NHSN
National Healthcare
Safety Network

The Centers for Disease Control and Prevention (CDC)

NHSN e-News

Inside this Issue:

NHSN Release Management and Issues Webpage

We are pleased to announce the rollout of the new NHSN Release Management and Issues webpage. This page is intended to be used as a resource to provide a list of all known NHSN defects currently impacting the application, including those defects that might impact a facility's ability to report and/or review data in time for an upcoming CMS reporting deadline. The NHSN Release Management and Issues webpage can be accessed at http://www.cdc.gov/nhsn/releasemgt/index.html. Bookmark this link and check back often for updates.

Patient Safety Component

2018 NHSN Patient Safety Component Protocol Updates

As the new year is right around the corner, that means that NHSN protocols, forms and tables of instructions have been updated for 2018. NHSN included a summary of the coming updates in the September 2017 NHSN Newsletter sent out by email on September 29, 2017. If you have not seen that document, please check your spam folder, and/or check your email address in the "Users" section of the NHSN application. This email address is what is used when NHSN sends blast emails. A final summary document will be sent along with the notification of the protocol and forms postings, expected by December 28, 2017. Please note that the changes go into effect on January 1, 2018. Please review the documents carefully. As always, if you have questions about any of the updates, please write to NHSN@cdc.gov

NHSN Surveillance Case Studies published in American Journal of Infection Control

Did you know that NHSN partners with the American Journal of Infection Control to publish educational case studies for NHSN healthcare-associated infection surveillance? Did you know that two case studies and a summary of the findings from past case studies through 2016 have recently been published? Did you know that the case studies include a link to an on-line version of the case study and questions from which you can get the correct answers and rationale? Did you know that the case studies are also available as open access and do not require an AJIC subscription? So much to know!! 2017 publications include:

➢ June, 2017 AJIC: Case study regarding surgical site infection surveillance and "present at the time of surgery" and secondary BSI determination

➢ June 2017 AJIC: Assessment of the accuracy and consistency in the application of standardized surveillance definitions: A summary of the American Journal of Infection Control and National Healthcare Safety Network case studies, 2010-2016

➢ December 2017 AJIC: Case study regarding the overarching healthcare-associated infection rules for surveillance from Chapter 2 of the NHSN PSC manual using a pneumonia case study

Give these case studies a try and see how much you know or use them for interrater reliability testing within your department, or within your local APIC chapter. There are so many possibilities!

Reminder: Release of New 2017 Patient Safety (PS) Facility Survey

NHSN will release the annual patient safety facility survey in early 2018. This mandatory survey is completed by all en-rolled facilities participating in the NHSN Patient Safety Component to provide updated information on hospital charac-teristics and practices. The 2017 PS Facility Survey will be available for completion beginning January 1, 2018. We will provide copies of each of the surveys and instructions on how to complete them by the end of December.

The 2017 PS Annual Survey will include a new section of questions that ask about the healthcare facility's water man-agement practices and policies currently in place. Details about how to respond to these questions will be included in the table of instructions that are released with the updated form. If you have additional questions in regards to this section, please contact the NHSN helpdesk for further clarification. These questions are *optional* for 2017 and are not required to be completed in order to successfully save an annual survey. However, we do kindly ask that facilities make every effort possible to respond to these questions as they will inform the CDC of current prevention activities in place that contribute to the control of *Legionella* in healthcare facilities.

Please remember, surveys must be completed and submitted in NHSN by March 1, 2018. Facilities that do not meet this deadline will be unable to complete monthly reporting plans. As a reminder, NHSN reports that use elements taken from the annual survey will reference the most recently completed survey for 2017 data that uses our risk adjustment models. This is important to consider for the upcoming CMS Inpatient Quality Reporting Program submission of 2017 quarter 3 data, due on February 15th, 2018. Facilities that do not successfully complete the 2017 annual survey prior to that date will have their data risk adjusted using the 2016 survey. If possible, we strongly suggest completing the sur-vey prior to the CMS 2017 quarter 3 deadline.

 There are very few changes to this year's surveys, and we hope the enhancements and additions will aid users in com-pleting it. For guidance and support, contact our support team at nhsn@cdc.gov . Use the words *Annual PS Survey* in the subject line to expedite the response time.

Update on PedVAE

Implementation of Pediatric Ventilator-Associated Event (PedVAE) in the NHSN application continues to be targeted for release January 2019. This event will be available for selection in the monthly reporting plan for both pediatric and ne-onatal locations in acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities where de-nominator data (ventilator and patient days) can be collected for patients. Adult VAE is currently available for use in NHSN but is limited to adult locations only. The PedVAE algorithm is designed to detect changes in the fraction of in-spired oxygen (FiO2) and changes in Mean Airway Pressure (MAP) that potentially signal evidence of worsening oxy-genation in ventilated patients. These changes have been shown to be associated with increases in patient length of stay as well as mortality[1].

It has not yet been determined if Ventilator Associated Pneumonia (PedVAP) will remain as an option for selection in the monthly reporting plan for pediatric locations , when PedVAE is released. However, the Pneumonia (PNEU) event will continue to be available for assignment of a secondary BSI when conducting BSI surveillance for patients in all loca-tions (adult, pediatric, neonatal) and for ventilated or non-ventilated patients alike.

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[1] Cocoros NM, Kleinman K, Priebe GP, et al. Ventilator-Associated Events in Neonates and Children--A New Paradigm. Crit Care Med. 2016 Jan;44:14-22.

New Guide for Exporting a Modified Analysis Data Set

NHSN contains several analysis data sets used as the basis for documenting, organizing, and analyzing data entered into NHSN. We've developed a new quick reference guide that outlines the basic steps for exporting an entire analysis data set or a modified analysis data set; this new guide is available directly at https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/Exporting-Modified-Analysis-Data-Sets.pdf.

