This transcript is intended to provide webinar content in an alternate format to aid accessibility. We apologize for any inaudible or unclear content as a result of audio quality.

Required Infection Reporting for Minnesota CAHs, Session 1
Presented by [Marilyn Grafstrom RN, BSN, MPH, Safety/Quality Specialist, Minnesota Hospital Assn.] (45-minute Webinar) [10-14-2013]

Vicki Olson: Hi everyone, this is Vicki Olson from Stratis Health, a Program Manager. I’m joined today by Marilyn Grafstrom and Janet Lilleberg, so our goal today is to talk about the CAUTI requirements the required measure for Minnesota Infection Reporting. Next we’ll talk about the plan for the first of four webinars and walk you through step-by-step how to get started in doing infection report.

To start off today Marilyn is going to talk a little about the background of the CAUTI measurement requirement.

Marilyn Grafstrom:
Hello everyone, this is Marilyn Grafstrom. It’s good to see all the people logging onto the call, welcome. I want to start out with some of the background on how this all came about. Last fall a decision was made to align Minnesota hospital infection reporting with federal requirements, so we’re going to start beginning with reporting employee influenza because at that time, critical access hospitals were not required to report federally. The measure was felt to be rule relevant. The feature required measurements for PPS hospitals and similar reporting was happening to the flu safe campaign, so it felt like a good alignment.

Since that time we have learned that flu safe is aligning its measure with NHSN, but it won’t be complete for several months. We’ve also found out in the past few months, since the beginning of this year, we realized that the CAUTI rate in Minnesota appears to be higher than other parts of the country, so it’s definitely a priority and something we felt like if we aligned reporting it might help us create more incentive and attention to the CAUTI rate across our state.

CMS plans to expand it’s current NHSN reported CAUTI measure to hospital-wide, so we thought this would be a good application for critical access hospitals using the house-wide measures. Therefore, the decision to align was feted by Infection Prevention Professionals through a chain advisory group, as well as critical access hospital representatives. So when crusades and NHSN become aligned the employee influenza vaccination measure may still be added to the slate, but certainly nothing in the very near future.

Our understanding then of the NHSN deadlines is end of the first quarter. The January through March discharge of 2014 wouldn’t be due until August 15, 2014. We really hope that the support we’re providing and in the spirit of good performance improvement that critical access hospitals would be prepared to submit their CAUTI data to NHSN at least quarterly, beginning with quarter one data by the end of April.

Many of the hospitals that are reporting into NHSN are doing it monthly, so that would be even more ideal again, for performance improvement because measurement will not be as likely to lead to improvement given an eight month time lag, we just always acknowledge that performance improvement data will lead to good improvement if it’s communicated to people involved in a timely manner. I think that’s the end of my slide and I’ll turn it back to Vicki to talk about our plan.
Vicki Olson: Thanks Marilyn. I think the goal with NHSN is really to report the month after the month you’re reviewing for infections. So the January data ideally is entered in February. Depending on how people get their information from their hospital I think we’ve found that sometimes people take a little longer than that, so I think that’s the reason Marilyn is saying the quarter, we’re certainly encouraging people to keep up with that concurrent reporting, even though technically the deadline for that first submission quarter is August 15, 2014.

I’m going to pass now to Janet Lilleberg, who is our specialist in providing technical support with NHSN at Stratis Health and she’ll walk us through the plan and some of the specifics.

Janet Lilleberg: Hi everyone. I just wanted to introduce you to NHSN today and walk you through a little about what our plan is at Stratis Health and the Minnesota Hospital Association. We are planning to provide support as you become familiar with NHSN and we welcome your questions and comments.

I’m going to work forward to try to get you started on what we’ll focus on in our four webinars.

1. The first one today will focus on training and developing a strategy for reporting.
2. The second will talk more about accessing NHSN, the website, the secure portion of it. That might involve your IT staff we’re still in its planning stages.
3. The third will be intro to the patient safety component, which is the component you’ll be working in to submit your CAUTI data.
4. The fourth will be reporting CAUTI and talking about the measure also.

Vicki Olson: Let me just answer a few questions that are coming up before we get more into the details. These are being recorded and will be available to you if you want to share with others at a later time, as will the next three. All are jointly sponsored and will be available for retrieval and download.

Other questions that are coming in are related to the slides which will also be available. They were sent out this morning from MHA, but we can certainly make them available as well on the MHA and Stratis Health websites. If you didn’t receive them we’ll make sure they are available to you multiple ways.

Next, specifically to the questions coming up about being signed up and the certificate, we’ll walk that through the presentation and will do Q&A at the end and we’ll be able to get those questions answered as we’re going through the presentation. If not, I’ll make sure to ask again at the end.

