

MISCELLANEOUS			
Date	Topic	Question	Answer
Sep-13	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?	After consultation with our Blood, Organ, and Other Tissue Transplant team here at CDC, we determined that patients who are dead by neurologic criteria (i.e., "brain dead") but whose respiration and perfusion is being maintained until organ donation, should be included in HAI surveillance.
Sep-13	Gap day	Does "...criterion were first present together on or after the 3rd hospital day..." mean that all elements of an HAI criterion have to be present on the same day?	No. There can be a gap of up to one day between adjacent elements. There may not be two days in a row without elements of the criterion. However, to determine if a patient meets HAI criterion, do not utilize elements that were present on day 1 or 2 but not present on or after day 3.
Sep-13	Adjacent elements	What is the definition of "adjacent elements"?	<p>The term "adjacent" refers to the sequence of elements. In the example below, when considering the CAUTI definition, fever and positive urinalysis are adjacent elements as are positive urinalysis and positive urine culture. Fever and positive urine culture are NOT adjacent elements in this example.</p> <p>Example: 8/1/13 Admit to ICU following surgery; Foley inserted in OR 8/2/13 in ICU; Foley 8/3/13 in ICU; Foley; Fever 38.2 C 8/4/13 in ICU; Foley; Afebrile 8/5/13 in ICU; Foley; Positive urinalysis; afebrile 8/6/13 in ICU; Foley; Afebrile 8/7/13 in ICU; Foley discontinued; Afebrile; Urine culture collected: 10,000 CFU/ml E. coli</p> <p>In this example there could be more than a single day between fever and positive culture (which are not adjacent) and still meet criterion as long as all adjacent elements have no more than a single gap day between.</p>
Sep-13	In-plan vs. off-plan NHSN reporting	What is the difference between in-plan and off-plan NHSN reporting?	"In-plan" surveillance means that you have committed to following the NHSN surveillance protocol, in it's entirety, for that particular event in your NHSN monthly reporting plan. "Off-plan" surveillance is surveillance that is done because you/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.
Sep-13	Facilities that share a CCN	Do separate facilities that share a single CCN (CMS certification number) need to enroll separately in NHSN?	Yes. 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.

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Apr-13	Infection does not meet POA nor HAI definition	I have a case where the patient meets infection criteria, but they don't meet either the POA or HAI definition. What do I report?	<p>When trying to determine if an early developing infection is reportable for your facility, proceed in this order:</p> <ol style="list-style-type: none"> 1. Does the patient meet the POA definition? If yes, stop. This infection will not be reported to NHSN. 2. If not POA, does the patient meet the HAI definition? When considering this, remember that you may not utilize any of the elements of the infection criteria that were present in the first 2 days UNLESS they are also present on or after day 3. Simply put, once you rule out POA, you will ignore the first 2 days of admission when determining if an HAI is present. <p>In rare circumstances it happens that an infection is neither POA nor HAI (because one required element is only present in day 1 or 2, and the other(s) is only present on day 3 or later. These infections will NOT be reported to NHSN since they are not HAIs.</p> <p>Ex. Day 1: Fever 38.2 ° c. Day 2: Afebrile; asymptomatic Day 3: Afebrile; (+) urine culture > 100,000 CFU/ml <i>E. coli</i> Day 4: Afebrile; asymptomatic Day 5: Afebrile; asymptomatic</p> <p>In this case, the patient does not meet POA definition for UTI because no positive urine culture was collected on day 1 or 2 along with the fever. The patient also does not meet HAI (UTI) definition because although there was a positive urine culture collected on day 3, there is no fever or other symptoms of UTI on day 3, 4 or 5. Therefore no HAI is reported.</p>
Apr-13	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?	<p>Surveillance definitions are designed to study and identify trends in a population. The application of their 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. 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.</p>
Apr-13	Gap day between elements	Can you please define "gap day" ?	A gap day is a day without any of the infection criterion elements. See definition of adjacent elements and examples below.

