MDCH SHARP NHSN USERS CONFERENCE CALL
Wednesday, July 24, 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 to add items to the agenda.

HIGHLIGHTS FROM CONFERENCE CALL

Welcome & Introductions
Judy welcomed participants on the call and introductions were made of SHARP staff on the call. Participants were reminded to put their phones on mute or to press *6.

NHSN Reports Update
Allie announced that the 2011-2012 Individual Semi-Annual Reports are very close to completion and hospitals should expect to receive them within the next week. She is also working on a calendar year 2012 Annual Report and the 2012 Quarter 4 Report.

Overview of NHSN Members' Meeting Slides from 2013 APIC Conference
Judy went through NHSN update slides that were presented at the APIC Conference in early June. Noteworthy items from the slides include the following:

- As of May 28, 2013, 12,064 facilities are participating in NHSN, with approximately 50% being outpatient dialysis facilities. The next greatest percentage of participating facilities is acute care hospitals.
- CDC will soon migrate to a Secure Access Management System (SAMS) which will replace the Secure Data Network (SDN) and digital certificates. This process may take a couple of years and individuals should continue to use and renew their digital certificate until notified otherwise.
- Many types of online training are available on the NHSN website including interactive self-paced slide sets and archived webstreaming trainings. CDC is planning an in-person training during March 2014 on changes in NHSN for 2014 reporting.

- CDC's new NHSN website features "one-stop shopping" for each type of facility using NHSN. Each facility type has links to each infection type with NHSN protocols, trainings, forms, analysis tools, and healthcare personnel flu vaccination information specific to that facility type.
- All NHSN protocols are expected to be updated with the latest information and corrections sometime this summer.
- In the coming months, CDC expects to roll out a "NHSN Case Question Submission Form" which will be a way to submit information on difficult cases to CDC for assistance with classification and reporting. A link to this form will be posted on the NHSN home page.
- CDC has updated their definition of a "primary closure" for 2013. This definition will change again in 2014 to ensure consistency with definitions used by the National Surgical Quality Improvement Program (NSQIP) and the American College of Surgeons.
- CDC is planning to expand their risk adjustment criteria in 2014 to include height and weight for all procedures, as well as diabetes documentation, among other factors.
- CDC had proposed using CPT codes for operative procedures in 2014, however, this was met with much resistance and concern from facilities. CDC has agreed to reconsider this issue. CDC will finalize their decision in the next several months.
- CDC has developed a new Outpatient Procedure Component (OPC) which will be used by ambulatory surgical centers (ASCs). Tentative release for this component is July 2014.
- CAUTI definitions are being reviewed to include consideration for various patient populations, inclusion of funguria, laboratory variations, and other laboratory, symptomatology and urinary instrumentation considerations.
- There will likely be changes in VAE protocols in 2014 based upon user feedback to CDC.
- CDC is developing a LabID event calculator (similar to VAE) that will help with data entry decision making around the 14-day rule for MRSA/CDI lab events.
- Use of the Healthcare Personnel Influenza Vaccination Summary Reporting will begin again on October 1, 2013 for acute care hospitals and will close for the coming flu season on March 31, 2014. The "30-day rule" for including healthcare personnel will no longer apply as all employees and others who work for at least one day or more are included in the reporting requirement. CDC is expected to have additional training on this before January 1, 2014.
- The Long-Term Care Facility Component was launched in September 2012. There are approximately 90 facilities nationwide enrolled in this currently.
- Some acute care hospitals and blood banks may be participating in the Biovigilance Component, Hemovigilance Module, of NHSN. It is used to track blood transfusion-associated adverse events, components transfused, and patient samples collected.
- The NHSN AUR Module, Antimicrobial Use Option, is now available within NHSN. The Antimicrobial Resistance Option will be available in 2014.
- CMS has proposed new rules for acute care hospitals participating in the Inpatient Prospective Payment System (IPPS): (Note that these are not yet final.)

