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The Centers for Disease Control and Prevention (CDC)

# NHSN e-News

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# Patient Safety Component

## NHSN Members' Meeting Slides from APIC 2018

If you weren't able to attend the NHSN Members' Meeting at APIC 2018 a few weeks back, you can still see the information that was presented. The slides are anticipated to be posted to the NHSN website by the end of June and can be accessed here: <https://www.cdc.gov/nhsn/newsletters/index.html>

## NHSN Healthcare Associated Infection (HAI) Checklists: The Wait is Over!

During the NHSN Annual Training, we stated the HAI checklists would be available in the upcoming months. We are happy to announce the checklists are in the final phase of completion, and we anticipate their posting in early summer. As the tools are used, we would appreciate any feedback on their format and usefulness, when performing surveillance. An important point to remember about NHSNs HAI Checklists is these tools were developed to augment Infection Preventionists HAI surveillance efforts. The checklists should not be used in isolation, but in conjunction with the Patient Safety Manual. Our overall goal is to guide Infection Preventionists and other users toward a final determination when evaluating NHSN HAI criteria.

We appreciate the comments from the Infection Preventionists who provided an initial review during the checklists' development. We also would like to acknowledge the Tennessee Department of Health for providing the framework for NHSN's checklists. Users will be notified via email of the checklist's posting. Please send any related comments or concerns to [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

## Incorrectly Entered CLABSI Events/VAD Field Clarification

NHSN is reaching out to a small number of facilities that have incorrectly entered Central Line-associated Bloodstream infections (CLABSI) events for 2018, in patients that had Extracorporeal Life Support (ECMO) or a Ventricular Assist Device (VAD) in place for at least 2 days before the BSI event, including the day of the BSI event or the day before. As of January 2018, these patients should be reported, but should have the data field "Central Line" marked "No", even if a central line was in place. In this way, the BSI is considered a healthcare-associated BSI, but not a CLABSI. NHSN will create a monthly report to identify incorrectly entered 2018 CLABSI events meeting the ECMO and/or VAD exclusion. If your facility has incorrectly entered a CLABSI event that met the ECMO and/or VAD exclusion, you will receive an email from NHSN with additional guidance on how to edit the event(s). CLABSI events for January-March, 2018 must be corrected before August 15, 2018 to ensure that the data is accurately shared with the Centers for Medicare and Medicaid Services as part of the Inpatient Quality Reporting Program. **Please note that if your facility does not receive an email, no incorrect CLABSI events were identified related to this issue.**

Incorrectly Entered CLABSI Events/VAD Field Clarification continued on page 3

## Incorrectly Entered CLABSI Events/VAD Field Clarification (continued)

Additionally, NHSN was recently informed of an error when entering a Bloodstream Infection (BSI) event in the NHSN application that meets the Ventricular Assist Device (VAD) exclusion. Currently in the NHSN application, the terminology used for the VAD field is 'Ventricular Access Device (VAD)' instead of 'Ventricular Assist Device (VAD)'. Until this field is revised in the application, please select 'Yes' in the 'Ventricular Access Device (VAD)' field if a Ventricular Assist Device was in place for at least 2 days before the BSI event, and was still in place on the day of the BSI event or the day before and the 'Central Line' field should be marked 'No', even if a central line was in place. Please note that the term, 'Ventricular Assist Device (VAD)' is used in the LCBI protocol, Table of Instructions for the BSI Form, and Primary BSI Form. The error was only identified in the NHSN application.

Please see page 4-11 of the NHSN Bloodstream Infection protocol for more guidance on reporting CLABSI events. [https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc\\_clabscurrent.pdf](https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf)

For questions, please contact [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

## CAUTI Criterion: Fever and Age

We have received the following question in relation to the statement added in 2018 to #2 in the SUTI 1a: CAUTI criterion:

**Question:** If a patient has a Foley catheter in place > 2 days which was removed the day before the date of event, does this meet CAUTI because the statement says it must be in place on the date of event?

