### NHSN 101 Training

**Save the Date – November 18, 2011**  
8:00 a.m. to 5:00 p.m.  
Francis Tuttle, Rockwell campus  
12777 N. Rockwell Ave, OKC, OK 73142  
Building 1, Room D1750A  

Free training on the CDC National Health Safety Network (NHSN) for the following Oklahoma healthcare facilities:

- Hospitals not yet reporting to NHSN  
- Long term acute care hospitals  
- Ambulatory Surgery Centers  
- Dialysis facilities  

The content of the training will cover:  
- Introduction to NHSN  
- Enrollment requirements  
- Introduction to Healthcare personnel safety component  
- Training on CLABSI, SSI, CAUTI  
- Outpatient dialysis event surveillance  

Go to [www.cipconsultingllc.com](http://www.cipconsultingllc.com) to register today!  
(Class size limited to first 100 registrants)

### HAI Prevention Coordinator

**Unclassified Job Opening**

**Salary:**  
$1,966.15 - $2,100.00 bi-weekly (based on education and experience)

**Description:**  
This position serves as the Healthcare-associated Infections (HAI) State Plan Coordinator for the Prevent Healthcare-Associated Infections Grant for the agency and will report to the Director of Quality Initiatives.

Duties include, but are not limited to:

- Assisting with the development, administration and implementation of the HAI Prevention State Plan for OSDH through teamwork with the Director of Quality Initiatives.  
- Assisting hospitals with the administration, enrollment and implementation of Central Line-associated Bloodstream Infection (CLABSI) and Ventilator-associated Pneumonia (VAP) state mandatory reporting into the National Healthcare Safety Network.  
- Performing analyses of data reports submitted by participating hospitals around the state.  
- Developing and implementing a data validation program to assess the accuracy of current mandatory reporting of CLABSI and VAP events to the National Healthcare Safety Network.  
- Assisting with the negotiation, preparation and monitoring of contracts with vendors.  
- Delivering information and education programs to partners on HAI Prevention strategies through oral presentations and written reports.  
- Assisting with the preparation of reports and continuing grant applications required by the Centers of Disease Control and Prevention (CDC).

(continued on page 3)
Currently 16 hospitals are participating in the Oklahoma SSI Prevention Collaborative. It has been very successful and the sharing of success stories have been enlightening. The Collaborative has had several learning session activities which have covered Root Cause Analysis, Operating Room Environment and the state survey process, and Change in Culture of Safety. More learning session lectures are being planned for the future. At the conclusion of the collaborative, hospitals will be asked to share their successes at the Outcomes Congress which will be held on December 5. We plan to invite all hospitals — whether they participated in the Collaborative or not—as we hope to share lessons learned in reducing the incidence of SSIs.

In 2012, hospitals which perform colon and abdominal hysterectomies procedures will be required to report surgical site infections into the NHSN database. The Oklahoma State Department of Health HAI Prevention staff have worked with the participating hospitals to enter data into the NHSN database as one of the activities of the Oklahoma SSI Prevention Collaborative.

### CMS Mandatory Reporting

**CMS Issues Medicare Final Payment Rule; Strengthens Tie Between Payment and Quality Improvement**

The U.S. Centers for Medicare and Medicaid issued a final rule on August 1, 2011, that will update fiscal year 2012 payment policies and rates for hospitals. The rule will impact Medicare payments to general acute care hospitals and inpatient stays for long-term hospitals.

The final rule serves to update the payment policies and rates for acute care hospitals paid pursuant to the Inpatient Prospective Payment System (IPPS), and also hospitals paid under the Long Term Care Hospital Prospective Payment System (LTCH PPS). It will strengthen the Hospital Inpatient Quality Reporting (IQR) Program by putting increased emphasis on the prevention of HAIs in general acute care hospitals. The rule also establishes the framework for a new quality reporting program applicable to hospitals and paid under the LTCH PPS. [http://haifocus.com/cms-issues-medicare-final-payment-rule-strengthens-tie-between-payment-and-quality-improvement/](http://haifocus.com/cms-issues-medicare-final-payment-rule-strengthens-tie-between-payment-and-quality-improvement/)

