NHSN v8.3 (January 2015) Release Notes

The 8.3 version of NHSN represents changes previously announced in the September and December 2014 newsletters, available at: http://www.cdc.gov/nhsn/newsletters.html. For complete details regarding the new surveillance protocols and definitions for 2015, please refer to the corresponding chapter of the component's NHSN Manual.

Changes impacting all NHSN Components:	
CCN Effective Date	Beginning in January 2015, facilities will be able to enter the effective date for new CCNs. In the event that a facility/location is newly certified or changes ownership, it is important to update the CMS Certification Number (CCN) within NHSN so that NHSN can provide the appropriate data to CMS. Once the new CCN is obtained, follow the steps outlined in this document: http://www.cdc.gov/nhsn/PDFs/CMS/Changing-CCN-within-NHSN.pdf.

Changes to the Patient Safety Component:	
Annual Surveys	2014 annual surveys are now available in NHSN and must be completed by March 1st 2015. The surveys contain new and updated questions on microbiology laboratory practices, infection control practices, and antibiotic stewardship practices. PDF versions of the surveys, as well as survey instructions, are posted on the facility type's NHSN webpage.
IPF Location Updates	Facilities will now be able to associate a location-specific CCN with their inpatient psychiatric facility units following the guidance found here: http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/IPF-Locations.pdf. This important IPF location set-up will help acute care hospitals that have IPF units appropriately remove these unit counts from the ACH LabID Event reporting, as well as prepare for 2015-2016 IPF HCP Influenza Vaccination Summary reporting that will begin by October 1, 2015.

HAI surveillance definition and protocol changes	This version of NHSN reflects the changes made to the HAI surveillance definitions and protocols, as previously announced, including: • Date of Event • NHSN Infection Window Period • Repeat Infection Timeframe (RIT) • Secondary Bloodstream Infection Attribution Period • UTI definition change • VAE changes and introduction of "PVAP" specific event • Update to HAI definitions found in Chapter 17 of the Patient Safety Component Manual • Indication of "Present at time of Surgery" (PATOS) for SSI events For details regarding these changes, please review the NHSN Manual, as well as: September 2014 newsletter: http://www.cdc.gov/nhsn/PDFs/Newsletters/vol9-3-eNL-Sept-2014.pdf December 2014 newsletter: http://www.cdc.gov/nhsn/PDFs/Newsletters/Newsletter-Dec2014.pdf **PLEASE NOTE Important change and update on Inpatient and Outpatient Operating Room Definitions for 2015** Based on feedback provided by NHSN users regarding the 2015 changes to the Inpatient and Outpatient OR Procedure definition, NHSN has made a decision to rescind these changes. The SSI protocol in the NHSN manual will be updated to reflect this change in the near future, and users will be notified when this is complete. NHSN serves many types and sizes of acute care facilities, and feedback has highlighted the heterogeneity of patient type (inpatient vs outpatient) which often occurs in a single OR suite. This heterogeneity among patient types was the most important reason for the decision to revert back to use of, only slightly modified 2014 definitions for inpatient vs outpatient. Therefore, for 2015, the NHSN SSI protocol will refer to inpatient and outpatient operative procedures, rather than operative procedures that are performed on inpatients or outpatients. Please disregard earlier guidance to identify OR areas/suites as inpatient or outpatient, and instead apply the following definitions to all surgical cases performed on or after January 1, 2015: *NHSN Inpatient Operative Procedure: An NHSN operative procedure performed on a patient whose date of admission to the healthcare facility and the date of discharge are different calendar days.* *NHSN Outpatient Operative Procedure: An NHSN operative procedure performed on a patient whose date of admission to the healthcare facility and date of discharge are the same calendar day.* We apologize for any inconvenience this has caused. NHSN makes changes to definitions and protocols only after careful consideration and with data integrity and surveillance collection burden in mind. However, when user feedback informs us that we have missed the mark, we have a duty to respond. Thank you for your understanding.

