



Reminder! Hold 2015 NHSN Data Entry!

While the new 2015 NHSN protocols and forms have been posted on our website, the new data entry fields and business rules will not be applied (for the Patient Safety Component, Dialysis Component, and Long Term Care Facility Component) until after NHSN has been updated in late-January. Please use the paper forms found on our website to collect and hold all 2015 data until after the NHSN update. **This means that all 2015 PSC, Dialysis Component, and LTCF Component reporting plans, surveys, events, summary data and procedures should not be entered into NHSN until late-January 2015.** Facilities can continue to enter 2014 data as well as update user information and locations within their NHSN facility.

Inside this Issue:

Patient Safety Component	<u>2</u>
New 2015 NHSN Manuals and Data Collection Forms	<u>2</u>
SSI Updates	<u>2</u>
Protocol Update	<u>3</u>
Updates to the September NHSN Newsletter	<u>3</u>
NHSN Training Updates	<u>4</u>
Patient Safety Component: Annual Facility Survey Updates and Reminders	<u>5</u>
Preparing for 2015 Reporting: Locations	<u>6</u>
Reminder! Data for CMS Quality Reporting Programs due Soon!	<u>7</u>
Coming Soon: TAP Reports!	<u>8</u>
2013 NHSN Validation Toolkits	<u>8</u>
Healthcare Personnel Safety Component	<u>9</u>
2014/2015 Influenza Season Underway!	<u>9</u>
Update for ASC Enrollment and Reporting of HCP Influenza Vaccination Data	<u>9</u>
ASC Facility Administrator Reassignments	<u>10</u>
HPS Component: Annual Facility Survey Updates and Reminders	<u>10</u>
Dialysis Component	<u>11</u>
Dialysis Component: Annual Facility Survey Updates and Reminders	<u>11</u>
2015 Change to NHSN Affecting Dialysis Component Users	<u>11</u>
Protocol Update	<u>11</u>
Long Term Care Facility (LTCF) Component	<u>12</u>
LTCF Component: Annual Facility Survey Updates and Reminders	<u>12</u>
LTCF Component Denominator Reporting Changes for 2015	<u>12</u>
2015 LTCF Component Resources	<u>13</u>
Clarifications about HAI Surveillance for LTCF Reporting	<u>13</u>
Protocol Update	<u>13</u>
Biovigilance Component	<u>13</u>
Closing Out Biovigilance Data for 2014	<u>13</u>
2014 Biovigilance Component Annual Facility Survey	<u>13</u>
General NHSN Information	<u>14</u>
Important SAMS/Digital Certificate Update	<u>14</u>
2015 Change to NHSN Affecting all NHSN Facilities: CCN Effective Date	<u>14</u>
Updating User Information within NHSN	<u>14</u>
NHSN Enrollment Update	<u>17</u>

Patient Safety Component

New 2015 NHSN Manuals and Data Collection Forms

The January 2015 updated protocols, reporting forms, and additional guidance documents have been posted to the NHSN website for your review and use. All previous protocols and forms will be outdated and obsolete for reporting beginning January 1, 2015. In addition to individual protocol access already available, the Patient Safety Component protocols will be combined into one comprehensive document for convenient access and printing, expected for release in early February 2015.

As a reminder, the new reporting requirements will not be implemented or available within the NHSN application until after the next update, expected in late-January 2015. Therefore, data from events and procedures that occur on or after January 1, 2015 should be collected according to the new protocols and held on paper copies of the new forms until data entry capability becomes available in NHSN in late-January.

SSI Updates

NHSN Inpatient and Outpatient Operative Procedure Definitions

The definition of inpatient and outpatient for operative procedures in NHSN is moving to a more location based definition to better represent where the procedure was done and by whom.

NHSN Inpatient Operative procedure: An operative procedure is considered an NHSN Inpatient Operative procedure if it is performed in an acute care Inpatient Operating Room (OR) area or suite which meets the NHSN definition of an operating room. If the OR suite is largely intended to be used for procedures on patients who will be admitted to an inpatient unit, then all of the procedures from this OR suite will be considered NHSN inpatient procedures. This is true even if some of the patients having procedures are not admitted to the hospital and do not spend a night. The 80/20 rule for mapping locations does not apply for determining the inpatient OR suite status.

NOTE: If the facility has only one OR area and they perform all of their inpatient and outpatient procedures in the same OR area, this should be considered an inpatient OR and all procedures performed in this area should be reported as NHSN inpatient procedures.

NHSN Outpatient Operative procedure: An operative procedure is considered an NHSN Outpatient Operative procedure if it is performed in an outpatient Operating Room (OR) location. If the OR suite is largely intended to be used for procedures on outpatients who will not be admitted to an inpatient unit, then all of the procedures from this OR suite will be considered outpatient procedures. The 80/20 rule for mapping locations does not apply for determining the outpatient OR suite status.

APPY Procedures Update

On review, NHSN noted that the current list of ICD-9 CM codes for appendectomy procedures does NOT include the code for incidental appendectomies. Therefore, in 2015 do NOT report incidental APPY procedures since this code is not in the current APPY ICD-9 CM procedure group.

(SSI Updates continued on Page 3)

SSI Updates (continued)

Modification of the SSI Primary Closure and Non-primary Closure Definitions

Primary Closure is defined as closure of the skin level during the original surgery, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision. This category includes surgeries where the skin is closed by some means. Thus, if any portion of the incision is closed at the skin level, by any manner, a designation of primary closure should be assigned to the surgery.

This change removed the phrase “all tissue levels” from the definition. This phrase caused a lot of questions and confusion. This definition will be easier to apply and is closer to definitions used by other surgical professional groups.

