NHSN National Healthcare Safety Network

The Centers for Disease Control and Prevention (CDC)

NHSN e-News

Inside this Issue:

HAI Surveillance except VAE, SSI and LabID Event: Repeat Infection Timeframe does NOT Extend across Admissions

The NHSN Repeat Infection Timeframe (RIT), which is the 14-day period during which no two infections of the same type will be reported for the same patient, is specific to a single patient admission. This means that RITs do not extend from one patient admission to another. For example, a patient is identified with a central line-associated bloodstream infection (CLABSI) on May 1st. The RIT for this BSI extends from May 1-14, as long as the patient remains an inpatient in that facility. However, if the patient is discharged and readmitted during that 14 day time period, the RIT will not continue into the new admission. Instead, any positive blood cultures collected during the second admission should be considered a potential BSI, and investigated as a part of any BSI surveillance performed in that location.

Patient Safety Component

UTI Surveillance: April 2015 UTI Definition Modification

Please note that beginning April 1, 2015, criterion 1a for Symptomatic Urinary Tract Infection (SUTI), now includes both patient scenarios where the indwelling urinary catheter was INPLACE and where the catheter was REMOVED on the date of event. Previously the scenarios were addressed in separate subcategories of criterion 1a. This change clarifies and addresses that when the catheter is removed on the date of event, it was in fact also in place for some time on the date of event.

If frequency, urgency and dysuria occur during the Infection Window Period but after the catheter has been removed these symptoms can be used to meet the SUTI 1a definition including on the day the catheter was removed. Such symptoms may NOT be used while the catheter is in place, since they can be caused by the catheter itself. This guidance is provided in notes included with SUTI criterion 1a.

Please also note that NHSN has identified a defect within the NHSN system which currently prevents urinary frequency, urgency, or dysuria to be entered when the indwelling catheter was either 1) discontinued on the date of event or 2) removed and replaced on the date of event. To enter this event into NHSN and remain in compliance with any reporting requirements, please follow these "work around" steps until the defect can be addressed in January 2016:
1. Under risk factor choose REMOVE-Urinary catheter in place > 2 days but **removed the day before event**. This will allow you to enter the necessary symptoms.
2. Keep track of this case so you can edit this entry once NHSN completes the fix in January 2016.
3. You may wish to document something about this in the comments field of the event. Using the same comment for all such events, e.g., "work around", will allow you to easily identify these cases by including the comments variable in a line listing of UTIs for editing once the fix has been completed.

Note: This work around allows you to enter the event as a Catheter-Associated Urinary Tract Infection (CAUTI), and therefore correctly maintains your CAUTI data for CMS reporting and analysis.

The UTI event forms will be also be updated online in 2016 to reflect the 2015 definitional updates. As was reported earlier, all CDC data submission forms require agency review and unfortunately, final modifications to the UTI definitions occurred after the annual submission date in 2015. The forms can still be used to collect data, but do contain some elements of the UTI criteria which are no longer used, and which are no longer available when entering UTI data into NHSN, e.g., 1 positive culture with ≥ 103 CFU/ml and < 105 CFU/ml with no more than 2 species of bacteria.

BSI Secondary to Pneumonia (PNEU)?

While it is true the PNEU definitions are no longer available for in-plan PNEU/VAP surveillance for patients in adult locations (VAE is the in-plan available event in adult locations) the PNEU definition is available for assigning secondary BSI attribution when conducting BSI surveillance for patients in **any** location.

