



Inside this Issue:

Are you interested in beta testing for the NHSN 8.8 release?	<u>2</u>
Patient Safety Component	
Preview of anticipated 2018 PSC Protocol Changes	<u>2</u>
Sneak Peek! 2018 LabID Denominator Changes for IRFs and LTACs	<u>5</u>
Is the Patient Accessing the Central Line?	<u>7</u>
New! “Risk Adjustment Factors for FacWideIN SIR” Table	<u>7</u>
Setting up the LabID ‘Define Rights’ Template for Groups	<u>8</u>
Generating New Datasets in NHSN	<u>9</u>
Location of Attribution Rules in NHSN	<u>10</u>
Highlight: NHSN Analysis Resources	<u>10</u>
Zero Device and Patient Days	<u>11</u>
Water Management Questions Added to PS Annual Survey	<u>11</u>
Antimicrobial Use & Resistance Module Updates	<u>12</u>
Reminder for Acute Care Hospitals reporting CLABSI and CAUTI Data for CMS Quality Reporting Program	<u>12</u>
Reminder! Data for CMS Quality Reporting Programs due Soon!	<u>13</u>
Long Term Care Facility (LTCF) Component	
LTCF Updates	<u>14</u>
Healthcare Personnel Safety Component	
No updates at this time	—
Dialysis Component	
Dialysis Component Updates	<u>15</u>
Biovigilance Component	
Hemovigilance Module Updates	<u>16</u>
General NHSN Information	
2018 NHSN Patient Safety Component Training – Save the Date!	<u>17</u>
Reminder to Review & Update User Contact Information	<u>18</u>
COMING SOON! An Update to the NHSN Agreement to Participate and Consent	<u>20</u>
CDA Corner	<u>21</u>
NHSN Helpdesk: Activity Update	<u>23</u>
Enrollment Update	<u>23</u>

Are you interested in beta testing for the NHSN 8.8 release?

For the NHSN annual release of version 8.8, we are planning for a two-week beta testing period prior to the full production release tentatively scheduled for December 9, 2017.

From October 23, 2017 through November 3, 2017, “dummy data” will be populated in the beta environment for testers to manipulate within the NHSN 8.8 application. During the testing period, new data will be available each morning after a purge of all data submitted the previous day. In addition to our internal testing efforts, beta testing will provide an opportunity for NHSN users to explore new NHSN features and potentially identify issues that can be resolved prior to the production release.

We need volunteers, so please contact us at NHSNBeta@cdc.gov to express your willingness to participate. We can support a limited number of beta testers, so availability cannot be guaranteed to everyone. More details will be made available in upcoming NHSN newsletters, direct communication with volunteers via email, and presentation prior to the beta testing period.

Patient Safety Component

Preview of anticipated 2018 PSC Protocol Changes

Preview of the anticipated **2018** PSC Protocol Updates

Please note that the following is an abbreviated list of the 2018 PSC Manual updates. A complete list and description will be sent to NHSN users once the protocols have been posted to the NHSN website. *These updates only apply to PSC events beginning in 2018.*

Abbreviations

The following abbreviations have been added as appropriate throughout the manual:

- Secondary BSI Attribution Period (SBAP)
- Date of Event (DOE)
- Location of Attribution (LOA)

The abbreviation “**e.g.**” has been removed throughout the manual and replaced by the words “**for example**”, indicating that the list may not be all-inclusive. The abbreviation “**i.e.**” has been removed throughout the manual and replaced by the word “**specifically**”, indicating that only those things included in the list are included. This change is made because some users have communicated a lack of understanding of the meaning about these two Latin abbreviations.

Update to Chapter 2

Appendix: *Flow Diagram for NHSN Event Determination* will include guidance for an event identified during a Repeat Infection Timeframe (RIT) of the same type of event.

Organ procurement

The determination for whether to exclude a patient specimen from surveillance due to organ procurement procedures will be based on the **date the organ procurement document(s) was signed.**

Preview of anticipated 2018 PSC Protocol Changes (continued)

IF the *date of specimen collection* is on or after the date signed consent for organ procurement is obtained an event identified using the specimen culture result or non-culture based diagnostic test result should not be reported as an HAI. Note that this rule will apply to any patient for whom an organ procurement consent has been signed. The patient should still be included in device and patient day denominator data collection.

For VAE, exclusion for event reporting will also be made using the date the organ procurement document was signed but the reference will be to the onset of worsening oxygenation (date of event) not specimen collection date.

Device day count (applies to BSI, UTI, PNEU):

Device day count for devices inserted prior to admission to inpatient location will be clarified in the following manner - If the device was in place prior to admission to the inpatient location, the device day count begins with the admission date to the inpatient location. For patients **admitted with a central line**, the number of days of device used to determine if the BSI is a CLABSI are counted beginning with the first day of access in an inpatient location.

Definition updates

Inpatient location will be clarified in the following manner - To include but is not limited to, any department or unit within the facility that provides service to inpatients [for example, inpatient Dialysis, Operating Room (OR), Interventional Radiology, Gastroenterology Lab (GI), Cardiac Catheterization lab (CC), etc.].

