NHSN Members Meeting
at
APIC – San Antonio

Room 205, Convention Center
June 3, 2012
## Agenda

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<td>Kathy Allen-Bridson</td>
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<td>Training news</td>
<td>Gloria Morrell</td>
</tr>
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</table>
Types of Facilities Participating in NHSN, 5/22/12
(n=9012)

- Hospital: 48%
- LTACH: 3%
- IRF: 2%
- ASC: 2.5%
- Outpt Dialysis: 44%
- LTCF: <1%

Facilities are from all 50 states, DC, and several US territories.
Patient Safety Component Protocol
Changes for 2013

Surveillance for Ventilator-Associated Events in Adults

Shelley Magill, MD, PhD
Surveillance Branch

For more details, join us for Session 3203, “Changing the Approach to VAP Surveillance,” June 6, 9:30-10:30 am
Ventilator-associated events (VAE) Surveillance Definition Algorithm

- For use in NHSN for the potential purposes of public reporting, inter-facility comparisons, and pay-for-reporting and -performance programs

- Multidisciplinary working group (critical care medicine and nursing, infectious diseases, healthcare epidemiology, infection prevention, respiratory care, chest physicians, state health departments, NIH, HHS, HICPAC surveillance working group, and CDC)
Patients Eligible for VAE Surveillance

- ≥18 years of age
- Inpatients of acute care hospitals, long term acute care hospitals, inpatient rehabilitation facilities
VAE Definition Algorithm Summary

- **Respiratory status component**
  - Patient on mechanical ventilation > 2 days
  - Baseline period of stability or improvement, followed by sustained period of worsening oxygenation

- **Infection / inflammation component**
  - General evidence of infection/inflammation

- **Additional evidence**
  - Positive results of microbiological testing

**Ventilator-Associated Condition (VAC)**

**Infection-Related Ventilator-Associated Complication (IVAC)**

**Possible or Probable VAP**

No CXR needed!
VAE Definition Algorithm Summary

- **Respiratory status component**
  - Patient on mechanical ventilation > 2 days
  - Baseline period of stability or improvement, followed by sustained period of worsening oxygenation
  - Ventilator-Associated Condition (VAC)

- **Infection / inflammation component**
  - General evidence of infection/inflammation
  - Infection-Related Ventilator-Associated Complication (IVAC)

- **Additional evidence**
  - Positive results of microbiological testing
  - Possible or Probable VAP

FiO₂ or PEEP
VAE Definition Algorithm Summary

- **Respiratory status component**
  - Patient on mechanical ventilation > 2 days
  - Baseline period of stability or improvement, followed by sustained period of worsening oxygenation

- **Infection/inflammation component**
  - General evidence of infection/inflammation
    - Temperature or WBC
    - and
    - New antimicrobial agent

- **Additional evidence**
  - Positive results of microbiological testing

**Ventilator-Associated Condition (VAC)**

**Infection-Related Ventilator-Associated Complication (IVAC)**

**Possible or Probable VAP**
VAE Definition Algorithm Summary

- **Respiratory status component**
  - Patient on mechanical ventilation > 2 days
  - Baseline period of stability or improvement, followed by sustained period of worsening oxygenation
  - Ventilator-Associated Condition (VAC)

- **Infection / inflammation component**
  - General evidence of infection/inflammation
  - Infection-Related Ventilator-Associated Complication (IVAC)

- **Additional evidence**
  - Positive results of microbiological testing
  - Possible or Probable VAP

Purulent secretions and/or other positive laboratory evidence
Ventilator-Associated Condition (VAC)

Infection-Related Ventilator-Associated Complication (IVAC)

Possible or Probable VAP

Possible Future Public Reporting Definitions

Internal Quality Improvement
Key Operational Details*

- In 2013, current VAP protocol will still be used for neonatal and pediatric patients ONLY.
- In 2012 and 2013, the current PNEU definitions are still available for off-plan surveillance of VAP in adults or non-ventilated PNEU in adults or children.
- In 2013, the VAE protocol will required surveillance of ALL events included in the algorithm—from VAC to IVAC to Possible and Probable VAP.
  - A unit participating in in-plan VAE surveillance cannot decide, for example, that only surveillance for VAC (and not for IVAC or Possible or Probable VAP) will be performed.

