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Save the Date: NHSN Rebaseline Webinar

Join NHSN for a free Continuing Education 2-part series on the NHSN Re-Baseline. You will hear NHSN subject matter experts discuss the history and approach of developing a new national baseline for measuring healthcare-associated infections (HAIs), explain the structure and elements of the new HAI risk models, and review the use of the SIRs in relation to Centers for Medicare and Medicaid Services (CMS) programs.

“NHSN: An Update on the Risk Adjustment of HAI Data”

Wednesday, October 5, 2016 (Session 1)

2:00-3:30pm EST

“Running the New SIRs in NHSN”

Wednesday, November 30, 2016 (Session 2)

2:00-3:30pm EST

Register Today:

<https://cc.readytalk.com/r/bukusltexl4t&eom>

Patient Safety Component

Expected Release for 2017 Patient Safety Component Manual

The NHSN Protocol and Training Team has been working to update the Patient Safety Component (PSC) modules and protocols for 2017. An early November posting of the updates to the NHSN website is anticipated in order for facilities to review the changes ahead of their effective date of January 1, 2017. Updates to the protocols include clarifications and modifications in response to user questions and suggestions and will be similar in scale to the updates for 2016. A document summarizing the updates will be emailed to all registered PSC users at the time of the manual posting.

Seeking Your Feedback! NHSN Training Needs Assessment Survey

The NHSN Training and Education team is seeking your feedback!

The NHSN team has recently developed a Training Needs Assessment survey to gather NHSN Patient Safety Component users' feedback on their training needs and current knowledge and use of the available training and education resources.

Completing the survey will take approximately 15 minutes and the results will help the NHSN team determine whether the available training resources meet the needs of NHSN users, identify the modules or topics where additional training resources are needed, and inform development of future training and education materials and activities.

We value your input as an NHSN user and hope to hear more about your experience with the NHSN training and education resources in order to improve and expand training and education support available to you!

Keep an eye out for the survey link to be sent via blast email the week of October 3, 2016.

VAE and MDRO & CDI LabID Calculator Version Updates

Updated versions of both the VAE (Version 4.0) and MDRO & CDI LabID Event (Version 2.0) calculators became available on the NHSN website the beginning of August 2016. The updates are primarily in appearance only as it relates to federal government compliance with Section 508 of the Rehabilitation Act (29 U.S.C. 794 d). The functionality and determinations rendered when using these tools have not been affected.

As a part the VAE calculator update the antimicrobial agent drop down list in Version 4 now includes the 6 antimicrobial agents that were added to the 2016 VAE surveillance protocol:

CEFTAZIDIME/AVIBACTAM

CEFTOLOZANE/TAZOBACTAM

DALBAVANCIN

ISAVUCONAZONIUM

ORITAVANCIN

PERAMIVIR

Important Facts about Repeat Infection Timeframe (RIT)

It is important to understand that the RIT is NOT a rolling time period. It is set by the date of event and expires after 14 days. An infection of the same type with date of event on day 15 or later must be reported if it meets NHSN Infection criteria and is included in the NHSN monthly reporting plan. The RIT reduces surveillance labor in that some cultures collected during the RIT will not require investigation as a new infection. Instead organisms identified are simply added to the previous infection's list of pathogens. Please note also that RITs do not extend across patient admissions. They apply to a single admission.

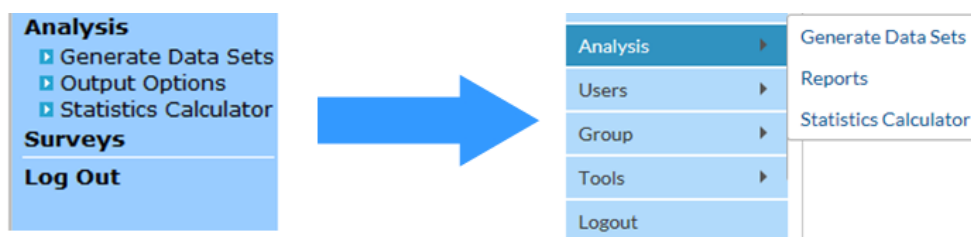
The RIT was introduced by NHSN in 2015 to reduce bias and variability in HAI reporting while still enabling data validation efforts. It is an objective time period developed for surveillance to avoid the subjectivity of determining if a previous infection has resolved. The 14 day time-period was selected as it accounts for the duration of most healthcare-associated infections. The purpose of these surveillance rules is to insure the consistency of HAI data.