Ventilator definition will be clarified in the following manner - To provide accuracy and clarity the definition includes **the delivery of air that occurs through an artificial airway being either an oral/nasal endotracheal tube or tracheostomy tube.**

CLABSI

An LCBI meeting CLABSI criteria will NOT be considered central line associated (not a CLABSI) in the presence of one of the following:

- Extracorporeal life support (**ECMO**)
- Ventricular assist device (**VAD**)

and/or if there is a documented diagnosis of either of the following during the current admission:

- Epidermolysis bullosa (**EB**),
- Munchausen Syndrome by Proxy (**MSBP**),

In the four instances above, NHSN Users will be required in 2018 to mark the “Central Line” risk factor field **“No”**.

NHSN will add **two optional device fields** to the BSI event form for **ECMO** and **VAD in 2018** (see screen shot below) and selecting **“Yes”** to these fields is *optional*. However, users will still be required to mark the “Central risk factor field “No” in 2018 in order for these events to NOT be considered CLABSIs. NHSN plans to add **EB** and **MSBP** to the BSI event form in 2019, and these fields will become required fields in 2020.

BSI Event Form:

OPTIONAL

New in 2018 →
New in 2018 →

Any hemodialysis catheter present: Yes No
Extracorporeal life support present (e.g. ECMO): Yes No
Ventricular assist device (VAD) present: Yes No

Preview of anticipated 2018 PSC Protocol Changes (continued)

Note:

- Meeting LCBI criteria in the presence of ECMO, VAD, EB, or MSBP will still set a BSI RIT, and central line days will be included in denominator device counts.

CLIP

Clarification will be made regarding a NEW CLIP event when the first attempt is unsuccessful as follows!:

- If the first central line insertion attempt is unsuccessful and a NEW skin site preparation is performed, report this as a new CLIP event.
- If the first central line insertion attempt is unsuccessful and a new skin site preparation is NOT performed, (for example, another insertion is attempted just centimeters away using the initial skin prep), do not report a new CLIP event.

PNEU

An endotracheal aspirate specimen (collected via endotracheal or tracheostomy tube) will be **considered a minimally contaminated specimen and eligible for use** in meeting the laboratory requirement for PNU2 and PNU3 criteria.

Algorithm and Flow Diagram Footnote # 9 will reflect this change.

Sputum specimens will continue to **not** be considered minimally contaminated specimens.

Footnote # 14 provides guidance in determining acceptable imaging test evidence for use in meeting the PNEU definition for imaging requirement. (Details are also found in [March 2017 NHSN newsletter](#)).

CAUTI

Clarification will be made under SUTI 1a Catheter-associated Urinary Tract Infection: fever (>38.0°C): To use **fever in a patient > 65 years of age**, the indwelling urinary catheter needs to be in place > 2 calendar days on the **date of event**.

VAE

To better align with the protocol guidance, the language stating the requirement that the daily minimum PEEP and FiO2 values represent the lowest setting maintained for at least 1 hour will be clarified and will state that it is to represent the lowest setting maintained for > 1 hour. (This will not result in any change to how the daily minimum values are determined)

The antimicrobial agent, Delafloxacin, will be added to the Appendix: *List of Antimicrobials Agents Eligible for IVAC, PVAP*

Chapter 17 Surveillance Definitions

For 2018,

- ENDO Criterion 4a - *Enterococcus* spp. will be added as an available typical infectious endocarditis organism.
- GIT Criterion 1 - will allow **blood** as an element when there is evidence of gastrointestinal tract infection. This update will include the same limited list of blood pathogens that are already in place for GIT criterion 2c.
- IAB Criterion 3 - will include hypotension and elevated transaminase levels.

Sneak Peek! 2018 LabID Denominator Changes for IRFs and LTACs

Inpatient Rehabilitation Units (IRF units) located within a Hospital

Hospitals with a CMS-certified IRF unit that are participating in the CMS Hospital and IRF Quality Reporting Programs must complete two MDRO denominator forms each month: one for the acute care hospital (FacWideIN) and a separate denominator record for the IRF unit. Data entry requirements for FacWideIN, for the last month of each quarter (March, June, Sept, and Dec), include selecting the appropriate laboratory *C. difficile* (CDI) test type that was used for that quarter. Beginning with March 2018 denominator data, the CDI test type must also be selected/confirmed on the IRF unit's MDRO denominator form for the last month of each quarter. 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. 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: the 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.

NHSN will use the CDI test type indicated on the IRF unit's MDRO denominator record for risk adjustment purposes of the IRF unit's CDI SIR.

Location Code *: 4W - REHAB
Month *: June
Year *: 2017

General

Setting: Inpatient Total Patient Days *: 1500 Total Admissions *: 158
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? *

EIA - Enzyme immunoassay (EIA) for toxin
Cyto - Cell cytotoxicity neutralization assay
NAAT - Nucleic acid amplification test (NAAT)
NAATEIA - NAAT plus EIA, if NAAT positive (2-step algorithm)
GDH - Glutamate dehydrogenase (GDH) antigen plus EIA for toxin
GDHNAAT - GDH plus NAAT
GDHEIA - GDH plus EIA for toxin, followed by NAAT for discrepant results
ToxiCul - Toxigenic culture
OTH - Other (specify)

New question for IRF unit MDRO denominator

Free-standing Inpatient Rehabilitation Facilities (IRFs) and Long-term Acute Care Hospitals (LTACs)

Currently, free-standing IRFs and LTACs 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)

2018 LabID Denominator Changes for IRFs and LTACs continued on page 6

Sneak Peek! 2018 LabID Denominator Changes for IRFs and LTACs (continued)

All IRFs and LTACs enrolled in NHSN should have no specialized units to subtract from their denominators for the second and third rows of MDRO denominator data entry. Therefore, beginning with January 2018 denominator data, free-standing IRFs and LTACs 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.

