West Virginia Healthcare-Associated Infection Reporting Guide

October 19, 2011

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Contents

This Guide was developed by the West Virginia Health Care Authority, in collaboration with the West Virginia Healthcare-Associated Infection Control Advisory Panel.

I. Protocols and Procedures

A. Legislative Authority

Pursuant to West Virginia Code §16-5B-17, West Virginia hospitals were to begin collecting and reporting data on healthcare-associated infections (HAI) on July 1, 2009. The statute requires the West Virginia Health Care Authority to convene the West Virginia Healthcare-Associated Infection Control Advisory Panel, whose duty is to assist the Health Care Authority in performing the following activities:

- Provide guidance to hospitals in their collection of information regarding healthcare-associated infections;
- Provide evidence-based practices in the control and prevention of healthcare-associated infections;
- Develop plans for analyzing infection-related data from hospitals;
- Develop healthcare-associated advisories for hospital distribution; and
- Determine a manner in which reporting of healthcare-associated infections is made available to the public in an understandable fashion.

HAI data are to be submitted by non-federal hospitals, excluding state psychiatric facilities, to the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN), in accordance with reporting guidelines determined by the Infection Control Advisory Panel and protocols established by NHSN. The Health Care Authority is to report in January of each year to the legislative oversight committee on health and human resources accountability, beginning in the year 2011. The report is to include summaries of the results of the required reporting and the work of the Infection Control Advisory Panel.

Additional information on the West Virginia Healthcare-Associated Infection Control Advisory Panel can be accessed at www.hcawv.org/Infect/InfectHome.htm.

B. Reporting Requirements and Instructions

Initially, the West Virginia Healthcare-Associated Infection Control Advisory Panel chose two measures for public reporting effective July 2009. Since then, CMS has defined HAI reporting requirements for hospitals participating in the Hospital Inpatient Quality Reporting Program. To the extent possible, the Panel has developed West Virginia HAI public reporting requirements to be consistent with CMS requirements, to reduce the reporting burden among hospitals. Detailed reporting requirements and related resources are outlined below. Refer to Table 1 on page 5 for a summary of the requirements.

1) Healthcare Personnel Influenza Vaccinations

    a. Due to the complexity of the NHSN Healthcare Personnel Influenza Vaccination module, this module is not required to be implemented at this time. Rather, information related to personnel influenza vaccinations should be submitted by all non-federal hospitals (excluding state psychiatric facilities) to the West Virginia Health Care Authority, as requested on the provided forms (i.e., *Monthly Vaccination Record* and *Hospital Seasonal Influenza Vaccination Survey*).

    b. Use the *Monthly Vaccination Record* to report aggregated monthly counts of personnel receiving influenza vaccinations based on the following guidelines:

        i. Only report counts of **seasonal** influenza vaccinations received during the months of September through March.

        ii. Only include personnel employed directly by the hospital. **Do not** include counts for personnel not directly employed by the hospital, such as contract staff, volunteers, students, clergy, etc.

        iii. Indicate whether or not the reported counts include employees who received a vaccination off-site (i.e., at a facility/site other than your hospital).

        iv. Report the number of personnel employed directly by the hospital as of the first day of the month your hospital vaccination program began. Each month thereafter, report the number of new personnel hired that month. The sum of these counts is the total number of personnel employed directly by the hospital that were eligible to receive a vaccination during the influenza season. This count is used as the denominator when calculating the hospital vaccination rate.

     v.   Update and return the *Monthly Vaccination Record* to the Health Care Authority at the address and by the dates indicated on the form.

c. The *Hospital Seasonal Influenza Vaccination Survey* collects general information about the facility and details regarding the hospital vaccination program. The survey is adapted from NHSN's *Healthcare Personnel Safety Component Annual Facility Survey* and *Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel*. The survey must be completed and returned to the Health Care Authority by April 30 each year. The final survey and submission instructions are disseminated to hospitals in March each year.

2) Central Line-associated Blood Stream Infections (CLABSI)

a. Between July 2009 and December 2010, CLABSI were required to be reported for Medical, Surgical, and Medical/Surgical ICUs. Beginning January 2011, CLABSI are required to be reported for all ICUs.

3) Catheter-Associated Urinary Tract Infections (CAUTI)

a. Hospitals <u>with</u> an ICU must report CAUTI for all adult and pediatric ICUs, beginning January 2012.

b. Acute care and critical access hospitals <u>without</u> an ICU must report CAUTI for Inpatient Medical Wards, Inpatient Medical/Surgical Wards, and Adult Mixed Acuity Units, beginning January 2012.