Sneak Preview! Changes to NHSN Analysis Modification Screens

The following changes to the Analysis "Output Options" folder will be implemented when NHSN v.8.6 is released in December 2016. The goal of these updates is to create a more intuitive environment for creating reports and analyzing data. Below are descriptions of some of the changes, along with a preview of the anticipated new screens.

Changes to the Modify Screen

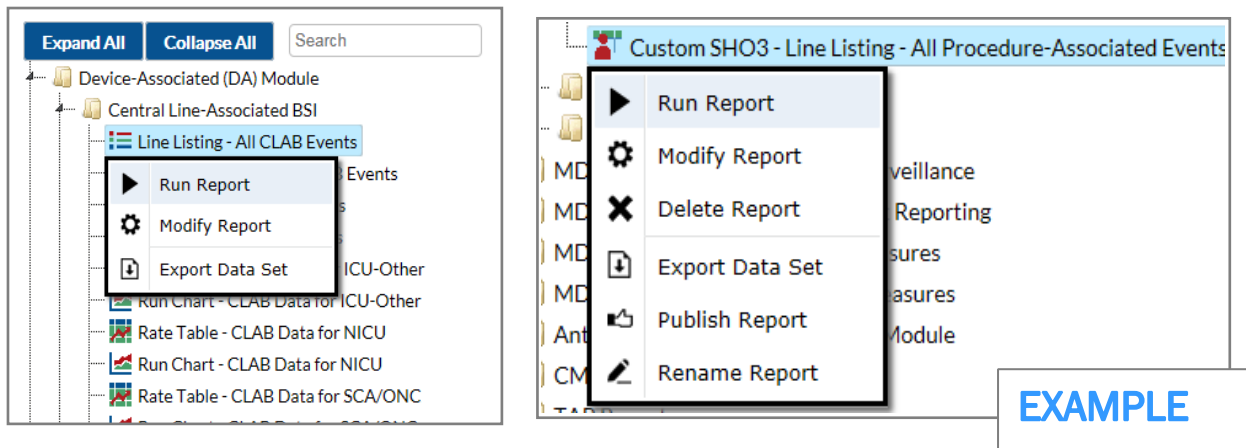
1. The Analysis menu has changed. Instead of "Output Options", users will choose "Analysis Reports" on the navigation bar.



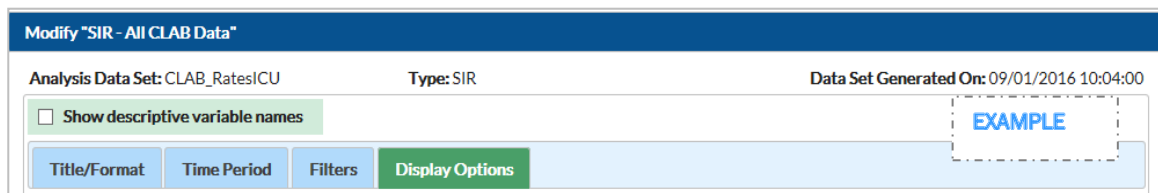
Changes to NHSN Analysis
Modification Screens continued
on page 4

Sneak Preview! Changes to NHSN Analysis Modification Screens (continued)

- The Run and Modify buttons found in earlier versions of NHSN have been replaced with a dropdown menu. This change allows NHSN to display the full Report Name. Users can left or right mouse click on a report name to display the available options in a dropdown.
 - For CDC-Defined reports, the dropdown menu gives users the option to “Run Report” or “Modify Report”. Users can also “Export Data Set” from the dropdown menu. (Bottom Left)
 - For Custom reports, the dropdown menu gives users the options to “Run Report”, “Modify Report”, and “Delete Report”. Users can also “Export Data Set”, “Publish Report”, or “Rename Report”. (Bottom Right)



- Whereas the original modify screen lists all the possible modifications that can be done to a chosen report on the modification screen, the new modification screen has tabs for each modification option. If “Modify Report” is chosen, the user can modify the selected report by using the tabs located on the top of the screen. Depending on the report being modified, the modify screen *may* include tabs for “Title/Format”, “Time Period”, “Filters”, and “Display Variables.” In addition to the modification tabs, this screen includes the following:
 - Analysis Data Set Name
 - The Report Type (e.g. SIR)
 - The date that the data set was generated on (Data Set Generated On:)
 - A checkbox to specify “Show descriptive variable names” - checking this box will create more descriptive column headers in the reports generated and the terminology used on all of the modify screen tabs.