Non-primary Closure is defined as closure that is other than primary and includes surgeries in which the skin level is left completely open during the original surgery and therefore cannot be classified as having primary closure. For surgeries with non-primary closure, the deep tissue layers may be closed by some means (with the skin level left open), or the deep and superficial layers may both be left completely open. An example of a surgery with non-primary closure would be a laparotomy in which the incision was closed to the level of the deep tissue layers, sometimes called “fascial layers” or “deep fascia,” but the skin level was left open. Another example would be an “open abdomen” case in which the abdomen is left completely open after the surgery. Wounds with non-primary closure may or may not be described as “packed” with gauze or other material, and may or may not be covered with plastic, “wound vacs,” or other synthetic devices or materials.

NHSN Protocol Update

When entering associated pathogens for an event, a particular pathogen species should only be entered once, using the antibiotic susceptibility panel that shows the most resistance overall. Starting in January 2015, NHSN will not allow you to save an event if you have listed the same pathogen species twice on the event form and you will receive an error message alerting you to this issue. This applies to events entered in the Patient Safety, Long Term Care Facility, and Dialysis Components.

Note to Patient Safety Component users: This rule also applies when adding an additional pathogen to an existing event that occurred during a repeat infection window period. If the same genus/species organism has already been reported for the event, a second pathogen of the same organism should not be reported.

Updates to the September NHSN Newsletter

Please note that the September 2014 NHSN Newsletter has been edited slightly and reposted to the NHSN website. The following additions, in bold, were made:

- NHSN Infection Window Period (**Does NOT apply to SSI, VAE, or LabID Event surveillance**)
- Date of Event (Event Date) (**Does NOT apply to VAE or LabID Event surveillance**)
- Repeat Infection Timeframe (RIT) (**Does NOT apply to SSI, VAE, or LabID Event surveillance**)
- Regarding the secondary BSI attribution period: **The length of this attribution period will vary from 14-17 days, depending on where the date of event falls within the Infection Window Period.** (Note: More details and guidance regarding this subject is provided in the “NHSN Definition and Rules Changes for 2015” Hot Topics webinar as well as in the Bloodstream Infection Event [Central Line-Associated Bloodstream Infection and Non-central line-associated Bloodstream Infection] chapter in the NHSN manual for 2015.)
- **The SUTI 1a criterion will be changed, in part, to read “Patient has an indwelling urinary catheter in place for the entire day on the date of event and such catheter had been in place for > 2 calendar days, on that date (day of device placement = Day 1).”**

The updated September 2014 NHSN Newsletter can be found here:

<http://www.cdc.gov/nhsn/PDFs/Newsletters/vol9-3-eNL-Sept-2014.pdf>.

Are you ready for 2015 CMS reporting?

Coming Soon:

Release of HAI Hot Topics: **Dec. 2014**

In person NHSN Training Course with live web streaming: **Feb. 2015**

Interactive Training Modules: **Jan. – April 2015**

Continuing Education: **Jan. – Dec. 2015**

Archived Training Videos: **April 2015**

HAI Hot Topics

The Centers for Medicare and Medicaid Services (CMS) quality improvement programs, along with state mandates, have prompted careful review of criteria for Healthcare Associated Infections (HAIs) and other reportable events. CDC's assessment of NHSN, coupled with feedback from system users and subject matter experts, have led to important changes in definitions, criteria, and business rules for NHSN reporting in 2015. These changes aim to increase consistency in facility reporting and to improve overall patient safety. NHSN has developed eight new HAI Hot Topic modules that highlight 2015 protocol changes. We would like to hear your feedback about these HAI Hot Topic training modules. Contact us at NHSNtrain@cdc.gov, Subject: Hot Topic Training.

In-Person NHSN Training Course

CDC will host the training course: "Applying the 2015 Changes to Accurately Report HAIs," on February 17-19, 2015 at the CDC Global Communications Center in Atlanta, GA. Speakers will discuss topics including CMS reporting and definition and protocol clarification for CAUTI, CLABSI, SSI, VAE, and CDI and MRSA bacteremia LabID event reporting. In addition, the subject matter experts will provide interactive case studies for each infection/event type.

Thank you to all those that applied for registration into the course; the training is now full. Those confirmed for the training will be receiving detailed information on hotel and transportation options.

For those participants unable to attend the training in-person, live web streaming will be available. An email will be sent the beginning of February with the details on accessing the web streaming event and materials.

For questions related to registration, please email Alberta Hanks of Avaris Concepts at avarisevents@avarisconcepts.com. For any other training related questions, please email NHSNtrain@cdc.gov.

NHSN Interactive Computerized Self-Study Trainings

New self-study training courses for 2015 will be available in the next few months on the NHSN website. These trainings will provide a comprehensive overview of the Device-associated (DA) module and Procedure-associated (PA) module for NHSN. The courses will review the structure of the DA and PA modules and the methodology used for data collection; define key terms and protocol criteria for each of the different infection types; describe how to collect and calculate the infection rates, and interpret the data for accurate use.

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, and SSI.

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 taking the courses will need a computer with access to the internet. Hyperlinks to the forms, protocols and NHSN manual are available throughout the courses and available for printing if needed.

The first trainings available will be Introduction to the Device-associated module and CAUTI, to be released in late January. Other trainings will follow in February, March, and April of 2015. All trainings will be located on the NHSN training page: <http://www.cdc.gov/nhsn/Training/patient-safety-component/index.html>.

(Training Updates continued on Page 5)

NHSN Training Updates (continued)

Continuing Education

The NHSN Patient Safety Component will offer many opportunities to receive continuing education (CE) free of charge through live and online training. CEs that will be available include CME, CNE, and CEU. Step-by-step directions on accessing the CDC continuing education registration and online system, and a list of upcoming CE offerings can be found here: <http://www.cdc.gov/nhsn/Training/continuing-edu.html>.

More continuing education opportunities coming soon!