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Apr-13	Positive surveillance screening and HAI	If a patient is admitted to a facility and is methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) positive by admission screening and 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. Also see definition of HAI.
Apr-13	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?	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. Therefore, NHSN's guidance on this issue, is that users should follow their facilities' policies and utilize temperatures which they deem to be accurate and upon which clinical decisions are based.
Apr-13	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 event rates.
Apr-13	Denominator counts	How do I know which patients to include in my device and/or patient day counts for inpatient HAI reporting?	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 have or will spend the night. The facility's designation of a patient as "inpatient" is not necessary to meet the NHSN inpatient definition.
Apr-13	Step-down 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 Acuity" ward and if yes, would CLABSIs need to be reported for participation in the Centers for Medicare and Medicaid Services' (CMS) Hospital Inpatient Quality Reporting Program?	<p>The designation of Mixed Acuity Ward should be utilized <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. This requires the ability to identify separate patient days and device days for these groups of patients.</p> <p>For CMS IPPS reporting, CLABSI reporting is currently only required for critical care locations for acute care facilities. However, Long-Term Acute Care facilities are required to report CLABSIs for all inpatient locations. Correct mapping of facility locations is vital for appropriate comparison and CLABSI Standardized Infection Ratio (SIR) calculation. More detailed and important guidance can be found at: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf</p>

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Apr-13	Fever	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)?	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.
Apr-13	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.
Apr-13	HAI definition for 2013	Why did the NHSN definition of an HAI change for 2013?	<p>Several studies have demonstrated there is subjective application of the NHSN HAI surveillance definitions by different IPs and facilities, and in the era of public reporting this subjective application of the definitions results in unfair inter-facility comparison of HAI rates. One of the areas repeatedly identified to be of particular concern is the determination of whether an infection was present/incubating at the time of admission or instead, a healthcare-associated infection. With this in mind, CDC and the HICPAC surveillance working group, a group made up of infectious disease professionals, healthcare epidemiologist, infection Preventionists, and state public health representatives, developed a set of objective surveillance criteria to be implemented into NHSN in Jan 2013 (this includes the >2 calendar day rule for determining if an infection is an HAI, that you referenced) and used by all reporting facilities. Through use of the same set of objective criteria it is expected that data reported to the system will be comparable.</p> <p>The use of the > 2 calendar day rule will correctly identify HAIs most of the time, but there are occasions where an infection thought to be present/incubating at the time of admission will still be classified as a HAI. It was felt that patients clearly showing signs and symptoms of infection at the time of presentation to the facility would undergo sufficient clinical workup within 2 calendar days, to correctly classify the infection. It is acknowledged that this surveillance criteria will not always match the clinical opinion of whether an infection was present/incubating at the time of admission to the facility. However, the need for objective and reliable surveillance definitions and criteria is paramount in when data are being used for public reporting purposes.</p>
Apr-13	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. 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, a patient must meet all elements of a CDC/NHSN site-specific infection criterion within the first two days of admission to be considered present on admission. This is regardless of admitting diagnosis or treatments the patient may be receiving upon admission (e.g., antibiotics).
Apr-13	Counting device days	How are partial device days, or single day vacations from events handled when determining if a device has been in place for the minimum > 2 calendar days for an infection to be associated with that device?	If a device is present for any part of a calendar day, then that day contributes to the minimum days requirement for the device-associated infection. If a full calendar day passes without the device then the day count begins again for device days, once the device is reinserted.
Apr-13	Swing beds	Should swing bed patients 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, including swing bed patients.

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Apr-13	Yellow Triangle at bottom of page	The rows on my monthly reporting plan are not populating. I have a yellow exclamation mark in a triangle at the bottom of my screen.	<p>If you have a yellow triangle error message at the bottom of the screen, it may be an indication of a JAVA program issue.</p> <p>The drop down box is populated by an Ajax call so it could be an ActiveX setting.</p> <ol style="list-style-type: none"> 1. Open Internet Explorer. 2. Click on Tools then Internet Options. 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.
Apr-13	APRV	What does the new field "Number on APRV" found on the Summary Data Report refer to?	<p>Airway Pressure Release Ventilation (APRV) is a type of mechanical ventilation referenced in the VAE Surveillance Protocol and it is now included on the denominator data collection forms (ICU and SCA) and is also a field in the summary data report.</p> <p>Complete "Number on APRV" only if you have chosen VAE as an event to follow in your Plan for the month.</p> <p>The Number of patients on a ventilator is a conditionally required field. Complete "Number of patients on a ventilator" if you have chosen ventilator-associated event (VAE—for adults) or pediatric ventilator-associated pneumonia (PedVAP) as an event to follow in your Plan for the month.</p> <p>Please refer to the links below for further directions.</p> <p>Instructions for Completion of the Denominators for Specialty Care Area (SCA)/Oncology (ONC) (CDC 57.117) http://www.cdc.gov/nhsn/forms/57.117_DenominatorSCA_BLANK.pdf Instructions for the Completion of Denominators for Intensive Care Unit (ICU)/Other Locations (Not NICU or SCA) (CDC 57.118) http://www.cdc.gov/nhsn/forms/57.118_DenominatorICU_BLANK.pdf Ventilator Associated Event (VAE) http://www.cdc.gov/nhsn/acute-care-hospital/vae/index.html</p>