Changes to NHSN Analysis Modification Screens continued on page 5

Sneak Preview! Changes to NHSN Analysis Modification Screens (continued)

4. The following bullets review the modification options users are accustomed to using in the old version of the application and where these options can be found now.

- Title/Format - Formerly known as “Output Title”, the Title/Format tab allows users to change the name and title of the report.



Modify "SIR - All CLAB Data"

Analysis Data Set: CLAB_RatesICU Type: SIR Data Set Generated On: 09/01/2016 10:04:00

Show descriptive variable names

Title/Format Time Period Filters Display Options

Title:
SIR for All Central Line-Associated BSI Data

EXAMPLE

- Time Period – The Time Period tab replaces the “Select a time period or Leave Blank for Cumulative Time Period:” option on the old Analysis Options Modify screen. Users still have the same data variables available to them and the option to enter data variable/time period at the time the report is run by checking the box next to this option.

Modify "SIR - All CLAB Data"

Analysis Data Set: CLAB_RatesICU Type: SIR Data Set Generated On: 09/01/2016 10:04:00

Show descriptive variable names

Title/Format Time Period Filters Display Options

Time Period:

Date Variable Beginning Ending

Enter Date variable/Time period at the time you click the Run button

EXAMPLE

- Filters – The “Specify Other Selection Criteria” section of the modify screen has been replaced by the Filters tab in the newest version of NHSN. Instead of the grid used in the past, users can dictate how data is displayed by grouping data by variables and assigning rules to those groupings via dropdown menus.

Modify "SIR - All CLAB Data"

Analysis Data Set: CLAB_RatesICU Type: SIR Data Set Generated On: 09/01/2016 10:04:00

Show descriptive variable names

Title/Format Time Period Filters Display Options

Additional Filters:

AND OR Add group

AND OR Add rule

Delete

bsiPlan
CCN
CLABCount
CLABRate
LineDU
location
locationType

EXAMPLE

Changes to NHSN Analysis Modification Screens continued on page 6

Sneak Preview! Changes to NHSN Analysis Modification Screens (continued)

- Display Options – Display Options replaces “Other Options” as the header for the final section of the modification screen. Selecting the Display Options tab gives the user the ability to group the data in the report by summary year, summary month, summary half year, and summary quarter or to create a report that displays the data in one cumulative table.

Modify "SIR - All CLAB Data"

Analysis Data Set: CLAB_RatesICU Type: SIR Data Set Generated On: 09/01/2016 10:04:00

Show descriptive variable names

Title/Format Time Period Filters **Display Options**

SIR Options:

Group by:

EXAMPLE

For questions about changes to the NHSN application, please contact the NHSN helpdesk at NHSN@cdc.gov.

Preparing for the December 2016 Hospital Compare Preview Reports

This article applies only to Acute Care Hospitals participating in CMS Hospital Inpatient Quality Reporting Program.

Each quarter, hospitals participating in the CMS Hospital Inpatient Quality Reporting Program can preview their HAI data before the data are publicly posted on Hospital Compare. These Preview Reports are available to hospitals via the *QualityNet Secure Portal*.

From **September 29, 2016 – October 28, 2016** hospitals will be able to view their December 2016 Preview Reports, which will contain HAI data from 2015 Q1 – 2015 Q4. The SIRs contained in this Preview Report will be calculated using the updated risk models from the new 2015 national baseline. As mentioned in the Rebaseline Timeline posted in the June 2016 NHSN Newsletter, CDC submitted SIRs to CMS using the new 2015 baseline starting with 2016 Q1 data. However, in order to ensure fair comparisons over time for the Hospital Value-Based Purchasing (HVBP) program, data from calendar year 2015 was recently recalculated and resubmitted to CMS using the new 2015 baseline; in December 2016, these recalculated 2015 HAI data will be displayed on Hospital Compare.