**Answer:** To use fever in a patient > 65 years of age, the indwelling urinary catheter needs to be in place > 2 calendar days on date of event and is either still in place OR was removed the day before the DOE.

The SUTI 1a CAUTI fever statement added to #2 in 2018 (see below) is not a change in the element of the criteria; it is a reminder about the restrictive use of fever in a patient > 65 years of age found in the [SUTI 1b criterion](#).

Additionally, please refer to [UTI FAQ #8](#).

If the Foley is in place > 2 days and removed the day before the UTI date of event this meets SUTI 1a: CAUTI.

Please refer to highlighted area in UTI protocol:

Criterion	Urinary Tract Infection (UTI)
	<b>Symptomatic UTI (SUTI)</b> Must meet at least <u>one</u> of the following criteria:
SUTI 1a  Catheter-associated Urinary Tract Infection (CAUTI) in any age patient	Patient must meet 1, 2, <u>and</u> 3 below: <div style="border: 2px solid red; padding: 5px; margin: 5px 0;">                         1. Patient had an indwelling urinary catheter that had been in place for &gt; 2 days on the date of event AND was either:                         <ul style="list-style-type: none"> <li>Present for any portion of the calendar day on the date of event<sup>†</sup>,</li> <li>OR</li> <li>Removed the day before the date of event<sup>†</sup></li> </ul> </div> 2. Patient has at least <u>one</u> of the following signs or symptoms: <ul style="list-style-type: none"> <li>fever (&gt;38.0°C): To use fever in a patient &gt; 65 years of age, the indwelling urinary catheter needs to be in place &gt; 2 calendar days on date of event.</li> <li>suprapubic tenderness*</li> <li>costovertebral angle pain or tenderness*</li> <li>urinary urgency ^</li> <li>urinary frequency ^</li> <li>dysuria ^</li> </ul> 3. Patient has a urine culture with no more than two species identified, at least one of which is a bacterium of $\geq 10^5$ C (See IWP Definition <a href="#">Chapter 2 Identifying HAIs in NH</a>

## News Related to NHSN Operative Procedure Codes

### April 28, 2018 Operative Procedure Code Update

The following NHSN operative procedure codes were updated in the v8.9 release deployed on April 28, 2018. The updates apply only to procedures dated **on or after January 1, 2018**. If any of the operative procedure codes are included in your facility's SSI surveillance data, you will need to make corrections – this means that you may need to edit or remove the NHSN record(s) associated with any of the updated operative procedure codes.

Procedure Code Category	ICD-10 CODES	Procedure Code Descriptions	Code Status listed in 01-2018 document (OUTDATED)	Updated Code Status as of 03-2018 (CURRENT)
OVRV	0UC13ZZ	Extirpation of Matter from Left Ovary, Percutaneous Endoscopic Approach	Add	Remove
OVRV	0UC14ZZ	Extirpation of Matter from Left Ovary, Percutaneous Endoscopic Approach	----	Add
OVRV	0UC24ZZ	Extirpation of Matter from Bilateral Ovaries, Percutaneous Endoscopic Approach	----	Add
OVRV	0UC23ZZ	Extirpation of Matter from Bilateral Ovaries, Percutaneous Endoscopic Approach	Add	Remove
OVRV	0UDN3ZZ	Extraction of Ova, Percutaneous Endoscopic	No change	Remove
VHYS	0UT9FZZ	Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance	Remove	No change
CHOL	0FB40ZZ	Excision of Gallbladder, Open Approach	----	Add

### Updates Related to the Continued Transition to ICD-10 Coding System

We are approaching year three of the ICD-10 code transition and what NHSN has learned is that there is a great deal more to learn. The transition from one operative procedure coding system to another has not been straightforward nor the simple exchange of one code for another. A significant difference is that for ICD-9 the operative procedure description included diagnostic information and this is not the case for ICD-10. This means that when a specific disease or disorder is associated with a procedure, the disease or disorder is not a part of ICD-10 procedure code description.

