National Healthcare Safety Network Member's Meeting

APIC 2013

June 7, 2013

4:00-5:30

Room 304/305

National Center for Emerging and Zoonotic Infectious Diseases

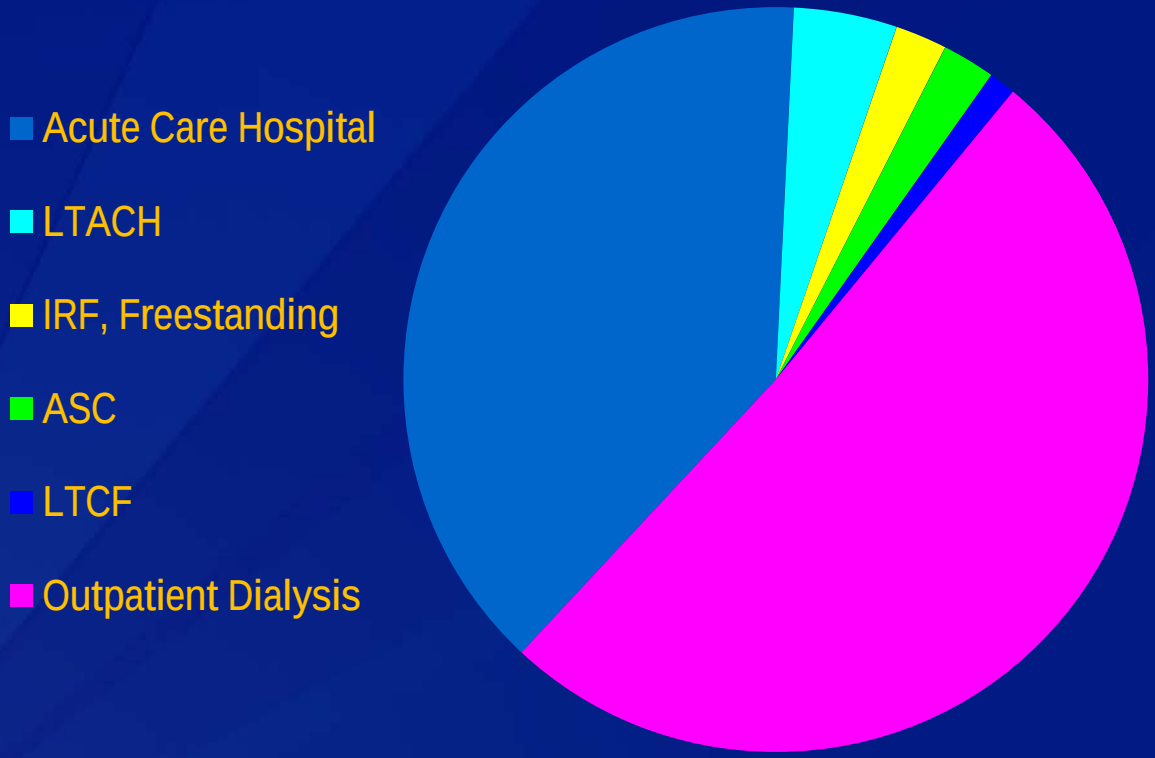
Division of Healthcare Quality Promotion

Agenda

Welcome	Kathy Allen-Bridson
Enrollment Update/SAMS/ State DUA	
Training Updates	Maggie Dudeck
Protocol & Application Updates	
SSI/Outpatient Procedures	Janet Brooks
CAUTI	Kathy Allen-Bridson
VAE	Gloria Morrell
LabID Event	Angela Anttila
DE, HCP Flu, LTCF, BV, AUR	Dawn Sievert
CMS Proposed Rules	
Clinical Document Architecture (CDA)	Paul Malpiedi
DEMO Application	Lindsey Weiner
Q & A	All

ENROLLMENT UPDATE/
SAMS/
STATE DATA USE AGREEMENTS

Types of Facilities Participating in NHSN, 5/28/2013 (n=12,064)



NHSN Begins Its Migration to SAMS

- **SAMS = Secure Access Management System**
  - SAMS will replace NHSN's use of the Secure Data Network (SDN) and digital certificates will no longer be required to access NHSN!
- **Migration Progress:**
  - Alpha pilot for ~ 20 CDC NHSN users, completed February 2013
  - Beta pilot to begin soon with about 75 external users
  - General migration to SAMS expected to begin in late 2013; will take a couple years to complete
- **What to Expect:**
  - A gradual "migration"; you will receive an email invitation to register for SAMS instead of renewing your digital certificate
    - Continue annual digital certificate renewal until invited to SAMS
    - Each individual NHSN user has to be "SAMified"
    - Deactivate users who no longer need access to NHSN
  - Identity verification
  - Access NHSN via the SAMS portal with a password and grid card

CDC/State Health Department Data Use Agreements

- Allows State Health Departments access to data that is voluntarily (i.e., there is no state mandate for reporting such data) submitted to NHSN by healthcare facilities in their jurisdictions.
- State agrees to use data for surveillance or prevention purposes only
  - Not for any regulatory or punitive actions
  - Not for public reporting of institution-identifiable data
- CDC/NHSN will provide a minimum of three months after the agreement is signed for facilities to opt out of voluntary reporting to NHSN before data will be shared.
- For more information and to view DUAs that are in place with state health departments in AZ, KY, LA, and NY, visit:
  http://www.cdc.gov/HAI/state-based/index.html
  http://www.cdc.gov/hai/surveillance/DUA-announcment.html

NHSN TRAINING

ONLINE TRAINING OPPORTUNITIES

- **Interactive Trainings**
  - Self-paced slides with detailed graphics, screen shots of step-by-step examples of form completion for instructional purposes, practice questions, and case study examples.
  - Available for: Device and Procedure-associated Modules, MDRO/CDI LabID; more coming soon!
- **Archived Webstreaming Trainings**
  - Available for: Device and Procedure-associated Modules, MDRO/CDI LabID, Analysis, Validation, and Location Mapping
- **In-Person Trainings**
  - March 2014- TBD
  - The training course will provide information on CMS reporting, definition and protocol clarification, interactive case studies, analysis, and changes in reporting for 2014.