Reminder: Selection of CDI test method will continue to be required on the FacWideIN denominator form in March, June, September, and December.

Current FacWideIN Denominator data entry, free-standing IRFs & LTACs:

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

General

Setting: Inpatient Total Facility Patient Days *: 954 Total Facility Admissions *: 108 **1**

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 *: 954 MDRO Admissions *: 108 **2** → removed in 2018

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 *: 954 CDI Admissions *: 108 **3** → removed in 2018

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? *
 EIA - Enzyme immunoassay (EIA) for toxin **CDI test method**

Future FacWideIN Denominator data entry, free-standing IRFs & LTACs, starting in 2018:

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

General

Setting: Inpatient Total Facility Patient Days *: 1104 Total Facility Admissions *: 195 **1**
 Setting: Outpatient Total Facility 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? *
 EIA - Enzyme immunoassay (EIA) for toxin **CDI test method**

Is the Patient Accessing the Central Line?

Chapter 4 Bloodstream Infection (BSI) Protocol, Current reporting instruction:

A positive blood specimen meeting LCBI criteria, that is accompanied by **documentation of observed or suspected patient injection** into vascular access lines, within the BSI infection window period, will be considered an LCBI, but not a CLABSI for NHSN reporting purposes.

The use of this exclusion for NHSN CLABSI reporting is intended for patients who are injecting into their vascular access lines without regard for their health and/or safety. This exclusion is very specific to *“Patient Injection”*. Manipulating or tampering with the line (such as biting the line, picking at the dressing, sucking on the ports, etc.) **do not** meet the intent of the exclusion because appropriate line management (such as scrubbing the hub, dressing changes, etc.) should mitigate any risk associated with such activities. Documentation must be very specific and must include a statement that the patient **“was observed injecting...”** or **“is suspected of injecting...”** the central line. Insinuations and/or descriptions, even very detailed descriptions that do not include such a statement **will not** be eligible for the exclusion. In the event that the required documentation is present during the BSI Infection Window Period (IWP) if entering such an event into NHSN, answer “No” to the risk factor field “Central line?” Device days should be included in summary denominator counts. If a subsequent positive blood specimen is collected after the BSI RIT, it must be investigated and meet the exclusion criteria again in a new BSI IWP in order to determine that it is not associated with the central line.

Example: Patient was admitted with a PICC line in place on 7/29/17, which was used for TPN, starting on day of admission. On 8/15 a set of blood cultures were collected and both are growing Acinetobacter. The PICC line was removed 8/15. It was documented on multiple occasions that the “patient was found with his patient controlled analgesia (PCA) disconnected from the PICC line”, once even with tubing still in his hand. Is this adequate documentation for use of this exclusion? No

Example: Nursing note: Walked in on patient with a central line who was using a visibly dirty syringe to draw up a medication that she admitted to dissolving in her mouth from a medicine cup. Several medicine cups with the same chalky white residue have been found in the patient’s bed during this admission, she claimed, at the time, they were used for make-up. The patient spiked a fever yesterday and blood cultures were positive for MRSA. Informed the physician who documented the following: “Patient was caught preparing to inject an unknown drug into her vascular access site with a visibly contaminated syringe. This is the likely source of recent polymicrobial bacteremia”. Is this adequate documentation for use of this exclusion? Yes.

New! “Risk Adjustment Factors for FacWideIN SIR” Table

Have you recently noticed something a little different the last time you ran a *C. difficile* (CDI) or MRSA bacteremia SIR report? If your answer is “yes”, then you’re right! Following NHSN’s summer application release, the “Risk Adjustment Factors for FacWideIN SIR” table has become an additional feature of the MRSA and CDI SIR report output for facilities in NHSN. There are no filters or additional modifications needed in order to obtain this table- just scroll all the way down in your SIR report output window and you’ll see it!

“Risk Adjustment Factors for FacWideIN SIR” Table continued on page 8

New! “Risk Adjustment Factors for FacWideIN SIR” Table (continued)

Risk Adjustment Factors for FacwideIN CDI SIR

As of: September 8, 2017 at 4:11 PM

Date Range: BS2_LABID_RATE\$CDIF summaryYr After and Including 2015

summaryYQ	CDI_COprevRate	cdiTestType	numICUBeds	facType	numBeds	CDIF_EDOBSIndicator	medType	numpatdays
2017Q1	0.000	NAAT	45	HOSP-GEN	145	0	G	42212
2017Q2	0.000	NAAT	45	HOSP-GEN	145	0	G	2273

The table above displays the values that are included in the calculation of your acute care hospital's CDI LabID Event SIR.

With the addition of this table, facility users can now easily determine which values are included in the calculation of their facility's number of predicted events for MRSA and CDI. The table contains columns for all variables needed to calculate the LabID event SIR during the specified time period.

