NHSN Newsletter

Volume 6, Issue 2

June 2011

NHSN e-News

The Centers for Disease Control and Prevention (CDC)

Don't Miss Out on 2% Annual Update Money: Ensure Your CLABSI Data Get to CMS

To avoid problems in the reporting of central line-associated bloodstream infection (CLABSI) data required for participation in the Inpatient Prospective Payment System (IPPS) of the Centers for Medicare and Medicaid Services (CMS), NHSN has prepared some helpful tips for participants. The guide entitled "Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program)" will be available by June 4th in the NHSN Resource Library (http://www.cdc.gov/nhsn/PDFs/HelpfulTips_CLABSI_Reporting.pdf). Please take a moment to review the information and follow the guidance to ensure that your data are accurately and completely entered into NHSN. This will allow us to share the data with CMS so that your facility receives the payment it is due.

Sharing Your NHSN Data Just Got Easier!

The confer rights functionality in NHSN has been enhanced in the v6.4 release to make it easier for facilities to share their data with Groups. Most NHSN facilities now share some or all of their data with at least one Group and many of them share their data with multiple Groups for various purposes that include state mandatory reporting or participation in prevention collaboratives. With this change to the confer rights functionality, the Group will be responsible for creating a confer rights "template" that specifies which data (e.g., events, denominators, facility information) are required from its member facilities. Facility Administrators will receive notification on log-in when a Group they belong to has created a new confer rights template or when an existing template has been changed. They will have the opportunity to review the information being requested and accept the confer rights template, or they may leave the group. Existing conferred rights will be retained until a facility accepts a new confer rights template or leaves the Group. New Groups will invite facilities to join the Group and accept their confer rights template.

If you have questions about the process of joining a Group and/or conferring rights to a Group, please contact your Group Administrator or nhsn@cdc.gov.

The Facility Administrator Has Responsibility to All Components in NHSN

The NHSN Team is asking that NHSN Facility Administrators and other NHSN users please be aware that there are multiple components within the NHSN system that can be utilized by a facility. Currently, the system includes the Patient Safety Component, the Healthcare Personnel Safety Component, and the Biovigilance Component. In addition, the Long-Term Care Component is expected to be added by the end of this year. Although these components are likely to be managed by different individuals within the facility, there can still only be one NHSN Facility Administrator for each facility. Therefore, we ask that you take special care and consideration when identifying who the Facility Administrator will be. This person will need to recognize the importance of all of the components for the facility and understand that timeliness in response to the needs of each component is a necessity to the important work accomplished within each of the components for your facility.

(continued on p.2)

Please recognize that the Facility Administrator has a responsibility to assist colleagues in the addition and set-up of any relevant components in NHSN by completing the required facility information, identifying and activating the components to be followed, providing Primary Contact information, and adding at least one user with "Administrator Rights" for each component. This "Administrator Rights" user may be the same or different from the component's Primary Contact. The person designated as the Primary Contact for a component should know the component thoroughly so that he/she can meet the responsibilities for future management, organization, and surveillance within the component, including adding additional component users and joining and conferring rights to a Group.

These are the basic steps a Facility Administrator should follow to activate a new component in NHSN:

- Login to NHSN.
- Under "Facility" in the left navigation bar, select "Add/Edit Component".
- On the "Facility Information" page, scroll down to the "Components Followed" section.
- Select the new component.
- You will be prompted to enter a Primary Contact for the new component.
- You will need to add at least one user for the new component and assign her/him "Administrator Rights" for the component.

We ask that you work together as a team in order to maximize the benefits of your NHSN participation. Thank you.

Re-launch of Antimicrobial Use (AU) Option of the Medication-associated Module via Clinical Document Architecture (CDA)

The AU option enables facilities to report and analyze antimicrobial use as part of antimicrobial stewardship efforts at their facility. The AU option has been undergoing a transition over the past year to only capture and report antimicrobial use by electronic means through CDA. With the release of NHSN v6.4, the import capability within the NHSN web-based application has been upgraded to accept the antimicrobial use data.

For participation in the AU option, antimicrobial usage data will be electronically captured from a facility's electronic medication administration record (eMAR) and/or bar coding medication record (BCMA). If you have eMAR/BCMA, we encourage you to consider contacting your infection control surveillance or electronic health record vendor for participation in the NHSN AU option.

The Antimicrobial Resistance option is still under development and further updates in the timeline will be provided in future NHSN E-News and updates to NHSN AUR option webpage (http://www.cdc.gov/nhsn/psc_ma.html).

Biovigilance Component Updates

The v6.4 release of NHSN will include several very important changes to the data collection forms and to the case definition criteria for adverse reactions. Please review the updated Hemovigilance Module materials for these and other important

changes. Major changes are summarized below.

