

# CDC/NHSN Patient Safety Component Manual

## Summary of Updates, January 2022

Below is a summary of significant modifications for the NHSN Patient Safety Component Manual, which will go into effect January 1, 2022.

### Chapter 1: NHSN Overview

**Addition:** Information about COVID-19 vaccination reporting through the HPS module added to chapter.

**Clarification:** None

**Deletion:** None

### Chapter 2: Identifying HAIs in NHSN

No significant changes

### Chapter 3: Monthly Reporting Plan

No significant changes

### Chapter 4: Bloodstream Infection

No significant changes

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

No significant changes

### Chapter 6: Pneumonia

**Addition:**

- New section added: “Key Terms and Abbreviations” provides guidance to refer to Chapter 2 and Chapter 16 for definitions of universal concepts for conducting HAI surveillance (DOE, HAI, IWP, POA, RIT, SBAP, LOA, Transfer rule).
- Note added to Tables 1-4 and Figures 1-2: “The PNEU Algorithms (PNU1,2,3) and Flowchart include FOOTNOTE references. The interpretation and guidance provided in the FOOTNOTES

are an important part of the algorithms and must be incorporated into the decision-making process when determining if a PNEU definition is met.”

#### Clarification:

- “Definitions” section renamed “Definitions Specific to PNEU/VAP Surveillance.”
- Definition for Ventilator-associated pneumonia (VAP) updated with the following: “If a break in mechanical ventilation occurs for at least one full calendar day, ventilator day count for ventilator association starts anew upon reintubation and/or re-initiation of mechanical ventilation.”
- Guidance for Determination of Eligible Imaging Test Evidence, third bullet (•) updated to state “All elements of PNEU/VAP definition must be present within the Infection Window Period (IWP). The exception may occur when identifying persistence of imaging test evidence of pneumonia, as the second imaging test must occur within seven days of the first but is not required to occur within the IWP. The date of the first eligible imaging test will be utilized when determining if the PNEU/VAP criteria are met within the IWP.”
- General Comments 5b and 6 and Footnotes #8 and #9 updated to reflect the following: Pleural fluid specimens obtained during thoracentesis or within 24 hours of chest tube placement are eligible specimens. Pleural fluid specimens collected after a chest tube is repositioned or from a chest tube in place > 24 hours are not eligible specimens.
- Footnote #1, first bullet (•) clarified to reflect that the guidance is applicable to *ventilated* and non-ventilated patients without underlying pulmonary or cardiac disease.
- Footnote #10, sixth bullet (•) clarified as follows: “those on enteral or parenteral administered steroids (excludes inhaled or topical steroids) daily for > 14 days on the date of event”.
- Table 5, Lung tissue specimen footnote clarified to reflect that lung tissue specimens obtained by either open or closed lung biopsy methods are eligible, but for post-mortem specimens only lung tissue specimens obtained by transthoracic or transbronchial biopsy methods that are collected immediately post-mortem are eligible.
- Denominator Data: Validation of electronic counts guidance updated to be consistent with other device-associated chapters.

#### Deletion:

- “Definitions” section: POA, HAI, and DOE definitions removed since they are defined in Chapter 2.

### Chapter 7: Urinary Tract Infection

No significant changes

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

### Addition:

- A 'Surveillance Period for SSI' definition has been added under 'SSI Event Details'.
- A 'Timeframe for SSI Elements' definition has been added under 'SSI Event Details' separate from the 'Date of event (DOE) for SSI' definition. The timeframe for SSI elements was previously explained under the 'Date of event [DOE] for SSI' definition.

### Clarification:

- The second bullet (•) within the Definition of an NHSN Operative Procedure has been updated to state '*...or entry is through an existing incision (such as an incision from a prior operative procedure)*' with removal of '*reoperation via an incision that was left open during a prior operative procedure*' to clarify that entry through an existing incision does not have to be an incision that was previously left open.
- Title for 'Secondary BSI Attribution Period for SSI' definition was updated to '**Secondary BSI Scenarios for SSI**'. The two scenarios for which a bloodstream infection can be determined secondary to an SSI are outlined.
- 'Denominator for Procedure Details':
  - Clarification made that if a clean (C) wound class was assigned to an APPY, BILI, CHOL, COLO, REC, SB, and VHYS, the procedure cannot be included in the denominator for procedure data. The IP should not modify the wound class.
- SSI Event Reporting Instruction #3: Updates made to state:
  - *'The evidence of infection must be noted intraoperatively and documented within the narrative portion of the operative note or report of surgery to be eligible for PATOS (pre/post op diagnoses, 'indication for surgery', and other headings routinely included in an operative note are not eligible with answering PATOS).'*
  - 'Key Points for consideration' section updated to better clarify application of PATOS.
- SSI Event Reporting Instruction #10:
  - Clarification made that tissue levels that are not entered are still eligible for SSI.
  - Sentence added that '*Routine flushing of catheters as part of the facility's standard care and maintenance is not considered invasive manipulation*'.
- Instructions for Completion of Surgical Site Infection (SSI) Form (CDC 57.120):
  - '**Event Details: Detected**': verbiage updated to better define the four SSI identification types (A, P, RF, RO).