Coming Soon! Archived Training Videos

Look for the updated 2015 archived training videos to be posted April 2015. These videos will be full length training sessions taught by the NHSN SMEs that will be located on the NHSN website to be accessed at any time. Training videos include: 2015 General Definitions for Surveillance Reporting, CAUTI, CLABSI, Secondary BSI and NHSN Site-Specific Infection Definitions, SSI, MRSA Bacteremia and CDI LabID Event Reporting, VAE, Evaluating Entered Data for Completeness, Consistency, and Accuracy, Introduction to Analysis, Advanced Analysis, and How to Communicate about NHSN Data and HAI Prevention to the Public.

Patient Safety Component: Annual Facility Survey Updates and Reminders

At the start of each calendar year, facilities must complete an annual facility survey using data from the prior calendar year. The 2014 Patient Safety Component (PSC) surveys contain new and updated questions on microbiology laboratory practices, infection control practices, and antibiotic stewardship practices. Many of these questions will require input from your microbiology laboratory, hospital epidemiologist, quality improvement coordinator and/or hospital pharmacist.

With the next NHSN update, scheduled for late-January 2015, the **2014** annual facility surveys will become available in the application. PDF versions of each 2014 survey, along with survey instructions, have already been posted on the NHSN website and are listed below so that you may preview the survey questions and gather the appropriate information as needed.

Note: On January 1, 2015, you will begin to see an alert on your NHSN home screen reminding you to complete a 2014 annual survey. However, you will not be able to enter the new survey data into NHSN until after the NHSN update in late-January. Any surveys entered prior to the NHSN update using the old version of the survey will be deleted from NHSN during the update. Therefore, we ask that you please wait until after the NHSN update to enter the 2014 survey.

Important Survey Reminders:

- The PSC annual surveys must be completed by March 1, 2015. Facilities will not be able to create a March 2015 monthly reporting plan without completing a 2014 facility survey.
- Please ensure the accuracy of the information reported on your annual surveys. CDC uses this information for risk adjustment of your data and when analyzing and publishing national data.
- On the 2014 surveys, be sure to enter your correct facility bed size. This count should include all beds that are currently set-up and staffed in your facility. Make sure to capture any changes in bed size that have occurred since you completed last year's survey.

All (non IRF and LTAC) facilities participating in the Patient Safety Component:

Survey: http://www.cdc.gov/nhsn/forms/57.103_PSHospSurv_BLANK.pdf

Instructions: http://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf

Inpatient Rehabilitation Facilities (IRFs):

Survey: http://www.cdc.gov/nhsn/forms/57.151_REHABFacSurv_BLANK.pdf

Instructions: <http://www.cdc.gov/nhsn/forms/instr/TOI-57.151-IRF.pdf>

Long-Term Acute Care Facilities (LTACs):

Survey: http://www.cdc.gov/nhsn/forms/57.150_LTACFacSurv_BLANK.pdf

Instructions: <http://www.cdc.gov/nhsn/forms/instr/TOI-57.150-LTAC.pdf>

Preparing for 2015 Reporting: Locations

As mentioned in recent newsletters, there are some changes coming in 2015 with regard to new location reporting requirements, listed below. **These reporting requirements are based on how a unit is defined using the CDC definitions and instructions for mapping locations.** Acute care hospitals that are preparing for 2015 reporting should give careful consideration to the types of patients receiving care in a given unit in order to determine the most appropriate CDC location. Locations must be mapped and set-up in NHSN according to the guidance provided in the “Instructions for Mapping Patient Care Locations in NHSN” on page 2 of the CDC Locations and Descriptions chapter: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf.

1. CLABSI and CAUTI Reporting for the CMS Hospital Inpatient Quality Reporting Program

In addition to reporting CLABSI and CAUTI data from all adult, pediatric, and neonatal ICUs, CMS IPPS hospitals will also be required to report CLABSI and CAUTI data from **adult and pediatric medical, surgical, and medical/surgical wards.**

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

Any unit that meets the CDC definition for – and is mapped as – a specific type that is not an ICU, NICU, or one of the six wards listed above (e.g. mapped as orthopedic ward, telemetry ward, step-down unit) would not be required to report CLABSI and CAUTI data for the CMS Hospital IQR Program in 2015; any CLABSI or CAUTI data reported from non-required units in NHSN will not be submitted to CMS.

Let’s take a look at a few example scenarios to determine if that unit would be required for CLABSI and CAUTI reporting in 2015:

Scenario	CDC Location	Are CLABSI and CAUTI required in this location for Hospital IQR in 2015?
An inpatient adult ward in which approximately 90% of patients are admitted to that unit because of the need for telemetry.	Telemetry Ward (IN:ACUTE:WARD:TELE)	No
An inpatient adult unit that is comprised of 60% step-down patients and 40% medical ward patients.	Adult Mixed Acuity Unit (IN:ACUTE:MIXED:ALL_ADULT)	No
An inpatient adult ward that is comprised of 55% surgical patients and 45% medical patients.	Medical/Surgical Ward (IN:ACUTE:WARD:MS)	Yes

The CDC location assigned for each of the above scenarios was determined by using the “Instructions for Mapping Patient Care Locations in NHSN”, as found on pages 2-6 of the CDC Locations and Descriptions chapter. If you have questions about how to map a particular unit in your hospital, please contact the NHSN Helpdesk (NHSN@cdc.gov) and provide specific information about the patient care area (e.g., types of patients and percentage of each type, location bedsize).

(Locations continued on Page 7)

Preparing for 2015 Reporting: Locations (continued)

2. FacWideIN LabID Surveillance Expands to Include ED and Observation Locations

Acute care hospitals that are performing in-plan FacWideIN LabID Surveillance will also be required to perform in-plan surveillance in each emergency department (ED) and 24-hour Observation location (Obs) for the same organism and LabID event type (i.e., All specimens or blood specimens only). This rule will facilitate accurate categorization of LabID Events, as well as allow each facility to capture community-onset cases.

