

HEALTHCARE ASSOCIATED INFECTIONS INITIATIVE

In the Know

A Quarterly Newsletter for
Infection Preventionists

Learnlinc On-Demand HAI Training Webinars

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Your NHSN Questions Answered

Occasionally, facilities share infection scenarios with the Louisiana HAI Coordinator and NHSN on which they would like consultation. These scenarios are shared with you for educational purposes in a de-identified manner.

Scenario-1: A patient was directly admitted to our rehab unit from another hospital on 3/17. I am not sure if the Foley was present on admission (due to lack of documentation). A positive culture was received on 3/19. No documentation of signs and symptoms (afebrile, etc.) on day of admission. It seems that the Foley was discontinued the day after on 3/20 (again lack of documentation). On 3/22 hematuria was documented and on 3/23, frequency was documented. The patient didn't have any fevers during the infection window. Is it safe to say that this UTI is due to another facility or would I have to count it for our facility?

Workup-1:

Date	3/16	3/17	3/18	3/19	3/20	3/21	3/22	3/23
Status	Other Rehab	Admit to Rehab		Positive urine culture			Hematuria	Frequency
Foley					Foley dc'd			
Infection Window (IW)	Day -3	Day -2	Day -1	Diag. Test	Day +1	Day +2	Day +3	
Determination								SUTI sign/symp. outside IW

Conclusion-1: It seems that even without documentation of the full use of the Foley, the patient would not meet SUTI criteria because the urinary frequency (appropriate sign/symptom) was documented outside of the IW. Additionally, it wouldn't be counted as an Asymptomatic UTI because there was no blood culture with at least one matching bacteria to the urine culture.

Citations-1:

- Identifying Healthcare-associated Infections (HAI) for NHSN Surveillance. Centers for Disease Control and Prevention website <http://1.usa.gov/1HObYoa>. Updated April 2015. Accessed April 27, 2015.
- Urinary Tract Infection and Non-Catheter-Associated Urinary tract Infection and Other Urinary System Infection Events. Centers for Disease Control and Prevention website <http://1.usa.gov/1Dt8aAQ>. Updated April 2015. Accessed April 27, 2015.

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Scenario-2: My question involves the two positive blood cultures on 3/27 and whether this is a CLABSI. I have already identified an SSI with *S. aureus* and a secondary BSI-both on 3/21, but I am confused about the repeat infection timeframe (RIT) since this is a different organism unrelated to the SSI. I would appreciate your opinion.

The table below is transcribed from the original message. Dates on which no action was documented are omitted:

Date	Status	Central Line	Labs	Hospital Determination
13-Mar	Gastrectomy, cholecystectomy, liver resection	Right IJ triple lumen inserted		
20-Mar		Right IJ triple lumen removed	<i>Staph aureus</i> in blood and wound	Surgical site infection w/ secondary BSI
21-Mar		Right IJ triple lumen placed		
23-Mar	Exploratory laproscope			
24-Mar	Temp = 100.7F			
25-Mar	Candida in wound			
27-Mar	Temp = 101		Staph Epi x2 in blood	CLABSI?
28-Mar	Temp = 101		Candida in wound	
30-Mar	Exploratory laproscope	Left subclavian triple lumen placed		
31-Mar	Exploratory laproscope			
2-Apr	Exploratory laproscope			
3-Apr	Re-open abdomen			
6-Apr	Exploratory laproscope	Right IJ triple lumen removed		

HAI Coordinator's Initial Impression-2: It seems the scenario may be viewed from two perspectives:

1. A secondary BSI was determined on March 20th. Should the blood cultures from March 26th be considered part of the original infection experience of the secondary BSI since March 26th is within the repeat infection time frame?
2. The *Staphylococcus epidermidis* blood cultures and spiked temperature identified on March 27th are not part of the site-specific CHOL infection.

This scenario was forwarded to NHSN@cdc.gov for consultation.

NHSN's Response-2:

There are only 2 ways to call a secondary BSI:

- 1) matching site specific infection culture and blood culture or
- 2) the positive blood culture is an element used to meet the primary site infection criterion.