Janet Lilleberg: After each session that we talk about there will be some homework for you to do. NHSN requires that you do some reading before you can get your digital certificate so to be up to speed we’ll be walking you through over the next three/four months on how to do that. That will be part of the webinars as well.

The first thing I wanted to do is give you a little background about CAUTI and why that’s become a main focus. The urinary tract is the second most common cite of healthcare associated infections. Complications are associated with CAUTI and each year more than 13k deaths occur associated with UTI. UTIs are caused by instrumentation of the urinary tract and I’ve listed several complications that are associated with this.

It’s been noticed that in Minnesota our rates are higher than other areas of the country, which is why it’s become a focus in Minnesota that we hope to push for improvement in this area.

Today our objective will be:
To introduce the CDCs National Healthcare Safety Negative (NSHN)
To understand the rules of the NSHN user and administrator
To introduce the two options for enrolling in NSHN, including the digital certificate and SAMS
To introduce NSHN enrollment to you

In getting started I provided you the website where you want to go to begin getting ready for enrollment. The CDCs NSHN mission is the most widely used national healthcare associated infection tracking system. NSHN provides medical facilities, states and regions in the nation with data collection and reporting capabilities. There are four main components within NSHN and you’ll hear us talking about those. The one you’ll be working in primarily with CAUTI is the patient safety component.

Other topics in there are clapsy, surgical cite infections, merca and CDI. Those are also required for hospitals that are reporting for CMS purposes. Critical access hospitals are not required to report for CMS purposes.

Another topic that has been discussed by the state for reporting is influenza, which is under a separate component. It’s under the healthcare personnel safety component, so it’s important to be aware of the structure of NSHN and which component you’ll be working in.

Some of the things that are important to know about NSHN are some of its capabilities and its features. The system was designed with security, integrity and confidentiality in mind, so you’ll find that as you sign up those are important features that they will make sure are secure when you’re gaining access to the system. Also, you’ll find that the measures are standardized. They have protocol, which is very important to follow the exact protocol for HAIs or Healthcare Associated Infections, so you want to make sure you’re following that protocol and reading it.

The next feature is that its analytical tools enable each facility to access its progress and identify where additional efforts are needed. One of the beauties of NSHN is when you get done entering the data that you’re able to go to the output file and you’re able to see how your hospital is doing. You can create reports and it creates some of the statistics for you, like the rates and everything so you can create reports for your hospitals.

That then allows you to share the data with other people. If your hospital is part of a larger system you can also form a group and join those groups to share your data with them or share it with the state or with Stratis Health. A number of people will share their data with other entities. NSHN is also used as I said for PPS hospitals to share their data with the center for Medicare and Medicaid services.

I’d like to talk a little about the role of the missing user and the NSHN facility administrator. Before you start becoming active in NSHN you’ll want to setup a plan for your hospital and who will need access to the data and who will be entering the data, those types of things. There is only one facility administrator per facility and this person enrolls the facility and they’re the only one who can activate those components that I talked about earlier, like the patient safety component. It’s important to keep in mind who the facilitator is.

They can assign users and primary context for each topic like CAUTI, so again there are users and administrators. The facility administrator can add or delete or edit the rights of the users and give them access to things. They are the central person and should be the one that can oversee the NSHN activities. They have the authority to nominate groups for sharing the data that I talked about earlier and they can map the locations in your hospital, which is an important part of many measures in NSHN.

The only person that can reassign the role of the facility administrator to another person is the facility administrator.
The second person that has access is a user, who is usually someone that can view the data. The administrator gives them what rights they want them to have. So they can view the data, enter the data or be involved in the analysis and creating reports. A facility administrator can give a user, administrative rights, but I want to be clear in that the administrative rights aren’t the same as being a facility administrator, which often confuses hospitals when first starting out. Just be aware that.

We had problems with that in the last data submission period so I want to make sure that’s understood. The facility administrator is the one that you’ll have enrolling the facility and take the main role in getting things started. When you’re going forward you’ll want to think about who should have the authority in your organization to perform the functions of the facility administrator. When you think it through you’ll look at who will be doing what. In the first year maybe you want to look at the CAUTI reporting only and looking at who the person is that collects that data and has access to it right now. Maybe that would be the right facility administrator.

Maybe a few years down the road the healthcare personnel safety module is activated and you’ll be reporting on influenza for the person who’s been vaccinated for healthcare personnel. Maybe someone else would be a better person to collect that data, which would be a different user and the facility administrator would be the person to oversee both of those areas. Then each of the areas that would be a user submitting that data. So think it through and make a plan for your organization on how you’re going to do that.

I think it’s also important to make sure there’s more than one person in your facility that has access to NHSN. Deadlines come up and Heaven forbid you’d want to go on vacation and you aren’t there to enter the data. So have a backup plan, because it takes time to get into NHSN and you can't share your password. Make sure to give yourself leeway in having a backup person.

