

HEALTHCARE ASSOCIATED INFECTIONS INITIATIVE

In the know

A Quarterly Newsletter for
Infection Preventionists

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FY2012 CMS IPPS Reporting Update

Hospitals licensed as acute care facilities must currently report the following infections to CDC's National Healthcare Safety Network (NHSN): Central Line-Associated Bloodstream Infections (CLABSI) in adult and neonatal intensive care units; Catheter-Associated Urinary Tract Infections (CAUTI) in adult and neonatal intensive care units; and abdominal hysterectomy and colon surgeries. Since January 2012, dialysis centers have been required to report CLABSI through the same avenue. Beginning October 2012, long-term acute care hospitals (LTACHs) will have to report CLABSI and CAUTI, and inpatient rehabilitation facilities will begin to report CAUTI. Beginning January 2013, acute care hospitals will have additional reporting requirements including the following: MRSA Bacteremia/ *Clostridium difficile* and healthcare worker influenza vaccination. Surgical requirements for outpatient surgery and ambulatory surgery centers are underway but have yet to be announced.

CDC's partnership with CMS to complete infection reporting is a step toward transparency of HAI data. Acute care hospitals are currently reported through www.healthfinder.gov; however, Louisiana does not require mandatory reporting of healthcare-associated infections. Hospitals are encouraged and incentivized by CMS to document infection surveillance through NHSN as part of the pay for reporting trend. The Healthcare-Associated Infections Program through Infectious Disease Epidemiology offers training and analytical assistance for facilities that are currently or are interested in participating in the CMS IPPS program. Statewide NHSN trainings will be held for the third year in the following cities:

- October 22 from 9:00 – 12:30 a.m. at East Bank Regional Library, Metairie
- October 30 from 8:30 – 12 noon at Willis-Knighton Bossier, Bossier City
- October 31 from 8:30 a.m. – 12 noon at the Region 6 Office of Public Health, Alexandria

A registration link for the NHSN trainings is available through the Healthcare-Associated Infections page on the Infectious Disease Epidemiology website. Past presentations and recordings and other resources are available on the same page according to healthcare provider type. Learnlinc on-demand recordings of NHSN trainings are available as well. A dialysis training will be offered for outpatient dialysis centers and interested healthcare professionals on October 25th in Kenner, LA. The dialysis training will be presented by Network 13. Visit the HAI page for registration materials and further contact info. For questions on the HAI program, email erica.washington@la.gov.

Carbapenem-resistant Enterobacteriaceae (CRE)

CRE, which stands for carbapenem-resistant Enterobacteriaceae, are a family of germs that are difficult to treat because they have high levels of resistance to antibiotics. *Klebsiella* species and *Escherichia coli* (*E. coli*) are examples of Enterobacteriaceae, a normal part of the human gut bacteria that can become carbapenem-resistant.

Healthy people usually do not get CRE infections. In healthcare settings, CRE infections most commonly occur among patients who are receiving treatment for other conditions. Patients whose care requires devices like ventilators (breathing machines), urinary (bladder) catheters, or intravenous (vein) catheters, and patients who are taking long courses of certain antibiotics are most at risk for CRE infections.

Some CRE bacteria have become resistant to most available antibiotics. Infections with these germs are very difficult to treat, and can be deadly—one report cites they can contribute to death in 40% of patients who become infected.

CDC is working to better understand the true number of infections caused by these organisms in the US. Unlike other drug-resistant infections, CRE infections are not a nationally reportable or notifiable disease. Therefore, there is not a requirement to report to CDC. CDC collects information on CRE from two surveillance systems:

Emerging Infections Program (EIP) –

Healthcare Associated Infections Community Interface (HAIC) uses 10 sites across the country to determine which patients and community members have or are at risk for CRE and *Acinetobacter*. ([Multi-site resistant Gram-negative Surveillance Initiative \(MuGSI\)](#))

[National Healthcare Safety Network \(NHSN\)](#) – tracks healthcare-associated infections of more than 9,000 facilities nationwide.

