The Centers for Disease Control and Prevention (CDC)

NHSN e-News

Influenza Vaccination of Healthcare Personnel

Acute care hospitals participating in the Centers for Medicare & Medicaid Services' Inpatient Prospective Payment System (IPPS) Hospital Inpatient Quality Reporting Program will be required to submit summary data on influenza vaccination of healthcare personnel via the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) beginning on January 1, 2013 for the 2012-2013 influenza season. The NHSN module for reporting these data was made available in September 2012. Corresponding training materials, protocol, forms and instructions were also made available on the NHSN website in September 2012: http://www.cdc.gov/nhsn/hps_Vacc.html. Healthcare facilities may begin reporting data for the 2012-2013 influenza season prior to January 1, 2013; however, these data are <u>not</u> required by the CMS rule.

Hospitals will be asked to report vaccinations received by healthcare personnel at the facility, vaccinations received outside the facility, medical contraindications and declinations. Data must be reported for all employees on payroll, licensed independent practitioners (who are physicians, advanced practice nurses, and physician assistants affiliated with the hospital but not on payroll), and students, trainees, and volunteers aged 18 or older. Only healthcare personnel physically working in the facility for at least 30 days between October 1 and March 31 should be counted.

Acute care hospitals planning to report healthcare personnel influenza vaccination summary data should make sure their facility is enrolled in NHSN, the Healthcare Personnel Safety Component is activated, and that personnel who will be entering these data for the hospital (e.g. employee health staff) are given user rights to the component. Within the Healthcare Personnel Safety Component, monthly reporting plans must be created or updated to include healthcare personnel influenza vaccination summary reporting, before data can be entered.

Coming Soon: LTACs and IRFs

In October 2012 long term care hospitals (called long term acute care hospitals or LTACHs in NHSN) that participate in CMS's Long Term Care Hospital Quality Reporting Program will begin reporting CLABSI and CAUTI data from all inpatient locations to NHSN. For more information about the use of NHSN by LTACHs for this CMS quality reporting program please visit http://www.cdc.gov/nhsn/LTACH/ltc-welcome.html.

Also in October 2012, free-standing inpatient rehabilitation facilities (IRFs) and IRF units within hospitals that participate in CMS's Inpatient Rehabilitation Facility Quality Reporting Program will begin reporting CAUTI data from all inpatient locations to NHSN. For more information the use of NHSN by IRFs and IRF units for this CMS quality reporting program please visit http://www.cdc.gov/nhsn/IRF/irf-welcome.html.

Inside this issue:

Mark your calendars; it is time to start data collection and reporting!

Reporting electronically using Clinical Document Architecture (CDA) import

CDA is a reporting method in which data are imported electronically into NHSN instead of using manual data entry. NHSN now accepts imported dialysis event CDA files; however, your facility's timeline for being able to create these files depends on your CDA implementer. The CDA process requires time for programming, testing, and validation, which may delay your facility's ability to generate CDA files beyond the CMS reporting deadline of March 31, 2013. **Collect data and be prepared to report manually** until you are certain that data reported with CDA are complete and accurate.

Facility-level involvement

CDC recommends and CMS requires at least one staff member at the facility be trained in and knowledgeable of how to report dialysis event data to NHSN, regardless of whether electronic or manual methods of data submission are used. This requires at least one facility staff member to have a complete understanding of the NHSN Dialysis Event Protocol.

If your organization will be reporting electronically with CDA, a facility-based NHSN user is expected to review the data in NHSN on an ongoing basis to verify that data reported via CDA are complete and correct.

For additional information:

FAQs Regarding CDA Import For NHSN Reporting

FAQs about Electronic Reporting to NHSN (CDA), CMS, and Data Quality

Managing NHSN users, contacts, and roles

The NHSN Facility Administrator is responsible for managing the NHSN users within their facility. These responsibilities include:

- Ensuring facility and user contact information is up-to-date
- Inactivating users when they no longer need access to NHSN
- Reassigning primary contacts and their own Facility Administrator role when staff changes occur.

Separation of Facility Administrator and Facility

If the NHSN Facility Administrator is leaving a facility, he or she should reassign the NHSN Facility Administrator role to an existing NHSN user in advance of his or her departure. Each NHSN facility should have at least two users with administrative rights to avoid losing access to NHSN as a result of staff turnover.