*Preliminary and subject to change.
**VAE Form**

**Location of Mechanical Ventilation Initiation: __________________**  
**Date Mechanical Ventilation Initiated: ___/___/______**

### Event Details

**Specific Event:**  
- [ ] VAC  
- [ ] IVAC  
- [ ] Possible VAP  
- [ ] Probable VAP

**Specify Criteria Used:**

### STEP 1: VAC (≥1 REQUIRED)

- [ ] Daily min $\text{FiO}_2$ increase ≥ 0.20 (20 points) for ≥ 2 days†  
- [ ] Daily min PEEP increase ≥ 3 cm H$_2$O for ≥ 2 days†

†after 2+ days of stable or decreasing daily minimum values.

### STEP 2: IVAC

- [ ] Temperature > 38°C or < 36°C -- OR -- [ ] White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm$^3$ plus
- [ ] A new antimicrobial agent(s) is started, and is continued for ≥ 4 days.

### STEP 3: Possible VAP (≥1 REQUIRED)

- [ ] Purulent respiratory secretions‡ (defined as secretions from the lungs, bronchi, or trachea that contain ≥ 25 neutrophils and ≤ 10 squamous epithelial cells per low power field [lpf, x100], or equivalent semi-quantitative results).
- [ ] Positive culture (qualitative, semi-quantitative or quantitative)‡ of sputum, endotracheal aspirate, bronchoalveolar lavage, lung tissue, or protected specimen brushing

### STEP 3: Probable VAP (≥1 REQUIRED)

- [ ] Purulent respiratory secretions‡  
  **plus** one of the following (meeting quantitative or semi-quantitative threshold as outlined in protocol):‡
  - [ ] Positive culture of endotracheal aspirate
  - [ ] Positive culture of bronchoalveolar lavage
  - [ ] Positive culture of lung tissue
  - [ ] Positive culture of protected specimen brush

One of the following results (without requirement for purulent respiratory secretions), as outlined in protocol‡:  
- [ ] Positive pleural fluid culture
- [ ] Positive lung histopathology
- [ ] Positive diagnostic test for *Legionella* species
- [ ] Positive diagnostic test for viral pathogens

‡collected after 2 days of mechanical ventilation and within +/- 2 days of onset of increase in $\text{FiO}_2$ or PEEP

*Preliminary and subject to change.
Update on Changes to CLABSI Definition

Nicola Thompson, PhD
Surveillance Branch
Overview of Proposed CLABSI Changes

- HICPAC surveillance working group (infectious diseases, infection prevention, epidemiology, neonatology, hematology/oncology, state health department)
- Working on a series of changes to NHSN criteria/operations to reduce subjectivity in interpretation and application of surveillance definitions
- Proposing a new classification of BSI for a subset of patients with central lines but whose infection may not be associated with the use of a central line
Mucosal Barrier Injury - Laboratory Confirmed Bloodstream Infection (MBI - LCBI)

- MBI-LCBI is a healthcare-associated primary BSI involving
  - Eligible patient populations with certain diagnoses, symptoms, or laboratory values
    - Allogeneic hematopoietic stem cell transplant recipients
    - Patients with severe neutropenia
  and
  - Eligible pathogens
    - See next slide

DRAFT DEFINITION UNDERGOING FIELD TESTING – SUBJECT TO CHANGE
### MBI-LCBI Eligible Pathogens

<table>
<thead>
<tr>
<th>At least one blood culture growing at least one of the following pathogens:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bacteroides spp.</td>
</tr>
<tr>
<td>• Candida spp.</td>
</tr>
<tr>
<td>• Clostridium spp.</td>
</tr>
<tr>
<td>• Enterococcus spp.</td>
</tr>
<tr>
<td>• Fusobacterium spp.</td>
</tr>
<tr>
<td>• Peptostreptococcus spp.</td>
</tr>
<tr>
<td>• Prevotella spp.</td>
</tr>
<tr>
<td>• Veillonella spp.</td>
</tr>
<tr>
<td>• Enterobacteriaceae</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viridans group streptococci cultured from two or more blood cultures on separate occasions within 2 days with associated signs/symptoms:</td>
</tr>
<tr>
<td>• Fever, chills, hypotension or</td>
</tr>
<tr>
<td>• Fever, hypothermia, apnea, or bradycardia (patient ≤1 year old)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AND</th>
</tr>
</thead>
<tbody>
<tr>
<td>No other recognized pathogens are identified (i.e. patient does not have additional pathogens that would meet current LCBI definition)</td>
</tr>
</tbody>
</table>

E.g., Enterobacter, Proteus, Escherichia, Klebsiella

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DRAFT DEFINITION UNDERGOING FIELD TESTING – SUBJECT TO CHANGE
MBI-LCBI Field Testing