- [Multidrug-resistant organism module](#)
- [Antimicrobial-Resistant Pathogens Associated With Healthcare-Associated Infections: Annual Summary of Data Reported to the NHSN at CDC, 2006–2007](#)  [\[PDF - 796 KB\]](#)

National Healthcare Safety Network to Update September 14th

CDC's [National Healthcare Safety Network](#) (NHSN) will be updating on the evening of **Friday, September 14th**. Below are the major updates:

Dialysis Event – electronic submission capability

In this release, NHSN is now able to accept Dialysis Event numerator and denominator data electronically via a Clinical Document Architecture (CDA) file import. This electronic reporting capability will help to ease the time and effort burden of manual data entry for NHSN users. Dialysis facilities who are interested in reporting to NHSN using the CDA import should work with their parent organizations or electronic medical record software vendors to create properly formatted CDA files that can be submitted to NHSN. Questions about electronic reporting to NHSN via CDA can be sent to the NHSN CDA Helpdesk at nhsncda@cdc.gov.

Long-Term Care Facility Component

CDC is also releasing a new tracking component, allowing nursing homes and other long-term care facilities to monitor healthcare-associated infections. The new NHSN component allows facilities to track *Clostridium difficile*, drug-resistant infections such as methicillin-resistant *Staphylococcus aureus* (MRSA), urinary tract infections, and healthcare worker adherence to basic infection control procedures including hand hygiene and glove and gown use. [NHSN's long-term care component](#) is ideal for use by: nursing homes, skilled nursing facilities, chronic care facilities, and assisted living and residential care facilities. To access or enroll your facility in NHSN's long-term care component, see CDC's website: <http://www.cdc.gov/nhsn/LTC/index.html>

Healthcare Worker Influenza Vaccination

Acute care hospitals participating in the Centers for Medicare & Medicaid Services' Inpatient Prospective Payment System (IPPS) Hospital Inpatient Quality Reporting Program will be required to submit summary data on influenza vaccination of healthcare personnel via the Centers for Disease Control and Prevention's [National Healthcare Safety Network](#) (NHSN) beginning on January 1, 2013 for the 2012-2013 influenza season. Hospitals will be asked to report vaccinations received by healthcare personnel at the facility, vaccinations received outside the facility, medical contraindications and declinations. Data must be reported for all employees on payroll, licensed independent practitioners (who are physicians, advanced practice nurses, and physician assistants affiliated with the hospital but not on payroll), and students, trainees, and volunteers aged 18 or older. Only healthcare personnel physically working in the facility for at least 30 days between October 1 and March 31 should be counted. Acute care hospitals planning to report healthcare worker influenza vaccination summary data should refer to the [operational guidance](#). The new Healthcare Personnel Influenza Vaccination Summary protocol, report form, and table of instructions are now posted on the HPS Vaccination Module page: http://www.cdc.gov/nhsn/hps_Vacc.html.

Information on Healthcare Personnel Influenza Vaccination Reporting

Acute care hospitals participating in the Centers for Medicare & Medicaid Services' Inpatient Prospective Payment System (IPPS) Hospital Inpatient Quality Reporting Program will be required to submit summary data on influenza vaccination of healthcare personnel via the Centers for Disease Control and Prevention's [National Healthcare Safety Network](#) (NHSN) beginning on January 1, 2013 for the 2012-2013 influenza season. **The NHSN module for reporting these data will be available on September 14, 2012.** Corresponding training materials, protocol, forms and instructions will be available on the NHSN website on September 7, 2012. Healthcare facilities may begin reporting data for the 2012-2013 influenza season prior to January 1, 2013; however these data are not required by the CMS rule.

Hospitals will be asked to report vaccinations received by healthcare personnel at the facility, vaccinations received outside the facility, medical contraindications and declinations. Data must be reported for all employees on payroll, licensed independent practitioners (who are physicians, advanced practice nurses, and physician assistants affiliated with the hospital but not on payroll), and students, trainees, and volunteers aged 18 or older. Only healthcare personnel physically working in the facility for at least 30 days between October 1 and March 31 should be counted. The NHSN reporting form for the healthcare personnel influenza vaccination module is attached to this message.

Acute care hospitals planning to report healthcare personnel influenza vaccination summary data should make sure their facility is enrolled in NHSN, the Healthcare Personnel Safety Component is activated, and that personnel who will be entering these data for the hospital (e.g. employee health staff) are given user rights to the component. Within the Healthcare Personnel Safety Component, monthly reporting plans must be created or updated to include healthcare personnel influenza vaccination summary reporting, before data can be entered.

Please feel free to disseminate this information to your listservs. Attached is the healthcare personnel summary reporting form. Additional information will be provided to you on **September 14th**, to announce the availability of the NHSN module.



