



Important Surveillance Guidance to Incorporate Beginning

January 1, 2012

We plan to release the next version of NHSN, v 6.6, in late January 2012. In order to keep the NHSN data as clean as possible, we ask that you implement the surveillance changes starting January 1, even though the application and data collection forms will not be available by that date. For the impacted forms, please hold the data for entry until v6.6 is released. Your cooperation and understanding are greatly appreciated.

Event Surveillance	Change
Central Line Insertion Practices (CLIP)	Addition of a required field: Please note whether or not the insertion attempt resulted in a successful central line insertion.
Surgical Site Infection (SSI)	Deletion of 2 required fields: On the Denominator for Procedure form, it will no longer be necessary to include information on Non-autologous Transplants for all operative procedure categories or for Estimated Blood Loss for C-section procedures.
Central Line-associated Bloodstream Infection (CLABSI)	Deletion of a required field: On the Summary Data form for Neonatal Intensive Care Units (NICU), it will no longer be necessary to separately list central line days for umbilical and non-umbilical central lines. Instead a single central line day count will include both types of lines.
Necrotizing Enterocolitis (NEC)	New definition: See article in this issue.

Please note that the PowerPoint versions of the above affected NHSN data collection forms can be edited to remove the fields noted above and capture any custom information you wish to collect. Forms are available at: <http://www.cdc.gov/nhsn/dataCollectForms.html> . When NHSN v6.6 is released, further information on other changes will be provided.

Inside this issue:

Get Your Updated NHSN Patient Safety Component Manual	2
Healthcare Facility Reporting via NHSN to Comply with CMS Rule for 2012	2
NHSN Alerts and Report No Events Now Available	3
New NHSN HAI Definition for Necrotizing Enterocolitis (NEC)	3
New NHSN Live Training Course	4
NHSN Case Study Collaboration with the AJIC	4
CDA Corner	5
Asepsis and Wound Cultures	5
Coming in 2013: Healthcare Personnel Influenza Vaccination Reporting Requirements	5
Q & A	6
Help Desk Reminders	6

Extra Extra...Get your Updated NHSN Patient Safety Component Manual



In early January, 2012 NHSN will post the updated Patient Safety Component Manual. NHSN users will receive an email announcing this posting. This annual update will only be available as a single document for a limited time. The single document will allow users to print the entire document with a single click.

Once any of the manual chapters require further updating throughout the year, the single manual will be removed from the website and instead only separately posted chapters will be available, which may be printed individually. Please take advantage of this easy printing option when it becomes available.

Healthcare Facility Reporting via NHSN to Comply with CMS Rules for 2012

The NHSN team continues to work with healthcare facilities to ensure appropriate set up to meet the 2012 reporting requirements specified in the finalized CMS PPS and QIP rules.

Acute care facilities, beginning in January 2012, should report catheter-associated urinary tract infections (CAUTIs) from adult and pediatric ICUs (no NICUs required), and all operative procedures and any surgical site infections (SSIs) related to colon surgery and abdominal hysterectomy, according to NHSN protocols.

Outpatient dialysis facilities should report dialysis events to NHSN for at least 3 consecutive months in 2012. The data specific to the rule include positive blood cultures, intravenous antimicrobial starts, and signs of vascular access infection. For these data to be accurately sent to CMS, each Outpatient dialysis facility must enroll individually in NHSN as an 'AMB-HEMO – Hemodialysis Center' facility type and must have a correct CMS Certification Number (CCN).

Long-term acute care (LTAC) facilities are to begin reporting CLABSIs and CAUTIs from all locations into NHSN as of October 2012. Note that CMS refers to this facility type as "long term care hospital" (LTCH). After the next NHSN release, which is expected in late January 2012, every CMS licensed LTAC/LTCH facility will need to enroll in NHSN as an individual facility ('HOSP-LTAC' or 'HOSP-PEDLTAC') with a unique orgID. At that time, each facility will complete a new 2012 LTAC annual survey and will define new location types that are specific to LTACs. Waiting until after the January 2012 NHSN release will eliminate confusion and extra work for these facility types. The NHSN team is also working with acute care facilities that have LTAC locations, to ensure that CMS licensed LTAC facilities along with correct data are moved out appropriately.

