Volume 13, Issue 4
December 2018

NHSN National Healthcare Safety Network

CENTERS FOR DISEASE CONTROL AND PREVENTION

# NHSN E-Newsletter

CDC

## Inside this Issue:

# PATIENT SAFETY COMPONENT

## Posting of 2019 Patient Safety Component Protocols and PedVAE Calculator

We are happy to announce that the 2019 Patient Safety Component (PSC) protocols have been posted to the NHSN website, including the protocol for the new PedVAE module and a PedVAE calculator. Please remember that these protocols are for use beginning January 1, 2019.
Until that time, please continue to use your 2018 PSC protocols, which can be found in the Additional Resources section in the left hand corner of the NHSN homepage https://www.cdc.gov/nhsn/index.html.

The related data collection forms and Tables of Instructions are still undergoing clearance for posting which is anticipated within the next few weeks. Notification will be sent when that occurs.

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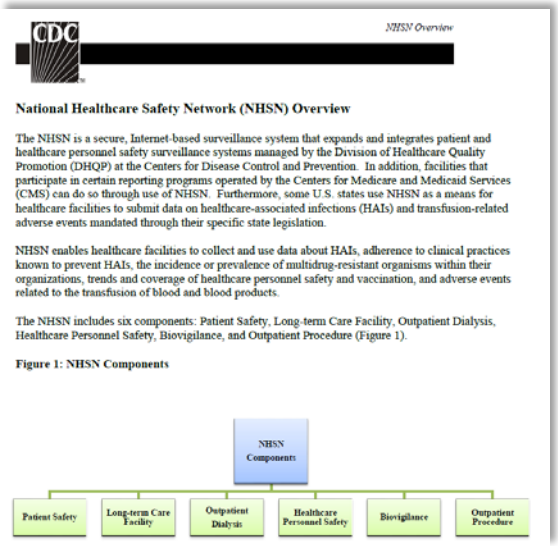

NHSN Overview

**National Healthcare Safety Network (NHSN) Overview**

The NHSN is a secure, Internet-based surveillance system that expands and integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at the Centers for Disease Control and Prevention. In addition, facilities that participate in certain reporting programs operated by the Centers for Medicare and Medicaid Services (CMS) can do so through use of NHSN. Furthermore, some U.S. states use NHSN as a means for healthcare facilities to submit data on healthcare-associated infections (HAIs) and transfusion-related adverse events mandated through their specific state legislation.

NHSN enables healthcare facilities to collect and use data about HAIs, adherence to clinical practices known to prevent HAIs, the incidence or prevalence of multidrug-resistant organisms within their organizations, trends and coverage of healthcare personnel safety and vaccination, and adverse events related to the transfusion of blood and blood products.

The NHSN includes six components: Patient Safety, Long-term Care Facility, Outpatient Dialysis, Healthcare Personnel Safety, Biovigilance, and Outpatient Procedure (Figure 1).

**Figure 1: NHSN Components**



## Correction to Release Notes Regarding Required Fields for Bloodstream Infection Reporting for 2019

Please note that the NHSN Version 9.2 Release Notes that were distributed via email on Wednesday, December 12th incorrectly identified 2 newly required data fields for Bloodstream Infection Event reporting for 2019.
The incorrect information was

1. Required – “Any hemodialysis catheter present?” (Yes/No)
2. Required – “Ventricular access device (VAD) present?” (Yes/No).

The correct 2 newly required Yes/No data fields for 2019 are

1. “Extracorporeal life support present (ECLS or ECMO)“
2. “Ventricular assist device (VAD) present”

“Any hemodialysis catheter present?” is already a required field for BSI reporting.

Please accept our apologies for this error.

