NHSN National Healthcare Safety Network

E-News

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Quality Assurance Efforts

Maximizing the Accuracy of the Data

Periodically, NHSN audits reports of facilities to identify data problems. One of the first questions that is asked in this process is *'Do these data make sense'*?

In reviewing surgical site sifection (SSI) data, we have identified many SSI rates exceeding 50%. Most of these rates involve very small denominators. This suggests that some facilities may not be entering records for all procedures being monitored in plan, but may instead only be entering procedures associated with SSIs.

Emails have begun to be sent to the Patient Safety Primary Contact at these facilities. They will be asked to investigate the accuracy of their data, correct any errors within the NHSN system and communicate their findings with the NHSN team.

We have also noted inaccuracies on procedure records that are imported into NHSN. An example of inaccuracies include reporting the use of an endoscope in a knee arthroplasty (KPRO). According to NHSN

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INSIDE THIS ISSUE

A Rale is Just a Rale...Or is it?

There are 2 selections for rales in the signs and symptoms list on the PNEU form and data entry screen. Which one should I use to report a PNU1?

Infection Preventionists monitoring infant and pediatric patient populations are well aware of the different clinical presentations these patients can exhibit compared to adults. It is for this reason that for many sites of infection, NHSN has Alternate Criteria specific for these patients. Meeting these Alternate Criteria is sufficient to report the infection.

For example, clinically-defined pneumonia (PNU1) has 3 sets of criteria: 1) for patients of any age (Any Patient Criteria), 2) for infants ≤1 year old, and 3) for children >1 and ≤12 years old. If a 3-month-old patient meets the Any Patient criterion set but not the Alternate Criteria set, the PNU1 should be reported. The logic rules in the data entry screen of NHSN will allow such a record to be saved. However, be aware that if rales are included as one of the signs used to meet criteria, you must select the right rales choice from the signs and symptoms list in order for the record to save. For the Any Patient criteria, you should select the choice "Rales or bronchial breath sounds". If instead your patient met the Alternate Criteria for infants ≤ 1 year old, and rales were one of the signs exhibited, you must select the choice "Wheezing, rales, or rhonchi", otherwise upon saving the record an error message will be displayed. Unfortunately, the current error message is not very descriptive of the actual problem. Therefore, we will be refining it in an upcoming release, and adding a footnote to the form. Stay tuned!∞

Q/A Cont.

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protocol, endoscopes should only be reported as used when the ENTIRE surgical procedure is completed through the scope.

If your facility is importing procedure data into NHSN we ask that you please review a representative sampling of the data and correct any identified problems with the data or processes. Thank you for your assistance in these matters.∞

"Two or More Blood Cultures...."

Recently users have suggested that they are unsure about the meaning of the phrase "separate occasions" regarding blood cultures for central line-associated bloodstream infections (CLABSI) involving common skin contaminants. In simple terms, fulfillment of this criterion requires that at least 2 blood cultures are drawn:

- Within 2 days of each other

AND

- At least one bottle from each set grows the same common skin contaminant.

Please note that blood cultures drawn at the same time from more than one site or within moments of each other from different sites satisfy this criterion. Peripheral venipuncture is the preferred method for obtaining blood cultures.∞

Can't Generate Aggregate CAUTI Data?

Because of the changes to the catheter-associated urinary tract infection (CAUTI) definitions which were instituted on January 1, 2009, NHSN aggregate data will not be displayed for time periods after 2008.

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The Case of the Missing Manual

Are you wondering what happened to the NHSN "Manual as a Whole", from the NHSN website? It has been removed. One advantage of our new website is the ability to post changes to the manual as needed. You may remember that we stated that once the manual was updated, it would only be maintained in individual chapter form. Well, the first changes have been made and are outlined below. We will do our best to keep you informed of such changes, when they occur, by way of this newsletter, or via e-mail for more pressing issues. *Note that from this point forward, chapters in the manual may have various creation dates.*

Changes:

For Central Line Insertion Practices Adherence (CLIP)events, it is now possible to enter "Other" for skin preparation if the product used is not listed. "Other" should only be entered if the product used does not fit into one of the other listed skin preparations. This information has been added to Table 3 Instructions for Completion of the CLIP Adherence Monitoring Form.