This document and all of the other quick reference guides found on the Patient Safety Analysis Quick References Guides page were created to help users understand, modify, and interpret data entered into NHSN. All of the Patient Safety Analysis Quick Reference Guides page can be found here, https://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html.
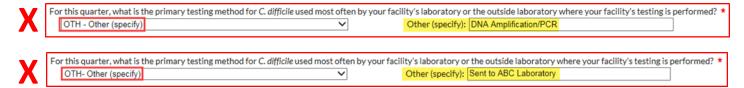
Common FacWideIN LabID Denominator Data Entry Errors

Facilities reporting facility-wide inpatient (FacWideIN) LabID data to NHSN, including to fulfill requirements for a CMS Quality Reporting program, must enter monthly denominator records for MRSA bacteremia and C. difficile (CDI). These denominator records must be completed for all three months in the quarter in order for accurate risk adjustment, as well as for accurate and complete data to be sent to CMS.

The patient days and admission counts entered on these records are used in the SIR calculations and risk adjustment factors. Therefore, facilities should avoid the following common data entry errors to ensure that all LabID data are entered accurately. Please refer to the section below that corresponds with your facility type:

For All Facilities

Error: On the 3rd month of every quarter (i.e., March, June, September, December), CDI Test Type = "Other" was selected by the facilities below, and the test type was specified as "DNA Amplification/PCR" or "Sent to ABC Laboratory". The "Other" option should **not** be used to name specific laboratories, reference laboratories, generic testing methods (such as "PCR" or "DNA Amplification") or the brand names of *C. difficile* tests.

Correct: On the 3rd month of every quarter (i.e., March, June, September, December), "NAAT" was selected by the first facility as the appropriate test type instead of "DNA Amplification/PCR". In addition, rather than listing "Sent to ABC Laboratory", the second facility contacted the laboratory to determine the type of CDI test performed (in this example, PCR). Please note that 'PCR' and 'DNA Amplification' are both considered types of nucleic acid amplification tests (NAAT). The CDI Test Type option of "Other" should only be selected to indicate a test method that is not already a pre-defined category.
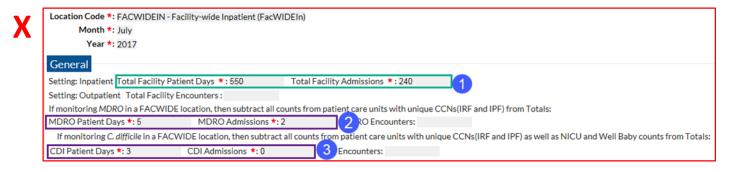
For Acute Care Hospitals (ACHs) and Critical Access Hospitals (CAHs)

Error: This facility entered Row 2 and Row 3 denominators using *only* patients who were positive for an MDRO/CDI infection.

X

| Location Code *: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn) |
| Month *: July |
| Year *: 2017 |

General

Setting: Inpatient Total Facility Patient Days *: 550   Total Facility Admissions *: 240 **1**
Setting: Outpatient Total Facility Encounters:
If monitoring *MDRO* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) from Totals:
MDRO Patient Days *: 5   MDRO Admissions *: 2 **2** RO Encounters:
If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) as well as NICU and Well Baby counts from Totals:
CDI Patient Days *: 3   CDI Admissions *: 0 **3** Encounters:

Correct: Row 2 and Row 3 should represent patient days and admissions from *all* patients in eligible inpatient units, regardless of infection status. The total number of MDRO/CDI patient days and MDRO/CDI admissions should be less than or equal to the total facility patient days/admissions (Row 1).

✔

| Location Code *: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn) |
| Month *: July |
| Year *: 2017 |

General

Setting: Inpatient Total Facility Patient Days *: 550   Total Facility Admissions *: 240 **1**
Setting: Outpatient Total Facility Encounters:
If monitoring *MDRO* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF
MDRO Patient Days *: 400   MDRO Admissions *: 210 **2** Encounters:
If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) as well as NICU and Well Baby counts from Totals:
CDI Patient Days *: 380   CDI Admissions *: 200 **3** counters:

MDRO & CDI Patient Days / Admissions

should be greater than 0 and less than or equal to

Total Facility Patient Days / Total Facility Admissions

For **Free-Standing** Inpatient Rehabilitation Facilities (IRFs) and Long-Term Acute Care Hospitals (LTACHs)

Error: Row 2 and Row 3 display MDRO/CDI patient days/admissions that are <u>different</u> from the total facility patient days/admissions (Row 1).

X

| Location Code *: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn) |
| Month *: July |
| Year *: 2017 |

General

Setting: Inpatient Total Facility Patient Days *: 100   Total Facility Admissions *: 75 **1**
Setting: Outpatient Total Facility Encounters:
If monitoring *MDRO* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) from Totals:
MDRO Patient Days *: 88   MDRO Admissions *: 60 **2** RO Encounters:
If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs(IRF and IPF) as well as NICU and Well Baby counts from Totals:
CDI Patient Days *: 79   CDI Admissions *: 55 **3** Encounters:

Common FacWideIN LabID Denominator Data Entry Errors (continued)

Correct: Row 2 and Row 3 should display MDRO/CDI patient days/admissions that are the <u>same</u> value as the total facility patient days/admissions (Row 1), as LTACHs and IRFs do not have any specific units to subtract from Row 2 and Row 3 counts. **Note:** NHSN will be changing the layout of this denominator form for IRFs and LTACHs in 2018, please refer to page 7 in this newsletter.
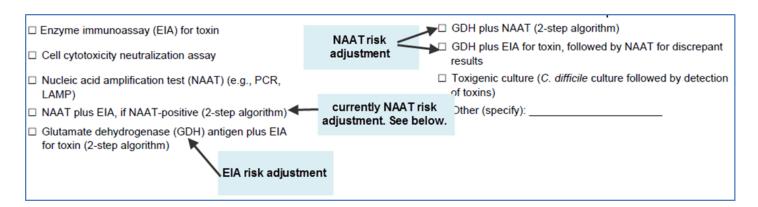

