

MDCH SHARP NHSN USERS CONFERENCE CALL

Wednesday, August 22, 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 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. She also reminded participants that Allie had recently married and her last name has changed from Gibson to Murad. This change has been noted on the MDCH HAI website also. Her new email address is murada@michigan.gov.

Judy announced that minutes from previous conference calls are posted on the SHARP HAI home page at www.michigan.gov/hai, under "Archived Call Notes".

Update on Connect Pro Meeting Room

There have been a few changes on the meeting room website for these calls. Allie demonstrated some of the new capabilities available to us.

Updates on SHARP Reports

Allie announced that she had 70 individual reports in their final stages and almost ready to send out. She has almost finished the first quarter 2012 report and is trying to get the MDRO rates separated by community-onset and healthcare facility-onset per request from multiple facilities.

Overview of Individual Hospital Report

Allie attached a sample of the individual hospital report in the new format to the Breeze webinar. She indicated that this was not available for download at this time because it has not yet been finalized. She also attached an interpretation sheet which will be finalized in the near future.

In the Individual Hospital Reports, every table has an overall rate or ratio in bold at the top. All of the device rates are on a single table (all locations), and all DU ratios are on a single table (all locations). The device tables have corresponding graphs to their overall numbers. The procedure modules are listed as 'overall', as well as by procedure. MDRO modules each have their own table with all locations. Allie noted that if you have shared data long enough to have received the previous individual annual report (not semi-annual), then you will have an appendix attached to the back of your report with trend graphs for your facility. Questions regarding the Individual Hospital Reports can be directed to Allie at urada@michigan.gov, or by calling 517-335-8199.

Trend Observations

Allie noted that we continue to see more data with each report that we develop. She hopes that the accuracy of the aggregate Michigan rates and ratios are increasing as well, and that there is a more representative sample with each report. She stressed the importance of accurate data as the data hospitals enter into NHSN contribute to the Michigan and National rates, so the more accurate these data are, the more accurate the rates will be.

Allie also noted that not all individual rates will be comparable to the listed Michigan aggregate rates because there can be variability from facility to facility, as well as from unit to unit. Some of this variability is due to different testing methods and culturing practices.

Some items of interest that are seen in the hospital reports include: some hospitals had considerably lower rates than their state and/or national NHSN comparative rates (even zero). Also, because the NHSN data is just now starting to show individual trends, the data don't appear to be completely accurate (the previous annual reports had considerably less data shared in them compared to now).

Allie noted that Michigan is known for its low rates, and SHARP staff would like to make sure these Michigan rates are as accurate and factual as possible.

Updates and Reminders

Demonstration: Reporting No SSI Procedures

Judy reminded participants that every acute care hospital must add colon surgeries and abdominal hysterectomy procedures to their Monthly Reporting Plan whether they do these surgeries or not. This is necessary in order to be in compliance with CMS reporting requirements.

Judy and Allie demonstrated how to report no SSI procedures if no procedures were performed during a given month. Go to 'Procedures' on the NHSN navigation bar, then click on 'Incomplete'. Next go to the blue box at the top of the page entitled 'Missing Procedures' and check the box for 'No Procedures Performed' on the screen that comes up. Note that these 'No Procedure' boxes will not show up until the first day after the end of the month.

Demonstration: Reporting No Events

All colon surgical procedures and abdominal hysterectomies performed by a hospital must be entered into NHSN under 'Procedures' on the navigation bar. If an event or SSI occurs, the SSI event must be entered under 'Events' on the navigation bar and linked to the surgical procedure. If, however, no event or SSI occurs during a given month, 'Report No Event' must be indicated for that month. Judy and Allie demonstrated how to do this. Go to 'Event' on the NHSN navigation bar, and click on 'Incomplete'. Next go to the blue box at the top of the page entitled 'Missing PA Events', and check the box for 'Report No Events'. Note that the blue boxes will not show up until the first day after the end of the reporting month.

SIR-Complex 30-Day SSI Data for CMS IPPS Output Option

Allie demonstrated how to get to this report within NHSN. Go to 'Analysis' on the navigation bar of NHSN, then click on 'Output Options'. Next, click on 'Advanced', then 'Summary Level Data'. Next click on 'CDC Defined Output' and choose the 3rd option down which is 'SIR-complex 30 day SSI Data for CMS IPPB'. This report will provide you with a summary of the data that you have entered into NHSN for SSIs, and will actually be the data that is submitted by CDC to CMS each quarter.

Allie explained the columns within the report. She also reminded participants that the data do not include Superficial Incisional SSIs and Deep Incisional Secondary SSIs, per CDC decision. A similar report can also be downloaded for CAUTIs and CLABSI.

