CDC NHSN Patient Safety Component (PSC) Manual Updates
January 2014 Release

This document highlights the January 2014 changes, revisions, and updates to the NHSN Patient Safety Component Manual, which impact the way data are collected and reported to NHSN. Although other minor revisions, not highlighted here, have been made to the manual, they generally represent wording and/or format changes not deemed to significantly impact the collection or reporting of NHSN data. Besides the changes listed in this document, it is important to also review the Table of Instructions to ensure that data are collected and reported accurately. Although these changes will not be implemented in the NHSN application until the next application release, expected on January 25, 2014, **users are expected** to follow all updated guidance for definitions, rules, and criteria for events identified on or after January 1, 2014. Therefore, if you wish to retain 2013 guidance, you have until **December 26, 2013** to download and/or print the current-2013 NHSN protocols as they will be removed from the NHSN website on December 27, 2013 and replaced with the January 2014 NHSN protocols.

Page Number	Description of change
Chapter 1:NHSN Overview	
	No substantive content changes to NHSN overview or related documents.
Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN	
2-2	Formatting and minor clarifications made to HAI definition. Guidance added for determining whether to report multiple episodes of healthcare-associated infections in a single patient.
2-2	Table 1 updated to add clarity
Chapter 3: Monthly Reporting	
	No substantive changes to Monthly Reporting.
TOI (CDC 57.103; CDC 57.106; CDC 57.150; and CDC 57.151)	Clarifications made to Table of Instructions (TOI)
Chapter 4: CLABSI Event	
4-2	Exclusion of Hemodialysis reliable outflow (HeRO) dialysis catheters as central lines.
4-3	Added clarification regarding patients admitted with a central line.
4-3	Included definition of "Access" of central line.
4-3	Added clarification regarding patients accessing own IV line.
4-3	Added note about distinguishing between extension of previous CLABSI and new CLABSI
4-4	Clarified Transfer Rule with change in wording from "within 2 calendar days of transfer" to "on the day of transfer or the next day".
4-4	Added information about new data field to capture information about the existence of a hemodialysis catheter.
4-7 , 4-8, 4-12 and 4-13	Expanded time window for neutropenia in MBI-LCBI criteria to include 3 days AFTER positive blood culture collection; Examples updated.
4-19	Note 3: Clarified that for LCBI to be secondary to another site the other site must still have evidence of infection at that time.

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	Chapter 4: CLABSI Event (*Cont.*)
Table of Instructions (CDC 57.108) for Primary Bloodstream Infection (BSI) Form	**Date admitted to facility:** Added instructions to record previous admission date when patient admitted with LCBI attributed to previous admission. **Any hemodialysis catheter present:** Additional field to document the presence of a hemodialysis catheter.
	Chapter 5: CLIP
	No substantive changes to CLIP chapter or related documents
	Chapter 6: Ventilator-Associated Pneumonia (VAP) Event
6-1	In 2014, in-plan surveillance for ventilator-associated pneumonia (PNEU) will be restricted to patients of any age in non-NICU pediatric locations. In 2014, in-plan surveillance conducted for mechanically-ventilated patients in adult locations (regardless of age) will use the Ventilator-Associated Event (VAE) protocol (see VAE chapter). The PNEU definitions are still available for those units seeking to conduct off-plan PNEU surveillance for mechanically-ventilated adult and neonatal patients and non-ventilated adults or children.
	Chapter 7: CAUTI Event
	No substantive changes to CAUTI chapter
Table of Instructions (CDC 57.114) for Urinary Tract Infection (UTI) Form	**Date admitted to facility:** Added instructions to record previous admission date when patient admitted with UTI attributed to previous admission.
	Chapter 8: Blank Chapter
	Chapter 9: SSI Event
9-2	NHSN Operative procedure: new definition
9-3	ASA physical status: updated to reflect current definitions
9-4	Diabetes definition: to be entered for all NHSN operative procedures in facilities reporting plan. Note: Interim 2014 guidance for closure type reporting is available in the December 2013 NHSN Newsletter.
