

MUC ID	Measure Title	Description	Measure Type	Annemarie Flood City Of Hope
E0431	Influenza vaccination coverage among healthcare personnel (HCP)	Percentage of healthcare personnel (HCP) who receive the influenza vaccination.	Process	Influenza Immunization of HCW is an important patient and employee safety issue supported by multiple infection prevention societies(http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Health_Care_Worker_Immunization/Statements/IDSA_SHEA_PIDS%20Policy%20on%20Mandatory%20Immunization%20of%20HCP.pdf). It is a required reporting metric in California. Four categories of HCW are reported. Employees, LIPs, Volunteers , Trainees and Student and other Contractors. Data collection, clean up and reporting does require time as our process utilizes an excel spreadsheet generated by Employee Health that Infection Prevention utilizes for the report. Estimate about 8-16 hours for Infection Prevention, mostly at the end of the Flu season
E1716	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Standardized infection ratio (SIR) of hospital-onset unique blood source MRSA Laboratory-identified events (LabID events) among all inpatients in the facility	Outcome	The MRSA LabID event is also a California required Metric. It is different from CLABSI as it tracks secondary BSI as well. The burden is collection is relatively low, especially if the hospital has data mining ability. Many Hospitals in CA have very low case counts of MRSA BSI. (http://www.cdph.ca.gov/programs/hai/Documents/2012-MRSA-BSI-T1-T4.pdf). MRSA has been reported as being in decline for the last decade. (Dantes, Raymond, et al. "National burden of invasive methicillin-resistant Staphylococcus aureus infections, United States, 2011." JAMA internal medicine 173.21 (2013): 1970-1978.) . Resources maybe better placed elsewhere.
E1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile (CDI) Outcome Measure	Standardized infection ratio (SIR) of hospital-onset CDI Laboratory-identified events (LabID events) among all inpatients in the facility, excluding well-baby nurseries and neonatal intensive care units (NICUs)	Outcome	Again this is a California required Metric. While it would not cause any additional burden of reporting , it must be recognized that oncology patients frequently have health care exposures prior to presenting at a comprehensive cancer facility. Chemotherapy, broad spectrum antimicrobial use for neutropenic fevers,, and graft vs. host disease are associated with increased rates of CDI especially in the early post transplant period . (Alonso, Carolyn D., et al. "Epidemiology and outcomes of Clostridium difficile infections in hematopoietic stem cell transplant recipients." Clinical infectious diseases 54.8 (2012): 1053-1063.). This may represent the expression of diseases in a patient colonized elsewhere , and not ongoing transmission in the hospital.
E1659	Influenza Immunization	Inpatients age 6 months and older discharged during October, November, December, January, February or March who are screened for influenza vaccine status and vaccinated prior to discharge if indicated.	Process	City of Hope has a large HSC T population. While life long Influenza immunization is recommended for such patients, their immune system must recover before immunizations can be effective. Therefore the recommendation is to wait 6 months post transplant before immunizing against the flu.(Dykewicz, Clare A. "Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients: focus on community respiratory virus infections." Biology of Blood and Marrow Transplantation 7.12 (2001): 19S-22S.). Performing such surveillance would not represent a good return on investment as the majority of our inpatients would not be candidates for immunization.