

Draft work plan for HCAIAC June-September 2008

Month	Tasks to start	Task to complete	Who
June	<ol style="list-style-type: none"> 1. Hearings officer report 2. Revise work plan 3. Content development for trainings 4. Development of document to send to OAHHS and all hospitals outlining training requirements for NHSN 	<ol style="list-style-type: none"> 1. Hearings Office Report 	<ol style="list-style-type: none"> 1. Staff, All 2. All 3. Staff, TAG, OAHHS 4. All
July	<ol style="list-style-type: none"> 1. Communication strategy finalized 2. Distribute information about CDC/NHSN webinar to appropriate contacts at hospitals (Leadership, ICPs) 3. Training for hospitals to begin 4. Introductory webinar (CDC) 5. Develop implementation/training strategy <ol style="list-style-type: none"> a. In-person user group trainings b. Peer groups (grouped by scope and geography)-look to OAHHS for guidance c. Small, non-NHSN hospitals first then Large, NHSN hospitals 6. Training materials 	<ol style="list-style-type: none"> 1. Introductory webinar 2. "NHSN" communication document to hospitals 	<ol style="list-style-type: none"> 1. Staff, All, OAHHS 2. Staff
August	<ol style="list-style-type: none"> 1. Implementation/training strategy 2. Training materials 	<ol style="list-style-type: none"> 1. Implementation/training strategy 2. In-person training materials 	<ol style="list-style-type: none"> 3. Staff, TAG, OAHHS 4. Staff

September	<ol style="list-style-type: none">1. Report on Vermont Oxford reporting system for NICU2. Report on Nursing facility CMS reporting requirements3. Update on training of hospitals<ol style="list-style-type: none">a. Challenges/Concerns		<ol style="list-style-type: none">1. Staff, All2. Staff, TAG
October	<ol style="list-style-type: none">1. Dialysis center NHSN module2. Investigate ASC module for NHSN		<ol style="list-style-type: none">1. Staff

DRAFT

M.D.S. 2.0
SECTION I

Coding Conventions

M.D.S. 2.0

- A standardized data collection/screening tool
 - Used for all residents of LTC nursing facilities certified to participate in Medicaid &/or Medicare.
 - Oregon licensed only facilities are not required to transmit M.D.S. data.

Comprehensive M.D.S. Schedule

- Upon Admission (Within 14 days)
 - Annually (Every 366 days)
 - Upon Significant Change in Status (Within 14 days of being identified)
- Note: Submission of data are required by day 31 after M.D.S. completion.

Quarterly M.D.S. Schedule

- An abbreviated quarterly M.D.S. assessment form is used to track each resident's status between comprehensive assessments (every 92 days).

ARD- Assessment Reference Date

- A specific end-point (the last day) of a common observation period, used by all persons completing M.D.S. sections

Data Capture Look-back Periods

- Each section of the M.D.S. identifies the number of days prior to and including the ARD that data may be coded.

Full M.D.S.

Section I- Infections

■ Section I 2 & 3

2. INFECTIONS	<i>(If none apply, CHECK the NONE OF ABOVE box)</i>		
	Antibiotic resistant infection (e.g., Methicillin resistant staph)	a.	Septicemia Sexually transmitted diseases
	Clostridium difficile (c. diff.)	b.	Tuberculosis
	Conjunctivitis	c.	Urinary tract infection in last 30 days
	HIV infection	d.	Viral hepatitis
	Pneumonia	e.	Wound infection
	Respiratory infection	f.	NONE OF ABOVE
3. OTHER CURRENT OR MORE DETAILED DIAGNOSES AND ICD-9 CODES	a. _____		
	b. _____		
	c. _____		
	d. _____		
	e. _____		

Data Capture Look-Back Periods

- Coding Section I-2 is based upon a **7 day** look-back period for all infections
-except -
 - Urinary Tract infections which have a **30 day** look-back period.

