

## Healthcare-Associated Infection Prevention Hospital Edition Newsletter June 2014

### NHSN Information

#### Medicare Beneficiary Number (MBN)

Beginning July 1, 2014, acute care facilities participating in the Hospital IQR Program, must enter the Medicare Beneficiary Number (MBN) on all NHSN event records for Medicare patients. MBN is not required to be entered on NHSN procedure records for Medicare patients at this time. Clarification regarding the MBN is provided below:

- A MBN is also known as a Health Insurance Claim Number (HIC or HICN).
- Not all Medicare Health Maintenance Organization (HMO) plans have a standard MBN or HIC number.
- Only enter the beneficiary's MBN if it is a standard or valid MBN.
- Do not enter dashes, spaces or special characters.
- All alpha characters must be upper case.
- Length cannot be less than 7 or more than 12 characters.

#### NHSN Updates and Upcoming Changes

The CDC held a NHSN member meeting at the 2014 Annual APIC Conference. Information regarding SAMS enrollment, training and analysis, protocol and application updates as well as CMS finalized and proposed rules were provided. The [slide set](#) from this meeting contains updates and upcoming changes within NHSN.

#### New MDRO and CDI Event Calculator

The CDC has developed a new [MDRO and CDI LabID Event Calculator](#). The calculator is a web-based tool that is designed to help users learn how to accurately apply the MDRO and CDI LabID Event algorithms and assist users in making the correct MDRO and CDI LabID Event determinations. The MDRO and CDI LabID Event calculator does not save, store or report any data that is entered. LabID Event determination data are NOT reported to the NHSN application, and users will not be able to export data entered into the calculator. Therefore, events that are determined by the calculator to be LabID Events will need to be entered into the NHSN application either manually or via CDA.

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**NHSN Information (continued)**

**CDI Test Type**

Data collection for the type of test used to identify CDI has been added to the MDRO/CDI Module's summary data screen. This will allow the CDC to provide more timely risk adjustment when calculating CDI LabID SIRs. When the summary data form is completed for the last month of each quarter (March, June, September, and December), users will be asked to report the primary type of test that was used to identify CDI in the hospital for that quarter.

The CDI test type choices on the denominator form are consistent with those that appear on the annual survey. As a reminder, "Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. If "Other" is selected when a more appropriate response is available, the facility's data will not be risk-adjusted to the most appropriate level.

**NHSN Secure Access Management System (SAMS)**

NHSN started its migration to the Secure Access Management System, or SAMS, in late 2013. SAMS will replace the Secure Data Network (SDN) that is currently used by NHSN for user identity verification. Digital certificates will no longer be required to access NHSN. The NHSN program will contact existing users through an email invitation prior to the expiration of their digital certificate. Instructions for transitioning to SAMS will be provided in the email from NHSN.

For more information about SAMS, please visit <http://www.cdc.gov/nhsn/sams/about-sams.html>. Please contact [nhsn@cdc.gov](mailto:nhsn@cdc.gov) if you have questions or need assistance.

**NHSN Contact Information**

For NHSN help, please send an email to: [nhsn@cdc.gov](mailto: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](http://www.cdc.gov/nhsn)

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**News from the Field**

**Magee Rehabilitation Hospital**

Magee Rehabilitation Hospital has implemented a more comprehensive documentation, tracking, and review process to improve ventilated patient outcomes.

A change in respiratory service providers and a transition in nursing leadership made it very difficult for Magee Rehabilitation Hospital staff to collect accurate process measure data for the Pennsylvania Hospital Engagement Network (PA-HEN) ventilator-associated pneumonia project. In addition, the data that was collected at the hospital showed room for improvement with reducing ventilator-associated pneumonia.

Hospitals in the PA-HEN ventilator-associated pneumonia project work to ensure excellent care is provided to each and every patient, every time, resulting in process measure data that shows significant improvements.

Practices of providing patients oral care with Chlorhexidine gluconate and weaning them off of ventilation through sustained breathing trials are just some of the interventions used to prevent ventilator-associated pneumonia. These two interventions are well documented, including any reasons for omissions, such as patient refusal.

Magee Rehabilitation Hospital has demonstrated a significant decline in the rate of missed oral care with no documentation of a reason – its rate dropped from 54 percent to 19 percent. During February, Chlorhexidine gluconate was delivered to every patient, every time, unless there was a contraindication or patient refusal.

In addition to the improved documentation of oral care, documentation of sustained breathing trails also has improved for the hospital. The most recent data demonstrates that the rate of missed sustained breathing trials with no documented reason dropped from 64 percent to 4 percent.

Along with the implementation of a more comprehensive documentation process, hospital staff has started to conduct interdisciplinary team reviews when a ventilator patient has been sent back to acute care with respiratory issues. This tracking process is used to ascertain that there are no errors or omissions in the care provided to these patients.

Processes also have been instituted to track outcomes for patients, such as weaning, to keep the patients free of infection and wean them as safely and efficiently as possible.

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**News from the Field (continued)**

**Magee Rehabilitation Hospital**

The population of patients at Magee Rehabilitation Hospital with high-level spinal cord injuries has unique needs beyond what is typical of a ventilated patient. These patients have healthy hearts and lungs, but minimal or no innervation to their diaphragms. This makes vent management and weaning very different.

The team has identified all of the factors that affect the weaning outcomes for these patients and created a database to track these factors.

Factors identified by the team include:

- Patient's level of injury
- Nutritional status
- Presence or absence of pressure ulcers, as this may affect positioning
- Patient compliance with respiratory exercises
- Additional weaning milestones

As hospital staff reviews aggregate data over time, they hope to discover best practices for the management of this unique population of patients. The new processes and results are the result of a team effort that included staff from many departments working together.

Magee Rehabilitation Hospital is part of Jefferson Health System located in Pennsylvania.

Congratulations Magee Rehabilitation Hospital!

**Joint Commission Sentinel Event Alert**

The Joint Commission recently released a Sentinel Event Alert [Issue 52, June 16, 2014](#) on preventing infection from the misuse of vials. This alert provides causes on the misuse of vials as well as recommendations and potential strategies for improvement.

To receive these alerts by email or to view past sentinel event alerts, please visit [www.jointcommission.org](http://www.jointcommission.org).