The next thing I want to talk about are the two options to enroll in NHSN. This is a period of transition for NHSN because they’re going to a new system for enrolling, which is called SAMS. The old one is what you refer to as the digital certificate, which is also called the secure data network. When talking about the two options it’s really being rolled out now, so some is a transition period. It was predicted NHSN would start in late 2013 but as you all know they are on a furlough and there’s no support right now so whether they’ll be on target or not, we aren’t sure. That’s the plan.

The new users were to be the first people to get onto it. They have over 20k people with access to NHSN so it won’t happen overnight that they do this. They’re planning to do it over a two-year period, but the new people were to be the first to be enrolled in it.

A couple differences between the two systems... the digital certificate does involve that you go through somewhat of an involved process. It involves that you install the digital certificate on your computer. Then with each year you’ll have to renew that certificate, so it takes time and then within two years it will be completely phased out. The new system SAMS it’s never phased out.

You can decide if you want to wait for SAMS or do you want to enroll using the digital certificate now? It’s a decision you’ll have to make soon. These are some of the things I would consider when debating which way to go. Both processes will take you time to do, to include the training and emailing back and forth to gain access. I would consider at this time, one of the main things is that it will role out in 2013 and you don’t really need access to the website for all the training materials or collection forms and protocols. You’ll only need access to the secure website for submitting the data and creating reports and viewing the data.

It’s a matter of timing on when you think you’ll need it. The deadline for data submission is August 15, but we’d prefer that you report monthly, so keep that in mind when deciding which way you want to go.
The next topic is introduction to NHSN enrollment. We’ll talk about getting started and then we’ll go into more detail after you get your training done. I’ve provided you with the website where you’d go to start your training in NHSN. There are similarities between the SAMS and digital certificate process. The training materials are the same. You want to complete the patient safety component annual survey form and you’ll want to accept the rules of behavior.

I believe the rules of behavior for SAMS might be a little different. Up front I want to tell you that the materials that I’m telling you about for SAMS have just been put on the website now and the process is new to us as well, so I’m reading the training materials that are on there as well. You would have the same access as I do to the materials.

The digital certificate process, there are basically five steps. After training and doing the reading that I mentioned, you can start these five steps for requesting the digital certificate and you install it on your computer. That gives you a password protected access to NHSN. So the first step is to review the rules of behavior. Then register after receiving an email from NHSN and then go to the secure data network to apply for the certificate. You would then receive another email with instructions on how to download the certificate and then you would access NHSN enrollment and complete the facility contact information and survey online.

Then you print and sign the consent form in NHSN. After that the enrollment is complete and it’s good for one year. That is the digital certificate process.

Going on to SAMS. Again, it’s a very similar process in the first steps. You would receive an invitation after you complete your training material and you’d receive an invitation then to register. You login to SAMS with your email address and a temporary password. You read the rules of behavior and then sign them. Then you would complete the registration form. For the SAMS step two it’s a little different, in that when you receive the registration email you would complete the verification form and have that signed by a notary, which is a little different. Then you would mail or fax that in.

The next step in the process would be to access NHSN using your SAND credentials and you would receive confirmation from the CDC that forms were received and you’d get a welcome and grid card delivered to your address. If you’re newly enrolling a facility, the facility administrator will require access to NHSN enrollment.

Those are the two processes. From reviewing both of them, these are the differences I saw in the two processes. The digital certificate is installed on one computer with an annual renewal, both are password protected and it’s a no-no to share that password with anyone. The SAMS has a password that you can use on any computer. The password changes every 60 days and to remain active you must access NHSN at least once a year. Again, for SAMS you need to have a notary signature to gain access.

The next time we’re hoping to talk more in-depth about gaining access and if we had more information on SAMS we’d probably be able to go into it more. We’re making plans for how we’re going to present that and probably in an email we’ll include what the next session will be on in regards to that, depending on the furlough and that kind of thing.

For next time it would be helpful for you to stay with the process. If you want to choose your facility administrators and identify the staff that will be given the user rights. Read the NHSN facility enrollment guide and read over the overview of the patient safety component. There’s also the patient safety component annual facility survey form, which you can complete. At that point that’s when you’re close to obtaining your digital certificate. Again, you can’t gain access to SAMS at this time but you can work towards the digital certificate.

At this point we’ll take on any questions.
Vicki Olson: Let me first address some of the questions that have come in via chat.

I asked Mary Montoury at Stratis Health, we’re at MHA at the moment, to send out the slides to the Stratis Health distribution list. If you’re on that list you should have gotten the slides.