- Includes facilities currently reporting CLABSI surveillance data to NHSN
- 38 hospitals participating for 2 months
  - Data received from 130 units
- Determine
  - Feasibility of incorporating MBI-LCBI into BSI surveillance
  - If definition can be applied in facilities with different patient populations
  - If data elements can be located reliably
- Measure impact of MBI-LCBI
  - Describe overall proportion of CLABSI/BSIs classified as MBI-LCBI
Next Steps

- Complete field testing of MBI-LCBI definition, evaluate findings
- Update NHSN protocols, software and training materials for use in 2013
- Discuss with NQF and CMS any impact on CLABSI reporting requirements
Patient Safety Component Protocol
Changes for 2013

Update on Changes to SSI Surveillance

Ryan Fagan, MD
Surveillance Branch
Overview of Proposed SSI Surveillance Changes

- HICPAC surveillance working group (surgery, perioperative nursing, infectious diseases, infection prevention, epidemiology, state health department)

- Reviewing all aspects of SSI surveillance definitions and methods to reduce subjectivity, enhance clinical credibility, reduce data collection burden, and make amenable to electronic data capture
SSI Surveillance Changes for 2013

- Modify the definition of an NHSN operative procedure to allow primarily closed incisions to include those with wires, drains, wicks, or other devices or objects extruding through the incision.

- Remove the requirement to indicate whether an implant was placed during an NHSN operative procedure
  - Delete implant definition
  - Remove implant phrase from deep incisional and organ/space SSI definitions
  - Replace 1 year follow-up period with 90-day period for certain procedures (next slide)
SSI Surveillance Changes for 2013

- Limit reporting of all SSI types for all NHSN operative procedures to 30 days after the date of the procedure except the following for which deep incisional and organ/space SSI should be reported up to 90 days after the date of the procedure:
  - BRST, CARD, CBGB, CBGC, CRAN, FUSN, FX, HER, HPRO, KPRO, PACE, PVBY, RFUSN, VSHN
  - Example: COLO procedure with internal staples performed on 1/15/2013; SSI-IAB criteria met on 2/25/2013. This would NOT be reported as an SSI (onset >30 days post-op).
  - Example: Total primary hip arthroplasty (HPRO) performed on 1/2/2013; SSI-JNT criteria met on 4/10/2013. This would NOT be reported as an SSI (onset >90 days post-op).
SSI Surveillance Changes for 2013

- Rename “endoscope” to “scope” and clarify its meaning

- Remove phrase “...and the infection appears to be related to the operative procedure” from the deep incisional and organ/space SSI definitions

  - Current: “Infection occurs within 30 days after the operative procedure if no implant is left in place or within one year if implant is in place and the infection appears to be related to the operative procedure ...”

  - Proposed: “Infection occurs within 30 days after NHSN operative procedures in List A or within 90 days after NHSN operative procedures in List B...”

    - Where List B contains the procedures shown on the previous slide and List A contains the rest of the NHSN operative procedures
Benefits of 2013 Changes

- **VAE**
  - Objective criteria
  - Amenable to electronic capture
  - Buy-in from critical care community
  - Potential for decrease in data collection burden

- **MBI-LCBI**
  - Identifies a subset of patients with central lines and primary BSI whose infections are likely due to their underlying diseases and treatment, but are currently being classified as CLABSI
  - Potentially can be removed from mandated CLABSI data

- **SSI Surveillance**
  - Removes some of the data collection burden
  - Improves clinical credibility
Patient Safety Component Protocol

NHSN Application Enhancements for August 2012 and January 2013

Angela Bivens-Anttila, RN, MSN, NP-C, CIC
NHSN Major Changes Coming in Release 7.0
Late August 2012 (expected Aug 25)

- All Components
  - Alerts screens - notifications and enhancements added to home screen for clearer information and guidance to users
  - New facility type for Critical Access Hospitals (code HOSP-CAH)

- Healthcare Personnel Safety
  - Implement new HCW Influenza Vaccination Summary Reporting
  - Remove Individual Employee-Level Influenza Vaccination Event Reporting
NHSN Major Changes Coming in Release 7.0
Late August 2012 (expected Aug 25)

- **Patient Safety**
  - New Device-Associated Denominator Summary screen - allows summary data entry from all location types in a month on one screen
  - New outpatient dialysis location code to be used by inpatient facilities for Biovigilance Reporting only
  - Existing code for Outpatient Hemodialysis Clinic (*OUT:NONACUTE:CLINIC:DIAL*), used for Outpatient Dialysis Event reporting, will only be allowed for facilities designated as Outpatient Dialysis Facilities (AMB-HEMO)
NHSN Major Changes Coming in Release 7.0 Late August 2012 (expected Aug 25) –Cont.

