedure in the 90-day preoperative (including index revision) period.

- 84.56 - Insertion or replacement of (cement) spacer
- 84.57 - Removal of (cement) spacer
- V88.21 - Acquired absence of hip joint, with or without the presence of an antibiotic - impregnated spacer
- V88.22 - Acquired absence of knee joint, with or without the presence of an antibiotic - impregnated spacer

Complications peculiar to certain specified procedures, infection and inflammatory reaction due to internal prosthetic device, implant and graft (extensions of 996, 996.6):

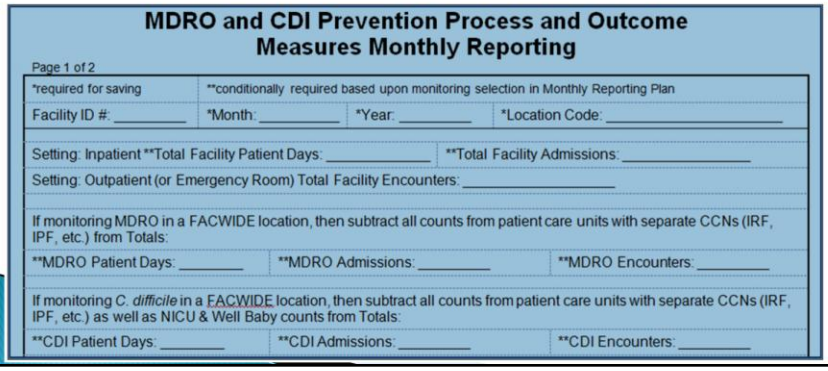
- 996.60 - Due to unspecified device, implant and graft
- 996.66 - Due to internal joint prosthesis
- 996.67 - Due to other internal orthopedic device, implant, and graft
- 996.69 - Due to other internal prosthetic device, implant, and graft

SSI Changes

- Diabetes
  - Assignment of discharge ICD-9 codes in the 250-250.93 range will be acceptable to answer YES (current NHSN definition still applies as well)
- Change in "Scope" Field Reporting Instruction
  - Now: Check Y if the NHSN operative procedure was coded as a laparoscopic procedure performed using a laparoscope/robotic assist. Otherwise check N. (Instruction regarding the extension of a scope site will be removed)
- Definition of Inpatient and Outpatient for SSI
  - May make revisions, no final decision made
- Transition to ICD-10-CM/PCS codes
  - Will replace ICD-9 on October 1, 2015, but not in NHSN until January 2016 release. Surgical denominator data for the last quarter of 2015 data will only include Procedure Code (no ICD-10 codes associated)

MDRO/CDI Changes

- Denominator reporting
  - ACH's required to exclude and indicate that locations with a different CCN have been removed (ex. IRFs, IPFs)



MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting

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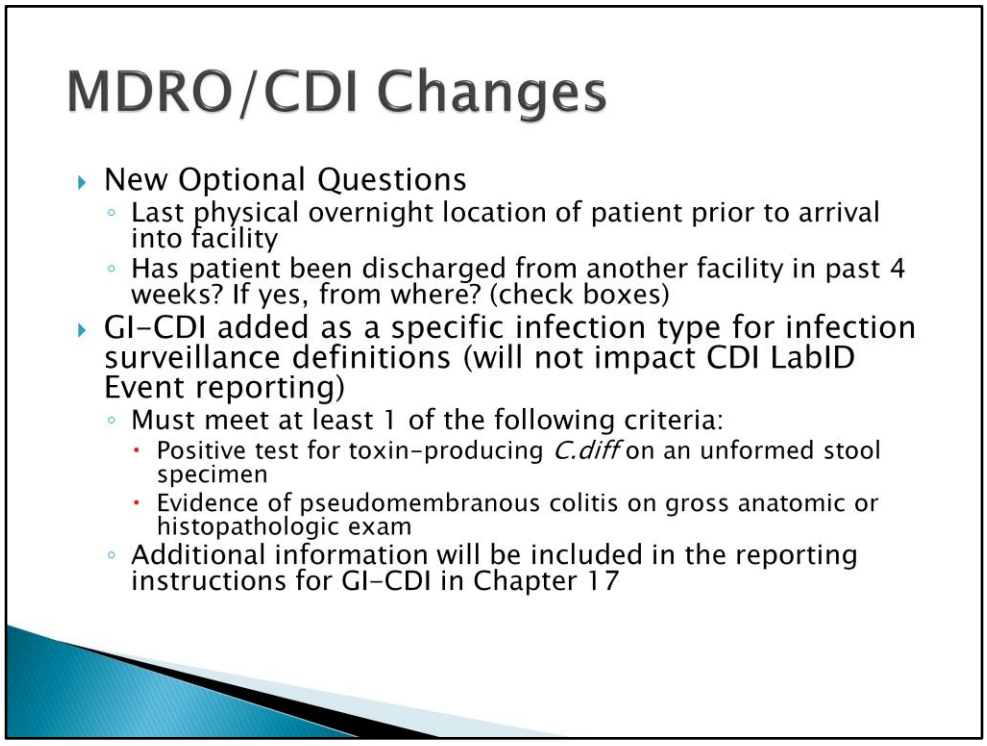
*required for saving	**conditionally required based upon monitoring selection in Monthly Reporting Plan		
Facility ID #: _____	*Month: _____	*Year: _____	*Location Code: _____
Setting: Inpatient **Total Facility Patient Days: _____		**Total Facility Admissions: _____	
Setting: Outpatient (or Emergency Room) Total Facility Encounters: _____			
If monitoring MDRO in a FACWIDE location, then subtract all counts from patient care units with separate CCNs (IRF, IPF, etc.) from Totals:			
**MDRO Patient Days: _____	**MDRO Admissions: _____	**MDRO Encounters: _____	
If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with separate CCNs (IRF, IPF, etc.) as well as NICU & Well Baby counts from Totals:			
**CDI Patient Days: _____	**CDI Admissions: _____	**CDI Encounters: _____	