Biovigilance Component Updates

NHSN Help Feature

We have updated the NHSN 'Help' content for the Biovigilance Component. To access NHSN Help, click the "Help" button at the top right corner of any NHSN screen, or click the "Help" links throughout each form.
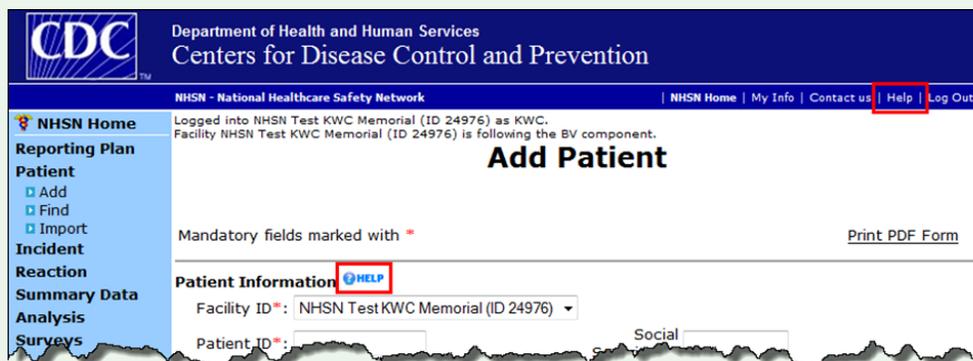
Defect Update: Entering Adverse Reactions

After the 6.6.1 NHSN release in April 2012, users experienced case definition criteria and transfusion time error messages when trying to enter some reactions. This defect was corrected in the 7.0 NHSN release. Let us know if there are any issues entering those reactions.

Training Material Update

Hemovigilance Module training materials have been updated. Find the new Facility Enrollment or Component Activation, Surveillance Requirements and Data Reporting, and Adverse Reactions and Denominator Reporting slide sets on our website. We recommend that all users review the updated training materials.

Own Your Data

Did you know that all of the data that you enter into NHSN can be analyzed within minutes? There are various reports within the NHSN Analysis tool that can be used to tell a story about your data and can help inform prioritization and success of prevention activities.

We recently updated our Analysis trainings on the NHSN website – each with a focus on the Patient Safety Component – and encourage you to review these presentations to learn about the various Analysis features.

In the "Introduction to NHSN Analysis" training, you'll learn:

- How to get started analyzing your data within NHSN using standard reports
- How to customize standard reports to meet your analytic needs
- How to export your data from NHSN for external analysis/manipulation

In the "Advanced NHSN Analysis" training, you'll learn:

- How to use the Advanced-level reports to obtain additional data (e.g., an event line list with organisms, a procedure line list)
- How to share customized report templates with your coworkers
- How to run multiple reports at once using output sets
- How to use the Statistics Calculator for additional comparisons

Both of these trainings are available from: http://www.cdc.gov/nhsn/Training/analysis/index.html

Looking for more training or guidance on analysis within NHSN? We're happy to announce the new NHSN Patient Safety Analysis Resource webpage! To access various analysis resources, including our new Quick Reference Guides, please visit: http://www.cdc.gov/nhsn/PS-Analysis-resources/index.html.

Important Reminder: Check your CCN

If your facility participates in any of the Centers for Medicare and Medicaid Services (CMS) quality reporting programs it is important to have the facility's CMS Certification Number (CCN) correctly entered in NHSN to ensure that its data is shared with CMS. The CCN can be viewed, entered, or modified in NHSN by any user with administrative rights on the Facility Information screen (Facility > Facility Info). The CCN for IRF units within hospitals can be viewed, entered, or modified in NHSN by any user with administrative rights in the Location Manager (Facility > Locations, then select the IRF location). Don't forget to click the "Save" button if any changes are made! If you do not know your facility's CCN please contact your facility's administration or your QIO for assistance.

Since the September 2012 release of NHSN, CCNs entered within the NHSN application (on the Facility Information screen and in the Location Manager) will no longer be validated against a list of valid CCNs. The CCN validation function will still exist during enrollment, meaning that a newly enrolling facility will still have to enter a valid CCN, AHA Number, or VA Station Code or they will have to obtain an enrollment number by contacting nhsn@cdc.gov. If your facility needed an enrollment number from NHSN during the enrollment process, please be sure to correctly enter your CCN on the Facility Information screen after the NHSN enrollment process is completed.

FAQs from the NHSN Helpdesk

Q: My facility participates in CMS's Hospital Inpatient Quality Reporting (IQR) Program. When will CDC/NHSN send my CLABSI, CAUTI, and SSI data for the second quarter of 2012 to CMS?