In preparation for this protocol change, we strongly encourage all hospitals to begin mapping each ED and Obs unit in their hospital to the appropriate, corresponding CDC Location description. Mapping these locations now will ensure that, in the next version of NHSN, these locations will automatically be added to your hospital's monthly reporting plans for 2015 when FacWideIN LabID surveillance is selected.

PLEASE NOTE: If your facility does not have a designated observation unit, then you do not need to map an observation unit in NHSN. The observation patients should continue to be included in the surveillance efforts for the unit in which they reside.

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **February 15, 2015** for facilities that participate in certain CMS quality reporting programs.

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

2014 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (ICU locations only)

2014 Quarter 3 (July 1 – September 30) COLO and HYST SSI data

2014 Quarter 3 (July 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all HO and CO)

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

2014 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2014 Quarter 3 (July 1 – September 30) COLO and HYST SSI data

Inpatient Rehabilitation Facilities (IRFs) that participate in the IRF Quality Reporting Program:

2014 Quarter 3 (July 1 – September 30) CAUTI data (all bedded inpatient locations)

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

2014 Quarter 4 (October 1 – December 31) CLABSI and CAUTI data (all bedded inpatient locations)

Please make sure at least one individual at your facility can access NHSN via an active digital certificate or SAMS and has been assigned appropriate user rights in NHSN so they may 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: <http://www.cdc.gov/nhsn/cms/index.html>.

If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov.

Coming Soon: TAP Reports!

We are excited for the upcoming arrival of new reports for CDC's Targeted Assessment for Prevention (TAP) strategy! The TAP strategy allows for the ranking of facilities (or locations) in order to identify and target those areas with the greatest need for improvement.

New output options, referred to as "TAP Reports", will be available for facilities and groups and will be generated for CLABSI, CAUTI, and CDI LabID event data. The reports will rank facilities (or locations) by the number of excess infections identified, calculated as the cumulative attributable difference (CAD). The CAD can help to prioritize the facilities (or locations) where the greatest prevention impact could be achieved. Ranking will occur for overall Hospital CAD (highest to lowest) and then by location within each hospital.

National Healthcare Safety Network
TAP Report - CAUTI data for Acute Care Hospitals
Locations Ranked by CAD Within a Facility
As of: December 5, 2014 at 9:42 AM
Date Range: All CAU_TAP

Facility Rank	Facility Org ID	Facility Name	State	Type of Affiliation	Number of Beds	Location (I, N, W)	Events (I, N, W)	DUR % (I, N, W)	CAD (I, N, W)	SIR (I, N, W)	SIR Test	ICU No. Pathogens (EC,YS,PA,KS,PM,ES)
1	10312	Hospital 1	GA		300	6 (1, 5)	11 (2, 9)	12 (771, 881)	10.2 (1.5, 8.7)	10.3 (2.9, 23.1)	SIG	6 (3, 0, 0, 0, 0, 3)
2	10127	Hospital 2	NY	M	160	6 (3, 3)	5 (5, 0)	28 (426, 284)	3.1 (4, -0.9)	2 (3.8, 0)		15 (3, 0, 0, 0, 0, 0)
3	10401	Hospital 3	GA	M	350	7 (3, 4)	4 (0, 4)	25 (540, 272)	2.3 (-0.8, 3)	1.7 (0, 3.1)		0 (0, 0, 0, 0, 0, 0)
4	10586	Hospital 4	GA		220	3 (2, 1)	2 (1, 1)	6 (1643, 1644)	1.7 (0.8, 0.9)	. (3.6, 5.7)		3 (3, 0, 0, 0, 0, 0)
5	11305	Hospital 5	MA	G	360	2 (0, 2)	2 (0, 2)	25 (. 393)	1.5 (0, 1.5)	. (. 3)		0 (0, 0, 0, 0, 0, 0)

Data value will be '' if there is no location reporting. SIR set to '' when expected number of events < 1.0. DUR% not calculated if device days or patient days are missing at facility level.
(EC,YS,PA,KS,PM,ES) = No. of E. Coli, Yeast (both candida and non-candida species), P. aeruginosa, K. pneumoniae, K. oxytoca, Proteus Mirabilis, Enterococcus species
Facility Rank = Priority ranking for Targeted Assessment of Prevention by CAD in descending order
I,W= ICU, WARD+
CAD = (OBSERVED_ICU - EXPECTED_ICU* 0.75) + (OBSERVED_WARD - EXPECTED_WARD* 0.75)
SIR TEST = 'SIG' means SIR > 1 significantly

Detailed documentation about running and using the TAP Reports will be available early next year. In addition, there will be a "TAP Report" session during the February 2015 NHSN Training. So please stay tuned!

2013 NHSN Validation Toolkits

The release of the 2013 NHSN Data Validation Guidance and Toolkit includes standardized guidance for conducting both internal and external validation. Previous validation guidance was only available for 2012 CLABSI in ICUs. The 2013 internal and external validation documents provide standardized methods for validating six HAI metrics: ICU CLABSI; ICU CAUTI; selected SSIs (following colon (COLO) and abdominal hysterectomy (HYST) procedures), MRSA Bacteremia LabID Event and CDI LabID Event. The validation guidance is used to assure high-quality surveillance data through accountability and by identifying, understanding, and correcting reporting problems. The intended audience for internal guidance is reporting facilities, including acute care facilities, inpatient rehabilitation facilities, and long-term acute care facilities reporting 2013 HAI data to NHSN. In contrast, the external guidance is intended for state health departments and other oversight agencies. To access the 2013 internal and external validation guidance and toolkits, please visit the NHSN website www.cdc.gov/nhsn/validation.

