The Centers for Disease Control and Prevention (CDC)

NHSN e-News

NHSN Dialysis Event Surveillance

With the upcoming NHSN release, the Dialysis Event form and Outpatient Dialysis Center Practices Survey have been modified in response to user feedback:

Dialysis Event Form

Users will be able to:

- Indicate if the patient was admitted/readmitted to their dialysis facility on the dialysis event date
- Specify whether the "other access device" is a catheter-graft hybrid
- Make general comments specific to the "Risk Factors" section, such as the type of material used for a patient's graft or clarification if the patient has more than one vascular access device of the same type

New 2013 Outpatient Dialysis Center Practices Survey

A revised version of the Outpatient Dialysis Center Practices Survey has been developed for 2013! It will be available for printing from the NHSN Dialysis Event Homepage (http://www.cdc.gov/nhsn/psc_da_de.html) before January 1, 2013. The survey includes several questions about staff and patients who are present during the first week of January, so users are strongly encouraged to complete the new survey **on paper** during this time.

This new survey cannot be entered into NHSN until after the next NHSN version release, which is presently scheduled for mid-February. Beginning January 1, upon login users will be prompted to enter a 2013 survey. We recommend that you use the new form to collect the data on paper, but **wait until after mid-February to enter the data online into NHSN**.

Inside this Issue:

NHSN Dialysis Event Surveillance

Changes to the Outpatient Dialysis Center Practices Survey for 2013 will be:

- Several questions have been clarified to ensure everyone interprets the question in the same way (if in doubt, you can always email nhsn@cdc.gov with "Dialysis Event" in the subject line for clarification).
- A few new questions have been added to keep up-to-date with current practices. Examples include:
  - ◊Does your facility use hemodialysis machine Waste Handling Option (WHO) ports?
  - ◊Do technicians administer any IV medications (e.g., heparin, saline)?
  - ◊Does your facility participate in any national or regional infection prevention initiatives?
  - ◊Do you follow CDC-recommended Core interventions to prevent bloodstream infections in hemodialysis patients?

We will notify you via email when revised forms are available for download/printing from the NHSN Dialysis Event Homepage (http://www.cdc.gov/nhsn/psc_da_de.html). Please contact nhsn@cdc.gov with questions and include "Dialysis Event" or "Dialysis Survey" in the subject line.

Hemovigilance Module Update

Stakeholder Group and Subject Matter Expert Workgroup

In a new effort to obtain input from collaborating organizations and participating transfusion services, the CDC has established a Stakeholder Group and a Subject Matter Expert (SME) workgroup for the Hemovigilance Module. The Stakeholder Group has been convened to foster collaboration with organizations that might benefit from Hemovigilance Module data. The SME workgroup is responsible for proposing modifications to improve participation and data quality, including changes to simplify requirements.

Training Material

The Incident Reporting training slides have been updated and a new Quick Reference Guide, Biovigilance Component Alerts, has been added. We recommend all users review the updated training slides as well as the new reference guide. To view the new training material, please visit the Biovigilance Component website at http://www.cdc.gov/nhsn/bio.html.

AABB Audioconference

The Biovigilance Component team will be participating in AABB's Audioconference Series on Wednesday, December 19, 2012. The Audioconference will include a demonstration of the NHSN Hemovigilance Module. For more information, please visit AABB's website at www.aabb.org.

March 2013 NHSN Hemovigilance Module Training Workshop

There will be a free, comprehensive training workshop on the NHSN Hemovigilance Module in Atlanta on March 6th, 2013, at the CDC. The workshop will cover surveillance requirements, adverse reaction and incident definitions, and a hands-on demonstration of the NHSN application and analysis features. Travel will be sponsored for one attendee per participating NHSN facility until space is filled. For more information, please visit http://events.SignUp4.com/NHSNHemoModuleTrainWorkshop.

Feel free to send your questions and feedback to nhsn@cdc.gov with "Hemovigilance" in the subject line.

Healthcare Personnel (HCP) Influenza Vaccination Summary

The Healthcare Personnel (HCP) Influenza Vaccination Summary reporting option is available for use in NHSN. The protocol, data collection forms, training slides, operational guidance, and FAQs are now posted on the HPS Component Vaccination Module page: http://www.cdc.gov/nhsn/hps_Vacc.html. Acute care facilities participating in the CMS Hospital Inpatient Quality Reporting (IQR) Program are required to report HCP influenza vaccination summary data beginning January 1, 2013. However, for the 2012-2013 influenza season, acute care hospitals can submit data for the entire influenza vaccination season to NHSN, and CMS will accept voluntarily submitted data for vaccinations given prior to January 1, 2013, even though submission of these particular data is not required by the CMS rule.

