



2011 4th Quarter

Infection Prevention and Public Health

OKLAHOMA STATE DEPARTMENT OF HEALTH

National Healthcare Safety Network

**Outcomes Congress
Surgical Site Infection Prevention Collaborative**

December 5, 2011
National Center for Employee Development
Norman, Oklahoma



Participating hospitals who attended Outcomes Congress and received recognition:
(left to right) Y. Vonnie Meritt, Director of Quality Initiatives, OSDH; Ella Ward, McCurtain Memorial Hospital; Toni Roberts, Mercy Memorial Health Center; Kelly Meyers-Belding, Integris Canadian Valley Regional Hospital; Sheri O'Brien, St. Mary's Regional Medical Center; Pam Kaiser, Purcell; Vicki Milliken, Unity Health Center; Vickie Oliver, Integris Baptist Medical Center; Dr. Kristy Bradley, State Epidemiologist, OSDH; Liz Lim, Memorial Hospital of Texas County; Donna Dupree, Great Plains Regional Medical





Super Stars Award— Integris Baptist Medical Center in Oklahoma City reduced surgical site infection rate to “Zero”. During the Surgical Site Infection Prevention Collaborative from March 2011 through October 2011, the staff performed 1174 procedures and reduces their infection rate. Vickie Oliver Peri-operative Clinical Nurse Specialist gave a presentation on their success and challenges. She shared strategies which included an educational component on SCIP for all staff. (Pictured left to right: Vonnie Meritt, Director of Quality Initiatives, OSDH, Deborah Rhodes, Infection Preventionist, Vickie Oliver, Clinical Nurse Specialist, Dr. Kristy Bradley, State Epidemiologist, OSDH.)



Happy New Year
CMS New Reporting Requirements
OSDH is here to assist.

Oklahoma State Statute still continues to require mandatory reporting of central line associated blood stream infections and ventilator associated infections which occur in patients of intensive care units in Oklahoma hospitals. The Centers for Medicare and Medicaid have also required central line associated blood stream infections, which occurred in the intensive care unit to be reported in 2011. As the new year begins, a new CMS reporting requirement for surgical site infection for the colon and abdominal hysterectomies procedures has been added. The list of ICD-9 codes is shown on page 6.

In an effort to assist hospitals across the state which have not previously reported into the National Healthcare Safety Network, a new user group has been added: OK NHSN User Group 21023. The password for the group is “join”. This is a voluntary group created to assist you in the user process.



HAI Prevention State Coordinator



Salary:

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

Description:

This position serves as the Healthcare Associated Infections 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 and Ventilator Associated Pneumonia 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 Central Line Associated Bloodstream Infection and Ventilator Associated Pneumonia 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 Healthcare Associated Infection 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).
- Assisting in the establishment of funding priorities.
- Working with various partners at both the state and local level in the development of the healthcare associated infection prevention program.
- 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:

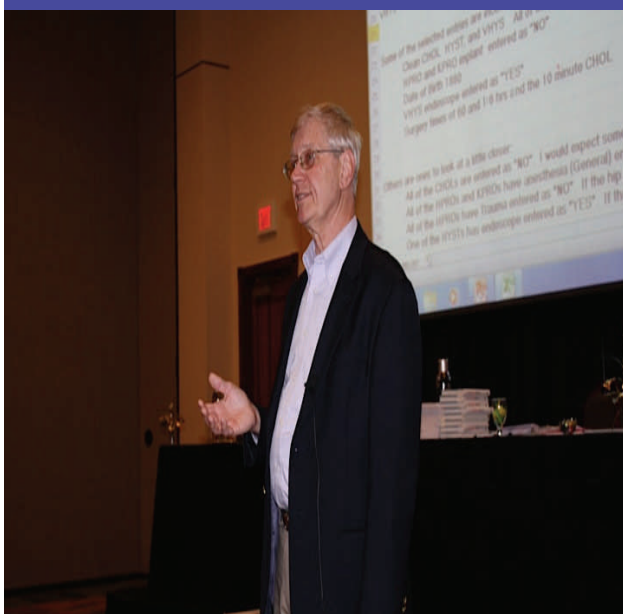
Requirements consist of the ability to communicate effectively both orally and in writing; to work with multiple individuals and organizations in implementing the state healthcare associated infection prevention program; to deliver training to a variety of audiences-both lay and medical professionals; 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 National Healthcare Safety Network 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





**Stan Ostrawski, RN, MS, MT(ASCP)
CIC
APIC Consulting Inc.**

Internal Validation: What you always wanted to ask, but were afraid to know.

Mr. Ostrawski gave an excellent presentation on internal validation. He explained “internal validation” as it pertains to public reporting of hospital associated infections. He shared how to perform post discharge surveillance for surgical site infections. He gave reasons why procedure denominator numbers may be incorrect and what factors need to be validated such as the accuracy of the NHSN data, ASA score, wound class, length of surgery, date of birth, SSI and CLABSI. Mr. Ostrawski is an expert in utilizing the National Healthcare Safety Network database and he reviewed the various features of the database such as how to generate reports essential to creating line list for validation.

Partnership for Patients: Better Care, Lower Costs

John O’Brien Pharm.D, MPH HHS Partnership for Patients,
Field Director CMS Innovation Center. Presented via internet.

Partnership for patients states that doctors, nurses and other health care providers in America work incredibly hard to deliver the best care possible to their patients. Unfortunately, an alarming number of patients are harmed by medical mistakes in the health care system and far too many die prematurely as a result.

Mr. O’Brien states that the two goals of this new partnership are to:

- **Keep patients from getting injured or sicker.** By the end of 2013, preventable hospital-acquired conditions would decrease by 40% compared to 2010. Achieving this goal would mean approximately 1.8 million fewer injuries to patients with more than 60,000 lives saved over three years.
- **Help patients heal without complication.** By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20% compared to 2010. Achieving this goal would mean more than 1.6 million patients would recover from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.
- He encouraged hospitals to join the partnership at <http://www.healthcare.gov/compare/partnership-for-patients/join/index.html>.





Aleshia Overall, Administrative Programs Officer, OSDH , Vonnie's Super Star in preparing for the Outcomes Congress.

Tried Hard NHSN Challenge



Maintaining ZERO



Closing Remarks Dr. Kristy Bradley

Photos compliments of Don Johnson IP - OU Medical Center Edmond



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

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

NHSN Procedure Codes: COLO, HYST

NHSN Procedure Code	Operative Procedure	Description	ICD-9-CM Codes
COLO	Colon surgery	Incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis; does not include rectal operations	17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71- 45.76, 45.79, 45.81- 45.83, 45.92-45.95, 46.03, 46.04, 46.10, 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94
HYST	Abdominal hysterectomy	Abdominal approach with uterine removal	68.31, 68.39, 68.41, 68.49, 68.61, 68.69