4) Surgical Site Infections (SSI)

a. Beginning January 2012, SSI are required to be reported for colon and abdominal hysterectomy procedures.

5) General Requirements for NHSN Reporting

a. Data must be collected and reported in accordance with NHSN methods and protocols. Detailed guidance on NHSN SSI surveillance methods can be accessed at: http://www.cdc.gov/nhsn/psc.html.

b. Each unit/location in your hospital must be "mapped" in NHSN to a listed CDC Location. The CDC Location code that you choose is determined by the type of

patients cared for in that area according to the 80% Rule. That is, if 80% of patients are of a certain type (e.g., pediatric patients with orthopedic problems) then that area is designated as that type of location (in this case, an Inpatient Pediatric Orthopedic Ward). This method must be used to define your units in NHSN, regardless of the name you use to define that unit in your hospital. It is important that your locations are mapped correctly. The data you submit to NHSN is analyzed in comparison to data from units of the same type. Therefore, if your unit is inaccurately mapped in NHSN, analysis results (such as the standardized infection ratio) will not be accurate for your hospital.

The following Q&A from the March 2011 NHSN newsletter provides additional guidance on mapping your locations and the use of the Mixed Acuity location. (www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_MAR_2011_final.pdf)

Q: Our critical care unit is actually both a medical critical care and step-down unit because we don't have a stepdown unit in our hospital. So would the location designation for this type of unit be "Mixed Acuity" ward and if yes, would CLABSIs need to be reported for participation in the Centers for Medicare and Medicaid Services' (CMS) Hospital Inpatient Quality Reporting Program?

A: The location type "Mixed Acuity" ward location was created to capture data for patient care areas that have a mixture of patients of various acuity levels. This includes areas with patients of differing acuity levels present at the same time, as well as those that utilize a "Universal Bed" patient care model. In a Universal Bed system, one patient will occupy the same bed over the course of a hospitalization receiving critical, step down, and ward level care without reassignment to different beds or patient care areas. Because this location type will include patients at various levels of risk for HAI, the usefulness of data aggregated across facilities for HAI prevention has not yet been determined. The following guidance is provided for determining the appropriateness of the use of this location type in your facility.

1. When mapping your locations to CDC location descriptions, apply the 80% rule. If 80% of the patients are of a certain type (e.g., medical critical care patients) then that area is designated as that type of location (in this case, an Inpatient Medical Critical Care).

2. If the 80% rule cannot be met, you should determine if there is a way of separating the medical critical care and step-down patient data (infection events, device days, and patient days). If this is possible, the unit should be "divided" into 2 separate location types and appropriately mapped. In the example given, this would yield a MICU location and a

step-down location. Remember that the purpose for location designation is to group patients of similar risk for HAI to permit internal and external comparison with like patient care areas.

3. Only if neither 1 nor 2 can be accomplished, can the unit be labeled a Mixed Acuity ward location.

Please be aware, based on CMS information that is currently available, Mixed Acuity wards do not have to report CLABSI data to CMS for the Quality Reporting Program. Your Quality Improvement or CMS-compliance staff may be able to provide further guidance on CMS reporting requirements. Please contact the NHSN helpdesk (nhsn@cdc.gov) if you have any questions about location mapping.

c. Data are to be submitted to NHSN within 30 days after the month's end.

d. Appropriate rights must be conferred to the West Virginia Health Care Authority to access the data submitted to NHSN, as specified in Section II.C of this Guide.

Table 1
West Virginia HAI Public Reporting Requirements

Measure	Hospital/Unit/Procedure	Effective Date	Method	Frequency
Central Line-Associated Blood Stream Infections (CLABSI)	Medical, Surgical, Medical/Surgical ICUs	July 2009	NHSN	Monthly
	All ICUs*	January 2011	NHSN	Monthly
Healthcare Personnel Seasonal Influenza Vaccinations	All hospitals, excluding state psychiatric hospitals and rehabilitation hospitals	Sept. 2009	HCA	Monthly Sept - March
	Rehabilitation hospitals	Sept. 2010	HCA	Monthly Sept - March
Catheter-Associated Urinary Tract Infections (CAUTI)	All adult and pediatric ICUs*	January 2012	NHSN	Monthly
	Medical, surgical, and adult mixed acuity units in acute care and critical access hospitals that do not have an ICU	January 2012	NHSN	Monthly
Surgical Site Infections (SSI)	Colon and Abdominal Hysterectomy Procedures*	January 2012	NHSN	Monthly

*This measure is required by the CMS Hospital Inpatient Quality Reporting Program.