- o Acute care hospitals will need to report CLABSIs and CAUTIs from all Medical Wards, Surgical Wards, and Med/Surg Wards, in addition to all ICUs beginning Jan 1, 2014.
  - o HCP Flu Vaccination Summary will be reportable from Oct. 1, 2013 to March 31, 2014. Reporting deadline is May 15, 2014.
  - o The Medicare Beneficiary # is to be reported, when applicable to patients, for all NHSN reported events beginning Jan 1, 2014.
  - o The Hospital-Acquired Condition (HAC) Score will include NHSN HAIs as Domain 2 for 50% of the total score for hospitals.
  - o Changes in Value-Based Purchasing and Validation are also proposed.
- Inpatient Rehab Facilities will be required to begin reporting HCF flu vaccination summary data beginning Oct. 1, 2014.
- Persons using, or wishing to use CDA, should consult with their vendors regarding reporting via CDA import. A list of vendors is available at this site: http://www.apic.org/Professional-Practice/Practice-Resources/Surveillance-Technology.
- Facilities should remember that they can request a demo NHSN application from CDC for training purposes, whether for training individually or in a group. There is a link at the bottom of the NHSN home page to request a demo.

Hospital Inpatient Quality Reporting Program NHSN Webinars
Allie reviewed two recent CDC webinars regarding C.diff and MRSA bacteremia reporting and risk adjustment. From the first webinar, she shared a few key points with the group, which included:
- Reminder that the CMS requirement for reporting is for:
  - o **Facility-wide Inpatients (FacWideIn)** MRSA bacteremia LabID
  - o **FacWideIn** C.diff LabID
  - o This generally doesn't apply to non-acute care facilities
    - One example that was given was for inpatient rehab facilities (IRFs). If a hospital has an IRF as a location within an acute care facility, then it would be included as a location in reporting. If the IRF is free-standing or has its own independent policies, then it isn't included.
  - o NHSN submits only Healthcare Onset (HO) LabID data to CMS but facilities are required to report ALL data (NHSN sorts out the HO to report).
- If you have a LabID Event and an HAI event, they should both be reported (if it's in your reporting plan).
- Locations include all inpatients**, so that includes observation patients who are housed in an inpatient location**.
  - o C.diff reporting – **subtract baby locations**
    - Only exclude locations that predominantly house infants (don't exclude babies housed in pediatric or other non-baby locations).
- If you don't have any events, remember to check the "report no events" box.

- This presentation also included many frequently asked questions (FAQs), so it is a good resource (found on the NHSN website) to use as a first check before contacting CDC or others with questions.

The second webinar covered C.diff and MRSA bacteremia risk adjustment and analysis. Key points:
- The presentation included a good checklist to use to ensure your data are complete by the CMS reporting deadline and will be submitted to CMS correctly.
- Remember to make sure surveys are complete and accurate.
    - These are used as facility-level risk factors – if incorrect, your SIR will be incorrect.
- The presentation includes a step-by-step run through of the CMS output you can run in NHSN to check your data.
- To get a correct SIR for CMS, you need to report:
    - In-plan data
    - FacWideIn denominator data on a monthly basis
    - Check "no events" in box if no events that month
    - Only the events applicable to the CMS reporting requirements will be sent to CMS
- Files are sent to CMS for review on a routine basis after the quarter is over (and before the deadline). These files give snapshots of what your report will look like on the freeze date. They will give some feedback to QIOs about the progress of hospitals, so it is important to get data in early!
    - On August 16th, CDC will freeze the data for the reporting period.
    - Changes made to data after August 16th will be reflected in NHSN (but not in data sent to CMS).

<u>MERS-CoV Resourses for Preparedness</u>
Judy mentioned that resources for MERS-CoV can be found on CDC's websites. A few links to CDC resources are provided in the meeting room.

<u>Questions from Participants</u>
Time ran out so there was no time for participant questions on this call.

<u>Next Meeting</u>
The next meeting will be held on Wednesday, August 28th at 10:00 a.m. Topics for discussion may be sent to Judy or Allie.