- **Patient Safety**
  - Changes to reporting specific Procedures - allow 2 laminectomies (LAM) or 4 refusions of spine (RFUS) on the same day for the same patient
  - Allow reporting of infections among male neonates rooming with mothers in LDRP units
  - Create Advanced-Level Output Options folder in analysis to hold all CMS reports
  - Add SSI SIR report by surgeon
NHSN Major Changes Coming in Release 7.0  
Late August 2012 (expected Aug 25)

- **Long-Term Care**
  - Add new LTCF Component (i.e., skilled nursing/nursing homes)
  - Reporting options: UTI/CAUTI, LabID Events (all organisms), Hand Hygiene, and Gown and Glove Use (new forms for this component)

- **CDA – Electronic Reporting**
  - Enable electronic data submission of:
    - Outpatient Dialysis Events
    - Outpatient Dialysis Denominators
    - MDRO/CDI LabID Event Summary Form (Denominators)
NHSN Major Changes Coming in Release 7.1
Late January 2013

- **Patient Safety**
  - Add new Ventilator-Associated Event (VAE) reporting to the Device-Associated Module (includes VAC, IVAC, and possible/probable VAP). Only for adult patients ≥18 years old. Pediatric patients must still be reported under existing VAP until specific pediatric criteria are defined for VAE.
  - Add Mucosal Barrier Injury (MBI) criteria to BSI-LCBI in manual application for optional data entry and use in 2013 (no removal of these CLABSI for CMS reporting in 2013). Will be available for CDA import in Jan 2014.

- **Procedure and SSI Reporting Changes**
  - Remove requirement to report implant
  - Limit follow up to 30d for all SSI types for all NHSN operative procedures, except a select few specified to require a 90-day period for deep incisional and organ/space SSI
NHSN Major Changes Coming in Release 7.1
Late January 2013 – cont.

- All Components:
  - Create new Cancer locations for use by both cancer and acute care facility types (to replace adult and pediatric SCA-HONC and SCA-BMT)
Hospital Inpatient Quality Reporting (IQR) Program

- Mandated by law since 2003
- Provides hospitals with financial incentive to report on quality of care delivery
- Provides consumers with data to make informed decisions about their care
- Data used for CMS Hospital Value-Based Purchasing
- Applies to hospitals paid under the inpatient prospective payment system
- Includes 72 quality measures in several domains
  - Clinical Processes of Care* -- Patient experience
  - Healthcare-Associated Infections (HAI)* -- Structural Measures
  - Mortality and Readmissions -- Cost Efficiency
*Validated through medical records abstraction
Overview of CMS Hospital IQR Validation Process

- CMS randomly selects hospitals annually (currently 800) from eligible hospital list
- CMS selects targeted hospitals (e.g., hospitals failing previous annual validation)
- CMS selects medical records randomly from selected hospitals (up to 18 per quarter per hospital)
- CMS mails letter requiring hospitals to copy and return medical records to contractor
- Hospital submits medical record copies
- CMS contractor independently abstracts medical records
- CMS contractor adjudicates mismatches
- CMS computes validation score at the measure level
## CMS Reporting via NHSN – Current Requirements

