

MDCH SHARP NHSN USERS CONFERENCE CALL

Wednesday, August 28, 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. **Our next conference call is scheduled for Wednesday, Sept 25th 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.

Update on SHARP Reports

Allie announced to the group that she has pulled data for the 2012 Quarter 4 Report as well as the 2012 Annual Report (and Individual Annual Reports). She was planning on pulling 2013 Quarter 1 data on Monday, August 26th, but the NHSN function to generate data sets was not working after the 7.2 release over the previous weekend. She will pull these data when it is working again.

Overview of Semi-Annual Individual Report & Shift to Calendar Year Reports

Allie is transitioning the annual and semi-annual reports into a calendar year format (instead of fiscal year). This change will be made based on CDC suggestion provided at the CSTE conference (in June 2013). The first calendar year report will be the 2012 Annual Report.

Allie briefly walked the group through the sample Individual Report and corresponding interpretation sheet. She pointed out that hospital data were viewed in September 2012 to correspond with the aggregate Semi-Annual report. Many hospitals that are currently sharing data with MHA Keystone or VON may not have been sharing data at the time of the data pull. If you would like to double check any records, please contact Allie or Judy to make sure your DUAs are up-to-date.

Allie then reviewed the tables within the sample Individual Report. She indicated that the OVERALL section of the report was an overall for all locations that were reported to NHSN and shared with the SHARP Unit. She stressed the importance of conferring data rights to the SHARP Unit so that they can provide the most accurate overall rate for your facility and include all available data in aggregate reports. Finally, she demonstrated the difference between the two tables provided for each infection type within the MDRO/CDI module. The first table in this module covers LabID, Surveillance, and outpatient reporting. The second table is for LabID events only, and separates them into HO, CO, and CO-HCFA where applicable. She explained that HO infections correspond with an incidence rate (which uses patient days as a denominator), and CO and CO-HCFA infections correspond with a prevalence rate (which uses admissions as a denominator).

Reminders/Updates

Healthcare Personnel Flu Vaccination Module

Judy provided a reminder and an overview of the Healthcare Personnel Influenza Vaccination Module within NHSN:

1. Mandatory for acute care hospitals as of Jan 1, 2013 and mandatory for LTACs effective October 1, 2013.
2. Reporting period is October 1, 2013–March 31, 2014 although it is ok to start reporting into NHSN prior to October 1 if vaccine is available.
3. Because this is a separate component from the Patient Safety Component, the Component must first be activated by the NHSN Facility Administrator. (Go to ‘Facility’ on navigation bar of NHSN, then click on ‘Add/Edit Component’, and place a check mark in the box next to ‘Healthcare Personnel Safety’ under ‘Components Followed’.
4. Facility NHSN Administrator should also add (on same page) the name and contact information of the person who has primary responsibility for this Component. Additional users for this Component can also be added under ‘Users’ on the navigation bar.
5. The SHARP Unit does not currently have rights to data under this component but will be requesting participating facilities to provide these data rights through acceptance of a new template for this Component. The new template has not yet been developed, but an email will be sent to participating hospitals in near future.
6. The Healthcare Personnel Flu Vaccination module asks for vaccination info on 4 groups of individuals within a hospital or LTAC. (1) employees on payroll, (2) licensed independent contractors, (3) adult students, trainees and volunteers 18 years of age or older, and (4) other contractors (this category is optional). Definitions for each of these categories can be found in the protocol for this Component on the NHSN website (www.cdc.gov/nhsn).
7. Data recorded on the summary form for this module include:
 - a. The number of these individuals who received the vaccine, whether at your hospital or at another facility – **documentation must be in writing.**

- b. The number who had medical contraindications to the vaccine – Include only those who have an allergy to eggs or who have a history of GBS within 6 weeks prior to their flu vaccination. Written documentation of medical contraindication is not needed. Verbal is ok.
 - c. The number who refuse or decline vaccination – those with religious exemptions, those with philosophical reasons for not receiving the vaccine, those who refuse without a reason, etc. Written documentation is not required.
 - d. The number of personnel whose vaccination status is unknown – i.e. staff person terminated employment or contractual relationship with the hospital, etc.
8. Personnel included with the denominator counts for each category must be physically present in the facility for at least **one working day** (can be any amount of time, even one hour) between October 1 and March 31. CDC provided a Q&A session on this Component on August 21st. During that session, the presenter indicated that hospitals with multiple campuses or that are a part of a system of hospitals should include employees or licensed independent contractors from other campuses in each hospital numerator and denominator when they visit for meetings or other work functions. There was a lot of discussion and concern about this during the call, and personally Judy thinks that CDC will provide more clarification about this since keeping track of other staff that might be in the hospital for a short period of time will be difficult to do.
 9. Reminder that a Monthly Reporting Plan must also be completed for this Component. This Reporting Plan only needs to be completed once for this time period.
 10. Summary data can be added weekly, monthly or only once at the end of the reporting period. It must, however, be **entered by May 15, 2014** because this is the date that CDC will send the data to CMS. Remember that numbers added to the summary form are cumulative.
 11. There are attachments and links in the meeting room which provide you with resources if you need extra help with this Component.