For purposes of NHSN BSI surveillance, to assign a Laboratory Confirmed Bloodstream Infection (LCBI) as secondary to a primary site of infection, one of the NHSN site specific infection definitions must be fully met. The site specific infection definitions available for use include PNEU (Chapter 6 - http://www.cdc.gov/nhsn/PDFs/pscManual/6pscVAPcurrent.pdf), UTI (Chapter 7 - http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf), SSI (Chapter 9 - http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf?agree=yes&next=Accept) and CDC/NHSN Surveillance Definitions for Specific Types of Infections (Chapter 17 - http://www.cdc.gov/nhsn/PDFs/pscManual/17pscNosInfDef_current.pdf) all found in the NHSN Patient Safety Component manual. After meeting a site specific infection definition, the guidelines located in Chapter 4 (Bloodstream Infection Event - http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf), Appendix 1, Secondary BSI Guide must be applied. The blood culture must either be an element used to meet the site-specific criterion OR the blood & site-specific specimen cultures (used to meet the infection criterion) must have at least one matching pathogen. Please note that pathogens recovered from an endotracheal aspirate or a sputum specimen are not eligible for meeting PNU2 definition as they are not minimally contaminated specimens (e.g., BAL, protected brush specimen). Therefore, a finding of matching pathogens in sputum or endotracheal aspirate and blood is not sufficient evidence to call a BSI secondary to PNEU. The exception is when blood & sputum or endotracheal aspirate are both growing *Candida species* (PNU3) AND the patient is immunocompromised.

Additionally, for patients in adult locations only, an LCBI may also be determined to be secondary to VAE as per the specific guidance provided in the VAE surveillance protocol (http://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf).

Transition to ICD-10-PCS and CPT Codes

The mapping for the ICD-10-PCS and CPT is very close to completion. The NHSN development team is currently working to include these codes in relevant documentation for vendors and IT departments. In the next couple of weeks (mid-July) two Excel spread sheets will be placed in the Supporting Materials section of the NHSN SSI webpages. One will include the mapping of NHSN operative procedure categories to ICD-10-PCS codes and another for mapping to CPT codes (see example below).

An NHSN email will be sent to all NHSN users and vendors as soon as these documents are available.

	A	B	C	D
1	Legacy Code	Operative Procedure	Description	ICD-10
2	AAA	Abdominal Aortic Aneurysm Repair	Resection of abdominal aorta with anastomosis or replacement	02BW0ZZ
3				04R007Z
4				04500ZZ
5				04504ZZ
6				04B00ZZ
7				04B04ZZ
8				04R00JZ
9				04R00KZ
10				04R047Z
11				04R04JZ
12				04R04KZ
13				

AAA (ICD-10) | AMP (ICD-10) | APPY (ICD-10) | AVSD (ICD-10)

Transition to ICD-10-PCS and CPT Codes (continued)

ICD-10-PCS codes will replace ICD-9-CM codes on October 1, 2015 however NHSN will not have the ability to receive these codes until the January 2016 release.

The NHSN guidance for entry of surgical denominator data for the last quarter of 2015 data is to enter the NHSN Procedure Code (e.g. COLO or HYST) but do not enter any ICD-10-PCS/CPT codes associated with the procedure.

More Updates about Procedure Codes:

- ICD-10-PCS and CPT code fields will remain as optional fields in 2016
- ICD-10-PCS and CPT codes do not differentiate between the spinal fusion (FUSN) and repeat spinal fusions (RFUSN). Therefore the NHSN procedure group FUSN will include both fusion and re-fusion procedures.
- Requirements to map the current NHSN operative procedure code category "OTH-Other" to ICD-10-PCS and CPT codes exceeded available NHSN resources. "OTH – Other" is a catch-all category for NHSN operative procedures for which NHSN does not perform any in-plan SSI surveillance nor provide any benchmarking data. For these reasons, the NHSN Category "OTH" will not be mapped to ICD-10-PCS and CPT codes and the procedures in that group will not be considered an NHSN operative procedure, beginning January 1, 2016.

LabID Event Surveillance: Reminders about CDI Test Type

1. CDI LabID Event SIRs for 2014 and forward use the CDI Test type reported for each quarter. When the "MDRO/CDI Prevention Process and Outcome Measures Monthly Reporting" form is completed for the last month of each quarter (March, June, September, and December), users are asked to report the primary type of test that was used to identify CDI in the hospital for that quarter (see screen shot below).

SIRs will not be calculated for a quarter until the CDI Test type has been reported. In addition, the data for these months will be listed in the "Incomplete Months" data table found at the bottom of the SIR output. For example, your 2015 second quarter (Q2) SIR will not be generated in NHSN analysis until after you complete the June monthly denominator entry and select the appropriate test type for Q2. In order to review the data for an incomplete quarter, we suggest running the "Rate Tables for CDIF LabID Data" by month. Months for which the data is missing will be listed as "Incomplete Months Excluded for SIR" and the "cdiTestType" cell will be empty (see screen shot on page 5).