You mention *Staph aureus* in blood and wound so you do have matching cultures on 3/20? Remember, Repeat Infection Timeframe (RIT) & Infection Window Period (IWP) don't apply to SSI. Since IWP and RIT don't apply to SSI, so the 2nd BSI attribution period, by name, also can't apply.

However, a 17-day period that includes the date of SSI event, 3 days prior and 13 days after is still used to attribute a BSI to an SSI. Since the SA+ blood falls within this time period, it appears the blood is a 2nd BSI. Looking at the

information provided, you've called an SSI w/2nd BSI on 3/20 (you don't mention which level but only deep and/or organ/space levels can have a 2nd BSI) attributable to the 3/13 surgery. If all of the 3 procedures noted were performed through the same incision, you'd use table 5 (9-21) to determine which procedure the SSI is attributable to. Normally, a liver resection falls into the "BILI" operative procedure category – it has the highest risk for subsequent SSI (#3 vs. GAST #7 & CHOL #17) so the SSI is probably going to the liver resection. Then, you note a new procedure - XLAP – on 3/23. This new operative procedure resets the surveillance time period (closes the surveillance period for the 3/13 procedures & opens a new surveillance period for the 3/23 procedure).

The St. Epi x2 blood cultures on 3/27 aren't automatically scooped up into the previous 2nd BSI call even though they technically fall into a secondary BSI attribution period. You'll once again have to meet SSI criteria in or around 3/27 to call this blood 2nd to SSI & if noted, a new SSI would be attributable to the 3/23 XLAP procedure. Since you do not have matching cultures (blood = St. Epi, wound = Candida) and because SSI criteria do not have +blood within the criteria, you'd need to meet organ/space SSI & use the positive blood culture as an element to meet a site-specific infection (such as IAB 3b). If you can't meet site-specific infection criteria using blood as an element, the blood is considered a primary BSI (CLABSI). I hope this information is useful, thanks for asking.

Conclusion-2: Facility counted a CLABSI on 3/27.

NHSN Announcements

Next Reporting Deadline is May 15, 2015,

ASC HCW Influenza Vaccine Deadline Extended to August 15, 2015

Acute Care Hospitals

Acute Care Hospitals that take part in the CMS Hospital IQR Program must report the following data into NHSN by the upcoming May 15, 2015 reporting deadline:

- Q4 2014 (October 1 – December 31) CLABSI and CAUTI data (ICU locations only)
- Q4 2014 (October 1 – December 31) COLO and HYST SSI data
- Q4 2014 (October 1 – December 31) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all HO and CO)
- Q4 2014 & Q1 2015 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

Inpatient Rehabilitation Facilities (including both free-standing hospitals and IRFs located within affiliated acute care/critical access hospitals)

Inpatient Rehabilitation Facilities (IRFs) that take part in the CMS IRF QRP must report the following data into NHSN by the upcoming May 15, 2015 reporting deadline:

- Q4 2014 (October 1 – December 31) CAUTI data (all bedded inpatient care locations)
- (NEW!) Q4 2014 & Q1 2015 (October 1 – March 31) Healthcare Personnel (HCP) Influenza Vaccination Summary data

Please note: Reporting of healthcare personnel influenza vaccination summary data is a new reporting requirement for IRFs. At this time only 35% of IRFs have entered these data into NHSN. These data must be entered into NHSN by **May 15, 2015** in order to be appropriately sent forward to CMS.

SPECIAL NOTE FOR IRF UNITS WITHIN ACH: IRF units that are located within affiliated acute care or critical access hospitals must submit a **separate** HCP summary vaccination record into NHSN that is specifically for the CMS licensed IRF unit(s). Therefore, acute care hospitals with an affiliated CMS licensed IRF unit will submit two separate HCP vaccination summary records into NHSN for the 2014-2015 influenza season reporting.