## Reminder: Release of New 2018 Patient Safety Component (PSC) Facility Survey

NHSN will release the 2018 Patient Safety Component (PSC) Annual Survey on January 1, 2019. This mandatory survey is completed by all facilities enrolled in the NHSN PSC to provide updated information on hospital characteristics and practices for the previous full calendar year. As in years past, users will not be able to submit the 2018 survey until January 1, 2019. Information to access the updated forms and tables of instructions will be sent after January 1, 2019.

The 2018 PSC Annual Survey will include significant updates from previous versions. There will be a new section added to only the Hospital Survey (completed by ACHs and CAHs) to capture information about the hospital's neonatal antimicrobial use. The addition of this section is to assist in the creation of a neonatal specific benchmark metric. Another noticeable update throughout all PSC surveys will be found within the antibiotic stewardship section. In an effort to capture more details about facility specific practices to achieve the core elements of antibiotic stewardship, existing questions have been adapted and new questions have been added to provide a more granular depiction. In previous surveys the antibiotic stewardship section was made up of 11 required questions. Starting with the 2018 survey, this section will have 10 required and 10 optional questions. Each facility must complete the 10 required questions, but are allowed to save the survey without providing responses to the 10 optional questions. The inclusion of optional questions is to reduce the time burden facilities face when completing the annual survey. If possible, we are asking facilities to please attempt to complete the optional questions. Information gathered from these questions are used to help shape prevention activities and policy surrounding antibiotic stewardship. Minor changes to other questions such as the addition of new response options, the removal of outdated laboratory tests for certain questions, and new soft alerts to help resolve data entry errors have been added to all three patient safety surveys.

**Please remember, surveys must be completed and submitted in NHSN by March 1, 2019**. 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 2018 data. This is important to consider for the upcoming CMS Quality Reporting Program submission of 2018 quarter 3 data, due on February 15th, 2019. Facilities that do not successfully complete the 2018 annual survey prior to that date will have their data risk-adjusted using the 2017 survey. If possible, we strongly suggest completing the survey prior to the CMS 2018 quarter 3 deadline.

NHSN will provide two webinars in early 2019 to highlight the changes made to the 2018 Patient Safety Annual Survey and cover commonly asked questions about the survey. Subject matter experts who contributed to the new changes will be available to present their updates and take audience questions. Both webinars will present the same information, so participants can choose the date that is most convenient for them. Information about the registering for each webinar will be sent in a separate email from NHSN. Mark your calendars for the following dates to attend:

Thursday, January 17th at 2:30-3:30 p.m. EST

Thursday, February 7th at 2:30-3:30 p.m. EST

For additional guidance and support, contact our support team at nhsn@cdc.gov . Use the words *Annual Survey* in the subject line to expedite the response time.

## External Validation Guidance: Revisions and Corrections

The 2016 and 2017 Medical Records Abstraction Tool (MRAT) for LabID MRSA and CDI have been revised and posted under their respective locations for External Validation and Guidance Toolkit.

https://www.cdc.gov/nhsn/validation/index.html


The MRSA MRAT required reformatting of patient demographics. The CDI MRAT required a clarification in-line with the current LabID definition protocol.

The following statement was removed for the CDI LabID MRAT:

***If specimen collected in ED or affiliated outpatient location on calendar day of admission, reporters are allowed to assign specimen entered in NHSN to the location of inpatient admission, to establish community-association.***

Replaced with:

***If specimen is collected in an affiliated outpatient location other than ED and/or 24-hour observation on the same calendar day as hospital admission, reporters are allowed to assign the specimen entered in NHSN to the location of inpatient admission.***

We are providing these two pages with the correction for facilities that wish to print and replace the existing pages.