National Healthcare Safety Network
SIR - CDI FacwideIN LabID Data
As of: January 28, 2015 at 11:44 AM
Date Range: LABID_RATESCDIF summaryYQ 2014Q1 to 2014Q4

orgID	location	summaryYQ	months	CDIF_facIncHOCount	numExpCDI	numpatdays	SIR	SIR_pval	sir95ci
10401	FACWIDEIN	2014Q1	3	0	3.501	4285	0.000	0.0302	, 0.856
10401	FACWIDEIN	2014Q2	3	0	2.178	3336	0.000	0.1133	, 1.376
10401	FACWIDEIN	2014Q3	2	1	2.944	3604	0.340	0.2602	0.017, 1.675

National Healthcare Safety Network
CDI Data - Incomplete Months Excluded for SIR
As of: January 28, 2015 at 11:44 AM
Date Range: LABID_RATESCDIF summaryYQ 2014Q1 to 2014Q4

orgID	location	summaryYM	CDIF_labidCount	numPatDays	numAdms	cdiTestType	numBeds	medAff
10401	FACWIDEIN	2014M10	0	1405	380		350	Y
10401	FACWIDEIN	2014M11	2	1677	227		350	Y

2. During an internal analysis at CDC, we identified a number of hospitals that reported using a Nucleic Acid Amplification Test (NAAT) CDI test type during one time period "downgraded" to a less sensitive test type in subsequent time periods. Please note that once a hospital moves to a more sensitive test, it would be highly unlikely that the facility would revert to using a less sensitive test. In other words, once a hospital begins using NAAT, they will most likely continue to use NAAT.

It has also been noted that more hospitals have reported the use of "Other" test type – which would significantly drop the # of expected infections in the SIR calculation. As a reminder, "Other" should not be used to name specific laboratories, reference laboratories, or the brand names of C. difficile tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or conduct a search for further guidance on selecting the correct option to report. Because these data are used for determining risk adjustment for current and future national aggregate data, as well as for public reporting of facility data on Hospital Compare, these data should be reported as accurately as possible. If "Other" is selected when a more appropriate response is available, your facility's data will not be risk-adjusted to the most appropriate level.

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **August 15, 2015** for facilities that participate in certain CMS quality reporting programs.

Acute Care Hospitals that participate in the Hospital Inpatient Quality Reporting (IQR) Program:

2015 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data
- All ICU locations
- **NEW:** Adult and pediatric medical, surgical, and medical/surgical wards

2015 Quarter 1 (January 1 – March 31) Inpatient COLO and HYST SSI data
2015 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare onset and community onset)
- FacWideIN
- **NEW:** Emergency department and 24-hour observation locations

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:

2015 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient care locations)
2015 Quarter 1 (January 1 – March 31) Inpatient COLO and HYST SSI data

Inpatient Rehabilitation Facilities (IRFs) that participate in the Inpatient Rehabilitation Facility Quality Reporting Program:

2015 Quarter 1 (January 1 – March 31) CAUTI data (all bedded inpatient locations)
NEW: 2015 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare onset and community onset)

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in Long-Term Care Hospital Quality Reporting Program:

2015 Quarter 2 (April 1– June 30) CLABSI and CAUTI data (all bedded inpatient locations)
2015 Quarter 2 (April 1– June 30) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare onset and community onset)

Ambulatory Surgical Centers (ASCs) that participate in Ambulatory Surgical Center Quality Reporting Program:

NEW: 2014 Quarter 4 & 2015 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

Please make sure at least one individual at your facility can access NHSN via SAMS and has been assigned appropriate user rights in NHSN so they may enter and view the facility's data. To ensure your data have been correctly entered into NHSN, please make sure to verify that: 1) your monthly reporting plans are complete, 2) you've entered appropriate summary and event data or checked the appropriate no events boxes, and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit our website and navigate to the appropriate section(s) for your facility type: http://www.cdc.gov/nhsn/cms/index.html.

If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov.

