

Frequently Asked Questions: Miscellaneous

	Topic	Question	Response
1	HAI in brain dead patients	Do we need to report an HAI in a patient considered brain dead, but being kept alive on life-support for organ donation?	If the date of specimen collection is on or after the date the patient is declared brain dead <u>AND</u> the patient is being supported for organ donation purposes, the event should not be reported as an HAI. For VAE surveillance, if the date of event (date of onset of worsening oxygenation) is on or after the date the patient is declared brain dead <u>AND</u> the patient is being supported for organ donation purposes, the event should not be reported as a VAE.
2	HAI Identification	How do I identify an HAI using NHSN Surveillance rules including using the rules of the infection window period, the repeat infection timeframe and the secondary BSI attribution period?	Chapter 2 of the NHSN PSC Manual - Identifying HAI for NHSN Surveillance should be used. Please see: http://www.cdc.gov/nhsn/PDFs/pscManual/2PSC_IdentifyingHAIs_NHSNcurrent.pdf
3	POA & RIT	Does the RIT apply to POA infections?	Yes. The repeat infection timeframe is set by the date of event (DOE). For surveillance purposes a POA infection may only have a DOE on the day of admission or the next day, i.e., if first element within the infection window period occurred in the 2 days before admission, the DOE will be considered the day of admission. The RIT will be the 14-day time period beginning with the date of event where no new infections of the same type are reported. Example: a UTI with E. Coli is identified on day of admission. 10 days later a new urine culture shows K. pneumoniae & the patient still meets UTI criteria. The second urine culture is within the RIT thus, the organism is added to the original UTI (no new event is cited but rather is considered a continuation of the original event). NOTE: If a patient is admitted with a POA BSI, and subsequent blood specimens are collected, the POA BSI must be identified as either primary or secondary in nature. A primary POA BSI will set a BSI RIT.

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			<p>However, a POA BSI that is secondary to another site of infection will NOT set a BSI RIT. It will only set an RIT for the type of infection to which the BSI is secondary.</p>
4	<p>HAI Surveillance definition Rationale</p>	<p>Can you please explain the rationale for the definition of healthcare-associated infection vs. an infection that was present on admission?</p>	<p>Several studies have demonstrated there was subjective application of the NHSN HAI surveillance definitions by different IPs and facilities, prior to 2013. During this time, the NHSN definitions allowed facilities to subjectively determine evidence that an infection was present or incubating on admission, which were not reportable to NHSN because it was not "healthcare-associated". In this era of public reporting, subjectivity which provides an opportunity for inconsistent data collection must be removed from surveillance definitions whenever possible. With this in mind, CDC and the HICPAC surveillance working group, a group made up of infectious disease professionals, healthcare epidemiologists, infection preventionists, and state public health representatives, developed a set of objective surveillance criteria to be implemented into NHSN and used by all reporting facilities reporting data to NHSN. Through the use of the same set of objective criteria it is expected that data reported to the system will be useful for quality improvement activities.</p> <p>Use of the current definitions for present on admission (POA) and healthcare-associated infection (HAI) will correctly identify HAIs most of the time, but there are occasions where an infection clinically believed to be present/incubating at the time of admission will still be classified as an HAI by NHSN. In the majority of cases where patients clearly show signs and symptoms of infection at the time of presentation to the facility, sufficient clinical workup in the POA time period will occur to correctly classify the infection. The need for objective and reliable surveillance definitions and criteria is paramount when data are used for comparison and public reporting purposes.</p>

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5	POA or HAI	How do I determine if an infection is present on admission or healthcare-associated?	<p>For infections of all types except VAE, SSI, LabID Event, to make a proper determination regarding a possible healthcare-associated infection, proceed in this order:</p> <ol style="list-style-type: none"> 1. First determine the date of the diagnostic test that is an element of the NHSN site-specific infection criterion. 2. Next determine the infection window period (3 days before the diagnostic test, the day of the test and 3 days after for a total of 7 days). 3. Then determine if all of the elements of the criterion are met during the infection window period. If they are, there is an infection event. If they are not, there is no event. 4. If there is an event, next determine the date of event, i.e., the date that the first element used to meet the infection criterion occurs for the first time within the infection window period. 5. Is the date of event in the POA time period (i.e. during the 2 days before admission, the day of admission or the next day)? If yes, the infection is POA, if not, it is an HAI. Please note, when assigning a Repeat Infection Timeframe for a POA event, if the date of event is determined to be either of the two days prior to inpatient admission, then the date of event will be considered hospital day 1.

