

# 2016 NHSN Updates

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**Katherine Allen-Bridson, RN, BSN, MScPH, CIC**

Team Lead, Protocol and Training Team  
Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention

**Daniel Pollock, MD**

Chief, Surveillance Branch  
Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention



## Overview

- ❑ **NHSN Definitional Modifications**
- ❑ **New NHSN Agreement to Participate**

2016

# **NHSN DEFINITIONAL MODIFICATIONS**

# 2016 Patient Safety Component Protocol Changes

- ❑ **2016 anticipated to be a year of minimal changes**
- ❑ **Changes identified as result of NHSN User input**
- ❑ **Changes have not yet been finalized**
- ❑ **Notifications planned via**
  - Summary accompanying 2016 protocol releases- November 2015
  - December NHSN Newsletter



## Potential Changes Effecting Multiple Protocols

- ❑ **Discontinuation of use of cultures from patients pronounced brain dead but supported for organ donation**
- ❑ **Inclusion of newer non-culture diagnostic lab tests**
- ❑ **Excluding community-associated fungal pathogens as HAI organisms**

# Potential Changes Effecting Bloodstream Infection Protocol

## Addressing

- ❑ **BSIs in patients documented as accessing own vascular lines**
- ❑ **BSIs associated with non-central vascular access sites when central line also present**

# Potential Changes Effecting Pneumonia/VAE Protocols

## ❑ Pneumonia/VAP

- Bronchial alveolar lavage and protected specimen brushing have been added as eligible specimens

## ❑ Ventilator-associated Events

- Addition of eligible antimicrobials agents added for use in meeting IVAC and PVAP
- CEFTAZIDIME/AVIBACTAM
- CEFTOLOZANE/TAZOBACTAM
- DALBAVANCIN
- ISAVUCONAZONIUM
- ORITAVANCIN
- PERAMIVIR

# Potential Changes Effecting Surgical Site Infection Protocol

- ❑ **Updated the IAB definition in Chapter 17 to more accurately capture (+) blood cultures in the presence of an intraabdominal infection**
- ❑ **October 1, 2015:**
  - Transitioned to ICD-10-PCS and CPT codes
    - Provided 4 supplemental mappings for NHSN users
      - ICD 10-PCS to NHSN Operational Procedure Category
      - CPT to NHSN Operational Procedure Category
      - ICD-10 CM Diabetes Diagnostic Codes
      - ICD-10 MC/PCS Codes for “prior infection at hip or knee joint”...
  - Removed OTH-other as an NHSN operative procedure category
  - RFUSN operative procedure category removed and both re-fusions and fusions are now captured in FUSN procedure group



# No Significant Changes to These Protocols

- ❑ **Urinary Tract Infection**
- ❑ **Multidrug Resistant Organism/*Clostridium difficile* Infection**

## **Potential Changes Effecting Other Infection Definitions**

- ❑ **Updated the IAB definition in Chapter 17 to more accurately capture (+) blood cultures in the presence of an intraabdominal infection**

# Healthcare-associated Infection/ Present on Admission Worksheet Generator

- ❑ **Designed to identify**
  - 7-day Infection Window Period
  - Date of Event and POA or HAI determination
  - 14-day Repeat Infection Timeframe (RIT)
  - Secondary Bloodstream Infection Attribution Period
- ❑ **Generates printable worksheet, but ≠ calculator**
- ❑ **Relies on accurate entry of infection elements**
  
- ❑ **Anticipated posting in next few weeks**

## Initial Screen

# NHSN Healthcare-associated Infection (HAI) and Present on Admission Infection (POA) Worksheet Generator

### INTRODUCTION:

Welcome to the NHSN Healthcare-associated Infection (HAI) and Present on Admission Infection (POA) Worksheet Generator Version 1.0. The Worksheet Generator operates based upon the currently posted guidance found in the Patient Safety Component Manual, Chapter 2, Identifying Healthcare-associated Infections (HAI) for NHSN Surveillance. It is strongly encouraged that you read and study this guidance found [here](#).

The Worksheet Generator will provide an electronically generated worksheet that identifies:

- 7-day Infection Window Period
- Date of Event and POA or HAI determination
- 14-day Repeat Infection Timeframe (RIT)
- Secondary Bloodstream Infection Attribution Period

**It does not determine that all NHSN infection criteria have been met. It is incumbent upon the user to determine that an infection criterion was met as reflected in the dates and information supplied.**

This Worksheet Generator is developed for use with infection types (e.g., BSI, UTI, PNEU, IAB etc.). The Worksheet Generator requires the user to enter the date of admission, the date of the event, and the date of the infection. The Worksheet Generator will determine if the dates meet the NHSN site-specific infection criterion and infection elements needed to satisfy an NHSN site-specific infection criterion.