9-5	Duration of operative procedure: new definition
9-6	Height: to be entered in feet and inches or meters for all NHSN operative procedures in facilities reporting plan
9-7	Weight: to be entered in pounds or kilograms for all NHSN operative procedures in facilities reporting plan
9-8	Criterion d (MD diagnosis) has been removed from the Deep incisional SSI definition
9-9	Criterion d (MD diagnosis) has been removed from the Organ Space SSI definition
9-10	Table 3: clarification that day of procedure is day 1 for counting surveillance period for SSIs
9-11	Table 4: Added the new Periprosthetic Joint Infection to be used for Joint infections after HPRO and KPRO procedures
9-12	Numerator Reporting Instructions: There are additions and clarifications and all should be reviewed in 2014

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	Chapter 9: SSI Event (*Cont.*)
9-13	New reporting instruction: When multiple tissue levels are involved in the infection: The type of SSI (superficial incisional, deep incisional, or organ/space) reported should reflect the **deepest** tissue layer involved in the infection.
9-14	Reporting instructions for specific post-operative infection scenarios: These have been modified and simplified
9-15	Table 5: Brain and Spine surgeries were combined for risk adjustment in table
9-16	Denominator Reporting Instructions there are additions and clarification all should be review for 2014
9-17	New reporting instruction: Closure type as of 2014, incisional closure is NO LONGER a part of the NHSN operative procedure definition; all otherwise eligible procedures are included in the denominator reporting, regardless of closure type. The closure technique is entered for each denominator for procedure. Note: Interim 2014 guidance for closure type reporting is available in the December 2013 NHSN Newsletter.
9-18	Incidental appendectomy - reporting instruction change: Any appendectomy (APPY) should be reported regardless of whether it is incidental.
9-19	XLAP – reporting instruction change: Any exploratory laparotomy (XLAP) should be reported regardless of whether it results in a procedure from another category being performed.
9-20	New table that describes the three SSI SIR models available from NHSN
9-21	NOTE: For 2014 data, all of the SSI SIRs will include only those procedures that were reported with a primary closure method.
Table of Instructions (CDC 57.121) for Denominator for Procedure	**Duration of operative procedure**: new definition **Wound Class**: Unknown has been removed -- If the wound class is unknown or not listed work with your OR liaison to obtain a wound class for the procedure. If this is not possible, assign a wound class based on the operative procedure and OR notes. **ASA Score**: Do not report operative procedure where there is an ASA score of 6 **Diabetes:** Has been added as a required field for all operative procedures. See December 2013 NHSN newsletter for interim reporting guidance. **Height**: Has been added as a required filed for all NHSN operative procedures. **Weight**: Has been added as a required field for all NHSN operative procedures **Closure Technique:** Has been added as a required field for all NHSN operative procedures. See December 2013 NHSN newsletter for interim reporting guidance. **FUSN/RFUSN Spinal level:** Unknown has been removed. If the spinal level is unknown or not listed work with your OR liaison to obtain the information for the procedure. If this is not possible, select the spinal level based on the operative procedure and OR notes. **FUSN/RFUSN: Approach/Technique**: Lateral Transverse and Not Specified were removed. Transoral was added. **HPRO and KPRO:** New data collection fields were added. **NHSN is working on a mapping tool to assist with this and will make it available to users as soon as it is complete.**
	Chapter 10: Ventilator-Associated Event (VAE)
10-3 10-28 10-45	A change from age-based surveillance to location-based surveillance has been implemented. VAE surveillance is restricted to adult inpatient locations only. VAE surveillance is not performed in pediatric, mixed age, or neonatal patient locations. • In 2014, the VAE surveillance definition algorithm and protocol is ONLY applicable to mechanically-ventilated patients housed in adult inpatient units. • Patients who are under 18 years of age but who are cared for in adult locations conducting VAE surveillance are included in VAE surveillance in 2014.* • Pediatric and neonatal units are excluded from VAE surveillance (even in circumstances where a pediatric unit may occasionally care for patients who are 18 years of age and older). • In 2014, ventilated patients who are 18 years of age and older and who are cared for in pediatric units are included in PedVAP surveillance. *Note: it is NOT recommended to include in VAE surveillance young children housed in adult locations who are not thought to be physiologically similar to the location's adult patient population. Facilities may want to evaluate location mapping to be sure that locations are mapped to the correct CDC location codes. In circumstances where the population of patients cared for in the same physical location is comprised of adults and children (e.g., 50% adult patients and 50% pediatric patients), it is recommended that facilities consider the possibility of establishing a virtual pediatric location for surveillance purposes. More information on virtual locations and location mapping can be found here: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf.