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6	Surveillance vs. Clinical	What is the difference between a surveillance definition of an infection and a clinical diagnosis? i.e., my physician states that a patient is not infected although the patient clearly meets the NHSN HAI criteria. How do I respond?	Surveillance definitions are designed to study and identify trends in a population. The application of these standardized criteria, and only these criteria, in a consistent manner allows; confidence in aggregation and analysis of data. Alternatively, clinical diagnoses are patient specific. Unlike surveillance definitions, ALL available diagnostic data are considered in a clinical diagnosis, including additional clinical, epidemiological and laboratory data not used for NHSN surveillance. Therefore, a clinical diagnosis may be made even when a surveillance definition may not be met. Failure to meet a surveillance definition should never impede or override clinical judgment during diagnosis, management or treatment of patients. Nor should failure to meet clinical definitions result in non-reporting to NHSN infections meeting the NHSN surveillance criteria.
7	What are considered diagnostic tests	What are considered diagnostic tests for the purpose of defining the infection window period and date of event?	<p>The following are considered diagnostic tests:</p> <ul style="list-style-type: none"> •laboratory specimen collection •imaging test •procedure or exam •physician diagnosis •initiation of treatment (if no other diagnostic tests are performed)
8	Non-culture based microbiologic testing	In the NHSN HAI definitions, what is meant by the term “non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis and treatment (e.g., not Active Surveillance	Non-culture based testing -Non-culture based testing refers to identification of microorganisms using a method of testing <u>other than</u> a culture. Culturing requires that a specimen be inoculated to a culture media, incubated and observed for actual growth of microorganisms and can take several days to weeks for a final report depending upon the organism identified. In contrast, non-culture based testing methods; generally, have quicker turn-around times for results which can assist with early diagnosis and tailoring of antimicrobial therapy. Examples of non-culture based testing would include but are not

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		Culture/Testing (ASC/AST)”	<p>limited to PCR (polymerase chain reaction) and ELISA (Enzyme-linked immunosorbent assay).</p> <p>Regardless of the test methodology used (culture or non-culture based), a final laboratory report found in the medical record that identifies an organism is eligible for use in meeting an NHSN infection definition with the exception of Active Surveillance Culture/Testing (ASC/AST).</p> <p>For purposes of NHSN surveillance, Active Surveillance Culture/Testing (ASC/AST) refers to a testing that is intended to identify presence/carriage of microorganisms for the purpose of instituting or discontinuing isolation precautions (e.g., nasal swab for MRSA, rectal swab for VRE), or monitoring for eradication of a carrier state. ASC/AST does NOT include identification of microorganisms with cultures or tests performed for diagnosis and treatment purposes.</p>
9	Active Surveillance Culture/Testing (ASC/AST)	What is meant by the term Active Surveillance Culture/Testing?	<p>For purposes of NHSN surveillance, Active Surveillance Culture/Testing (ASC/AST) refers to a testing that is intended to identify presence/carriage of microorganisms for the purpose of instituting or discontinuing isolation precautions (e.g., nasal swab for MRSA, rectal swab for VRE), or monitoring for eradication of a carrier state. ASC/AST does NOT include identification of microorganisms with cultures or tests performed for diagnosis and treatment purposes.</p>

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10	In-plan vs. off-plan NHSN reporting	What is the meaning of "in-plan" and "off-plan" surveillance for NHSN surveillance?	<p>“In-plan” surveillance means that your facility has committed to following the NHSN surveillance protocol, in its entirety, for that particular event in its NHSN monthly reporting plan. “Off-plan” surveillance is surveillance that is done because your facility has decided to track a particular event for internal use. Data that are entered into NHSN “off-plan” are not included in NHSN annual reports or other NHSN publications. A facility makes no commitment to follow the protocol for “off-plan” events.</p> <p>Note that NHSN surveillance that is required for CMS Quality Reporting Programs must be reported to NHSN as “in-plan” for all months in the reporting period; only in-plan, applicable data are shared with CMS.</p>
11	Facilities that share a CCN	Do separate facilities that share a single CCN (CMS certification number) need to enroll separately in NHSN?	If the facilities are physically separate buildings from each other, whether on the same property or over multiple campuses, then they should be enrolled separately in NHSN. Each facility should have its own, unique NHSN OrgID. When a CCN is shared across multiple facilities, the CDC will aggregate the data from all applicable NHSN OrgIDs and will send to CMS under the single CCN for CMS reporting purposes. Each distinct facility should monitor HAIs and prevention efforts separately, for the purposes of accurate tracking and targeted infection control.
12	Positive surveillance screening and HAI	A patient is admitted and is MRSA positive by admission screening then develops an infection with MRSA, is that infection a healthcare-associated infection (HAI)?	Yes. A positive screening culture at admission does not mean that any subsequent infection with that organism is not a healthcare-associated infection (HAI). Many HAIs are caused by organisms from endogenous patient sources and prevention efforts may be employed to prevent these organisms from causing an HAI. A positive screening culture without evidence of infection usually represents colonization NOT incubation. Unless such a patient meets all other required criteria during the present on admission (POA) timeframe, no POA infection will be identified. Also see definition of HAI.

