Highlighted NHSN January 2013 Patient Safety Component (PSC) Manual Updates

The following January 2013 changes to the NHSN Patient Safety Component Manual are highlighted for you because they may impact the way that you collect or report data to NHSN. Although other changes not highlighted here have been made to the manual, they generally represent wording changes not deemed to significantly impact the collection or reporting of NHSN data. When the manual is posted as a single document, the forms and Tables of Instructions (formerly Chapter 14) will be included in each chapter as appropriate. Besides the changes listed below it is important to also review the Tables of Instructions to ensure that data are collected and reported properly.

January 2013 Page No.	Section/Data Field	New Text/Change
Chapter 1: NHSN Overview		
1-1	Fig. 1	Added Long-term Care Component.
1-2 and 1-3		Added Ventilator-associated Events to Device-associated Module.
Chapter 2: Identifying Healthcare-associated Infections in NHSN		
2-1 and 2-2		Revised to include the new definition of healthcare-associated infection and examples of how to apply it. HAI: An infection is considered an HAI if all elements of a CDC/NHSN site-specific infection criterion were first present together on or after the 3rd hospital day (day of hospital admission is day 1). For an HAI, an element of the infection criterion may be present during the first 2 hospital days as long as it is also present on or after day 3. All elements used to meet the infection criterion must occur within a timeframe that does not exceed a gap of 1 calendar day between elements.
Chapter 3: Patient Safety Monthly Reporting Plan and Annual Surveys		
3-1		Plan and Hospital Annual Survey have been updated. New annual surveys for LTACs and IRFs have been added. Tables of Instructions for these 4 forms have been added.
Chapter 4: CLABSI Event		
Various		All references to 48 hours have been changed to 2 calendar days, i.e., Transfer Rule, infection developing post discharge.
4-1	Definition of HAI	See Identifying HAIs chapter 2 above.
4-1	Date of Event	Date of Event is now date that **last** element used to meet the laboratory-confirmed BSI criterion occurred (previously date of first symptom or blood culture collection whichever came first).
4-2	Notes	Removed Hemodialysis Reliable Outflow (HeRO) catheter as a central line. This device should no longer be included in CLABSI surveillance.
4-3	Central line-associated BSI	Added new rule that a central line (CL) must be both in place for > 2 days before all elements of the LCBI criterion were first present together (Day of insertion = Day 1) and the CL must be in place the day of the event or the day before in order to meet the definition of a CLABSI. Examples are provided.
4-3	Location of Attribution	Location of attribution is the location of patient on the date of event, which is now defined as the date that the last element used to meet the BSI criterion occurred (previously the date of first element).

4-3	Note	Added note that CLABSIs occurring in patients who received care from contracted staff must be included in CLABSI data for facility.
4-3	Transfer Rule	Changed to state that if all elements of CLABSI are present within 2 calendar days of transfer from one location to another, the CLABSI is attributed to the transferring location. Examples are provided.
4-4	Exception to Transfer Rule	Added guidance that CLABSIs cannot be attributed to non-bedded locations, e.g. Operating Room, Emergency Department, so must instead be attributed to next inpatient location.
4-5	LCBI Criterion	Note inserted that Comments and Reporting Instructions which follow the criteria are integral to correct application of the LCBI criteria.
4-5	LCBI 2 and 3 Criteria	Changed wording from "…signs and symptoms and positive laboratory results are not related to an infection at another site…" to "…laboratory results are not related to an infection at another site…".
4-5	LCBI 2 and 3 Criteria	Added "Criterion elements must occur within a timeframe that does not exceed a gap of 1 calendar day."
4-6 to 4-7	Mucosal Barrier Injury Laboratory-Confirmed BSI (MBI-LCBI)	Added 3 new CLABSI criteria, which pertain only to patients who are post allogeneic hematopoietic stem cell transplant or severely neutropenic (definitions provided). Please review these criteria and note that for the current time, these MBI-LCBIs continue to be included in NHSN CLABSI data.
4-7	Comment 3 (related to LCBI Cr 2 and 3)	Changed timeframe between common commensal blood culture collections: Day of 1st collection is now Day 1. Therefore, blood cultures collected on Monday and Tuesday would be within the required timeframe but those collected on Monday and Wednesday would now be too far apart to meet criteria blood culture requirements.
4-10	Table 3	Added Table 3: Partial List of Criterion 1 MBI-LCBI Eligible Enterobacteriaceae Genera.
4-11	Table 4	Added Table 4: Examples Illustrating the MBI-LCBI Criteria for Neutropenia.
4-14 to 4-17	Appendix 1 (Secondary BSI Guide)	This guide has undergone extensive revision and outlines several specific scenarios to consider when determining if a BSI is primary or secondary to another site and therefore not included in CLABSI data. Please review the document to familiarize yourself with further details and examples which have been provided. A flowchart is not available at this time.
Chapter 5: CLIP Adherence Monitoring		
5-2	Data Analyses	Changed age references from 2 months to 60 days.
Chapter 6: Ventilator-Associated Pneumonia (VAP) Event		
Various		All references to 48 hours have been changed to 2 calendar days, i.e., Transfer Rule, infections developing post discharge.
6-1	Settings	Updated to reflect that surveillance will occur in any inpatient pediatric or neonatal locations where denominator data can be collected, which may include critical/intensive care units (PICUs/NICUs), specialty care areas (SCA), step-down units, wards and long term care units. In 2013, in-plan