2013 Validation Guidance for NHSN Users

- ▶ For Reporting Facilities: 2013 Internal Validation Guidance and Toolkit
- ▶ For Auditors: 2013 External Validation Guidance and Toolkit
- ▶ 2013 Resources

Healthcare Personnel Safety Component

2014/2015 Influenza Season Underway!

The October 1 – March 31 data collection period for the healthcare worker influenza vaccination summary data reporting requirement is halfway complete! While the vaccination campaign at your facility may be finished, facilities can be totaling those counts and should still be documenting the influenza vaccination status of any new healthcare workers within the facility. Facilities can enter their summary vaccination counts into NHSN at any time as the numbers can be amended if new employees are hired or the vaccination status of a current employee changes over the next three months.

The following facility types that participate in CMS Quality Reporting Programs should be collecting these data for the 2014/2015 influenza season and be prepared to enter them into NHSN prior the May 15, 2015 CMS reporting deadline:

- Acute Care Hospitals (All inpatient and affiliated outpatient department healthcare personnel)
- Long Term Acute Care Facilities (LTAC/LTCH)
- Inpatient Rehabilitation Facilities (Both free-standing IRFs and IRF units within acute care hospitals)
- Ambulatory Surgery Centers (ASC)

For more information on how to appropriately collect and enter these data into NHSN please see the link below according to your facility type:

- Acute Care Hospitals: <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html>
- LTACs: <http://www.cdc.gov/nhsn/LTACH/hcp-flu-vac/index.html>
- IRFs: <http://www.cdc.gov/nhsn/inpatient-rehab/hcp-vacc/index.html>
- ASCs: <http://www.cdc.gov/nhsn/ambulatory-surgery/hcp-vaccination/index.html>

For questions, please e-mail the NHSN HelpDesk at NHSN@cdc.gov and include “HPS Flu Summary” in the subject line along with your facility type.

Update for ASC Enrollment and Reporting of HCP Influenza Vaccination Data

Beginning with this 2014-2015 influenza season, ASCs should begin reporting healthcare worker influenza vaccination summary data. The reporting period for this new requirement is October 1, 2014 – March 31, 2015. These data must be entered into NHSN by May 15, 2015 in order to be shared with CMS.

As of December 16th, there were 1,403 ASC’s enrolled in NHSN, which is approximately 26% of all ASCs that we expect to enroll. The NHSN Helpdesk has received some questions as to when ASCs can begin reporting in NHSN, as some facilities are under the impression that they cannot enter any data until after March 31st. Facilities can begin reporting immediately after they are enrolled in NHSN. We strongly encourage ASCs to enter their required data well in advance of the CMS deadline of May 15, 2015. This is to ensure that facilities have enough time to enroll the facility and grant access to primary users, become familiar with NHSN data entry, properly enter the required data, and use the NHSN analysis functions to double-check that all data have been entered accurately. Any modifications or edits made to data after the CMS deadline will *not* be sent to CMS. While entering a single influenza vaccination summary report at the conclusion of the reporting period will meet the minimum data requirements for the CMS reporting program, NHSN encourages users to enter and update vaccination counts on a monthly basis. When a user enters data, all previously entered data for that season will be overwritten. Therefore, if a facility would like to keep track of its monthly numbers, it should maintain its own record of this, as it will not be able to review monthly reporting numbers in NHSN.

Please be aware that the NHSN user support staff works hard to provide timely e-mail support to over 13,000 facilities, with an extremely high volume of emails received near the CMS deadlines. While we do our best to respond to all facilities before the CMS deadline, note that our staff has an average response time of 10 days, so please plan accordingly.

ASC Facility Administrator Reassignments

Throughout the course of NHSN reporting, there are times when facilities may need to have the NHSN Facility Administrator role reassigned to another person. If the listed NHSN Facility Administrator is unavailable to make this change, the facility may formally request in writing and sign on facility letterhead that there is a change in the NHSN facility administrator role. This letter should include the name of the new Administrator to be assigned, phone number, and email address, as well as the 5-digit NHSN Facility ID, if known. Please fax this information to 404-929-0131. After we receive the letter, we will manually change the role of NHSN facility administrator to the designated person, which will activate a notification email to apply for SAMS credentials (if necessary).

The following titles are acceptable persons to submit the reassignment letter to NHSN on behalf of the facility:

- Administrator
- Facility Administrator
- Facility Manager
- Business Office Manager
- Regional Manager
- Clinical Director
- Medical Director

HPS Component: Annual Facility Survey Updates and Reminders

Healthcare Personnel Vaccination Module

For those following the Healthcare Personnel Vaccination Module, NHSN encourages users to complete the optional "Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel." The data collected in this brief survey, including methods a facility uses to deliver influenza vaccine to its healthcare personnel, are very helpful to CDC. If electing to complete this survey, only one survey should be completed per influenza season.

Survey: <http://www.cdc.gov/nhsn/forms/57-215-Seasonal-Survey-form.pdf>

Instructions: <http://www.cdc.gov/nhsn/forms/57-215-toi.pdf>

Healthcare Personnel Exposure Module

For those following the Healthcare Personnel Exposure Module, an annual survey is required. More information can be found here: <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-exposure/index.html>.

Dialysis Component

Dialysis Component: Annual Facility Survey Updates and Reminders

A new version of the Outpatient Dialysis Practices Survey will be available on the Dialysis NHSN website shortly. This survey should be completed in February 2015 and must be completed before the first week of May 2015 in order to continue reporting.