Instructions for the completion of the "MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring" *form are available at: http://www.cdc.gov/nhsn/forms/instr/57_127.pdf. After making any adjustments to your* *facility's data, we encourage you to generate new analysis datasets and review your facility's MRSA and C. difficile* *LabID event SIR reports.*

2018 Changes to CDI LabID Event Reporting & Analysis

Starting January 2018, facilities performing a multi-step testing algorithm for *C. difficile* testing (such as GDH + NAAT) may need to perform a more rigorous review of positive specimens to determine which LabID events they report to NHSN. The 2018 MDRO/CDI Protocol states that the results of the *final* test that are placed in the patient's medical record should be used to determine whether or not the event meets the CDI LabID Event definition.

This means that facilities using a multi-step testing algorithm for *C. difficile* will be entering LabID events in NHSN based on the results of the final test in the algorithm; therefore, the standardized infection ratios (SIRs) for these facilities should be risk adjusted based on the *final* test in the testing algorithm. NHSN already does this for almost all multi-step algorithms listed on the FacWideIN denominator form:

The CDI testing algorithm of "NAAT plus EIA, if NAAT-positive" is currently receiving the "NAAT" level of risk adjustment under the 2017 NHSN protocol. Starting in 2018, the CDI testing algorithm of "NAAT plus EIA, if NAAT-positive" will be assigned the "EIA" level of risk adjustment. This corresponds with the protocol change mentioned above. Facilities using this algorithm should only enter CDI LabID events into NHSN if the results from EIA test are positive; therefore, the SIR will be risk-adjusted using the EIA level of risk adjustment. The EIA level of risk adjustment may result in a lower number of predicted events (SIR denominator) compared to the current NAAT level of risk adjustment; however, NHSN expects that facilities using this algorithm will have fewer CDI LabID events to enter into NHSN (SIR numerator) in 2018 compared to earlier years, as EIA is a less sensitive test than NAAT.

	CDI Test Type	NHSN Reporting Protocols	Risk adjustment "category" applied by NHSN	# observed healthcare-onset CDI	# predicted healthcare-onset CDI	SIR
2017 NHSN Reporting	NAAT + EIA, if NAAT positive	Report specimens that tested positive at *any point* in the algorithm (NAAT)	NAAT	5	4.74	1.05
2018 NHSN Reporting	NAAT + EIA, if NAAT positive	Report specimens that tested positive from the *last step* in the algorithm (EIA)	EIA	3	2.97	1.01

Example Comparison Using Fictitious Data

The example above uses realistic data to highlight the changes in the number of observed and predicted events that may occur due to the 2018 CDI protocol and risk adjustment changes.

No changes are being made to the risk adjustment categories for any other CDI test method. Please continue to select the appropriate CDI test method or algorithm used in your facility on the FacWideIN or IRF unit denominator form, per the NHSN protocol, and remember to be extremely cautious if you are selecting "Other" as the CDI testing option (refer to page 4 in this newsletter).

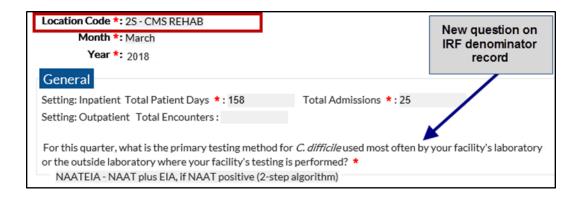## 2018 LabID Denominator Changes for IRFs and LTACHs

Inpatient Rehabilitation Units (IRF units) located within a Hospital

As mentioned in the September 2017 NHSN Newsletter, the IRF unit's MDRO denominator form will require selection (or confirmation) of CDI test type on the last month of each quarter beginning with 2018 Q1. Currently, selection of CDI test type is required only on the FacWideIN denominator form. This change will allow NHSN to use the CDI test type from the IRF unit's MDRO denominator form for risk adjustment purposes of the IRF unit's CDI SIR, in absence of the hospital's FacWideIN denominator.

CDI test type on the IRF unit's MDRO denominator screen will be auto-populated with the value that was selected on the FacWideIN denominator screen for that month (and vice versa). If a FacWideIN denominator record has not been entered for that month in NHSN, users will be required to manually select the CDI test type on the IRF unit denominator record using the drop-down menu. Note: CDI test type entered on the IRF unit denominator record must match the CDI test type that is selected on the FacWideIN denominator record, if applicable.

Location Code *: 2S - CMS REHAB
Month *: March
Year *: 2018

General

Setting: Inpatient Total Patient Days *: 158   Total Admissions *: 25
Setting: Outpatient Total Encounters:

For this quarter, what is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? *
    NAATEIA - NAAT plus EIA, if NAAT positive (2-step algorithm)

New question on IRF denominator record

<u>Free-standing Inpatient Rehabilitation Facilities (IRFs) and Long-term Acute Care Hospitals (LTACHs)</u>

Currently, free-standing IRFs and LTACHs who are performing facility-wide inpatient (FacWideIN) surveillance of LabID events are required to enter three rows of denominator data on the MDRO denominator form.