#### 1. Updates to the NHSN operative procedure code category descriptions

Over the next several months, we are working with our code consultant to update the NHSN operative procedure code category descriptions. The goal in updating our category descriptions is to better align them with the terms and definitions of the ICD-10-PCS coding system. These updates will be reflected in the 2019 NHSN operative procedure code release.

#### 2. Scope Guidance

For 2018, NHSN has updated the “Scope” guidance for reporting a coronary artery bypass graft procedure with BOTH chest and donor incision sites (CBGB). We removed the note ***“For CBGB, if the donor vessel was harvested using a scope, enter as Scope= YES.”*** found in the *Instructions for Completion of Denominator for Procedure Form* (CDC 57.121). This note was specific to the former ICD-9 coding system.

## News Related to NHSN Operative Procedure Codes (continued)

The question of scope should be based on the ICD-10-PCS codes assigned to the procedure. If the fifth character of the ICD-10-PCS code is a four (4) or F then the NHSN field for scope should be YES. The fifth character indicates the approach to reach the procedure site:

- Value of zero (0) = an open approach.
- Value of four (4) = percutaneous endoscopic approach.
- Value of F = via natural or artificial opening with endoscopic assistance approach.

Note: If a procedure is assigned codes that indicate both an open approach and a scope approach, then the procedure should be entered into NHSN as Scope = NO. The open designation is considered higher risk.

## SUR Interpretation

Standardized utilization ratios (SURs) are available for facilities that wish to measure their device use. The SUR Guide, which includes the risk factors and corresponding parameter estimates in each device and facility type's model is live on the NHSN website (<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sur-guide-508.pdf>). It also includes a background on the SUR, steps on how to calculate a SUR, and how to interpret it. Many have wondered how to take the interpretation farther than what is mentioned in the Guide.

The SUR is a measure that is intended to accompany your facility SIR. SURs are not an indicator of performance, unlike the SIR. Instead, SURs are meant to serve as an indicator for needed prevention of device-associated HAIs. SURs measure the length of device use. Measuring length of device use is useful because device use is the mode of exposure for device-associated HAIs.

If your SUR is below 1, this indicates your facility experienced less device days than would have been predicted based on national aggregate data in 2015. If your SUR is equal to 1, this indicates your facility experienced similar device days than would be predicted based on national data in 2015. If your SUR is above 1, this indicates your facility experienced more device days than would have been predicted based on national data in 2015. Having a SUR above 1 does not mean that you did worse than the national experience. There is no better or worse when describing the SUR.

One thing to keep in mind is that SURs do not measure proper handling (including insertion and removal) of devices.

For example, if your CLABSI SIR is 1.78 and your central line SUR is 0.86, prevention efforts should be targeted towards proper insertion and removal of central lines, not towards lowering central line use.

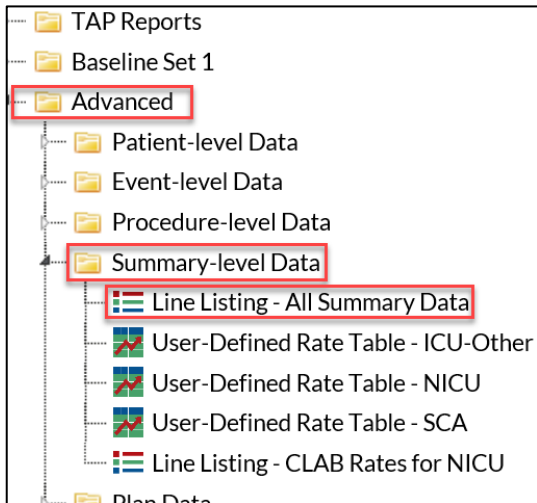
### THE NHSN STANDARDIZED UTILIZATION RATIO (SUR)

*A Guide to the SUR*



## Data Quality Checks on Device-associated Summary Data

The NHSN team has been conducting routine data quality checks on several potential issues affecting HAI reporting. One potential issue affecting device-associated HAIs is having a location's patient days equal to the device days. Although completely possible in certain critical care units, such as NICU locations, patient days should rarely be equal to device days. To conduct your own data quality checks, you can export a summary line list from the Advanced folder on the Analysis > Reports screen.