MDRO/CDI Changes

- FacWideIN reporting will require location-specific surveillance for the same organism and event type (all or blood only) in each ED (ped and adult) and 24 hour observation locations
  - Facilities will no longer assign the admitting inpatient location to LabID events when specimens are collected in the ED or 24-hr obs on the same calendar day as inpatient to accurately categorize them
  - EDs and 24 hour obs locations will be required to be mapped and included in FacWideIn reporting
    - Any other affiliated outpatient location(s) should still be reported to an inpatient location if collected on same calendar day as inpatient admission

MDRO/CDI Changes

- Revisions to CRE definition and reporting
  - CRE-*Enterobacter* added
  - All three organisms (*E.coli, Kleb pneumo, Enterobacter*) will be required for surveillance if reporting CRE
  - Definition Changes:
    - Add ertapenem
    - Only included pathogens that have tested "resistant" to a carbapenem
    - Surveillance for CRE-*Klebsiella* will be limited to *Klebsiella oxytoca* and *Klebsiella pneumoniae*
  - New definition: Any *Escherichia coli*, *Klebsiella oxytoca*, *Klebsiella pneumoniae*, or *Enterobacter* testing resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods (i.e., minimum inhibitory concentrations of ≥4 mcg/mL for doripenem, imipenem and meropenem or ≥2 mcg/mL for ertapenem) OR by production of a carbapenemase (i.e., KPC, NDM, VIM, IMP, OXA-48) demonstrated using a recognized test (e.g., polymerase chain reaction, metallo-β-lactamase test, modified-Hodge test, Carba-NP).