The other question is about the two systems, and I think that was asked before Janet went through the pluses and minuses. I think the recognition is that the digital certificate is a little more complicated to register for, because there’s a back and forth process in emails, but probably the main stumbling block people have had is that it does require IS involvement to get the digital certificate put on a particular computer. So the downside is that the digital certificate is probably a little more complicated to install, but SAMS isn’t available at this point so if you’re anxious to be able to get into it and have access then the digital certificate would be the way to go.

If you want to wait for SAMS then you probably would need to print the forms and do your CAUTI surveillance by a manual process and you won’t be able to see the mostly reporting plan or setup the locations in NHSN until you have access to NHSN. It will be simpler once SAMS is available. As Janet mentioned we don’t know when SAMS will be available, particularly with the government shutdown.

That was another question, someone asked about the government shutdown. You can get the materials Janet was referencing from the website, they just aren’t doing additional updates and aren’t available for help right now. But you can move forward through this first step so we’re trying to break this up so the only requirements between now and the next webinar is to talk around your facility about CAUTI and why it’s being required as a first step for critical access reporting to NHSN, and the fact that Minnesota is like fourth worst in the nation in their CAUTI rates.

Choose a facility administrator to do your homework and then start looking at the pluses and minuses of the different systems. If NHSN was to start with SAMS that would be the only option available too, so part of it is bad timing that this is all happening at the same time.

Some of the other questions...

Can you do the SAMS registrations today? No. NHSN hasn’t allowed that access yet. They will send notification when it’s available.

To have multiple users do we need to register for the SAMS access? You can have multiple users either way. As Janet mentioned, the facility administrator would be the person designating the other users to have access to the system.

As we get the information that SAMS is available we’ll pass that along to everyone, probably through MHA and Stratis Health distribution lists.

Will CAUTI be the only UTI reporting for critical access at this time? The answer is yes. We are looking at, for PPS hospitals CAUTI is only for ICUs. We are looking for critical access hospitals that CAUTI would be hospital-wide and as we go through these webinars we’ll get a little more detail as to the definition of that.

Was this webinar recorded? It is recorded and will be posted on the MHA website.

How does this coincide with the CAUTI cusp that we’re working on? The CAUTI cusp, Marilyn do you want to talk about that?
Marilyn Grafstrom: As far as data collection we will continue to collect data the same way we are on the cusp CAUTI project throughout the extension of this project, because we aren't sure what the timing will be. The CAUTI project goes through the end of Nov of 14, so everyone that's switched to NHSN is doing well and then I think we can make the transitions, but for now I'll continue to collect the data as I have been and submitting it.

Vicki Olson: Another question that's come in was... a request to meet some of the reporting requirements, which we can do. There was MHA, Stratis Health and both the original requirements worked out with critical access hospitals and also of the revision. That's on the Stratis Health website.

The dates due for the calendar year 2013 data, there will be no requirements for the 2013 data. This will start with dates of service in January, so the first data submission for first quarter will be August 15.

Guest: Since we're a small facility and there are a few interim people, would I be appointing infection control coordinator and that would be the name not named specific? In other words, what if someone left, retired or whatever, how do we pass it on?

Marilyn Grafstrom: When you're enrolling users, it is specific to a person because your password can't be shared, so the new person would need to go through some training as well as you. When you choose a facility administrator and user, those are specific people.

Guest: Yes mostly. What if they don't have another person filling the position for several months, what happens in that interim?

Janet Lilleberg: You would be best to transfer the facility administrator to another person as the person was leaving because then they can tell NHSN. They would need to contact NHSN and have the facility administrator switched to another person.

Guest: Can you have two facility administrators?

Janet Lilleberg: No, unfortunately there can only be one. You can have many users, though.

Guest: Are you able to eventually switch, like could you switch one of the users to an administrator?

Janet Lilleberg: Yes, but only the facility administrator can switch to make them a facility administrator. A user couldn’t just say they want that role and change. I’m sure that too would have to be approved by NHSN. If you’re a small facility you could be one and the same person, the person submitting the data and the facility administrator. It’s just wise to have two people with access.

Vicki Olson: Let me also clarify, the Minnesota infection reporting rule is a separate rule from the statewide quality reporting system. As part of that rule there’s a requirement that MHA is trying to tell us in APIC, work together on identifying the requirements. Many of you were probably involved in those phone calls of getting input and support for the CAUTI requirements, so I wanted to share that it’s a separate process from some of the chain work that goes on in a separate group.
Janet Lilleberg:
If there are no further questions or comments we’ll wrap up this first of four webinars. Thank you for joining us. We’ll pick up session two next month.

Vicki Olson: As Janet went through some of the requirements for each of these, we’ll go through that step-by-step as well on the next webinar. If you have any additional questions, send them to Marilyn or Janet in between sessions.