		surveillance for ventilator-associated pneumonia (PNEU) using the criteria found in this chapter will be restricted to patients <18 years old only. In 2013, in-plan surveillance conducted for mechanically-ventilated patients ≥18 years will use the Ventilator-Associated Event (VAE) criteria and monitored under that protocol (see VAE Chapter).
6-1	Requirements	Updated to reflect that surveillance for VAP will occur for inpatient pediatric or neonatal locations.
6-1	Definition of HAI	See Identifying HAIs chapter 2 above.
6-2	Date of event	Date of Event is now date that **last** element used to meet the VAP criterion occurred (previously date of first symptom or specimen collection whichever came first).
6-2	Ventilator-associated PNEU (VAP)	A pneumonia where the patient is on mechanical ventilation for >2 calendar days when all elements of the PNEU infection criterion were first present together, with day of ventilator placement being Day 1, and the ventilator must be in place the day of the event or the day before.
6-2	Location of attribution	Location of attribution is the location of patient on the date of event, which is now defined as the date that the last element used to meet the VAP criterion occurred (previously the date of first element).
6-2	Transfer Rule	Changed to state that if all elements of VAP are present within 2 calendar days of transfer from one location to another, the VAP is attributed to the transferring location. Examples are provided.
6-3	Exception to Transfer Rule	Added guidance that VAPs cannot be attributed to non-bedded locations, e.g. Operating Room, Emergency Department, so must instead be attributed to next inpatient location.
6-4 to 6-8	Tables	For fever/hypothermia the words "with no other recognized cause" were removed. Fever is a non-specific finding and be caused by more than one infectious/non-infectious process.
Chapter 7: CAUTI Event		
Various		All references to 48 hours have been changed to 2 calendar days, i.e. Transfer Rule, infections developing post discharge.
7-1	Definition of HAI	See Chapter 2 above. Examples of new key terms for 2013: Healthcare-associated infection (HAI), device-associated HAI, and transfer rule can be found in Table 1 at the end of the "Key Terms" chapter.
7-2	Date of event	Date of Event is now date that **last** element used to meet the UTI criterion occurred (previously date of first symptom or specimen collection whichever came first).
7-2	Catheter-associated UTI	Added new rule that an indwelling urinary catheter must be both in place for > 2 days before all elements of the UTI criterion were first present together (Day of insertion = Day 1) and the urinary catheter must be in place the day of the event or the day before in order to meet the definition of a CAUTI. Examples are provided.
7-2	Location of Attribution	Location of attribution is the location of patient on the date of event, which is now defined as the date that the last element used to meet the UTI criterion occurred (previously the date of first element).