You will notice differences between the data shown in the December Preview Report and the data generated from NHSN analysis reports. *Analysis reports run in the NHSN application prior to the next NHSN update in December 2016 will still use the original baseline data and risk models.* CDC needs the remaining months of 2016 to ensure that the new risk models and new output options have been accurately applied in the NHSN application. While hospitals will be unable to see the new SIRs within NHSN until December, the numerator (i.e., number of events) and contributing denominator (e.g., central line days, patient days) can continue to be reviewed in NHSN by using the existing SIR and rate table analysis reports. Once NHSN has been updated in December, you can review your hospital's 2015 and 2016 SIRs using the new 2015 baseline.

Keep an eye out for more information on the Rebaseline in the coming weeks, and be sure to attend the [NHSN Rebaseline Webinar](#) on October 5, 2016.

For all HAIs, the number of predicted events shown in NHSN will not match the number of predicted events shown on the December Preview Report. The below table describes additional **changes** under the new baseline that impact the SIR numerators and/or contributing denominators for each HAI:

Preparing for the December 2016 Hospital Compare Preview Reports (continued)

HAI Type	Changes to the SIR numerators calculated under 2015 baseline	Changes to the contributing denominator of SIRs calculated under 2015 baseline	Additional Resources
Central Line-Associated Bloodstream Infection (CLABSI)	<p>1. Exclude MBI-LCBIs</p> <p>2. Events from additional ICUs will be included (<i>note: some ICUs were not included in the original baseline data, but will be included in SIRs calculated under the 2015 baseline</i>)</p>	Central line days from additional ICUs will be included	<p>MBI-LCBIs Guide: http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mbianalysis.pdf</p> <p>Summary Data Line List: http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/summarylinelist.pdf</p>
Catheter-Associated Urinary Tract Infection (CAUTI)	Events from additional ICUs will be included	Urinary catheter days from additional ICUs will be included	<p>Summary Data Line List: http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/summarylinelist.pdf</p>
Facility-Wide Inpatient (FacWideIN) <i>Clostridium difficile</i> LabID Event	No changes to the events counted in the numerator of the SIR	No changes to the patient days included in the SIR	<p>Troubleshooting the MRSA & C.diff LabID Event SIRs: http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mrsacdi_tips.pdf</p>
Facility-Wide Inpatient (FacWideIN) MRSA Blood Specimen LabID Event	No changes to the events counted in the numerator of the SIR	No changes to the patient days included in the SIR	<p>Troubleshooting the MRSA & C.diff LabID Event SIRs: http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mrsacdi_tips.pdf</p>
Surgical Site Infection/Colon Surgery (COLO) and Abdominal Hysterectomy (HYST) Complex 30-day Model	Exclude SSIs where PATOS = YES	<p>In addition to current procedure exclusion criteria, procedures meeting the following criteria will be excluded from the Complex 30 days SIRs:</p> <ul style="list-style-type: none"> • BMI: If BMI>60 or BMI<12 • Gender: If gender is missing or gender is "O" <p>Additional procedures, regardless of the closure technique reported, will be included.</p>	<p>Line List of Procedures: http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/fag-procedure-line-list.pdf</p> <p>Analyzing Procedure Closure Technique: http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/proceduresclosuretechnique.pdf</p>

TAP Reports—Did you know?!

The Targeted Assessment Prevention (TAP) Strategy was developed by the Centers for Disease Control and Prevention (CDC) to use data for action to prevent healthcare-associated infections (HAIs). The TAP strategy targets healthcare facilities and specific units within facilities with a disproportionate burden of HAIs so that gaps in infection prevention in the targeted locations can be addressed. The NHSN Training website contains Quick Learn Videos designed to introduce users to key concepts employed by NHSN and learn how to navigate NHSN more easily. <http://www.cdc.gov/nhsn/training/quicklearns.html>

The TAP Report Quick Learn video describes the goal of the TAP strategy, giving facilities more insight into their data and plans to prevent future HAIs. Additionally, the TAP report Quick Learn goes into detail about the first step of the TAP strategy, generating TAP Reports. The Quick Learn video also reviews the metrics, the Standardized Infection Ratio (SIR) and Cumulative Attributable Difference (CAD), used within the TAP report to summarize a facility and/or the facility's locations ability to prevent infection. The video ends with additional help on how to interpret the TAP Report.