### Healthcare Facility HAI Reporting to CMS via NHSN – Current and Proposed Requirements (8/1/2011)

<table>
<thead>
<tr>
<th>HAI Event</th>
<th>Facility Type</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td>Acute Care Hospitals</td>
<td>January 2011</td>
</tr>
<tr>
<td></td>
<td>Adult, Pediatric, and Neonatal ICUs</td>
<td></td>
</tr>
<tr>
<td>CAUTI</td>
<td>Acute Care Hospitals</td>
<td>January 2012</td>
</tr>
<tr>
<td></td>
<td>Adult and Pediatric ICUs</td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>Acute Care Hospitals</td>
<td>January 2012</td>
</tr>
<tr>
<td></td>
<td>Colon and abdominal hysterectomy procedures</td>
<td></td>
</tr>
<tr>
<td>I.V. antimicrobial start <em>(proposed)</em></td>
<td>Dialysis Facilities</td>
<td>January 2012</td>
</tr>
<tr>
<td>Positive blood culture <em>(proposed)</em></td>
<td>Dialysis Facilities</td>
<td>January 2012</td>
</tr>
<tr>
<td>Signs of vascular access infection <em>(proposed)</em></td>
<td>Dialysis Facilities</td>
<td>January 2012</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Inpatient Rehabilitation Facilities</td>
<td>October 2012</td>
</tr>
<tr>
<td>CLABSI <em>(proposed)</em></td>
<td>Long Term Care Hospitals</td>
<td>October 2012</td>
</tr>
<tr>
<td>CAUTI <em>(proposed)</em></td>
<td>Long Term Care Hospitals</td>
<td>October 2012</td>
</tr>
<tr>
<td>MRSA Bacteremia</td>
<td>Acute Care Hospitals</td>
<td>January 2013</td>
</tr>
<tr>
<td></td>
<td>Facility-wide</td>
<td></td>
</tr>
<tr>
<td>C. difficile LabID Event</td>
<td>Acute Care Hospitals</td>
<td>January 2013</td>
</tr>
<tr>
<td></td>
<td>Facility-wide</td>
<td></td>
</tr>
<tr>
<td>HCW Influenza Vaccination</td>
<td>Acute Care Hospitals, OP Surgery, ASCs</td>
<td>January 2013</td>
</tr>
<tr>
<td>SSI <em>(proposed)</em></td>
<td>Outpatient Surgery/ASCs</td>
<td>January 2014</td>
</tr>
</tbody>
</table>
Welcome Aleshia

I would like to welcome Aleshia Overall to the Oklahoma State Department of Health HAI Prevention team. Aleshia is the Administrative Programs Officer for the program. She is a recent graduate from Oklahoma State University and holds a Bachelor's of Science in Psychology with a Pre-Med option. She has been an outstanding student in her campus life and has also had clinical experience in assisting nurses and doctors in the clinical setting. She has excellent computer skills and will be able to assist with trouble shooting over the phone as she becomes familiar with the NHSN database. She enjoys taking walks in the park and snickerdoodles.

- Ensuring compliance with the Oklahoma state statutory requirements for hospitals.
- Convening and facilitating a multi-disciplinary team meetings.
- Advising the Director of Quality Initiatives concerning hospital and clinical issues that impact the overall healthcare associated infection prevention program activities.

Education and Work Experience:
Requirements consist of a bachelor's degree in nursing and a minimum of three years experience in a hospital setting in the area of infection control. Preference may be given to those who possess a Master of Public Health with a focus in epidemiology, with infection control experience and/or current certification as a CIC through APIC.

Knowledge, Skills and Abilities:
Requirements consist of the ability to communicate effectively both orally and in writing; to work with multiple individuals and organizations in implementing the state HAI prevention program; to deliver training to a variety of audiences-both lay and medical professionals; to organize and be self-motivating; and to give presentations to groups. In addition, requirements also consist of knowledge of regulatory requirements, and project management/administration; of hospital and healthcare provider needs related to healthcare associated infection prevention strategies; and skill in the use of the Microsoft Office Suite software. Previous experience with the NHSN database is beneficial.

Application - How to Apply:
Applicants with current or previous state service submit a letter of interest, resume, and a copy of the last two performance evaluations to:

- Mail: Medical Facilities
  Attn: Vonnie Meritt, Director of Quality Initiatives
  Oklahoma State Department of Health
  1000 NE 10th St
  Oklahoma City, OK 73117
  Email: VonnieM@health.ok.gov
  Telephone: (405) 271-6576
  Fax: (405) 271-1308
NHSN and the Future

What the future of NHSN holds:

**NHSN version 6.4.2 in July, 2011**

*Patient Safety:*

- Update metrics within MDRO/CDI Module for LabID event reporting
- Add analysis Output Option for CMS IPPS CLABSI SIR
- Expand Bar Chart stratification features

(When this is added some of your previous rate numbers may change with the new format.)

**NHSN version 6.5 is scheduled for mid-October 2011**

*All Components:*

- Create new components specific to Long-term Care Facilities (Report UTIs and LabID events)
- Create alerts for missing numerators and denominators and ability to report aero events for a month.
- Increase number of available Custom Fields with easier set up.
- Allow Groups to send messages to participating facilities from within NHSN.

*Patient Safety:*

- Add derived variables to stratify procedure SIRs.
- Add FacWideIN and FacWide OUT as a selection option for analysis.
- Add “Location type” variable to analysis output filtering.

**NHSN version 6.6 is scheduled for February 2012**

*All Components:*

- Add choice for Critical Access Hospital (CAH) facility type.
- Create a search and view for valuesets.
- Long-term Acute Care Hospitals (LTAC) hospitals better defined and new LTAC specific annual survey.
- Create a storable Output list for Custom output set in analysis.

*Patient Safety:*

- Simplify required fields for Surgical Procedures (SSI denominators).
- Add question to CLIP form for unsuccessful insertion and revise occupation of inserter choices.
- Eliminate umbilical catheter days for NICU and combine into central line days.
- Allow in-plan UTI reporting from NICUs.
- Expand in-plan LabID Event Blood Only reporting to the ED.

**Other NHSN Highlights:** If you do not know your CCN, this is your CMS Certification Number. You can call Elanor Wallis at OFMQ to assist you.

CMS will be releasing the CLABSI rate for those hospitals with ICUs and it will be posted on www.Qualitynet.org.

The mandatory NHSN SSI reporting requirement by CMS for IPPS 2012 is projected to be colon surgeries and abdominal hysterectomies.