Healthcare Personnel Influenza Vaccination Summary

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*required for saving

Record the number of healthcare personnel (HCP) for each category below for the influenza season being tracked.				
*Facility ID#:				
*Vaccination type: Influenza	*Influenza subtype ^a : <input type="checkbox"/> Seasonal	*Influenza Season ^b :	Date Last Modified: ___/___/___	
	Employee HCP	Non-Employee HCP		
	*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	*Adult students/trainees & volunteers	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 30 days between October 1 & March 31				
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season				
4. Number of HCP who have a medical contraindication to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				
Custom Fields				
Label		Label		
_____	___/___/___	_____	___/___/___	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Comments				
^a For the purposes of NHSN, influenza subtype refers to whether seasonal or non-seasonal vaccine is used. Seasonal is the default and only current choice. ^b For the purposes of NHSN, a flu season is defined as July 1 to June 30.				
Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). CDC 57.214 v7.0				

Healthcare Personnel Influenza Vaccination Summary

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Question 1 (Denominator) Notes:

- Include all HCP who have worked at the facility for at least 30 working days during the reporting period, regardless of clinical responsibility or patient contact. This includes HCP who joined after October 1 or left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day.
- Include both full-time and part-time persons. If an HCW works in two or more facilities, each facility should include the HCW in their denominator. Count HCP as individuals rather than full-time equivalents.
- Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.
- The HCP categories are mutually exclusive. Each HCP should be counted only once in the denominator (question 1).

Questions 2-6 (Numerator) Notes:

- Questions 2-6 are mutually exclusive. The sum of the HCP in questions 2-6 should equal the number of HCP in question 1 for each HCP category. Questions 2-6 are to be reported separately for each of the three HCP categories.
- Only the following HCP should be counted in question 4: HCP with (1) a severe allergic reaction to eggs or other vaccine component(s) or (2) a history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination.
- The following should be counted in question 5 (declined to receive influenza vaccine):
 - HCP who declined vaccination because of conditions **other than** those included in question 4.
 - HCP who declined vaccination and did not provide any other information.
 - HCP who did not receive vaccination because of religious exemptions.
 - HCP who deferred vaccination for the entire influenza season (i.e. from October 1 to March 31).

ESRD NETWORK 13



4200 Perimeter Center Drive, Ste. 102
Oklahoma City, OK 73112
www.network13.org
405.942.6000

Please join us for the ESRD Network 13

Fall 2012

**Professional Mentoring
Workshop Series**

October 4th: Tulsa, OK

Embassy Suites Hotel
3332 South 79th East Avenue
Tulsa, OK 74145
918.622.4000
Register Online: www.regonline.com/NW13_Tulsa

October 25th: Kenner, LA

Pontchartrain Convention Center
4545 Williams Blvd., Kenner, LA 70065
For hotel arrangements, contact Hotel Kenner
504.712.0504
www.hotel-kenner.com
Register Online: www.regonline.com/NW13_Kenner

November 15th: Little Rock, AR

Holiday Inn Airport Conference Center
3201 Bankhead Drive, Little Rock, AR 72206
501.490.1000
Register Online: www.regonline.com/NW13_LR



Presenters

Susan Cronin, MSN, RN
Southern Horizons
Brentwood, TN

Ray Dantes, MD
CDC - Atlanta, GA (LA meeting)

Linda Duval, BSN, RN
ESRD Network 13

Krissy Eskew
Little Rock, AR

Dennis Fontenot
Kenner, LA

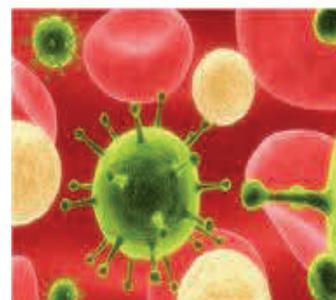
Darrell Foster
Tulsa, OK

Amber Harper, MSW, LCSW
ESRD Network 13

Alexander Kallen, MD, MPH
CDC - Atlanta, GA (AR meeting)

Matt Wise, PHD
CDC - Atlanta, GA (OK meeting)

Sandra Woodruff, MPSH
ESRD Network 13



Accreditation

This activity has been submitted to the American Nephrology Nurses' Association for approval to award contact hours. The American Nephrology Nurses' Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Meeting Objectives:

- Identify clinical issues related to the care of ESRD Patients.
- Expand your current knowledge base in improving quality of care for ESRD patients.
- Identify strategies to improve ESRD patient outcomes, including patients experience of care.