- ***2018 External Validation Guidance and Toolkit (pages 69 and 70) and Internal Validation Facility Quality Checks (pages 19 and 20)***

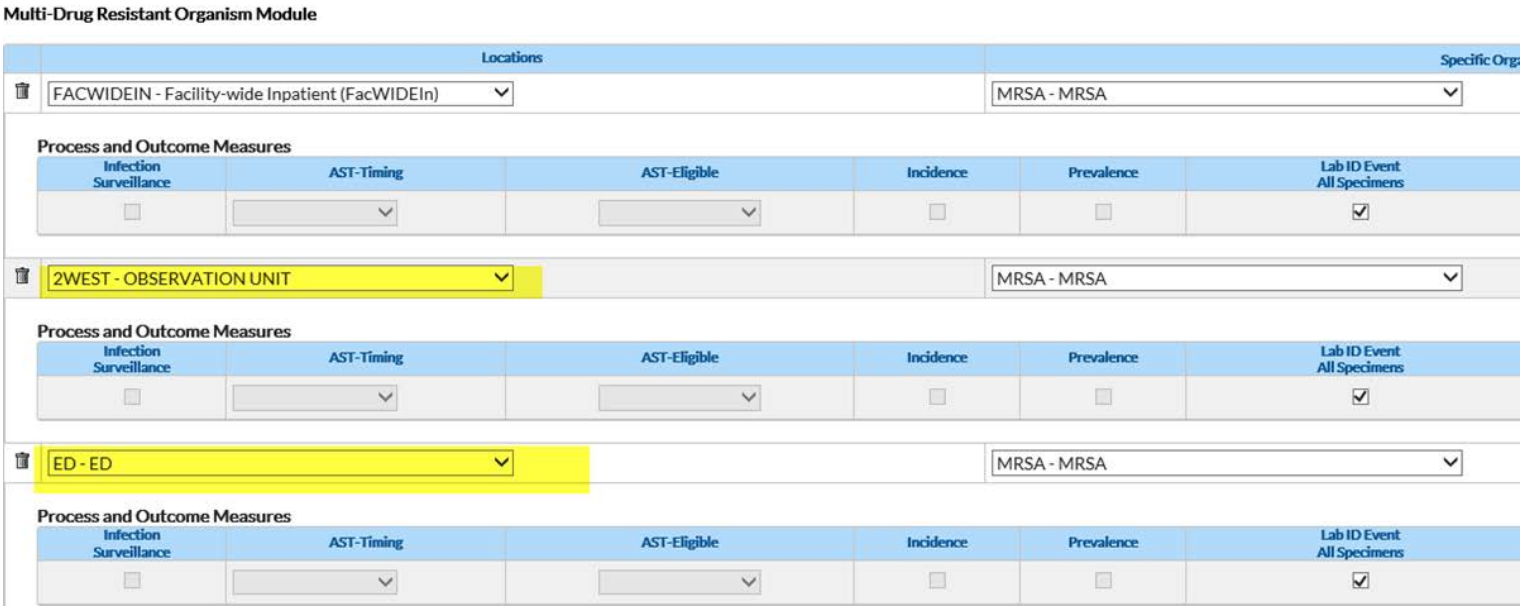
The words ***"central line days"*** were replaced by ***"denominator device days"*** in the CLABSI and CAUTI Denominator Counting Survey. Both documents have been republished with the revised language.

## Reminder! MRSA Bacteremia and CDI Reporting from ED and Observation Units

In response to numerous emails received by the NHSN helpdesk, we would like to remind users from acute care hospitals that LabID Event surveillance is **REQUIRED** in all emergency departments (EDs) and 24 hour observation locations during months in which "FacWideIN" surveillance is performed. Each ED or 24 hour observation location should be listed on an individual row within the MDRO section of the monthly reporting plans. In addition, unit-specific outpatient denominator records should be reported for each applicable month. Data from these two outpatient locations, if applicable, are included in the risk adjustment models used for the calculation of the MRSA and CDI LabID Event SIRs.

Surveillance in EDs and/or 24 hour observation units is not required during months in which these units are inactive or non-operational, or if your facility does not have these types of locations.

See below for an example of the MRSA rows within the MDRO section of a monthly reporting plan. These same rows should exist for *C. difficile*.