2015 Change to NHSN Affecting Dialysis Component Users

Change to the Facility Info Screen

In the January 2015 update of NHSN, an “Edit CCN” hyperlink will be added to the **Edit Facility Information** screen to allow users to edit their CMS Certification Number (CCN) and enter the date the new CCN is to become effective:

The screenshot shows the 'Edit Facility Information' screen with the following fields:

- Facility ID : 10856
- AHA ID: N/A
- CMS Certification Number (CCN): N/A [Edit CCN](#)
- Effective Date of CCN: 11/01/2011 2011Q4
- VA Station Code: N/A

Two red arrows point to the 'Edit CCN' link and the 'Effective Date of CCN' field.

The 'Edit CCN Records' dialog box contains the following instructions:

- To edit an existing CCN make corrections and SAVE.
- To add a newly assigned CCN, Add Row, enter CCN and Effective Date, and SAVE.

Delete	CCN	Effective Date	Effective Reporting Quarter
<input type="checkbox"/>	123456	10/01/2014	2014Q4

Buttons: Add Row, Save, Close

The new “CCN Effective Date” field will allow users to change their facility’s CCN in NHSN and designate the correct effective date. Changing a CCN may be necessary for newly certified facilities or following an acquisition of an existing facility by a new company. This new feature will ensure that the facility’s NHSN data are attributed to the correct CCN for CMS reporting in a specific quarter.

Protocol Update

When entering associated pathogens for an event, a particular pathogen species should only be entered once, using the antibiotic susceptibility panel that shows the most resistance overall. Starting in January 2015, NHSN will not allow you to save an event if you have listed the same pathogen species twice on the event form and you will receive an error message alerting you to this issue. This applies to events entered in the Patient Safety, Long Term Care Facility, and Dialysis Components.

Long Term Care Facility Component

LTCF Component: Annual Facility Survey Updates and Reminders

As highlighted in the September NHSN Newsletter, the NHSN Annual Facility survey for LTCF is being updated to include new questions for the 2014 survey (completed in early 2015) on infection control practices and antibiotic stewardship practices. Questions about infection control practices have been added to gain a better understanding of current practices and identify areas to target prevention efforts among facilities that have reported multidrug-resistant organisms (MDROs). The information collected will inform future efforts to improve facility implementation of recommended prevention measures to control spread of MDROs. Questions about antibiotic stewardship have been added to the survey to obtain information regarding current facility efforts to improve antibiotic use and assess the quality of facility antibiotic stewardship programs. The information collected will inform efforts to improve facility implementation of best practices to improve antibiotic stewardship programs and antibiotic use in nursing homes.

With the next NHSN update, scheduled for late-January 2015, the new **2014** annual facility survey will become available in the application. A PDF version of the new 2014 survey, along with survey instructions, will be posted on the NHSN website soon.

Note: On January 1, 2015, you will begin to see an alert on your NHSN home screen reminding you to complete a 2014 annual survey. However, you will not be able enter the new survey data into NHSN until after the NHSN update in late-January. Any surveys entered prior to the NHSN update using the old version of the survey will be deleted from NHSN during the update. Therefore, we ask that you please wait until after the NHSN update to enter the 2014 survey.

LTCF Component Denominator Reporting Changes for 2015

1. New required field "**New antibiotic starts for UTI indication**": This field is being added to enable nursing home providers to capture antibiotic starts for UTI indications for all residents in the facility on a monthly basis. Facilities can track these new antibiotic starts on a daily basis or provide a total number at the end of each month. This measure will provide data to compare antibiotic use practices with UTI events reported each month and may help identify for local quality improvement activities if reported UTI events are much lower than clinically treated UTI events.
2. New required field "**Number of admissions on *C. diff* treatment**": This field is being added to enable nursing home providers to capture residents receiving antibiotic treatment for *C. difficile* infection at the time of admission to their facility each month. A growing body of evidence shows that a healthcare facility's *C. difficile* infection rates can be impacted by the numbers people actively or recently infected with *C. difficile* at the time of admission. In acute care hospitals, this measure of *C. difficile* infection present on admission can be measured from their laboratory data; however, in nursing homes and other long-term care settings, most residents have already been diagnosed and initiated on treatment by the time of transfer. Therefore, these facilities are unlikely to perform additional diagnostic testing, resulting in limited capacity to measure numbers of residents admitted with current or recent *C. difficile*. By collecting data on the prevalence of *C. difficile* treatment on admission, facilities will have a proxy measure of *C. difficile* cases present on admission which could help interpret the LTCF-onset *C. difficile* rates.

2015 LTCF Component Resources

In January 2015, updated Enrollment materials including slide sets and checklists will be posted for new LTCF users or groups who may be supporting new LTCFs through enrollment into NHSN. Updates to the UTI and *C. difficile* LabID event protocols and training slides which reflect the new monthly summary (denominator) fields will also be posted in January 2015.

Clarifications about HAI Surveillance for LTCF Reporting

In the September NHSN Newsletter, several new surveillance concepts were introduced for Patient Safety Component reporting, including, the *NHSN Infection Window Period* (7-day period during which all site-specific infection criterion must be met); and the *Repeat Infection Timeframe* (14-day period during which repeat infections of the same type will not be reported to NHSN). Since then, several LTCF users have asked if these concepts will also be implemented in the LTCF Component. Given that NHSN reporting is still very new for LTCF providers, and we are still learning about infection surveillance and documentation practices in this setting, **these NHSN surveillance rules have not been implemented for LTCF reporting** at this time. As experience grows with NHSN surveillance in LTCF, perhaps these concepts will be incorporated in the future.

Protocol Update

When entering associated pathogens for an event, a particular pathogen species should only be entered once, using the antibiotic susceptibility panel that shows the most resistance overall. Starting in January 2015, NHSN will not allow you to save an event if you have listed the same pathogen species twice on the event form and you will receive an error message alerting you to this issue. This applies to events entered in the Patient Safety, Long Term Care Facility, and Dialysis Components.

