



Changes to the Group Function

In the June release of NHSN, the way that facilities share data with groups in NHSN was modified. Now, when a facility joins a group, they will be presented with a template of data rights requested by the group, which the facility can accept with a single button click. Facilities no longer have to create a confer rights screen themselves.

Conferred rights for groups that existed before June were frozen at the time of the release. If the group has not sent out a template of data rights, you will be unable to modify any part of the old confer rights screen for that group. Please contact your group administrator or the NHSN help desk if you have any questions about how data sharing with groups has changed.

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The Centers for Disease Control and Prevention (CDC)

NHSN e-News

CMS IPPS Reporting Requirements via NHSN

Watch for an email from NHSN about important upcoming CMS healthcare-associated infection reporting requirements. As always, that email will be posted to <http://www.cdc.gov/nhsn/commUp.html>.

Remember, only “in plan” data will be shared with CMS. It is the responsibility of each facility to check its monthly reporting plans to make sure they include the necessary events and locations and/or procedures in order to comply with CMS’s reporting requirements. Plans can be entered in advance through the end of the next calendar year and they can be modified at any time. Note that NHSN will not share with CMS data for other events or other patient care locations or procedures that are listed in the monthly reporting plans but that are not part of the IPPS requirements. For more helpful tips about reporting to NHSN for CMS’s reporting requirements, visit:

http://www.cdc.gov/nhsn/PDFs/HelpfulTips_CLABSI_Reporting.pdf.

Understanding Your Facility’s HAI Quality Measure Information in the Annual Payment Update (APU) Dashboard

The APU Dashboard and the Provider Participation Report are tools to help hospitals monitor their participation in various elements of CMS’s Hospital Inpatient Quality Reporting Program (also known as the Inpatient Prospective Payment System [IPPS]). The reports are available from CMS via My QualityNet.

The chart below will help you translate the CLABSI information contained in your facility’s APU Dashboard or Provider Participation Report from My QualityNet from the information you entered into NHSN. A good way to review data submitted by NHSN to CMS on your behalf is to run the NHSN Analysis Output Option, “SIR - CLAB Data for CMS IPPS”. Step-by-step instructions for creating the report in NHSN can be found at http://www.cdc.gov/nhsn/PDFs/commup/Email_July252011.pdf. NHSN will create similar output options for new CMS reporting requirements that will begin in January 2012.

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APU Dashboard Field	Explanation of NHSN Output
Numerator	This is "infCount". It is the observed number of central line-associated bloodstream infections (CLABSIs) in hospital locations that are in scope for quality reporting. Hospital locations that are in scope for CLABSI reporting are all adult, pediatric, and neonatal ICUs.
Denominator	This is "numExp" or "Number Expected". It is the <u>expected</u> number of central-line associated bloodstream infections (CLABSIs) in hospital locations in scope for quality reporting. The expected number of CLABSIs is used by NHSN to calculate the standardized infection ratio (SIR). For more information about the SIR and how it is calculated (including the expected number of infections), please see the SIR Newsletter at http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf .
Zero Line Days	This is "numCLDays" or "Central Line Days". This indicates whether a hospital reported any central line days in hospital locations that are in scope for quality reporting. If this value is "N" it means that there were central line days reported by the facility. If this value is "Y" it means that there were no central line days reported. The total number of central line days reported for all locations that are in scope for quality reporting are displayed by quarter.
Zero ICU Beds	This field indicates whether there is an ICU within the facility. If this value is "N" it means the facility has one or more ICU location. If this value is "Y" it means that the facility does not have an ICU location.
HAI Last Update Date	This is the date the data were loaded into CMS's system. If a facility modified its data in NHSN after this date, they might not be displayed on the APU Dashboard or Provider Participation Report until after CMS's next data upload.



Coming this Fall: NHSN Interactive Computerized Training Courses

Five new self-study training courses that provide the required training for the Device-associated Module of NHSN are now available. The 5 courses are: Introduction to the Device-associated Module, CLABSI, VAP, CAUTI, and CLIP. The courses review the structure of the DA module and the methodology used for data collection; define key terms, protocol, and infection criteria for each of the different infection types; describe how to calculate the infection rates and the standardized infection ratio; and interpret the data for meaningful use.

These online courses provide screen shots with step-by-step instructions of how to complete forms, practice questions, and case study examples. Those taking the courses will need a computer with access to the Internet; a digital certificate is NOT needed. Hyperlinks to the forms, protocols and NHSN manual are available throughout the courses and available for printing if needed. Each course can be viewed independently for your convenience.