When to Code

- Coded infections must have a physician diagnosis/supporting documentation in the clinical record

Infections Coded include:

- a. Antibiotic Resistant Infections
 - MRSA (Methicillin Resistant Staphylococcus Aureus)
 - VRE (Vancomycin Resistant Enterococcus)
 - Methicillin Amnioglycote Resistant Staphylococcus Aureus
 - Extended Spectrum Beta-Lactalase Organisms

Infections Coded include:

- b. C. diff. (Clostridium Difficile)
- c. Conjunctivitis –bacterial, viral, allergic or traumatic
- *d. HIV Infection (data unavailable-Oregon's policy to omit transmission of HIV information supersedes the MDS requirement)*
- e. Pneumonia- bacterial or viral
- f. Respiratory infection- upper or lower other than pneumonia

Infections Coded include:

- g. Septicemia- based upon blood culture or physician's working diagnosis
- *h. Sexually Transmitted Diseases (data unavailable-Oregon's policy to omit transmission of HIV information supersedes the MDS requirement)*
- i. Tuberculosis- includes those with active TB or those who have converted PPD positive TB status and are currently receiving drug treatment

Infections Coded include:

- j. Urinary Tract Infection- Chronic and acute **symptomatic** infection in last 30 days. May be coded only if supporting documentation and significant laboratory findings are documented in the clinical record

Infections Coded include:

- k. Viral Hepatitis – Hepatitis A, B, non-A, non-B, C & E
- l. Wound Infection- infection of any wound type including postoperative, pressure, or traumatic, on any area of the body
- m. None of the Above

I-3 Detailed Diagnoses ICD-9 Codes

- Used to record specific designations for the general diagnosis &/or infection categories captured under items I1 & I2
 - Only conditions/diagnoses which affect the resident's **current** ADL status , cognitive status , mood & behavior status, medical treatment, nursing monitoring or risk of death may be coded.

Quarterly M.D.S. – Section I

- **Coded items limited to:**
- **I2- Urinary tract infections - 30 day look-back period**

&

- **I3- A limited # of spaces provided to enter ICD-9 code for diagnoses identified in the last 90 days** which affect the resident's current ADL status , cognitive status , mood & behavior status, medical treatment, nursing monitoring or risk of death may be coded.

Data Limitations

- Not all infections will be captured
 - Most infections coded on full MDS are based upon a 7-day look-back period. Infections which occurred during the last quarter but prior to the 7 day look-back are not captured.
 - Use by providers of I-3 ICD-9 Coding Section is inconsistent.
 - Forms have limitation on # of ICD entries that can be made.

Data Limitations

- Supporting documentation unavailable to the facility at the time of the assessment may result in some urinary tract infections not being coded

Data Limitations

- MDS 2.0 will be replaced by MDS 3.0 in October 2009. The newly proposed draft tool reduces infections tracked from 12 to 8 categories.

NEW YORK STATE
HOSPITAL-ACQUIRED INFECTION REPORTING
SYSTEM

PILOT YEAR – 2007

REPORT TO THE GOVERNOR AND LEGISLATURE

NEW YORK STATE DEPARTMENT OF HEALTH
JULY 2008

- The Department of Health and Human Services (HHS) is responsible for the development and implementation of the National Health Security Emergency Preparedness and Response Authority (NHSEPPA) and the National Health Security Emergency Preparedness and Response Authority (NHSEPPA) and the National Health Security Emergency Preparedness and Response Authority (NHSEPPA)
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******It is important to note that under this law, individual patient-identifying information reported to DOH is protected by Public Health Law and cannot be released.***

PILOT PHASE DEVELOPMENT AND IMPLEMENTATION

The Role of the Technical Advisory Workgroup

The Technical Advisory Workgroup (TAWG) is a key component of the pilot phase development and implementation. The TAWG is responsible for providing technical guidance and support to the Department of Health and Human Services (HHS) and the National Health Security Emergency Preparedness and Response Authority (NHSEPPA) and the National Health Security Emergency Preparedness and Response Authority (NHSEPPA) and the National Health Security Emergency Preparedness and Response Authority (NHSEPPA).

The TAWG is composed of experts in the field of public health and emergency preparedness. The TAWG is responsible for providing technical guidance and support to the Department of Health and Human Services (HHS) and the National Health Security Emergency Preparedness and Response Authority (NHSEPPA) and the National Health Security Emergency Preparedness and Response Authority (NHSEPPA) and the National Health Security Emergency Preparedness and Response Authority (NHSEPPA).

