NHSN v8.1 (January 2014) Release Notes

Changes to the Patient Safety Component:	

Changes to SSI and procedure denominator forms	Changes have been made to reporting of SSIs and procedure denominators to NHSN in 2014, including the addition of a new "periprosthetic joint infection" SSI definition and the addition of new fields on the denominator form. A summary of the reporting changes has been distributed via blast email and is posted at http://www.cdc.gov/nhsn/commUp.html.
	
	If you import procedure data using a .csv file, please note that the file specifications have been updated in order to accommodate the changes to the procedure denominator form, which include:
	• Collection of height and weight, diabetes, and closure technique for all surgical procedures
	• Collection of additional information for HPRO and KPRO procedures
	• Removal of "unknown" as an option for several variables, including wound class
	• Addition of new spinal level and approach options for FUSN and RFUSN procedures
	
	The updated file specifications are available at http://www.cdc.gov/nhsn/PDFs/ImportingProcedureData_current.pdf.
	
	Additionally, please note the following clarifications to the 2014 SSI protocol:
	• The correct definition for "Non-primary Closure" is found on pg. 9 of the 2014 SSI protocol
	  ○ The definition for "Non-primary Closure" on pg. 9 of the Key Terms is the 2013 definition and should be replaced with the current definition from the protocol
	  ○ The Table of Instructions for the Denominator for Procedure form has the 2013 definition under "Closure Technique – Other than Primary," which should also be replaced with the current definition from the protocol
	• "Not incidental to another procedure" should be deleted for APPY in Table 1 on pg. 3 of the SSI protocol

Introduction of "Report No Events" for CLIP	Facilities who include CLIP in their monthly reporting plan will now receive a "Missing Events" alert when no CLIP events are reported for a month. They can use the "Report No Events" checkbox to confirm that they had no insertions for the specified location.
New optional question for BSI	An optional question about the presence of a hemodialysis catheter has been added to the BSI form. If used consistently, this field can identify the proportion of inpatient CLABSIs occurring among hemodialysis patients, and could prompt additional or more targeted CLABSI prevention efforts. 2013 data can be entered retrospectively.
Changes to VAE surveillance	VAE has transitioned from age-based surveillance to location-based surveillance. Surveillance is restricted to adult inpatient locations only, and is not performed in pediatric, mixed age, or neonatal locations. Additional information can be found in the VAE protocol and in the summary of 2014 NHSN surveillance changes posted at http://www.cdc.gov/nhsn/commUp.html.

Addition of *C. difficile* test type to MDRO/CDI Module summary data form	In order to properly risk adjust quarterly *C. difficile* (CDI) LabID event data being sent to the Centers for Medicare and Medicaid Services as part of the Hospital Inpatient Quality Reporting Program, data collection for the type of test used to identify CDI has been added to the MDRO/CDI Module's summary data screen. When the summary data form is completed for the last month of the quarter (March, June, September, and December), users will be asked to report the primary type of test that was used to identify CDI in the hospital for that quarter. CDI standardized infection ratios from 2014 forward will be calculated using the test type submitted on MDRO/CDI module's summary data screen at the end of each quarter.
Update to annual surveys	Question #2 of the Microbiology Laboratory Practices section on the annual hospital, LTAC, and IRF surveys asks if the laboratory uses CLSI antimicrobial susceptibility standards, and to select the appropriate version of the M100 document that was used by the laboratory. The 2013 version of the M100 document, M100-S23, has been added as an option on the drop-down list and can now be selected to answer this question.

Annual update of Device-associated Module rates	CLABSI, CAUTI, and VAP rate tables have been updated to use national comparative rates from 2012; these national comparative rates were published in the December 2013 issue of the American Journal of Infection Control.
	
	With this update comes a few important items of note:
	
	• There are now pooled means specific to Critical Access Hospitals, stratified by:
	  ○ All critical care
	  ○ All non-critical care
	• Pooled means for both LTAC and CMS IRF locations will not be used in comparison of data for the purposes of CMS public reporting.
	• Oncology hospitals that are PPS-exempt will not have comparative data
	
	As a reminder, CLABSI SIRs continue to use a baseline of 2006-08 national data, and CAUTI SIRs continue to use a baseline of 2009 national data.

Update to methods used for calculation of p-values and confidence intervals	The statistical methods used to calculate p-values and 95% confidence intervals (CIs) in the output options and Statistics Calculator within NHSN have been updated. Going forward, p-values and 95% CIs will be calculated using Mid-p methods which are more conservative than the previously-used methods. Please note that, under these new methods, facilities may notice a slight change in the p-values and 95% CIs from what was previously reported.