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13	Temperature (Fever)	If present, should 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 coincidental urinary tract infection (UTI)?	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. This process will negate the use of clinical decision making in NHSN HAI surveillance.
14	Temperature measurement	Is there a standard or recommendation regarding the use of, or the conversion of, axillary temperature readings to an oral or core equivalent?	<p>The issue of the route of temperature measurement was considered here at NHSN and a decision was made to forego requiring a certain route of measurement, since our aim is not to direct care, but rather to measure the effect of care on outcomes. A detailed literature search was performed and subject matter experts consulted regarding the many routes of measurement and what they may mean when compared to others. The final determination was that there are no research-based guidelines concerning converting temperatures based on route of measurement.</p> <p>When using fever as an element of an NHSN infection criterion, use the temperature documented in the patient's medical record (i.e., no conversion of temperature based on route of collection).</p>
15	Vital signs	How do we determine if a patient has an abnormal vital sign when it is not concretely defined in NHSN, e.g., "bradycardia" in LCBI 3 criterion?	If a specific value for a vital sign is not stated in a CDC/NHSN HAI definition criterion (e.g. bradycardia, hypotension), the facility should use the vital sign parameters as stated in its policies and procedures for clinical practices. Additionally, documentation of these conditions in the medical chart may also be used, e.g., "...patient is hypotensive".

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16	Patient identification	Which Patient ID should be used when reporting data to NHSN: the visit/account number or the medical record number?	The patient ID is the key identifier in NHSN for each facility. Therefore, the patient ID should be an identifier that remains constant for the patient on any subsequent visits; oftentimes, this is the medical record number. The use of an identifier that changes with each visit to the facility, for example, would result in the inability to link an SSI to a procedure, as well as inappropriate assignment and calculation of LabID events and subsequent measures.
17	Observation Patients & Denominator Counts	Are observation patients, housed in an inpatient location, included in the location's surveillance?	For determining accurate device and/or patient day counts in inpatient locations, any patient present in an inpatient location at the time of the count(s) should be included, regardless of whether they spend the night. The facility's designation of a patient as "inpatient" is not necessary to meet the NHSN inpatient definition.
18	Observation Patients in Inpatient beds, Swing beds, Hospice	Should observation patients, swing bed patients, or hospice patients housed in an inpatient unit be included in our HAI and inpatient LabID event surveillance efforts?	Yes. All patients residing in an inpatient unit should be included in the surveillance efforts for that unit regardless of the facility's categorization as "observation" or "hospice" patient, or that they are in a swing bed within an inpatient location.
19	Mixed-acuity units	Our critical care unit is actually both a medical critical care and step-down unit because we don't have a step-down unit in our hospital. So would the location designation for this type of unit be "Mixed	The designation of Mixed Acuity Unit should be used <u>only</u> when both of the following are true: 1.) Less than 80% of the patients are of the same acuity level, e.g., critical care, step down or ward level; AND 2.) "Virtual" locations cannot be set up within NHSN to identify groups of patients of the same acuity levels. Use of virtual locations requires the ability to identify separate patient days and device days for these groups of patients. Correct mapping of facility locations is vital for appropriate comparison and calculation of device-associated SIRs. Detailed guidance can be found at:

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		Acuity" ward and if "yes", would CLABSIs in this location need to be reported for participation in the Centers for Medicare and Medicaid Services' (CMS) Hospital Inpatient Quality Reporting Program?	http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf For CMS IPPS reporting, CLABSI reporting is mandatory for adult & pediatric ICUs, medical wards, surgical wards & combined medical/surgical wards as well as neonatal ICUs for acute care facilities. Long-Term Acute Care facilities are required to report CLABSIs for all inpatient locations. The data that NHSN shares with CMS will not include data for locations mapped as Mixed Acuity Units. For more details regarding the reporting requirements for CMS Quality Reporting Programs, as they pertain to NHSN surveillance, please visit: http://www.cdc.gov/nhsn/cms/index.html .
20	Location codes	How do I know if I have my location codes set-up correctly?	Please refer to the guidance that is provided in the CDC Locations and Descriptions Chapter (Chapter 15). The beginning of this chapter offers a guide which will help you set up your locations properly. http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf
21	Physician diagnosis	Can physician diagnosis be used to identify an infection that is present on admission to the facility?	Only if physician diagnosis is a part of an NHSN site- specific infection criteria may it be used in the determination that an infection was present on admission (POA). For example, since the BSI criteria do not include physician diagnosis as part of the criteria, a physician documentation of BSI cannot be used to meet CDC/NHSN criteria for a BSI. As a reminder, the date of event of a CDC/NHSN site-specific infection criterion must occur within the POA time period (i.e. the 2 days before admission, the day of admission or the next day) for the infection to be considered present on admission. This is regardless of admitting diagnosis or treatments the patient may be receiving upon admission (e.g., antibiotics).

