# CDC/NHSN Patient Safety Component Manual

## Summary of Updates, January 2021

**Below is a summary of significant modifications for the NHSN Patient Safety Component Manual, which will go into effect January 1, 2021.**

### Modifications affecting > 1 chapter

Changes made to the drug susceptibility data entry requirements on the event report forms and CDA submissions (BSI, UTI, PNEU, MDRO/CDI Infection, SSI, VAE, PedVAE, Custom events)

- Newly developed drugs have been added
- Retired drugs, or drugs no longer commercially available, have been removed
- Available result codes (S, I, R, NS, S-DD, N) for some drugs have been updated
- Order of drugs and grouping of drugs have been updated (as requested by users)

### Chapter 1: NHSN Overview

**Addition:** Information about the new COVID-19 module was added to the chapter.

**Clarification:** None

**Deletion:** None

### Chapter 2: Identifying HAIs in NHSN

**Addition:** None

**Clarification:** Provided guidance regarding sharing of information between discharging and receiving facilities.

**Deletion:** Removed references to Patient ≤ 65 years of age from tables and examples that include SUTI.

### Chapter 3: Monthly Reporting Plan

**No significant changes**

### Chapter 4: Bloodstream Infection

**Addition:** None

**Clarification:**

Additional guidance is provided on the use of non-culture based testing methods to meet LCBI-1 criterion.

- The clarification defines NCT as a methodology that identifies an organism directly from a blood specimen without inoculation of the blood specimen to any culture media. For instance, NCT does not include identification by PCR of an organism grown in a blood culture bottle or any other culture media.

Table 2: Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infection (MBI-LCBI) testing guidance for LCBI-2 and LCBI-3

- Addition of "culture" to the Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infection (MBI-LCBI) table under MBI-LCBI 2 and MBI LCBI 3 to reflect the testing methodology eligible for use to meet these criteria.

Clarification is provided on the criteria used to meet the Epidermolysis bullosa (EB) CLABSI exclusion.

- If during the current admission, there is documentation of a diagnosis of EB report such an event, marking the EB field as "Yes."

Clarification note is provided regarding the forms of Epidermolysis bullosa (EB) and the age groups eligible for use to meet the Epidermolysis bullosa (EB) CLABSI exclusion.

- Clarification **"Note":** The Epidermolysis bullosa (EB) CLABSI exclusion is limited to the genetic forms of EB in the pediatric population.

**Deletion:** None

## Chapter 5: Central Line Insertion Practices (CLIP)

**No significant changes**

## Chapter 6: Pneumonia

**No significant changes**

## Chapter 7: Urinary Tract Infection

**Addition: None**

**Clarification: None**

**Deletion:**

Removal of the age restriction for patients > 65 years of age without an indwelling urinary catheter (IUC).

- Fever documented within the IWP is eligible for use to meet symptomatic urinary tract infection (SUTI) criteria for all patient ages, with or without an IUC. This includes SUTI 1a, SUTI 1b and SUTI 2 criteria.

- As a result of this change in use of fever, a patient > 65 years of age with fever in the Infection Window Period and with or without a catheter in place for > 2 days on the date of event no longer meets ABUTI criteria but will meet SUTI 1b criterion.

Removal of USI as a UTI specific type event

- Urinary System Infection (USI) is no longer included as a specific type event within the major event UTI. Instead USI becomes its own major event type (See Chapter 17).

- USI is available for secondary BSI assignment and as a specific SSI organ/space infection site.

- UTI and USI can occur simultaneously and each creates its own RIT and SBAP.

## Chapter 9: Surgical Site Infection (SSI) Event

**Addition:** "Surveillance Methods"**:**

Added the following under "Patient charts for signs and symptoms of SSI" surveillance method:

- *Acceptable documentation includes patient-reported signs or symptoms within the SSI surveillance period, documented in the medical record by a healthcare professional.*

**Clarification:**

- "Operative Procedure Codes", Clarified **"Note"**: *For in-plan reporting purposes*, an infection associated with a procedure that is not included in one of the NHSN operative procedure categories is not considered an NHSN SSI, although the infection may be investigated as a HAI.
- Denominator Reporting Instruction #9:
    - Title updated to: **More than one operative procedure through same incision/surgical space within 24 hours**
    - Reporting instruction updated to capture when a patient has more than one operative procedure within 24 hours via the same incision or into the same surgical space. This update is to account for surgery that re-enters the same surgical space via a separate incision site.