**Deletion:**

- **Removed:** From the 'Definition of an NHSN Operative Procedure': '**Exclusions:** *Otherwise eligible procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance*' as the '**ASA Physical Status**' definition found under 'Denominator for Procedure Details' addresses this exclusion.
- **Removed:** Denominator Reporting Instructions #1 'Closure Type' and #2 'Wound class' as closure type and wound class are already defined/addressed under 'Denominator for Procedure Details'. Note that re-numbering of the Denominator Reporting Instructions has now occurred.

**Chapter 10: Ventilator- Associated Event (VAE)****Addition:**

- Data Analyses: Additional analysis resources section added.

**Clarification:**

- Definitions: 14-day Event Period moved to its own definition.
- Reporting Instructions, VAE algorithm (PVAP Criterion 3), and FAQ no. 18 updated to reflect the following: Pleural fluid specimens obtained during thoracentesis or within 24 hours of chest tube placement are eligible specimens. Pleural fluid specimens collected after a chest tube is repositioned or from a chest tube in place > 24 hours are not eligible specimens.
- Denominator Data: Validation of electronic counts guidance updated to be consistent with other device-associated chapters.

**Deletion:** None

**Chapter 11: Pediatric Ventilator-Associated Event (PedVAE)****Addition:**

- Data Analyses: Additional analysis resources section added.

**Clarification:**

- Definitions: 14-day Event Period moved to its own definition.
- Denominator Data: Validation of electronic counts guidance updated to be consistent with other device-associated chapters.

**Deletion:** None

## Chapter 12: MDRO & CDI

No content change, some information has been relocated to improve information flow.

**Addition:** New graphics in analysis section that show CO/HO/CO-HCFA determination.

**Clarification:** None

**Deletion:** None

## Chapter 14: Antimicrobial Use and Resistance

### Addition:

- For AU Option: none
- For AR Option:
  - A new question was added to the AR Event CDA to assess whether the patient was admitted during the encounter (yes/no).
  - The required drug panels were updated to reflect more recent CLSI testing guidance.
  - The AR Option Phenotype definitions were updated to reflect additions to the drug panels.

### Clarification:

- For AU Option: none
- For AR Option:
  - The term Enterobacterales will replace Enterobacteriaceae in the AR Option phenotypes.

### Deletion:

- For AU Option: none
- For AR Option:
  - Two inactive Snomed codes were removed from the AR Option Pathogen Roll-up Workbook. The workbook can be found in the AR CDA Toolkit here: <https://www.cdc.gov/nhsn/cdaportal/toolkits.html>.

## Chapter 15: Locations

No significant changes

## Chapter 16: Key Terms

### Addition:

- Added definition for Non-Bedded Location to be defined as “A patient care location that does not house patients overnight; therefore, for NHSN reporting purposes a device associated HAI event cannot be attributed to the location since there are no patient or device day counts collected.”

**Note:** There are non-bedded locations that are considered inpatient non-bedded locations such as the OR, inpatient dialysis, interventional radiology, or the cardiac catheterization lab.

- Added definition for SSI Surveillance Period: “The timeframe following an NHSN operative procedure for monitoring and identifying an SSI event. The surveillance period is determined by the NHSN operative procedure category (for example, COLO has a 30-day SSI surveillance period and KPRO has a 90-day SSI surveillance period, see Table 2 within the SSI protocol). Superficial incisional SSIs are only followed for a 30-day period for all procedure types. Secondary incisional SSIs are only followed for a 30-day period regardless of the surveillance period for the primary site.”

### Clarification:

- Definition for Device-associated Infections updated for consistency with those provided in Chapter 6 and 7: “For a patient who has a ventilator or urinary catheter in place prior to inpatient admission, the device day count that determines device–association begins with the admission date to the first inpatient location.”
- Gross Anatomical Exam updated to be consistent with the MISC FAQ and SSI FAQ.

**Deletion:** None

## Chapter 17: Surveillance Definitions

### Additions:

- **CONJ** - Elements of CONJ 1 and CONJ 2a, 2b, 2c and 2d are now combined to meet a single CONJ 1 infection criterion. In addition, the new CONJ 1 definition will require one eligible sign or symptom: pain, erythema or swelling of conjunctiva or around eye.
- **EAR** - The term, “labyrinthitis”, added to the otitis interna criteria.
- **UR** - Reporting instruction: Nasopharyngeal specimens are eligible to cite a UR.
- **LUNG 1** - Pleural specimens collected via thoracentesis within 24 hours of initial chest tube placement are now eligible for use to cite LUNG 1.

- **LUNG** - Reporting Instruction: If pleural fluid specimen is collected after a chest tube is repositioned OR after 24 hours, this pleural fluid specimen is not eligible for LUNG 1. Repositioning must be documented in the patient record by a healthcare professional.

**Clarification:**

- **VASC** - Reporting instruction regarding the 'Pus at the Vascular Access Site' CLABSI exclusion revised to mirror the verbiage in BSI FAQ # 21.

**Deletion:**

- **CONJ 2** - Removed. Elements from CONJ 2a, 2b, 2c, and 2d are combined with CONJ 1 to meet a single CONJ 1 definition.