You must make sure all of the available variables are selected and then export the line list. Filter your Excel sheet to include the HAI of interest in the “eventType” column. Then compare your “numPatDays” to your “numDDays” column to see if any rows are equal to each other. If so, reconfirm your denominator data.

summa	summa	location	location	loccdc	locLabe	eventty	birthwt	numpat	numSar	numSar	sampM	numdd	modi
2017M10	ICU	71ICU	CC	IN:ACUTE: 71 ICU CAI CAU				300			N	100	14NC
2017M10	ICU	71ICU	CC	IN:ACUTE: 71 ICU CAI CLAB				300			N	200	14NC
2017M10	NICU	NICU	CC_N	IN:ACUTE: LEVEL 3 NI CLAB	A			100				85	14NC
2017M10	NICU	NICU	CC_N	IN:ACUTE: LEVEL 3 NI CLAB	B			200				75	14NC
2017M10	NICU	NICU	CC_N	IN:ACUTE: LEVEL 3 NI CLAB	C			100				65	14NC
2017M10	NICU	NICU	CC_N	IN:ACUTE: LEVEL 3 NI CLAB	D			50				30	14NC
2017M10	NICU	NICU	CC_N	IN:ACUTE: LEVEL 3 NI CLAB	E			20				0	14NC
2017M11	ICU	1152PBHV	WARD	IN:ACUTE: CR 1152 P CAU				1200			N	0	20DE
2017M11	ICU	3E	WARD	IN:ACUTE: SSI CAU				1100			N	100	30JAI
2017M11	ICU	1152PBHV	WARD	IN:ACUTE: CR 1152 P CLAB				1200			N	100	20DE
2017M11	ICU	3E	WARD	IN:ACUTE: SSI CLAB				1100			N	200	30JAI

*\*The above table displays fictitious data for illustrative purposes only.*

Conducting your own data quality checks ensures your data is correct and increases the integrity of NHSN data.

If you have questions or would like additional instructions to run this report, please contact [NHSN@cdc.gov](mailto:NHSN@cdc.gov).



## Information for Group Users

Often times, facilities will work with Groups to ensure that their data are being generated in Group-level reports. However, there may be situations in which Groups cannot view some data that are intended to be shared by the facility. Below are some troubleshooting tips to ensure that all appropriate facility data can be accessed at the Group level:

### **For Groups:**

- Double-check the “Define Rights” template:
  - o “General” section
    - **Monthly Reporting Plan, Data Analysis, and Facility Information** should be selected
  - o “Surveys” section
    - Groups can choose to leave **end year** blank once they select a beginning year. Leaving the end year blank is optional. There are instances in which a Group might have to complete the end year as well as the begin year. If a Group has a collaborative initiative with their facilities for a specified time period, then they may need to specify the end year for the survey and corresponding data. NOTE: the year selected relates to the *survey year*; remember, the annual surveys are retrospective and completed the year following the survey year (e.g., the 2017 survey is completed in 2018).
    - Add a row for each applicable **Survey Type** or indicate **Survey Type= (All)**.
- Review “Rights Acceptance Report” (**Group > Rights Acceptance Report**) to ensure that the facility has conferred rights to Group
- Run a “Line Listing- Membership Rights” (**Analysis Reports > Advanced > Group-level Data**) report to view which items are being shared with the Group
  - o Items for which **N/A** is indicated as Y means that the facility is not conferring those data to the Group
- If any changes are made to the “Define Rights” template, the Group user must generate new datasets after facility accepts those changes. If the facility does not accept the new changes, the Group will continue to receive data based on the ‘old’ “Define Rights” template.

### **For facilities:**

- Double-check the “Confer Rights” template:
  - o A checked **N/A** box means that data for that row will not be shared with the Group
- If the facility intends to share all requested data with the Group, no **N/A** boxes on the “Confer Rights” template should be checked

Overall, it is at the discretion of the facility to allow access to partial data to Groups. However, if facilities and Groups are not able to determine why certain data cannot be accessed by the Group, then please review the above guidance.