MDRO/CDI changes	FacWideIN LabID surveillance now also requires location-specific surveillance of the same organism from each ED and Observation (Obs) unit in acute care hospitals. When adding FacWideIN to the Monthly Reporting plan, all ED and OBS locations mapped in NHSN will automatically be added to the monthly reporting plan for this additional location-specific reporting. Facilities choosing to monitor and report CRE LabID data will be required to enter data for any *Escherichia coli*, *Klebsiella pneumoniae or oxytoca*, or *Enterobacter* species testing resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods or by a positive result for any method FDA-approved for carbapenemase detection from that specimen source. Users will no longer be able to choose to monitor only one of the three CRE organisms. For 2015 FacWideIN LabID Event reporting, acute care facilities are now required to exclude and indicate that inpatient locations with CCNs that are different from the acute care facility (even if only different by a single letter in the 3rd position) have been removed from monthly FacWideIN denominator counts (patient days and admissions). Locations that will now be excluded include CMS-licensed inpatient rehabilitation facilities (IRFs), inpatient psychiatric facilities (IPFs), and skilled nursing facilities (SNFs)/nursing homes (NHs).
CLABSI and CAUTI denominator sampling protocol	Facilities can report denominator data under the new Denominator Sampling Protocol for eligible locations. For additional details, please see the CLABSI and CAUTI protocols, as well as: September 2014 newsletter: http://www.cdc.gov/nhsn/PDFs/Newsletters/vol9-3-eNL-Sept-2014.pdf Device-associated Denominator Sampling training video: http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html. Additional guidance will be posted to the NHSN website in the coming weeks.
Patient Safety Analysis Updates	
KNOWN ISSUE: CDI LabID SIRs for 2012-2013 data	Currently, the NHSN application will use the most recent annual survey on file when producing SIRs. It has come to our attention that, due to changes in the Annual Hospital Survey in this release of NHSN, CDI LabID SIRs are not being calculated for 2012-2013 data; as a reminder, the 2012-2013 CDI LabID SIRs utilize the CDI Test Type as reported on the annual hospital survey. Hospitals are able to work around this issue by completing the 2014 Annual Hospital Survey. Once the survey is completed and datasets are regenerated, the 2012-2013 CDI LabID SIRs will be calculated. However, the 2012-2013 CDI LabID SIRs will utilize the data as reported on the 2014 survey, which may not be an accurate representation of the CDI Test Type used by your hospital during the 2012-2013 reporting years. We recognize the importance of tying together the CDI LabID data with the survey information of that same year, and therefore, plan to alleviate this issue in the Summer 2015 release of NHSN.

New analysis output for antimicrobial resistant organisms	Three new analysis output options are now available that allow users to view and analyze events in which an organism with a specific antimicrobial resistant phenotype was reported. A line list and frequency table allow users to review event-level data, and a rate table is available that displays the percent of all tested organisms that meet the phenotype definition. Additional guidance will be posted to the NHSN website in the coming weeks.
New CMS analysis reports for LTACs and IRFs	Analysis reports are now available for long term acute care hospitals (LTACH) and inpatient rehabilitation facilities (IRF) that will mirror the MRSA Bacteremia and *C.difficile* LabID event data that will be sent to CMS to comply with CMS Quality Reporting Programs. For more information about using these reports, please visit: http://www.cdc.gov/nhsn/cms/index.html#mrsa
Output options for the Targeted Assessment for Prevention (TAP) Strategy	The TAP strategy allows for the ranking of facilities (or locations) in order to identify and target those areas with the greatest need for improvement. New output options, referred to as "TAP Reports", are available for facilities and groups and can be generated for CLABSI, CAUTI, and CDI LabID data. Details on the use and interpretation of these reports will be available from the NHSN website in the coming weeks.
Device-associated SIRs for LTACs and IRFs	New output options allow LTACs to run CLABSI and CAUTI SIRs, and IRFs to run CAUTI SIRs; each of these SIRs use the 2013 device-associated pooled means as the baseline. These SIRs are available as new standard reports in the "Device-Associated Module" output options folder, as well as in the "CMS Reports" folder. Acute care hospitals with a CMS IRF unit will need to run the IRF-specific CAUTI SIRs, as these data are not included in the existing acute care hospital CAUTI SIR output options.
Addition of Ward locations in the CLABSI and CAUTI CMS IPPS SIRs	Locations defined as an adult or pediatric medical, surgical, or medical/surgical ward will be included in the CMS IPPS CLABSI and CAUTI SIRs beginning with Q1, 2015 data. In addition, a new table will be produced in the CMS IPPS SIRs output that will continue to provide an SIR inclusive of only adult, pediatric, and neonatal ICUs.

