NHSN National Healthcare Safety Network

E-News

Volume 4, Issue 2 May 2009

NHSN Announces New Website

Features User-friendly Layout and Options

www.cdc.gov/nhsn/index.html

The NHSN team is proud to announce the release of the new NHSN website. Following months of development the website boasts both new content such as postings of all NHSN blast e-mails, as well as new features such as GovDelivery which allows NHSN users to enroll in a service which automatically e-mails subscribers when new content has been added to the NHSN website. If you're interested in this service, simply go to the home page and enter your e-mail address in the box under Get E-mail Updates on the right side of the page.

In addition, the website also offers NHSN users a limited-time ability to print the entire new NHSN manual, (including the most recent revisions of the UTI criteria) from one document--all 205 pages of it. This document will only be available for a short-time, until the first revision is necessary. After that, the manual will be available by module on the appropriate webpages.∞

INSIDE THIS ISSUE

NHSN Members Meeting

Monday June 8th at APIC 2009

Coming to the APIC 2009 Conference in Fort Lauderdale in June? If so, then please join us for a Members Meeting from 5:15-6:15 p.m. on Monday June 8th in room Floridian A of the convention center. Learn what's new in NHSN and get answers to your questions.∞

Biovigilance Component Release

The **Hemovigilance Module** was launched May 7, 2009 in nine pilot facilities. The Hemovigilance Module is the first part of the new Biovigilance Component to be developed in NHSN. The result of a unique public-private partnership between CDC and subject matter experts convened by AABB, this module is designed for staff in healthcare facility transfusion services to track adverse events, including recipient adverse reactions and quality control incidents, related to blood transfusion. Adverse reactions and incidents related to blood transfusion that occur in healthcare can be reported by participating facilities now that standard definitions and criteria for categorizing and reporting

adverse reactions and incidents have been developed. Participating facilities will be able to analyze their own data, and, where appropriate, independently compare their data with national aggregate rates in a confidential

continued on page 3

Erratum for Umbilical Catheter (UC)-associated BSI rates

Published in the NHSN Report, data summary for 2006-2007.

It has come to our attention that the pooled mean Umbilical Catheter Bloodstream Infection rates for level II/III NICUs are incorrect in the publication *National Healthcare Safety Network (NHSN) Report, data summary for 2006-2007, issued November 2008* in the American Journal of Infection Control. The corrected rates are:

Birth-weight category	Pooled mean
≤ 750 grams	5.9
751-1000 grams	2.0
1001-1500 grams	1.3
1501-2500 grams	0.7
> 2500 grams	0.7

∞

Saving Keystrokes When Entering SSI Events

We advise facilities that are entering an SSI to enter the event type and date, then link it to the procedure **before** completing any additional information. This will allow some information from the procedure record (such as proc code, outpatient, proc date) to autofill in the event record, and will also help to avoid errors that might prevent linking. ∞

Need to Enroll Another Facility?

If you need to enroll another facility in NHSN as the facility administrator, you will not need a new digital certificate. Instead, please contact us at nhsn@cdc.gov and inform us that you would like to enroll another facility. We will provide you with the instructions needed to complete this process.∞

NHSN releases Version 4.0.2.7

At midnight on May7, 2009, NHSN released version 4.0.2.7. In addition to the hemovigilance module which is being piloted in 9 facilities, several other enhancements were made to the system including:

1. Implementation of the new UTI definition for year 2009 UTIs. NOTE: For CAUTI rate tables, NHSN aggregate data will not be displayed for time periods after 2008. For CAUTI control charts, if the time period is not limited to 2008 and earlier, NHSN aggregate lines will not be displayed.

2. A new output option for CLIP adherence rates that is comprised of adherence rates for 11 different process measures. See Output Option screen under:

- Device-Associated Module
  - Central Line Insertion Practices
    - Rate Table - All Practice Adherence

Running this output option will result in one page for each location/process measure. For output in a more horizontal manner with all measures for each location/occupation/month on a single line, you can export either the analysis dataset or the output dataset to any available format, e.g. Excel.