Acute care facilities can report HCP influenza vaccination summary data from October 1 (or when the vaccine became available) through March 31, which includes all influenza vaccinations administered during the influenza season at the facility or elsewhere, medical contraindications, and declinations to influenza vaccination. Users must also report associated denominator data for HCP physically working in the acute care hospital for at least 30 working days between October 1 and March 31 of the influenza season, regardless of clinical responsibility or patient contact. Data must be reported separately for employees, licensed independent practitioners, and adult students/trainees and volunteers. Reporting summary data for other contract personnel is optional at this time.

CDC conducted five live training webinars on the HCP Vaccination Module in October and November 2012. Participants learned about NHSN requirements for reporting healthcare personnel influenza vaccination summary data. The PowerPoint presentation slides and re-casts of these webinars are available for viewing at: http://www2.cdc.gov/vaccines/ed/nhsn/. Please note that the content of each webinar is the same. For questions related to the HCP influenza vaccination summary reporting, please e-mail NHSN@cdc.gov and include 'HPS Flu Summary' in the subject line.

There are many changes, revisions, and updates for NHSN in the next release planned for February 16, 2013. Although these changes will not be implemented in the NHSN application until this release, users are expected to follow all updated guidance, definitions, rules, and criteria as of January 1, 2013. The improvements are highlighted below, but should be reviewed by NHSN users in detail in the NHSN protocols, which will all be updated and posted to the NHSN website before December 31, 2013. The dates posted on each of the protocols should read January 2013, in order to be considered the most up-to-date information. Additional guides will also be distributed to NHSN users and posted to the website as they become available.

- Small revisions have been made to all of the Annual Facility Surveys, and any surveys associated with the Patient Safety Component will no longer have the option to "Copy from Previous Year", so please be sure to use the updated and posted January 2013 copies of the survey forms when you collect your 2012 data, to be entered after the February 16, 2013 release but before March 31, 2013.

- A new survey related to the Healthcare Personnel Influenza Vaccination Summary reporting will be available. This survey collects information on the facility's influenza vaccination campaign for a specific influenza season. This survey is optional at this time, but is requested to be completed and will be found at http://www.cdc.gov/nhsn/hps_Vacc.html.

- The existing NHSN Organisms Lists will all be updated and new lists will be added for printing (i.e., uropathogens and organisms for mucosal barrier injury reporting), so please be sure to review and download the new January 2013 NHSN Organisms Lists file and all of the included tabs. This file can be found at http://www.cdc.gov/nhsn/XLS/master-organism-Com-Commensals-Lists.xlsx.

- Fourteen new Oncology locations will be added for use by cancer hospitals as well as general acute care facilities. Please see the updated January 2013 locations file for the complete updated listing of all locations, their codes and descriptions, available within NHSN and found at http://www.cdc.gov/nhsn/PDFs/master-locations-descriptions.pdf .

- New "2-day calendar" rules and definitions will be added for the determination of healthcare-associated infection, device-associated infection, location of attribution, and transfer rule. These definitions are described in detail in the updated protocols and key terms chapters of the Patient Safety Component Manual, the latter of which also includes examples of how to apply these terms.

- New criteria will be added for the optional specification of Mucosal Barrier Injury (MBI) within the reporting of a central line-associated bloodstream infection (CLABSI). The details of the added criteria and the organisms acceptable for this reporting can be found in the January 2013 updated BSI protocol. The reported MBIs will not be removed from CLABSI case counts reported for CMS purposes in 2013, as this reporting will not be available via CDA until 2014.

- New Ventilator-Associated Event (VAE) reporting will be available after the February 16, 2013 release for adult patients ≥ 18 years old. Ventilator-Associated Pneumonia (VAP) reporting "in-plan" using the PNEU criteria will no longer be available for adult patients beginning January 1, 2013. VAP using PNEU criteria for pediatric patients will still be available in 2013, until specific pediatric criteria are defined for VAE.

- There are a number of changes being implemented to procedure and surgical site infection (SSI) reporting, so please refer to the updated January 2013 SSI protocol and review all details. The definition of primary closure will be revised to include procedures where devices remain extruding through the incision at the end of surgery. The requirement for reporting implant will be re-moved. Follow-up for SSI surveillance will be limited to 30 days for all SSI types and operative procedures, except for a subset of 14 procedures that will require a 90-day follow-up period for deep incisional and organ/space infections. The NHSN Principal Operative Procedure Category Selection lists have been revised to reflect current NHSN SSI data with the order of procedures updated. Data fields required for saving a record will be the same for reporting data "in-plan", according to the Monthly Reporting Plan, and "off-plan".