Updates to Location-level Summary Data Reporting

As part of the 8.6 NHSN update, currently scheduled for December, NHSN will be updating the logic used for location-specific summary data records to increase the accuracy of patient day reporting across summary record types. This means that patient days reported on location-specific Device-Associated summary records will need to match those reported on location-specific MDRO summary records and vice versa. If the same number of patient days for a specific location are not reported on both summary record types for the month, NHSN will generate a pop-up message alerting the user of the discrepancy. The user will then be able to update the summary record to ensure the accuracy of the patient day counts.

FYI—Retired ASC Locations being Inactivated

During the upcoming 8.6 update of NHSN, currently scheduled for December, locations mapped as three specific ASC location types below will be automatically set to “Inactive” within NHSN. These three locations were previously retired from NHSN in January 2016 but remained active to allow facilities to finish up any outstanding 2015 reporting into these locations. Please refer to the NHSN Locations protocol for guidance on mapping any new ASC locations: http://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf.

CDC Location Label	CDC Code	HL7 Code
Ambulatory Surgery Center	OUT:ACUTE:OR	1166-8
Ambulatory Pediatric Surgery Center	OUT:ACUTE:OR:PED	1167-6
Ambulatory Plastic Surgery Center	OUT:ACUTE:OR:PLS	1168-4

2017 Updates to the Antimicrobial Resistance (AR) Option

As participation in the AR Option continues to grow, NHSN continues to make updates and clarifications to allow for improved accuracy and consistency of data collection and reporting across facilities and vendors. As part of these updates, the below changes will be made to the NHSN AR Option in the 8.6 update. Please note that while these updates will be released with R8.6, facilities will be able to submit historical AR Option data from the updated locations, organisms, and specimens.

Ability to submit AR Option data from select outpatient locations

Facilities will be able to submit AR Event data from three select outpatient location types: Emergency Department, Pediatric Emergency Department, and 24-hour Observation Area. These specific locations must be listed individually in the AR Option section of the monthly reporting plan prior to a successful upload.

Expanded AR Option organism list

The AR Option organism list has been updated to include additional species level SNOMED codes for specific organisms. *Candida auris* has also been added to the list of accepted AR Option organisms.

Expanded AR Option specimen source list

The AR Option specimen source list has been expanded to allow for child SNOMED codes within the blood and urine specimen groups.

Complete details can be found in the AR Option Toolkit on the NHSN CDA Submission Support Portal (<http://www.cdc.gov/nhsn/cdaportal/toolkits.html>) and will be included in the 2017 update of the NHSN Antimicrobial Use and Resistance Protocol (<http://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html>).



Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **November 15, 2016** for facilities that participate in certain CMS quality reporting programs.

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

2016 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data

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

2016 Quarter 2 (April 1 – June 30) Inpatient COLO and HYST SSI data

2016 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:

2016 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2016 Quarter 2 (April 1 – June 30) Inpatient COLO and HYST SSI data

2016 Quarter 2 (April 1 – June 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:

2016 Quarter 2 (April 1 – June 30) CAUTI data (all bedded inpatient locations)

2016 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

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

2016 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data (all bedded inpatient locations)

2016 Quarter 2 (April 1 – June 30) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare onset and community onset)

2016 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 may enter and view the facility's data. To ensure your data have been correctly entered into NHSN, please make sure to verify that: 1) your monthly reporting plans are complete, 2) you've entered appropriate summary and event data or checked the appropriate no events boxes, and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit our website and navigate to the appropriate section(s) for your facility type: <https://www.cdc.gov/nhsn/cms/index.html>