Note, please use the VAE calculator and MDRO & C. difficile surveillance tool for conducting VAE or MDRO/LabID event surveillance. This tool is not intended for use when conducting SSI surveillance.

Click on the calendar icon below to choose the patient's admission date and then click the "Next" button.

Sep 2015							October 2015							
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	
			1	2	3	4	5					1	2	3
6	7	8	9	10	11	12	4	5	6	7	8	9	10	
13	14	15	16	17	18	19	11	12	13	14	15	16	17	
20	21	22	23	24	25	26	18	19	20	21	22	23	24	
27	28	29	30				25	26	27	28	29	30	31	

Provide Admission Date

Admit Date: 09/07/2015

Start Over...

Next...

# NHSN

## Healthcare-associated Infection (HAI) and Present on Admission Infection (POA) Worksheet Generator


Click on the calendar icon to choose the date the first  
as an element of the site-specific infection criterion  
collection date, imaging test date, date of procedure

In the absence of a diagnostic test, choose the date of  
localized sign or symptom that is an element of the  
diarrhea, site-specific pain, purulent exudate).

Next, select the type of event for which the worksheet  
then click the "Next" button.

Select the diagnostic test  
date and the infection  
type: BSI or Other

Admit Date: 9/7/2015

Date of First Diagnostic Test: 09/11/2015 

BSI  Other Event Type

Calendar interface showing dates for September and October 2015. The date 09/11/2015 is selected.

Sep 2015							October 2015						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4	5				1	2	3
6	7	8	9	10	11	12	4	5	6	7	8	9	10
13	14	15	16	17	18	19	11	12	13	14	15	16	17
20	21	22	23	24	25	26	18	19	20	21	22	23	24
27	28	29	30				25	26	27	28	29	30	31

Start Over...

Back...

Next...

## NHSN Healthcare-associated Infection (HAI) and Present on Admission Infection (POA) Worksheet Generator

The diagnostic test date is used to define the 7-day infection window period. The infection window period is the date of the diagnostic test, 3 days before and 3 days after.

Place a check in the box of each calendar day within the infection window period that at least one element of the NHSN site-specific infection criterion is present. **Then click on the red "Generate Table" button below.**

\*You can enter descriptive text for the element(s) that the check mark represents.

Admit date: 9/7/2015

Hospital Day/Date	First Diagnostic Test	Infection Window Period (*)	Date of Event	Repeat Infection Timeframe (*)	Secondary BSI Attribution Period (*)
2. - 9/8/2015		<input type="checkbox"/>	-		
3. - 9/9/2015		<input type="checkbox"/>	-		
4. - 9/10/2015		<input type="checkbox"/>	-		
5. - 9/11/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-		
6. - 9/12/2015		<input type="checkbox"/>	-		
7. - 9/13/2015		<input type="checkbox"/>	-		
8. - 9/14/2015		<input type="checkbox"/>	-		
9. - 9/15/2015		<input type="checkbox"/>	-		
10. - 9/16/2015			-		
11. - 9/17/2015			-		
12. - 9/18/2015			-		
13. - 9/19/2015			-		
14. - 9/20/2015			-		
15. - 9/21/2015			-		
16. - 9/22/2015			-		
17. - 9/23/2015			-		

Check the box that represents the date(s) of all required elements of the NHSN infection definition

**NHSN**  
**Healthcare-associated Infection (HAI) and**  
**Present on Admission Infection (POA)**  
**Worksheet Generator**

Summary of Determination

**Based on the information you provided:**  
 Admit Date: Mon Sep 07 2015  
 The event is: HAI  
 Date of Event: Thu Sep 10 2015  
 Infection Window Period: Tue Sep 08 2015 - Mon Sep 14 2015  
 Repeat Infection Timeframe (RIT): Thu Sep 10 2015 - Wed Sep 23 2015  
 Secondary BSI Attribution Period: Tue Sep 08 2015 - Wed Sep 23 2015  
 Event Type: Other

NOTE: This worksheet Generator is developed for use with multiple site-specific infection types (e.g., BSI, UTI, PNEU, IAB etc.). It does not determine that all NHSN infection criteria have been met. That is incumbent upon the user. Instead the results represent an electronically generated worksheet that outlines the Infection Window Period, Repeat Infection Timeframe (RIT) and when appropriate Secondary BSI Attribution Period, all of which are accurate, if an infection criterion was met as reflected in the dates and information supplied by the user.

\*You can enter descriptive text for the element(s) that the check mark represents.