More information about the proper steps needed for FacWideIN surveillance of MRSA bacteremia and CDI can be found here: https://www.cdc.gov/nhsn/pdfs/cms/how-to-set-up-and-report-mrsa-cdi.pdf

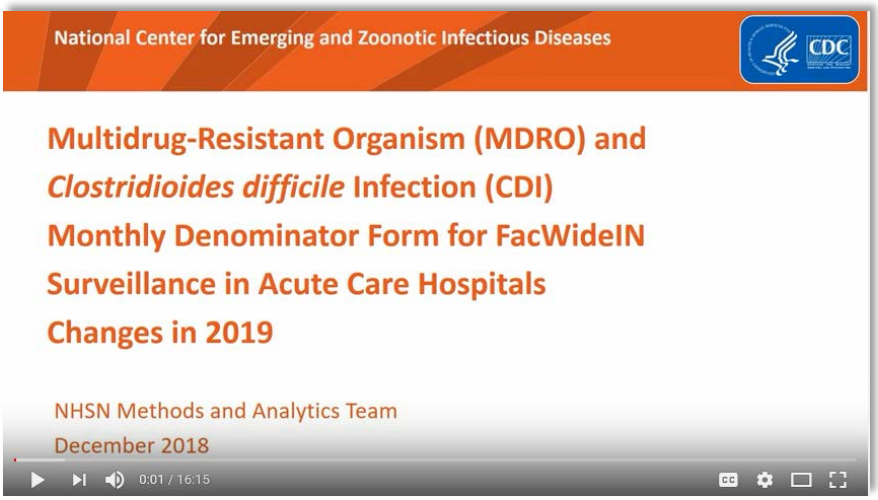
## 2019 Updates to the LabID Event Denominator Form

Summary records for LabID MDRO and CDI will be modified and look slightly different in NHSN beginning on January 1, 2019. The update is in response to frequent data entry errors made on the FacWideIN denominator record. The cosmetic changes and details added to the form were done to improve the clarity of data entry instructions and requirements. No changes were made to the definitions of the denominators themselves. The changes that you'll see starting at the start of 2019 include:

- Updated title of the form, now "MDRO and CDI Monthly Denominator- All Locations"
- For the FacWideIN location, new description text appears for rows 2 and 3. Formulas are also provided to help users calculate correct patient days and admissions for these rows.
- For the FacWideIN location, removal of terms "MDRO" and "CDI" patient days/admissions on rows 2 and 3
- Organism selection box now has MRSA and *C. difficile* in the first two columns

The FacWideIN LabID monthly denominator form is a summary record in which total counts of patient days and admissions are entered into NHSN. This summary record should contain counts of all patients who were admitted to an applicable inpatient unit in your healthcare facility throughout the reporting month. This denominator information is used to help generate your facility's rates and SIRs for LabID Event reporting.

For more information about the changes made to this form and how to complete it correctly, please view the "**Multidrug-Resistant Organism (MDRO) and *Clostridioides difficile* Infection (CDI) Monthly Denominator Form for FacWideIN Surveillance in Acute Care Hospitals Changes in 2019**" Quick Learn video. Users will be able to access this video prior to the 2019 release of the form. The video will be found in the "MDRO/C.Diff - *C. difficile*, MRSA, and other Drug-resistant Infections" section on our training page here, https://www.cdc.gov/nhsn/training/patient-safety-component/index.html



# Antimicrobial Use & Resistance Module Updates

**New 2019 NHSN AUR Protocol**

The 2019 NHSN AUR protocol is now posted! Within the AU Option, the updated protocol contains the details for the 2017 baseline SAARs. Within the AR Option, we've updated the specific organisms to be reported and made significant changes to the AR Option drug panels. We've also added a flowchart to help discern which specimen to report when faced with AR Event duplicates. New to the AR Option for 2019 is the AR Option Phenotypes found in Appendix I. These AR Option specific phenotype definitions are used in three new analysis reports within NHSN.