**DRAFT (11/14/2011)**

<table>
<thead>
<tr>
<th>HAI Event</th>
<th>Facility Type</th>
<th>Reporting Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLABSI</strong></td>
<td>Acute Care Hospitals Adult, Pediatric, and Neonatal ICUs</td>
<td>January 2011</td>
</tr>
<tr>
<td><strong>CAUTI</strong></td>
<td>Acute Care Hospitals Adult and Pediatric ICUs</td>
<td>January 2012</td>
</tr>
<tr>
<td>SSI</td>
<td>Acute Care Hospitals Colon and Abdominal Hysterectomy</td>
<td>January 2012</td>
</tr>
<tr>
<td>I.V. antimicrobial start</td>
<td>Dialysis Facilities</td>
<td>January 2012</td>
</tr>
<tr>
<td>Positive blood culture</td>
<td>Dialysis Facilities</td>
<td>January 2012</td>
</tr>
<tr>
<td>Signs of vascular access infection</td>
<td>Dialysis Facilities</td>
<td>January 2012</td>
</tr>
<tr>
<td><strong>CLABSI</strong></td>
<td>Long Term Care Hospitals *</td>
<td>October 2012</td>
</tr>
<tr>
<td><strong>CAUTI</strong></td>
<td>Long Term Care Hospitals *</td>
<td>October 2012</td>
</tr>
<tr>
<td><strong>CAUTI</strong></td>
<td>Inpatient Rehabilitation Facilities</td>
<td>October 2012</td>
</tr>
<tr>
<td>MRSA Bacteremia</td>
<td>Acute Care Hospitals</td>
<td>January 2013</td>
</tr>
<tr>
<td><em>C. difficile</em> LabID Event</td>
<td>Acute Care Hospitals</td>
<td>January 2013</td>
</tr>
<tr>
<td>HCW Influenza Vaccination</td>
<td>Acute Care Hospitals</td>
<td>January 2013</td>
</tr>
<tr>
<td>HCW Influenza Vaccination</td>
<td>ASCs</td>
<td>October 2014</td>
</tr>
<tr>
<td><strong>SSI (TBD)</strong></td>
<td>Outpatient Surgery/ASCs</td>
<td>TBD</td>
</tr>
</tbody>
</table>

* Long Term Care Hospitals are called **Long Term Acute Care Hospitals** in NHSN
### Proposed CMS Reporting Requirements via NHSN

<table>
<thead>
<tr>
<th>HAI Event</th>
<th>Facility Type</th>
<th>Reporting Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>Long Term Care Hospitals*</td>
<td>TBD</td>
</tr>
<tr>
<td>CLABSI</td>
<td>Prospective Payment System Exempt Cancer Hospitals</td>
<td>TBD</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Prospective Payment System Exempt Cancer Hospitals</td>
<td>TBD</td>
</tr>
</tbody>
</table>

* Long Term Care Hospitals are called Long Term Acute Care Hospitals in NHSN
Mandatory Reporting of Healthcare Personnel (HCP) Influenza Vaccination

- Module for aggregate reporting of HCP influenza vaccination included in August 2012 NHSN release
  - Will collect a single summary measure of HCP vaccination for the entire influenza season
  - Replaces individual reporting module

- Hospitals must report vaccination data to CMS using the module beginning January 2013
  - Required for three groups: employees, licensed independent practitioners (non-employee MD/DO, advanced practice nurses, PAs), and adult students/trainees & volunteers
  - Optional column for reporting contract workers if desired

- Protocol, forms, survey online in July 2012
<table>
<thead>
<tr>
<th>Measure</th>
<th>Discharge dates reported</th>
<th>Discharge dates validated</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central line-associated bloodstream infection (CLABSI)</td>
<td>Beginning January 2011</td>
<td>Beginning January 2012</td>
<td>ICU locations only</td>
</tr>
<tr>
<td>Catheter-associated urinary tract infection (CAUTI)</td>
<td>Beginning January 2012</td>
<td>Proposed October 2012</td>
<td>ICU locations only</td>
</tr>
<tr>
<td>Surgical site infection (SSI)</td>
<td>Beginning January 2012</td>
<td>Proposed October 2012</td>
<td>Colon surgery and abdominal hysterectomy only</td>
</tr>
<tr>
<td>MRSA bacteremia, C. difficile, Healthcare personnel vaccination</td>
<td>Beginning January 2013</td>
<td>Not yet proposed</td>
<td></td>
</tr>
</tbody>
</table>
CLABSI Validation
(As finalized August 2011)

Objectives
• Within each hospital:
  – Estimate reliability of IQR reporting for all chart-abstracted metrics
  – Ensure it meets a minimal level of reliability (75%)
• Across all hospitals as an aggregate:
  – Evaluate predictive power of validation for ICU patients
CLABSI Validation Timeline

Discharges
- 1Q 2012
- 2Q 2012
- 3Q 2012
- First Results

Validation activities
- August-December 2012
- November-March 2013
- February-May 2013
- Summer/Fall 2013
CLABSI Validation Operations

- 800 randomly sampled hospitals
- Each sampled hospital, each quarter (Q1-Q3 2012)
  - Positive blood culture list for all ICU patients
  - Annotated to identify patients with central lines
- CMS Validation Support Contractor will
  - Check for presence of all basic qualifiers:
    - ICU patient
    - Bloodstream infection (positive blood culture results) - Isolate is:
      - Pathogen found at least once
      - Common commensal (CC) found in two or more positive blood cultures drawn on separate occasions
    - Central line
  - Review and remove duplicates to identify candidate CLABSI (unique patient episodes of care)
  - Random sample of 3 candidate CLABSI
  - Total 7,200 candidate CLABSI reviewed nationally
CLABSIS Validation