NEW NHSN WEBSITE

- New NHSN website unveiled in March 2013

- "One-Stop Shopping" webpages for each facility type (e.g., acute care hospitals, outpatient dialysis)
- Each page includes links to each infection type with NHSN protocols, trainings, forms, analysis tools, etc.
- Each page also links to blood safety surveillance and healthcare personnel influenza vaccination.

National Healthcare Safety Network (NHSN)

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.

Email page link
Print page

NHSN Login
Tips for navigating the new NHSN website [PDF - 1.6 MB]

About NHSN
CDC's NHSN is the largest HAI reporting system in the U.S.

Data & Reports
See national and state reports using NHSN data

Guidelines and Recommendations
Review CDC HAI prevention guidelines

New to NHSN? Enroll Facility Here.
For first time facility enrollment.

Reporting & Surveillance Resources for Enrolled Facilities
Training, protocols, forms, support materials, analysis resources, and FAQs

Group Users
View resources for group users here.

Get email updates
To receive email updates about this page, enter your email address:
What's this? Submit

Contact NHSN:

Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333

800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348

New Hours of Operation
8am-8pm ET/Monday-Friday
Closed Holidays

General NHSN info
nhsn@cdc.gov

Training / Demo

Newsletters

E-mail Updates

State-based HAI Prevention Activities

HIPAA Privacy Rule

Surveillance Reporting for Enrolled Facilities

Materials for Enrolled Facilities

- Acute Care Hospitals/Facilities
- Long-term Acute Care Facilities
- Long-term Care Facilities
- Outpatient Dialysis Facilities
- Inpatient Rehabilitation Facilities
- Ambulatory Surgery Centers
- Ventilator-Associated Event Calculator
- FAQs about Healthcare Personnel (HCP) Influenza Vaccination Summary Reporting in NHSN

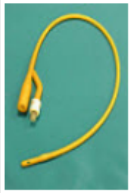
- Group Users
- Patient Safety Analysis Resources
- Annual Reports
- Newsletters

Select Your Facility Type

Acute Care Hospitals/Facilities
Urgent care or other short-term stay facilities (e.g., critical access facilities, oncolgoy facilities, military/VA facilities).

Outpatient Dialysis Facilities
Outpatient dialysis clinics.

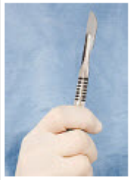
CLABSI - Surveillance for Central Line-associated Bloodstream Infections
- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs



CAUTI - Surveillance for Catheter-associated Urinary Tract Infections
- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

CMS NHSN
Requirements
Click here for more information

CLIP - Surveillance for Central Line Insertion Practices Adherence
- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs



SSI - Surveillance for Surgical Site Infections
- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

Clinical Document Architecture CDA

MDRO/CDI - Surveillance for *C. difficile*, MRSA, and Other Drug-Resistant Infections
- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

AUR - Surveillance for Antimicrobial Use and Antimicrobial Resistance Option
- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

VAP - Surveillance for Ventilator-associated Pneumonia Events *In-Plan Neonatal and Pediatric Patients Only

VAE - Surveillance for Ventilator-associated Events *In-Plan Adult Patients Only

Contact NHSN:

Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333

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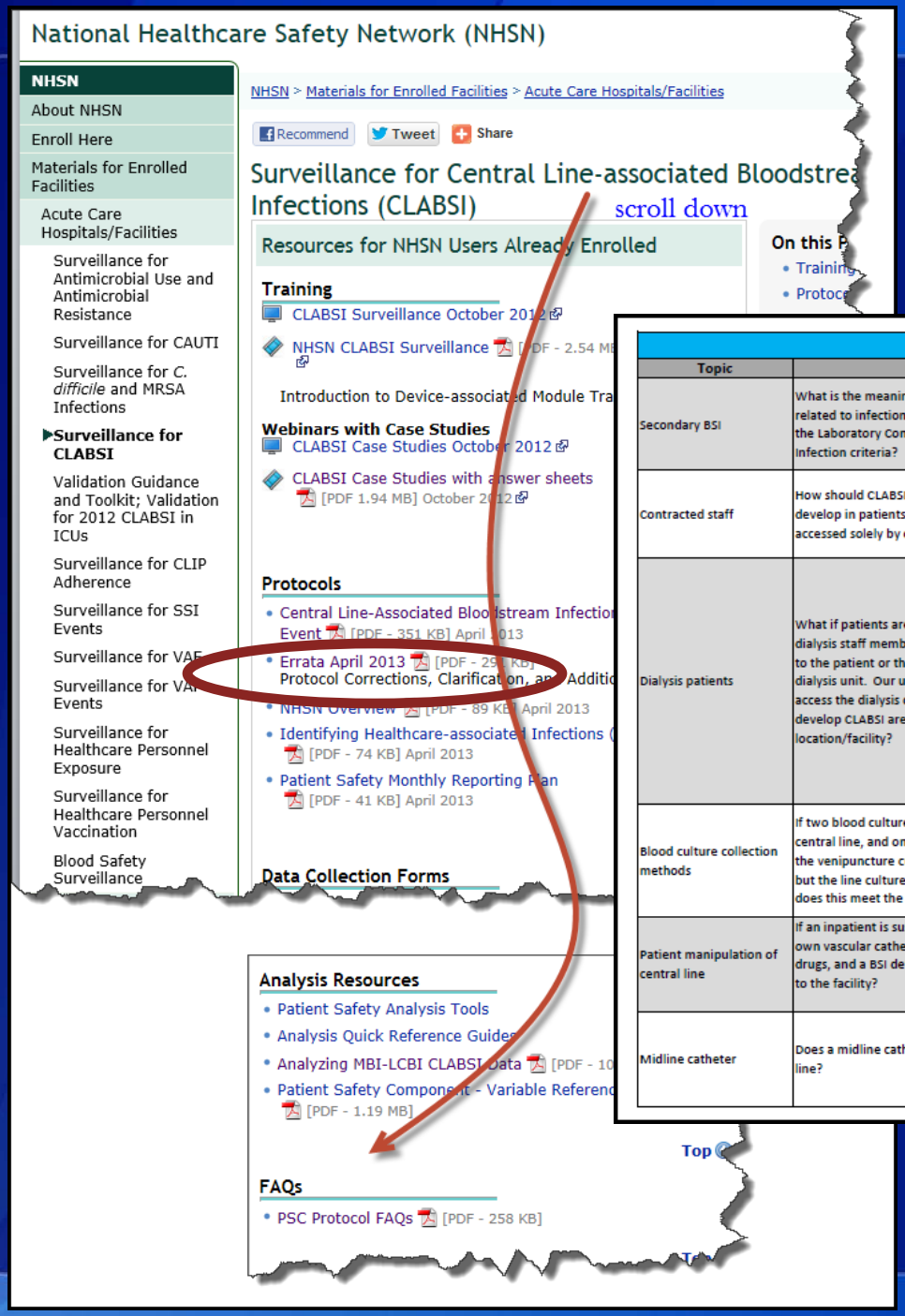
NHSN FAQs FOR EACH EVENT TYPE