Biovigilance Component

Closing Out Biovigilance Data for 2014

As 2014 comes to an end, CDC would like to remind facilities to begin addressing any missing data for the year. Check the alerts on the Biovigilance Component Home Screen to see what data are missing. Please send questions and feedback to NHSN@cdc.gov and include 'Biovigilance' in the subject line for the fastest response.

2014 Biovigilance Component Annual Facility Survey

Beginning January 1, 2015, facilities should begin entering their Annual Facility Survey. The data collected on the survey covers January 1, 2014 through December 31, 2014. We recommend collecting all survey information on a paper form before attempting to enter data into the web application. A copy of the paper form and form instructions can be found on Biovigilance Component website (<http://www.cdc.gov/nhsn/acute-care-hospital/bio-hemo/index.html>), under the Data Collections Forms section.

General NHSN Information

Important SAMS/Digital Certificate Update

As many of you know, CDC has been migrating away from the issuance of digital certificates to access programs like NHSN and will now use The Secure Access Management System (SAMS) in its place. Beginning April 15, 2015, CDC will no longer support digital certificates. The digital certificate program, the Secure Data Network, SDN, will be going away entirely which means that you will not be able to use digital certificates to access NHSN. The only way to access NHSN after April 15 will be via the SAMS portal.

Over two-thirds of the user community have already migrated to SAMS and are successfully using it to access NHSN. For the remaining third, when you receive your invitations or if you have already received them, we strongly encourage you to act quickly as the process for gaining access to SAMS is considerably longer than the process for receiving a digital certificate. The SAMS process normally takes 2 weeks, but could take up to 30 days. If you already have access to SAMS because you use another CDC application (e.g., EPI-X), you'll need to accept the NHSN SAMS invitation as well. This is necessary to obtain access to NHSN through the SAMS portal.

It is also important to note that once you are able to access NHSN Reporting via SAMS, if you have an active digital certificate, CDC will remove the NHSN activity from your digital certificate profile. This means that you will not be able to access NHSN through this old pathway.

Please contact the NHSN Helpdesk with any questions: NHSN@cdc.gov.

2015 Change to NHSN Affecting all NHSN Facilities: CCN Effective Date

Change to the Facility Info Screen: In the January 2015 update of NHSN, an "Edit CCN" hyperlink will be added to the "Edit Facility Information" screen to allow users to edit their CMS Certification Number (CCN) and enter the date the new CCN is to become effective.

The new "CCN Effective Date" field will allow users to change their facility's CCN in NHSN and designate the correct effective date. Changing a CCN may be necessary for newly certified facilities or following an acquisition of an existing facility by a new company. This new feature will ensure that the facility's NHSN data are attributed to the correct CCN for CMS reporting in a specific quarter.

More information about this change will be provided in January 2015.

Updating User Information within NHSN

The NHSN Team sends out updates, such as the NHSN Newsletters and CMS reporting reminders, via email to ensure that all users are kept informed of the important changes and reporting deadlines happening within NHSN. We rely on NHSN users to make sure that these emails get to the correct people. Please review the following steps to make sure your facility meets each NHSN standard.

1. **There is more than one active user within the NHSN facility.**

NHSN highly recommends that each facility have at least two active users in the event that one user is unable to access NHSN. To add additional users, click on Users then Add on the left hand navigation bar. On the Add User screen, enter a UserID (any combination of letters and numbers made up by the facility), name, phone number, and email address. Then click the grey Save button. On the Add User Rights screen, check the box next to the appropriate level of rights for the new user. Click the grey Save button to save the rights. The new user will then receive an email to start the process to gain access to NHSN.

(Updating User Information continued on Page 15)

Updating User Information within NHSN (continued)

2. Users listed as the NHSN Facility Administrator and Component Primary Contacts are up to date.

To check who is listed as the NHSN Facility Administrator and Primary Contacts after logging into your NHSN facility, click on Facility on the left hand navigation bar. Then click Facility Info. Scroll down to the bottom of the 'Edit Facility Information' page to see the Contact Information section of your NHSN facility. Users with administrative rights can reassign the component primary contact role to another active NHSN user by clicking on the grey Reassign button, searching for the selected user, and clicking the grey Submit button on the View User screen once the new primary contact has been selected. Only the user listed as the NHSN Facility Administrator can Reassign this role to another user.

Contact Information HELP					
	Contact Type	Contact Name	Phone No.+ext	Email	Action
<input type="button" value="Edit"/>	Facility Administrator	Doe, Jane	999-999-9998	jane.doe@test.net	<input type="button" value="Reassign"/>
<input type="button" value="Edit"/>	Patient Safety Primary Contact	Doe, John	999-999-9999	john.doe@test.net	<input type="button" value="Reassign"/>
<input type="button" value="Edit"/>	Microbiology Laboratory Director/Supervisor	Doe, John	999-999-9999	john.doe@test.net	<input type="button" value="Reassign"/>
<input type="button" value="Edit"/>	Healthcare Personnel Primary Contact	Doe, Jane	999-999-9998	jane.doe@test.net	<input type="button" value="Reassign"/>

Find User

HELP

- Enter search criteria and click Find

User Information

User ID:

First Name:

Middle Name:

Last Name:

Phone Number:

E-mail Address:

View User

HELP

* Required fields marked with *

User ID*: JANEDOE Up to 32 letters and/or numbers, no spaces or special characters

Prefix:

First Name*: Jane

Middle Name:

Last Name*: Doe

Title:

User Active: N - No

User Type: DON - Director of Nursing

Phone Number*: 999-999-9998

Fax Number:

E-mail Address*: jane.doe@test.net

Address:

Beeper:

User Group/Facility: Rebmam Memorial Inpatient Rehabilitation Test Facility (17774)

User Roles: ADMIN(PS) ALLRIGHTS(PS)

IMPORTANT: If the person listed as the NHSN Facility Administrator is no longer at your facility or no longer works with NHSN and has lost access to the NHSN facility, you must have a "C" level executive at the facility formally request in writing and sign on facility letterhead that there is a change in the facility administrator role. This letter should include the name of the new Admin to be assigned, phone number, and email address, as well as the 5-digit NHSN Facility ID, if known. Please fax this information to 404-929-0131. After we receive the letter, we will manually change the role of facility administrator to the designated person, which will activate a notification email to apply for SAMS credentials (if necessary).

