NHSN v8.5 (January 2016) Release Notes

Changes to All Components:	
Enrollment and Facility Information screens – Add Primary Contact as a user	On Enrollment, or during an Add or an Update for Primary Contacts, the application will require that the facility administrator add the primary contacts to the application as NHSN users.
Landing Page – Facility search	On the NHSN Landing page, and also for Groups under the Find Facility function, users can now enter search criteria to find a facility.
Analysis: Datasets	The OID variable was added to all analysis datasets that already contained the orgID and/or the CCN variable. The new OID variable will be available for selection, as appropriate, on the various Modify Option screens for the reports that use these analysis datasets. The OID variable will not be used as a default value for any report. This change affects multiple output options in all NHSN components.

Changes to the Patient Safety Component:	
Event Entry – LabID	Three questions were changed from "Optional" to "Required" on the LabID Event screen and the question asking about the patient's discharge from the facility has been changed from "in the past 3 months" to "in the past 4 weeks". Note: If collection of the data related to the questions "Last physical overnight location of patient immediately prior to arrival into facility" and "Has the patient been discharged from another facility in the past 4 weeks?" proves too burdensome, making use of the response option "Unknown" is recommended. When a CRE-Kleb, CRE-Ecoli, or CRE-Enterobacter is reported in a LabID event, additional laboratory test questions about the testing and presence of carbapenemase will be required.
Event Entry – CLIP	The business rules for bundle adherence for patients ">= 2 months old" have been revised and there are some additional questions for contraindications to "chlorhexidine gluconate skin prep". There are analysis updates associated with this change.
Event Entry – ICD-10 PCS and CPT transition	ICD-9 CM procedure codes have been transitioned to ICD-10 PCS and CPT procedure codes in the NHSN application for procedures dated January 1, 2016 and going forward. For ICD-10 PCS and CPT, the current ICD-9 CM rules for HPRO/KPRO partials and revisions have been temporarily relaxed. And, KPRO/HPRO have supplemental ICD-10 PCS codes to help clarify partials and revisions; revision codes must be used in conjunction with a primary code. Users will need to refer to the guidance for specific instructions to correctly input this data. This guidance can be found in the supporting materials section at http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html As is current practice, the use of procedure codes in the NHSN application continues to be optional.

Changes to the Patient Safety Component:	
Event Entry - UTI changes for catheteter designated as INPLACE	For UTI events starting January 1, 2016 and going forward, the business rule for Urinary Catheter in place has been revised. For SUTI event "urgency", "frequency", and "dysuria" have been enabled when the risk factor for urinary catheter is marked InPLACE (urinary catheter that had been in place "> 2 days" was in place on the date of event). A popup message warning will indicate these risk factors should only be selected if the urinary catheter was **not** in place at the time of the symptom. Justification – "if the catheter was removed on the date of event, it was still in place for some time, and therefore InPLACE will be selected. Users **may** select "urgency", and/or "frequency", and/or "dysuria", if the catheter had been removed before the symptom occurred".
Location Additions and Updates	Acute Care Hospitals can set up a location(s) for an outpatient operating room(s). These are new location codes with a separate definition than the current Ambulatory Surgery Center outpatient OR location(s). These location(s) are considered an outpatient operating room/suite that is either attached or detached to the affiliated acute care hospital. For **Facility type = AMB-SURG**, the current Ambulatory Surgery Center outpatient OR locations have been revised to be specifically used by facilities enrolled in NHSN as Ambulatory Surgery Centers. Some location codes have been inactivated and some new codes have been created. An announcement regarding these changes was provided in the September 2015 NHSN Newsletter: http://www.cdc.gov/nhsn/pdfs/newsletters/newsletter-sept-2015.pdf
PS Surveys	Small changes have been made to the Patient Safety Component surveys for Acute Care Hospitals, IRFs, and LTACs including two new questions about MRSA infection control practices A brand new survey has been added specifically for facilities enrolled as Ambulatory Surgery Centers.
AU and MDRO denominators	The maximum value for "outpatient encounters" and "days present" has been increased as follows: • AU and MDRO – the maximum value for "outpatient encounters" was increased to "<=50,000" • AU – the maximum value for AU "days present" for Emergency Department locations was increased to "<=50,000"
Patient Safety Analysis Updates	
Update CMS IRF MRSA and CDI analysis datasets	The CMS IRF MRSA and CDI analysis data sets have been updated to match the variables in the CMS ACH and LTAC MRSA and CDI analysis data sets. The additional variables were added for use in potential, future risk adjustment in the following output options: "Rate Table - MRSA Blood LabID Data for IRF PPS" and for "Rate Table - CDI LabID Data for IRF PPS".
SAARs added into AU Option Analysis	Standardized Antimicrobial Administration Ratios (SAARs) are now available within the NHSN output options. Facilities that have uploaded data via CDA into the NHSN Antimicrobial Use Option can generate SAARs for 2014 data going forward for adult and pediatric medical, surgical, and medical/surgical ward and ICU location types. More information about the SAARs will be available in the updated NHSN AUR Module protocol.