More detailed information about Group analysis can also be accessed from the “NHSN Analysis: The Group’s Experience” presentation: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/GroupAnalysisWebinar.pdf>

## Antimicrobial Use & Resistance Module Updates

### New Resources Posted!

The following new presentations have been posted under the Training section on our webpage:

<https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html>.

- New! Antibiotic Stewardship: Optimizing Antibiotic Use in the Inpatient Setting
  - Presentation given during the 2018 NHSN Annual Training that provides an overview of optimizing antibiotic use in inpatient settings, unintended consequences of antibiotic use, and best practices for antibiotic stewardship programs
- New! NHSN AUR Module: Reporting and Analysis
  - Presentation given during the 2018 NHSN Annual Training on the NHSN AUR Module submission requirements and available data analysis reports
- New! Standardized Antibiotic Administration Ratio
  - Presentation given during the 2018 NHSN Annual Training on the Standardized Antimicrobial Administration Ratio (SAAR), the development of this standardization metric, and its use in antibiotic stewardship

### 2017 SAAR Remodeling

Thank you for submitting all outstanding 2017 AU data. The NHSN AU Team is currently reviewing 2017 AU Option data and developing new models with additional antibiotic use categories and additional location types. The current SAAR models are based on 2014 data from roughly 70 facilities. With over 800 facilities now reporting AU data into NHSN, the AU Team will be updating the SAARs based on 2017 AU data. All current SAAR locations will be included (adult & pediatric medical, surgical, and medical/surgical ICUs and wards) and a few new locations will be considered for inclusion.

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

The following data must be entered into NHSN by **August 15, 2018** for facilities that participate in certain CMS quality reporting programs.

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

2018 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data

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

2018 Quarter 1 (January 1 – March 31) Inpatient COLO and HYST SSI data

2018 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

- FacWideIN
- ED and 24-hour observation locations

Reminder! Data for CMS Quality Reporting Programs due Soon! continued on page 9



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

### **Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:**

2018 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient care locations)

2018 Quarter 1 (January 1 – March 31) Inpatient COLO and HYST SSI data

2018 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events FacWideIN (all healthcare-onset and community-onset)

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

2018 Quarter 1 (January 1 – March 31) CAUTI data (all bedded inpatient locations)

2018 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

- Freestanding IRFs: Reporting by FacWideIN
- IRF units within acute care or critical access hospitals: Reporting by each CMS IRF unit

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

2018 Quarter 1 (January 1 – March 31) CLABSI, CAUTI, and VAE data (all bedded inpatient locations)

2018 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare-onset and community-onset)

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 August 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](mailto:NHSN@cdc.gov). The NHSN Helpdesk is staffed Mondays thru Fridays, 7am ET – 5pm ET, excluding Federal Holidays.

# Long-term Care Facility Component

## LTCF Updates

The National Healthcare Safety Network's (NHSN) 2018 Long-term Care Facility Annual Training is scheduled to take place July 16 - 18, 2018 in Atlanta at the CDC. All three days will be dedicated to Infection Prevention and Surveillance in the Long-term Care Facility setting. Speakers will discuss a variety of topics including antibiotic stewardship, prevention and surveillance for UTI, *C. difficile*, multi-drug resistant organisms, antibiotic stewardship, and more. Users will also have the opportunity to participate in hands-on NHSN navigation and analysis training.

Additional updates can be found in the LTCF newsletter, available here:

<https://www.cdc.gov/nhsn/ltc/newsletters/index.html>

# Biovigilance Component

## Hemovigilance Module Updates

### Upcoming Webinar

We will be holding a live presentation on **Wednesday, July 25, 2018 from 1-2 pm EST**. This live presentation will include guest presenters who will share how they use data reported to the Hemovigilance Module. Additionally, the Hemovigilance team will present examples of how Hemovigilance data are used by CDC. Registration details will be sent in a forthcoming email to all HV users.