The header on Table 1 on page 7-7 has been corrected to read "…at Time of Specimen Collection".

Additionally, the following clarification of instructions have been made to Chapter 14, the Tables of Instructions.

Data Field	Addition or Change
Table 6: Instructions for Completion of Denominators for Intensive Care Unit (ICU)/Other Locations	
Number of patients with 1 or more central lines	Added: If the patient has only a tunneled or implanted central line, begin recording days on the first day the line was accessed and continuing throughout the entire stay.
Table 19: Instructions for Completion of the Laboratory-identified MDRO or CDAD Event Form	
Has patient been discharged from your facility in the past 3 months?	Now reads: Circle "Yes" if the patient has been an inpatient and discharged from your facility in the *three months prior to current Date Admitted to Facility*, otherwise circle "No"

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Missing Manual Cont.

Tables 2,4,12: Instructions for Completion of Primary Bloodstream Infection (BSI), Pneumonia (PNEU) and Surgical Site Infection (SSI) Forms.	
MDRO infection surveillance	Now reads: Enter "Yes" if the identified pathogen is being followed for the MDRO/CDAD Module for Infection Surveillance *in that location…*"

Additionally, the CDC Form numbers for the following Tables of Instructions have been corrected:

Table 15: High Risk Inpatient Influenza Vaccination Monthly Monitoring Form- Method B (CDC 57.131)

Table 16: High Risk Inpatient Influenza Vaccination Method B Form-Part 1 (CDC 57.132)

Table 17 High Risk Inpatient Influenza Vaccination Method B Form-Part 2 (CDC 57.133)∞

Aggregate Data Cont.

For CAUTI control charts, if the time period is not limited to 2008 and earlier, NHSN aggregate lines will not be displayed. Once enough data are available to produce meaningful rates using the new definitions, NHSN will calculate and publish CAUTI rates beginning with 2009 data.∞

Digital Certificate Renewal Time

Many of you will probably be renewing your digital certificates in the near future. You will receive an email from NHSN informing you that your digital certificate will expire within 30 days. In that email there should be a link to apply for your new digital certificate.

Please be sure to apply at https://ca.cdc.gov using the Password: !cdc_sdn_apply!

Please do not forget the exclamation points. The password will not be recognized without them.

If for some reason your email address has changed, please have your facility administrator change it in NHSN or you will not receive the email.∞

NHSN Questions and Answers

Inquiring Minds Want To Know

Q: Is an intraabdominal infection that develops secondary to an anastamotic leak a complication of surgery, or a Surgical Site Infection (SSI)?

A: Both. Any infection that develops following an operative procedure and meets the SSI criteria is indeed an SSI. In the above instance, the anastamotic leak may have been the reason that the infection developed, but if the patient had not had the surgery, there would not have been an anastamotic leak.

Q: Are Hemoclips considered implants in NHSN?

A: We consider hemoclips to be implants because they are non-human derived objects that are permanently placed in patients during surgery and are not routinely manipulated. However, we recognize that identifying their use for surveillance purposes presents a unique challenge to most Infection Preventionists because hemoclip use may not be routinely documented in operative procedures records. We believe this issue may be worth discussing with your OR staff.

NHSN is not requiring data to be collected differently from the past to address this issue. Therefore, if you see a patient with late-onset deep incisional or organ/space SSI, and you become aware that hemoclips were used, you should report an SSI and indicate implant on the procedure form.

Q: Is an "infected hematoma" in a postoperative wound an SSI?

A: The fact that wounds can be labeled in various ways by different physicians is the reason that criteria rather than labels are used for determination of healthcare-associated infections in NHSN. A wound described as an infected hematoma, may indeed meet the criteria for a superficial or deep incisional SSI and should be identified as such if appropriate.∞