Changes to the Patient Safety Component:	
New output option for reporting "downgraded" CDI test type	This is a new analysis data output option to show those quarters and/or years when the CDI Test Method has been changed to a less-sensitive test type compared to the previous time period. The analysis data set (ADS) uses CDI Test Type data as reported on existing Annual Surveys and MDRO/CDI Denominator forms: ADS name: "cdiTestMethHistory"; ADS variables: "orgID", "year" (derived), "month" (derived), "source" (derived), "cdiTestMeth", "cdiTestMethOth", "downgrade" (derived).
Annual Update Device Associated Aggregate Tables	The aggregate rates used in the application for CLABSI and CAUTI rate comparisons have been updated to use 2014 national pooled means. The risk strata that are now in use will not be changing – i.e., the same strata implemented in January 2015 (NHSN Release 8.3) still apply. In addition there is no longer pediatric VAP pooled means for NICU locations. The Device-associated rates are pending publication.
Align new output option with LTACH VAE reporting	A new output option has been added to align with CMS LTAC VAE reporting - "Rate Table – VAE Data for CMS LTCH PPS". LTACs reporting these data can view which data will be shared with CMS by running this new report. The output option currently includes a Total VAE rate, by location only. A future update to this output option will include the addition of "IVAC Plus" rates in order to align with the data that will be submitted to CMS.
Risk adjustment for VAE data	The output option, "Rate Table (Ventilator Days) - VAE Data for ICU…" has been updated to include pooled mean rates and DU ratios for Total VAE and Total IVAC Plus rates, based on 2014 NHSN Data. As with other device-associated events, the rates are stratified by CDC location. In addition, users will see a new table that will provide a proportion of VAE events that are IVAC Plus. The report that details the methods and results of this work is pending publication. As part of this update, the analysis dataset for VAE rates has been updated as well. For details, please see page 8 of the December 2015 NHSN Newsletter: http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-enewsletter_dec-2015_final.pdf .
Pathogen variables added to event level Line Lists	Several pathogen variables have been added to select event-level line lists, frequency tables, pie charts and bar charts. This update adds the variables to the analysis datasets used to produce the output options within the output folders for the Device-associated Module, Procedure-associated Module, and MDRO/CDI Module – Infection Surveillance. The following analysis datasets have been updated: CLAB_Events, VAP_Events, VA_Events, CAU_Events, PA_Events, SSI_Events, PPP_Events, and MDRO_Events.
Update to dropdown list for Summary Data Line List	On the Modify Output Options screen for the Advanced > Summary level Data > CDC Defined Output > Line Listing – All Summary Data report, the "Specify Other Selection Criteria" dropdown for "eventType" has been updated to include all possible values for "eventType".
Additional tables available to specific Groups for SIR	For Groups, this change added a second table to the output for 'SIR – CLAB Data for CMS IPPS' and 'SIR – CAU Data for CMS IPPS' that reflects the SIRs for the Group: Overall - ICUs only (for CAUTI), and for the Group: Overall – ICUs and NICUs only (for CLABSI). This functionality now aligns Groups with the functionality that was introduced for facility SIR in the January 2015 release.