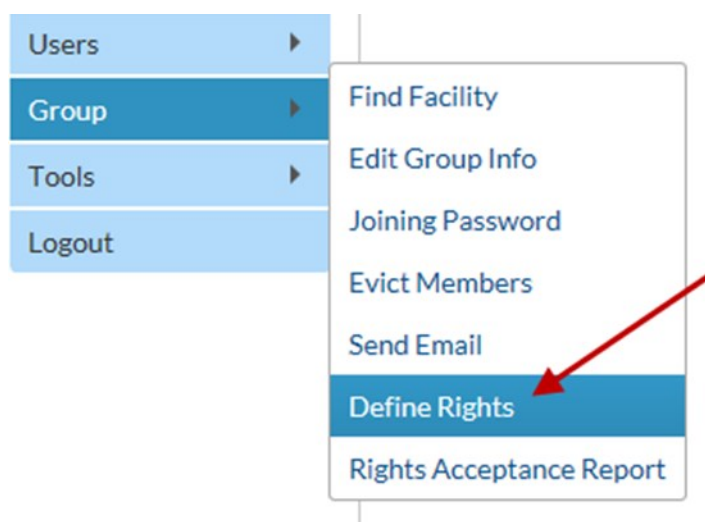
For more information about how the SIR is calculated, please refer to our recently-updated “A Guide to the SIR” document: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

Setting up the LabID ‘Define Rights’ Template for Groups

For Groups that are requesting LabID Event data from their member facilities, please keep in mind that the Define Rights template must have the appropriate designations in order for your Group to receive FacWideIN (facility-wide inpatient) standardized infection ratios (SIRs) from facilities. If “FacWideIN” is not selected as a location, then SIR data from facilities will not appear in the Group's LabID SIR reports.

Here are the steps to ensure that your Group is accurately requesting in-plan FacWideIN LabID data from facilities:

1. Log into your Group and select “Group” > “Define Rights” from the left-hand navigation bar



Setting up the LabID ‘Define Rights’ Template for Groups continued on page 9

Setting up the LabID 'Define Rights' Template for Groups (continued)

- On the Define Rights template, scroll down to the "MDRO/CDI Events" section. Make sure that both "Location Type= FACWIDE" and "Location= FacWIDEIn" and "Event Type = LABID- Laboratory-identified MDRO or CDI Event". **Please be aware that "Location= ALL" does not include FacWideIN**- it only includes each individual unit on its own (e.g., ICU, Ward, Mixed Acuity). Only check the organisms that apply to your Group. Also, please note that once FacWideIN is selected on the template, the application will automatically include rights for emergency departments and 24-hour observation locations.

MDRO/CDI Events
Includes Applicable Denominators and "No Events" Indicators

Plan: (All) | Month: | Year: | To: | Location Type: FACWIDE | Location: FacWIDEIn | Event Type: LABID - Laboratory-identified MDRO or CDI Event

Specific Organism Type:

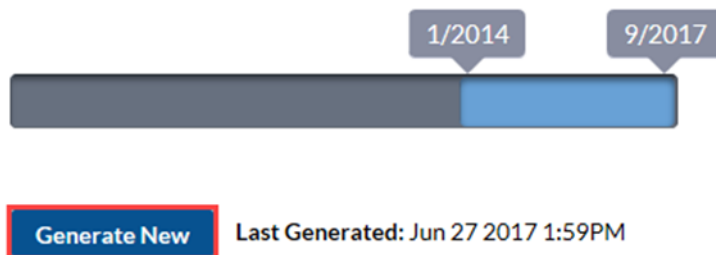
- ACINE - MDR-Acinetobacter
- CDIF - C. difficile
- CEPHRKLEB - CephR-Klebsiella
- CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)
- MRSA - MRSA
- MSSA - MSSA
- VRE - VRE

only check the organisms that apply to your Group

The system will automatically add rows for emergency departments & 24 hour obs

Auto added rights for ED/OBS
(All) | To: | FACWIDE | Emergency Department

- Once the appropriate selections are made, facilities must accept this updated version of the Rights Template. Then, the Group should generate new analysis datasets before running the reports.



Generating New Datasets in NHSN

Do you know how to generate new data sets in NHSN? Do you know *why* you need to generate new datasets? Analyzing your data in NHSN is vital to making sure you have submitted all your required data. In order to analyze the most up-to-date data you have entered into NHSN, you **MUST** generate new datasets. Follow these steps and you will be able to see your facility's data in your analysis reports:

- Once logged into NHSN, click or hover over "Analysis" on the left-hand side tool bar.
- Click on "Generate Data Sets" once it pops up as an option.
- Once the Generate Data Sets screen is visible, click on "Generate New".



Generating New Datasets in NHSN (continued)

As the datasets are generating, you are free to use the rest of the NHSN Patient Safety component. NHSN will alert you when the datasets have finished generating, and you can then run reports with the most recent data updated.

If you do not generate datasets, you will not see recently added data in your analysis reports. Please note, the Generate Data Sets screen shows when you last generated data sets. As a rule of thumb, it is good to generate new datasets every time you are about to analyze data because you may not be the only person at your facility entering data. Generating datasets will make sure the reports you run are inclusive of all data for your facility, no matter who entered them.

Generate Data Sets

Generate Patient Safety Analysis Data Sets

Datasets generated will include data for the 3 most recent full calendar years up until today's date for the Patient Safety Component. To include all years check the box below.

For all other components, datasets generated will include all years. Note that any analysis options you run will be limited to the time period shown on the date range bar.

Include all data reported to NHSN for this component within the parameters of rights conferred.