CMS Quality Reporting Program Resources

Save this address! http://www.cdc.gov/nhsn/cms/index.html

In an ongoing effort to give our users improved supporting documentation for the CMS Quality Reporting Programs, we have created a "composite" monthly checklist for NHSN facilities reporting to the CMS Hospital IQR Program, CMS Inpatient Rehabilitation Facility Quality Reporting Program, and the CMS Long Term Care Hospital Quality Reporting Program. These checklists underline replace the previous checklists referred to as "Helpful Tips". These new documents include a one page, simplified tabular checklist that includes all the steps for reporting the HAI measures and HCP Influenza Vaccination, in addition to measure-specific detailed checklists.).

The new checklists will soon be posted on the NHSN CMS Reporting page: http://www.cdc.gov/nhsn/cms/index.html.

June 2015

NHSN Monthly Checklist for Reporting to CMS Hospital IQR

☐ CCN: _____

Month/Year: _____

	CAUTI	CLABSI	FACWIDEIN LabID Event	SSI	HCP Influenza Vaccination (seasonal)
Monthly Plan	☐ ICUs ☐ Wards*	☐ ICUs ☐ Wards*	☐ CDI ☐ MRSA	☐ COLO ☐ HYST	☐
Seasonal Influenza Vaccination Summary Data					☐
Monthly Denominator Data	☐ ICUs ☐ Wards*	☐ ICUs ☐ Wards*	☐ FACWIDEIN ☐ ED ☐ Observation	☐ COLO ☐ HYST	
If Zero Events or Zero procedures (SSIs only), Report no Events or no Procedures	☐ ICUs ☐ Wards*	☐ ICUs ☐ Wards*	☐ CDI ☐ MRSA	☐ COLO ☐ HYST	
Enter Events	☐ ICUs ☐ Wards*	☐ ICUs ☐ Wards*	☐ CDI ☐ MRSA	☐ COLO ☐ HYST	
Check for Accuracy	☐ ICUs ☐ Wards*	☐ ICUs ☐ Wards*	☐ CDI ☐ MRSA	☐ COLO ☐ HYST	☐
Save quarterly CMS Reports	☐	☐	☐ CDI ☐ MRSA	☐	☐

*For January 2015 and forward, includes those locations defined as, and mapped as, adult and pediatric medical, surgical, and medical/surgical wards.

Note: This is a summary checklist that applies to acute care hospitals only; if you need additional information please refer to the document below. This guide is not meant to cover requirements for other facility types, including CMS-certified Inpatient Rehabilitation Facilities (IRFs) located as units within acute care hospitals.

Location FAQs

Because your facility's mapped NHSN locations are used for CMS reporting and the appropriate risk adjustment of your facility's data, it's important to keep them up-to-date! NHSN recommends reviewing your NHSN locations at least once a year to make sure they are correct. This includes verifying each location for:

- CDC Location Designation
- Bed size
- Active/Inactive status
- Non-duplicate

Here's how to view your mapped NHSN locations:

1. Go to Facility > Locations.
2. On the Locations screen, click the grey Find button.
3. Review the information that appears in the Location Table at the bottom of the screen.
4. If a location's information needs to be updated, click the location code under the "Your Code" column; the location's information will auto-fill in the fields above the Location Table.
5. Make any modifications to the Status and/or Bed size, then click 'Save'.

Here are some common questions we've received regarding location mapping:

Question: One of the units in my hospital has moved to a different floor and has a new name. Should I create a new location in NHSN?
Answer: If the staff moved with this location, and the type of patients remains the same (i.e., the only difference is the geographical location), then it's recommended to just change "Your Code" and "Your Label" on the existing location record. This will keep all of the data for this location continuous within analysis.

Otherwise, it is recommended that your facility inactivates the location and create a new location for the moved unit. Note that deactivating a location will simply prevent you from being able to enter new data for that location; the location and its previously-entered data will still appear in the analysis output options and you will continue to have access to these data.

Question: I have a single unit that spans two floors. The same staff and same patient-mix exist on both floors. Should each floor be mapped separately, or can I map one single unit in NHSN for both floors?
Answer: Each floor should be mapped individually in NHSN, as these represent physically separated units. This allows for accurate tracking of patient movement within the hospital, and proper location identification on an HAI or event form. The movement between units (or floors) is an important part of LabID Event surveillance as algorithms for LabID event assignment are based on patient movement between physical locations. If the patient-mix is the same on both floors, then you can map each floor to the same CDC Location code; note that you can generate a single SIR encompassing data from all locations of the same CDC location code.