- A number of features and reports will be added to the Analysis Output Options. Annual updates will be made to the device-associated rates. SIR analysis output will be added to the MRSA blood and *C. difficile* LabID event data. Reports will be added for new data being sent to CMS, including LTAC and IRF data, HCP influenza vaccination summary data, and MRSA blood and CDI LabID event data. Additional output will be available for summary antimicrobial use and biovigilance data. A reference list will be provided for custom fields and labels in the Patient Safety Component. Analysis functions will be added to the Long-Term Care Facility Component (i.e., skilled nursing facility reporting).

Please watch for the January 2013 updated protocols, reporting forms, and additional guidance documents to be posted to the NHSN website for your review and use. All previous protocols and forms will be outdated and obsolete for reporting beginning January 1, 2013. Remember that the new reporting updates will not be implemented or available within the NHSN application until after the next release on February 16, 2013. Therefore, data should be collected according to the new protocols and held on paper copies of the new forms until data entry capability becomes available in NHSN after February 16, 2013.

Patient Safety

Determining Temperature for Healthcare-associated Infection (HAI) Surveillance

A few facilities have requested clarification on identifying appropriate patient temperatures for HAI surveillance. The issue revolves around utilizing the documented temperature or some other temperature based on a facility policy. Here is an example highlighting the issue:

A facility has a policy which states that documentation of patient temperature will include both the numeric reading and the route of measurement, e.g. 37.7°C (axillary). The facility's policy further states that for temperatures collected via the axillary and tympanic routes, that 0.5°C should be added to the measurement when used for clinical decision making. In the example cited, the temperature utilized for clinical decision making is 38.2°C although the temperature documented in the chart is 37.7°C (axillary). Which temperature should be utilized when applying the NHSN HAI criteria?

For now, facilities should utilize the temperature used for clinical decision making for its HAI surveillance as well. In the example provided, 38.2°C would be utilized for HAI surveillance. This will require that Infection Preventionists are aware of their facility's temperature policy. Furthermore, such policies should be available to share with outside agencies which may be involved in validation of the facility's HAI data.

This issue will be considered by the Surveillance Working Group of the Healthcare Infection Control Practices Advisory Committee. The final determination will be communicated to NHSN users.

Reminder: CMS Reporting Requirements for MRSA Blood and C. *difficile* LabID Events are to Begin On January 1, 2013

Instructions for Mapping Patient Care Locations in NHSN

Last month, we sent an email to all Patient Safety Component participants with location mapping instructions for 2013. Note that beginning in January 2013, hospitals that participate in CMS's Hospital Inpatient Quality Reporting (IQR) Program will be required to report MRSA bacteremia LabID Events and *C. difficile* LabID Events to NHSN, overall facility-wide. This will require that ALL inpatient hospital locations be individually mapped in NHSN, in accordance with our updated guidance.

As a reminder, we ask that you carefully review these instructions on mapping all of your hospital inpatient locations in preparation for 2013 reporting. This document includes important information about the use of "virtual" locations and mixed acuity locations. Also in this document, you'll find updated clarification on the 80% rule, including expansion of the medical/surgical definition percentages. This document is available at: http://www.cdc.gov/nhsn/PDFs/psc/MappingPatientCareLocations.pdf and will be incorporated into the CDC Locations and Descriptions chapter of the Patient Safety Component Manual.

If your facility participates in more than one NHSN component, please discuss any potential changes in location mapping with the primary contact of each component, as locations may already be mapped and currently be in use by other NHSN component users in your facility.

- Having trouble importing CDA zip files? Contact your vendor for assistance to start. If they are unable to identify any issues, contact us at nhsncda@cdc.gov for additional troubleshooting. Always be sure to send along your PDF error report – on the screen in NHSN that tells you that the import failed, click the button labeled "Error Report" at the bottom of the screen. A new PDF window will be displayed with additional error information. Save that PDF and attach it to your email.

- You can now provide your vendor with a list of all of your NHSN location codes and mappings more easily. In the NHSN location manager (click on Facility > Locations in the navigation bar), there is a button labeled "Export Location List." Click on that button to export all of your locations and their mappings out of NHSN into any of a variety of formats, including Excel.

- More facilities are coming on-line as early adopters of the Antimicrobial Use Option in the NHSN Antimicrobial Use and Resistance Module. Data are only able to be reported to the AU Option via CDA, and users uploading CDAs must have administrative rights. If your infectious disease pharmacists approach you with interest in reporting AU data, note that they will need to have administrative rights - or you will need to have a user with administrative rights upload AU data for them. In early 2013, NHSN will be updated to have a new role that will allow pharmacists to have rights to upload data for the AU Option only.

Website Redesign Announcement

The NHSN Website has undergone a makeover! We launch our new look in January 2013.

C. *difficile* LabID Q & A

Q1. How do I determine which location to attribute a CDI LabID Event?

Answer: Location attribution is based solely on where the patient is assigned when the specimen is collected. There are no subjective decisions allowed for location attribution for LabID event reporting. The transfer rule does not apply for LabID Events.