1/2014 8/2017

Generate New Last Generated: Aug 3 2017 1:50PM

Location of Attribution Rules in NHSN

NHSN offers location mapping guidance in chapter 15 of the NHSN Patient Safety Component Manual; different types of locations are included in this mapping guidance which is intended for use across all reporting facilities. Facilities should map any inpatient location within their facility where an NHSN event may occur, for which surveillance is being performed, so the location is available for event attribution. Please be aware that only those inpatient locations where denominator data is collected (for example, patient days, device days), specifically bedded inpatient locations, are to be used for device-associated event attribution (for example, Central-line Associated Bloodstream Infections, Catheter-associated Urinary Tract Infections, Ventilator-associated Events). Temporary relocation of a patient to a 'non-bedded' inpatient location, such as an Operating Room or Interventional Radiology location, are ineligible locations for attribution of these types of events or for attribution of LabID Event attribution. Email NHSN@cdc.gov for questions and further information on location attribution.

Highlight: NHSN Analysis Resources

Procedures excluded from the SSI SIR (2015 Baseline):

The "Line Listing - Procedures Excluded from SIR" is an NHSN analysis report that is intended to assist users in reviewing the procedures that are excluded from the SIRs and the reasons for the exclusion. A quick reference guide is available to instruct users on how generate this report and interpret the results. The guide is located here: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/line-list-procedures-excluded-sir.pdf>

SSI events included in the SSI SIR (2015 Baseline) using indicator variables:

The "Line Listing - All SSI Events" is an NHSN analysis report that provides detailed information about the infections resulting from procedures reported to NHSN. This report has been updated to include indicator variables for the SSIs. Indicator variables are used to assign SSIs to the corresponding SIR model/report. A quick reference guide is available to instruct users on how generate this report and interpret the results. The guide is located here: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/ssi-events-line-list-qrg.pdf>

Zero Device and Patient Days

A recent internal analysis of device-associated summary data revealed over 4,000 location months with “0” device days and “0” patient days reported from many acute care hospitals in NHSN. While this is not uniformly a data quality issue (as it’s common for locations to be temporarily closed or not receive patients for certain time periods), the analysis found several instances where individual mapped locations had 12 consecutive months of “0” device and patient days submitted. NHSN advises facilities that have active locations on their reporting plans that are consistently reporting “0” device and patient days to make these locations inactive and remove them from your reporting plans. Facilities that set a location to inactive in NHSN are able to re-activate it at any time if needed. We published instructions on how users can make a location inactive in the June 2017 newsletter, which can be found here: <https://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-jun-2017.pdf>

Water Management Questions Added to PS Annual Survey

NHSN will release the annual patient safety facility survey in early 2018. This mandatory survey is completed by all enrolled facilities in NHSN in order to provide updated information on hospital characteristics and practices. As in years past, users will not be able to submit surveys until NHSN releases them. Please wait for notification from us before starting one; failing to do so will result in the loss of any information submitted into NHSN. We will provide copies of each of the surveys and instructions on how to complete them by the end of December.

Starting with the 2017 survey (to be completed in 2018), there will be a new section of questions dedicated to water management within healthcare facilities. These three (3) additional questions will assist CDC with collecting data on a high priority area of focus, Legionnaires Disease, a disease in which outbreaks are often associated with large water systems, such as hospitals. The December newsletter will provide links to all the updated Patient Safety Annual Surveys and include instructions on how to properly answer each question. Please find the three water management questions to be included on the upcoming survey below for your reference. We encourage all facilities to begin to identify individuals and teams within your hospitals who can assist in the response to the following questions.

- Have you ever conducted a facility risk assessment to identify where *Legionella* and other opportunistic waterborne pathogens (*e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi*) could grow and spread in the facility water system (*e.g., piping infrastructure*)? **Yes or No**
- Does your facility have a water management program to prevent the growth and transmission of *Legionella* and other opportunistic waterborne pathogens? **Yes or No**
- Do you regularly monitor the following parameters in your building's water system? (Check all that apply)
 - ◇ Disinfectant (such as residual chlorine)
 - ◇ Temperature
 - ◇ Heterotrophic plate counts
 - ◇ Specific tests for *Legionella*

Antimicrobial Use & Resistance Module Updates

New Resources

- **CDA Quick Learn is now posted!**

The new 12 minute CDA Quick Learn video provides instructions on how to manually upload CDA files into NHSN. It covers an overview of CDA submission, Facility OIDs, Monthly Reporting Plans, and a short demonstration of uploading an AU Option CDA file into NHSN. It is posted in multiple places on the NHSN website, including the AUR Module webpage: <https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html>.

- **SAAR Quick Learn coming soon!**

The short SAAR Quick Learn video will focus 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. Keep an eye on your inbox for an email from NHSN when the video has been posted!

Updates for NHSN Release 8.8

- **New drug for AU!**

Delafloxacin was recently approved by the FDA and will be available to be reported in the AU Option as of the upcoming December release of NHSN 8.8. The new drug will be optional for 2018 data and will be required starting in January 2019.

- **New pathogens for AR!**

Six new pathogens will be available for reporting into the AR Option with the upcoming December release of NHSN 8.8. While the granular SNOMED code can be reported, each will be rolled up to the general pathogen without the susceptibility description upon upload into NHSN.