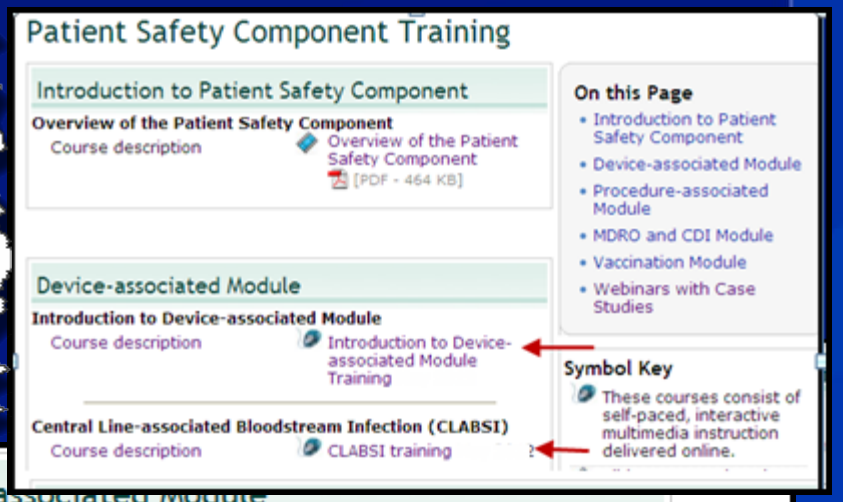


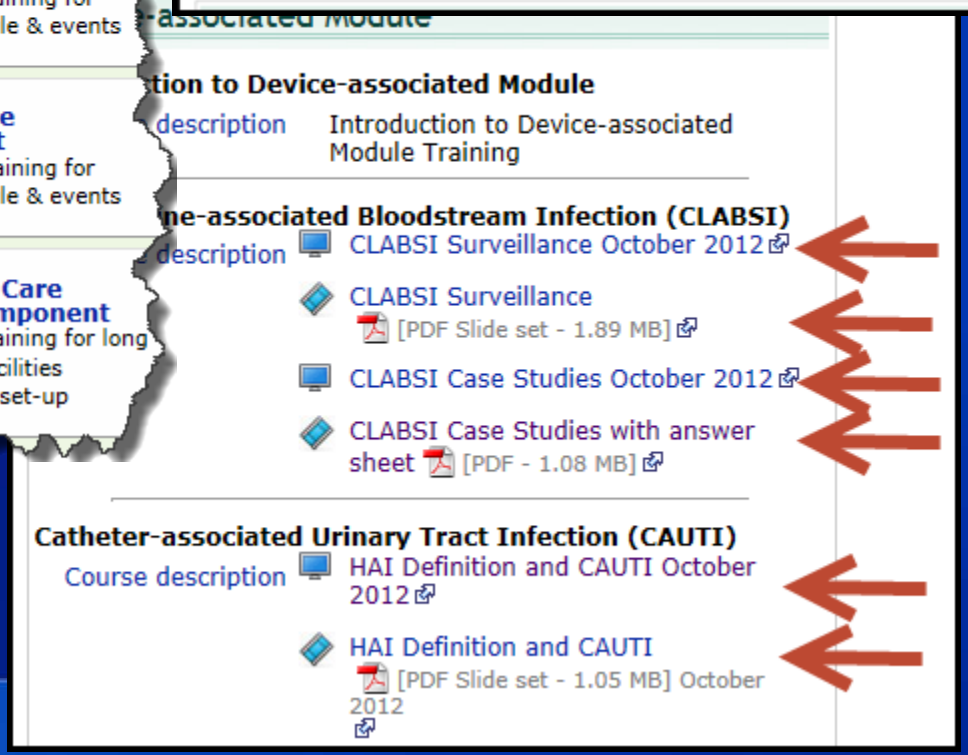
Central Line-Associated Bloodstream Infection (CLABSI)