• CMS Clinical Data Abstraction Center (CDAC) Contractor
  – Requests copies of records from hospitals
    ▪ Hospital sends CDAC copies of requested charts
  – Abstracts hospital records
    – For candidate events, determines if any CLABSIS events occurred
    – For other records, identifies any candidate CLABSIS events and determines if any CLABSIS events occurred

• Validation Support Contractor
  – Provides CDC with information for all candidate events
  – Checks to see if candidate events were reported to NHSN
  – Reviews/adjudicates mismatches between hospital and CDAC
  – Scores each case as 1/1 for matches; 0/1 for mismatches
Proposed Changes for Next Year Candidate Cases

- Hospitals identify candidate CLABSIs, CAUTIs and SSIs
- Candidate CLABSI: proposed same definition
- Candidate CAUTI
  - similar to candidate CLABSI
  - positive urine culture lists for ICU patients
- Candidate SSI
  - Identified for Medicare beneficiaries from claims for index and readmissions within 30 day to same hospitals
Proposed Changes for Next Year
Sample Size and Scoring

- 400-600 hospitals annually
- Random sample of 12 candidate HAIs per hospital per quarter
- Separate score for HAIs and clinical process of care measures
- Charts sampled for clinical process of care will not be abstracted/scored for CLABSI
How to Find and Comment on Proposals

Read and comment on the rule online at [http://www.regulations.gov](http://www.regulations.gov). Search for “CMS-2012-0052-0001”
Future Challenges

• New measures (MRSA, CDI)
• SSI readmissions for other than Medicare patients and to hospitals other than index hospital
• Submission through electronic health records, including device days

• Thanks to James Poyer, Director, Division of Quality Improvement Policy for Acute Care, Centers for Medicare and Medicaid Services, for the use of slides
NHSN Training Opportunities
Online Trainings

- **Interactive Trainings**
  - The courses provide comprehensive training for the device-associated and procedure-associated modules.
  
  - The courses review the methodology used for data collection, define key terms and protocol criteria, describe how to collect and report infection and process measure data, and interpret the data for meaningful use.
  
  - These online courses provide instructional slides with detailed graphics, screen shots of step-by-step examples of form completion, practice questions, and case studies.
Online Training (cont.)

- **Interactive Trainings**
  - Current available trainings
    - Introduction to Device-associated Module
    - CLABSI
    - CAUTI
    - VAP
    - CLIP
    - Introduction to Procedure-associated Module
    - SSI
    - PPP
  - Trainings coming soon
    - MDRO and CDI LabID Event Reporting

- **There are slidesets for other topics not listed**
In-person Training

- **October 2-4, 2012 at CDC in Atlanta**
  - The training course will provide information on CMS reporting, definition and protocol clarification, interactive case studies, analysis, and changes in reporting for 2013

- **Webstreaming**
  - The course will be webstreamed live with no limitations on the number of participants who can view the event
  - Follow up question and answer sessions with NHSN training team will be scheduled once course is archived on the website
NHSN Training Website

- New training page on the NHSN website
  - http://www.cdc.gov/nhsn/training
Training Website

NHSN training topics...

- **Course Catalog**
  Course descriptions for NHSN components, modules and events

- **Enrollment & Setup**
  Self-paced training for new NHSN enrollment and existing facility set-up

- **Data Entry & Analysis**
  Self-paced training for data entry, import, customization, analysis

- **Patient Safety Component**
  Self-paced training for specific module & events

- **Dialysis Event**
  Self-paced training for outpatient dialysis facilities enrollment & set-up

- **Healthcare Personnel Safety Component**

**Request CDC Led Training**

NHSN is committed to the training and education of its users. Because NHSN staff receives more requests for training than can be accommodated, the following policy and procedures have been established to assist in responding more equitably and effectively.

**Patient Safety Component and Healthcare Personnel Safety Component**

- Webinar Training Policy and Request
- In-Person Training Policy and Request

**Biovigilance Component**

- Webinar/In-person Training Policy and Request

**Case Studies**

Webinars with Case Studies

**Patient Safety Component cannot accept any further training requests for 2012**
Questions?

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nhsntrain@cdc.gov