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- [Placeholder text]

Additional Recommendations for Consideration:

- [Placeholder text]
- [Placeholder text]
- [Placeholder text]

DEMONSTRATION PROJECTS TO REDUCE HOSPITAL-ACQUIRED INFECTIONS

[Placeholder text]

[Placeholder text]

Westchester County Healthcare Corporation, Valhalla - \$199,991

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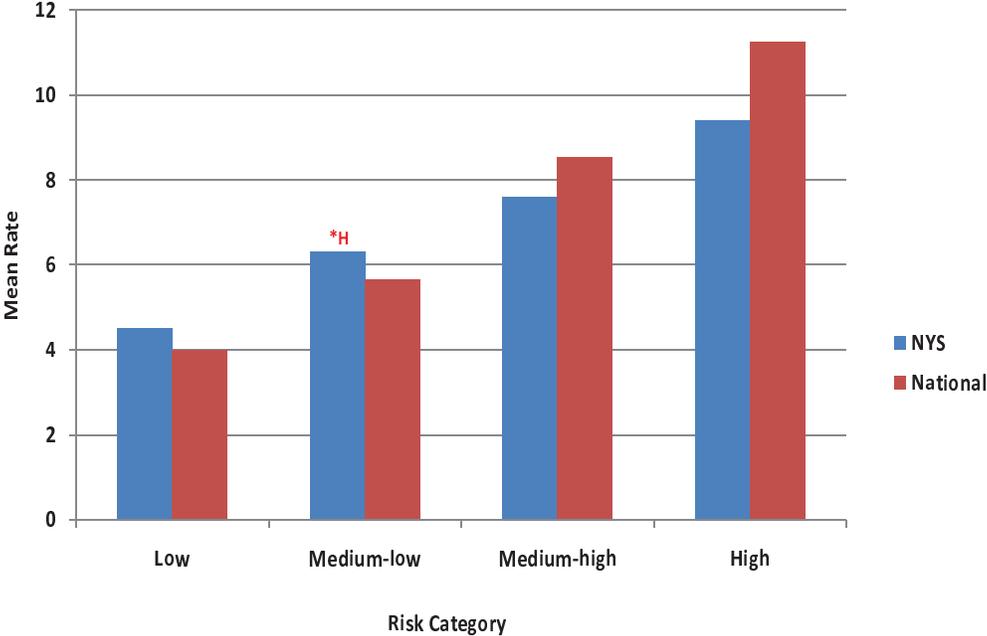
CONCLUSION

Westchester County Healthcare Corporation, Valhalla - \$199,991

The full New York State Hospital-Acquired Infection Reporting System Report is available at:

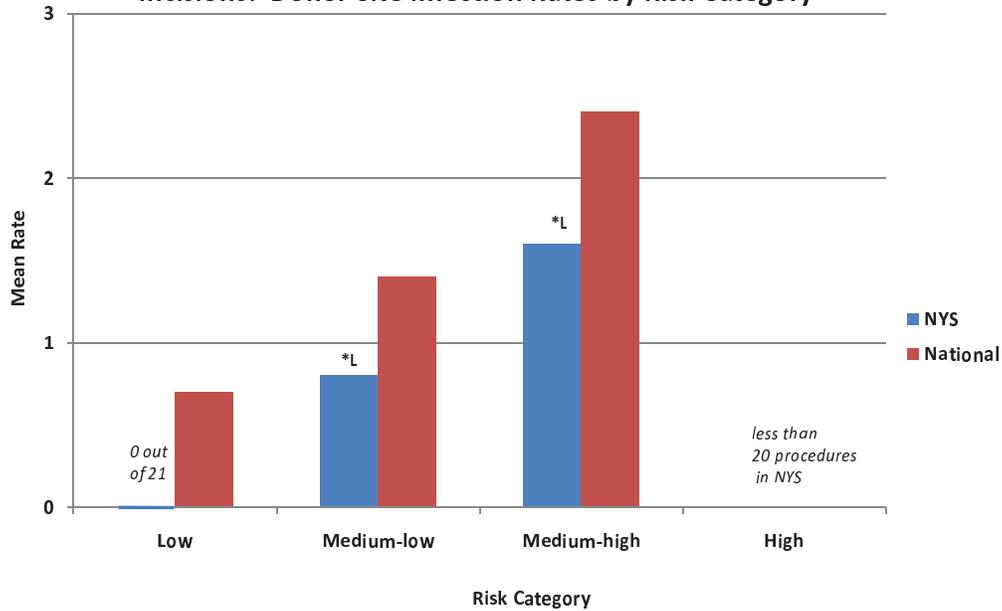
<http://www.nyhealth.gov/professionals/diseases/reporting/communicable/index.htm>