- Extended spectrum beta-lactamase producing *Citrobacter freundii*
- Extended spectrum beta-lactamase producing *Enterobacter cloacae*
- Extended spectrum beta-lactamase producing *Escherichia coli*
- Extended spectrum beta-lactamase producing *Klebsiella oxytoca*
- Extended spectrum beta-lactamase producing *Klebsiella pneumoniae*
- Extended spectrum beta-lactamase producing *Proteus mirabilis*

Reminder for Acute Care Hospitals reporting CLABSI and CAUTI Data for CMS Quality Reporting Program

As a reminder, here are the previously finalized CMS IQR requirements for CLABSI and CAUTI for reporting to NHSN:

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

CLABSI – Adult, Pediatric, and Neonatal ICUs AND

Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards

CAUTI – Adult and Pediatric ICUs AND

Adult and Pediatric Medical, Surgical, and Medical/Surgical Wards

Reminder for Acute Care Hospitals reporting CLABSI and CAUTI Data for CMS Quality Reporting Program (continued)

If your facility does not have any locations that meet the CDC definition of an ICU, NICU or medical, surgical, medical/surgical ward, please reach out to CMS through the 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.

Additional resources and tools regarding the CMS IQR program can also be found on the CMS quality reporting page at: <http://www.qualityreportingcenter.com/inpatient/iqr/tools/>

For additional guidance on ensuring your data in NHSN 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>

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **November 15, 2017** 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 2 (April 1 – June 30) CLABSI

- Adult, pediatric and neonatal ICU locations
- Adult and pediatric medical, surgical, and medical/surgical wards

2017 Quarter 2 (April 1 – June 30) CAUTI

- Adult and pediatric ICU locations only
- Adult and pediatric medical, surgical, and medical/surgical wards

2017 Quarter 2 (April 1 – June 30) Inpatient COLO and HYST SSI data

2017 Quarter 2 (April 1 – June 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:

2017 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2017 Quarter 2 (April 1 – June 30) Inpatient COLO and HYST SSI data

2017 Quarter 2 (April 1 – June 30) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare-onset and community-onset)

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

2017 Quarter 2 (April 1 – June 30) CAUTI data (all bedded inpatient locations)

2017 Quarter 2 (April 1 – June 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

Reminder! Data for CMS Quality Reporting Programs due Soon! (continued)

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

2017 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data (all bedded inpatient locations)

2017 Quarter 2 (April 1 – June 30) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare-onset and community-onset)

2017 Quarter 2 (April 1 – June 30) VAE data (all bedded inpatient 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

LTCF Updates

Updates can be found in the LTCF newsletter, available here: <https://www.cdc.gov/nhsn/ltc/newsletters/sept-newsletter-ltc.html>

National Healthcare Safety Network (NHSN)

CDC > NHSN > Materials for Enrolled Facilities > Long-term Care Facilities > Newsletters and Archived Communications

September 2017 LTCF Newsletter

[f](#) [t](#) [+](#)

[September 2017 Newsletter - Print version](#) [PDF - 2 MB]

Save The Date!

The National Healthcare Safety Network's (NHSN) 2018 Long-term Care Facility Annual Training is scheduled to take place April 18 – 20, 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.

Thank you.

NHSN Long-Term Care Team

Inside This Issue

- Save The Date!
- Centers For Medicare & Medicaid (CMS) Final Rule Revision For Long-Term Care Facilities
- CDC's Assessment Of Infections And Use Of Antibiotics: Project Update
- Frequently Asked Questions
- Coming Soon! An Update To The NHSN Agreement To Participate And Consent

Dialysis Component

Dialysis Component Updates

NHSN Agreement to Participate and Consent (NHSN Re-Consent)

- The updated NHSN Agreement to Participate and Consent **must be completed by all facilities by February 24, 2018**. If a component's primary contact does not accept the consent form by this deadline, their NHSN functionality will be disabled until the primary contact accepts the new form. CDC will communicate with users throughout this process to minimize any disruption to reporting.
- In December 2017, all facility administrators and primary contacts will be notified that the updated NHSN Agreement to Participate and Consent form is available, and all facilities will be required to accept electronically. The Agreement enables CDC to provide patient- and facility-level data to CMS in support of the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) and for use in quality improvement programs and program administration. Updates include:
 - A requirement that dialysis facilities agree to have at least one person at the facility with analysis and administrative rights and agree to report certain events identified in hospitals to NHSN.
 - A provision enabling CDC to provide facility-level data to local health departments for surveillance and prevention purposes and patient- and facility-level data to health departments during an outbreak investigation.
- Primary contacts at all participating facilities must review the Agreement and re-consent separately for each NHSN component. A facility's executive signature is no longer necessary, and the consent includes an attestation that the primary contact is authorized to bind the facility to its terms.
- Please contact NHSN@cdc.gov with any questions and put "consent form" in the subject line.

Acute Kidney Injury (AKI) Patients in NHSN

- Beginning January 1, 2018, including AKI patient data in NHSN reporting will no longer be optional. Dialysis facilities should report AKI patient data to a separate NHSN location ("Acute Kidney Injury Location"), which will allow CDC to exclude these data from the NHSN bloodstream infection information shared with CMS for purposes of the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP).
- The Acute Kidney Injury Location will be released with NHSN version 8.8 (scheduled for Early December 2017). The 2018 AKI surveillance definition and instructions are forthcoming.