Helpful links for IRF HCP Influenza Vaccination reporting:

- IRF specific training slides: <http://www.cdc.gov/nhsn/PDFs/training/HCP-flu-Vaccination-Summary-Reporting-IRF-Training-Slides.pdf>
- Helpful tips for reporting: http://www.cdc.gov/nhsn/PDFs/CMS/IRF-Helpful_Tips%20_HCP_Flu_Vaccination8-2014.pdf
- How to verify HCP influenza vaccination data in NHSN: http://www.cdc.gov/nhsn/PDFs/CMS/IRF-CMS_IPPS_IRF-HCPFluVacc_LineList8-2014.pdf

Cancer Hospitals

Cancer Hospitals that participate in the CMS PPS-Exempt Cancer Hospital Quality Reporting Program must report the following data into NHSN by the upcoming May 15, 2015 reporting deadline:

- Q4 2014 (October 1 – December 31) CLABSI and CAUTI data (all bedded inpatient care locations)
- Q4 2014 (October 1 – December 31) COLO and HYST SSI data

****Attention Long-term Acute Care Facilities/Hospitals (LTAC/LTCH)****

Long-term Acute Care Facilities (LTACs/LTCHs) that take part in the CMS LTCH Quality Reporting Program must report the following data into NHSN by the upcoming May 15, 2015 reporting deadline:

- Q1 2015 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient care locations)
- (NEW!) Q1 2015 (January 1 – March 31) MRSA Bacteremia and *C. difficile* (CDI) LabID Events (FacWideIN, all HO and CO)
- (NEW!) Q4 2014 & Q1 2015 (October 1 – March 31) Healthcare Personnel (HCP) Influenza Vaccination Summary data

Please note: Reporting of MRSA Bacteremia and CDI LabID events and HCP influenza vaccination summary data are new reporting requirements for LTACs. At this time only 75% of LTACs have entered MRSA Bacteremia and CDI LabID data and only 54% of LTACs have entered HCP influenza vaccination summary data into NHSN. These data must be entered into NHSN by **May 15, 2015** in order to be appropriately sent forward to CMS.

Helpful links for LTAC MRSA Bacteremia and CDI LabID reporting:

- How to set up the NHSN facility and report LabID data: http://www.cdc.gov/nhsn/PDFs/CMS/Setting-Up-and-Reporting-LabID-Event_LTCH.pdf
- Helpful tips for reporting MRSA Bacteremia: http://www.cdc.gov/nhsn/PDFs/CMS/Helpful-Tips-for-MRSA-Blood-Reporting_LTCH.pdf
- Helpful tips for reporting CDI: http://www.cdc.gov/nhsn/PDFs/CMS/Helpful-Tips-for-CDI-Reporting_LTCH.pdf
- How to verify MRSA Bacteremia data in NHSN: http://www.cdc.gov/nhsn/PDFs/CMS/CMS_LTCH_PPS_MRSA_RateTable.pdf

- How to verify CDI data in NHSN: http://www.cdc.gov/nhsn/PDFs/CMS/CMS_LTCH_PPS_CDI_RateTable.pdf

Helpful links for LTAC HCP Influenza Vaccination reporting:

- LTAC specific training slides: <http://www.cdc.gov/nhsn/PDFs/training/HCP-flu-Vaccination-Summary-Reporting-LTAC-Training-Slides.pdf>
- Helpful tips for reporting: http://www.cdc.gov/nhsn/PDFs/CMS/LTAC-Helpful_Tips%20_HCP_Flu_Vaccination-8-2014.pdf
- How to verify HCP influenza vaccination data in NHSN: http://www.cdc.gov/nhsn/PDFs/CMS/LTAC-CMS_IPPS_HCPFluVacc_LineList8-2014.pdf

Please make sure at least one individual at your facility can access NHSN via SAMS and has been assigned appropriate user rights in NHSN so they may enter and view the facility's data. To ensure your data have been correctly entered into NHSN, please make sure to verify that: 1) your monthly reporting plans are complete, 2) you've entered appropriate summary and event data or checked the appropriate no events boxes, and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit our website and navigate to the appropriate section(s) for your facility type:

<http://www.cdc.gov/nhsn/cms/index.html>.