Chart 1
Colon Surgical Site Infection Rates
by Risk Category



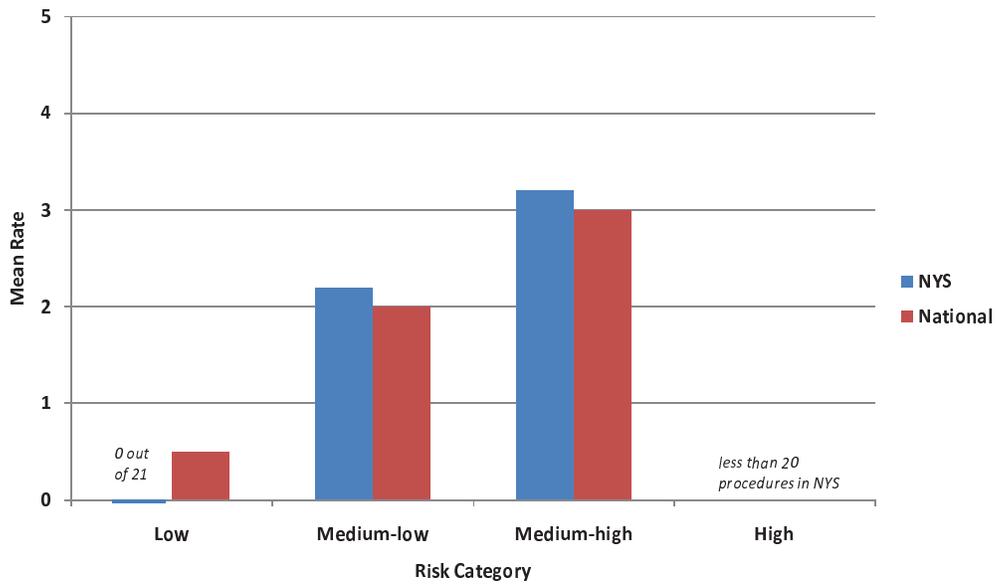
*H = NYS significantly higher than National rate for risk category
2007 NYS Data reported as of April 1, 2008 vs. National Data 2002-2004

Chart 2
Coronary Artery Bypass Graft with Chest and Donor Site Incisions: Donor Site Infection Rates by Risk Category



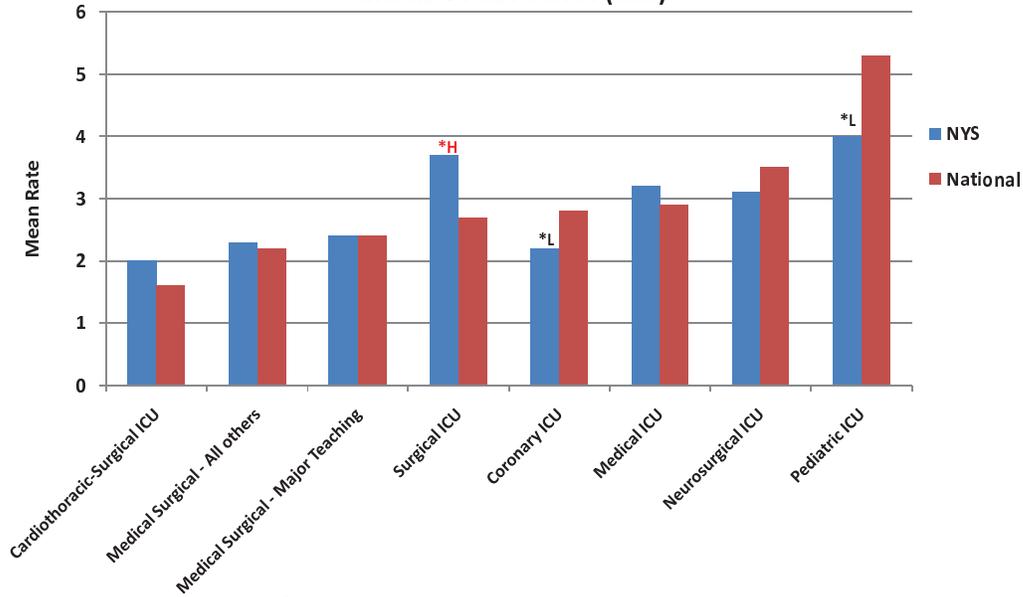
*L = NYS rate significantly lower than National rate
 2007 NYS data reported as of April 1, 2008 vs. National data for 1992-2004