Update to Device-associated pooled means	CLABSI, CAUTI, and VAP rate tables are updated such that the NHSN pooled means and percentiles will represent the Data Summary for 2013. Please note the following: • Pooled means for VAP will only be provided for select pediatric ICU and NICU locations. • The new pooled means for Long Term Acute Care Facilities (LTACs/LTACHs) and Inpatient Rehabilitation Facilities (IRFs) will be used as the baseline data for new SIRs for these facility types. The Data Summary for 2013 is currently an "Article in Press" with the American Journal of Infection Control (http://www.ajicjournal.org/). Once published, this report will also be posted to the NHSN website. As a reminder, CLABSI SIRs for acute care hospitals produced in 2015 will continue to use a baseline of 2006-08 national data, and CAUTI SIRs for acute care hospitals produced in 2015 will continue to use a baseline of 2009 national data. The 2015 data will then serve as the baseline for SIRs produced in future years. Once all 2015 quarters are final after May 15, 2016, NHSN will run analyses to evaluate the possibility of re-calculating 2015 data using the new baseline. More guidance and explanation will be provided as these plans are finalized.
Addition of LabID indicator variables	FACWIDE indicators have been added for all LabID organisms. These variables will be given a "1" if the event is included in the associated measure. For example, if the new variable "FWMRSA_bldIncCount" is equal to 1, then that event will be included in the number of healthcare facility onset (HO) MRSA bacteremia events for the "SIR – MRSA Blood FacwideIN LabID Data" output option.
Changes to CLIP Bundle Adherence for patients <120 days of age	As announced in the September 2014 newsletter, NHSN will allow for CLIP bundle adherence when there are contraindications to chlorhexidine gluconate (CHG) in patients less than 120 days old at the time of the insertion. Therefore, CLIP analysis datasets and output options within NHSN will be updated to allow for the new skin prep rules when determining bundle adherence. This is a temporary modification that addresses updates to CHG product labeling, which states, "…use with care in premature infants or infants under 2 months of age. These products may cause irritation or chemical burns."

Changes to Dialysis Component reporting:	
New Prevention Process Measures	In addition to Hand Hygiene, five new Prevention Process Measures have been added to the Dialysis Component: 1. Hemodialysis Catheter Connection/Disconnection 2. Hemodialysis Catheter Exit Site Care 3. Fistula and Graft Cannulation/Decannulation 4. Dialysis Station Routine Disinfection 5. Injection Safety This surveillance is *not* required for the Centers for Medicare and Medicaid Services (CMS) End Stage Renal Disease (ESRD) Quality Incentive Program (QIP), but it can be helpful for quality improvement. To participate, use any of six corresponding CDC Dialysis Audit Tools to assess adherence to CDC's recommended practices for infection prevention. Tally the results – the number of successful observations and the total number of observations – and submit these summary numbers to the Prevention Process Measures module. On the Dialysis Monthly Reporting Plan, select the corresponding checkbox(es) for each Prevention Process Measure that will be reported "in-plan" according the NHSN protocol. There are a minimum number of observations for each measure when reporting data "in-plan." To report, select "Summary Data" and then "Add" from the navigation menu, then select "Prevention Process Measures" from the "Summary Data Type" dropdown menu. Users can report for any combination of the six available measures for the same month on the same screen. The new Prevention Process Measures Protocol will soon be updated here: http://www.cdc.gov/nhsn/dialysis/prevention-process-measures.html.
Dialysis Event Form – Question Added	A new question, "Where was this positive blood culture collected?" has been added to the "Event Details" section on the Dialysis Event form. This question appears when a positive blood culture event is reported to NHSN. The user can respond to this question by selecting one of the following options from the dropdown menu: 1) Dialysis Clinic; 2) Hospital (on the day of or the day following admission) or Emergency Department; or 3) Other Location.
Dialysis Event Form – New Drug	Nitrofurantoin ("NITRO") will now be optionally available in the "Add Drug" drop-down list when positive blood culture events are reported and a pathogen is added on the Dialysis Event form.
Dialysis Event form – Required Field	Users will be required to select a response to "Loss of Vascular Access" in the "Outcomes" section of the Dialysis Event form, in order to save an event.

Updated Monthly Reporting Plan	The Dialysis Monthly Reporting Plan has been updated with new surveillance options under the "Prevention Process Measures" section. In addition to "Hand Hygiene (HH)," this section has been updated with the addition of five new surveillance options: 1. Hemodialysis Catheter Connection/Disconnection (CATHCON) 2. Hemodialysis Catheter Exit Site Care (CATHCARE) 3. Fistula and Graft Cannulation/Decannulation (FGCANN) 4. Dialysis Station Routine Disinfection (DISINFECT) 5. Injection Safety (INJSAFE) Users can report "in-plan" data by choosing a location and selecting the corresponding checkbox(es) for any of the six process measures listed on the Monthly Reporting Plan. There are a minimum number of observations for each measure when reporting data "in-plan" (shown in parentheses under each prevention process measure).
Updated Define/Confer Rights Template	The "Prevention Process Measures" section of the Define/Confer Rights template has been updated to include five new Prevention Process Measures. Groups will be able to request all or none of the Prevention Process Measures data by indicating "Plan," "Location," and time-specific information for Prevention Process Measures on the Define Rights template. Facility users can choose to share all of their Prevention Process Measures data with a Group by clicking "Accept" at the bottom of the Confer Rights template, or they can select "N/A" to opt out of sharing their PPM data with the Group. The facility can also choose to leave the Group to stop sharing all data with the Group.