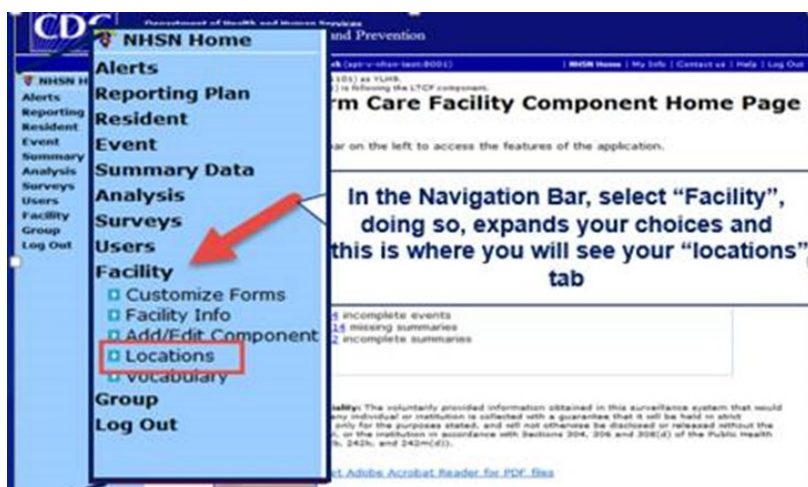
If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov.

Long-term Care Facility Component

Setting Up Long-term Care Facility Locations in NHSN

Most LTCFs have different physical locations where residents reside and receive care within the building. Prior to reporting events into the NHSN application, facilities must set-up the facility locations. These locations might be known as units, wards, floors, neighborhoods, pods, etc. Please follow the outlined steps to set-up the locations in your facility.

1. In navigation bar, click on **Facility** to open additional options, and then select **Locations**



2. For each location in your facility, NHSN asks you to create your own location code and label, so users in the facility will recognize the care location
 - a. **Your code:** You will create the code to help you easily identify the location, which is the name that the facility currently uses for this location. For example, "100 East", "200 East", "West Hall", "South Hall", etc.
 - b. **Your label:** You will also create the label to help you easily identify the location. This would be any additional information you would like to add about this location. For example, "Controlled access, dementia unit"
 - c. Note: Your code and label can be the same name
 - d. **CDC location description** – This drop-down menu provides you with the CDC-defined options for describing this location. Choose the appropriate CDC Location Description that best describes the resident population in the unit. For a description of CDC locations for LTCFs, visit http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf
 - e. **Status** will default as active (leave this selection as **Active** unless you want to deactivate a previously set-up location)
 - f. **Bed size** is optional and should include the number of beds on the unit that are set-up and staffed
3. Once the required information has been added for the location, click **ADD**, and then repeat steps for each location in the facility

Setting Up Long-term Care Facility Locations in NHSN continued on page 12

Setting Up Long-term Care Facility Locations in NHSN

Locations

Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the Add button.
- To **Find** a record, click on the Find button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a Find on the desired record. Click on the desired record to fill in its values into the form and edit it.
- To **Delete** one or more records, perform a Find on the desired record(s). Check the corresponding box(es), then click on the Delete button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*:

Your Label*:

CDC Location Description*:

Status*: Active

Bed Size: A bed size greater than zero is required for most inpatient locations.

Find Add Export Locations List Clear

Be sure to visit the NHSN LTCF website for additional information about NHSN set-up and reporting!

NHSN LTCF Component Training Homepage: <http://www.cdc.gov/nhsn/training/ltc/index.html>

NHSN Tracking Infections in LTCFs Homepage: <http://www.cdc.gov/nhsn/ltc/index.html>

Healthcare Personnel Safety Component

Healthcare Personnel Influenza Vaccination Summary Data Reporting: 2016-2017 Influenza Season

Beginning with the 2016-2017 influenza season, PPS-exempt Cancer Hospitals will be required to report healthcare personnel (HCP) influenza vaccination summary data through NHSN. Training materials are located at: <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html>.

The following facility types will continue to report the required HCP influenza vaccination summary data through NHSN for the 2016-2017 influenza season. Training materials can also be accessed at their regular location for each facility type on the NHSN website.