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22	Counting device days	How are partial device days, or single day vacations from medical devices handled when determining if a device has been in place for the minimum > 2 calendar days on the date of event and the infection therefore device-associated?	If a device is present for any part of a calendar day, then that day contributes to the minimum day requirement for the device-associated infection. Examples include when a device is removed and then reinserted on that calendar day or the next. If instead, a full calendar day passes without device presence, then the day count begins anew for device days, if the device is reinserted. An example is the removal of a device on Monday, without reinsertion until Wednesday or later.
23	Device Counts	Do I need to do daily device counts to collect device days?	Denominator data are collected at the same time, every day, per location. Alternatively, a denominator sampling method can be used where the number of patients in the location (patient days) and the number of patients with an indwelling device (urinary catheter/central line/ventilator) is collected on a designated day each week at the same time. For accuracy, do not use Saturday or Sunday for sampling purposes and only ICU/unit locations with an average of 75 or more device days per month in the previous year are eligible to use this method. When using this method, the <u>patient days</u> must also be counted each day of the week. See the Denominator Data section in the involved surveillance protocol for details.
24	Broth only cultures	How do I interpret 'broth only' for the final culture report when reporting infection events in NHSN?	Positive cultures from broth only are considered a positive culture result and treated as such for surveillance purposes. Such media can be enriched to identify organisms that might otherwise be missed.
25	Yellow Triangle at bottom of page/ Incompatible Browser	I can't get the NHSN application to work correctly. The rows on my monthly reporting plan are	If you have a yellow triangle error message at the bottom of the screen, it may be an indication of a JAVA program issue/incompatible browser. <ol style="list-style-type: none"> 1. Open Internet Explorer, make sure that compatibility mode is on 2. Click on Tools, >compatibility view>toggle to turn on compatibility

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		not populating. I have a yellow exclamation mark in a triangle at the bottom of my screen. What does this mean?	<p>view if it's not on the Internet Options.</p> <ol style="list-style-type: none"> 3. Choose Security Tab. 4. Click on Custom Level. 5. Check the radio button against Enable, under ActiveX controls and Plug-ins. 6. Click OK. 7. In warning window asking “Are you sure you want to change the security settings at this zone”? Click Yes. 8. Click Apply and then Click OK. <p>If the Active X controls are already enabled then you need to add *.cdc.gov to your trusted sites. To do this do the following:</p> <ol style="list-style-type: none"> 1. Open Internet Explorer. 2. Click on Tools then Internet Options. 3. Choose Security Tab. 4. Click sites next to Trusted Sites. 5. Add *.cdc.gov to the trusted sites.
26	Gross Anatomical	What is acceptable evidence of infection found on gross anatomical exam?	Physical examination with or without invasive procedure. For example, evidence of infection found on gross anatomical exam may refer to: findings elicited on physical examination of a patient or something that is visualized on physical exam or something observed during an invasive procedure.
27	Pathogen Reporting in NHSN	How should I assign different organisms for a site-specific infection? What is the proper order for reporting pathogens?	Up to three pathogens may be reported. If multiple pathogens are identified, enter the pathogen judged to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If the species is not given on the lab report or is not found on the NHSN drop down list, then select the “spp” choice for the genus (e.g., <i>Bacillus natto</i> is not on the list so would be reported as <i>Bacillus</i> spp.). Report all site-specific pathogens before secondary BSI pathogens.

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			Additional pathogens recovered during the RIT from the same type of infection are added to the event. Example: Pt. admitted 1-1-15 with admit dx of UTI, urine cult = E. coli. 1-2-15 blood culture = E. coli. On 1-12 another urine cult shows K. pneumoniae. The assignment is SUTI - E. coli and K. pneumoniae with secondary E. coli BSI
28	Big 5 Bucket	Is there a shortcut to finding the major category NHSN protocols?	<p><u>Chapter 4 - BSI</u> http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf</p> <p><u>Chapter 6 - PNEU</u> http://www.cdc.gov/nhsn/PDFs/pscManual/6pscVAPcurrent.pdf</p> <p><u>Chapter 7 - UTI</u> http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf</p> <p><u>Chapter 9 - SSI</u> http://www.cdc.gov/nhsn/CPTcodes/ssi-cpt.html</p> <p><u>Chapter 10 - VAE</u> http://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf</p>