Chart 3
Coronary Artery Bypass Graft with Chest and Donor Site Incisions: Chest Site Infection Rates by Risk Category



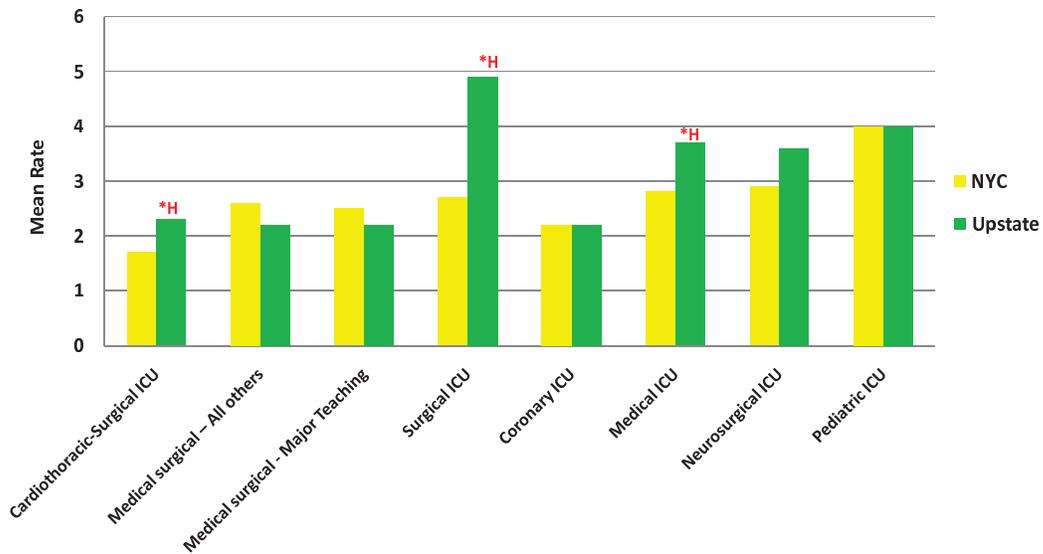
No significant differences between New York State and National rates
 2007 NYS data reported as of April 1, 2008 vs. National data for 1992-2004

Chart 4
Central Line-Associated Blood Stream Infection (CLABSI)
Rates by Type of Adult or Pediatric
Intensive Care Unit (ICU)