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Chapter 10: Ventilator-Associated Event [VAE] (*Cont.*)	
10-3 10-7 10-9	The definitions of "daily minimum PEEP" and "daily minimum FiO2" have been modified, so that in January 2014, the daily minimum PEEP or FiO2 setting is defined as the lowest setting of PEEP or FiO2 during a calendar day that is maintained for at least 1 hour. • This is to standardize the surveillance approach in units where monitoring and recording of ventilator settings are performed hourly or more frequently than once per hour. • In units where ventilator settings are monitored and recorded less frequently than once per hour, the daily minimum PEEP and FiO2 values for VAE surveillance are simply the lowest values of PEEP and FiO2 recorded for the calendar day.
10-5 10-45	Patients receiving helium-oxygen mixtures are INCLUDED in VAE surveillance.
10-13 10-14 10-43	Additional instructions are provided for facilities attempting to use the purulent respiratory secretions criterion in meeting the Possible and Probable VAP definitions. These instructions (included in Table 2 of the VAE Protocol) provide greater flexibility for facilities where the clinical laboratory uses a different format for reporting results of direct examination of respiratory secretions than the format specified in the purulent respiratory secretions criterion.
10-23	An update to the data analyses section of the protocol is provided.
10-25	Additional references (15 and 19) are included.
10-26	The list of antimicrobial agents eligible for use in meeting the IVAC definition has been refined (Appendix). Agents that have been eliminated from the list include oral cephalosporins and penicillins, chloramphenicol, erythromycin, erythromycin/sulfisoxazole, nitrofurantoin, fidaxomicin, and enteral vancomycin. Note that intravenous vancomycin remains on the list of eligible agents.
Chapter 11: AUR	
	No changes made to chapter content
Chapter 12: Multidrug-Resistant Organism and Clostridium difficile Infection (MDRO/CDI) Module	
12-22	Clarification was added to definition of *C. difficile* Infection Surveillance to differentiate between Infection Surveillance and LabID Event reporting.
12-43	*Determining admission counts for summary data collection* simplified to correlate with NHSN guidance, and to accurately reflect admission risk into the facility and specific locations.
12-45	New - Appendix 3: Differentiating Between LabID Event and Infection Surveillance. This table highlights key differences between LabID Event and Infection Surveillance/HAI surveillance and reporting.
Table of Instruction (CDC 57.127)	**Primary Testing Method for *C. difficile* (quarterly)**: Question added to MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring form regarding primary testing method for *C. difficile*.
Chapter 13: Vaccine	
	No changes made to chapter content. Note: The NHSN Patient Vaccination module was not updated for the 2013-2014 influenza season. The module will be available for use through summer 2014 as a means for facilities to track the success of capitalizing on influenza vaccination opportunities. The module is slated to be removed in summer 2014.
Chapter 14: Empty Chapter	

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Page Number	Description of change
Chapter 15: CDC Locations and Descriptions	
15-10	Step down Neonatal Nursery (Level II) - updated the definition per the American Academy of Pediatrics, "Policy Statement Levels of Neonatal Care" as published in Pediatrics in 2012.
15-11	Neonatal Critical Care (Level III) - updated definition per the American Academy of Pediatrics (AAP), "Policy Statement Levels of Neonatal Care" as published in Pediatrics in 2012. Note that the NHSN definition of a Level III Neonatal Critical Care unit includes those units that meet the AAP classification of Level IV Regional NICU.