Row 1: Total Facility Patient Days/Admissions

Row 2: MDRO Patient Days/Admissions (counts from CMS-certified rehab and psych units are excluded)

Row 3: CDI Patient Days/Admissions (counts from NICUs, well-baby units, and CMS-certified rehab and psych units are excluded)

All IRFs and LTACHs enrolled in NHSN should have <u>no</u> specialized units to subtract from their denominators for the second and third rows of MDRO denominator data entry. Therefore, starting in January 2018, free-standing IRFs and LTACHS will *only* be required to enter denominator values in Row 1 on the monthly MDRO denominator form representing the total facility patient days and admissions for the month. Rows 2 and 3 will be removed from the FacWideIN data entry screen starting in 2018. Refer to the NHSN <u>September 2017 newsletter</u> for additional details.

Location Code *: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)
Month *: April
Year *: 2018

General

Setting: Inpatient Total Facility Patient Days *: 500   Total Facility Admissions *: 150
Setting: Outpatient Total Facility Encounters:

Only 1 row of denominator data entry will be required.

NHSN Location Mapping Checklist for Acute Care Hospitals (ACHs) Participating in the CMS Hospital Inpatient Quality Reporting Program

Step 1: Review the NHSN Locations Protocol for a full list of CDC Location Labels, Codes, and Descriptions to ensure that locations have been correctly mapped in NHSN.

https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf

Questions about mapping an inpatient unit per the CDC Location definitions can be directed to NHSN at nhsn@cdc.gov.

Step 2: Determine if your ACH is required to report Device-Associated (DA) healthcare-associated infection (HAI) data to CMS.

If your facility participates in the Hospital Inpatient Quality Reporting (IQR) Program, then your facility is required to report CLABSI, CAUTI, SSI, MRSA Bacteremia LabID, and C. difficile LabID events to CMS. Questions regarding the Hospital IQR Program may be directed to the Hospital Inpatient Value, Incentives and Quality Reporting Outreach and Education Support Contractor through Inpatient Question and Answer tool at https://cms-ip.custhelp.com or by calling toll-free, (844) 472-4477 OR (866) 800-8765, weekdays from 8 a.m. ET to 5 p.m. PT.

Step 3: Determine if your ACH has any CMS-reportable locations for DA HAI events:

HAI Event	CDC Location(s)		
CLABSI	☐ IN:ACUTE:CC:B	☐ IN:ACUTE:CC:PNATL	☐ IN:ACUTE:CC:MS_PED
	☐ IN:ACUTE:CC:C	☐ IN:ACUTE:CC:R	☐ IN:ACUTE:CC_STEP:NURS
	☐ IN:ACUTE:CC:M	☐ IN:ACUTE:CC:CT	☐ IN:ACUTE:CC:NURS
	☐ IN:ACUTE:CC:MS	☐ IN:ACUTE:CC:S	☐ IN:ACUTE:WARD:M
	☐ IN:ACUTE:CC:N	☐ IN:ACUTE:CC:T	☐ IN:ACUTE:WARD:MS
	☐ IN:ACUTE:CC:NS	☐ IN:ACUTE:CC:ONC_PED	☐ IN:ACUTE:WARD:S
	☐ IN:ACUTE:CC:ONC_M	☐ IN:ACUTE:CC:B_PED	☐ IN:ACUTE:WARD:M_PED
	☐ IN:ACUTE:CC:ONC_S	☐ IN:ACUTE:CC:CT_PED	☐ IN:ACUTE:WARD:MS_PED
	☐ IN:ACUTE:CC:ONC_MS	☐ IN:ACUTE:CC:M_PED	☐ IN:ACUTE:WARD:S_PED
CAUTI	☐ IN:ACUTE:CC:B	☐ IN:ACUTE:CC:ONC_MS	☐ IN:ACUTE:CC:CT_PED
	☐ IN:ACUTE:CC:C	☐ IN:ACUTE:CC:PNATL	☐ IN:ACUTE:CC:M_PED
	☐ IN:ACUTE:CC:M	☐ IN:ACUTE:CC:R	☐ IN:ACUTE:CC:MS_PED
	☐ IN:ACUTE:CC:MS	☐ IN:ACUTE:CC:CT	☐ IN:ACUTE:WARD:M
	☐ IN:ACUTE:CC:N	☐ IN:ACUTE:CC:S	☐ IN:ACUTE:WARD:MS
	☐ IN:ACUTE:CC:NS	☐ IN:ACUTE:CC:T	☐ IN:ACUTE:WARD:S
	☐ IN:ACUTE:CC:ONC_M	☐ IN:ACUTE:CC:ONC_PED	☐ IN:ACUTE:WARD:M_PED
	☐ IN:ACUTE:CC:ONC_S	☐ IN:ACUTE:CC:B_PED	☐ IN:ACUTE:WARD:MS_PED
			☐ IN:ACUTE:WARD:S_PED

NHSN Location Mapping Checklist for Acute Care Hospitals (ACHs) Participating in the CMS Hospital Inpatient Quality Reporting Program (continued)

If yes, then your facility is required to submit complete and accurate data to NHSN, per the NHSN surveillance protocols and definitions, for each of the locations in-scope for the CMS HIQR Program. The following resources provide guidance on ensuring complete reporting for the CMS HIQR Program via NHSN:

CMS Resources for NHSN Users: https://www.cdc.gov/nhsn/cms/index.html

Adding/Correcting a CMS Certification Number in NHSN: https://www.cdc.gov/nhsn/pdfs/cms/Changing-CCN-within-NHSN.pdf

NHSN Monthly Checklist for Reporting to CMS Hospital IQR: https://www.cdc.gov/nhsn/pdfs/cms/ACH-Monthly-Checklist-CMS-IQR.pdf

If your hospital does **not** *have at least one of the DA HAI reportable locations listed above,* *then your hospital must submit an "IPPS Measure Exception Form" with CMS in order to successfully meet HAI reporting requirements. The form, available through QualityNet, allows a facility to indicate that, in accordance with NHSN location definitions, it has no qualifying ICU or adult or pediatric medical, surgical, or medical/surgical ward locations. Questions regarding the CMS IPPS Measure Exception Form should be directed to the QualityNet Hospital-Inpatient Questions and Answers Tool:* *https://cms-ip.custhelp.com/.*