Changes to Dialysis Event reporting:	
Annual Outpatient Dialysis Center Practices Survey	The new version of the annual survey is available at: http://www.cdc.gov/nhsn/forms/57.500_OutpatientDialysisSurv_BLANK.pdf. The most significant change is for questions about patient and staff counts, which now apply to the first week of February. **Data should be collected in the first week of February** by someone who works in the facility and is familiar with current facility practices. Check the Dialysis Event Homepage for the corresponding 2014 Table of Instructions. Except during enrollment, the survey can be saved-in-progress by scrolling to the bottom of the screen and selecting the "Save as Incomplete" button.
"Report No Events" by Dialysis Event Type	The "Report No Events" checkbox on the *Denominators for Outpatient Dialysis* form has been separated into three selections, one for each dialysis event type. Each dialysis event type needs to be accounted for every month: either the event type is reported on one or more *Dialysis Event* forms, or the "Report No Events" checkbox for that event type is selected on the *Denominators for Outpatient Dialysis* form to confirm no events of that type occurred during the month.
Dialysis Event Form: New Fields	Two new fields have been added to the *Dialysis Event* form. The Problems section now includes "urinary tract infection" and the Outcomes section now includes "loss of vascular access." Check the Dialysis Event Homepage for the corresponding Table of Instructions.
Dialysis Event Form: Optional Fields Now Required	Requirements for two questions on the *Dialysis Event* form have changed: • "Was the patient admitted/readmitted to the dialysis facility on this dialysis event date?" is required. • "Is this a catheter-graft hybrid?" is conditionally required if "Other Access Device" is selected under Risk Factors.
New Optional Hand Hygiene Reporting for Dialysis Facilities	Dialysis facilities that monitor staff hand hygiene adherence now have an option to track the monthly summary of their observations in NHSN. Data are entered by selecting the "Summary Data" and "Add" options on the navigation bar, then selecting "Prevention Process Measure – Hand Hygiene" from the dropdown menu. This optional surveillance is separate from Dialysis Event surveillance. Check the Dialysis Event Homepage for the new Prevention Process Measures Protocol for instructions. Dialysis facilities that have reported hand hygiene data under the MDRO module will automatically have their data migrated to the dialysis-specific module in the summer of 2014.

Changes to the Healthcare Personnel Safety Component:	
Addition of analysis reports for survey data	Line lists have been created for the HPS Component Annual Survey and the Healthcare Worker Influenza Vaccination Seasonal Survey in NHSN analysis. These reports are available to both facility and group users.

Changes to the Biovigilance Component:	
Annual Facility Survey	Minor changes to the order and wording of a few questions. No questions were added to the survey.
Monthly Reporting Plan	Facilities will now indicate whether they are participating or not participating in surveillance. Participating in surveillance requires complete reporting of all CDC-defined adverse reactions, reaction-associated incidents, and denominators.
Monthly Reporting Denominators	Whole blood products, unmodified (not irradiated or leukocyte reduced) products, discards, and number of crossmatch procedures have been added to the form.
Adverse Reaction	Delayed serologic transfusion reactions now allow for multiple antibody selections. The transfusion date/time on the Component Details table will now collect transfusion **end** date/time.
Incident	New process codes and incident codes have been added to the form. Up to 20 incidents/incident locations and 6 occupation codes can now be reported on a single form.
Monthly Incident Summary	New process codes and incident codes have been added to the form.

Changes impacting NHSN Groups:	
Update on define rights template for VAE	Initially, the define rights template contained options for each VAE specific event (VAC, IVAC, POVAP, and PRVAP). This has been changed to a single VAE option on the define rights screen in order to bring VAE into alignment with other HAI types. Groups will maintain access to any VAE data that they have at the time of the release, and facilities will be notified to accept an updated template if they belong to a group that requests VAE data.

Changes impacting facilities reporting via Clinical Document Architecture (CDA):	
New versions of CDA forms required for 2014 data	Due to protocol and data collection changes that took effect on January 1, 2014, facilities that import data using CDA must work with their vendors to update some of the files that they are importing. For CLABSI, CLIP, and Dialysis Event CDAs, the "Release 9" version of the CDA **MUST** be used for events with event date on or after January 1, 2014. For SSI and surgical procedure denominator CDAs, the Release 9 version of the CDA **MUST** be used for procedures done on or after January 1, 2014 and for SSIs linked to procedures done on or after January 1, 2014. No updates are required for UTI events, LabID events, and summary data records at this time. Please work with your vendors to convert to Release 9 CDAs for 2014 data and direct any questions to the NHSN CDA-specific helpdesk at nhsncda@cdc.gov.