Chapter 16: Key Terms	
	Several new key terms were added. See chapter for additions.
16-15	Table 1 updated for additional clarification.
Chapter 17: CDC/NHSN Surveillance Definition of HAI and Criteria for Specific Types of Infections	
	Device-associated and procedure-associated protocols updated as communicated in individual chapters
17-4	Table 1 updated for additional clarification (see also Chapter 2).
17-10	Prosthetic joint infection (PJI) criteria added
17-19	The following Reporting Instruction added to CNS-Intracranial infection, Meningitis or ventriculitis, and Spinal abscess without meningitis criteria: If meningitis (MEN) and a rain abscess (IC) are present together after operation, report as SSI-IC. Similarly, if meningitis and spinal abscess (SA) are present together after an operation, report as SSI-SA.
17-26	The following Note added to GE-Gastroenteritis criteria 1: GE criterion 1 is the only criterion that can be used for *C. difficile* associated gastroenteritis since GE 2 does not include diarrhea as a symptom. See Reporting Instructions for additional information.
17-26	GI-GE criterion #2 was updated as follows: Patient has at least 2 of the following signs or symptoms ***in the absence of diarrhea***
17-26	The following Reporting Instructions were added to GI-GE-Gastroenteritis criteria to incorporate *C. difficile* surveillance: • Healthcare-associated cases of CDI (i.e., *C. difficile* pathogen identified with a positive toxin result, including toxin producing gene [PCR]) that meet criteria for a healthcare-associated infection should be reported as gastroenteritis (GI-GE criterion 1) or gastrointestinal tract (GI-GIT) infections, whichever is appropriate. Report the pathogen as *C. difficile*. If the patient develops both GI-GE and GI-GIT CDI, report only GI-GIT using the date of Event as that of GI-GE CDI. • If using GI-GE criterion #1 to meet *C. difficile* associated gastroenteritis; in addition to having liquid stools, patient must have a *C. difficile* pathogen identified with a positive toxin result, including toxin producing gene [PCR] that was tested on a loose/liquid stool specimen (specimen must conform to the shape of the specimen container). See MDRO and CDI protocol (Chapter 12) for additional reporting information. • If GE criterion #1 is met on day 1 or day 2 of admission, indicating a present on admission gastroenteritis, but a *C. difficile* toxin test was not sent on day 1 or day 2, and patient continues to have unresolved diarrhea, a subsequent CDI toxin positive test result on a liquid stool specimen is not considered a new infection with *C. difficile*. • CDI LabID Event categorizations (e.g., recurrent CDI assay, incident CDI assay, healthcare facility-onset, community-onset, community-onset healthcare facility-associated) do not apply to HAIs, including *C. difficil* e associated gastroenteritis. Therefore, a new HAI must be considered if a patients' diarrhea resolves and then reoccurs, and the patient has a new CDI-positive laboratory assay. This includes new episodes during the same admission.
17-27	GI-GIT criterion #2 updated as follows: Patient has at least 2 of the following signs or symptoms compatible with infection of the organ or tissue involved: fever (>38°C), nausea*, vomiting*, abdominal pain*or tenderness*, **or diarrhea***
17-27	The following Reporting Instruction added to GI-GIT criteria: Healthcare-associated cases of CDI (i.e., *C. difficile* pathogen identified with a positive toxin result, including toxin producing gene [PCR]) that meet criteria for a healthcare-associated infection should be reported as gastroenteritis (GI-GE criterion 1) or gastrointestinal tract (GI-GIT) infections, whichever is appropriate. Report the pathogen as *C. difficile*. If the patient develops both GI-GE and GI-GIT CDI, report only GI-GIT using the date of Event as that of GI-GE CDI.
17-28	IAB-Intraabdominal infection criterion #1 updated as follows: 1. Patient has organisms cultured from **abscess and/or** purulent material from intraabdominal space obtained during an invasive procedure.