Instructions for Operative Procedure Codes for SSI Surveillance

We are excited to inform all of you that we have completed the annual review and validation process for the NHSN ICD-10-PCS and CPT operative procedure codes and new operative procedure codes (both ICD-10-PCS and CPT). There are over 10,000 PCS codes included in the two CMS updates and as you can imagine it is a labor-intensive process to review each of the codes and validate how or if the code aligns with any of the NHSN Operative Procedure Code Categories. The same process is applied to a smaller number of codes included in the 2017 and 2018 American Medical Association CPT code updates. *We anticipate that the updated list of NHSN operative procedure codes will be available in the v8.8.1 release on January 23, 2018.* Update and replacement of the NHSN operative procedure code documents that are currently posted on the NHSN website will occur at the time of the release.

We ask facilities that are performing Surgical Site Infection (SSI) surveillance using the Patient Safety Component SSI Module to **delay entering procedure data for operative procedures performed on or after January 1, 2018** until after the v8.8.1 deployment**.** The delayed entry is to avoid the possibility of including or excluding procedures that do not align with codes listed in the 2018 NHSN Operative Procedure Code Categories.

New Resources

- **SAAR Quick Learn is now posted!** The 20 minute SAAR Quick Learn video focuses on running and interpreting the Standardized Antimicrobial Administration Ratio or SAAR. SAAR reports can be generated by facilities that have submitted data from select location types into the NHSN AU Option. The video will address what a SAAR is, how to interpret an NHSN SAAR report, how to generate a SAAR report, and why a SAAR is useful. It is posted on the NHSN AUR Module website under "Training" here: https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html. You can also access it directly at the following link: https://www.youtube.com/watch?v=VPYB-rrq3xE.

AUR Module 8.8 Updates

We made a few updates to the AUR Module in the most recent update of NHSN. Here are a few highlights:

- **New Bar Chart for AU!** The new bar chart for AU will show selected agent distribution by location and month so facilities will be able to generate a graphical representation of antimicrobial use. This new bar chart will be especially helpful for determining which antimicrobials are being used the most within a specific SAAR category.

- **New variables for Advanced Monthly Reporting Plan Line List!** Two new variables will be added to the Advanced Monthly Reporting Plan Line List: "aurPharm" and "aurMicro". The addition of these variables will be most useful for NHSN Groups looking for specific information on facility-level AUR Module reporting.

- **New antimicrobial for AU Option reporting!** Delafloxacin can now be submitted to the AU Option. The new antimicrobial will be optional for 2018 data and required for 2019 data.

- **New pathogens for AR Option reporting!** Six new extended spectrum beta-lactamase producing pathogens have been added to the AR Option. For specific details, please refer to the September 2017 NHSN Newsletter or the AR Option CDA Toolkit.

Report All 2017 Data

As 2017 comes to an end, we want to remind all facilities submitting AU & AR data to complete their 2017 data uploads in a timely manner. In addition, we highly recommend reviewing your submitted data to ensure you've reported data for all months of 2017 from all locations where you can accurately capture data. The NHSN Team will be reviewing 2017 AU Option data in early 2018 to begin exploring the possibility of updating the current SAAR models and developing new models with additional location types. Only locations submitting data for all 12 months of 2017 will be included in model development analyses. Therefore, to maximize the number and types of locations assessed, we highly encourage facilities to ensure reporting is complete for the year 2017. Additionally, in order to maintain SAAR accuracy and reliability when creating new models, data quality is of the utmost importance and we encourage continued data validation.

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **February 15, 2018** for facilities that participate in certain CMS quality reporting programs.

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

2017 Quarter 3 (July 1 – September 30) CLABSI
- All adult and pediatric ICU locations
- All NICU locations
- Adult and pediatric medical, surgical, and medical/surgical wards

2017 Quarter 3 (July 1 – September 30) CAUTI
- All adult and pediatric ICU locations
- Adult and pediatric medical, surgical, and medical/surgical wards

2017 Quarter 3 (July 1 – September 30) Inpatient COLO and HYST SSI data

2017 Quarter 3 (July 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)
- FacWideIN
- ED and 24-hour observation locations

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

2017 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2017 Quarter 3 (July 1 – September 30) Inpatient COLO and HYST SSI data

2017 Quarter 3 (July 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

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

2017 Quarter 3 (July 1 – September 30) CAUTI data (all bedded inpatient care locations)

2017 Quarter 3 (July 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)
- Freestanding IRFs: Reporting by FacWideIN
- IRF units within acute care or critical access hospitals: Reporting by each CMS IRF unit

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

2017 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2017 Quarter 3 (July 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare-onset and community-onset)

2017 Quarter 3 (July 1 – September 30) VAE data (all bedded inpatient care locations)

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 can 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: https://www.cdc.gov/nhsn/cms/index.html

If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov. The NHSN Helpdesk is staffed Mondays thru Fridays, 7am ET – 5pm ET, excluding Federal Holidays.

Long-term Care Facility Component

2018 Long-term Care Facility Annual Training

The National Healthcare Safety Network's (NHSN) 2018 Long-term Care Facility Annual Training is now scheduled to take place July 16 - 18, 2018 in Atlanta at the CDC. All three days will be dedicated to Infection Prevention and Surveillance in the Long-term Care Facility setting. Speakers will discuss a variety of topics including antibiotic stewardship, prevention and surveillance for UTI, C. difficile, multi-drug resistant organisms, antibiotic stewardship, and more. Users will also have the opportunity to participate in hands-on NHSN navigation and analysis training. Stay tuned for more information later this year.