Question: One of my units has closed. How do I indicate that in NHSN?
Answer: Once the data has been completed entered for this location it can be set to inactive. Keep in mind that inactivating a location will simply remove the location as an option in the location drop-downs during data entry. All data reported in inactive locations will still be accessible, and available in analysis output options. In addition, any inactive location can be re-activated as needed.

For more information on NHSN Locations, please see the NHSN Locations Chapter: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf and the Location FAQs: http://www.cdc.gov/nhsn/PDFs/faqs/psc/FAQs_Locations.pdf.

Healthcare Personnel Safety Component

Healthcare Personnel Influenza Vaccination Summary Reporting for ASCs

The deadline for ambulatory surgery centers (ASCs) participating in the Centers for Medicare and Medicaid Services (CMS)'s ASC Quality Reporting Program to report healthcare personnel (HCP) influenza vaccination summary data for the 2014-2015 influenza season is August 15, 2015. ASC training materials are located at: http://www.cdc.gov/nhsn/ambulatory-surgery/hcp-vaccination/index.html.

Here are some frequently asked questions that CDC has received from ASCs:

Question: When trying to enter data in NHSN, why do I receive an error message stating that a "plan does not exist with Influenza Vaccination Summary for Flu Season entered?"

Answer: You are receiving this message because you have not added a monthly reporting plan that indicates the Influenza Vaccination Summary. You must enter a monthly reporting plan in order to report Influenza Vaccination Summary data. To add this plan, click "Reporting Plan" and then "Add" on the NHSN navigation bar after logging in to the Healthcare Personnel Safety (HPS) Component. Next, select a month and year from the dropdown menus; you can select any month and year during the current influenza season, such as "June 2015." Then, check the box next to "Influenza Vaccination Summary" under the "Healthcare Personnel Vaccination Module" heading and click "Save." You can then proceed to enter your influenza vaccination summary data.

Question: How can I confirm that my ASC's HCP influenza vaccination summary data have been successfully submitted through NHSN?

Answer: NHSN does not provide an e-mailed confirmation of data submission. You can view the data report for the facility that will be sent to CMS. To locate this report, you should log into the HPS Component. After generating the dataset for your facility, go to "Output Options" under "Analysis" on the navigation bar. You will see several folders on the screen. Next, click on the folders for "CMS Reports," "Ambulatory Surgery Centers (ASCQR)," and "CDC-Defined Output." You will then see a line listing for "HCP Flu Vaccination Data for CMS ASC PPS," and you can click on "Run" to view the report. In addition, a few guides to help facilities check their own data for CMS HCP influenza vaccination reporting are posted on the CDC website at: http://www.cdc.gov/nhsn/cms/index.html#hpiv1. If you have successfully entered and saved your HCP influenza vaccination summary data in NHSN, there is no further action required on your part. CDC will automatically transmit the data to CMS after the August 15 deadline. Please make sure your ASC's CMS Certification Number (CCN) appears in the upper right-hand corner of the "Facility Info" page as CDC cannot share your data with CMS without this number.

After your vaccination campaigns are complete, please remember to complete the Seasonal Survey on Influenza Vaccination Programs for HCP. Although this survey is not required, we encourage you to complete this short survey, as the information will be very helpful for CDC.

For questions related to HCP influenza vaccination summary data reporting, please e-mail NHSN@cdc.gov and specify 'HPS Flu Summary-ASC' in the subject line.

Dialysis Component

2015 Reminders for NHSN Dialysis Component Users

Upcoming CMS ESRD QIP Deadlines for 2015 Dialysis Event Data

Calendar Year 2015 Dialysis Event data should be correct and complete in NHSN by the following deadlines:
- Quarter 1 (January 1, 2015 – March 31, 2015): **June 30, 2015**
- Quarter 2 (April 1, 2015 – June 30, 2015): **September 30, 2015**
- Quarter 3 (July 1, 2015 – September 30, 2015): **December 31, 2015**
- Quarter 4 (October 1, 2015 – December 31, 2015): **March 31, 2016**

What changes should Dialysis Component users expect after the NHSN release in July 2015?