Inpatient rehabilitation facilities (IRFs) are to report CAUTIs from all locations into NHSN beginning in October 2012. After the next NHSN release, which is expected by late January 2012, every applicable CMS licensed IRF will need to enroll in NHSN as an individual facility with a unique orgID. At that time, each facility will complete a new 2012 IRF annual survey and will define new location types that are specific to IRFs. Waiting until after the January 2012 NHSN release will eliminate confusion and extra work for these facility types. The NHSN team is also working with acute care facilities that have rehabilitation locations, to ensure that any inaccurately defined CMS licensed IRFs along with correct data are moved out appropriately. Additional guidance on appropriate IRF assignment, as a location or facility type to meet CMS requirements, will be shared as it becomes available.

For more detailed information on healthcare facility reporting via NHSN to comply with CMS rules, please refer to the posted guide at the following link: <http://www.cdc.gov/nhsn/PDFs/commup/NHSN-CMS-Rules-Sept-27-2011.pdf>

NHSN Alerts and Report No Events Now Available

With the October 2011 release of NHSN v6.5, new requirements and features were added for facilities to indicate that they had zero events to report for a month. For the Device-associated Module, facilities are now required to use the Report No Events checkboxes on the summary data entry screens to indicate months in which no CLABSI, CAUTI, or VAP occurred among patients in locations being monitored. For the MDRO and CDI Module, similar boxes are found on the summary data entry screens for each MDRO and surveillance option.

For the Procedure-Associated Module, facilities must report when no procedures of the type(s) being monitored were done for a month and when no SSIs for a given procedure type were identified for a month. This reporting is done by using NHSN's Alerts feature. More information about how to report no events can be found in the document "Guide to the Patient Safety Component Alerts" in the Resource Library of the NHSN website at http://www.cdc.gov/nhsn/PDFs/pscManual/NHSN-Alerts_6_5.pdf.

Starting in January 2012, facilities participating in the CMS Inpatient Hospital Quality Reporting Program must use the appropriate Report No Events boxes for CLABSI, CAUTI, and SSI for months when no events of these types are identified in order to be fully compliant with the program requirements.

New NHSN HAI Definition for Necrotizing Enterocolitis (NEC)

There will be a new NHSN necrotizing enterocolitis (NEC) definition for infants beginning in January 2012. Dr. Fernanda Lessa and the CDC NHSN pediatric-neonatal work group, their partners in SHEA and APIC and other external experts, worked to review and update the definition to make it contemporary with the literature and advances in technology. All participants' expertise and input proved invaluable during the effort to craft a definition that is accurate, up-to-date and harmonized with other established definitions. Shown below are the two criteria comprising the new NEC definition. You may begin using this definition on January 1, 2012. The changes to the event criteria portion of the NHSN custom event form and event data entry screen will be included in release v6.6.

1) NEC defined by Clinical and Radiographic Criteria

One or more of the following clinical signs:

- a. Bilious aspirate*
- b. Vomiting
- c. Abdominal distension
- d. Occult or gross blood in stools (with no rectal fissure)

AND

One or more of the following radiographic findings:

- e. Pneumatosis intestinalis
- f. Portal venous gas (Hepatobiliary gas)
- g. Pneumoperitoneum

*Bilious aspirate as a result of a transpyloric placement of a nasogastric tube should be excluded

2) NEC defined by Surgical Criteria

- a. Surgical evidence of extensive bowel necrosis (>2 cm of bowel affected)

OR

- b. Surgical evidence of pneumatosis intestinalis with or without intestinal perforation

New NHSN Live Training Courses

CDC's NHSN training course on SSI and CAUTI was held on December 5th and 6th, 2011, at the JW Marriott Hotel in Atlanta, GA. We welcomed more than 165 attendees representing 37 states. The training focused on CMS reporting, definition and protocol clarification, interactive case studies, hands-on data entry and analysis, and prevention strategies for these infections. A special thanks to all the participants for sharing their excellent questions, knowledge, and feedback during and after the course in order to make future trainings more successful.

