

NOTES FROM MONTHLY SHARP NHSN USERS' CONFERENCE CALL

December 28, 2011

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.

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 OF DECEMBER CONFERENCE CALL

Welcome and Previous Meeting Notes

Judy welcomed those on the conference call and reminded participants that notes from previous conference calls will be posted on the MDCH SHARP website at www.michigan.gov/hai, under the box entitled "NHSN Information & SHARP Trainings and Conferences". Notes from the most recent call will be posted on the home page. Judy also mentioned that the SHARP Unit has hired a new Epidemiologist – Prashanti Boinapally – who will be working with Gail Denkins and Brenda Brennan on their prevention initiatives (MRSA, *C. difficile*, and CRE, respectively). Prashanti will be responsible for data analysis. IPs will be hearing more about these prevention activities in the near future.

Updates on Aggregated & Individual Hospital Reports

Allison indicated that she has been working on the quarterly report for July – Sept 2011, and that work on the 4th quarterly report (October – December 2011) will begin in February. She is also working on Interpretative Guidance for the Individual Hospital Reports which will be released soon. These reports will be emailed to each facility upon completion. Any questions or comments regarding the reports can be directed to Allison at 517-335-8199 or gibsona4@michigan.gov.

Atlanta Training on CAUTIs & SSIs

In early December, Judy and Allison attended a two-day training in Atlanta on CAUTIs and SSIs, put on by CDC. The training involved a review of the definitions used for CAUTIs and SSIs, and the method and forms for reporting these events. Especially helpful during the training sessions were sample case studies which allowed for critical thinking and decision-making. Allison indicated that meeting NHSN staff at CDC was also very helpful. Use of sample case studies is being considered for training Michigan hospitals during the next conference call scheduled for January 25th, 2012. If these case studies are included in the next call, the questions will be provided beforehand to allow participants to think about them before the call.

Updates and Reminders

Revised Template of Conferred Rights

Hospitals sharing data with SHARP were reminded to go under Group on the NHSN navigation bar, click on “Confer Rights”, highlight the MDCH-SHARP Group, and re-confer rights to the SHARP Unit by accepting the NEW TEMPLATE posted. The previous template of conferred rights was revised in December 2011 by SHARP staff in order to request additional MDRO/CDI denominator data from participating hospitals. In order for SHARP staff to see the additional data from participating hospitals, ALL participating hospitals should accept the new template as soon as possible. Questions regarding this should be directed to Judy Weber.

CMS Reporting Requirement for 2012

An updated chart of CMS reporting requirements using NHSN has been posted to the home page of the SHARP website at www.michigan.gov/hai. Beginning January 1, 2012, acute care hospitals are required to begin reporting abdominal hysterectomies and colon surgeries, as well as CAUTIs from their adult and pediatric ICUs. In addition, dialysis facilities are required to report IV antimicrobial starts, positive blood cultures, and signs of vascular access infection beginning January 1, 2012. Additional reporting requirements are also listed for long term acute care and rehab facilities, beginning October 2012.

Updates to Patient Safety Manual

While in Atlanta, Judy and Allison learned that CDC plans to update their Patient Safety Manual on an annual basis. An updated manual is expected to be released each January and posted on the NHSN website. This manual will have a “print all” feature until modifications on specific sections are needed. Facilities should also remember to check the CDC NHSN website periodically for any new training slides and guidance documents.

New Guidance for CAUTI Reporting from LTAC & Rehab Facilities

This guidance is not yet available on the CDC website but is expected to be available soon. LTAC and Rehab facilities are required to report specific events beginning October 2012.

Number of Pathogens for determining a CAUTI

No more than 2 species of pathogens should be reported for a CAUTI infection. If more than 2 microorganisms are cultured out, the urine specimen should be considered contaminated and another specimen (when possible) should be submitted for culture.

Remember to use CDC Case Definitions

Judy reminded hospitals to use the NHSN case definitions for all modules used in order for the data to be consistent between hospitals and across the nation. Judy also reminded everyone that the NHSN definitions are “surveillance definitions” and not “clinical definitions”. Definitions for each infection/event type are included in the Patient Safety Manual in conjunction with each module.

Use of Surgeon Codes for SSIs

Hospitals should remember that surgeon codes can be used with the SSI module. These codes are not required but will be helpful if you are concerned that a particular surgeon may be the source of a SSI. Surgeon codes for individual physicians can be added under “Facility” on the navigation bar of the NHSN home page. Hospitals can develop their own coding system. Adding surgeon codes is similar to the process for adding hospital locations. These codes don’t require names to be input into NHSN.