Changes to the Patient Safety Component:	
Update to Group Function - suppress patient PII in the group AR Option Line Listing	This change blocks the display of a patient's Personal Identifiable Information (PII) in the group AR Option Line Listing of All AR Events if rights are not conferred for "Line Listing - All Antimicrobial Resistance Events"

Changes to the Biovigilance Component:	
BV Denominator	There is a new question to the denominator form and if answered "yes" there are conditionally required answers for platelets (whole blood and apheresis) and plasma (whole blood and apheresis) - 'Does your facility transfuse psoralen-treated blood products?'. The user will need to supply information for the following: Units Transfused, Aliquots Transfused, and Total Discards. There are analysis updates associated with this change.
BV Survey	The question – 'What is the average pool size?' for Cryoprecipitate was added to the annual BV survey. There are analysis updates associated with this change.

Changes to the Healthcare Personnel Safety Component:	
Analysis: Monthly Report Plan Line List	HPS Component users will be able to generate a line list of reporting plan data. This report allows facilities to view when the data elements were first entered/last modified within NHSN.
Analysis: Line Listing – Facility Enrollment Data	This is a new report that lists facility enrollment information. It will be useful to groups that need a complete list of facilities, in their group, that are active in the HPS component.
Analysis: Line Listing – HCP Flu Vaccination for QIP	This is a new report for dialysis facilities participating for the CMS Quality Incentive Program (QIP) Healthcare Personnel (HCP) Influenza Vaccination summary reporting. It lists the facilities that have satisfied minimum reporting requirements for this HCP flu vaccination reporting.

Changes to the LTCF Component:	
Event Entry – LabID	The question asking whether the resident has been transferred from an acute care facility has changed from "in the past 3 months" to "in the past 4 weeks".
LTCF Survey	Small changes have been made to the LTCF Component survey.
Analysis: New quarterly summary report for QIN-QIO	QIN-QIO can now access a group level quarterly summary rate report for FacWideIN *C. difficile* LabID Events that contains healthcare facility onset quarterly CDI incident counts, and quarterly counts for total resident days. The CDI rate is the crude pooled rate for all facilities in a group. The Facility crude rate is for each individual facility in a group.

Changes to the Dialysis Component:	
Annual Outpatient Dialysis Center Practices Survey	The dialysis survey, which is completed during enrollment and then annually in February thereafter, has been updated for 2016 with a few new questions and clarifications to existing questions. New variables have also been added to NHSN analysis output options, as applicable. To preview these updates, refer to the corresponding printable version of the survey.
Dialysis Event Surveillance	The Dialysis Event form has been updated for events with event dates starting on January 1, 2016 onward: • If an "IV Antimicrobial Start" event is selected, a new question "Was this a new outpatient start or a continuation of an inpatient course?" with the answers of "New antimicrobial start" and "Continuation of antimicrobial" will display. This question will be optional until CDA implementation in 2017. • Under the "Risk Factors" section, a new question was added: "Patient's dialyzer is reused?" with the answers "Yes" or "No". This question will be optional until CDA implementation in 2017. • The "transient patient" question, was moved and to the end of the "Event Information" section. • If a "Positive Blood Culture" event is selected, the question "Where was the positive blood culture collected?" with the options "Dialysis clinic," "Hospital or Emergency Department," and "Other location," is now a required field. This change corresponds to updated CDA. • References to "other access device" were clarified to "other vascular access device" under the "Risk Factors" section and the "Event Details" section. The Denominators for Dialysis Event Surveillance form has been updated for denominator data collected for January 2016 onward: • Among the total patients reported, a new numeric field was added: "Number of these patients for whom dialyzers are reused". Responses must be greater than or equal to zero, but less than or equal to the number of total patients reported. New variables have also been added to NHSN analysis output options, as applicable.