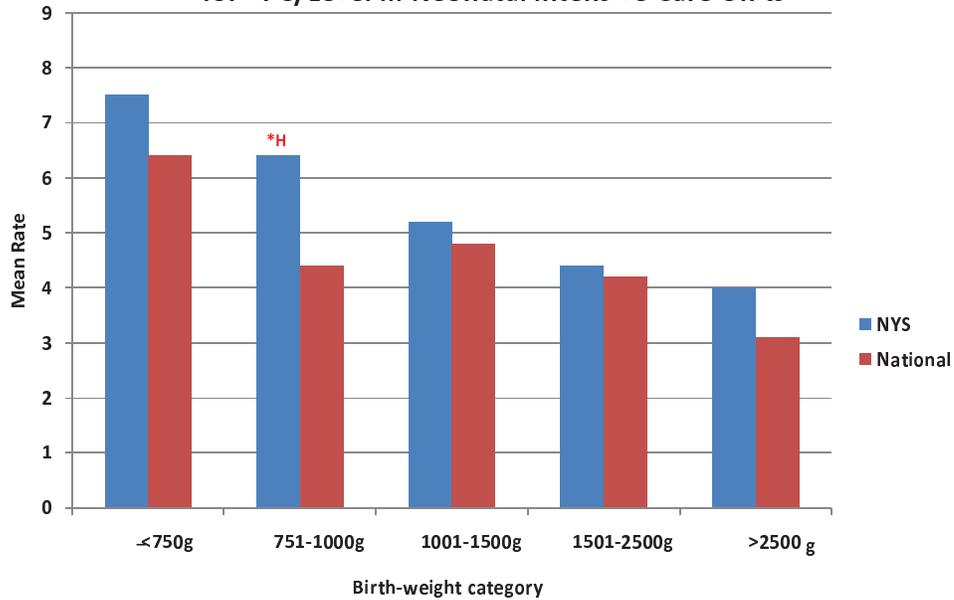
Mean rate=1000 *Number of CLABSI/Number of Central Line Days
 2007 NYS data, reported as of April 1, 2008 vs. 2006 National Data
 *L = NYS significantly lower than National Data
 *H= NYS significantly higher than National Data

Chart 5
Central Line-Associated Blood Stream Infection (CLABSI) Rates by
Type of Adult or Pediatric Intensive Care Unit (ICU), New York State



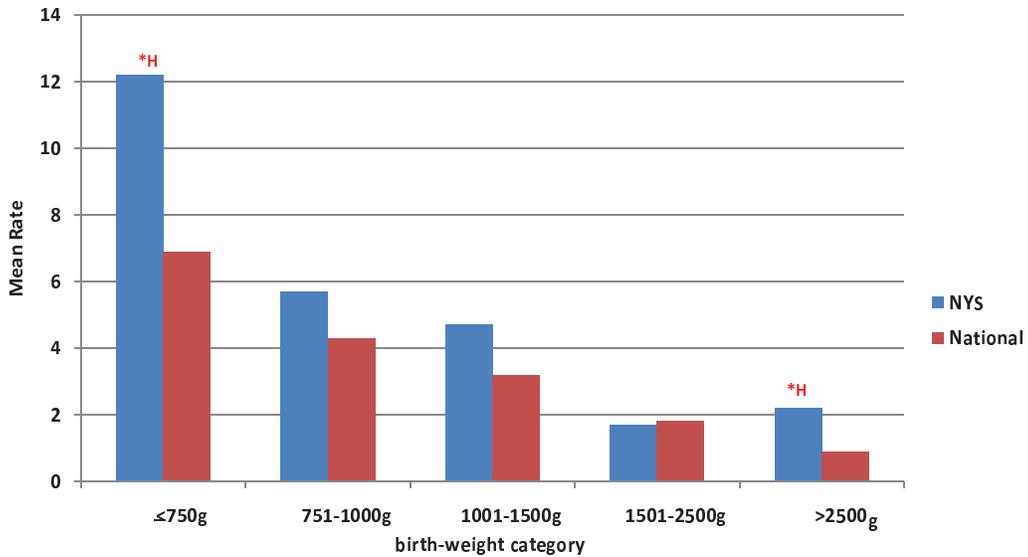
*H = Upstate significantly higher than NYC
 Mean rate = 1000 * Number of CLABSI/Number of Central Line Days
 2007 data reported as of April 1, 2008

Chart 6
Central Line-Associated Blood Stream Infection (CLABSI) Rates
for RPC/Level III Neonatal Intensive Care Units



*H = NYS significantly higher than National data
 Mean rate = 1000 * Number of CLABSI/Number of Central Line Days
 2007 NYS data, reported as of April 1, 2008 vs. 2006 National data

Chart 7
Umbilical Catheter-Associated Blood Stream Infection Rates for RPC/Level
III Neonatal Intensive Care Units



*H=significantly higher than National Data
 Mean rate = 1000* Number of UCABSI/Number of umbilical catheter days
 2007 NYS data, reported as of April 1, 2008 vs. 2006 National Data