Topic	Question	Answer
Secondary BSI	What is the meaning of the statement "not related to infection at another site" included in the Laboratory Confirmed Bloodstream Infection criteria?	Please see Appendix 1 Secondary BSI Guide found in Chapter 4, CLABSI Event of the NHSN Patient Safety Component Manual for guidance in determining the primary source of an infection for NHSN CLABSI surveillance purposes. http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf
Contracted staff	How should CLABSIs be reported when they develop in patients whose only central line is accessed solely by contracted dialysis staff?	Facilities are responsible for all of the care which is provided in their facilities. This includes care provided by employed staff and contracted staff alike. Therefore such a CLABSI would be reported for the facility in which the patient is housed.
Dialysis patients	What if patients are provided dialysis by dialysis staff members, either this staff coming to the patient or the patient going to the dialysis unit. Our unit nursing staff does not access the dialysis catheter. If these patients develop CLABSI are they attributable to our location/facility?	If the dialysis unit is one to which patients are transported for dialysis and then escorted back to their inpatient unit for the rest of their care, the CLABSI must be attributed to the inpatient location where the patient is housed overnight. Because in this scenario the dialysis unit does not have overnight patients, there can be no patient day counts nor central line counts and there is no way within NHSN to perform CLABSI surveillance in this location. This is an issue that we are discussing and plan to add a hemodialysis variable to the BSI form in 2014. In the meantime, a facility may create a custom field on the LCBI form and label it something like "Dialysis line care only". Data can be analyzed based on this field and the results utilized for the facility's internal quality work. For more information on how to do this, enter the NHSN application, choose the help icon from the upper right hand corner and type "Custom Fields" in the search box. Remember, the CLABSI will still need to be reported to NHSN for the unit in which the patient is housed.
Blood culture collection methods	If two blood cultures are drawn, one through a central line, and one from a venipuncture and the venipuncture culture is negative for growth but the line culture grows an NHSN pathogen, does this meet the CLABSI criteria?	Yes. Blood cultures collected by any means, either through venipuncture or collected through existing vascular catheters must be considered in your surveillance of BSI. Therefore, a blood culture which is collected through a vascular catheter and that is positive for an organism, is considered a positive blood culture for CLABSI surveillance.
Patient manipulation of central line	If an inpatient is suspected of accessing their own vascular catheter ,e.g., injecting illicit drugs, and a BSI develops, is this BSI attributed to the facility?	Yes, if the patient meets the definition of a BSI this is attributable to your facility. A facility must protect the line as best they can. Prevention efforts may include providing a patient sitter and/or removal of the
Midline catheter	Does a midline catheter quali line?	

STAY TUNED!!! By end of June, updated protocols will be posted on NHSN website.

TRAINING WEBSITE





- Home Training Page
- Interactive Trainings
- Archived Webstreaming Events

COMING SOON!

CLINICAL SUBMISSION FORM

NHSN Case Question Submission Form

NHSN staff must be provided all of the necessary information, in order to efficiently assist with case determinations. Therefore, please use the following form to provide your case information and attach it to your email. A new form and e-mail submission must be completed for every case. (For VAE related questions the VAE worksheet found at this location should be used http://www.cdc.gov/nhsn/acute-care-hospital/vae/index.html#vm). Failure to complete a form may result in a delayed response due to return of your email with a request for resubmission. The same information may be provided in a text format as long as it includes the pertinent pieces of information identified below and is provided succinctly and in chronological order.

Thank you for your assistance, as we try to be more efficient in response to our growing NHSN user population.

Contact Information:

Hospital Name:

NHSN Organizational ID:

Submitter's Name:

Phone number:

Case-specific Informa

NHSN Surveillance M

Specific Event Consid

Date of Admission:

Admission Diagnosis:

*If MDRO/CDI, specify

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e-LEARNING

Training / Demo | Newsletters | E-mail Updates | State-based HAI | HIPAA Privacy Rule

SURGICAL SITE INFECTION SURVEILLANCE UPDATE/ OUTPATIENT PROCEDURE COMPONENT

Clarification for SSI - 2013

- **Updated definition of a Primary Closure of an incision published in the Errata in April 2013.**
  - Primary closure is defined as closure of all tissue levels during the original surgery, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision. This category includes surgeries where the skin is closed by some means, including incisions that are described as being “loosely closed” at the skin level. Thus, if any portion of the incision is closed at the skin level, by any manner, a designation of primary closure should be assigned to the surgery.

http://www.cdc.gov/nhsn/pdf/pscmanual/errata2013.pdf

Clarification for SSI - 2013

One of the goals for NHSN is to work closely with the American College of Surgeons and NSQIP to have more harmonized definitions. This allows more standardize surveillance to occur across agencies.

The primary wound closure definition that was published in the 2013 SSI protocol was not detailed enough to apply consistently. The clarification that was sent out in the Errata is consistent with the definition of a primary wound closure that is currently used by NSQIP.

http://www.cdc.gov/nhsn/pdf/pscmanual/errata2013.pdf

2014: New Definition of an NHSN Operative Procedure

- **NHSN procedures will no longer require primary incisional closure**
  - Eligibility will still be based on the NHSN operative procedure categories, and that the surgery included an incision and occurred in an operating room
- **For risk adjustment, NHSN will record whether the procedure involves primary incisional closure vs. non-primary closure**

2014: Definition Changes

- NHSN will adopt the Musculoskeletal Infection Society's (MSIS) definition of Periprosthetic Joint Infection. SSI-PJI will replace SSI-JNT for HPRO and KPRO
- NHSN will adopt Association of Anesthesia Clinical Directors Definition of Operative Duration

2014: Expanded Risk Adjustment

- Height, weight for all procedures
- Diabetes for all procedures: surveillance definition being field tested
- FUSN and RFUSN procedures: trans-oral approach option
- HPRO and KPRO: additional detail about procedures; total, hemi, and resurfacing (HPRO only)

2014: Standard ICD-9 Code-based Admit and Readmit Surveillance Tool

- **Admit and readmit surveillance tool for COLO and HYST SSI**
  - Matches the ICD-9 discharge diagnosis and procedure codes derived from CDC Epicenters work and to be used for the CMS validation approach
  - Codes will flag charts for additional review by NHSN users
  - For COLO and HYST SSI only

Late 2014 / 2015: Transition to CPT Code-based NHSN Procedure Categories

- In April 2013, CDC announced in the NHSN Newsletter its plan to use CPT codes exclusively for its mapping to the NHSN operative procedure categories beginning no later than January 2015.

