NHSN v7.1 (February 2013) Release Notes

Changes impacting all NHSN Components:	
Charting of summary data in NHSN Analysis	NHSN is now able to create bar charts and pie charts for summary data reported as part of the Biovigilance Component (hemovigilance denominator data), Healthcare Personnel Safety Component (healthcare personnel summary influenza vaccination data), and Patient Safety Component (antimicrobial use data).
Notification of inactivity before automatic logout	Users will be notified that they are about to be automatically logged out of NHSN after an extended period of inactivity. When users log out of NHSN, they will be taken to the main NHSN website at www.cdc.gov/nhsn instead of the SDN login portal.

Changes to the Patient Safety Component:	
Changes to procedure denominator form	Several changes have been made to reporting of procedure denominators to NHSN, including the removal of the Implant field and limited wound class selections for certain procedures. If you import procedure data using a .csv file, please note that the file specifications have been updated in order to accommodate these changes, which include: • Removal of implant field. NOTE: for your import file, this column must remain as a placeholder; any values imported in this column will be ignored upon import. • Updated instructions for wound class to align with 2013 protocol changes of allowable wound class for select NHSN operative procedures. The updated file specifications are available at: http://www.cdc.gov/nhsn/PDFs/ImportingProcedureData_current.pdf.
Introduction of Ventilator Associated Event (VAE) reporting	NHSN has been updated to allow for reporting of VAEs in adults. Please refer to the VAE protocol at http://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf for additional information.
Addition of criteria for Mucosal Barrier Injury BSIs	Additional criteria have been added to the Laboratory Confirmed Bloodstream Infection (LCBI) data entry screen to allow facilities to report bloodstream infections associated with mucosal barrier injury, or "MBI-LCBIs". Please note that there is NOT a specific event to select for MBI-LCBIs - they should be reported as LCBIs and the relevant criteria on the screen should be selected. MBI-LCBIs will continue to be counted as CLABSIs at this time. More information about reporting MBI-LCBIs can be found in the BSI protocol at http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf.

New rule to enforce healthcare-associated infection (HAI)	Starting in 2013, an infection is considered healthcare-associated if all elements of a CDC/NHSN site-specific infection criterion were first present together on or after the 3rd hospital day (day of hospital admission is day 1). NHSN will now reject any infection entered that does not meet this rule based on admission date and event date. For additional information on identifying HAIs, refer to the Chapter 2 of the NHSN manual at http://www.cdc.gov/nhsn/PDFs/pscManual/2PSC_IdentifyingHAIs_NHSNcurrent.pdf.
Removal of "BOTH" in SSI reporting	On the monthly reporting plan, alerts, and define rights screens, "BOTH" is no longer an option for Setting. Users must now use checkboxes to indicate whether they are reporting inpatient or outpatient procedures.
Standardized infection ratios (SIRs) for MRSA bacteremia and *C. difficile* LabID event reporting	SIRs are now available for MRSA bacteremia and *C. difficile* FacWideIn surveillance for all hospitals except LTACHs and IRFs. The SIRs utilize risk models developed by CDC and are calculated for each type as: # of observed HO LabID events / # of expected HO LabID events. These SIRs use 2010-2011 FacWideIn LabID data as the baseline and are calculated for 2012 data and forward, in all acute care hospitals. The SIRs for MRSA Blood and CDI are available to facilities and groups within the "MDRO/CDI Module – LabID Event Reporting" output options folder. In addition, MRSA Blood and CDI SIRs specific to the CMS IPPS reporting program have been created and are available within the Advanced > CMS Reports folder. These SIRs are the same as the standard SIRs, with the exception that these are limited to in-plan data for 2013 and forward only. When reviewing these SIRs, please pay special attention to the footnotes, as they provide helpful information in the interpretation of these data! Additional information regarding these output options and the risk models will be available on the NHSN website in the coming weeks.
LTAC/IRF rates for CMS	New analysis output options that replicate the CLABSI and CAUTI data that will be shared with CMS as part of the Long Term Care Hospital Quality Reporting Program and Inpatient Rehabilitation Facility Quality Reporting Program have been created. **For these programs, NHSN will report location-stratified rates to CMS and not standardized infection ratios at this time**. To view these reports in the output options, navigate to Advanced > CMS Reports > CDC Defined Output. Only facilities enrolled in NHSN as long term acute care hospitals (known as long term care hospitals to CMS) will have output in the CLABSI and CAUTI for LTAC reports. Facilities enrolled in NHSN as inpatient rehabilitation facilities and rehabilitation wards that are set up as CMS "IRF units" in acute care hospitals will have output in the CAUTI for IRF report. More information about these reports will be available on the NHSN website in the coming weeks.