**New SAARs are Here!**

The AU team has now updated the SAARs based on 2017 AU data. Two new locations were added, and we renamed and recategorized the SAARs. The new 2017 baseline SAARs will be available for data from January 2017 forward while the 2014 baseline SAARs will still be available for data from 2014-2018. Remember, in order to see the new SAAR reports, please generate new data sets within NHSN. All of the updated information is included in the new 2019 version of the AUR Protocol that is now posted on the NHSN website. Look for more information on the new 2017 baseline SAARs in future newsletters!

**AU Option Drug Changes for 2019**

As a reminder, Delafloxacin, which was optional for AU reporting in 2018, will be required for AU reporting beginning with data year 2019. Also, the FDA recently approved a new drug, meropenem/vaborbactam, that will be eligible for AU Option reporting beginning in 2019. Meropenem/vaborbactam will be optional for inclusion in the AU Option CDA data submission files.

**Six New AR Option Organisms Added for 2019**

Six new organisms were added to the AR Option: *Candida parapsilosis, Candida tropicalis, Citrobacter amalonaticus, Citrobacter koseri (Citrobacter diversus), Proteus penneri,* and *Proteus vulgaris.* These organisms can be reported for specimens collected 1/1/2019 and forward.

**AR Option Drug Panels Updated**

A number of the AR Option drug panels were updated. Drugs have been added and removed to align with CLSI susceptibility testing guidance. Please refer to Appendix F of the updated AUR Module Protocol for the new panels. The new panels should be used for all specimens collected 1/1/2019 and forward.

## Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **February 15, 2019,** for facilities that participate in certain CMS quality reporting programs.

**Acute Care Hospitals that participate in the Hospital Inpatient Quality Reporting (IQR) Program:**
2018 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data

- All ICU locations
- All NICU locations (CLABSI only)
- Adult and pediatric medical, surgical, and medical/surgical wards

2018 Quarter 3 (July 1 – September 30) Inpatient COLO and HYST SSI data
2018 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 Program:**
2018 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (all bedded inpatient care locations)
2018 Quarter 3 (July 1 – September 30) Inpatient COLO and HYST SSI data
2018 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 Program:**
2018 Quarter 3 (July 1 – September 30) CAUTI data (all bedded inpatient locations)
2018 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 Program:**
2018 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (all bedded inpatient locations)
2018 Quarter 3 (July 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare-onset, and community-onset)
2018 Quarter 3 (July 1 – September 30) VAE data (all bedded inpatient locations)

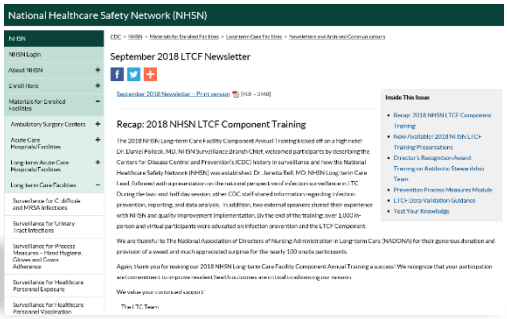
Please ensure that at least one individual at your facility can access NHSN via their Secure Access Management Services (SAMS) account and has been assigned appropriate user rights in NHSN to enter and view your facility's data. To guarantee that your data is accurately entered into NHSN, verify that; 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, 7 am ET – 5 pm ET, excluding Federal Holidays.

# LONG-TERM CARE FACILITY COMPONENT

## LTCF Updates

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




# HEALTHCARE PERSONNEL SAFETY COMPONENT

## Updates to Healthcare Personnel Influenza Vaccination Summary Reporting through NHSN

There have been several changes to healthcare personnel (HCP) influenza vaccination summary reporting requirements for the 2018-2019 influenza season.