Data Collection Forms:
There will be a new question on the annual facility survey regarding centralized transfusion services. The *Blood Product Incidents Reporting – Summary Data form* (57.302) will be renamed to *Monthly Incident Summary*. On the adverse reaction form, the "primary underlying reason for transfusion" question will be changed from a text field to drop-down options, the signs and symptoms section will be updated, and the infection section will be updated. The Tables of Instructions for each form will be updated to reflect these changes.

Protocol:
The case definitions will be revised for clarification and ease of use. Important changes are highlighted below.

- Allergic reaction: A probable case definition category to allow reporting of a reaction presenting with only one observed symptom will be added.
- Delayed hemolytic transfusion reaction (DHTR): A possible imputability category will be added.
- Hypotensive reaction: Blood pressure measures will be refined and the possible case definition category eliminated.
- Post transfusion purpura (PTP): A possible case definition criteria category will be added and as well as a probable imputability category.
- Transfusion-related acute lung injury (TRALI): The possible case definition criteria category will be eliminated.

Analysis:
An important change to the adverse reaction output options will be made. The output options for adverse reactions in NHSN v6.3 and earlier versions used the product or component entered on the first line of the form as the "implicated" product by default rather than the specific product type implicated by the user. Users may have inaccurate adverse reaction line lists or frequency tables where the implicated product is a different type than the unit entered on the first line in the adverse reaction record. Please rerun your adverse reaction reports using NHSN v6.4 for the corrected outputs. We will also add output options for monthly denominators and monthly incident summaries.

Reminder:
Please enter your 2011 Annual Facility Survey as soon as possible if you have not already done so. Remember that it covers information from the 2010 **calendar** year. Contact NHSN user support if you need assistance.

Editing Events after Release of Version 6.4

If you need to edit an event which has an event date **prior to 01/01/2011**, the system may ask you to provide antibiotic susceptibility data required by v6.4 for any reported pathogens. These data will not be utilized in analysis by NHSN. You may choose to either enter the correct data for your facility's internal purposes, or you may choose "N" (not tested) for each of the drugs required. We apologize for any inconvenience this may cause and thank you for your assistance.

Cultures from Multiple Lumens OK to Meet NHSN LCBI Criterion 2

Effective immediately, culture results obtained from multiple lumens of the same central catheter may be used as documentation for LCBI criterion 2 in NHSN. This criterion requires that two or more blood cultures "drawn on separate occasions" be positive for a common commensal. "Separate occasions" can be interpreted as blood draws collected from separate sites or separate accesses of the same site, such as two draws from a single lumen catheter or draws from separate lumens of a catheter. In the latter case, the draws may be just minutes apart (i.e., just the time it takes to disinfect and draw the specimen from each lumen).

The decision to include this method of culturing lines was made in response to requests from clinicians caring for immunocompromised patients, where clinical practice includes this culture technique to screen for bloodstream infection. Patient conditions such as leukopenia and thrombocytopenia may result in this practice as peripheral venipuncture can be problematic in this setting. Culturing multiple lumens of the same central catheter is a way for clinicians to assess potential bloodstream infection in patients with central lines who are unable to tolerate a peripheral stick.

While the gold standard for specimen collection for blood culture remains the drawing of blood from peripheral venipuncture sites rather than from the central line alone, we appreciate that there is wide variation in actual practice. We hope that this clarification on multilumenal collection will help standardize the classification of CLABSI in NHSN.

Use of Endoscopy (Laparoscopy) in Hysterectomy Procedures

An endoscope is an instrument used to examine the interior of a hollow organ or cavity of the body. Laparoscopes are a type of endoscope. Laparoscopic or "minimal access surgery" is a highly specialized technique for performing surgery of abdominal or pelvic cavities. Operations are performed via tiny surgical incisions, allowing the surgeon to visualize the organs and surrounding area on a video monitor. In the case of a laparoscopic hysterectomy, the uterus is removed with the help of a morcellator. This instrument allows the surgeon to remove a large uterus through a small incision. Possible benefits of this type of surgery include reduced bleeding, smaller incision, reduced exposure of internal organs to possible external contamination, potential reduction of surgical site infection, less pain and quicker recovery time.

ICD-9-CM codes for laparoscopic hysterectomy procedures are included within the NHSN operative procedure categories of HYST (abdominal hysterectomy) and VHYS (vaginal hysterectomy) (see also Q and A on the next page). If the hysterectomy procedure was performed using a laparoscope and the uterus was removed either through the small incision <u>or through the vagina</u>, be sure to indicate "Yes" for the Endoscope field response. Check "No", if the laparoscopic incision was extended to allow for the insertion of the surgeon's hand.