- Beginning in the fall of 2014, hospitals will be required to use ICD-10-PCS (Procedure Coding System) for their claims.

- In response to CDC's April 2013 announcement there has been expressed concerns about the practical feasibility and cost of using CPT codes exclusively for NHSN SSI surveillance.

Late 2014 / 2015: Transition to CPT Code-based NHSN Procedure Categories (cont.)

- CDC is taking a fresh look at its plan to begin using those codes exclusively as the definitional criteria for the NHSN operative procedure codes by January 2015. CDC is reviewing whether and how CPT codes will be accessible to infection preventionists responsible for SSI surveillance.

- CDC is engaged with hospitals, infection preventionists, professional associations, electronic health record system vendors, and medical coding professionals in a fact finding project that has a short turnaround time. CDC needs to make a decision in the next several months about what course to take. CDC is prepared to pull back from its original plan if its additional fact gathering and re-evaluation point to a different direction.

The New NHSN Outpatient Procedure Component (OPC)

- Designed to allow ASCs to meet CMS as well as States' reporting requirements, as well as new reporting measures appropriate for ASCs
- Initially limited to ASCs
- Main partners in development are the ASC QC and States with existing ASC reporting mandates
- Three events are included in the OPC: Same Day Quality Measures (e.g., patient burn; patient fall; wrong site, side, patient, procedure, implant; hospital transfer/admission); Prophylactic IV Antibiotic timing, and Surgical Site Infections

SSI Surveillance in ASCs: General Points about Eligible Procedures for the OPC

- **For the OPC, all ASC procedures are assumed to be outpatient procedures**
- **The procedure is defined by the primary CPT code**
  - CPT mappings will be provided for the NHSN operative procedure categories BRST, CHOL, COLO, FX, HER, HPRO, HYST, KPRO, LAM, VHYS
- **Targeted SSI surveillance for mandated NHSN operative procedure categories**

Status of OPC

- Draft protocol w/ review by State partners and Ambulatory Surgery Center Quality Collaboration (ASC QC), 2012
- Piloted data collection in 9 ASCs, early 2013
- Tentative release by July 2014

CAUTI UPDATE

We Got Your Notes

CAUTI Definitional Issues

- **Perceived low sensitivity level for UTI in special populations**
  - Due to limited symptom elements in currently catheterized patients
  - In some patient populations
    - Spinal cord injury
    - Ventilated/sedated/unable to verbalize
    - Elderly/Decreased cognition
    - Immunocompromised
- **Inclusion of funguria in CAUTI surveillance**
  - ? Role in UTI
  - Variability in laboratories' reporting methods

CAUTI Definitional Issues

- **Laboratory variations in quantitative reporting of urine culture and urinalysis results**
- **Utility of urinalysis as element of UTI criteria**
- **Clinical significance of lower microbial counts**
- **Attribution of fever to UTI with other possible causes**
- **Inclusion of patients with renal or urinary instrumentation**
  - Suprapubic catheters
  - Nephrostomy tubes
  - Etc.

CAUTI Definitional Issues

- Perceived need for additional/alternative metrics to demonstrate quality improvement
- Potential for exclusion of true CAUTI with > 2 day device-association rule

CAUTI Definitional Review

January 2012 and October 2012

- CMS IPPS requires CAUTI surveillance in Acute Care Facilities (January)
- Long-Term Acute Care Facilities and Inpatient Rehabilitation Facilities(October)

January 2013

- NHSN creates minimum durations of facility stay for HAI definition and device use for device-associated infection definition

February 2013

- DHQP reviews user concerns, UTI definitions
- DHQP identifies CAUTI ad-hoc expert panel
  - Infection Preventionists, Hospital Epidemiologists, Microbiologists, Infection Disease Physicians, State HAI Program Staff, Facility-type Representatives (ACF, LTAC, IRF), CAUTI Subject Matter Experts

CAUTI Definitional Review

March –May 2013

- Ad-hoc expert panel meets semi-weekly
- Internal literature review on funguria
- Laboratory survey developed, piloted

June-July, 2013

- Distribute lab survey, collect, & analyze results
- CDC Core Ad-hoc group develops proposed definition modifications
- Proposal(s) shared with ad-hoc expert panel for input

?Summer 2013

- Pilot testing of modifications?
- Revision of definitions based on pilot

January 2014 & 2015

- 2014: Revisions to definitions not requiring changes to data collection form
- 2015: Revisions to definitions requiring data collection form modification

CAUTI Definitional Review Goals

- Simplify if possible while maintaining/increasing specificity
- Optimize clinical credibility
- Level the playing field among facilities
- Move toward electronic capture

VAE UPDATE

VAE Protocol Update

- VAE Protocol went live on January 1, 2013
- Over 1000 facilities participating
  - Thank you for your time and energy!
  - Lots of data have been generated
- Because of this, there will be some changes in VAE in response to user input and findings

VAE Protocol Update

- **Mark your calendars to attend:**
- **Discover challenges and opportunities related to the new VAE protocol:**
  - A New, National Approach to Surveillance for Ventilator-associated Events: Challenges and Opportunities:
    - Sun. June 9th 3-4 PM
    - Shelley S. Magill, MD, PhD and Linda Greene, RN, MPS, CIC
  - NHSN-VAE Workshop:
    - Mon. June 10th 1-3:30 PM
    - Shelley S. Magill, MD, PhD and Cindy Gross MT, SM, CIC

LABID EVENT UPDATE

New Tool for Identifying LabID Events

Being developed for 2014, a LabID Event calculator (similar to VAE) will be available to help with data entry decision making around the 14-day-rule.