Admit date: 9/7/2015

Hospital Day/Date	First Diagnostic Test	Infection Window Period (*)	Date of Event	Repeat Infection Timeframe (*)	Secondary BSI Attribution Period (*)
2. - 9/8/2015		<input type="checkbox"/>			
3. - 9/9/2015		<input type="checkbox"/>			
4. - 9/10/2015		<input checked="" type="checkbox"/> Fever 102.0	- HAI		
5. - 9/11/2015	✓	<input checked="" type="checkbox"/> urine culture: > 100,000 cfu/ml E.coli			
6. - 9/12/2015		<input type="checkbox"/>			
7. - 9/13/2015		<input type="checkbox"/>			
8. - 9/14/2015		<input type="checkbox"/>			
9. - 9/15/2015		<input type="checkbox"/>			
10. - 9/16/2015		<input type="checkbox"/>			
11. - 9/17/2015		<input type="checkbox"/>			
12. - 9/18/2015		<input type="checkbox"/>			
13. - 9/19/2015		<input type="checkbox"/>			
14. - 9/20/2015					
15. - 9/21/2015					
16. - 9/22/2015					
17. - 9/23/2015					

Infection Window Period, Date of Event and POA/HAI determination, RIT and Secondary BSI Attribution Period are depicted. Free text feature provided for documentation of elements used to meet the infection criterion.

Start Over... Back... Print... Generate Table

Relies on the accuracy of information that is entered.

Proposed Expansion of Stated Purposes

**A NEW VERSION OF THE  
NHSN AGREEMENT TO PARTICIPATE  
AND CONSENT FORM**



# Background: Current Version



## Agreement to Participate and Consent

Page 1 of 3

Tracking #: \_\_\_\_\_

The National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), collects national data on healthcare-associated adverse events and their risk factors. Healthcare or residential facilities may participate in NHSN for one of two reasons: (1) voluntarily, i.e., on their own initiative and for their own purposes or (2) as a result of a state or federal mandatory reporting requirement. Depending on the applicable state or federal mandatory reporting requirements, data provided by healthcare or residential facilities to NHSN may be made accessible to state and/or federal agencies, or any other entity as prescribed by such requirements. In the absence of a state mandatory reporting requirement, NHSN patient safety component, healthcare personnel safety component, and long-term care facility component data provided by healthcare or residential facilities to NHSN will be made accessible or provided to a state agency at the request of that agency for surveillance and prevention purposes. These data disclosures to a state agency will be made to the extent permissible by federal law.

### Purposes of NHSN

The purposes of NHSN are to:

- Collect data from a sample of healthcare facilities in the United States to permit valid estimation of the magnitude of adverse events among patients or residents and healthcare personnel.
- Collect data from a sample of healthcare facilities in the United States to permit valid estimation of the adherence to practices known to be associated with prevention of these adverse events.
- Analyze and report collected data to permit recognition of trends.
- Provide facilities with risk-adjusted metrics that can be used for inter-facility comparisons and local quality improvement activities.
- Assist facilities in developing surveillance and analysis methods that permit timely recognition of patient or resident and healthcare worker safety problems and prompt intervention with appropriate measures.
- Conduct collaborative research studies with NHSN member facilities (e.g., describe the epidemiology of emerging healthcare-associated infection [HAI] and pathogens, assess the importance of potential risk factors, further characterize HAI pathogens and their mechanisms of resistance, and evaluate alternative surveillance and prevention strategies).
- Comply with legal requirements – including but not limited to state or federal laws, regulations, or other requirements – for mandatory reporting of facility-specific adverse event, prevention practice adherence, and other public health data.
- Enable healthcare facilities to report HAI and prevention practice adherence data via NHSN to the U.S. Center for Medicare and Medicaid Services (CMS) in fulfillment of CMS's quality measurement reporting requirements for those data.
- Provide state departments of health with information that identifies the facilities in their state that participate in NHSN.
- Provide to state agencies, at their request, facility-specific, NHSN patient safety component, healthcare personnel safety component, and long-term care facility component adverse event and prevention practice adherence data for surveillance, prevention, or mandatory public reporting.

### Eligibility Criteria

Facilities participating in NHSN must meet the following criteria:

- Be a certified or licensed healthcare or residential facility in the United States.
- Have email addresses for NHSN users and high-speed Internet connections on the computers they will use to access NHSN.

Continued >>

- Introduced in 2010
- Paper-based process – Form was signed and returned to CDC in hard copy form
- Stated purposes of NHSN include submitting data to CMS on behalf of healthcare facilities and providing data access to state health departments
- Provides confidentiality protection for healthcare facilities that participate in NHSN

# New Version: A Work in Progress



## Agreement to Participate and Consent

Page 1 of 4

Tracking #: \_\_\_\_\_

The National Healthcare Safety Network (NHSN), conducted by the Centers for Disease Control and Prevention (CDC), collects, analyzes, and reports data submitted by healthcare or residential facilities on healthcare-associated adverse events, adherence to prevention practices, and antimicrobial use and resistance. Healthcare or residential facilities may participate in NHSN voluntarily, i.e., on their own initiative and for their own purposes, or as a result of a state or federal mandatory reporting requirement. CDC will disclose data submitted to NHSN to other federal agencies and to state health departments in accordance with the scope of their reporting mandates. CDC also will disclose data to state or local health departments that are outside the scope of federal or state reporting mandates provided the state or local health department has completed a data use agreement with CDC that stipulates the data will be used solely for surveillance and prevention purposes and not for public reporting of facility-specific data or any regulatory or punitive actions against facilities, such as a fine or licensure action. These data disclosures to state or local health departments will be made to the extent permissible by federal law.

