MDCH SHARP NHSN USERS CONFERENCE CALL
Wednesday, May 28, 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 each month at 10:00 a.m. Our next conference call is scheduled for Wednesday, May 28th.

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 was introduced. Participants were reminded to put their phones on mute or to press *6.

Update on Reports

Allie introduced the SHARP Unit Summer Intern, Xiaotong Liu, who is joining us from the University of Michigan, School of Public Health. Allie reported that the 2013 Q2 and Q3 Reports will be available in the near future, followed by the 2013 H1 report and corresponding individual hospital reports. 2013 Q4 data were pulled after the May 15 CMS reporting deadline, and that report will follow the previously mentioned reports.

Allie also showed the group a copy of the SHARP Unit Spring 2014 newsletter, which is available on the www.michigan.gov/hai website.

NDM-1 Case Report

Brenda provided an update on the NDM-1 case that was reported from Shiawassee county. This is the first report of NDM-1 in Michigan. It was detected by the MDCH Bureau of Laboratories on 4/23/14 by PCR in an E. coli isolate from a urine specimen. The patient is a 62 year female who was treated as an outpatient. Since October 2013, she has had multiple doctor office visits for flank pain, pyelonephritis, UTIs, and abdominal pain. She does not have any indwelling devices. She had only 1 hospitalization in October 2013, due to hypertension. Urine cultures collected due to reports of flank pain from October 2013 through early January 2014 were negative. The

patient had traveled to India on 1/20/14 through 3/23/14 and did receive medical care in a clinic in the Punjab Region. The hospital in Shiawassee County has flagged the patient's chart and will initiate contact precautions immediately should the patient present to their facility. Specimens from any additional suspect cases will be sent to MDCH for confirmatory testing.

MERS-CoV Cases & Infection Control Measures

Jennie Finks provided an update on the 3 cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) that have been reported in the United States to date. The first case was a physician who had recently been working at a hospital in Saudi Arabia. This case was reported by the Indiana State Health Department after being hospitalized in that state. The second case was also a healthcare worker who traveled from Saudi Arabia to the U.S. This patient was hospitalized in Florida. The third case (reported from Illinois) is a contact of the first case who met with the first case after his return to the U.S. While the first two cases are considered imported cases, the third case did not travel outside the U.S. CDC continues to investigate contacts of the 3 cases and how the 3rd case may have acquired MERS from the first case. **(NOTE: Since our call, the CDC has updated their laboratory findings on the IL resident and is now reporting that this individual was never infected. There has been no documented transmission of MERS CoV within the U.S. to date).** A document entitled "MERS-CoV Guidance for Healthcare and Public Health Providers" from the Michigan Department of Community Health has been to the SHARP HAI website at www.michigan.gov/hai. This document contains guidance on case identification, reporting, testing, and infection control measures. Additional information about MERS can also be found at http://cdc.gov/coronavirus/mers. **Michigan healthcare providers should be vigilant for suspect cases of MERS in your healthcare facility(ies).**

Reminders/Updates/Demonstrations

a. **Quarterly Update to CDI Test Type:** Judy reminded participants about providing quarterly updates to facility's *test type for CDI*. These updates should be reported at the end of each quarter (March, June, September and December) and should be added to the MDRO/CDI Module's summary data screen. Facilities may need to check with their lab folks to get this information. The updated information will allow CDC to provide more timely risk adjustment when calculating CDI LabID SIRs. CDC is also requesting that facilities not choose the option "other" when identifying their lab. The other options provided should be sufficient in most cases.

b. **Medicare Beneficiary Number Reporting:** Judy reminded participants that the Medicare Beneficiary Number will be required for Medicare patients beginning July 1, 2014. This number should be entered on all EVENT records with the exception of PROCEDURE events. It is not required on Procedure records for Medicare patients at this time. Additional information regarding this can be found in the March newsletter from CDC.