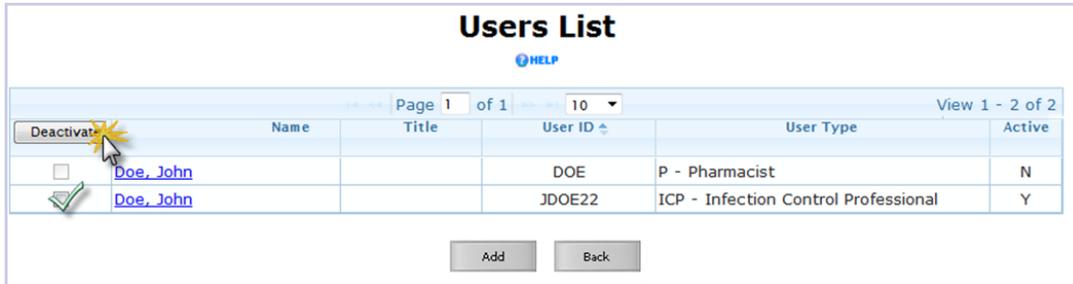
(Updating User Information continued on Page 16)

Updating User Information within NHSN (continued)

3. Users who are no longer at the facility or who no longer work with NHSN are deactivated.

To view all NHSN users within your facility, click Users then Find on the left hand NHSN navigation bar. On the Find User screen, leave all fields blank and click the grey Find button to see the list of all NHSN users that have been added to your NHSN facility. If there are NHSN users listed as Active (Y in the Active column on the User List) that are no longer working at your facility or no longer need access to NHSN, deactivate their user profile.

To deactivate a user, click on the check box in the Deactivate column then click the grey Deactivate button at the top of that column. Click OK on the pop-up message to confirm you'd like to deactivate the user. You should see a message at the top of the screen letting you know the user has been deactivated successfully.



Deactivate	Name	Title	User ID	User Type	Active
<input checked="" type="checkbox"/>	Doe, John		DOE	P - Pharmacist	N
<input type="checkbox"/>	Doe, John		JDOE22	ICP - Infection Control Professional	Y

Deactivating a user means they will no longer be able to log into your NHSN facility and they will no longer receive emails from NHSN.

4. Email addresses and phone numbers are current and correct for all active NHSN users.

If a user's email address has changed, any user with administrative rights within the NHSN facility can update the information on the user profile. If there's been a system wide change in email addresses (i.e., change in facility ownership/name), make sure to update the email addresses of each active user within the NHSN facility.

To update a user's email address in NHSN, click Users then Find on the left hand NHSN navigation bar. On the Find User screen, leave all fields blank and click the grey Find button to see the list of all NHSN users that have been added to your NHSN facility. Select the user profile you'd like to edit by clicking the blue underlined value in the 'Name' column. On the View User screen, scroll down to the bottom of the page and click the grey Edit button. With the screen now in edit mode, make edits to all fields needing updated information. Once the new information is confirmed, click the grey Save button at the bottom of the page to save the changes. You should see a message at the top of your screen indicating that the changes were saved successfully.

IMPORTANT: The email address listed in NHSN must match the email address on the user's digital certificate and/or SAMS credentials. Each user must update his/her own SAMS/digital certificate profile. To change the email address associated with a digital certificate/SAMS profile follow these steps:

(Updating User Information continued on Page 17)

Updating User Information within NHSN (continued)

Users with SAMS

- a. Go to the SAMS page and enter your SAMS username, password, and grid card credentials: <https://sams.cdc.gov>.
- b. In the upper right hand corner click on the 'My Profile' link.
- c. Then click on the 'Change My Email' link on the left side of the page.
- d. Enter your new email address and click the grey Submit button to make the change.
- e. Next, you'll receive an email verification link via email. Click on the verification link to confirm your new/corrected email address.
- f. **IMPORTANT:** It can take up to 48 hours for the change in email address to be approved by SAMS. Once the email address has been changed in SAMS, the user will not be able to access NHSN until the change is approved by SAMS.

Users with Digital Certificates

- a. Go to <https://sdn.cdc.gov> and enter your challenge phrase.
- b. After you successfully enter your challenge phrase, you will be on the Public Health Partners Page. Click "My Preferences" in the upper right side of web page.
- c. Click "Update Personal Information."
- d. Update your email address and click "Update."
- e. Log out of SDN so that the update is completed.
- f. **IMPORTANT:** When you first log into NHSN after changing your digital certificate email (or other personal update information), manually type the web address: <https://sdn.cdc.gov>. This will ensure your NHSN and digital certificate emails are synchronized with the two respective systems.

If you have any questions regarding your user status or how to make edits to users within your NHSN facility, please email the NHSN Helpdesk at NHSN@cdc.gov.

NHSN Enrollment Update

NHSN Enrollment Update (as of December 16, 2014):

5,548	Hospitals (this includes 526 Long-term Acute Care Hospitals and 282 Free-standing Inpatient Rehabilitation Facilities)
6,123	Outpatient Hemodialysis Facilities
1403	Ambulatory Surgery Centers (ASCs)
206	Long-term Care Facilities
13,280	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.



The Centers for Disease Control and Prevention (CDC)
MS-A24, 1600 Clifton Road, Atlanta, GA 30333
E-mail: NHSN@cdc.gov; CDC's NHSN Website: www.cdc.gov/nhsn