Guidance Documents – Complying with CMS Requirements

Several guidance documents were posted within the conference call meeting room which will assist participants with complying with CMS reporting requirements. These documents can also be found in the Resource Library on the NHSN website at www.cdc.gov/nhsn. These documents include the following:

- NHSN Alerts , Version 6.5, October 2011
- How to Report Zero CLABSI or CAUTI Events for a Month
- How to Report Zero Surgical Procedures of SSI Events for a Month
- Using the SIR-CLAB Data for CMS IPPS Output Option
- Using the SIR-CAUTI Data for CMS IPPS Output Option
- Using the SIR-Complex 30-Day SSI Data for CMS IPPS Output Option
- Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting Program (CMS Reporting Program)
- Helpful Tips for CAUTI Reporting for the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting Program (CMS Reporting Program) via NHSN
- Helpful Tips for SSI Reporting for the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting Program (CMS Reporting Program) via NHSN
- Operational Guidance for Reporting Surgical Site Infection Data to CDC'S NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Program Requirement

When to Re-Confer Rights

Judy explained to participants that there may be certain times when a Group Administrator may require facilities in their Group to re-confer data rights to the Group. This is not only true of MDCH-SHARP but may also apply to MPRO or other groups to which hospitals/other facilities may belong. Situations that may require a facility to re-confer rights to a Group may include the following:

- The Group determines that they need to obtain additional data from facilities beyond what they have already requested in their template of conferred rights.
- If a facility adds a brand new location to their Monthly Reporting Plan, they will need to re-confer data rights to their Group(s) if they want the Group to see this data.
- If a facility location is re-mapped or renamed, the facility should contact the HELP Desk at CDC for guidance as this is a different situation from adding a completely new location to a facility's Monthly Reporting Plan.

Overview of NHSN Release 7.0

The release of NHSN Version 7.0 is tentatively scheduled for September 8th. Judy reviewed some of the upcoming changes as listed below:

- There will be a new “Alerts Screen” on the home page of NHSN that is specific to each component within NHSN. This should make it easier to know when action is required by a facility administrator or user.
- The new Healthcare Worker Influenza Vaccination Summary Reporting will become available for users. Note, however, that use of this component will not become mandatory for acute care facilities until January 2013.
- A new facility type – ‘Hosp-CAH’ – will become available for Critical Access Hospitals. This will apply to hospitals whose last 4 digits of their CMS Certification Number are between 1300 and 1399.
- A new Long-Term Care (LTC) Facility Component will be added to NHSN, separate from the Patient Safety Component. This new component will apply to nursing homes and skilled nursing facilities. This component is not yet mandatory for LTC facilities but it will allow for reporting of UTI events, labID events for MDRO and CDI, and for Prevention Process Measures (handwashing & gown/glove use). Separate reporting forms and protocols will be available on the NHSN website in the near future.
- The analysis section will have the same general layout as before. The folder under the Procedure-Associated Module – SSI – CDC Output – non-SIR report procedures will change from being called “incomplete procedures” to “procedures excluded from SIR reports”. The CMS SIR reports will move into their own folder, and there will be an option to view procedures by surgeon.

Reminder to Update Facility Info/NHSN Admin Info

Judy reminded participants who have changes to their personal names, email addresses, facility names and addresses, etc. should make these changes under ‘Facility’, then ‘Facility Info’ on the navigation bar within NHSN.

October 2-4, 2012 NHSN Training in Atlanta

Judy reported that she and Allie will be attending this NHSN training at the Emory Conference Hotel in Atlanta on October 2 – 4th. Judy asked if anyone on the call had applied to attend. There was no response. (Note: Since this conference call, Judy has learned that she will be unable to attend this training. Allie will be the only representative from the SHARP Unit attending this training in-person. Other SHARP staff will participate via live webstreaming which will be available on all 3 days of the training.)

NHSN Demo

Judy reminded participants that CDC has recently released a NHSN demo which is a copy of the NHSN interface that can be requested and used individually or in a group setting to train users on data entry and analysis within NHSN. Fictitious data has been added to the demo. This demo can be requested by registering for it on the NHSN website at http://www.cdc.gov/nhsn/NHSN_Demo.html. Allie is attempting to get access to this demo for the next call but this may not be possible because of the large number of current requests for it.

New SHARP Newsletter

Joe mentioned that the SHARP Unit has recently released its first newsletter which has been posted to the home page of the MDCH HAI website. The newsletter will be produced quarterly and will provide an update on SHARP activities.

Open Questions & Answers

No questions were asked.

Participant Announcements

None reported.

Next Call – Wednesday, September 26, 2012 at 10:00 a.m.

Call-in information and an agenda will be posted on the MDCH-HAI website a week or so prior to this call. We hope that you will be able to join us for this call.