### Purposes of NHSN

The purposes of NHSN are to:

- Collect data from healthcare facilities in the United States to permit valid estimation of the magnitude of adverse events among patients or residents and healthcare personnel.
- Collect data from a sample of healthcare facilities in the United States to permit valid estimation of the adherence to practices known to be associated with prevention of these adverse events.
- Analyze and report collected data to permit recognition of trends at the local, state, and national levels.
- Provide facilities with risk-adjusted metrics that can be used for inter-facility comparisons and local quality improvement activities.
- Assist facilities in developing surveillance and analysis methods that permit timely recognition of patient or resident and healthcare worker safety problems and prompt intervention with appropriate measures.
- Conduct collaborative research studies with NHSN member facilities (e.g., describe the epidemiology of emerging healthcare-associated infection [HAI] and pathogens, assess the importance of potential risk factors, further characterize HAI pathogens and their mechanisms of resistance, and evaluate alternative surveillance and prevention strategies).
- Facilitate recruitment of facilities into high priority collaborative evaluations that seek to identify new ways to prevent or control antimicrobial resistance or prevent healthcare-associated infections by providing facility identifiers to federal agencies and peer-reviewed, CDC-approved research projects for potential participation in studies, including comparative effectiveness assessments.
- Comply with legal requirements – including but not limited to state or federal laws, regulations, or other requirements – for mandatory reporting of facility-specific adverse event, prevention practice adherence, and other public health data.

OMB number - pending OMB approval

- Target date for launch is late 2017 - early 2018
- On-line form
- Separate consent and agreement process for each NHSN component
- Adds new stated purposes for data use and access
- Retains confidentiality protection for healthcare facilities that participate in NHSN



## Agreement to Participate and Consent

Page 1 of 4

### **First Paragraph - Proposed**

- CDC will disclose data to other federal agencies and to state health departments in accordance with the scope of their reporting mandates.
- CDC also will disclose data to state or local health departments that are outside the scope of federal or state reporting mandates provided the state or local health department has completed a data use agreement with CDC that stipulates the data will be used solely for surveillance and prevention purposes and not for public reporting of facility-specific data or any regulatory or punitive actions against facilities, such as fine or licensure action



Agreement to Participate and Consent

## Proposed Expansion of Stated Purposes

- Page 1 - Facilitate recruitment of facilities into high priority collaborative evaluations that seek to identify new ways to prevent or control antimicrobial resistance or prevent healthcare-associated infections by providing facility identifiers to federal agencies and peer-reviewed, CDC-approved research projects for potential participation in studies including comparative effectiveness assessments
- Page 2 - Provide data to CDC-supported or CDC-approved healthcare quality improvement projects for purposes of identifying improvement opportunities, initiating or maintaining improvement efforts, and measuring the impact of those efforts.



Agreement to Participate and Consent

## More: Proposed Expansion of Stated Purposes

- Page 2 - Provide state and local health departments with information that identifies the facilities in their state that participate in NHSN
- Page 2 - Provide to state and local health departments, at their request, facility-specific, NHSN data for surveillance, prevention, or mandatory public reporting



Agreement to Participate and Consent

## Proposed Consent Signature Block

**Page 3 – Primary Contact(s) – NHSN user(s) with CDC secure access credentials:** As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in NHSN. I/we have informed a healthcare or residential facility executive (e.g., Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer) of the terms of this agreement, including CDC's stated purposes of NHSN and plans for data disclosures. I/we represent that I/we am/are authorized to bind the above-named facility to the terms of this agreement.

# NHSN Agreement to Participate and Consent Form: Next Steps

- Discuss proposed changes in the form's content and the consent process with additional stakeholder groups
- Gather and use stakeholder input to make content and process changes
- Move forward with plans to build the form into the NHSN web-based application
- Develop training and user support materials for use of the new form and consent process
- Prepare and communicate a roll out plan that includes an appropriate time interval between release of the new form and required re-consent using the form

**Questions??**



# Thank You!

For More Information about NHSN:  
<http://www.cdc.gov/nhsn/>



National Center for Emerging and Zoonotic Infectious Diseases  
Division of Healthcare Quality Promotion