New oncology locations	New oncology locations are now available for use by oncology hospitals, as well as acute care hospitals with oncology units. Descriptions of these locations can be found at http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf. Facilities that currently use the Bone Marrow Transplant SCA, Hematology/Oncology SCA, Pediatric Bone Marrow Transplant SCA, and Pediatric Hematology/Oncology SCA will have these locations automatically remapped to a corresponding oncology location at the time of the release. If your facility imports data from these locations using clinical document architecture (CDA), please be sure to contact your vendor about updating these location codes in their product before attempting to import any CDAs into NHSN.
Annual update of Device-Associated Module rates	Rate tables have been updated to use national comparative rates from 2011; these national comparative rates are currently pending publication. With this update comes a few important items of note: • There are now pooled means for adult long term acute care (LTAC) critical care and ward locations. • Rehabilitation ward data have been stratified by participation in CMS's Inpatient Rehabilitation Facility (IRF) Quality Reporting Program • 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 Please note that CLABSI SIRs continue to use a baseline of 2006-08 national data, and CAUTI SIRs continue to use a baseline of 2009 national data.
Defect in participation alerts line list fixed	The participation alerts line list (found in the output options by clicking Advanced > Facility Level Data > CDC Defined Output) has been updated to account for the "report no events" and "no procedures performed" checkboxes that facilities activate as needed. This analysis report should no longer produce erroneous alerts.

Changes to Dialysis Event reporting:	
Outpatient Dialysis Center Practices Survey	Facilities participating in Dialysis Event surveillance will notice several changes to the 7.1 version of the Outpatient Dialysis Center Practices Survey. Changes to the survey include: wording modifications to provide clarification, additional questions to keep up-to-date with current practices, and the removal of the "copy from prior year" button such that each annual survey will contain new information rather than data being copied over from a survey done in the previous year. The paper version of the survey can be found at http://www.cdc.gov/nhsn/forms/57.104_PSOutpatientDialysisSurv_BLANK.pdf.

Dialysis Event form	A new optional question has been added to the Dialysis Event form that will allow users to indicate if the dialysis event occurred on the same day the patient was admitted or readmitted to the facility. For example, when reporting an IV antimicrobial start, outpatient dialysis facilities will now be able to indicate whether or not the IV antimicrobial start was a continuation of inpatient treatment. The paper version of the Dialysis Event form can be found at http://www.cdc.gov/nhsn/forms/57.109_DIA_BLANK.pdf.
Denominators for Outpatient Dialysis form	Users can no longer "Report No Events" on the Denominators for Outpatient Dialysis form until the month has ended. This means that users will no longer be alerted to an incomplete Denominators for Outpatient Dialysis form until the the first day of the following month. After the first day of the following month, the Denominator for Outpatient Dialysis form will be considered complete only if the "Report No Events" checkbox is checked or dialysis events have been reported. Additional wording modifications have been made to the Denominators for Outpatient Dialysis form to establish more consistency among the protocol and the various forms pertinent to NHSN Dialysis Event surveillance. The paper version of the form can be found at http://www.cdc.gov/nhsn/forms/57.119_DenomOutpatDialysis_BLANK.pdf.

Changes to the Healthcare Personnel Safety Component:	
Analysis report for healthcare personnel influenza vaccination data being sent to CMS	A new analysis output option that shows the healthcare personnel influenza vaccination data that will be shared with CMS as part of the Hospital Inpatient Quality Reporting Program has been created within the Healthcare Personnel Safety Component. To run the report, log in to the Healthcare Personnel Safety Component, generate new analysis datasets, click on Analysis > Output Options in the navigation bar, and click through the output options to Advanced > CMS Reports > CDC Defined Output. More information about this report will be posted on the NHSN website in the coming weeks.
New survey for HCP influenza vaccination	A new seasonal survey on influenza vaccination programs for healthcare personnel has been introduced in this release. **Please note that completion of this survey is OPTIONAL for the 2012/13 influenza season.** Completion of the survey has no impact on data being shared with CMS as part of any quality reporting program.

Changes impacting facilities reporting via Clinical Document Architecture (CDA):	
Processing changes to CDA zip files	When a zip file of CDAs is uploaded to NHSN, the application will import all of the valid CDAs in the zip file and reject all of the invalid CDAs in the zip file. **This is a change from how NHSN has processed CDA zip files in the past.** Previously, if any of the CDAs within the zip file was invalid, the entire zip file would be rejected. If you have any questions or problems with importing CDA zip files, please forward your error report to your vendor or the NHSN CDA help desk at nhsncda@cdc.gov.
Deletion of antimicrobial use data	Data can only be reported to the Antimicrobial Use and Resistance (AUR) Module through CDA import. NHSN now includes an option in the navigation bar to delete data that has been imported.
New user rights for antimicrobial use reporting	Facilities participating in the AUR Module may now assign rights to antimicrobial use (AU) reporting only. Users with AU rights will be able to import, delete, and analyze AU data. They will have no other rights within NHSN. An infection preventionist could assign AU rights to a pharmacist interested in reporting AU data, for example.

Changes impacting NHSN Groups:	
Changes to membership rights line list	Changes have been made to the membership rights line list for group users, which can be found in the output options by navigating to Advanced > Group Level Data > CDC Defined Output > Line Listing - Membership Rights. The line list has been reorganized, and variables have been added to indicate when a facility has opted out of data sharing using the "N/A" box on the define rights template.
New custom fields line list	To allow users to determine how facilities have mapped any custom fields that they use, a new report has been included in this release. Navigate to Advanced > Facility Level Data > CDC Defined Output > Custom Field Variable Names to run the report.
Addition of VAE to Define Rights Template	Groups may now request access to VAE data. Please note that there is not one single "VAE" line on the define rights template. To request access to the full set of VAE data entered by facilities, the define rights template must include four lines - separate lines for VAC, IVAC, POVAP, and PRVAP.