1. **Additional Dialysis Annual Survey Line Listings in Analysis**—Have you had trouble analyzing survey data in the past? Three new Line Listing options that distinguish each survey by "survey year" will appear in the tree-view under the "Advanced" menu followed by "Facility-level Data."

2. **Updates in Analysis**—Look forward to the addition of new variables to some reports in Analysis (e.g., new Prevention Process Measures, etc).

3. **Updates to the Custom Event forms**—Are you a Dialysis Component user who is interested in expanding your infection surveillance beyond current NHSN options? You originally had the option of setting a Custom Dialysis Component ("CUSDIAL") form in NHSN. Come July 2015, new fields, including options to specify a patient dialysis modality, will be added to make this template surveillance form even more useful. Stay tuned for a new Custom Dialysis Event ("CUSDE") form! Similar to the Dialysis Event form in almost every way, this new form will allow you to track non-protocol dialysis events, such as events that violate the 21-day rule. Use of these two custom forms provides options for facilities to keep all of their infection surveillance data in a single, secure place.
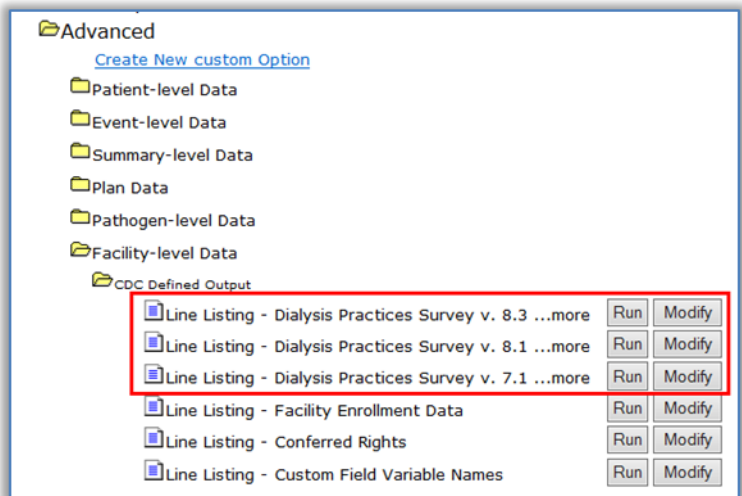
Healthcare Personnel Influenza Vaccination

Get ready! Beginning October 1, 2015, all facilities participating in the CMS ESRD QIP will be required to collect Healthcare Personnel (HCP) Influenza Vaccination summary data to report to the NHSN Healthcare Personnel Safety (HPS) Component for the 2015/2016 flu season by May 15, 2016. For more information on NHSN HCP Influenza Vaccination reporting, visit http://www.cdc.gov/nhsn/dialysis/hcw-flu-vacc/index.html.

To get started, your facility's NHSN Healthcare Personnel Safety Component needs to be active. For information about how to activate the HPS Component please refer to the link above for illustrated instructions.

Biovigilance Component

2013–2014 Data Close-Out

NHSN is currently analyzing aggregate data reported for the 2013 and 2014 calendar years. To develop accurate national estimates of adverse reactions and incidents resulting in adverse outcomes, complete reporting of annual facility survey and monthly denominator data, adverse reactions and any incidents associated with reactions are necessary. However, in some instances, data submitted by some facilities for certain key variables are not complete. The hope is to include data from all facilities in this aggregate national analysis. NHSN requests facilities to enter any missing data from 2013 and 2014 so those data can be included in the national analyses. Please contact nhsn@cdc.gov if you have questions. Include 'Biovigilance' in the subject line for a faster response.

General NHSN Information

Coming Soon – New Look for the NHSN Website

In July 2015, CDC plans to launch a new version of the NHSN website that will feature an updated look to match the look of CDC.gov. The new website will allow better viewing on a wider range of device types including desktops and mobile devices such as tablets and mobile phones. There are no changes to the website navigation or structure with the new version, so all documents will remain in the same locations as the current version of the website. The new website features improved layout of content within the pages of the site, including collapsed content modules that a user can expand as needed.