Changes to the Dialysis Component:	
Prevention Process Measures form	The Prevention Process Measures form has been updated for summary data collected for January 2016 onward: • The existing "Injection Safety" measure is being retired. In its place, two new measures are being added. Users can report the number of successful observations over the total number of observations for "Injectable Medication Preparation" and "Injectable Medication Administration". These new measures correspond to the new CDC injection safety audit tools. • For in-plan reporting, a minimum of 10 "Injectable Medication Preparation" observations and a minimum of 20 "Injectable Medication Administration" are required. The new variables have also been added to NHSN analysis output options as applicable. Users can use these reports to monitor percent adherence to recommended practices for these two new measures.
Event Entry - CLIP	The rules for Central Line Insertion Practices (CLIP) bundle adherence for patients ">= 2 month olds" have been revised and some additional questions for chlorhexidine gluconate have been added. There is a new optional field if an antimicrobial coated catheter was used. There are associated analysis updates.
Dialysis Facility and Locations	The CMS Certification Number (CCN) "effective quarter" information has been removed from "Edit Facility Information" page for "AMB-HEMO – Hemodialysis Center" facility types.

Changes impacting facilities reporting via Clinical Document Architecture (CDA):	
LabID, CLIP, Dialysis Event - Implement new CDA using 'R2-D2.1 IG'	LabID events with specimen collection date => 2016 must use the R2-D2.1 version of the IG • Addition of required fields "Last physical overnight location of patient immediately prior to arrival into facility"; "Has been patient been discharged from your facility in the past four weeks?" and "Has patient been discharged from another facility in the past four weeks?" • Addition of Optional Fields: Race and Ethnicity • Addition of conditionally required series of questions if Pathogen = CRE-Klebsiella, CRE-E.coli, or CRE-Enterobacter: ✓ "Was the bacterial isolate tested for carbapenemase?"; if "YES", which tests were done? ✓ "Did the isolate test positive for carbapenemase?"; if "YES", please identify which carbapenemase(s) were identified CLIP events with insertion dates >= 2016 MUST use the R2-D2.1 version of the IG • If there was a contraindication to chlorhexidine, the user will indicate the type of contraindication • Addition of Optional field- "Was Antimicrobial coated catheter used?" Dialysis numerators with event dates >=2016 must use the R2-D2.1 version of the IG

Changes impacting facilities reporting via Clinical Document Architecture (CDA):	
	• If "Positive Blood Culture" is "Yes", the question "Where was the positive blood culture collected?" must be answered
Event Entry – ICD-10 PCS and CPT transition	Keeping in line with the NHSN application, for CDA, a single ICD-10 PCS code or a single CPT code can be sent via CDA for procedures dated January 1, 2016 and going forward. The ICD-9 CM code will be accepted for procedures dated December 31, 2015 and prior.
CDA Direct	Updates were incorporated for LabID, CLIP, ICD-10 PCS and CPT (for Procedure, SSI, BSI and UTI).
AU Option	The additional drugs that were that were optional, for 2015 for AU CDA, will be required for =>2016 data.
Summary Reports imported via CDA	Some versions of CDA were phased out for Summary Reports; the following CDA versions are accepted. • Denominators for Intensive Care Unit (ICU)/Other Locations (not NICU and SCA) ○ Summary's for **dates =< 2014** MUST use the **R5** version of the IG ○ Summary's for **dates = 2015** CAN use the **R5 or R2-D2.1** version of the IG ○ Summary's for **dates => 2016** MUST use the **R2-D2.1** version of the IG • Denominators for Neonatal Intensive Care Unit (NICU) ○ Summary's for **dates =< 2014** MUST use the **R5** version of the IG ○ Summary's for **dates = 2015** CAN use the **R5 or R2-D2.1** version of the IG ○ Summary's for **dates => 2016** MUST use the **R2-D2.1** version of the IG • Denominators for Specialty Care Area (SCA) ○ Summary's for **dates =< 2014** MUST use the **R5** version of the IG ○ Summary's for **dates = 2015** CAN use the **R5 or R2-D2.1** version of the IG ○ Summary's for **dates => 2016** MUST use the **R2-D2.1** version of the IG • Denominator for LabID: 'MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring. (a.k.a. LabID denominator or POM) ○ Summary's for **dates =< 2014** MUST use the **R7** version of the IG ○ Summary's for **dates = 2015** CAN use the **R7 or R2-D2.1** version of the IG ○ Summary's for dates => 2016 MUST use the R2-D2.1 version of the IG
Succession Management for Procedure and SSI events	When the Procedure or the SSI is updated using succession management, the outpatient fields are required to match exactly.