Q2. Can I enter a CDI LabID Event for a toxin-positive stool specimen that was collected in the Emergency Department if the patient is subsequently admitted to an inpatient location?

Answer: If a specimen collected in the emergency department is positive for CDI, and the patient it is collected from is admitted to the facility on the SAME date into an inpatient location that is monitoring LabID events for CDI, then that specimen can be reported as the first specimen for the patient in that ADMITTING INPATIENT LOCATION.

Q3. How will NHSN categorize a CDI LabID Event if the patient was symptomatic on admission, but the toxin-positive stool specimen was not collected until day 4 of admission?

Answer: NHSN will categorize the event as healthcare facility-onset (HO) since the first positive stool specimen was collected after 3 days of admission (on or after day 4). LabID Event categorizations of HO and CO are based on date of admission to the facility and specimen collection date, and do not take into consideration signs/symptoms.

Q4. What locations should be excluded from denominator data for CDI LabID Event Reporting?

Answer: NICU, SCN and Well-baby locations, including babies in the LDRP locations.

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NHSN Enrollment Update (as of December 1,
2012):

5,227     Hospitals (this includes 504 Long-Term
          Acute Care Hospitals and 249 Free-
          standing Inpatient Rehabilitation
          Facilities)

5,778     Outpatient Hemodialysis

251       Ambulatory Surgery Centers (ASCs)

63        Long-term Care Facilities

11,319   Healthcare Facilities Enrolled
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The National Healthcare Safety Network (NHSN) is a voluntary, secure, Internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC.

During 2008, enrollment in NHSN was opened to all types of healthcare facilities in the United States, including acute care hospitals, long-term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long term care facilities.

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Teresa Horan Set to Retire from CDC

Teresa Horan is retiring from the Centers for Disease Control and Prevention (CDC) after over 28 years of illustrious service in the agency's Division of Healthcare Quality Promotion and its predecessor units. Teresa joined the CDC and the Hospital Infections Program in 1984, working first as Coordinator of the National Nosocomial Infections Surveillance (NNIS) System and subsequently leading the transition from NNIS to the National Healthcare Safety Network (NHSN), which was launched in 2005. Her superb contributions to surveillance and prevention of healthcare-associated infection are singularly important to the field and an inspiration to her CDC colleagues, frontline infection preventionists, and other professionals working to improve patient safety throughout the United States and internationally.

Teresa's contributions to HAI surveillance are legion. In her role NNIS coordinator she taught, led national workshops, and provided consultations for hundreds of infection control professionals (now known as infection preventionists). She prepared and maintained pivotally important NNIS surveillance manuals, each of which integrated cutting-edge information about HAIs and their epidemiology with best practices for targeted HAI case finding, data analysis, and application of results to prevention. She conducted numerous analyses using HAI surveillance data, and during her CDC career she published over 50 scientific articles and commentaries, many of which are among the most-cited publications in the field. She also was a principal author of the chapter on HAI surveillance for numerous editions of the leading texts on healthcare epidemiology.

She was instrumental in writing the 1999 Healthcare Infection Control Practices Advisory Committee (HICPAC) guidelines for preventing surgical site infections and was a major contributor to the 2005 HICPAC guidance on public reporting of HAIs. As her stature in infection prevention grew nationally and internationally, she served as consultant to Ministries of Health, Schools of Public Health, and professional organizations in more than a dozen countries.

At CDC, she led the transition from the DOS-based NNIS to its web-based successor NHSN, which was launched seven years ago and now includes participation by healthcare facilities in all 50 states. In recent years, she has led educational and data quality assurance programs for NHSN, bringing to bear her exceptional subject matter expertise and her unparalleled experience with HAI surveillance.

Teresa has served with distinction in the U.S. Public Health Service Commissioned Corps, achieving the rank of Captain, volunteering for numerous Commissioned Corps deployments, and receiving numerous awards for her service. Her illustrious career and enormous contributions are highly praised by her professional peers. In 2006, she was awarded the Carole DeMille Achievement Award by the Association for Professionals in Infection Control and Epidemiology (APIC), the organization's highest honor. Her commendation noted that she had inspired professionals around the world to strive for better monitoring, prevention, and management of HAIs. In 2012, Teresa received the prestigious William G. Watson, Jr., Medal of Excellence from CDC's National Center for Emerging and Zoonotic Infectious Diseases for her extraordinary career achievements.

More than any other individual, Teresa has shaped HAI surveillance in the United States for nearly three decades. Her efforts amount to a uniquely important contribution, the consequences of which are that HAI surveillance serves as a model of how to collect, analyze, and apply data in ways that prevent adverse events in healthcare. Her accomplishments will yield benefits for patients and public health for years to come.