The Centers for Medicare & Medicaid Services (CMS) has removed the HCP Influenza Vaccination Summary Measure (National Quality Forum Measure 0431) from certain quality reporting programs. The following facility types are no longer required to report HCP influenza vaccination summary data through NHSN beginning with the 2018-2019 influenza season for CMS quality reporting purposes:

- Ambulatory surgery centers[1]
- Inpatient psychiatric facilities[2]
- Hospital outpatient departments[1]
- Outpatient dialysis facilities[3]

Please note that while the CMS quality reporting programs for the above facility types no longer require submission of HCP influenza vaccination summary data, reporting these data may be required for some of these facilities based on state mandates. Facilities that are not required to report HCP influenza vaccination summary data by their state are still encouraged to voluntarily report these data through NHSN. Facilities are encouraged to contact their State HAI Coordinators to confirm the reporting requirements of their state.

CDC will be hosting two webinars for acute care facilities on how to report data for the 2018-2019 influenza season, now that reporting HCP influenza vaccination in hospital outpatient departments is no longer required. These webinars will be held on **Thursday, January 24, 2019 (12:30-1:30 PM ET)** and **Tuesday, January 29, 2019 (2-3 PM ET)**. Facilities can register for the webinars using this link: https://www2.cdc.gov/vaccines/ed/nhsn/registration/.

Updates to Healthcare Personnel Influenza Vaccination Summary Reporting through NHSN continued on page 10

## Updates to Healthcare Personnel Influenza Vaccination Summary Reporting through NHSN (continued)

The following facility types that are subject to CMS or Health Resources & Services Administration reporting requirements must continue to report HCP influenza vaccination summary data for the 2018-2019 influenza season:

- Acute care facilities (inpatient reporting)
- Critical access hospitals
- Inpatient rehabilitation facilities
- Long-term acute care facilities
- Prospective payment system (PPS)-exempt cancer hospitals

If you have any questions about these changes, please send an e-mail to: nhsn@cdc.gov with 'HPS Flu Summary' in the subject line of the message.

[1]https://www.cms.gov/newsroom/fact-sheets/cms-finalizes-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center

[2]https://www.cms.gov/newsroom/fact-sheets/fy-2019-final-medicare-payment-and-quality-reporting-updates-inpatient-psychiatric-facilities-cms

[3]https://www.cms.gov/newsroom/fact-sheets/cy19-esrddme-nprm-cms-1691-f-and-dmepos-competitive-bidding-program-temporary-gap-period

# BIOVIGILANCE COMPONENT

## Hemovigilance Module Updates

**Upcoming Module Modifications**

On January 1, 2019, modifications to the Hemovigilance Module Adverse Reaction Form, Annual Facility Survey, and Analysis Reports will be made available to Hemovigilance Module users. This includes autofill of facility characteristics and removal of question 17 (number of units transfused during the previous year) on the Annual Facility Survey, addition of transitional blood groups and other minor edits on the Adverse Reaction Form, and new filter options on the Adverse Reaction Run Chart in Analysis Reports.

If you were unable to attend the webinar on these changes held on November 28th and would like the slide deck detailing these changes, please contact Alexandra Savinkina (mxq1@cdc.gov).

**Close out data for 2018**

As 2018 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

## NHSN Training Updates

**2019 Patient Safety Component Annual Training**

The National Healthcare Safety Network's 2019 Patient Safety Component annual training is scheduled to take place March 25 – 29, 2019 in Atlanta, GA at the Centers for Disease Control and Prevention.

The training will feature presentations on the general changes for 2019 NHSN reporting. Speakers will discuss how to identify, report, and analyze Ventilator-associated Events (VAE), 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 and the Antimicrobial Use and Resistance module will additionally be reviewed.

Registration for the training course is expected to launch early in 2019, and NHSN will send communication as soon as registration is open. 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.

**New Quick Learn Available!**

The National Healthcare Safety Network (NHSN) provides you the opportunity to receive *Just In Time* training with Quick Learns. Quick Learns are resources that may define a specific part of a protocol or deliver approaches for data analysis within the NHSN application. Quick Learns are short, 7-15 minute educational experiences, provided by NHSN's Protocol & Validation and Methods & Analytics Teams.