Three Most Common Methods for Retrieving Denominator Data for LabID Event Reporting

1. **Admission, Discharge, Transfer (ADT)**
   - This is likely the most accurate method
2. **Billing**
   - May not be accurate
   - May exclude observation patients housed in inpatient locations
3. **Vendor**
   - Verify the use of ADT data
   - Verify that observation patients housed in inpatient locations are INCLUDED

DIALYSIS EVENT / HEALTHCARE PERSONNEL FLU / LONG-TERM CARE FACILITIES / BIOVIGILANCE / ANTIMICROBIAL USE AND RESISTANCE

NHSN Changes for Dialysis

- **CLABSI (dialysis *in*patients)**
  - New optional field: Any hemodialysis catheter present: Yes/No
  - Assist IPs to more effectively target CLABSI prevention efforts
- **Dialysis Event Surveillance (dialysis *out*patients)**
  - Now > 5,500 outpatient dialysis facilities enrolled and reporting
  - Protocol includes reporting of ALL positive blood cultures done as outpatient AND within 1 calendar day after a hospital admission
- **Dialysis BSI Prevention Resources**
  - Help units implement CDC Core BSI Prevention Interventions:
    - http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html
  - Accompanying protocols, checklists and audit tools available:
    - http://www.cdc.gov/dialysis/prevention-tools/index.html

Healthcare Personnel Influenza Vaccination Summary Reporting

- **Beginning with the 2013-2014 influenza season, the '30-day rule' no longer applies.**
  - Vaccination data should be reported for all employees, licensed independent practitioners, and students/trainees and volunteers who physically work in the healthcare facility for one day or more during the reporting period (October 1-March 31).
  - Vaccines given prior to October 1 can be counted as long as they are for the influenza season that is being reported.
  - Training materials on the NHSN website will be updated to reflect this change.
- **A training "refresher"/update on the HCP Vaccination Module will be offered to NHSN users in summer 2013**

NHSN Long-term Care Facility Component

- **Launched Sept 2012, ~90 facilities enrolled**
- **Intended for free-standing LTCFs**
  - CMS-certified skilled nursing facilities and nursing homes
  - Intermediate/chronic care facilities for developmentally disabled
  - State-licensed assisted living or residential care facilities
- **Includes surveillance options for**
  - Urinary tract infections (UTIs)
  - LabID Event MDRO/CDI
  - Prevention Process Measures
    - Hand hygiene
    - Gown and gloves use
- **For more information about enrollment and surveillance options go to www.cdc.gov/nhsn/ltc**

Biovigilance Component
Hemovigilance Module

- **What is it?**
  - The Hemovigilance Module is a surveillance system used to track blood transfusion associated adverse events, components transfused, and patient samples collected.
- **Why is it used?**
  - The surveillance system aims to improve patient safety and increase process improvement.
- **Who uses it?**
  - The blood bank managers, medical technologists, and physicians within a facility's transfusion service are the primary users of the Hemovigilance Module.

NHSN AUR Module

- **Antimicrobial Use Option – Available Now**
  - *Metric - Antimicrobial days/Days present by month and patient care location*
  - *Data Source - Electronic Medication Administration Record (eMAR) and Barcode Medication Administration (BCMA) systems*

- **Antimicrobial Resistance Option – Available 2014**
  - Metric – # Non-susceptible/# Tested and # Non-susceptible HO/1,000 patient days by month and facility-wide inpatient
  - Data Source – Electronic Laboratory Information System (LIS) data

- **Implementation – See NHSN website for Protocols**
  - Partner with vendors and hospitals to electronically capture numerators and denominators for importation into NHSN via CDA

CMS PROPOSED RULES

CMS IPPS Proposed Rules

- **CMS IPPS Proposed Rule – Public comment until June 25**

  http://www.gpo.gov/fdsys/pkg/FR-2013-05-10/pdf/2013-10234.pdf

  - Acute Care Hospitals
    - CLABSI and CAUTI reporting from all Medical Wards, Surgical Wards, and Med/Surg Wards, in addition to all ICUs beginning Jan. 1, 2014
    - HCP Influenza Vaccination Summary Oct. 1, 2013 to March 31, 2014 and reporting deadline May 15, 2014
    - Medicare Beneficiary # to be reported when applicable to patient for all NHSN reported events beginning Jan. 1, 2014
    - HAC Score to include NHSN HAIs as Domain 2 for 50% of score (FY2015= CLABSI and CAUTI; FY2016= + SSI COLO and HYST; FY2017= + LabIDs MRSA Blood and CDI)
    - VBP: FY2016 – CLABSI, CAUTI, SSIs COLO and HYSY; FY2017 - + LabIDs MRSA Blood and CDI
    - Validation: 2013 data will include CLABSI, CAUTI, SSIs COLO and HYST, LabIDs MRSA Blood and CDI

CMS IPPS Proposed Rules (Continued)

- **CMS IPPS Proposed Rule – Public comment until June 25**

  http://www.gpo.gov/fdsys/pkg/FR-2013-05-10/pdf/2013-10234.pdf

  - PPS-Exempt Cancer Hospitals
    - Add reporting of COLO and HYST Procedures and SSIs beginning Jan. 1, 2014