REMEMBER: When you indicate on a monthly reporting plan that you intend to monitor one or more operative procedure categories during a month, you must follow <u>all</u> the procedures performed that are included in the ICD-9-CM codes listed

in the operative procedure categories selected. You may not select only a subset of those codes to monitor.

A Review of MDRO/CDI Module Improvements since Implementation in March 2009

The Multidrug-Resistant Organism (MDRO) and *Clostridium difficile* Infection (CDI) Module has undergone some change and improvement since its initial release in March 2009. A complete summary of the major updates specific to the module, along with brief explanations for the modifications, which have been copied from NHSN Newsletters and/or blast e-mail messages that were sent out when the specific changes were originally implemented, is now available at http://www.cdc.gov/nhsn/PDFs/MDROCDI_Update_May2011.pdf.

SHEA 2011 Annual Business Meeting is Opportunity to Showcase NHSN Data

The 2011 annual meeting of the Society for Healthcare Epidemiology of America was held in Dallas, TX from April 1-4. Several abstracts summarizing recent trends in data reported to NHSN were presented by CDC staff. These presentations are listed below with their abstract numbers. Abstracts can be viewed at http://shea.confex.com/shea/2011/webprogram.

- Trends in incidence of central line-associated bloodstream infections due to Candida spp. among neonatal intensive care unit patients in the United States, 1999–2009 (Abstract #45)
- Burden of major hospital-onset device-associated infection types among adults and children in the United States, 2007 (Abstract #303)
- Resistant pathogens causing ventilator-associated pneumonia reported to the CDC's National Healthcare Safety Network, January 2007-June 2010 (Abstract #389)
- Ecologic evaluation of central line associated bloodstream infection (CLABSI) and secondary BSI rates for case misclassification in Pennsylvania (Abstract #553)
- Percent resistance for select pathogens reported with central line-associated bloodstream infections to CDC's National Healthcare Safety Network, January 2008-June 2010 (Abstract #634)
- Evaluation of the relationship between catheter-associated urinary tract infection rates and urinary catheter utilization among hospital wards and intensive care units reporting to the National Healthcare Safety Network, January 2009-June 2010 (Abstract #LB12)

NHSN Offerings at 2011 APIC National Conference

Are you going to the Association for Professionals in Infection Control and Epidemiology 2011 Annual Conference being held in Baltimore, MD, June 27-29? If so, then why not take the opportunity to stop and say hello to some of the NHSN staff at one of the offerings they will be involved in and listed below. Locations for the presentations were unavailable at the time of this publication; please check your on-site program. We hope that you can participate in one or more of these offerings and that they will provide information that is useful to you. We look forward to seeing you then!

Title	Date	Time
NHSN Members' Meeting	Sun. 6/26	4:30 - 5:30 p.m.

(continued on p.6)

Title	Date	Time
Professional Development Workshop: NHSN SSI	Mon. 6/27	3:00 -5:30 p.m.
Professional Development Workshop: NHSN BSI	Tues. 6/28	7:30 -10:00 a.m.

NHSN Questions & Answers

Q: Are femoral arterial lines considered central lines in NHSN?

***A**: No. Because the femoral artery is not among the list of great vessels defined for CLABSI surveillance in NHSN, a catheter in this vessel is not considered a central line. Do not include femoral artery catheter days in your count of central line days.*

Q: If an abdominal hysterectomy is performed but the uterus is removed through the vagina, is this still reported as an abdominal hysterectomy (HYST) for surgical site infection (SSI) reporting in the NHSN, or should it be recorded as a vaginal hysterectomy (VHYS)?

(What follows is a December, 2011 correction to the original answer provided.)

We have become aware of the following information regarding this. We apologize for any problems that our error has created.

This procedure should be recorded as a VHYS. Medical record coders are trained to assign ICD-9-CM hysterectomy codes based on the manner in which the uterus is removed. Therefore procedures where the uterus is removed via the abdomen are coded abdominal hysterectomies and fall within the NHSN operative procedure category HYST. When the uterus is removed via the vagina, the procedure is coded as a vaginal hysterectomy and is included in the NHSN operative procedure category VHYS. In keeping with this, laparoscopic hysterectomies where the uterus is removed via the vagina are included in the category VHYS.

Please make any related necessary corrections to data beginning June 1, 2011.

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

The National Healthcare Safety Network (NHSN) is a voluntary, secure, Internet-based surveillance system that integrates patient safety, healthcare personnel safety, and hemovigilance surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC.

Enrollment in NHSN is open to the following types of healthcare facilities in the United States: acute care hospitals, long term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, and ambulatory surgery centers. Long term care facilities will be able to join NHSN beginning in late 2011.

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.