### Closing Out Data

CDC reminds facilities to address any missing data for 2017. Check the alerts on the Biovigilance Component Home Screen to see which data are missing. Please send questions and feedback to [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and include 'Hemovigilance' in the subject line for the fastest response.



# General NHSN Information

## NHSN Training Updates

### **2018 NHSN Training Archived Webstream Videos Now Available!**

The webstream videos from the 2018 NHSN live training hosted at CDC have been posted to the NHSN website. You can view the individual presentations for topics including CLABSI, CAUTI, VAE, LabID Events, SSI, Introduction and Advanced Analysis, and AUR. All webstream videos are available on the NHSN Training website on the right-hand side link “NHSN Webstreaming and Webinar Events”: <http://www.cdc.gov/nhsn/training/continuing-edu.html>

### **NHSN Interactive Self-paced Trainings – Updated for 2018**

Updated 2018 self-study training courses are now available on the NHSN website. Individual training courses will include: Introduction to Device-associated module, CLABSI, CAUTI, VAP, CLIP, MRSA Bacteremia and CDI LabID Event Reporting, Introduction to Procedure-associated module, SSI, and Introduction to the Hemovigilance Module.

These online courses provide instructional slides with detailed graphics, screen shots with step-by-step examples of form completion for instructional purposes, practice questions, and case study examples. Those completing the courses will need a computer with access to the internet. Hyperlinks to the forms, protocols, and NHSN manual are available throughout the courses for printing if needed. All trainings are available on the NHSN website on the right-hand side link “Self-paced Interactive Training”: <http://www.cdc.gov/nhsn/Training/continuing-edu.html>

### **Continuing Education**

Continuing Education (CE) credits are available for those who complete the interactive self-paced trainings or watch the 2018 NHSN Training webstreams. The NHSN Patient Safety Component offers many opportunities to receive continuing education (CE) free of charge through live and online training. Available CEs include CME, CNE, CPH, and CEU.

### **NHSN Education Roadmaps**

Your NHSN Educational Roadmap is Here!

The NHSN Educational Roadmaps will provide a guided tour of the training materials and information needed to provide a solid foundation of NHSN – from the basics to more advanced training for each individual component or protocol. Below is a list of NHSN components, in each component is a selection of educational and supplemental materials and tools to improve your comprehension of NHSN surveillance definitions, reporting, and analysis (while supporting your work as an NHSN user). To begin this learning experience, select the component below. This training should be used after the enrollment/activation process.

NHSN Training Updates continued on page 12

# NHSN Training Updates (continued)

Access the NHSN Education Roadmaps here → <https://www.cdc.gov/nhsn/training/roadmap/index.html>

NHSN Educational Roadmaps



Welcome to the NHSN Educational Roadmaps. The NHSN Educational Roadmaps will provide a guided tour of the training materials and information needed to provide a solid foundation of NHSN - from the basics to more advanced training for each individual component or protocol. Below is a list of NHSN components, in each component is a selection of educational and supplemental materials and tools to improve your comprehension of NHSN surveillance definitions, reporting, and analysis (while supporting your work as an NHSN user). To begin this learning experience, select the component below. This training should be used after the enrollment/activation process. If you have not enrolled into NHSN please [enroll here](#).

Select Roadmap for a Component



**Patient Safety Component**  
Surveillance definitions, reporting, and analysis



**Biovigilance Component**  
Surveillance definitions, reporting, and analysis



**Healthcare Personnel Safety Component**  
Surveillance definitions, reporting, and analysis



**Long-term Care Facility Component**  
Surveillance definitions, reporting, and analysis



**Dialysis Component**  
Surveillance definitions, reporting, and analysis

## Quick Learns

Quick Learn Series introduces....NHSN Analysis Series

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

We have four (4) new Analysis Quick Learn resources for you. This NHSN Analysis Series covers everything you need to know about entering your facility's data and creating and modifying reports in NHSN:

**Introduction to NHSN Analysis for the Patient Safety Component: Dataset Generation (DSG), 5 Min, Part-1**

**Introduction to NHSN Analysis for the Patient Safety Component: Analysis Output, 10 Min, Part-2**

**Introduction to NHSN Analysis, Patient Safety Component: Basic Analysis Reports, 15 Min, Part-3**

**Introduction to NHSN Analysis, Patient Safety Component: Advance Analysis Reports, 10 Min, Part-4**

Click <https://www.cdc.gov/nhsn/training/analysis/index.html> to view the short video series, and get started with data entry and creating and modifying reports in NHSN. You will find the videos under the Quick Learns heading in the Analysis Training dropdown.

