MDCH SHARP NHSN USERS CONFERENCE CALL
Wednesday, March 27, 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 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, or Allie at murada@michigan.gov, to add items to the agenda.

HIGHLIGHTS FROM CONFERENCE CALL

Welcome & Introductions
Judy 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. Judy indicated that participants would be able to take their phones off mute during the discussion of the case studies.

Brief Updates and Reminders

Update on SHARP Reports
Allie announced that the 2011-2012 Semi-Annual Surveillance Report has been posted to the SHARP website. She will also email a copy of this report out to participating facilities via NHSN. She hopes to complete both the corresponding semi-annual individual hospital reports and the 2012 Quarter 3 surveillance report within the next few weeks. Allie will be presenting Michigan CAUTI SIR trends at the Michigan Epidemiology Conference in April as well as at the CSTE conference in June. She is working on a poster to present at the spring MSIPC conference on all HAI SIR trends by region in Michigan.

MDRO/CDI LabID Event Reporting (Facility-Wide Inpatients)
Judy reminded those on the call that facilities do not need to list all their facility locations in their Monthly Reporting Plan unless they want infection rates for each specific location. CMS requires that acute care hospitals report LabID events for both MRSA and C. difficile, using "FacWideIn" as the location in their Monthly Reporting Plan. Allie

showed how to indicate this using a test facility. Hospitals that include all hospital locations in their Monthly Reporting Plan must also include "FacWideIN" as a separate entry in order to be in compliance with CMS reporting requirements. Questions regarding this can be directed to Judy or Allie.

Entering Locations into NHSN
Judy reminded those on the call to enter ALL HOSPITAL LOCATIONS into NHSN under "Facility" and "Locations" on the navigation bar of NHSN. This again is to ensure compliance with CMS reporting requirements for the MDRO/CDI LabID Event module.

Re-Conferring Rights
Judy indicated that the SHARP Unit just realized that, as a result of changes in terminology with VAP and VAE, they needed to update their template of Conferred Rights. Following this template change, facilities using NHSN will see an alert to re-confer rights to MDCH-SHARP when they first go into NHSN. Facilities seeing this alert should follow the links to re-confer rights, and simply click on the "Accept" button when they see the new template created by SHARP staff. Facilities do not need to add, delete or change anything in the template. Simply click on the "Accept" button at the bottom of the page. Questions regarding this can be directed to Judy or Allie in the SHARP Unit.

Counting Beds in Birthing Center
As a result of questions asked of the SHARP staff, Judy reminded hospitals that when counting patient days and admissions in a Birthing Center, both mothers and infants should be counted.

Updates from CDC
CDC has recently updated their NHSN website at www.cdc.gov/nhsn, making it much easier to locate information about using NHSN and the modules included. Judy indicated that the website is much easier to use and follow. Also, CDC has fixed a couple of glitches regarding use of the analysis options within NHSN since version 7.1 was released in mid- February.

Case Studies/Participant Discussion
Case studies #6 through part of case study #9 were discussed with assistance from Russ Olmsted and Janice Rey. Allie will post Case Studies #1 to #9 in the file share box on Breeze. The remaining case studies will be discussed during a future conference call. During discussion of case study #6, Russ mentioned the use of a "Defects Worksheet" which can be used to assist with quality improvement at hospitals. Russ has sent this tool to Judy and she has attached it to these meeting notes.

Next Conference Call
The next monthly conference call is scheduled for Wednesday, May 22 at 10:00 a.m. **NOTE THAT THERE WILL BE NO CONFERENCE CALL IN APRIL.**

2 Attachments

Learn from Defects Tool Worksheet
(text boxes will enlarge as content is added)

Date:

Attendees:

What happened? (brief description)
Why did it happen? (what factors contributed)

+ **What prevented it from being worse?**	- **What happened to cause the defect?**

What can we do to reduce the risk of it happening with a different person?			
Action Plan	Responsible Person	Targeted Date	**Evaluation Plan – How will we know risk is reduced?**

With whom shall we share our learning? (Communication plan)			
Who	When	How	Follow up

SAMPLE "Learn from Defects Tool Worksheet"

Date:

Attendees: ICU patient safety team Topic: Catheter associated UTIs (CAUTIs) in ICU patients

What happened? (brief description) Too many CAUTIs in the ICU between first six months of 2012
Why did it happen? (what factors contributed)

| **+ factors**
What prevented it from being worse?

Part of daily ICU rounds to ask if urinary catheter in each patient was necessary | **- factors**
What happened to cause the defect?

• All CAUTIs occurred when foley left in >6days
• Poor daily documentation of necessity
• Breaking the contained system to place urinometer onto drainage system
• Urine reflux (bags are not emptied when traveling off unit or mobilizing the patient
• Urine bag on floor
• Inconsistent documentation regarding foley care and securement
• Not having all the supplies available on unit |

What can we do to reduce the risk of it happening with a different person?			
Action Plan	**Responsible Person**	**Targeted Date**	**Evaluation Plan – How will we know risk is reduced?**
Audit insertion procedure			
Ensure adequate foley kits and extra catheters are available on the unit			
Standardize documentation for foley care and securement			
Re-educate personnel on indications for irrigation of foley			
Explore changing all foley's to urinometer			
Follow up with IT to understand foley alerts and documentation expectation			

Implement Bladder Bundle			
Define educational Plan			

With whom shall we share our learning? (Communication plan)

Who	When	How	Follow up