New CMS Mandates for 2014 and 2015

Judy mentioned that she has not seen an updated CMS reporting chart similar to the chart that the SHARP Unit has posted on our HAI website at www.michigan.gov/hai and as included in the meeting room for this call. Judy did report, however, on two proposed changes for 2014:

- Expansion of CAUTI and CLABSI reporting to now include all medical, surgical and medical/surgical locations, not just ICUs for acute care hospitals. **Please note that after the conference call, Judy learned that this expansion for CAUTI and CLABSI reporting will not become effective until January 2015, and not January 2014 (see page 293 of the IPPS Final Rule) as previously stated.**

- Inclusion of Health Insurance claim # for Medicare patients when entering infection events into NHSN. **(This is currently optional and will be required for all events reported for Medicare beneficiaries beginning in 2014 Quarter 3 – see page 328 of the IPPS Final Rule.)**
- **The SHARP Unit has posted a link on their website which pertains to additional information about infection prevention issues in the CMS FY 2014 Inpatient Prospective Payment System (IPPS) Final Rule that was found after this conference call. On the home page of the www.michigan.gov/hai site, you can view an APIC summary of the issues as well as the actual final rule document.**

Consumer Reports Article on Surgical Rates

Judy alerted participants on the call to an article appearing in the September 2013 issue of **Consumer Reports** magazine. The title of the article is “Your Safer Surgery Survival Guide” which lists the ratings of 2,463 high-volume hospitals in the U.S. The ratings are based on the percentage of a hospital’s Medicare surgical patients who either died in the hospital or stayed longer than expected for their procedures. The share folder of this meeting room included ratings for Midwest region hospitals, including Michigan. Ratings are reported as better (red circles) to worse (black circles). Eighty-four (84) Michigan hospitals are rated in the report. Hospitals with low volumes of surgical patients or missing other information were not listed in the report.

A link to a document displaying rating calculation methods is also included in the meeting room. Judy indicated that there have been concerns about how the rates were calculated. She wants IPs to be aware that this data was published and that the general public is taking a greater interest in what hospitals are doing regarding patient safety and infection control.

Release of NHSN Version 7.2

Judy reminded participants that the newest version of NHSN (version 7.2) was released over the weekend of August 24-25th. CDC sent out an email to users about the changes in this new version. A copy of this email from CDC is included in the meeting room.

Overview of MRSA/CDI Initiative

Gail Denkins, SHARP Unit MRSA/CDI Prevention Initiative Coordinator, provided an overview of this Initiative. She reviewed the history of the initiative and described the Collaborative governing body. The names of facilities and champions were reviewed. To date, there are 13 acute care and 12 skilled nursing facilities participating. Facilities submit monthly MRSA and CDI LabID events, and in return they receive a monthly report on their facility data. An overview of facility action plans was provided. Incentives for this project were offered in partnership with MSIPC. MSIPC scholarships were awarded to participating facilities to increase their access to educational conferences. Gail also provided a brief orientation to the Train-the-Trainer education products available for use. To access these products, use the www.michigan.gov/hai website. If any facilities

are interested in participating in this initiative, they should contact Gail at DenkinsG@michigan.gov.

Quirky Things with NHSN

There wasn't much time for this section, so Allie briefly described what this section will be used for on future calls and gave one example. Participants had requested time devoted to reviewing frequently asked questions and/or unique or unusual NHSN problems and fixes that they have discovered.

Allie discussed wound classes within procedures. A hospital discovered that procedures with "unknown" wound class will not be included in counts/SIR calculations. These procedures will be sent to the Incomplete and Custom procedure box and not included in the main SIR table. There are no alerts or settings to catch someone mistakenly classifying a wound class as "unknown", so it is important that hospitals keep track of all data being entered into NHSN. To find all excluded procedures and to try to figure out why they were excluded, you can go to: Analysis—Output Options—Procedure-Associated Module—SSI—Linelist—Procedures excluded from SSI SIR.

More examples like this one will be provided on future calls, and participants are encouraged to share their own stories and discoveries.

Q & A

We ran out of time, so there was no Q & A session during this conference call.

Next Call:

Judy indicated that the next conference call is scheduled for Wednesday, September 25th at 10:00 a.m. An agenda will be posted to www.michigan.gov/hai a week or so before this conference call. The agenda will include the call-in number, passcode and webinar link.