- Acute care facilities
- Ambulatory surgery centers
- Critical access hospitals
- Inpatient psychiatric facilities
- Inpatient rehabilitation facilities
- Long-term acute care facilities
- Outpatient dialysis facilities

The deadline for reporting these data is May 15, 2017. New facilities and new users to NHSN are advised to enroll in NHSN well in advance of this deadline as the process normally takes several weeks to complete. For questions related to HCP influenza vaccination summary data reporting, please e-mail NHSN@cdc.gov and specify 'HPS Flu Summary' in the subject line, along with your facility type.

Biovigilance Component

Hemovigilance Module Updates

Upcoming Webinar

A Hemovigilance Reporting Basics webinar will be held in early November 2016 for new users and users with limited reporting experience. A complete introduction to the NHSN Hemovigilance Module reporting requirements will be presented including documents and forms, data sharing features, and the reporting timeline. Participants will have an opportunity to ask questions following the presentation. All NHSN-BV users will receive an email with more details, including a link to the webinar registration page in the coming weeks, or check the [NHSN Blood Safety Website](#) for the registration page and more information.

Upcoming AABB Conference

Members of the NHSN-BV team will present at this year's AABB Annual Conference held from October 22nd – October 25th in Orlando, Florida. Presentations will include *Hemovigilance 101: How to Get Started and Why?* and an *Introduction to Hemovigilance Workshop*.

Cost for Participation

As a reminder, participation in NHSN is free including facility enrollment, assistance with facility enrollment, training, and ongoing user support by CDC staff. If you have any questions please email nhsn@cdc.gov with 'Hemovigilance' in the subject line.

General NHSN

Training Updates and Opportunities

Save the Date – NHSN Annual Training, March 20-24th, 2017

Registration to open in December

Thinking about requesting in-person training from NHSN Subject matter experts?

Due to the significant increase in reporting facilities and subsequent increase in training commitments for the NHSN subject matter experts, NHSN's capacity to fulfill in-person training and educational requests is more limited than it has been in the past. As a result, the NHSN team must consider alternate routes of training available to provide the necessary education.

So, what are your options for obtaining NHSN training, outside of the annual CDC-hosted training and APIC conference?

One great option for facilities to consider is a Q&A session with NHSN SMEs after participating in the training currently available on the NHSN website, which include the following:

Training Updates and Opportunities continued on page 14

Training Updates and Opportunities (continued)

Archived Webstream Presentations

All NHSN surveillance definitions, reporting, and analysis options are addressed in detail during the annual training hosted at CDC. The individual presentations are web-streamed and the recordings are posted on the NHSN website and can be viewed at any time. Materials such as PDFs of the training presentations, case studies, and answer slides are additionally posted with the training videos. All web-streamed presentations are located here under “NHSN Web-streaming and Webinar Events”: <http://www.cdc.gov/nhsn/training/continuing-edu.html>

Quick Learns

Quick learns are brief (approximately 5-10 minute) training videos designed to address specific topics within NHSN that are new or the subject of frequently asked questions. There are currently eleven Quick Learns posted to the NHSN training site: <http://www.cdc.gov/nhsn/training/quicklearns.html>

In lieu of sending a SME for in-person training, the NHSN suggests that facilities or organizations host a viewing of the archived web-streams videos or several Quick Learns for their NHSN users. Then, a follow-up Question and Answer session with the NHSN SMEs can be set up during a meeting or conference via webinar or Skype.

Additional Options

NHSN subject matter experts will also be providing several [webinars](#) throughout the fall of 2016.

CDA Corner

Attention all CDA Users!!

Beginning with the most recent NHSN update in late July, the naming convention rules for individual CDA and zip files have been enforced. This means that the names of individual CDA files as well as the zip files containing the individual CDAs may only contain alphanumeric, hyphens and underscores. Special characters in the CDA or zip file name will cause the upload to NHSN to fail.

Update for DIRECT CDA Automation

At this time, over 2,800 facilities from 8 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>

New Implementation Guide Version for 2017 Dialysis Reporting

For 2017 data, the below Dialysis Summary and Event CDAs will be required to be based on the R3-D1 Implementation Guide. CDAs using the R3-D1 format may be imported into NHSN beginning January 1, 2017.

Summary Reports:

- Denominators for dialysis event surveillance - census form
- Dialysis Event

New CDA denominator for the Hemovigilance Module is coming!!