7-2	Transfer Rule	Changed to state that if all elements of UTI are present within 2 calendar days of transfer from one location to another, the UTI is attributed to the transferring location. Examples are provided.
7-3	Exception to Transfer Rule	Added guidance that UTIs cannot be attributed to non-bedded locations, e.g. Operating Room, Emergency Department, so must instead be attributed to next inpatient location.
7-4 to 7-7	Table 1	The phrase "With no other recognized cause" applies to the signs and symptoms that are followed by an asterisk.
7-4 to 7-7	Table 1	For all of the UTI infection Criteria the phrase "With no other recognized cause" does not apply to fever/hypothermia. Fever/hypothermia are non-specific findings and be caused by more than one infectious/non-infectious process.
7-4 to 7-7	Table 1	New: Criterion elements must occur within a timeframe that does not exceed a gap of 1 calendar day. Examples: • Fever on 1st and positive urine culture on the 3rd this meets the timeframe (one calendar day between elements). • Fever on the 1st and positive urine culture on the 4th, this does not meet the timeframe criteria (2 calendar days between elements).
7-8	Table 1 ABUTI	A link is provided to a complete list of uropathogens.
7-10 to 7-14	Flow diagrams	All flow diagrams updated to reflect current UTI definitions.
Chapter 9: SSI Event		
9-1 and 9-2		Post-discharge surveillance requirements defined.
9-2		Revised definition of primary closure for NHSN operative procedures.
9-3 to 9-7		CPT codes are to be used for outpatient surgery cases only and have been updated. HYST and VHYS descriptions updated to reflect 2012 reporting guidance. Additional notes for LAM and VSHN added.
9-8		Definition of ASA score added to chapter.
9-8		Definition of duration of operative procedure added to chapter.
9-8		Definition of emergency operative procedure added to chapter.
9-8		Definition of general anesthesia added to chapter.
9-8		New definition of scope added; previously endoscope.
9-8		Definition of trauma added to chapter.
9-8		Definition of wound class added to chapter. For clean-contaminated, clarified that "genital tract" includes female and male reproductive tracts.
9-9 to 9-12		Table 2. Surgical Site Infection criteria updated to include new method to follow NHSN operative

		procedures for a period of 30 or 90 days. All OTH procedures will be followed for a period of 30 days. Added the following clarifying instruction to organ/space SSI: If a patient has an infection in the organ/space being operated on in the first 2-day period of hospitalization and the surgical incision was closed primarily, subsequent continuation of this infection type during the remainder of the surveillance period is considered an organ/space SSI, if organ/space SSI and site-specific infection criteria are met. Rationale: Risk of continuing or new infection is considered to be minimal when a surgeon elects to close a wound primarily.
9-13		Table 3 added to define surveillance period (30 days or 90 days) for deep incisional or organ/space SSI following selected operative procedure categories.
9-14		Numerator data information expanded.
9-14 to 9-16		Numerator (SSI) Reporting Instructions updated.
9-18 to 9-20		Denominator (operative procedure) Reporting Instructions updated.
Chapter 10: Ventilator-Associated Event (VAE)		
10-1 to 10-55		Added new surveillance protocol for use in adults (≥18 years) in the following settings: acute care hospitals, long term acute care hospitals and inpatient rehabilitation facilities where denominator data (ventilator and patient days) can be collected.
Chapter 11: Antimicrobial Use and Resistance (AUR) Module		
11-17	Antimicrobial Resistance (AR) Option	Antimicrobial Resistance protocol added to the AUR Module.
Chapter 12: Multidrug-Resistant Organism and Clostridium difficile Infection (MDRO/CDI) Module		
12-9	Option 1, Section 1A MDRO LabID Reporting (Analysis)	MRSA Bloodstream Infection Standardized Infection Ratio (SIR) added to protocol.
12-14	Option 1, Section 1B *C. difficile* LabID Event Reporting (Analysis)	*Clostridium difficile* Standardized Infection Ratio (SIR) added to protocol.
12-14	Option 1, Section 1B *C. difficile* LabID Event Reporting (Categorization)	Analysis Update: For facility-wide surveillance, CDA Assay is assigned based on Events within the same setting only. For example, when performing both FacWideIN and FacWideOUT surveillance, CDI Assay of inpatient CDI LabID Events will be determined by a review of previously-entered CDI LabID Events from **inpatient locations** only.
All	All	Protocol structure redesigned and revisions made for clarification of rules and definitions.