c. **Implementation Date for Switch to ICD-10 Codes:** October 1, 2014 was originally scheduled as the implementation date to switch from ICD-9 codes to ICD-10 codes but this date has been moved back to October 1, 2015. These ICD codes are being used for operative procedure categories under the SSI Module within NHSN.

d. **Counting Patient Days and Admissions for MDRO/CDI Reporting:** As done last month, Judy again reminded participants to include observation patients, housed in an inpatient room, in the FacWideIN LabID event reporting for both the numerator and the denominator. If you are using counts from your billing records or from your finance department, please make sure that these counts also include any observation patients housed in inpatient room locations. Judy also reminded participants about "admission counts" and how to count patients. New patients for the month should only be counted once. If a patient has been in multiple room locations during a given month, they should only be counted as one admission for the monthly facility-wide admission count. Additional information regarding these counts can be found in the document "Determining Patient Days for Summary Data Collection: Observation vs. Inpatients" included in the meeting room and on the NHSN website at http://www.cdc.gov/nhsn/PDFs/PatientDay_SumData_Guide.pdf.

e. **Demonstration of LabID Event Calculator:** Judy and Allie demonstrated how to use this web-based tool to assist NHSN users with determining when to report a MDRO/CDI LabID event into NHSN. Remember that there is a "14-day rule" for reporting these events. If a 2nd positive isolate for MRSA or CDI is reported in the same specimen type for the same patient from the same patient location within a 14-day period of time, the lab report is considered a "duplicate event" and should not be reported into NHSN. However, if the 2nd lab report comes after a 14 day period from the first report, it should be entered as a separate LabID event into NHSN. Further clarification about this can be found in the MDRO/CDI LabID Event protocol on the CDC website at http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf.

f. **Updating Facility Contact Information:**
Judy reviewed procedures for updating facility contact information within NHSN. This can be done by going to "Facility" on the navigation bar within NHSN, and then under "Facility Info". Scroll down until you come to the "Contacts" for your facility. Note that only the NHSN Facility Administrator can make edits or changes to the list of contacts. **Judy encouraged all facilities to check their list of contacts within NHSN to make sure that this information is accurate.** This is the information that CDC and the SHARP Unit uses to send out emails via NHSN. Judy mentioned that she and Allie periodically receive emails from facilities to add names to the mailing list that we use to notify facilities of upcoming conference calls. Since we use the email function within NHSN as a Group Administrator, we are not able to add names to this list. Only the facility can add or change names to the Facility Contact List, as described above.

Note, however, that Allie updated the group on a listserv that the SHARP Unit is creating that will allow anyone to subscribe to receive SHARP NHSN updates, SHARP newsletter, etc… This listserv is expected to become active before the next NHSN user group call. **Judy also recommended that facilities notify the SHARP Unit if the name of their hospital changes or if they merge with another hospital.**

Analysis Tip of the Month

Allie provided the group with an analysis tip that she receives frequent questions on. She explained the difference in the SSI SIR reporting options. The three options are:

1. All SSI SIR: this is the most broad option of the three. It includes superficial, deep, and organ/space SSIs (superficial and deep incisional SSIs are limited to primary only). It includes SSIs identified on admission, readmission, and via post-discharge surveillance.
2. Complex A/R SSI Model: This is slightly more specific. It includes only SSIs identified on admission/readmission, only inpatient procedures, and only deep incisional primary and organ/space SSIs.
3. Complex 30-day SSI model for CMS IPPS: this is the most specific, but probably the most important option. It includes only in-plan, inpatient COLO and HYST procedures in adult patients ≥18 years of age. It includes only deep incisional primary and organ/space SSIs with an event date within 30 days of the procedures, and uses only age and ASA score to determine risk (the other two options also include procedure duration and medical school affiliation).

Next Conference Call – June 25, 2014 at 10:00 a.m.

Note that this call may be cancelled if there is not enough new information to present. An email notification will be sent a week or so before the meeting as a reminder, or as a notification, if the call is cancelled.