Continuing education units (CEUs) are available until January 7, 2012 for those who completed the training. Participants may complete the evaluation and obtain continuing education units at www.cdc.gov/tceonline. If you have any questions about this process or any training related questions, please contact nhsntrain@cdc.gov.

There are plans for future trainings for 2012. The next proposed training will be scheduled for the first week in February and will be a repeat of the SSI and CAUTI course. Those who were on the waiting list for the December course will have first opportunity to register for the February course. In addition, we will notify you in advance of the registration opening date, and schedule it at a time of day that allows our western facilities equal opportunity to register. Please stay tuned for more information on the February training as it becomes finalized!

NHSN Case Study Collaboration with the AJIC



Since June of 2010, NHSN and the American Journal of Infection Control have collaborated to develop and publish a series of healthcare-associated infection (HAI) case studies. The purposes of the series are:

1. To present challenging HAI case scenarios that will provide rationale and clarity in the use of the NHSN surveillance definitions,
2. To provide an opportunity for personal competency assessment as well as for assessment of consistency between IPs within a facility,
3. To provide an additional means of training IPs.

An AJIC supplement of additional case studies will soon provide an opportunity for readers to review cases and demonstrate appropriate determinations of HAI by NHSN standards. Upon a minimum attainment of 80% correct answers, participants will be able to earn 1 continuing education unit. Be on the lookout for the supplement, which is expected before the APIC 2012 annual conference.

CDA Corner

NHSN release changes vary in how they affect CDA import. NHSN informs CDA vendors of these changes and provides detailed information on how they will impact CDA import. If you wish to receive this information, please send an e-mail to nhsncda@cdc.gov and request to be added to the CDA Vendor List.

If you currently have HAI data that are being imported into NHSN via CDA, please work with your CDA vendor to ensure your facility is reporting or working toward reporting the new set of required antimicrobial susceptibility data for HAIs. These requirements were implemented for manual data entry in the June 2011 NHSN release and required back entry for all event dates occurring on or after January 1, 2011. For CDA data submission, these same requirements will be implemented in the NHSN 6.6 release, scheduled for late January 2012, and will require back entry for all missing data for event dates occurring on or after January 1, 2012. Hospital staff will be obligated to manually enter antimicrobial susceptibility data into NHSN for all susceptibility results that are missing and marked as incomplete according to these new antimicrobial susceptibility requirements.

“Antimicrobial Use - Pharmacy Option Summary Report” will be available for CDA import with NHSN release v6.6.

Asepsis and Wound Cultures

Proper specimen collection and transport to the laboratory is critical for optimal specimen evaluation. In addition to the recovery of colonizing flora or contaminants, improperly collected and/or transported specimens can result in the failure to isolate the causative organism. As such, aseptic technique should be utilized to maximize clinically-pertinent laboratory results. The criteria for defining SSI include culture of a specimen that is aseptically obtained. NHSN defines this as “obtained in a manner to prevent introduction of organisms from the surrounding tissues into the specimen being collected” (see Key Terms chapter of the NHSN PS Manual). Clearly, an improperly collected or transported specimen from a surgical wound can make identification of true SSI difficult. While there are general guidelines for the collection of optimum wound specimens, specific procedures for specimen collection and transport is institution dependent. Infection prevention professionals should review these practices with their nursing and laboratory colleagues to assure that aseptic technique is being used to obtain wound specimens.

Reference: *Associations for Professionals in Infection Control and Epidemiology, Inc. (2009). APIC text of infection control and epidemiology. 3rd edition. Washington; Association for Professionals in Infection Control and Epidemiology, Inc.*

Coming in 2013: Healthcare Personnel Influenza Vaccination Reporting Requirements

Beginning January 1, 2013, for the fiscal year 2015 payment update, hospitals participating in the CMS Hospital Inpatient Quality Reporting Program will be required to submit summary data on influenza vaccination of healthcare personnel via NHSN’s revised Influenza Vaccination Module of the Healthcare Personnel Safety (HPS) Component. The NHSN module for reporting these data is being developed and will be available in August 2012. The former HPS influenza vaccination summary reporting option was disabled in October 2011. The HPS individual-level influenza vaccination reporting option can still be used until the new summary reporting module is released. At that time, updated training materials, protocol, forms, and instructions will be available on the NHSN website.

