

Healthcare-Associated Infection Prevention Hospital Edition Newsletter September 2014

Department of Health (Department) Updates

Long Term Acute Care Hospitals MDRO Reporting

Beginning January 2015, long-term acute care hospitals (LTACHs) will be required to begin reporting methicillin-resistant staphylococcus aureus (MRSA) bacteremia and C. difficile LabID events to the National Healthcare Safety Network (NHSN) to comply with the U.S. Centers for Medicare and Medicaid Services (CMS) 2015 Long-Term Care Hospital Quality Reporting requirements.

LTACHs should report C. difficile and MRSA LabID events using the facility-wide inpatient (FacWideIN) location continuously. C. difficile and MRSA LabID event reporting should be included in the monthly reporting plan, using the FacWideIN location for the entire year.

Helpful tips:

- Summary data must be entered every month.
- Surveillance for neonatal intensive care units (NICU), well baby nurseries, specialty care nurseries (SCN) and babies in labor, delivery, recovery and post-partum (LDRP) locations must be removed from denominator counts (admissions, patient-days) when conducting surveillance for C. difficile using facility-wide monitoring.
- MRSA and C. difficile LabID event reporting uses a different reporting pathway in NHSN, so healthcare-associated infections (HAIs) and LabID events must be reported separately. Each event must be reported individually if it meets the applicable criteria, one as an HAI event and another as a LabID event.
- Written patient notification is required only for those events that meet the HAI event criteria, not for the LabID event criteria.
- The Patient Control Number is not required to be entered into the comment field for LabID events. It is still required for the HAI infections but will not be needed for LabID reporting.
- For infection surveillance: answer the multidrug-resistant organism (MDRO) question as “yes” for any event that involves a positive culture matching the pathogen and unit chosen in the monthly reporting plan.

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Influenza 2014-15 Season

Although influenza seasons are generally considered to start in October, sporadic reports of influenza over the summer are not uncommon. This happens because the timing and intensity of flu activity is unpredictable and can vary from one season to another.

The 2012/13 season serves as a reminder that influenza seasons can start early and cause intense illness before many people are prepared or vaccinated. Early seasons also serve as a reminder that clinicians should recommend influenza vaccination when indicated and consider influenza diagnostic testing in persons presenting with flu-like symptoms as early as October.

The 2014/15 surveillance season will begin shortly. The Department of Health will be posting weekly flu updates on the [department website](#).

Healthcare Personnel Safety Component

Ambulatory surgical centers (ASCs) that participate in the CMS Ambulatory Surgical Center Quality Reporting (ASCQR) Program must report healthcare personnel (HCP) influenza vaccination summary data via the Centers for Disease Control and Prevention's [National Healthcare Safety Network](#) (NHSN) beginning on Oct. 1, 2014, for the 2014-2015 influenza season (October 1 through March 31).

Please note:

- Each CMS-licensed ASC with an ASC CMS certification number (CCN -10 digits with a "C" in the 3rd position) should enroll in NHSN as a separate facility (i.e., they will have a unique NHSN OrgID), even if they are owned by or affiliated with a healthcare system or acute care hospital.
- If an ASC has the same CCN as the hospital, it should not be enrolled in NHSN as separate facility. The HCP vaccination information for the ASC may continue to be included in the HCP data submitted by the hospital.

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Resources and Information

Healthcare Personnel Safety Component Training

The CDC has recently updated the training and [protocol](#) for the Vaccination Module within in the Healthcare Personnel Safety Component (HCP) in NHSN. The new training slides include [general training](#) for the HCP and individualized training for [acute care](#), [inpatient rehabilitation](#) and [long-term care](#) facilities, as well as [ambulatory surgical centers](#).

Change in NHSN Facility Administrator

The person who enrolls a facility in NHSN is designated as the NHSN facility administrator. Only the NHSN facility administrator can reassign his/her role to another user. It is important that the NHSN facility administrator reassigns this role to another NHSN user when his or her job tasks at the facility change or if he/she will be leaving the facility. It is also recommended that facilities have two users with NHSN administrative rights.

NHSN Contact Information

For NHSN help, please send an email to: nhsn@cdc.gov.

Remember to include the facility five-digit NHSN assigned ID number with your question.

CDC's NHSN website: www.cdc.gov/nhsn

Websites	Infection Control Plans
<p>www.oneandonlycampaign.org</p> <p>www.health.state.pa.us</p> <p>www.patientsafetyauthority.org</p> <p>www.phc4.org</p> <p>www.apic.org</p> <p>www.shea-online.org</p>	<p>Although facilities are no longer required to submit updates to their infection control plan to the Department, facilities are expected to keep these plans updated to reflect current practices and include the components required by Act 52.</p> <p>Questions related to the infection control plan may be directed to the Healthcare Associated Infection Prevention office at 717-425-5422.</p>