A: Healthcare-associated infection data that are reported to NHSN by facilities that participate in CMS's Hospital IQR Program are due 4 ½ months after the end of a quarter. Therefore, data for the second quarter of 2012 are due on November 15, 2012. However, CDC/NHSN sends data to CMS more frequently than every quarter so it can be loaded into QualityNet and is included in your facility's Provider Participation Reports. Here is a timeline for submission of data from CDC/NHSN to QualityNet:

- A snapshot of the data is taken at the end of the day of the 15th of each month (i.e., midnight central time).

- Data from this snapshot are submitted to QualityNet on the first business day after the 15th.

- Prior to a quarter's submission deadline, a file is submitted more frequently: on the last day of the previous month, and then on the 9th, 13th, and 16th of that month. For example, the final deadline for 2012 Q2 data is November 15th. Data will be submitted to QualityNet on October 16th, October 31st, November 9th, November 13th, and the final submission will be on November 16th.

It's important to note that once a quarter's underline final submission date has passed, updated data for that quarter will no longer be submitted to QualityNet. In other words, if you were to change your 2012 Q2 data in NHSN on December 1, 2012, those changes would not be reflected on the next submission date since that quarter's deadline has passed and they would not be reflected on your Provider Participation Reports or on Hospital Compare.

Q: My facility is small, but it is not a critical access hospital. We participate in CMS's Hospital Inpatient Quality Reporting (IQR) Program, but we submitted the program's HAI Exemption Form because we have no ICU locations from which to report CLABSI or CAUTI data and we do not perform colon or abdominal hysterectomy procedures. Do we have to report healthcare personnel influenza vaccination data via NHSN starting in January 2013?

A: Yes. Any facility that participates in CMS's Hospital IQR Program must be enrolled in NHSN and must report healthcare personnel influenza vaccination data via NHSN starting in January 2013. If you're not sure whether your hospital participates in CMS's Hospital IQR Program, please check with your facility's quality department or administration, or contact your QIO for assistance.

Q: My facility is already enrolled in NHSN and we've been successfully reporting CLABSI, CAUTI, and SSI data for CMS's Hospital IQR Program. We would like to begin reporting healthcare personnel (HCP) influenza vaccination data. What steps do I have to take to begin reporting my HCP influenza data in NHSN?

A: Since your facility is already enrolled in NHSN and has been using the Patient Safety Component, your NHSN Facility Administrator will have to add the Healthcare Personnel Safety (HPS) Component in order to report HCP influenza vaccination. To add the HPS Component, the NHSN Facility Administrator will:

1. Log into NHSN and select **Facility > Add/Edit Component**.

2. On the **"Edit Facility Information"** screen, check the **Healthcare Personnel Safety** box.

3. Enter contact information for the **Healthcare Personnel (HCP) Primary Contact**. The **HCP Primary Contact** may be the Facility Administrator, it may be another existing NHSN user, or it may be a new NHSN user.

4. A "**Healthcare Personnel Safety Component Annual Facility Survey**" must be completed only if your facility plans to report healthcare personnel exposures; it is not required to report HCP influenza vaccination.

5. Click the "**Update**" button to save changes to the "**Edit Facility Information**" screen.

6. After the HPS Component is activated, add new NHSN users who will require access to the HPS Component and/or edit the rights of existing NHSN users so they may access the HPS Component. If the person who was assigned to be the HCP Primary Contact is someone other than the Facility Administrator, make sure that person is a user with administrative rights to the HPS Component.

After the NHSN Facility Administrator adds the HPS Component, users with rights to the Component will access it by selecting it from the "Select Component" dropdown on their NHSN Landing Page (see below), and then will have access to all the options that are necessary to report HCP influenza vaccination data in NHSN.
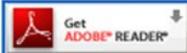
NHSN Enrollment Update (as of September 20, 2012):

5,073   Hospitals (this includes 417 Long Term Acute Care
              Hospitals and 223 Inpatient Rehabilitation Facilities)

5,462   Outpatient Hemodialysis

246   Ambulatory Surgery Centers (ASCs)

53   Long-term Care Facilities

10,834 TOTAL Healthcare Facilities Enrolled

Contact NHSN at the following:

The Center for Disease Control and Prevention (CDC)

MS-A24

1600 Clifton Road

Atlanta, GA 30333

E-mail: nhsn@cdc.gov

CDC's NHSN Website: www.cdc.gov/nhsn

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.