**Deletion: None**

## Chapter 10: Ventilator- Associated Event (VAE)

**Addition:**

Added the following antimicrobial agents to the Appendix. List of Antimicrobial Agents Eligible for IVAC, PVAP:

- Imipenem/Cilastatin/Relebactam
- Lefamulin
- Cefiderocol
- Remdesivir

**Clarification: None**

**Deletion:**

Deleted the following antimicrobial agents from the Appendix. List of Antimicrobial Agents Eligible for IVAC, PVAP:

- Piperacillin
- Doripenem

## Chapter 11: Pediatric Ventilator-Associated Event (PedVAE)

**Addition:**

Added the following antimicrobial agents to the Appendix. List of Eligible Antimicrobial Agents:

- Imipenem/Cilastatin/Relebactam
- Lefamulin
- Cefiderocol
- Remdesivir

Two additional references were added.

**Clarification: None**

**Deletion:**

Deleted the following antimicrobial agents from the Appendix. List of Eligible Antimicrobial Agents:

- Piperacillin
- Doripenem

## Chapter 12: MDRO & CDI

**Addition:**

- CRE definition updated to include: Any Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, Klebsiella aerogenes or Enterobacter spp. testing resistant to imipenem, meropenem, doripenem, ertapenem, meropenem/vaborbactam, or imipenem/relebactam by standard susceptibility testing methods.
- (2) MDR-Acinetobacter definition updated to include new eligible drugs: Piperacillin/tazobactam, Cefoxitin, Ceftriaxone.

**Clarification:**

- All “>” and “<” signs have been changed into words [greater than/ less than].
- Additional data quality soft alerts (warning messages) have been added to the FACWIDEIN denominator screen when improbable denominators have been entered
- Starting in 2021, the FACWIDEIN denominator screen for long-term acute care hospitals (LTACHs) and inpatient rehabilitation facilities (IRFs) will include a question about the presence of any rehab and/or psych locations in the facility

**Deletion:**

Removed Piperacillin alone as an eligible B-lactam for MDR-Acinetobacter

## Chapter 14: Antimicrobial Use and Resistance

**Addition:**

- For AU Option reporting, we updated the antimicrobials included in AU CDA files:
    - Agents added: Amphotericin B lipid complex, Cefiderocol, Lefamulin, and Imipenem/cilastatin/relebactam
    - Agents removed: Doripenem, Erythromycin/Sulfisoxazole and Piperacillin
- For AR Option reporting:
    - 41 new pathogens were added to the list of accepted AR Option pathogens within the NHSN Information Data Model (IDM)/Pathogen codes 2021 tab 900+ new pathogens were added to the AR Option Pathogen Roll-up Workbook (found in the Antimicrobial Resistance (AR) Toolkit here: https://www.cdc.gov/nhsn/cdaportal/toolkits.html). These pathogens are eligible pathogens for AR Option reporting in 2021. Vendors/facilities must roll up the eligible pathogens to a reportable AR Option pathogen SNOMED code as outlined in the AR Option Pathogen Roll-up Workbook.

**Clarification: None**

**Deletion: None**

## Chapter 15: Locations

**No significant changes**

## Chapter 16: Key Terms

**Addition:**

- NCT definition updated to exclude use of NCT for LCBI 2 and LCBI 3 criteria

**Clarification:**

- Note added for emphasis that transfer rule does not apply to LabID events

**Deletion: None**

## Chapter 17: Surveillance Definitions

**Additions:**

- **ENDO Reporting Instruction:** * Cardiac vegetation can be found on a cardiac valve, pacemaker/defibrillator lead or ventricular assist device (VAD) components within the heart.

- **GIT Reporting Instructions:**
    - **For GIT 1b:** If an organism is identified on histopathologic exam, the blood specimen must contain a matching organism.
    - In patients > 1 year, pneumatosis intestinalis is considered an equivocal imaging finding for a gastrointestinal tract infection (GIT). For patients ≤ 1 year, please review the NEC criteria.
- **IAB Reporting Instruction for IAB 2b:** If an organism is identified on histopathologic exam, the blood specimen must contain a matching organism.
- **NEC Reporting Instruction:** Pneumatosis is considered an equivocal abdominal imaging finding for Necrotizing enterocolitis.

**Clarifications:**

- **BURN Reporting Instruction:** In the setting of a permanent skin graft (autograft) over a burn wound, use the SKIN or ST.
- **SKIN and ST Reporting Instruction:** Report SKIN or ST criteria in the setting of a permanent skin graft (autograft) over a burn wound.

**Deletion:**

- **USI Reporting Instruction:** If patient meets USI criteria and they also meet UTI criteria, report UTI only, unless the USI is a surgical site organ/space infection, in which case, only USI should be reported.