MDCH SHARP NHSN USERS CONFERENCE CALL
Wednesday, February 26, 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, March 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 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. Participants were reminded to put their phones on mute or to press *6.

NHSN Updates

 A. **NHSN Version 8.1 Release**
    See attached powerpoint presentation

 B. **Review of 2014 Protocol Changes**
    See attached powerpoint presentation

 C. **2013 Facility Surveys**
    See attached powerpoint presentation

 D. **HPRO/KPRO denominator entry**
    Allie showed the document recently provided by CDC to assist with HPRO and KPRO denominator entry by providing ICD-9 code references. The most up-to-date version of this document was emailed out to all NHSN-participating hospitals on February 3, 2014 and can be found here:
    http://www.cdc.gov/nhsn/PDFs/ICD-9-Mapping-tool-HPRO-KPRO.pdf.

E. Update on Conferred Rights in HCP Vaccination Component
Allie announced that, as of the meeting date, 64 hospitals had conferred rights for the SHARP Unit to view their HCP Vaccination data. She encouraged hospitals that 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.

Reports Update
Allie walked the group through three documents that were recently released by the SHARP Unit. These are the 2012 Annual Report, the 2012 Annual Highlight Sheet, and the 2012 Sample Individual Highlight Sheet. These three documents are posted and available for download on the www.michigan.gov/hai website. The 2012 Annual Report shows Michigan hospital data and provides rates, ratios, SIRs and trends from previous annual reports. The Annual Highlight Sheet compares Michigan aggregate SIRs to Michigan CMS SIRs in a one page document. The Sample Individual Highlight Sheet compares individual hospital CMS SIRs to statewide CMS SIRs using hypothetical data to provide an example to hospitals of what their individual reports will look like.

Note (3/3/2014): SHARP-participating hospitals received their individual hospital reports on Friday, February 28th.

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.

Questions and Answers
Questions were asked and answered throughout the NHSN update powerpoint.

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

NHSN User Group Call – NHSN Updates

Hosted by the MDCH SHARP Unit

February 26, 2014

10-11am

NHSN Release Version 8.1

- Occurred February 1st

- Updated NHSN to use 2014 Protocol

- Release notes attached to meeting room

Patient Safety Changes

Changes to SSI and Procedure Denominator forms

- Addition of a new "periprosthetic joint infection" SSI definition
- New fields on the denominator form
- Updated file specifications for importing procedure data using a .csv file:
  - Collection of height and weight, diabetes, and closure technique
  - Additional info for HPRO and KPRO procedures
  - Removal of "unknown" as an option for several variables, including wound class
  - Addition of new spinal level and approach options for FUSN and RFUSN procedures

Changes to SSI and Procedure Denominator forms

- Clarifications to the 2014 SSI Protocol:
  - Correct definition for "non-primary closure" is found on pg. 9 of the 2014 SSI protocol
    - The definition for "non-primary closure" on pg. 9 of the Key Terms is the 2013 definition and should be replaced with the current protocol definition
    - Table of Instructions for the Denominator for Procedure form has the 2013 definition under "Closure Technique – Other than Primary" which should also be replaced with the protocol definition
  - "Not incidental to another procedure" should be deleted for APPY in Table 1 on pg. 3 of the SSI Protocol

CLIP

- Introduction of "Report No Events" for CLIP
  - Facilities who include CLIP in their monthly reporting plan will now receive a "Missing Events" alert when no CLIP events are reported for a month.
  - They can use the "report no events" checkbox to confirm that they had no insertions for the specified location

BSI Question

- New optional question for BSI:
  - Presence of a hemodialysis catheter question has been added to the BSI form
  - This field can identify the proportion of inpatient CLABSIs occurring among hemodialysis patients, and could prompt additional or more targeted CLABSI prevention efforts
  - 2013 data can be entered retrospectively

VAE Surveillance Changes

- Transitioned from age-based surveillance to location-based surveillance
- Restricted to adult inpatient locations only, and is not performed in pediatric, mixed age, or neonatal locations

C.Diff Test Type

- Addition of *C.diff* test type to MDRO/CDI Module summary data form
  - Will properly risk adjust quarterly CDI LabID event data for CMS
  - Data collection for the type of test used to identify CDI has been added to the MDRO/CDI Module's summary data screen
  - When a summary data form is completed for the last month of the quarter, users will be asked to report the primary type of test that was used to identify CDI in the hospital for that quarter
  - CDI SIRs from 2014 forward will be calculated using the test type submitted at the end of each quarter