New Look:

National Healthcare Safety Network (NHSN)

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.

Antibiotic Resistance
White House Announces the National Strategy for Combating Antibiotic Resistance.

About NHSN
CDC's NHSN is the largest HAI reporting system in the U.S.

Data and Reports
See national and state reports using NHSN data.

Guidelines and Recommendations
Review CDC HAI prevention guidelines.

Webinar Registration
The NHSN Biovigilance Component Team will be conducting a Hemovigilance Module training webinar.
Date: June 3, 2015
Time: 1:30 - 2:30 pm ET
Registration will close on Monday, June 1, 2015 at 5pm ET.

New to NHSN? Enroll Facility Here
For first time facility enrollment.

Reporting and Surveillance for Enrolled Facilities
Training, protocols, forms, support materials, analysis resources and FAQs.

Group Users
View resources for group users.

CMS NHSN Requirements Click here for more information

e-LEARNING
Training / Demo

Newsletters / Members Meeting Updates

E-mail Updates

State-based HAI Prevention Activities

Coming Soon – New Look for the NHSN Website (continued)

Improved page layout with collapsed content that can be expanded as needed:

NHSN Help Desk: Tips for Faster Help

NHSN applauds the diligent health care professionals, state and local government staff, and users from other systems and organizations who enter and analyze data in NHSN for their tremendous efforts to improve health care quality under increasing demands for time and resources.

It is important to note that the NHSN Help Desk cannot reply to **emergency requests** that require immediate resolution. Given resources available, non-clinical issues are typically resolved within 24-48 hours, and certain issues can take up to a week. But to provide better assistance, the NHSN Help Desk offers the following tips for faster and more accurate resolutions from the NHSN@cdc.gov mailbox.

When emailing the Help Desk, try to include important information in your **Subject Line**:

➢ Provide the **Type** of your organization. For example, if your organization is a hospital, identify if it is classified as general acute care, rehabilitation, long-term acute care, et cetera. Or use the subject line to identify your organization as a group, such as state health departments and QIN QIOs.

When emailing the Help Desk, try to include important information in your **Subject Line**:

➢ Provide the **NHSN ID** of your organization. This is the five-digit number assigned to your organization in the NHSN application, and is the surest, quickest tool by which the NHSN Help Desk staff can identify your organization. Alternatively, if your question is pertaining to the enrollment of a new facility, you may indicate that.

➢ List the **Component(s)** and/or **Module(s)** that your topic concerns, where applicable. For components, examples include the Patient Safety (PS) Component and the Healthcare Personnel Safety (HPS) Component. For modules, examples include the Device-Associated Module and the Antimicrobial Use and Resistance Module.

➢ The following are three sample subject lines that would allow the Help Desk to quickly assign the inquiry to a subject matter expert:

"DHQP Memorial General (ID 10000), Problem with HPS Report"
"Help with Dialysis Clinic Enrollment"
"QIN QIO (ID 10000), DA Module, SIR Reports Incomplete"

In addition to the subject line, information in the email **Body** can speed the response to your inquiry significantly. For example:

➢ Detail! Detail! Detail! When describing your concern, especially when writing to report a problem, more detail leads to a faster resolution. In your email, describe **Who** encountered the issue, **What** the issue is, **When** the issue was encountered, **Where** in the NHSN application it was encountered, and **How** it was encountered (i.e. what steps led to the problem).

➢ You can use a standard Windows feature to include screenshots in your inquiry. The Help Desk team relies on screenshots when investigating user-reported problems, and their inclusion cuts down on the time necessary to provide a solution. To include a screenshot, perform the following:

Hold ALT > Click PRINT SCREEN > PASTE in the Email Body

IMPORTANT: Please remember to **remove** any patient-identifiable information when sending screenshots.

➢ When seeking help with NHSN definitions and event determinations, please be judicious in the information you share. Only send information which can be used to meet the infection criteria, such as admission dates, dates of infection criterion elements, and dates of device use. For UTI surveillance patient age can be useful. Other information which may be useful for clinical determinations can often be excessive and distracting for HAI surveillance.

In addition to the above guidance, NHSN would like to remind our users of the appropriate information to send to the NHSN team in order to investigate and troubleshoot issues related to analyzing/reviewing/entering data in NHSN.