12-18	Option 1: LabID Event Reporting	Figure 2 (*MDRO Test Result Algorithm for **Blood Specimens Only** LabID Event*) has been added.
Chapter 13: Vaccination Module		
All		This module is available for use but has not been updated. Removal of requirements for 2 doses of vaccine for children 6 months to 8 years. Monthly reporting requirements reinforced. Reminder to refer to current season's recommendations when completing forms.
Chapter 14: Tables of Instructions have been moved to individual event chapters and are no longer found in this chapter		
Chapter 15: CDC Locations and Descriptions		
Throughout chapter		Removed Introductory words "Inpatient", "Outpatient". Example "inpatient Dialysis SCA " becomes Dialysis SCA, etc.
15-2 to 15-6	Instructions for Mapping Patient Care Locations in NHSN	Added Instructions for Mapping Patient Care Locations in NHSN. This document outlines the pathway to correctly map your locations for NHSN reporting including applying the 80% rules and setting up "virtual locations"
15-8	Adult Critical Care Units	Added the following oncology critical care location types: ONC Medical Care; ONC Surgical Care; ONC Medical-Surgical Care.
15-9	Pediatric Critical Care Units	Added ONC Pediatric Critical Care.
15-15	Adult Wards	Added ONC Leukemia, ONC Lymphoma, ONC Leukemia/Lymphoma, ONC Solid Tumor, ONC Hematopoietic Stem Cell Transplant, and ONC General Hematology/Oncology Ward types. These more specified location types replace the former Specialty Care Area types of Bone Marrow Transplant and Hematology/Oncology.
15-17	Pediatric Wards	Added ONC Pediatric Hematopoietic Stem Cell Transplant, and ONC Pediatric General Hematology/Oncology Ward types. These more specified location types replace the former Specialty Care Area types of Pediatric Bone Marrow Transplant and Pediatric Hematology/Oncology.
15-19	Step Down Units	Added ONC Step Down Unit (all ages).
15-21	Mixed Acuity Units	Added ONC Mixed Acuity Unit (all ages).
15-22 to 15-23	Chronic Care Units	This section and its locations has been renamed Chronic Care rather than Long-Term Care. The descriptions remain unchanged.
15-23 to 15-24	Long Term Care Facilities	Added the following location types, which became available in September 2012 with the release of the new Long-term Care Facility Component, and may be used only within Long-term Care Facilities:

		LTCF Inpatient Hospice Unit, LTCF Dementia Unit, LTCF Psychiatric Unit, LTCF Skilled Nursing/Short Term Rehabilitation, LTCF General Nursing Unit, LTCF Ventilator Dependent Unit, and LTCF Bariatric Unit.
15-26 to 15-28	Oncology Facilities	Added 14 new location types that are specific to cancer patient populations (adult and pediatric critical care, wards, mixed acuity and step down units). These locations are for use in Cancer hospitals as well as acute care facilities and are the same as those noted above.
15-29 to 15-30	Outpatient Locations-Acute Care Facilities-General-Acute Settings	Change in title for some locations from "Outpatient" to "Ambulatory".
15-34	Clinic-Non-Acute Settings	Added Hemodialysis Clinic location (for use in Hemovigilance Module only).
15-39	Outpatient Dialysis Facilities	Added 2 locations for use in outpatient ambulatory hemodialysis facilities only: Outpatient Hemodialysis Clinic and Home Hemodialysis.
Chapter 16: Key Terms		
	CAUTI	Removed definition; refer to CAUTI chapter 7.
16-1	CDC location	Added note to refer to detailed instructions for mapping locations in the CDC Locations and Descriptions chapter.
	Central line	Removed definition; refer to CLABSI chapter 4.
	CLABSI	Removed definition; refer to CLABSI chapter 4.
16-2	Date of event	Date of event is now date that **last** element used to meet the CDC/NHSN site-specific infection criterion occurred (previously date when first sign/symptom appeared, or date the specimen used to meet the criterion was collected, whichever came first). In the case of a process of care event, the date the process or intervention was done (e.g., the day a central line was inserted is the date of CLIP event).
16-2	Date of onset	Added definition; for use with VAE only.
	DIP and DIS SSI	Removed definitions; refer to SSI chapter 9.
16-2	Device-associated infection	Revised definition as follows: An infection meeting the HAI definition is considered a device-associated (e.g., associated with the use of a ventilator, central line or indwelling urinary catheter) HAI if the device was in place for >2 calendar days when all elements of a CDC/NHSN site-specific infection criterion were first present together. An HAI occurring on the day of device discontinuation or the following calendar day is considered a device-associated HAI if the device had been in place already for >2 calendar days. For a patient who already has a device in place on hospital admission, day of first access is considered Day 1.

