

Epidemiology Unit's (EU's) Updated Activities

January through April, 2013

Updated Activities:

- Help with the release of two AFLs: 13-02_Revised Procedures for Mandated Reporting of Healthcare Personnel Influenza Vaccination & 13-03_Revised Requirements for Reporting to the Centers for Disease Control and Prevention's (CDC's) National Health Care Safety Network (NHSN)
- Release of 2011 *C. difficile* and 2011-2012 SCIP data
- Ongoing work on improving the Interactive Map and help with Focus Group projects
- Advertise and recruit for Senior Programmer Analyst position
- Routine compliance and learning about the evolving NHSN structure
- Find solutions to data structure, management, analysis, and presentations due to the evolving nature of NHSN structures and communicate the changes to the hospitals and CDC, in particular after the release of new version of NHSN in February of 2013.

Example of problems:

Date	Description
February 25, 2013	Participation Alert report treating 2012 data differently than 2013 data
February 28, 2013	CLABSI SIR not calculating correctly (solved)
March 4, 2013	Exporting NHSN files - Naming of files not working (solved)
March 7, 2013	SSI Procedure Line Listing not including plan variable
March 12, 2013	New Plan variables for MRSA BSI and CDI SIR file which are blank
March 15, 2013	Reporting of zero events not working for MRSA/VRE BSI if 'All Specimens' is selected in plan
March 18, 2013	Confirming we need to update confer rights template to get LTAC and Rehab surveys
March 19, 2013	Antimicrobial susceptibility data no longer available (solved, see below)
March 20, 2013	Confirming we need to update confer rights template to get LTAC and Oncology CLIP data
April 2, 2013	Antimicrobial susceptibility data restored
April 8, 2013	13 files with no data (solved)

- 4,200 emails sent to hospitals since January of 2013 through HAI_DATA.
- Perform quality assurance and control of the HAI data:
 - Assist hospitals in identifying potential systematic data errors by reviewing hospital-specific NHSN data and notifying hospitals of potential discrepancies.
 - Distribute quality assurance and control reports, which identify missing, incomplete, or potentially aberrant data for the reporting period.
 - Strongly encourage hospitals to investigate and resolve any data issues, as appropriate.
 - Email and call those hospitals with incomplete data in NHSN.

- Encourage hospitals to do a final review to make corrections and enter missing data in NHSN before the final data download for reports.
- Support testing of a secured CDPH website (CalHEART) that is improving interaction with facilities and allowing them to view quality assurance and control reports on a regular basis.
- HAI and HAI process measure data (CLABSI/CLIP, *C. difficile*, Healthcare worker Flu vaccination, MRSA BSI, SSI, and VRE BSI) download, clean up, quality control measures, and analysis for the mandatory reports. Changes to previous reports:
 - Flu vaccination data download from NHSN
 - Reporting of CLABSI and CLIP data together
 - *C. difficile* -- use of CDC NHSN risk adjustment model and generation of SIRs for all general acute care hospitals except for LTACs; reporting rates for LTACs
 - MRSA BSI – use of CDC NHSN risk adjustment model and generation of SIRs for all general acute care hospitals except for LTACs; reporting rates for LTACs
- Help with the design of a CRE survey project that aims to determine the prevalence of CRE in California hospitals
- Work on a Brief Communication: ‘CLABSI Rates in General Acute Care Hospitals in California: Public Health Implications and Prevention Opportunities’
- Analysis of data for a *C. difficile* Collaborative project
- Work with the Metrics Group in researching the best methods for data presentation and risk adjustment (presenting comparable data) that supports the NHSN risk adjustment methodology, which is an evolving, iterative process.
- Respond to management requests for additional data and clarification of categories
- Respond to hospital, public, and media inquiries
- Respond to urgent CDPH requests for updates on hospital compliance with reporting statutes