Changes to the Biovigilance Component:	
2014 Monthly Reporting Plan	2014 Monthly Reporting Plans were unavailable to users as of January 1, 2015. This prevented users from entering Adverse Reaction, Incident, and Monthly Reporting Denominators forms for 2014. This error has been corrected as of this NHSN release 8.3. Users can now enter 2014 Monthly Reporting Plans.
Annual Facility Survey Issue - Community Setting Question	Some users experienced an unexpected error related to question 3 (Community setting of facility) while attempting to save their Annual Facility Survey. This error has been corrected as of this NHSN release 8.3.

Changes to the Long Term Care Component:	
New required field: 'New antibiotic starts for UTI indication'	Facilities choosing to monitor and report UTI data into NHSN will be required to enter the total number of antibiotic starts for UTI indications for all residents in the facility for the month.
New required field: 'Number of admissions on *C. diff* treatment'	Facilities choosing the monitor and report *C. difficile* LabID data will be required to enter the monthly total number of residents receiving antibiotic treatment for *C. difficile* infection at the time of admission to their facility.
New version of the NHSN LTCF Annual Facility Survey	The NHSN LTCF Component Annual Facility Survey has been updated with new questions regarding infection prevention and control practices and antibiotic stewardship practices. The 2014 survey can be completed at this time.
Changes in CRE surveillance requirements	Facilities choosing to monitor and report CRE LabID data will be required to enter data for any *Escherichia coli*, *Klebsiella* species, or *Enterobacter* species testing resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods or by a positive result for any method FDA-approved for carbapenemase detection from that specimen source. Users will no longer be able to choose to monitor only one of the three CRE organisms.

Changes impacting facilities reporting via Clinical Document Architecture (CDA):	
Addition of 4 new drugs for AU Option reporting	NHSN will now accept data for four new FDA-approved antimicrobials: Ceftolozane/Tazobactam, Dalbavancin, Oritavancin, and Tedizolid. The AU Option CDA will still be based on the R6 Implementation Guide.
SSI, Procedure, Dialysis, and UTI CDAs transitioning to a newer version of the Implementation Guide	The following CDA versions are transitioning to be based on the R2_D1.1 Implementation Guide. The new CDA versions will allow the CDAs to include the new fields that have been added to the User Interface for the specific event or denominator. • SSI o R9 CDA required if procedure date =2014 o R2N-D1.1 CDA required if procedure date ≥2015 • Procedure o R9 CDA required if procedure date =2014 o R2N-D1.1 CDA required if procedure date ≥2015 • Dialysis o R9 CDA required if event date =2014 o R2N-D1.1 CDA required if event date ≥2015 • UTI o R5 CDA required if event date <2015 o R2N-D1.1 CDA required if event date ≥2015

Changes impacting NHSN Groups:	
Update on define rights template: Events and summary data	The Patient Safety, Dialysis, and Long Term Care Facility Component define rights templates have been updated to automatically include applicable denominators and 'No Event' indicators when an event type/location is selected on the template. This applies to all event data on the PS, Dialysis, and LTCF templates. Existing group templates will automatically be updated with this change. Facilities that have previously opted to only share event data will receive an alert asking them to reaccept the updated template.
Update to define rights template: MDRO/CDI FacWideIN	The Patient Safety Component define rights template has been updated to automatically confer rights to mapped Emergency Department, Pediatric Emergency Department, and 24-hour Observation Unit locations within a facility, if FacWideIN has been selected on the template. For new group templates, NHSN will automatically add rows for Emergency Department, Pediatric Emergency Department, and 24-hour Observation Unit locations when FacWideIN is selected in the MDRO/CDI Events section of the template. For existing group templates, rights will automatically be conferred to the additional locations, if FacWideIN data have already been conferred by the facility.
Update to define rights template: CRE surveillance	Beginning in January 2015, facilities choosing to monitor and report CRE LabID data will be required to enter data for any *Escherichia coli*, *Klebsiella pneumoniae or oxytoca*, or *Enterobacter* species testing resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods or by a positive result for any method FDA-approved for carbapenemase detection from that specimen source. As a result, and beginning with 2015 events, groups will no longer be able to request information on only one of the CRE organisms. Existing group templates will be automatically updated with this change for 2015 events and forward.