Additional updates can be found in the LTCF newsletter, available here: https://www.cdc.gov/nhsn/ltc/newsletters/index.html

Healthcare Personnel Safety Component

2018 Checklist for Reporting Healthcare Personnel Influenza Vaccination Summary Data

Now that 2017 is coming to a close, we wanted to review a few points for facilities preparing to submit healthcare personnel (HCP) influenza vaccination summary data for the 2017-2018 influenza season.

✓ **New requirement**: Dialysis facilities that <u>do not</u> provide in-center hemodialysis must complete the *Home Dialysis Center Practices Survey* before entering HCP influenza vaccination summary data.

> ➢ In addition to the HCP Safety Monthly Reporting Plan Form and the HCP Influenza Vaccination Summary Form, dialysis facilities that do not provide in-center hemodialysis are required to complete a third form called the Home Dialysis Center Practices Survey. This captures information about various topics such as surveillance practices, vaccination, and vascular access.

✓ **Keep Secure Access Management Services (SAMS) credentials active**

Facilities are encouraged to log into NHSN using their SAMS card every few months to keep their credentials active. If a NHSN user does not log into NHSN at least once within a 12-month timeframe, he/she will lose access to SAMS and NHSN. NHSN users will also be prompted to change their SAMS password every 60 days.

✓ **Ensure that at least two staff members can enter data into NHSN**

To combat NHSN access issues due to staff turnover, vacation, or extended leave, we recommend that each facility have at least two individuals who can add, edit, delete and analyze the HCP influenza vaccination summary data in NHSN.

✓ **Create a new monthly reporting plan**

A reporting plan must be completed once for each influenza season. You will not be able to enter or save any influenza vaccination summary data until you create a reporting plan for that influenza season. When creating a new monthly reporting plan for the 2017-2018 influenza season, you may select "December 2017" for your plan. Once your monthly reporting plan is complete, you will be able to enter data for the 2017-2018 season.

2018 Checklist for Reporting Healthcare Personnel Influenza Vaccination Summary Data (continued)

✓ **Select the appropriate influenza season when entering data**

Once you are ready to enter data, facilities must select the appropriate influenza season in the 'Flu Season' drop-down box on the NHSN data entry screen. For the 2017-2018 influenza season, you must select "2017-2018" in the drop-down box. This is very important, since data submitted under the incorrect influenza season will <u>not</u> be shared with CMS and will not fulfill reporting requirements.

✓ **Ensure that your CMS certification number (CCN), CCN effective date, and facility type are entered into NHSN**

Specific guidance on adding/updating the facility CCN and CCN effective date within NHSN can be found here: www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.pdf. You should also enter your correct facility type on the "Facility Information" page for your facility in NHSN.

For your reference, comprehensive training slides can be accessed at: https://www.cdc.gov/nhsn/pdfs/training/hcp/hcp-flu-vaccination-summary-reporting-general-training.pdf

If you have any questions about reporting HCP influenza vaccination summary data, please e-mail: NHSN@cdc.gov with 'HPS Flu Summary' in the subject line, and please specify your facility type.

Biovigilance Component

Hemovigilance Module Updates

Upcoming Trainings

New Analysis Training

In December 2017, two new trainings will be available on the NHSN Blood Safety Surveillance website (https://www.cdc.gov/nhsn/acute-care-hospital/bio-hemo/) under the Training tab. First, a new self-paced web-based training course on how to use the Hemovigilance Module's Analysis feature will be offered. This training describes the type of reports available in the Analysis feature, and how these reports can be used to view, check, and analyze data reported by your facility. Continuing education credit is available to those who complete the Hemovigilance Module Analysis feature training.

New Automatic Assignment of Case Definition, Severity and Imputability Designations Guide

Second, a new training guide on the automatic assignment of designations for case definition, severity, and imputability will be available to educate users about how this new feature works and its benefits.

Upcoming Trainings

A 2018 webinar schedule will be released in early 2018. If you have a training topic you would like us to address, please send it to Misha Baker at xwt1@cdc.gov.

Hemovigilance Module Updates (continued)

Upcoming Module Modifications

On January 1, 2017, modifications to the Hemovigilance Module will be made available to Hemovigilance Module users. Modifications to the module include the automatic assignment of designations for case definition, severity, and imputability, along with space for users to select their own designations. Additionally, run charts, which is a line graph of data plotted over time, will be added to the Analysis feature. Other minor modifications were made in response to user feedback and include the addition of response options to certain questions and making other questions optional. These modifications were tested by Hemovigilance Module users during Beta testing. Additional information about all modifications will be sent to Hemovigilance Module users closer to the release.

NHSN Release Management website

The NHSN Release Management webpage is now live. The overall purpose of the Release Management page is to provide visibility and transparency into the NHSN application development process, including defects resolution. It is our hope that this page will serve as an informational resource for both internal and external users. The page lists high impact defects and include a spreadsheet at the bottom containing all of the defects that are currently in production, along with their statuses. The page will be updated bi-weekly to ensure that the page reflects the most up-to-date and accurate information.

It can be accessed here: https://www.cdc.gov/nhsn/releasemgt/index.html

Close out data for 2017

As 2017 comes to an end, CDC reminds facilities to begin addressing any missing data for the year. Check the alerts on the Biovigilance Component home screen to see what data is missing. Please send questions and feedback to nhsn@cdc.gov and include 'Biovigilance' in the subject line for the fastest response.

General NHSN Information

NEW: iSupport Helpdesk Ticketing System

Coming down the pipeline...