The target audience includes, but is not limited to, NHSN Facility Administrator, Patient Safety Primary Contact, infection preventionist, epidemiologist, microbiologist, pharmacist, respiratory therapy staff, and data entry staff.

Continuing education credits are available for those who complete the 5-course set, pass each of the post tests, and complete an evaluation of the course set. Stay tuned for information on the Procedure-associated module training courses!



Links to Educational Webinars

In an attempt to make recently provided NHSN educational trainings available to all NHSN users, links are now available on our website. These links will take you to sponsoring agencies' websites, where you may view webinars provided by NHSN staff. If you are looking for training, please take a look. Currently, the webinars are posted on the NHSN Training page and can be found at <http://www.cdc.gov/nhsn/training.html>. A CAUTI and CLABSI webinar are available now, but it is anticipated that other topics will be available in the near future.

HICPAC Working Group Reviews NHSN Definitions

A working group of the Healthcare Infection Control Practices Advisory Committee (HICPAC) has begun a thorough review of both the CLABSI and SSI definitions. The purpose of this review is to consider the application of the definitions in an era of pay for reporting. Specifically, the groups will be discussing facets of the definitions that most often prompt user questions or concerns.

The CLABSI working group has been meeting since April 2011 exploring implications of potential changes in surveillance methodology and reporting through NHSN. It has focused on the following issues:

- 1) Contaminants: Are there specific organisms and circumstances that most often represent contamination rather than infection and should therefore be excluded from Laboratory Confirmed Bloodstream Infection (LCBI) criteria? If so, what are they?
- 2) CLABSI in sub-populations: Should certain patient populations have different criteria for CLABSI because of host immune issues and translocation of organisms (e.g., neutropenic patients)?
- 3) Reliability in application of CLABSI definition: What things can be done to ensure that the definitions are able to be consistently applied by all users (e.g., establish a minimum time after admission to be considered healthcare associated)?

The SSI working group began meeting in August 2011. The goals of the group are to maintain or increase credibility and utility of NHSN SSI data for: 1) individual users while maximizing the relevance of national summary data to track progress towards eliminating HAIs, and 2) public reporting and interfacility comparisons, as required through state and federal mandates. Many areas have been targeted for evaluation including the NHSN definition of an operative procedure and components of the SSI and Denominator for Procedure forms and instructions. Some examples include: the stipulation that a surgery is not an NHSN Operative Procedure unless the surgeon closes the incision before the patient leaves the operating room; potential ambiguities concerning the designation of primary or secondary surgical sites when there are numerous incisions made; surveillance for SSI for surgeries with a dirty/infected wound class; suspected seeding from other infection sites; and a variety of concerns about the NHSN instructions for specific types of infections, e.g., MEN (meningitis) and IAB (intra-abdominal abscess). The SSI focus will last approximately 6 months, after which the need to continue activities will be re-evaluated.

The VAP definitions also have been under review. On September 19, representatives from four national medical and nursing critical care societies, APIC, SHEA, IDSA, and CSTE, as well as NIH and HHS, met with CDC staff to discuss general variations of new VAP criteria. We expect that a consensus definition can be finalized by January 2012 with implementation in NHSN the following year. For background information on this effort, please see the article on page 4 of the March 2011 NHSN Newsletter:

http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_MAR_2011_final.pdf.

SSI Surveillance Changes in 2012

Although we had announced plans to make significant changes to the Denominator for Procedure form effective in January 2012, those changes have been delayed. The only changes that will be made at that time are as follows: 1) removal of the "Non-autologous Transplant" field and 2) removal of the "Estimated Blood Loss" field for C-Section. The SSI form will have one change; the "Readmission" choice for the "Detected" field will be split into 2 choices: 1) Readmission to facility where procedure was performed, and 2) Readmission to facility other than where procedure was performed. Also, both forms will have the optional field "Medicare #" added to the patient demographic section. These changes will have minimal impact on the import file layout specifications (either .csv or CDA) in that, while a placeholder will be required, any values imported in these columns will be ignored.

CPT Mapping to NHSN Operative Procedures Categories

Many NHSN users have requested a cross-walk of Current Procedural Terminology (CPT) codes to NHSN Operative Procedure Categories, similar to what is provided using International Classification of Diseases, Clinical Modification (ICD-9-CM) codes. We have developed a draft document for a number of procedures, prioritized by state SSI reporting mandates. Once we have clearance from the American Medical Association (AMA), proprietors of the CPT codes, we will share the mapping with you.