Please contact [NHSNTrain@cdc.gov](mailto:NHSNTrain@cdc.gov) with any questions regarding NHSN training activities.

## Are you interested in beta testing for the NHSN 9.2 release?

For the NHSN annual release of version 9.2, we are planning for a two-week beta testing period prior to the full production release currently scheduled for December 8, 2018.

From October 22, 2018 through November 2, 2018, “dummy data” will be populated in the beta environment for testers to manipulate within the NHSN 9.2 application. During the testing period, new data will be available each morning after a purge of all data submitted the previous day. In addition to our internal testing efforts, beta testing will provide an opportunity for NHSN users to explore new NHSN features and potentially identify issues that can be resolved prior to the production release.

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

## NHSN Surveillance Case Studies published in AJIC

Did you know that NHSN partners with the American Journal of Infection Control to publish educational case studies for NHSN healthcare-associated infection surveillance? Did you know that two case studies and a summary of the findings from past case studies through 2016 have recently been published? Did you know that the case studies include a link to an on-line version of the case study and questions from which you can get the correct answers and rationale? Did you know that the case studies are also available as open access and do not require an AJIC subscription? So much to know!!

Recent publications include:

- [June 2017 AJIC: Case study regarding surgical site infection surveillance and “present at the time of surgery” and secondary BSI determination](#)
- [June 2017 AJIC: Assessment of the accuracy and consistency in the application of standardized surveillance definitions: A summary of the American Journal of Infection Control and National Healthcare Safety Network case studies, 2010-2016](#)
- [December 2017 AJIC: Case study regarding the overarching healthcare-associated infection rules for surveillance from Chapter 2 of the NHSN PSC manual using a pneumonia case study](#)
- [May 2018 AJIC: Healthcare-associated infections studies project: An American Journal of Infection Control and National Healthcare Safety Network data quality collaboration: Location mapping](#)

Give these case studies a try and see how much you know or use them for interrater reliability testing within your department, or within your local APIC chapter. There are so many possibilities!

## CDA Corner

**There are no CDA version changes for the 9.0 NHSN September 2018 deployment.**

### **Change Requests Implemented in NHSN v9.0 Release**

- New Outpatient Component is being implemented
- No CDA will be available at this time; plan for future

### **New CDA's coming in release 9.2 based on R3-D2 implementation guide (January 2019)**

- Ventilator Associated Event (VAE)
- Healthcare Personnel Influenza Vaccination Summary (FLU)
- Update for Bloodstream Infection event (BSI)

### **Update for CDA Direct Automation**

- At this time, over 5900 facilities from 14 separate vendors have signed up for DIRECT CDA Automation. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or check out the information on the CSSP site:  
<http://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol>.

### **AUR Module Updates**

Check the [AUR Updates](#) section of the Newsletter

### **April 2018 CDA Vendor Webinar**

The April 2018 CDA Vendor webinar has been posted on our website. Please visit the link:

<https://www.cdc.gov/nhsn/cdaportal/webinars.html>

### **As an Important Reminder...**

Not all NHSN changes are documented in the IDM so be sure to reference the updated protocols. Other helpful links are the following:

- Archived Newsletters: <https://www.cdc.gov/nhsn/newsletters/index.html>
- Archived NHSN email communication: <https://www.cdc.gov/nhsn/commup/index.html>

### **CDA Version Guide Always Available!**

The Guide to CDA versions on the NHSN CDA Submission Support Portal is always available to verify you are submitting CDAs based on the correct Implementation Guide:

<http://www.cdc.gov/nhsn/cdaportal/toolkits/guidetocdaversions.html>.