Q & A



Q: Are asymptomatic bacteremic urinary tract infections (ABUTIs) in patients in adult and pediatric intensive care units (ICUs) included in the reporting requirements for CMS's Hospital Inpatient Quality Reporting Program beginning January 2012?

A: Yes. Keep in mind that ABUTI may occur in patients with or without an indwelling urinary catheter. Therefore, if a patient in an adult or pediatric ICU has an indwelling urinary catheter at the time of or within 48 hours prior to specimen collection or the onset of symptoms (whichever comes first) and meets the NHSN criteria for ABUTI, this infection is a CAUTI and is reportable to CMS.

- Q:** Do microorganisms seen as part of a urinalysis (UA) meet the component of symptomatic urinary tract infection (SUTI) criteria 1a and 2a, which states: "c. microorganisms seen on Gram stain of unspun urine"?
- A:** No. Since the UA workup does not include Gram staining of the specimen, this component of the criteria is not met.
- Q:** Some of our surgeons use the daVinci technology to perform abdominal hysterectomies. This device creates 5 abdominal punctures in order to perform the surgery. Is surgery performed using this technique included in the NHSN abdominal hysterectomy operative procedure category (HYST: ICD-9-CM codes 68.31, 68.39, 68.41, 68.49, 68.61, 68.69)?
- A:** Yes. Medical coders will code the abdominal hysterectomy as a primary procedure and if it is robot-assisted, a secondary procedure code will be added. As a result, such procedures are always included in the NHSN HYST operative procedure category. These procedures must be included in data that will be reported to NHSN to meet CMS reporting requirements.
- Q:** Our facility is performing LabID Event reporting for our inpatient locations only. We had a patient who was in our Emergency Department (ED) and a stool sample was collected and reported as *C. difficile* just before midnight. Then at 4:00 am, the patient was admitted as an inpatient to our facility. Can we enter the *C. difficile* result into NHSN as a *C. difficile* Laboratory-identified Event (LabID Event) for the inpatient location even though the test was done on a different day and in a different location from admission?
- A:** No. Since the specimen was collected prior to the admission date, it should not be entered into NHSN as a LabID Event for the inpatient location. Remember that LabID Event reporting is a proxy measure to lighten the load of surveillance; however, this reduction in burden is traded off with a decreased specificity as it relates to true infection vs. colonization. This means that a scenario such as this, where an outpatient LabID Event is positive on the calendar date before admission is not reflected in the inpatient LabID Event data. However, as a concession, and because it does not result in conflicts with existing business rules in the application, if a specimen is collected in the ED or another outpatient setting and the patient is admitted on the same calendar day, the LabID Event can be entered into NHSN and attributed to the admitting Inpatient location.

Help Desk Reminders

For all Facility Administrators: If there happens to be a system-wide change of the email addresses at your facility, it is your responsibility to make sure that all active users' emails are up-to-date, especially prior to the digital certificate renewal. This will allow the renewal process to proceed smoothly.

Digital certificates: All active users of NHSN are allowed one digital certificate per email address. A single digital certificate can be installed on multiple computers. CDC incurs a cost for each digital certificate issued. Please help us in our efforts to be fiscally sound, by not requesting more than one certificate per email address. Thank you.

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.



Help Desk and General User Support:

nhsn@cdc.gov

Request for Training and Online Training Support:

nhsntrain@cdc.gov

CDC Inquiries:

nhsncda@cdc.gov

**The Centers for Disease Control and Prevention
(CDC)**

MS-A24

1600 Clifton Rd.

Atlanta, GA 30333

Email: nhsn@cdc.gov

CDC's NHSN Web site: www.cdc.gov/nhsn