The Monthly Reporting Denominator will be a valid CDA import for 2017 data. This CDA will be based on the R3-D1 Implementation Guide. The CDA will include data as seen in the user interface, plus detailed data using ISBT Product codes. CDAs may be imported beginning January 1, 2017.

CDA Corner continued on page 15

CDA Corner (continued)

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>

CDA Impact Notes: Preview of NHSN Release 8.6 Beginning January 1, 2017

- Addition of ~ 1000 pathogens, updates to pathogen names, updates to business rules, and updates to MDRO definition and unusual susceptibility alerts.
- Salmonella species no longer reported for BSI-MBI-LCBI events.
- The following fungi will not be allowed to be reported for events in the Patient Safety and LTCF Components: Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus and Pneumocystis.
- Antimicrobial Resistance (AR) Option specimen and pathogen lists expanded.
- Ability to submit data to the (AR) Option for specimens collected in three select outpatient locations: Emergency Department, Pediatric Emergency Department, 24-hour Observation Area.
- Addition of *C. difficile* test method associated with the MDRO Monthly denominator: "NAAT plus EIA, if NAAT positive (2-step algorithm)".

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/proc collection dates (as applicable) for each year.

Download the corresponding CDA Toolkits for the corresponding year.

Events or Denominators	2017	2016	2015
CDA Toolkit Release	8.6	8.5	8.4 & 8.3
DIALYSIS			
Dialysis Event	R3-D1	R2-D2.1	R2-D1.1
Dialysis Denominator	R3-D1	R7	R7
EVENTS			
Primary Bloodstream Infection (BSI)	R9	R9	R9
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R9
Urinary Tract Infection	R2-D1.1	R2-D1.1	R2-D1.1
Laboratory-identified (LabID) MDRO or CDI Event	R2-D2.1	R2-D2.1	R5
SURGICAL SITE INFECTIONS AND DENOMINATOR FOR PROCEDURES			
Surgical Site Infection (SSI)	R2-D1.1	R2-D1.1	R2-D1.1
Denominator for Procedure	R2-D1.1	R2-D1.1	R2-D1.1

For more information on CDA Impact for NHSN Release 8.6, view the "Preview of NHSN release 8.6" webinar: <http://www.cdc.gov/nhsn/cdaportal/webinars.html>.

New IG for AU Option & Reporting for Meaningful Use Stage 3

As of July 2016, the R1 Normative Antimicrobial Use (AU) CDA is now a valid CDA import! The R6 AU CDA version will continue to be a valid CDA import. However, a facility will be required to use the R1 Normative AU CDA import if they wish to satisfy the requirements for MU3.

For 2018, NHSN Antimicrobial Use (AU) and Antimicrobial Resistance (AR) (AUR) reporting have been identified as a new option for public health registry reporting under Meaningful Use Stage 3 (MU3).

See: <https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications>.

Beginning January 2017, a facility enrolled in NHSN will be able to register their intent to satisfy the AUR-MU3 objective. With the upcoming NHSN 8.6 Release, an MU3 signup page will be added to NHSN. The NHSN Facility Administrator will be able to register the facility's intent to satisfy the AUR-MU3 objective. Active engagement for this MU3 objective includes monthly reporting for a full calendar year of R1 Normative Antimicrobial Use Summary, Antimicrobial Resistance Event, and Antimicrobial Resistance Summary data to NHSN.

Detailed information may be found on the NHSN CDA Submission Support Portal (CSSP): <http://www.cdc.gov/nhsn/cdaportal/meaningfuluse.html>. Additional information about the sign up process will be provided in the December 2016 NHSN Newsletter.

NHSN Help Desk: Activity Update

Quarter 3, 2016

(Averages)

1,000 Email Inquiries per Week

30 Facilities Enrolled per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of September 23, 2016):

6,716 Hospitals (this includes 531 Long-term Acute Care Hospitals and 338 Free-standing Inpatient Rehabilitation Facilities)

6,797 Outpatient Hemodialysis Facilities

4,785 Ambulatory Surgery Centers (ASCs)

652 Long-term Care Facilities

18,950 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.



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