NHSN Version 8.8 Updates

- NHSN Version 8.8 is scheduled for release in early December 2017.
- We will host two webinars to highlight updates to NHSN:
 - Tuesday, November 14th from 2:00pm-3:00pm EST
 - Registration: <https://cc.readytalk.com/r/uds38gvis9ma&eom>
 - Wednesday, November 15th from 2:00pm-3:00pm EST
 - Registration: <https://cc.readytalk.com/r/yq0dxhoiquuq&eom>

Dialysis Component Updates continued on page 16

Dialysis Component Updates (continued)

NHSN Beta Testing

- There will be a two-week beta testing period prior to the release of NHSN version 8.8 (scheduled for early December 2017).
- From October 23, 2017 through November 3, 2017, artificial data will be populated in the beta testing environment for testers to manipulate within the NHSN 8.8 application. In addition to our internal testing efforts, beta testing will provide an opportunity for NHSN users to explore new NHSN features and potentially identify issues that can be resolved prior to the production release.
- If you would like to volunteer as a beta tester, please contact us at NHSNBeta@cdc.gov to express your willingness to participate.

End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) Reporting Deadline

- **REMINDER: The 2017 Quarter 2 QIP Reporting Deadline is September 30, 2017.** Facilities should:
 - Review their data in NHSN for accuracy and completeness
 - Consider using the 3 step guide: <http://www.cdc.gov/nhsn/pdfs/dialysis/3-steps-to-review-de-data-2014.pdf>
 - Use the Line Listing – CMS ESRD QIP report to ensure they have met the minimum CMS reporting requirements
 - One-page reference guide: <http://www.cdc.gov/nhsn/pdfs/cms/dialysis/cms-qip-nhsn-report.pdf>

For questions, please contact our helpdesk at nhsn@cdc.gov and put “dialysis” in the subject line.

Biovigilance Component

Hemovigilance Module Updates

Upcoming AABB Conference

CDC is presenting at AABB’s pre-conference Hemovigilance Workshop on October 6th in San Diego, California. The presentation entitled “*Hemovigilance 101: How to Get Started and Why?*” will introduce prospective users to the Hemovigilance Module and the benefits of participation. For more information about the pre-conference Hemovigilance Workshop and the annual meeting, please visit the AABB website (<http://www.aabb.org/annual-meeting/Pages/default.aspx>).

Upcoming Trainings

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/>). First, a new self-paced Lectora training course on the basics of 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. Second, a new Quick Learn 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.

Hemovigilance Module Updates continued on page 17

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 and the addition of run charts in 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 will be tested by Hemovigilance Module users prior to being released. Additional information about all modifications will be sent to Hemovigilance Module users closer to the release.

General NHSN Information

NHSN Training Updates

2018 NHSN Patient Safety Component Training – Save the Date!

Save the Date – NHSN **Patient Safety Component** Annual Training, February 26 – March 2, 2018.
Registration to open in December 2017.

Reminder: the following list of training activities is suggested by NHSN subject matter experts for completion prior to attending or web-streaming the 2018 Patient Safety Component Annual NHSN Training. In addition to familiarity with the NHSN PSC Manual, completion of these activities will provide a helpful foundation for meaningful participation in the 2018 NHSN Training!

General Patient Safety Component

[Identifying Healthcare-associated Infections for NHSN Surveillance](#)

Device-associated Module

[Central Line-associated Bloodstream Infection](#) (CLABSI)

[Catheter-associated Urinary Tract Infection](#) (CAUTI)

[Pneumonia Event](#)

Procedure-associated Module

[Surgical Site Infections](#) (SSI)

[SSI PATOS - Infection Present at Time of Surgery](#)

Surveillance for *C. difficile*, MRSA, and other Drug-resistant Infections

[MRSA and CDI LabID Event](#)

[Reporting MRSA & CDI LabID Data for IRFs Located within Affiliated Acute Care Hospitals](#)

Training Updates continued on page 18

NHSN Training Updates (continued)

Reminder: the following list of training activities is suggested by NHSN subject matter experts for completion prior to attending or web-streaming the 2018 Patient Safety Component Annual NHSN Training. In addition to familiarity with the NHSN PSC Manual, completion of these activities will provide a helpful foundation for meaningful participation in the 2018 NHSN Training!

Data Entry and Analysis

[Introduction to NHSN Analysis](#)

[Evaluating Entered Data for Completeness Consistency and Accuracy](#)

[Troubleshooting the MRSA Bacteremia and CDI LabID Event SIR](#)

[How to Modify a Report](#)

Interpreting NHSN Analytic Results

[NHSN Guide to the SIR](#)

[Basic Statistics for NHSN Analysis](#)

[SSI Exclusion Criteria for SIR](#)

Reminder to Review & Update User Contact Information

Can you hear me, now? I never hear from you anymore! It's been ages since we last talked!

You may have used these phrases to express concerns over communicating with someone.

Email is the primary medium or method for us to communicate with the thousands of individuals enrolled in NHSN. As you can imagine, we use this method because it allows us to reach the greatest number of individuals with our limited resources.

I'm sure you can now imagine one of the great challenges that we often face. Yes, you guessed it...**undeliverable emails**. When we send out emails regarding updates, new training opportunities, or time sensitive action items, we receive back several hundred undeliverable emails. Unfortunately, there is no way for us to know why an email returns as undeliverable, but it's very likely that outdated NHSN user contact information is a major contributor.

The following quote by George Bernard Shaw captures an interesting point, *"The single biggest problem in communication is the illusion that it has taken place."* We have no illusion that communication is taking place when emails are returned undeliverable...communication has not occurred! **Outdated NHSN user contact information hampers our ability to get value and often time-sensitive information to you.**

Therefore, it doesn't matter if we...clearly present information..., provide timely feedback..., or even send updates..., if you're not getting our information these efforts are for naught.