In the coming months, NHSN will be implementing a new helpdesk ticketing system called iSupport to help us better assist our users. In turn, this will change the way that we communicate with you. Once the iSupport system has been fully implemented, when you submit an inquiry to NHSN@cdc.gov, you will receive an email notification that includes your ticket number. Ticket numbers will allow us to track the life cycle of your issue from open to close. The process not been finalized, but we will send out more guidance as we get closer to a go-live date. We are excited about this change and feel that it will enhance our ability to better serve you.

With iSupport, NHSN will be able to:

- Triage and respond to some emails in a more expeditious manner
- Provide NHSN with a more effective way to retrieve tickets sent by a given user
- Provide a greater level of accountability as tickets are easily tracked within this system

NHSN Training Updates

2018 In-person NHSN Patient Safety Component Training Course

The National Healthcare Safety Network's 2018 Patient Safety Component annual training is scheduled to take place February 26 – March 2, 2018 in Atlanta, GA at the Centers for Disease Control and Prevention.

The training will feature presentations on the general changes for 2018 NHSN reporting and describe new analysis tools. Speakers will discuss how to identify and report Ventilator-associated Events, Catheter-associated Urinary Tract Infections (CAUTI), Central Line-associated Blood Stream Infections (CLABSI), Secondary Bloodstream Infection (BSI) and Site-Specific Infections, Surgical Site Infections (SSI), and MRSA Bacteremia and *C. difficile* LabID events. Validation of healthcare-associated infection data and antibiotic stewardship surveillance practices will additionally be reviewed.

Registration for the training course is expected to launch in January 2018. While there is no registration fee, participants will be responsible for all travel expenses to include transportation, lodging, and the cost of food and beverages. Capacity for the training is approximately 300 participants, and invitations to attend in-person will be issued based on a randomized lottery system. For those unable to attend in-person, all presentations during the 5 days of the training will be available via live web stream.

Stay posted for future updates! Continuing Education credits are pending for this activity.

Please email NHSNtrain@cdc.gov with training-related questions.

COMING SOON! Updates to the NHSN Training Website

The NHSN team would like to thank you again for the valuable feedback provided in the NHSN Education and Training Needs Assessment!

NHSN user responses in the survey indicated a need for increased navigability and more streamlined access to training activities and materials. This feedback has been incorporated into updates to the NHSN Training website: https://www.cdc.gov/nhsn/training/index.html

NHSN recently sent out a blast email detailing the upcoming website updates, a copy of which can be viewed here: https://www.cdc.gov/nhsn/commup/index.html

Keep an eye out for these updates to go live in early 2018!

New Quick Learns Now Available!

Running the NHSN Standardized Antimicrobial Administration (SAAR) Ratio Reports

This 20 minute video focuses on running the NHSN Standardized Antimicrobial Administration Ration or SAAR report and how to interpret it.

Click https://www.cdc.gov/nhsn/ipfs/aur/index.html to view the short video that defines a SAAR and provides guidance on interpreting and generating a SAAR report within NHSN.

NHSN Training Updates (continued)

NHSN Analysis: A Focus on CMS Reports

This 15 minute video will provide new users with an introduction to NHSN Patient Safety Component Data Analysis, specifically focusing on CMS Reports. This presentation provides guidance on how users can approach basic data analysis within the NHSN application. You will learn how to navigate the NHSN application to generate datasets, access analysis reports, and interpret the analysis results for a given healthcare-associated infection (HAI) type.

Click https://www.cdc.gov/nhsn/ps-analysis-resources/index.html to view our short video to get started with NHSN Data Analysis.

Introduction to NHSN Analysis for the Patient Safety Component: Analysis Report

This 10 minute video provides users with guidance for entering data into NHSN, understanding analysis report options, making basic modifications to standard reports, and describing how data can be exported from NHSN into different formats.

Click https://www.cdc.gov/nhsn/ps-analysis-resources/index.html to view our short video and get started with running reports in NHSN.

Upcoming: Webinar with focus on Critical Access Hospitals (CAH)

In coordination with the Health Resource and Services Administration (HRSA), NHSN will offer a webinar specifically designed to address scenarios and questions for Critical Access Hospitals that currently report data to NHSN. The webinar will take place on Tuesday, January 23rd, 2018 from 2-3:00 p.m. EST. The topics to be covered during this session will include considerations for location mapping and how to complete the patient safety annual survey. There will also be time for questions from participants who join the session via the phone. While the information provided during this webinar will be geared toward CAHs, all NHSN users are welcome to register and join. In particular, facilities in rural areas may find information from this session useful. Please see below for information on how to register for this webinar.

Registration Link:

https://cc.readytalk.com/r/6u5vm83tbs31&eom

Participant Dial-In Numbers
U.S. Toll: 303.248.0285
Access Code 6393927

COMING SOON! An Update to the NHSN Agreement to Participate and Consent

Attention ALL NHSN users! The timeline for the updated NHSN Agreement to Participate and Consent has been adjusted to now allow Facility Administrators the ability to review and agree to the new electronic Consent in addition to all primary contacts. For all current NHSN users, the updated Consent will be available for review and electronic signature on January 23rd. Primary Contacts or Facility Administrators should agree to this updated Consent form for each component by April 14th, 2018, or risk losing access to NHSN. Once the Consent form is available on January 23rd, an alert will appear on all NHSN component home pages, and primary contacts and facility administrators will receive an email notification. Additional information, including Frequently Asked Questions, will be available online in the coming weeks. If you have any questions, please send an email to NHSN@cdc.gov with the subject line "NHSN Reconsent."

CDA Corner

Update for DIRECT CDA Automation

- At this time, over 5900 facilities from 14 separate vendors have signed up for DIRECT CDA Automation. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or check out the information on the *CSSP* site: http://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol.