  - Long-Term Acute Care Hospitals
    - HCP Influenza Vaccination Summary Oct. 1, 2014 to March 31, 2015 and reporting deadline May 15, 2015
    - Add reporting of FacWideIN LabID Events MRSA Blood and CDI beginning Jan. 1, 2014
    - Notable from previous finalized rule: NHSN reporting deadlines for LTACs will change for 2014 data from 4 ½ months after end of a quarter to 1 ½ months after end of quarter

CMS IRF Proposed Rule

- **CMS IRF Proposed Rule – Public comment until July 1**

  http://www.gpo.gov/fdsys/pkg/FR-2013-05-08/pdf/2013-10755.pdf

  - Inpatient Rehabilitation Facilities (free-standing and units within acute care)
    - HCP Influenza Vaccination Summary Oct. 1, 2014 to March 31, 2015 and reporting deadline May 15, 2015

*** To search Federal Register links: Use “Find” – “NHSN”, “CDC”, “HAI” ***

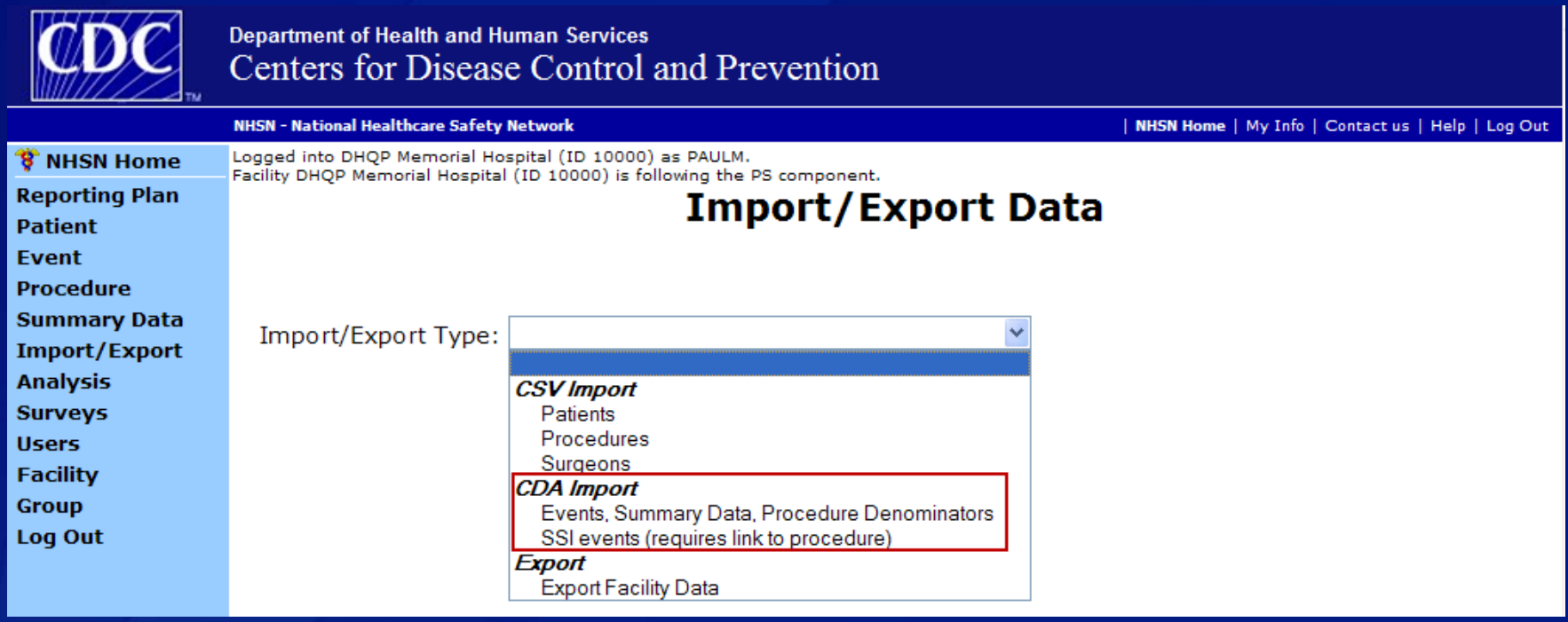
CLINICAL DOCUMENT ARCHITECTURE (CDA) IMPORTS

Electronic Reporting via CDA

Users with vendor systems (or sufficient IT support) can now report the following data via CDA import:

- **Device-Associated Module**
  - BSI and UTI events
  - CLIP
  - ICU/Other, SCA, NICU denominators
- **Procedure-Associated Module**
  - SSI event
  - Surgical procedure denominator
- **Dialysis**
  - Dialysis event
  - Dialysis event denominator
- **MDRO/CDI Module**
  - LabID event
  - MDRO/CDI Module denominator
- **Antimicrobial Use and Resistance Module**
  - Antimicrobial Use summary data
  - Antimicrobial Resistance reporting under development (2014)

CDA – How Does It Work?