II. NHSN Enrollment and Group Membership

A. Enrolling in NHSN

Facilities must be enrolled in NHSN to submit data to the system. Your hospital must identify a facility administer to enroll in NHSN. All personnel that will be using NHSN must complete the appropriate training before enrolling in or using NHSN. At the completion of the required training, each user must apply to CDC for a digital certificate to access NHSN. This process may take a few days and require assistance from your hospital's IT staff. Detailed instructions on NHSN enrollment can be accessed at: http://www.cdc.gov/nhsn/enroll.html.

As part of the enrollment and initial set-up process, you should complete the Annual Facility Survey and map your hospital units to the CDC Locations defined in NHSN. Refer to Section I.B.5.b of this guide for additional information on mapping your locations.

B. Joining a West Virginia Reporting Group in NHSN

Once enrolled in NHSN, hospitals must join a NHSN group in order to confer rights to the Health Care Authority to access the data required for public reporting. Follow the steps below to join the "West Virginia HAI Reporting" Group.

1) Log-in to NHSN

2) On the navigation bar (left side of screen), click "Group" and select "Join." The "Memberships" screen will appear (see Figure 1).

3) Enter the following Group ID and Password:
   Group ID = 14840
   Password = wvhaigroup

4) Click "Join Group." A message will appear indicating that you have joined the group "West Virginia HAI Reporting." You will be asked to review and accept the Confer Rights Template developed by the Health Care Authority. Accepting this template will allow the Health Care Authority to access your data required for public reporting, as defined in the template. Refer to Section II.C of this guide for additional information on the Confer Rights Template.

Figure 1 – NHSN Group Memberships Screen

C. Conferring Rights to the Health Care Authority

Hospitals must allow the Health Care Authority to access the data submitted to NHSN that is required for West Virginia HAI public reporting. Conferring rights to these data enables only the Health Care Authority to view and analyze your facility's de-identified HAI data. Group members/facilities will not be able to view or analyze any data reported by other group members/facilities.

In June 2011, NHSN revised the method for hospitals to confer rights to groups to which they belong. Now, group administrators, such as the Health Care Authority, must create a Confer Rights Template within NHSN to be reviewed and accepted by group members. This template details the data that the Health Care Authority should have access to, based on the reporting requirements outlined in this Guide. Upon joining the group, facility administrators are prompted to review and accept the template. Hospitals that are already members of the group will receive a notification the next time the facility administrator logs in to NHSN that a Confer Rights Template is available for review. This change in NHSN requires all hospitals to review and accept the new Confer Rights Template, even if the hospital has previously conferred rights to the Health Care Authority.

If, at a later date, the Health Care Authority makes a change to the template (e.g., to request access to revised or additional data), hospitals will be prompted, at the next NHSN log-in, to review and accept the new template.

The Health Care Authority will only gain access to the data included on the Confer Rights Template. Data submitted by hospitals to NHSN that are not included in the template will not be accessible by the Health Care Authority. The Health Care Authority will have access to the data, as defined in the template, until the hospital leaves the group.

A sample and description of the Confer Rights Template developed by the Health Care Authority is available and has been distributed to all HAI contacts. Be aware of the following guidelines when reviewing the template:

1) Not all hospitals are required to report all of the data included in the Confer Rights Template. If a data element is not required for your facility check "N/A" on the Confer Rights template for that data element. Refer to Section B and Table 1 of this guide for the reporting requirements that relate to your hospital.

2) On the confer rights template, the Health Care Authority indicated the "Location Type" and "Location" for which the reporting is required (e.g., medical critical care units). When you receive the template, the "Your Locations" field will be populated with the units you mapped in NHSN that meet the criteria defined by the Health Care Authority (e.g., medical critical care units). Review this list and ensure that all of the units in your hospital that meet the criteria are included. It is essential that your hospital units are correctly mapped in NHSN. Refer to Section I.B.5.b for additional information on mapping locations. If a location is not included in the "Your Locations" list, then it is either not mapped in NHSN or inaccurately mapped to a different location type.

III. Technical Assistance

For additional information related to NHSN protocols, policies, or methods, refer to the following NHSN resources:

- Website: www.cdc.gov/nhsn
- Training Documents and Webcast Lectures: www.cdc.gov/nhsn/training.html
- Resource Library: www.cdc.gov/nhsn/library.html
- Email Contact: NHSN@cdc.gov

For additional information related to this Guide or West Virginia HAI public reporting requirements, please contact: Amy Wenmoth, Director of Clinical Analysis (304-558-7000 x256, awenmoth@hcawv.org) or Phil Meadows (304-558-7000 x209, pmeadows@hcawv.org).