Reminder to Review & Update User Contact Information continued on page 19

Reminder to Review & Update User Contact Information (continued)

Our appeal to you is to review and update your NHSN user contact information.

Make it an annual practice! Perhaps when updating the Annual Facility Survey would be great time to review and update the contact information for all of your facility's NHSN users. If you are a part of an Infection Prevention (IP) team or a member of an IP group, take the opportunity to remind others to update their NHSN user contact information so they too can stay informed.

Please help us to help you by updating your NHSN user contact information. Let's ensure that communication is taking place!

Use the following instructions to update user contact information:

The screenshot shows the NHSN 'Find User' interface. At the top left is the CDC logo and 'Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People™'. At the top right is the NHSN logo and 'National Healthcare Safety Network'. Below the logos is a navigation bar with 'NHSN Home' and 'Find User'. A left-hand navigation menu includes 'Alerts', 'Dashboard', 'Reporting Plan', 'Patient', 'Event', 'Procedure', 'Summary Data', 'Import/Export', 'Surveys', 'Analysis', 'Users', 'Facility', and 'Group'. The 'Users' menu item is highlighted with a yellow circle and the number '1'. The 'Find' sub-menu item under 'Users' is highlighted with a yellow circle and the number '2'. The main content area is titled 'Find User' and contains a search form. The form has a heading 'User Information' and a prompt 'Enter search criteria and click Find'. The form fields are: 'User ID:', 'First Name:', 'Middle Name:', 'Last Name:', 'Phone Number:', and 'E-mail Address:'. A yellow circle with the number '3' is placed over the search fields, with arrows pointing to each field. Below the fields are three buttons: 'Find', 'Clear', and 'Back'. A yellow circle with the number '4' is placed over the 'Find' button. A callout box with the text 'Enter User Information' is positioned to the right of the search fields, with arrows pointing to the 'First Name', 'Middle Name', and 'Last Name' fields.

After logging-in to your facility's NHSN account, using the Left Navigational Bar:

1. Select **Users**
2. Select **Find** – this takes you to the **Find User** Screen (see Figure #1).
3. **Enter** one or more User Information criteria:
 - User ID
 - First or Last Name
 - Phone Number
 - E-mail Address
4. Press the **Find button** – this searches the NHNS database of users assigned to your facility and takes you to the **View User** screen (see Figure #2).
5. Press the **Edit button** – this allows you to update the user information.
6. Press the **Save button** at the bottom of the **Edit User** screen (see Figure #3)

Note: Only the *Facility Administrator* and individuals with administrative user rights may perform the **Deactivate & Edit Rights** functions.

Reminder to Review & Update User Contact Information (continued)

View User **Figure #2**

Mandatory fields marked with *

User ID *: SAMPLEID Up to 32 letters and/or numbers, no spaces or special characters

Prefix:

First Name *: Example

Middle Name:

Last Name *: User

Title: INFECTION CONTROL NURSE

User Active: Y - Yes

User Type: ICP - Infection Control Professional

Phone Number *: 000-123-4567 Extension:

Address, line 3:

City: ATLANTA

State: GA - Georgia

County:

Zip Code: 00001 Zip Code Ext.:

Home Phone Number: Home Extension:

Beeper:

User Group/Facility: Decennial Medical Center (15331)

User Roles: ADMIN(PS) ALLRIGHTS(PS)

5

Edit User **Figure #3**

Mandatory fields marked with *

User ID *: SAMPLEID Up to 32 letters and/or numbers, no spaces or special characters

Prefix:

First Name *: Example

Middle Name:

Last Name *: User

Title: INFECTION CONTROL NURSE

User Active: Y - Yes

User Type: ICP - Infection Control Professional

Phone Number *: 000-123-4567 Extension:

Address, line 3:

City: ATLANTA

State: GA - Georgia

County:

Zip Code: 00001 Zip Code Ext.:

Home Phone Number: Home Extension:

Beeper:

6

These functions may only be performed by the Facility Administrator or individuals with administrative user rights.

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

Attention ALL NHSN users! An updated NHSN Agreement to Participate and Consent will be available for review and electronic signature with the December NHSN release. Primary Contacts must accept this updated Consent form by February 24, 2018, or risk losing access to NHSN. Once the Consent form is available with the new release, 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 later this year. If you have any questions, please send an email to NHSN@cdc.gov with the subject line "NHSN Reconsent."

Update for DIRECT CDA Automation

- At this time, over 5154 facilities from 13 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 planned for NHSN 8.8 Release. Refer to the CDA Impact notes on the CSSP site for details.

- 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
- Annual update of ICD-10 codes
- 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

- 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

CDA Corner (continued)

AUR Module Updates

Check the [AUR Updates](#) section of the Newsletter for a list of new AUR resources posted on the website as well as an update for AUR user rights.

NHSN CSSP Submission Portal (CSSP)

The [CSSP](#) has been updated to include the 2018 CDA related updates. Updates include the following: toolkits, guide to CDA versions, FAQs, etc.

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)

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

NHSN Help Desk Activity Update

Quarter 3, 2017

(Averages)

1,396 Email Inquiries per Week

20 Facilities Enrolled per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of September 25, 2017):

6,951 Hospitals (this includes 537 Long-term Acute Care Hospitals and 350 Free-standing Inpatient Rehabilitation Facilities)

7,030 Outpatient Hemodialysis Facilities

4,989 Ambulatory Surgery Centers (ASCs)

2,985 Long-term Care Facilities

21,955 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