CMS Ambulatory Surgical Center Quality Reporting (ASCQR) Program Deadline Extended for ASC-8 (Healthcare Personnel Influenza Vaccination Data)

The annual deadline for ASCs to submit ASC-8: Influenza Vaccination Coverage among Healthcare Personnel data has been **extended to August 15, 2015** from the original date of May 15, 2015. ASCs now have until August 15, 2015 to report their healthcare worker influenza vaccination summary data for the 2014/2015 flu season (October 1, 2014 to March 31, 2015).

These data are to be reported to the National Healthcare Safety Network (NHSN) as a requirement of CMS' ASC Quality Reporting (ASCQR). To submit these data, ASCs must enroll in NHSN a **minimum** of 8 weeks before the new data submission deadline of **August 15, 2015**. If your ASC has not yet begun the enrollment process, it is important to do so immediately, as a further delay could cause you to not be enrolled in time to complete your facility's healthcare worker influenza vaccination reporting by the deadline. This extension is to ensure that ASCs have the maximum time possible to meet this important quality reporting requirement during this initial implementation year.

The Centers for Disease Control and Prevention outlines the NHSN enrollment process in their [5-Step Enrollment for Ambulatory Surgery Center Facilities](http://www.cdc.gov/nhsn/PDFs/ACS/ASC-EnrollmentChecklist.pdf), <http://www.cdc.gov/nhsn/PDFs/ACS/ASC-EnrollmentChecklist.pdf>, and provides [tools and resources](#). For ASCs needing assistance with locating their CMS Certification Number (CCN), a [Look-Up tool](#) is available from the ASCQR Program Support Contractor.

To aid ASCs in the NHSN enrollment process, an educational session with CDC is planned; additional information regarding this session will be available in the near future. For any other questions related to NHSN enrollment or reporting, please contact the NHSN Helpdesk at NHSN@cdc.gov.

The Time is Now

Sign up to reduce Healthcare-Associated Infections and receive exclusive benefits

As a hospital committed to the highest quality of care, we invite you to join Quality Insights' Reducing Healthcare-Associated Infections in Hospitals Learning and Action Network (LAN). We are finalizing our list of participants very soon, but we still have a slot for you.

Upon signing your participation agreement, you'll have immediate access to technical assistance, tools and resources from people who share your commitment to quality care and understand the daily pressures of hospital life and the perils of project fatigue. In short, we've designed our LAN to give you all of the good stuff, with none of the hassle.

The Benefits of Participating

Get everything you need to support your quality improvement efforts, with no extra time commitment on your part. Use as many or as few resources as you like. The following FREE benefits are just for our network collaborators.

- **Access to a Network RN Quality Improvement Specialist, dedicated to making a difference in your facility.** Get ongoing help with the National Healthcare Safety Network (NHSN), interpreting data, and implementing interventions most likely to make a difference. Plus receive assistance with value based purchasing programs.
- **Benchmarking reports based on NHSN data your facility is already submitting.** Find out how you stack up against hospitals in Louisiana and across our five state network through concise and comprehensive data reports delivered monthly via a secure portal.
- **Free online, anytime CEUs for your nurses and more.** Access regular e-learning opportunities, evidence-based tools and resources, news, and discussion boards.
- **Networking opportunities.** Participate in online events, such as live chats and webinars, to learn from experts and share successful quality strategies and lessons learned with other infection prevention staff from five states.

As mentioned, our sign-up period is closing soon, so we encourage you to **contact us today**:

- Jane Ehrhardt, RN (jane.ehrhardt@hcqis.org)
- Heather Banker, RN (heather.banker@hcqis.org)
- Beth Hoover, RN, MSN (beth.hoover@hcqis.org)



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1 needle
1 syringe
+ 1 time

0 infections



It's elementary!

Patients and healthcare providers must insist on nothing less than ***One Needle, One Syringe, Only One Time*** for each and every injection.

For more information, please visit:

OneandOnlyCampaign.org

The *One & Only Campaign* is a public health effort to eliminate unsafe medical injections. To learn more about safe injection practices, please visit OneandOnlyCampaign.org.



For the latest news and updates, follow us on Twitter @injectionsafety and Facebook/OneandOnlyCampaign.