Change Requests Implemented in NHSN 8.8 Release

- Refer to the CDA Impact notes on the CSSP site for details. These will go into effect in NHSN on January 1, 2018.
- Dialysis-numerator:
    - Implement new CDA for Dialysis numerator using 'R3-D1.1 IG'
    - Add location for acute kidney injury (AKI) patients in outpatient hemodialysis centers
- Hemovigilance-denominator:
    - Implement new CDA for Hemovigilance-denominator using 'R3-D1.1 IG'
- MDRO Summary:
    - "CDI Test Type" question added for IRF locations
- SSI event:
    - Update IAB specific criteria definitions
    - Update GIT specific criteria definitions
- Updates and additions for pathogens list and business rules
- Change APRV reporting (numerator and denominators) to Optional
- Addition of Delafloxacin to AU CDA - Optional for <= 2018 data; required for 2019 AU data
- Update restrictions to include all genders (M/F/U) in procedures, SSI, and locations

CDA Related Defects Corrected in NHSN 8.8 Release

These defects were corrected effective December 2, 2017.

- Improved error message for some CDA types
- Issue for Antimicrobial Resistance reports displaying result as "E" instead of Not Tested
- LabID day 14 rule violation for different pathogens

CDAs Moving to R3-D1.1 Implementation Guide for 2018 Data

For 2018 data, the following CDAs will be required to be based on the R3-D1.1 Implementation Guide.

Updated CDA toolkits have been posted on the NHSN CSSP website.

- Dialysis Event: Additional question added to R3-D1.1 Dialysis numerator CDA:
    - If new antimicrobial start = "Yes", then "was a blood sample collected for culture" is required. (code = 2339-0)
- Hemovigilance Monthly Reporting Denominator: Zika related field added to CDA
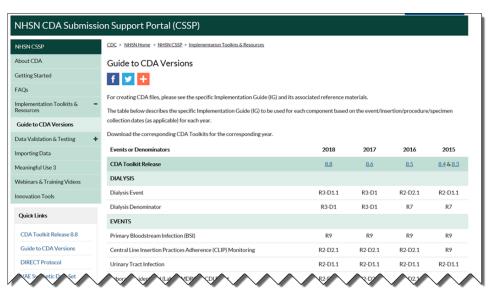
AUR Module Updates

Check the AUR Updates section of the Newsletter for a list changes made in the AUR Module within NHSN 8.8.

NHSN CSSP Submission Portal (CSSP)

The CSSP has been updated to include the 2018 CDA related updates. Updates include the following: toolkits including the 8.8 IDM, FAQs, an updated NPPT request form, and more.

CDA Version Guide Always Available!

The Guide to CDA versions on the NHSN CDA Submission Support Portal is always available to verify you are submitting CDAs based on the correct Implementation Guide: http://www.cdc.gov/nhsn/cdaportal/toolkits/guidetocdaversions.html.

NHSN CDA Submission Support Portal (CSSP)

NHSN CSSP
About CDA
Getting Started
FAQs
Implementation Toolkits & Resources —
  Guide to CDA Versions
Data Validation & Testing +
Importing Data
Meaningful Use 3
Webinars & Training Videos
Innovation Tools

Quick Links
CDA Toolkit Release 8.8
Guide to CDA Versions
DIRECT Protocol

CDC > NHSN Home > NHSN CSSP > Implementation Toolkits & Resources

Guide to CDA Versions

For creating CDA files, please see the specific Implementation Guide (IG) and its associated reference materials.

The table below describes the specific Implementation Guide (IG) to be used for each component based on the event/insertion/procedure/specimen collection dates (as applicable) for each year.

Download the corresponding CDA Toolkits for the corresponding year.

Events or Denominators	2018	2017	2016	2015
CDA Toolkit Release	8.8	8.6	8.5	8.4 & 8.3
DIALYSIS				
Dialysis Event	R3-D1.1	R3-D1	R2-D2.1	R2-D1.1
Dialysis Denominator	R3-D1	R3-D1	R7	R7
EVENTS				
Primary Bloodstream Infection (BSI)	R9	R9	R9	R9
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R2-D2.1	R9
Urinary Tract Infection	R2-D1.1	R2-D1.1	R2-D1.1	R2-D1.1

CDA and CSV Import Metrics Update:

The chart below displays the percentage of data per specific event or summary that is imported via CDA and CSV for data submitted to NHSN, July 1, 2016 - June 30, 2017.

Event or Summary	CDA Import %	CSV Import %
BloodStream Infections (BSI)	37%	
Urinary Tract Infection (UTI)	36%	
Surgical Site Infection (SSI)	27%	
Laboratory Identified Events (LabID Event)	52%	
Dialysis Events (DEs)	56%	
Antimicrobial Resistance Event (AR)	100%	
ICU /Other Summary	21%	
SCA/ONC Summary	23%	
NICU Summary	21%	
Surgical Procedure	35%	43%
MDRO Summary	6%	
Dialysis Summary	43%	
Antimicrobial Use	100%	
Antimicrobial Resistance Summary	100%	

Reminder – not all NHSN changes are documented in the IDM so be sure to reference the updated protocols. Other helpful links are the following:

- Archived Newsletters: https://www.cdc.gov/nhsn/newsletters/index.html
- Archived NHSN email communication: https://www.cdc.gov/nhsn/commup/index.html

NHSN Help Desk Activity Update

Quarter 4, 2017

(Averages)

1,160 Email Inquiries per Week

24 Facilities Enrolled per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of December 14, 2017):

6,970 Hospitals (this includes 535 Long-term Acute Care Hospitals and 351 Free-standing Inpatient Rehabilitation Facilities)

7,082 Outpatient Hemodialysis Facilities

5,007 Ambulatory Surgery Centers (ASCs)

3,182 Long-term Care Facilities

22,241 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.

The Centers 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