3. A new output option called “SIR Table - SSI Data by Surgeon” is now available joining an existing option called "SIR Table - SSI Data by Procedure." Both options include only those procedures for which all of the elements of the risk index are non-missing and aggregate rate data exist. This new option additionally requires the surgeon code field to be non-missing and will otherwise exclude procedures with missing values.

To assist users in determining whether any procedures were excluded, there will be an additional table listing those procedures excluded from the SIR tables either by surgeon or procedure. The following footnote will be displayed after either SIR table, and users are encouraged to review those procedures excluded from SIR calculations to ensure completeness of their data:

“If infCount in this table is less than you reported, either element(s) of the risk index are missing or the surgeon performed operative procedures for which aggregate data are not available to calculate numExp. See the table below for excluded procedures.” ∞

UTI Reminder

If your facility entered UTIs with a 2009 event date prior to NHSN 4.0 being released, these events are now marked as "Incomplete." These events will need to be updated to meet the new UTI definition. This can be done by going to Event > Incomplete. By clicking on an Event ID, you will be brought to an Edit Event screen where you can update the following fields: Urinary Catheter, Specific Event Type, specific event criteria, and, if necessary, Pathogen.

NHSN Questions and Answers

Inquiring Minds Want To Know

Q: Are pin-site infections considered SSIs?

A: No. Pin-site infections are not considered NHSN SSIs. Depending on the symptoms present, they may meet the criteria for a Skin and Soft Tissue Infection (SST). See Chapter 17 of the NHSN manual for specific SST-site criteria.

Q: Why do I get an error when I try to enter a superficial SSI into NHSN?

A: By definition, superficial incisional SSIs must develop within 30 days of the surgical procedure, even if an implant is involved. If an implant was placed during the operative procedure, only deep incisional or organ/space SSIs can be reported if they develop more than 30 days postoperatively.

Q: What is the meaning of the phrase "not related to infection at another site" as part of the Laboratory-Confirmed Bloodstream Infection (LCBI) criteria?

A: Please see the diagram on page 4 for detailed guidance in answering this question.

Q: What is included in the "NHSN CLIP Bundle"?

A: In the analysis options of NHSN, users may opt to determine their facility or unit adherence to the Central Line Insertion Practices (CLIP) bundle. NHSN will analyze facility data and provide rates of adherence for central line insertions that incorporated ALL of the following criteria:

- Hand hygiene performed by inserter prior to insertion
- Maximum (all 5) sterile barriers used
- Skin prepped with chlorhexidene gluconate, or for infants less than 2 months old, skin prepped with any of the listed agents
- Skin prep agent is completely dry at time of first skin puncture

If just one of those items is N, then CLIP Bundle will be "N". To determine what items were answered "N", run a line list of central line insertions and where "Specify Selection Criteria", "CLIP Bundle = N" is chosen. This will provide a snapshot of opportunities for improving Central Line Insertion Practices.∞

Biovigilance Component Release

(cont. from page 1)

manner through NHSN. Following testing, it is anticipated that open enrollment for all facilities will begin in early 2010.