Assistance with SSI Reporting & Documentation

During the SSI training in Atlanta that Allison and Judy attended, CDC made a point to mention that they are very aware that SSI reporting will be a very time-consuming activity for IPs. They encouraged hospitals to recruit additional help for entering surgical procedures and suggested that they talk with operative staff about including required NHSN event information in the operative report if it is not already included there. Each hospital should consult with their own internal staff to discuss additional support for NHSN reporting activities.

Time Period to Record Deaths in NHSN

Deaths occurring during the period of hospitalization only should be recorded. Deaths occurring after hospitalization do not need to be monitored or recorded.

Determining whether Infection is related to a Patient’s Death

This is a question on several of the infection event forms within NHSN, and the question appears if the hospital reports that the patient died. This question was asked during the training at CDC. CDC staff did not have a black & white response but suggested that IPs consult physician and nursing notes, consult with staff, and use their best judgment about whether the patient’s death could be related to the reported infection.

Required Use of “Zero Events”

Beginning January 2012, facilities using NHSN are REQUIRED to report “zero events” for a given month for a particular module if the hospital did not have any given events to report for that month. The “zero events” boxes can be check marked (where appropriate) when adding “Summary Data” for CLABSI, CAUTI, VAPs, and MDRO/CDI events. If an event has already been added for a given month, it won’t be possible to put a check mark in this box for “zero events”.

Alerts regarding Errors or Missing Data

Alerts regarding facility errors and missing data will appear on NHSN after facilities log in from the home page of NHSN. Click on the “Event #” to fill in missing data or to correct errors. Errors or missing data going back to January 2009 will be listed. Guidance regarding correction or completion of missing data can be found in the NHSN Resource Library in the document entitled “NHSN Alerts”. If you need to revisit the alerts after logging in, you can do so by selecting “Incomplete” under “**Event**”, “**Procedure**”, or “**Summary Data**” on the navigation bar.

Use of SIR – Advantages

The Standard Infection Ratio (SIR) is available for CLABSI, CAUTI, and SSI analysis within NHSN. The standardized infection ratio (SIR) is a summary measure used to track HAIs at the national, state, or local level over time. The SIR provides improved analysis by adjusting for patients of varying risk within each facility. In HAI data analysis, the SIR compares the actual number of HAIs reported with the baseline U.S. experience (i.e., NHSN aggregate data are used as the standard population), adjusting for several risk factors that have been found to be significantly associated with differences in infection incidence. An SIR greater than 1.0 indicates that more HAIs were observed than predicted, accounting for differences in the types of patients followed; conversely, an SIR less than 1.0 indicates that fewer HAIs were observed than predicted. A SIR less than 1.0 is the goal.

CMS Validation of Data

Judy learned from CDC that CMS is planning to begin nationwide data validation activities beginning in 2012. CMS plans to select 800 hospitals per year for these studies. Additional detail is not yet available. CDC itself has already incorporated “data checks” into its system. Judy mentioned that the SHARP Unit is also planning to do validation studies in 2012, beginning with 4 pilot hospitals who have already volunteered their facilities. Several logistical issues need to be resolved before the SHARP Unit begins these pilot studies. Additional information will be forthcoming.

Facility Role in Validation of Data

CDC has encouraged all facilities using NHSN to conduct their own validation activities by ensuring that all data (events and summary data) are entered accurately, to closely follow CDC definitions, and to complete missing data reports. In addition, any facility support staff which assist with data entry should be adequately trained on the NHSN forms and module procedures.

Other Announcements

Allison Gibson, NHSN Epidemiologist from the SHARP Unit, will be attending a one-day dialysis training at CDC on January 24. She will bring information back for future SHARP conference calls.

Judy reminded hospitals to add CAUTI and SSI (abdominal hysterectomy and colon surgery) reporting to their Monthly Reporting Plans beginning January 2012 in order for this data to be captured within NHSN.

Suggested Topics for Next Call

Judy indicated that they will discuss CAUTI and SSI case studies during the next conference call. The SHARP Unit will also have further information about dialysis event reporting. Other suggestions can be forwarded to Judy or Allison in the SHARP Unit at weberj4@michigan.gov, or at gibsona4@michigan.gov.

Next Conference Call

The next NHSN conference call is scheduled for Wednesday, January 25th at 10:00 a.m. The call in information and agenda will be posted on the SHARP HAI website at www.michigan.gov/hai.