16-3	HAI	Revised definition as follows: A localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s). An infection is considered an HAI if all elements of a CDC/NHSN site-specific infection criterion were first present together on or after the 3rd hospital day (day of hospital admission is day 1). For an HAI, an element of the infection criterion may be present during the first 2 hospital days as long as it is also present on or after day 3. All elements used to meet the infection criterion must occur within a timeframe that does not exceed a gap of 1 calendar day between elements.
	Implant	Removed definition.
16-4	Indwelling urinary catheter	Added nephrostomy tubes to list of devices NOT considered indwelling urinary catheters.
	Medical school affiliated	Removed definition; refer to new term “teaching hospital”.
16-7	Primary closure	Revised definition as follows: Closure of all tissue levels, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision. However, regardless of whether anything is extruding from the incision, if the skin edges are not fully reapproximated for the entire length of the incision (e.g., are loosely closed with gaps between suture/staple points), the incision is not considered primarily closed and therefore the procedure would not be considered an operation. In such cases, any subsequent infection would not be considered an SSI, although it may be an HAI if it meets criteria for another specific infection site (e.g., skin or soft tissue infection).
16-8	Scope	Replaces former term “endoscope”: An instrument used to visualize the interior of a body cavity or organ. In the context of an NHSN operative procedure, use of a scope involves creation of several small incisions to perform or assist in the performance of an operation rather than use of a traditional larger incision (i.e., open approach). Robotic assistance is considered equivalent to use of a scope for NHSN SSI surveillance.
16-8	Secondary BSI	Revised; refer to Appendix 1 of CLABSI chapter 4 or Appendix 1 of HAI Definitions chapter 17.
16-8	Specialty care area (SCA)	Removed Bone Marrow Transplant and Hematology/Oncology as locations; refer to Locations chapter 15 for new designations.
	SIP and SIS SSI	Removed definitions; refer to SSI chapter.
16-9	Teaching hospital	New definition; replaces medical school affiliation.
16-9	Transfer rule	Revised to reflect 2-day versus 48-hour time frame: If all elements of an HAI are present within 2 calendar days of transfer from one inpatient location to another in the same facility (i.e., on the day of transfer or the next day), the HAI is attributed to the transferring location. Likewise, if all elements of an HAI are present within 2 calendar days of transfer from one inpatient facility to another, the HAI is attributed to the transferring facility. Receiving facilities should share

		information about such HAIs with the transferring facility to enable reporting.
16-10	Vital signs	New term: If a specific value for a vital sign is <u>not</u> stated in a CDC/NHSN HAI definition criterion, the facility should use the vital sign parameters as stated in its policies and procedures for clinical documentation. For example, if a facility has a policy to adjust temperature readings to reflect core temperatures, then the adjusted temperature value used for clinical decision making should be used for its HAI surveillance as well.
	VAP	Removed definition; refer to VAP chapter 6 and VAE chapter 10.
16-10	Wound class: Clean-contaminated	Clarified that "genital tract" includes female and male reproductive tracts.
16-12 to 16-13	Table 1	Added examples of new terms: HAI, device-associated HAI, and transfer rule
Chapter 17: CDC/NHSN Surveillance Definition of Healthcare-Associated Infection and Criteria for Specific Types of Infections in the Acute Care Setting		
17-1	Introduction	New
17-1	Definition of HAI	Revised with examples of how to apply (refer also to chapters 2 and 16 above).
17-4 and 17-5	Table 2	Chapter updated and reorganized with a clickable table of contents in which the major and specific sites of infection are in alphabetical order.
	Throughout chapter	For those criteria that included the phrase "positive blood antigen testing" this has been replaced with the more generic term "positive laboratory test on blood" so that newer tests can be used to meet the criteria. Likewise, the term "radiographic evidence" has been replaced with "imaging test evidence" and "surgical operation" has been replaced with "invasive procedure".
17-7 to 17-12	BSI	Refer also to notes for CLABSI chapter 4 above.
17-14	CVS – MEN	Replaced the "and/or" with "and" in the list of laboratory values required for criterion 2a and 3a: *"… and* at least *1* of the following: a. increased white cells, elevated protein, and decreased glucose in CSF." All values are required to meet the criterion.
17-29 to 17-32	Pneumonia (PNEU) Tables 7 - 10	For all PNEU types, removed phrase "with no other recognized cause" from the fever and temperature instability elements of the criteria.
17-36 to 17-40	SSI	Refer to notes for SSI chapter 9 above.
17-40	BRST	Removed comment about infections occurring within 7 days after childbirth being considered healthcare associated.
17-43 and 17-44	PUST and UMB	Removed reporting instruction about infections occurring within 7 days after hospital discharge being considered healthcare associated.
17-45 to 17-49	UTI	Refer to notes for CAUTI chapter 7 above.

17-50 to 17-54	VAE	Refer to notes for VAE chapter 10 above.
17-56 to 17-58	Appendix 1	Revised secondary bloodstream infection guide (same as Appendix 1 of BSI chapter).