

## **MDCH SHARP NHSN USERS CONFERENCE CALL**

### **Wednesday, June 27, 2012**

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](mailto:weberj4@michigan.gov) to add items to the agenda.**

## **HIGHLIGHTS FROM CONFERENCE CALL**

### **Welcome & Previous Meeting Notes**

Judy welcomed those on the call and introductions were made by SHARP staff. Judy announced that minutes from previous conference calls are posted on the SHARP HAI home page at [www.michigan.gov/hai](http://www.michigan.gov/hai), under "archived call notes".

### **SHARP Staff Changes**

Jennie reported that Prashanti Boinapally has resigned from her position as Prevention Epidemiologist within the SHARP Unit, and Kate Manton, summer intern, is performing the Prevention Data Analyst job duties until a replacement can be found. The position has been posted on the Michigan Public Health Institute career board ([www.mphi.org](http://www.mphi.org)).

### **Update on SHARP Reports**

Allison announced that the 2010-2011 Annual Report had been posted but was taken down for a final revision (Note: it has been re-posted as of 6/29/12). She is working on the corresponding individual hospital reports. She will pull quarterly report data (1<sup>st</sup> quarter, 2012) after all of the participating hospitals have conferred rights to the new template.

### **Interpretation of Michigan SIR vs. National SIR**

Allison went over the comparison of Michigan SIRs to National SIRs. The data she reviewed can be found at the end of these notes in the State and National 2009-2010 SIR Report. She noted that, for most unit types, Michigan CLABSI SIRs were lower than their National counterpart. This includes the overall SIR, the critical care locations SIR, and the ward locations; however, the Michigan NICU SIR was slightly higher than the national SIR. From 2009 to 2010, the overall Michigan CLABSI SIR decreased from 0.467 to 0.411, although this change was not statistically significant.

### **SHARP Validation Update**

Jennie mentioned that several SHARP staff made a validation site visit to their first pilot test hospital in May. Changes to the SHARP Validation Plan for NHSN MRSA/CDI LabID Events are anticipated once all four voluntary pilot site visits have been completed. The next validation pilot visit is scheduled for July 13<sup>th</sup>. We hope to offer validation services to hospitals sharing NHSN data with the SHARP Unit beginning in 2013, but this service will be dependent on available funds. Through these validation visits, the SHARP Unit hopes to document that Michigan infection rates are accurate and continue to decline. Jennie also announced that CDC is developing a Validation Toolkit which may be integrated into the SHARP Validation Plan.

## **Updates and Reminders**

### **SSI Events**

Effective January 1, NHSN is requiring monthly reporting of “No Events” for CLABSI, CAUTI and SSIs (abdominal hysterectomies and colon surgeries) within acute care hospitals if no events occurred during a given reporting month. Judy and Allie demonstrated where “No Events” can be reported for SSIs – under “Procedure” on the left navigation bar, then click on “Incomplete”, and lastly click on “Missing PA (Procedure-Associated) Events” – the last blue tab toward the top of the screen. The screen will show surgical procedures that have been entered for the month but have not had an SSI event linked to them. If the procedures listed have been followed for 30 days and no event (infection) has occurred, the box under “Report No Events” can be marked. Also if NO surgical procedures **have been performed** for a given month within a specific category, the “No Procedures Performed” box can be marked under the “Missing Procedures” tab at this same location within NHSN.

Judy also mentioned that implant procedures should be monitored for a period of 30 days up to one year. If within the first 30 days, no event occurs, the “No Event” box should be marked. If an infection event occurs AFTER 30 days, and the event is entered into NHSN, the “No Event” check mark will automatically be deleted. Questions regarding “No Events” reporting should be directed to Judy.

There was also considerable discussion about the date of SSI attribution – whether a SSI is attributed to the date of first symptoms of infection, or whether it is attributed to the date of the surgical procedure. For NHSN reporting purposes, **SSIs should be attributed to the date of the surgical procedure.**

### **Reporting Infections at more than One Body Site**

Judy reminded participants that more than one infection should be reported if the symptoms reported by the patient meet the criteria for more than one type of infection. Joe provided a case history where a patient had symptoms that meet the definition of both a CLABSI and CAUTI. This happens occasionally especially when fever is present. If

the infection meets both the definition of a CLABSI and a CAUTI, both types of infection should be reported within NHSN. An example is listed below:

*A 35-year old man is involved in a multi-vehicular accident and sustains multiple internal and external traumatic injuries. On 12/5 in the emergency department, a triple lumen subclavian line and Foley catheter are placed and the stabilized patient is transferred to the ICU.*

*On 12/8, the patient spikes a temperature to 101 F and is “pan” cultured, including blood cultures x2. On 12/10, the subclavian line is discontinued and the catheter tip is sent for culture. Later that afternoon, the blood culture results from 12/8 are reported as positive for Staphylococcus hominis in both sets with identical susceptibility profiles. The physician notes: “Positive blood culture = contaminant; no antibiotics required.” Additionally, the patient has suprapubic tenderness and the urine culture obtained on 12/8 grows >100,000 cfu/ml of E. coli. On 12/12, the catheter tip results are reported as Staphylococcus epidermidis.*

*What HAI(s) should be reported?*

**ANSWER: Both a CLABSI and a CAUTI.**

### **Revised Template of Conferred Rights**

Judy mentioned that the SHARP Unit has again revised their Template of Conferred Rights for participating hospitals. This was necessitated when it was noted that the SHARP Unit was missing some denominator data for MRSA and CDI events. An email message was sent to all participating hospitals to make them aware of the revised template. Facilities who have not yet accepted the new template of conferred rights should do so as soon as possible. Questions about how to do this should be directed to Judy.

### **NHSN Training Planned for Fall MSIPC Conference**

The SHARP Unit has been invited to do a NHSN training at the 2012 fall MSIPC conference. Training will focus on NHSN CLABSI and SSI definitions and case studies. This will be one of the concurrent sessions at the conference in October.

Judy also mentioned that MPRO will be sponsoring two NHSN webinars this fall – one on September 13 covering MRSA/CDI LabID Events, and the other on October 31 on Analysis with Focus on CDI data examples. Both webinars will be presented by CDC staff. Additional details will be available in the near future.

### **Update from APIC Conference**

Judy gave a brief update on some of the highlights from this year’s APIC conference, held in San Antonio, Texas, on June 4 – 6<sup>th</sup>, 2012. She noted that this was one, if not the largest, APIC conference held to date with over 4600 persons in attendance. Of great interest were the NHSN training sessions presented by CDC staff and others. Also of

interest were the presentations on the importance of environmental cleaning and transmission of MDROs, and the new Core Competency Model for Infection Preventionists. For additional information about the conference, contact Judy.

#### **Update from NHSN Data Summit**

Joe gave a brief overview of the Data Summit which was held in Kansas City at the end of May. There was a lot of discussion about how NHSN data is being used and how it can be obtained more consistently and more easily by all agencies using the data. Questions regarding the Summit can be directed to Joe Coyle at [coylej@michigan.gov](mailto:coylej@michigan.gov).

#### **Open Questions and Answers and Participant Announcements**

Judy opened the meeting up to questions from the conference call participants. Most of the questions from participants on the call were asked throughout the updates provided by SHARP staff.

#### **Next Call – Wednesday, July 25, 2012 at 10:00 a.m.**

An agenda for the next conference call will be posted a week or so before July 25th. Please join us on this call if you can.