CDA Corner continued on page 15

# CDA Corner (continued)

## NHSN CDA Submission Support Portal (CSSP)

- NHSN CSSP
- About CDA
- Getting Started
- FAQs
- Implementation Toolkits & Resources
- Guide to CDA Versions**
- Data Validation & Testing
- Importing Data
- Meaningful Use 3
- Webinars & Training Videos
- Innovation Tools

CDC > > NHSN Home > > NHSN CSSP > > Implementation Toolkits & Resources

### Guide to CDA Versions



For creating CDA files, please see the specific Implementation Guide (IG) and its associated reference materials.

The table below describes the specific Implementation Guide (IG) to be used for each component based on the event/insertion/procedure/specimen collection dates (as applicable) for each year.

Download the corresponding CDA Toolkits for the corresponding year.

Events or Denominators	2018	2017	2016	2015
<b>CDA Toolkit Release</b>	<b>8.9 &amp; 8.8</b>	<b>8.6</b>	<b>8.5</b>	<b>8.4 &amp; 8.3</b>
<b>DIALYSIS</b>				
Dialysis Event	R3-D1.1	R3-D1	R2-D2.1	R2-D1.1
Dialysis Denominator	R3-D1	R3-D1	R7	R7
<b>EVENTS</b>				
Primary Bloodstream Infection (BSI)	R9	R9	R9	R9
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R2-D2.1	R9
Urinary Tract Infection	R2-D1.1	R2-D1.1	R2-D1.1	R2-D1.1
Laboratory-identified (LabID) MDRO or CDI Event	R2-D2.1	R2-D2.1	R2-D2.1	R5
<b>SURGICAL SITE INFECTIONS AND DENOMINATOR FOR PROCEDURES</b>				

#### Quick Links

- [CDA Toolkit Release 8.8](#)
- [Guide to CDA Versions](#)
- [DIRECT Protocol](#)
- [VAE Synthetic Data Set](#)

## CDA and CSV Import Metrics Update:

Percentage of data per specific event or summary that is imported via CDA and CSV as a percentage of all submitted data to NHSN for the following date ranges:

Query Date Range	April 1, 2016 - March 31, 2017	July 1, 2016 - June 30, 2017	Oct. 1, 2016 - Sept. 30, 2017	Jan. 1, 2017 - Dec. 31, 2017
Blood Stream Infection	36%	37%	40%	42%
Urinary Tract Infection	34%	36%	38%	39%
Surgical Site Infection	27%	27%	29%	31%
Laboratory Identified Event	49%	52%	54%	56%
Dialysis Event	50%	56%	66%	71%
Antimicrobial Resistance Event	100%	100%	100%	100%
Surgical Procedure - <b>via CDA</b>	36%	35%	35%	35%
Surgical Procedure - <b>via CSV</b>	37%	43%	38%	38%
ICU /Other Summary	20%	21%	22%	22%
SCA/ONC Summary	22%	23%	24%	25%
NICU Summary	20%	21%	21%	22%
MDRO Summary	6%	6%	6%	6%
Dialysis Summary	38%	43%	52%	56%
Antimicrobial Use	100%	100%	100%	100%
Antimicrobial Resistance Summary	100%	100%	100%	100%
Hemovigilance Summary	0%	0%	0%	0%



## NHSN Help Desk Activity Update

### Quarter 2, 2018

(Averages)

1,690 Email Inquiries per Week

29 Facilities Enrolled per Week

## NHSN Enrollment Update

### NHSN Enrollment Update (as of June 22, 2018):

7,054 Hospitals (this includes 526 Long-term Acute Care Hospitals  
and 355 Free-standing Inpatient Rehabilitation Facilities)

7,278 Outpatient Hemodialysis Facilities

5,173 Ambulatory Surgery Centers (ASCs)

3,299 Long-term Care Facilities

**22,804 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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