Annual Surveys

- Question #2 of the Microbiology Lab Practices section on the annual hospital, LTAC, and IRF surveys asks if the lab uses CLSI antimicrobial susceptibility standards, and to select the appropriate version of the M100 document that was used by the lab
- The 2013 version of the M100 document, M100-S23, has been added as an option on the drop-down list

Device-Associated Module Rates

- Annual Update of Rates:
  - ◦ CLABSI, CAUTI, and VAP rate tables have been updated to use national comparative rates from 2012; these were published in the December 2013 issue of AJIC
  - ◦ Important Items:
    - Pooled means for CAH, stratified by:
      - Critical care
      - Non-Critical care
    - Pooled means for both LTAC and CMS IRF locations will not be used in comparison of data for the purposes of CMS public reporting
    - Oncology hospitals that are PPS-exempt will not have comparative data

Methods for p-values and CIs

- Update to methods used for calculation of p-values and confidence intervals:
  - ◦ Statistical methods used to calculate p-values and 95% CIs in the output options and statistics calculator within NHSN have been updated
  - ◦ P-values and CIs will now be calculated using mid-p methods which are more conservative than the previously-used methods
  - ◦ Facilities may notice a slight change in the p-values and CIs from what was previously used

HCP Safety Component

- Addition of analysis reports for survey data:
  - Linelists have been created for the HPS Component Annual Survey and the Healthcare Worker Influenza Vaccination Seasonal Survey in NHSN analysis
    - These are available to both facility and group users

Group Level Changes

- Define Rights Template for VAE
  - Has been changed to a single VAE option on the define rights screen (it used to have an option for each event, VAC, IVAC, POVAP, and PRVAP)
  - Groups will maintain access to VAE data that they have at the time of the release, and facilities will be notified to accept an updated template that requests VAE data
    - Note: SHARP *does* request VAE data

Clinical Document Architecture

- New versions of CDA forms required for 2014 data:
  - For CLABSI, CLIP, and Dialysis Event CDAs, the "Release 9" version of the CDA must be used for events with event date on or after January 1, 2014
  - For SSI and surgical procedure denominator CDAs, the Release 9 version of the CDA must be used for procedures done on or after January 1, 2014 and for SSIs linked to procedures done on or after January 1, 2014
  - No updates for UTI, LabID or Summary Data

Review of Protocol Changes

- FAQ's from our user group

Review of Protocol Changes

- SSI Protocol
  - Height/weight is now required
  - Duration of procedure is now required
  - Closure type is required, with possible modification
    - You must fill in the space, but if you don't have a method for reporting the new closure type, you can follow the same methods of closure that you did in 2013 through the end of this year
  - Diabetes is required, with possible modification
    - Default to answering "no" for diabetes until you can answer "yes" or "no" through the end of this year

Review of Protocol Changes

- Medicare Beneficiary Number
  - Reporting requirement in July 2014 (2014 Q3)
  - Health Insurance Claim (HIC) number should be reported
    - This is the patient's Medicare ID card number
  - Only required for Medicare recipients

Review of Protocol Changes

- Mucosal Barrier Injury (MBI) LCBI
  - 3 criteria, similar to LCBI (1, 2, 3)
  - Meet criteria for each LCBI, plus:
    - Patient meets at least one of the following:
      - Is an allogeneic hematopoietic stem cell transplant recipient within the past year with one of the following documented during same hospitalization as positive blood culture:
        - Grade III or IV gastrointestinal graft vs. host disease (GI GVHD)
        - ≥20 mL/kg diarrhea in a 24-hour period with onset on or within 7 calendar days before the date the first positive blood culture is collected
      - Is neutropenic, defined as at least 2 separate days with values of absolute neutrophil count (ANC) or total white blood cell count (WBC) <500 cells/mm3 on or within a seven-day time period which includes the date the positive blood culture was collected (day 1), the 3 calendar days before and the 3 calendar days after
    - Also see the comments section for more explanation; MBI-LCBI begins on pg. 7 of the CLABSI protocol

2013 Facility Surveys

- If you haven't filled it out yet, you will have an alert on your facility home screen:
  - "A survey is required for 2013"
- Patient Safety Annual Surveys must be completed by March 1st
  - Facilities will not be able to create a March 2014 monthly reporting plan without completing a 2013 facility survey
  - It is recommended to fill out the paper version completely, then transfer it to the digital version in NHSN

Tool to Assist with HPRO/KPRO Denominator Entry

- Attached to the meeting room and emailed out by CDC

HCP Conferred Rights

- As of 2/25/14, 64 of 88 hospitals have conferred rights for the SHARP Unit to view HCP vaccination data

- Remember that the reporting deadline for the 2013-2014 HCP Flu Vaccination data is May 15, 2014