USEFUL LINKS

NHSN Website

NHSN Manual- Patient Safety Component Protocols

DHQP Website

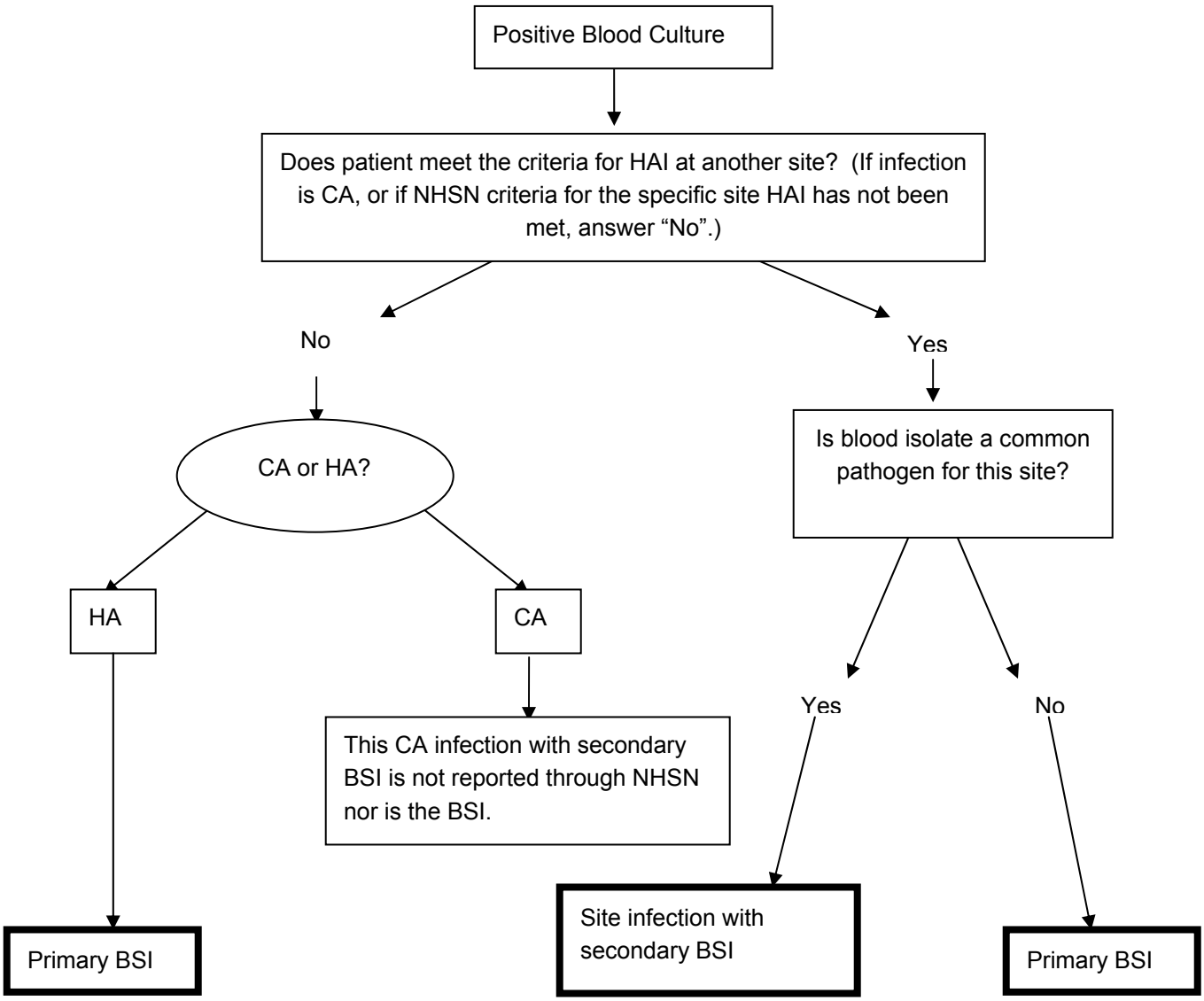
Got an NHSN Question?:

Email: NHSN@cdc.gov

What is the meaning of the statement "not related to infection at another site" in relation to a positive blood culture?

The goal of NHSN (CDC) infection site criteria is to identify and consistently categorize infections that are healthcare-associated into major and specific infection sites or types. Several of the criteria include the caveat that signs, symptoms, and laboratory findings may not be related to infection at another site. When assessing positive blood cultures in particular, one must be sure that there is no other CDC-defined primary source of HAI that may have seeded the bloodstream secondarily, otherwise the infection may be misclassified as a primary BSI or erroneously associated with the use of a central line.

If the CDC criteria for the remote infection require a culture, then the organism(s) cultured from that site must match the organism(s) in the blood culture. In instances where a culture of the involved site is not required for NHSN criteria, and no such culture is collected, it may be necessary to use clinical judgment regarding the likelihood of it causing a secondary blood stream infection (BSI). In these instances, the following guidance may be used to help determine the relatedness of remote sources of infection to a positive blood culture:



BSI= bloodstream infection
HAI= healthcare-associated infection
CA= community acquired