Target Audience:

The 2012 Professional Mentoring Workshops are open to all members of the ESRD Community: dialysis and transplant facility administrators, dietitians, nurses, patients, pharmacists, physicians, social workers, surveyors, technicians and other interested health care professionals.

Continuing Education Credits

Continuing education credits will be available for Nurses, Patient Care Technicians, Social Workers and Dietitians. The number of credit hours will be determined at a later date.

Technicians can submit the ANNA certificate of participation to NANT, Bonent, and the National Nephrology Certification Commission (NNCC) for reciprocal credit.

This program has been submitted to the Commission on Dietetic Registration for Continuing Professional Education Credits.

Approved Continuing Education Provider 2012: Oklahoma State Board of Licensed Social Workers.



**Refreshment
break sponsored
by our vendors!**

Agenda

Tulsa, OK - Kenner, LA - Little Rock, AR

7:00	Coffee, Registration, and Exhibits	
8:00	Welcome! Network 13 Update, Patient Speaker Introductions	Sandra Woodruff, MSPH Executive Director, ESRD Network 13
8:40	A Patient's Perspective	Tulsa: Darrel Foster Kenner: Krissy Eskew Little Rock: Dennis Fontenot
9:00	Update on Infection Control Indicators in Network 13	Linda Duval, RN, BSN Quality Improvement Director ESRD Network 13
9:45	Refreshment Break / Exhibitors	
10:00	CDC Keynote	Tulsa: Matt Wise, PhD Kenner: Ray Dantes, MD Little Rock: Alexander Kallen, MD, MPH
11:30	Lunch and Network Council Meeting	
12:40	Breakout Session 1 Vitamin D: Dual Pathways	Susan Cronin, RN, MS, Director of Clinical Services, Southern Horizons
	Breakout Session 2 ICH-CAHPS	Amber Harper, MSW, LCSW Patient Service/Outreach Director ESRD Network 13
2:10	Afternoon BREAK	
2:25	Compassion Fatigue	Amber Harper, MSW, LCSW Patient Service/Outreach Director ESRD Network 13
3:25	Q&A/Discussion	
3:30	Closing/Evaluations	

Registration

Please register online! Cost is \$40 to pre-register online, and \$45 for late or on-site registration.

Tulsa: www.regonline.com/NW13_Tulsa

Kenner: www.regonline.com/NW13_Kenner

Little Rock: www.regonline.com/NW13_LR

Early bird deadline is 10 days prior to the workshop date.



ESRD NETWORK 13

4200 Perimeter Center Drive Suite 102
Oklahoma City, OK 73112-2314

**Agenda and
Registration
information inside!**

NW13 2012 Professional Mentoring Workshops

Featured CDC Speakers

Tulsa, OK CDC Speaker:

Matthew Wise, MPH, PhD

Dr Wise is an epidemiologist in the Division of Healthcare Quality Promotion at CDC. His work includes modeling healthcare-associated infection burden, prevention and control of viral hepatitis, and using information and other technologies to improve surveillance and infection prevention in hemodialysis settings.

Kenner, LA CDC Speaker:

Ray Dantes, MD, MPH

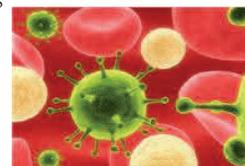
CDC Epidemic Intelligence Service Officer in Division of Healthcare Quality Promotion. Dr. Dantes has investigated domestic and international outbreaks of healthcare associated infections. He is currently leading projects on national surveillance of Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile.

Little Rock, AR CDC Speaker:

Alexander Kallen, MD, MPH

A CDC Medical Officer for 6 years, Dr. Kallen serves as a subject matter expert in multidrug-resistant organisms (MDRO). He is founder and co-leader of CDC Dialysis Collaborative. He has multiple publications in area of presenting infections in dialysis settings and the control of MDROs.

*Don't forget
to visit our
exhibitors!*



Additional Information

Payment, Cancellation and No-Show Policies: Your payment (\$40 per attendee up to 10 days prior to your session and \$45 thereafter) covers the administrative costs associated with applying for continuing educational credits, and your luncheon. Fees are non-refundable after the due date. Substitutions are welcome.

Suggested Attire: Business casual clothing and comfortable shoes are recommended. Meeting space environments vary. ESRD Network 13 has no control over meeting room space temperature.

Photographs: ESRD Network 13 occasionally uses photographs of participants in its newsletter or on its website. Your confirmed attendance gives the Network permission to publish and utilize photos that are obtained during the Educational Workshops.