We have a new 15-minute Protocol Quick Learn resource that clarifies changes in the 2018 Laboratory Confirmed Bloodstream Infection (LCBI) chapter regarding the terms, denominator device day and central line day counts for device attribution.

Check it out below!

*Denominator Device Day and Central Line Day Counts for Device Attribution*

Click https://www.cdc.gov/nhsn/training/patient-safety-component/index.html to view our short video, and learn how to perform denominator device day counts and central line day counts for device attribution. You will find the video under Patient Safety Component Training in the Bloodstream Infections (BSI) Quick Learn section.

# CDA Corner

**NHSN v9.2 (January, 2019)**

- New CDAs coming in release 9.2 based on R3-D2 implementation guide
  - Ventilator Associated Event (VAE)
  - Healthcare Personnel Influenza Vaccination Summary (FLU)
  - Update for Bloodstream Infection event (BSI)
- Important CDA related defects to be included:
  - Antimicrobial Resistance (AR) CDA – Enhanced validation will be added to check that *Staphylococcus aureus* AR Events include information on the specific *Staphylococcus aureus* tests PBP2a-agglutination and PCR mec-gene. Appropriate values for these tests are positive, negative, and unknown. *Staphylococcus aureus* AR Event CDA files not including these two tests will fail to import.

**Update for CDA Direct 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.

**AUR Module Updates**

Check the AUR Module Updates section of the Newsletter

**As an Important 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

**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

# 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 | 2019 | 2018 | 2017 | 2016 |
|---|---|---|---|---|
| **CDA Toolkit Release** | 9.2 | 8.9 & 8.8 | 8.6 | 8.5 |
| **DIALYSIS** | | | | |
| Dialysis Event | R3-D1.1 | R3-D1.1 | R3-D1 | R2-D2.1 |
| Dialysis Denominator | R3-D1 | R3-D1 | R3-D1 | R7 |
| **EVENTS** | | | | |
| Primary Bloodstream Infection (BSI) | R3-D2 | R9 | R9 | R9 |
| Central Line Insertion Practices Adherence (CLIP) Monitoring | R2-D2.1 | R2-D2.1 | R2-D2.1 | R2-D2.1 |
| Urinary Tract Infection | R2-D2.1 | R2-D1.1 | R2-D1.1 | R2-D1.1 |
| Laboratory-identified (LabID) MDRO or CDI Event | R2-D2.1 | R2-D2.1 | R2-D2.1 | R2-D2.1 |
| Ventilator-associated Event (VAE) | R3-D2 | — | — | — |
| **SURGICAL SITE INFECTIONS AND DENOMINATOR FOR PROCEDURES** | | | | |
| Surgical Site Infection (SSI) | R2-D1.1 | R2-D1.1 | R2-D1.1 | R2-D1.1 |
| Denominator for Procedure | R2-D1.1 | R2-D1.1 | R2-D1.1 | R2-D1.1 |
| **DENOMINATORS / SUMMARY REPORTS** | | | | |

## NHSN Help Desk Activity Update

**Quarter 4, 2018**

(Averages)

1,003 Email Inquiries per Week

16 Facilities Enrolled per Week

## NHSN Enrollment Update

**NHSN Enrollment Update (as of December 18, 2018):**

6,731 Hospitals (this includes 471 Long-term Acute Care Hospitals and 354 Free-standing Inpatient Rehabilitation Facilities)

7,362 Outpatient Hemodialysis Facilities

4,544 Ambulatory Surgery Centers (ASCs)

2,922 Long-term Care Facilities

**21,559 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.

NHSN National Healthcare Safety Network

The Centers for Disease Control and Prevention (CDC)
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E-mail: NHSN@cdc.gov; CDC's NHSN Website: www.cdc.gov/nhsn