Guidance for CSEC Surveillance

NHSN users are increasingly focused on aspects of SSI surveillance due to future reporting requirements from CMS and states. Recently, questions about completing fields on the Denominator for Procedure form such as emergency, height and weight, duration of labor and estimated blood loss have been sent to the NHSN mailbox for caesarean section (CSEC) surveillance. Therefore, the following information is provided as guidance for completing these fields:

Emergency: CSEC that are unscheduled should be identified as emergency procedures while scheduled CSEC should not.

Duration of Labor: Length of time from beginning of active labor as an inpatient to delivery of the infant, expressed in hours. This documentation of active labor can be supplied in the chart by a member of the healthcare team or physician. Active labor may be defined by the individual facility's policies and procedures. If a patient is admitted for a scheduled CSEC and has not yet gone into labor, the duration of labor would be 0. Hours should be rounded in the following manner: ≤ 30 minutes round down; > 30 minutes round up.

Height and Weight: These fields should be completed with the most recent information available for the patient.

Estimate Blood Loss (EBL): This field will no longer be required for completion beginning in January 2012. Data analysis did not reveal EBL to be a risk factor for CSEC SSI.

NHSN Case Studies Series Continues

The American Journal of Infection Control (AJIC) and NHSN have teamed up to present a series of case studies in AJIC. The first case study was published in June 2010. These cases reflect some of the complex patient scenarios infection preventionists encountered in their daily surveillance of healthcare-associated infections. With each case, a link to an online quiz is provided where you can answer questions and receive immediate feedback of answers and explanations. Although the authors did share a summary of the preliminary findings at APIC 2011 in Baltimore, all participant answers are confidential. All cases, answers, and explanations have been reviewed and approved by the NHSN staff. Thus far, the case studies have been very popular with over 800 "hits" for some cases.

Case study 5 was published in the June 2011 issue of AJIC. The post test is available online at <http://www.surveymonkey.com/s/AJIC-NHSN-Case5>. After the publication of Case study 6, the post test will be available at <http://www.surveymonkey.com/s/AJIC-NHSN-Case6>. Watch for pediatric cases in the coming months.

Patient Colonization Does Not Preclude the Development of Healthcare-associated Infections

As more and more facilities utilize NHSN's MDRO/CDI module, we have received questions about the accuracy of identifying subsequent healthcare-associated infections (HAIs). Specifically, if a patient is identified through surveillance cultures as being colonized with an MDRO, can that patient then meet criteria for an HAI with the same organism? The answer to this question is YES! All patients are colonized with bacteria and surveillance culturing simply identifies this condition. Colonization does not mean a patient is destined to develop an HAI. Routine, and sometimes special, prevention efforts can be used to avoid such infection. It is important for us to identify the failure of these prevention activities, or our failure to use these prevention measures for patient safety purposes. Therefore, patients should not be discounted from meeting criteria for an HAI simply because of prior colonization.



NHSN Questions & Answers

Q: I have a patient that meets criteria for an SSI in his prosthetic hip placed earlier this year. However, I and the infectious disease physician believe that the SSI is due to seeding from a urinary tract infection. Must I report this as an SSI?

A: Yes. Currently, the NHSN SSI protocol does not exclude the reporting of an SSI because the infection is believed to have seeded from another site of infection. (Note: This differs from the laboratory confirmed bloodstream infection (LCBI) criteria which specifically states that the infection should not be related to an infection at another site.) The HICPAC SSI working group will be discussing this aspect of surveillance (see related article page 5) to determine if changes are appropriate. Until that work is completed, such an infection should be reported as an SSI.

Q: If present, must a fever be applied to criteria of more than one type of HAI, or can it be determined that the fever is due to one type of infection but not another, for instance due to a pneumonia (PNEU) but not a coincident urinary tract infection (UTI)?

A: Because a fever is a non-specific sign of infection, it is possible that an individual may run a fever due to more than one infection at a time. It would be impossible to determine which infection (if not both) was the cause of the fever. Therefore, in this example, if all other criteria besides fever are met, both the PNEU and the UTI would be reported if surveillance for both of these events was being performed.

Q: When performing central line-associated bloodstream infection (CLABSI) surveillance in an inpatient dialysis location, should chronic dialysis inpatients be included?

A: Yes. If CLABSI surveillance in an inpatient dialysis location is part of your monthly reporting plan, all patients that location must be included in CLABSI surveillance. (Note: inpatient dialysis locations that are **not** bedded locations, i.e., patients do not spend the night in these locations, but instead are transported there for dialysis and return to another bedded location for the remainder of their care, should not be mapped as inpatient dialysis locations and cannot participate in the NHSN CLABSI protocol at this time.)