- To import a CDA zip file, click on Import/Export in the navigation bar, then select the appropriate import

- APIC surveillance technology site has list of vendors: http://www.apic.org/Professional-Practice/Practice-Resources/Surveillance-Technology/

CDA – Upcoming Changes

- **Improved NHSN CDA website**

- **Automated CDA send (summer release 2013)**
  - Vendor can send CDAs to NHSN on your facility's behalf (IP would no longer need to manually import zip file)
  - Activation process on the vendor side and on the user side in NHSN, more information forthcoming – contact your vendor with questions

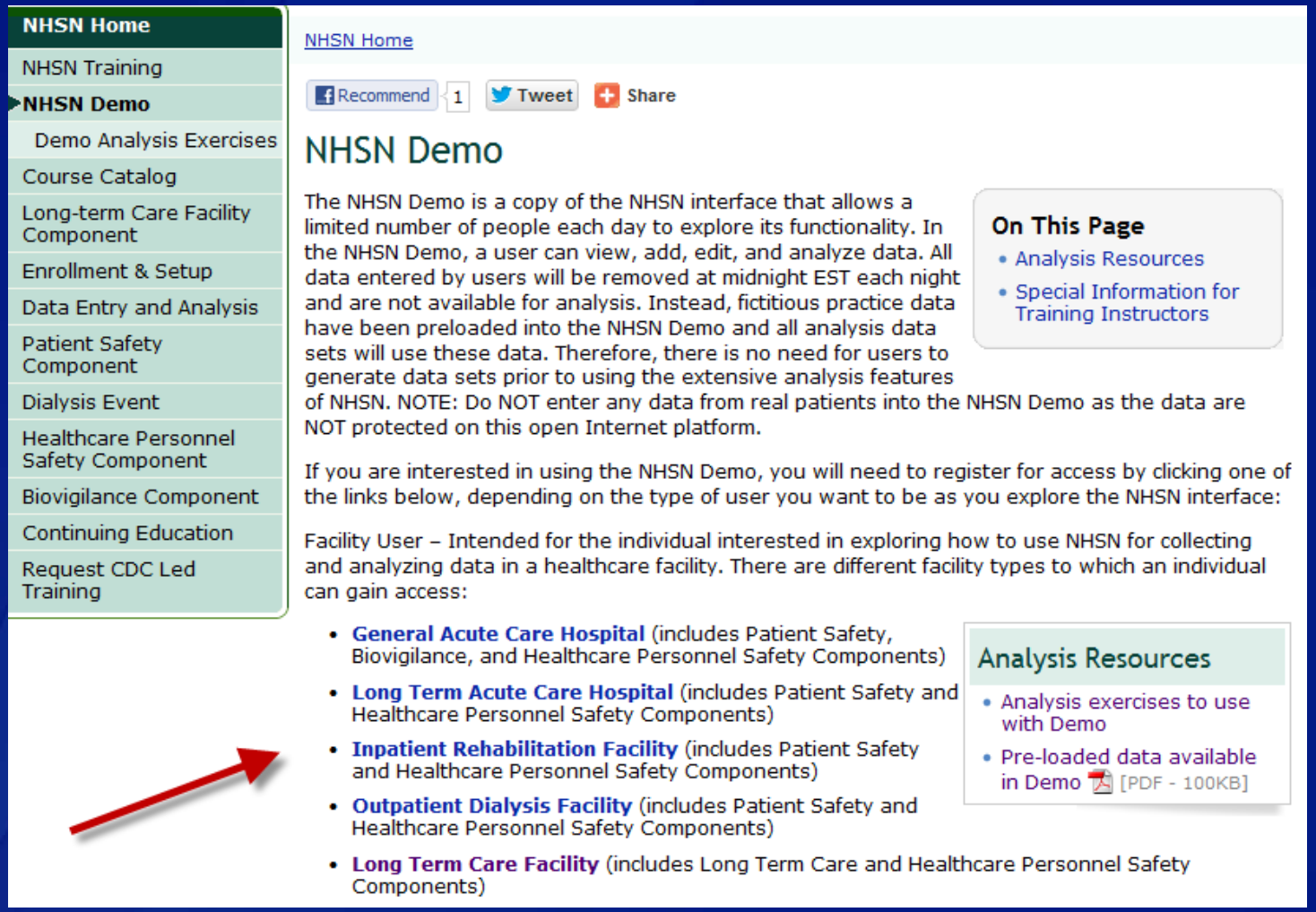
- **2014 protocol changes and CDA impact**
  - BSI, SSI, procedure denominator, CLIP and dialysis event all will need updates for 2014
  - Current CDA versions will be accepted for 2013 events and procedures, updated versions required for 2014 events and procedures

DEMO APPLICATION

NHSN Demo

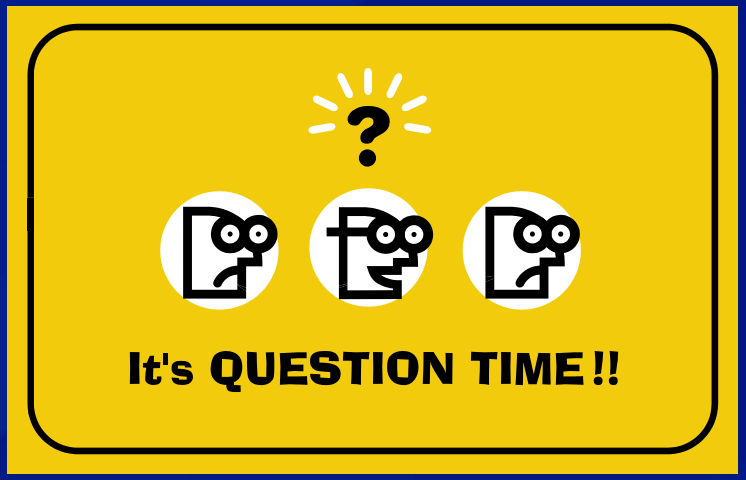
- **A copy of the NHSN application used to explore functionality**
- **Different facility types**
  - General Acute Care, Long Term Acute Care, Inpatient Rehab, Outpatient Dialysis, Long Term Care
- **Fictitious data have been pre-loaded into Demo for analysis practice**
  - Analysis exercises available for the Acute Care hospital
- **Reserve Demo in advance for large trainings**
- **Register for Demo on our website:**
  - http://www.cdc.gov/nhsn/NHSN_Demo.html

Demo Registration



http://www.cdc.gov/nhsn/NHSN_Demo.html

Thank you



NHSN Help Desk: NHSN@cdc.gov

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E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.