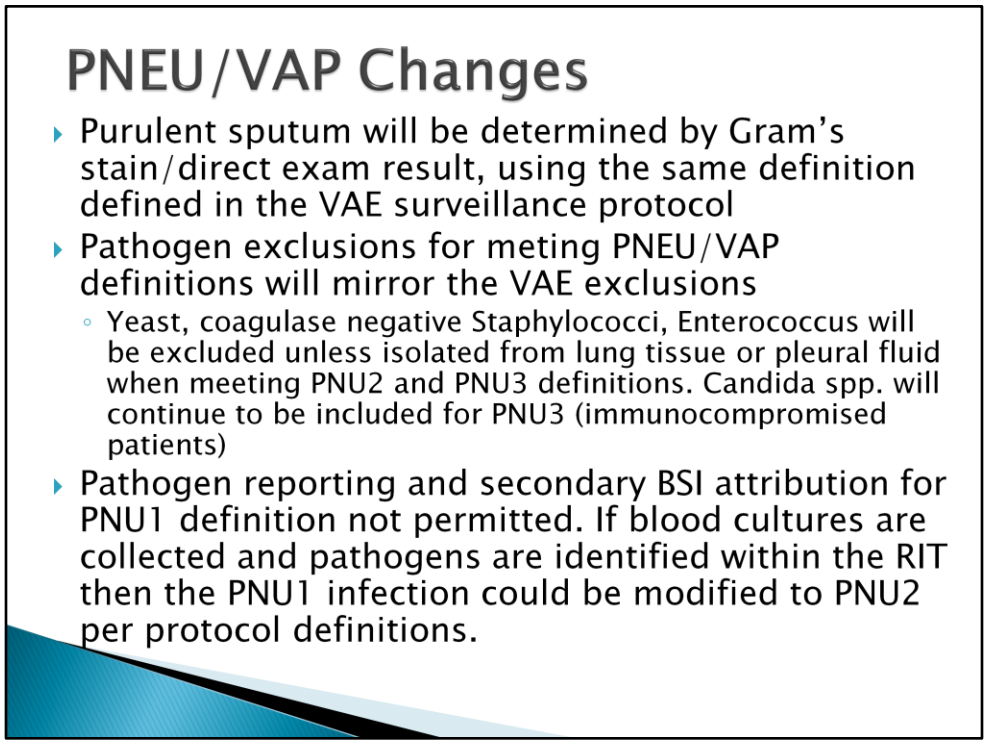
Where? Includes: nursing home/SNF, other inpatient healthcare setting (acute care, IRF, LTAC, etc…)

VAE Changes

- PVAP will be a combined tier combining possible and probable VAP
  - After VAC and IVAC are met, PVAP will require:
    - Quantitative or semi-quantitative equivalent culture result meeting specified growth thresholds, without purulent respiratory secretions
    - Culture result that does not satisfy the specified quantitative or semi-quantitative equivalent growth thresholds, with purulent respiratory secretions
    - Other positive laboratory test (positive pleural fluid culture, lung histopathology, diagnostics for *Legionella* or specified respiratory viruses)

VAE Changes

- Community-associated fungal pathogens excluded:
  - Cryptococcus, histoplasma, coccidioides, paracoccidioides, blastomyces, pneumocystis
- Exception to daily minimum PEEP and FiO2:
  - If no value to have been maintained for at least 1 hour, the lowest value documented for that day will be used
- Episodes of Mechanical Ventilation (EMV)
  - New denominator, optional. Ventilator days and APRV days will continue to be required



Secretions from the lungs, bronchi, or trachea that contain >25 neutrophils and <10 squamous epithelial cells per low power field (x100)

Healthcare Personnel Safety Component

- Acute care facilities must submit summary data on influenza vaccination of HCP physically working in all inpatient or outpatient units that are physically attached to the inpatient acute care facility site and share the same CCN, regardless of the size or type of unit
  - Acute care facilities that participate in both the CMS IQR and OQR programs must report a single combined HCP influenza vaccination summary
  - Note: Hospital outpatient units/departments that share the exact same CCN and service the facility regardless of the physical location will be included

Updates for Non-Acute Care

- Inpatient Psychiatric Facility (IPF): can now be appropriately designated as a separately licensed CMS IPF.
- LTACs: will begin reporting FacWideIN MRSA bld and CDI LabID Event data into NHSN.
  - All LTACs are enrolled as separate free-standing facilities
- IRFs: will begin reporting FacWideIN MRSA bld and CDI LabID Event data into NHSN.
  - Applies to both free-standing and units within affiliated acute care facilities
  - If set up as locations within affiliated acute care facilities, IRF units will report MRSA and CDI LabID event data by IRF location (instead of FacWideIN). See newsletter for screenshot of this reporting plan option.

Patient Safety Analysis Updates

- Addition of Ward locations in CLABSI and CAUTI CMS IPPS SIRs
- Device-associated means will reference 2013 data (updated)
- "All Device-Associated Events" Output Options will be retired – CDC strongly encourages use of event-specific output options
- Addition of MRSA bacteremia and CDI LabID indicator variables
  - These will help users know which variables are going to be included in their CMS SIR when they run a linelist

Patient Safety Analysis Updates

- TAP Output Option: will be available for facilities and groups and will be generated for CLABSI, CAUTI, and CDI LabID data.
- Device-associated SIRs for LTACs and IRFs: CLABSI and CAUTI SIRs for LTACs and CAUTI SIRs for IRFs. They will both use the 2013 device-associated pooled means as the baseline.
- New analysis reports for LTACs and IRFs reporting CDI and MRSA bld LabID
- New output options for all-CRE and the newly added CRE-*Enterobacter*.