IMPORTANT! Since email is not a secure form of communication, please make sure that patient personally identifiable information (PII) is **never** included in your emails to NHSN. When preparing an email to NHSN, please check all screenshots, data tables, and attachments to ensure that patient PII (such as: patient ID, patient name, Medicare beneficiary #, Social Security #, gender, DOB, etc.) is removed prior to sending your email. In short, anything that would appear in the "Patient Information" section of an event or procedure form other than the NHSN-assigned ID should **never** be sent via email to NHSN. We also ask that emails be sent to NHSN from a professional/business email account, and not a personal (i.e., home) email account.

For assistance with records already entered in NHSN, please provide details such as:

- NHSN-assigned event/procedure ID

OR

- event/procedure type
- location
- event/procedure date

The NHSN team can investigate any issue regarding the data in the database by being supplied the NHSN-assigned event or procedure ID for your facility.

The Event or procedure ID can be found in the upper-right of the "Patient Information" section on a saved event or procedure form (see below):

CDA Corner

Did you know you can send data electronically?

NHSN allows import of data via Clinical Document Architecture (CDA) by two methods: manual import or DIRECT CDA Automation using the Direct Protocol.

CDA is data in an xml format that that can be electronically consumed by NHSN. Most facilities use a CDA vendor to perform the task, but it may be performed in-house if your IT staff has a good understanding of HL7. If your facility already submits NHSN data via CDA import, then discuss DIRECT CDA Automation with your CDA Vendor or in-house IT CDA staff, or send an email to the NHSN CDA Helpdesk (NHSNCDA@cdc.gov).

If your facility does NOT submit NHSN data via CDA import but you are interested, please refer to the following site: http://www.apic.org/Professional-Practice/Practice-Resources/Vendors-List. The APIC website contains a list of vendors who self-identify as being capable of creating CDA for NHSN reporting.

At this time, data have been submitted electronically into NHSN on behalf of 70 facilities from two separate vendors using the NHSN feature of DIRECT send.

CDA Corner (continued)

Updates for NHSN Release 8.4

New IG Versions: The following CDA versions will be transitioning to be based on the R2_D2.1 Implementation Guide in NHSN Release 8.4, currently slated for late July 2015. The new CDA versions will allow the CDAs to include the fields that have been recently added to the User Interface for the specific denominator records:

- Denominators for Intensive Care Unit (ICU)/Other Locations (not NICU nor SCA)
- Denominators for Specialty Care Area (SCA)
- Denominators for Neonatal Intensive Care Unit (NICU)
- Denominator for LabID: 'MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.' (a.k.a. LabID denominator or POM)

Beginning with summary records dated January 2016, CDA files based off the older R5 or R7 IG versions will no longer be accepted for these summary types.

Update to MDRO/CDI LabID Denominator: The NHSN Release 8.4 will include an important update to the MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting (MDRO POM) CDA file. The R2_D2.1 update will include the fields for the MDRO Patient Days, MDRO Admissions, and MDRO Encounters that were added to the user interface in NHSN Release 8.3. When the R2_D2.1 version of the MDRO POM is implemented by vendors, these denominator records will no longer be sent to the incomplete list in NHSN due to missing required data elements.

New Antimicrobials for AU Option: Three new antimicrobials are being added to the NHSN Antimicrobial Use (AU) Option in NHSN Release 8.4:

- Isavuconazonium (antifungal)
- Peramivir (anti-influenza)
- Ceftazidime/Avibactam (antibacterial)

These three drugs will be optional for 2015 reporting, but will be required for successful import of the CDA files starting with January 2016 data.

NHSN Help Desk: Activity Update

Quarter 2, 2015

(Averages)

1,480 Email Inquiries per Week

106 Facilities Enrolled per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of June 24, 2015):

5,685 Hospitals (this includes 528 Long-term Acute Care Hospitals and 303 Free-standing Inpatient Rehabilitation Facilities)

6,333 Outpatient Hemodialysis Facilities

3,516 Ambulatory Surgery Centers (ASCs)

235 Long-term Care Facilities

15,769 Total Healthcare Facilities Enrolled

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.