NHSN v8.8 (December 2, 2017) Release Notes

Changes to All Components:	
Enrollment/Facility Data	There are updates to the NHSN Agreement to Participate and Consent; and, the process has been made more streamlined and automated. Pay close attention to the instructive emails you receive during facility enrollment. • NHSN has moved from the current manual process for signing the "NHSN Agreement to Participate and Consent" form to a fully automated process. There is a statement on the top part of the form that the person(s) who electronically sign(s) the document attests that a facility official has been informed of the facility's intent to participate. • Facility Administrators and Primary Contacts at all currently-enrolled NHSN facilities will be able to view and accept the updated Agreement to Participate and Consent beginning with NHSN v8.8.1, which is scheduled for release January 23, 2018.
Annual Survey Updates	There are updates to the annual surveys for the following components: 1. Patient Safety – includes LTAC and Rehab surveys – a new section has been added to all Patient Safety surveys to collect information about healthcare facilities water management practices and policies. This section will include a total of three (3) optional questions about current water management systems that impact the spread and control of *Legionella.* The format of the questions found in this section do not differ from other sections found on the Patient Safety surveys. 2. Long Term Care – New section added to collect information about healthcare facilities water management practices and policies. This section will include a total of three (3) optional questions about current water management systems that impact the spread and control of *Legionella.* The format of the questions found in this section do not differ from other sections found on the survey. 3. Dialysis 4. HPS – Home Dialysis Survey
Pathogen Codes updated for 2018	This is the first time the Pathogen Codes have been versioned. For events dated 1/1/2018 and going forward the following the following updates have been made – refer to the v8.8 IDM for details 1. The following genus were removed as an LCBI pathogen: "*Clostridium difficile*", "*Listeria*"," *E.coli O157*", "*Enteropathogenic E. coli*", "*Campylobacter*", "*Yersinia*", "*Shigella*", "*Vibrio*". 2. Common Commensal pathogen list updated. 3. Added "*Rhinovirus*", "*Extended spectrum beta-lactamase*" pathogens 4. Completed other minor corrections

Analysis and Reporting	Some changes were made to Y/N/"Blank" for conferred rights listing report (derived variables) to better help Groups determine which facilities have Conferred Rights to the group's current template:
	• naFlag value set to change from Y/blank to Y/N/.
	    a. "*Y*" is shown when the N/A Flag has been checked and the current confer rights template accepted
	    b. "*N*" is shown when the N/A Flag has not been checked and the current confer rights template accepted
	    c. "." is shown when the current confer rights template has not yet been accepted

Changes to the Patient Safety Component:

LabID Event - FacwideIN monthly denominator form for HOSP-LTAC and HOSP-REHAB	The FacWideIN monthly denominator record for LabID Event reporting will be simplified for free-standing Rehabilitation hospitals (HOSP-REHAB) and long-term acute care hospitals (HOSP-LTAC and HOSP-PEDLTAC) starting in January 2018. Users of these facility types will now only need to complete the Tier 1 (first set of variables) values for "Total Facility Patient Days" and "Total Facility Admissions". Tier 2 (MDRO FACWIDE) and Tier 3 (C. difficile FACWIDE) will no longer display on the application; the application will automatically complete the Tier 2/Tier 3 variables with the values supplied in Tier 1. There will be no impact to rates or SIR calculations.
MDRO Summary - CDI Test Type question added to the MDRO Summary record for IRF units	For MDRO Denominator Records, "CDI Test Type" question was added for CMS-certified IRF locations for the last month of each quarter. Users will notice this change starting with their March 2018 denominator records. CDI test type will be added to MDRO summary when location is a CMS-certified inpatient rehab (IRF) location. The CDI test type selected on the IRF denominator record is expected to match the value selected on the FACWIDEIN denominator for that month; therefore, the system will auto-populate the CDI test type selection on the IRF denominator record based on the selection entered for FacWideIN, if applicable. For CDA imported data, if C. diff test method does not match between FacWideIN and an IRF unit, this summary will result in new Alert on the NHSN home screen (Confirm CDI Test Type). Note: CDI test type will continue to be required on the FacWideIN denominator form for the 3rd month of each quarter.
Procedures, SSI, Locations	Previously restricted Procedures, SSI and Locations have been updated to allow all genders (M/F/U).

Events	1. BSI event - request for two new optional fields (optional until CDA catches up)
	   a. Extracorporeal life support present (e.g. ECMO): with a Yes/No dropdown
	   b. Ventricular access device (VAD) present: o with a Yes/No dropdown
	2. SSI Event and GI Event – Specific Event Criteria business rules
	   a. Updated IAB specific criteria definitions. Refer to IDM for specific rule changes
	   b. Updated GIT specific criteria definitions. Refer to IDM for specific rule changes
	3. For ICU/other summary, SCA summary, and the VAE event, the "APRV" field will changed from Conditional to Optional

AU/AR Events and Summary	1. AU: Added antimicrobial, "Delafloxacin", to AU CDA; Optional for <= 2018 data; will be required for 2019 AU data 2. AR: The Missing Summary Data alerts were removed for outpatient locations (24 Hour Observation, Emergency Room, and Pediatric Emergency Room) submitting AR events 3. AR: Six new ESBL-specific organisms can be reported as AR Option events
ICD-10-PCS/CPT Operative Procedure Code Update Delayed	**This CR has been <u>delayed</u> until January 23, 2017 (NHSN v8.8.1)** The NHSN ICD-10-PCS/CPT operative procedure codes are undergoing our annual review and validation process. This review and validation process includes procedures codes from the FY 2017 and 2018 CMS ICD-10-PCS updates. The revised list of NHSN procedure codes will be available for use during the v8.8.1 release in January 2018. **We advise users to delay entering operative procedures that are performed <u>on or after January 1, 2018</u> until the v8.8.1 deployment is complete.** We anticipate the v8.8.1 deployment to occur on January 23, 2018.

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Patient Safety Analysis Updates	

Updates to SIR tables	The SIR/Rate tables were modified to derive and display applicable CCN(s) as follows
	1. Analysis datasets used by the CMS SIRs and Rate Tables (PPS-Exempt Cancer Hospitals) will use the CCN History to assign the CCN for each month (summaryYM) based on the CCN that was in effect for the corresponding time period.
	2. For all SIR and Rate Table reports (CMS and non-CMS) that use these analysis datasets
	  a. Removed the CCN from the column headings (i.e. Page by).
	  b. Added CCN as a default column in the tables immediately to the right of the orgID column

New AU Bar Chart	A new report is now available to visualize AU data: 1. "Bar Chart - All Data - Selected Agent Distribution by Month" allows the user to select one or more drugs and see their usage by location and month in a stacked vertical bar chart. The Other Selection criteria is defaulted to a pre-selected set of drugs, which the user can change.
Addition of AU & AR Variables to Advanced Monthly Reporting Plan Line List	Added AU and AR variables to Advanced Monty Reporting Plan Line List option – Now that these variables have been added to the this analysis report, group users will be able to see the specific months and locations for which a facility plans to submit AU and/or AR data.
Add VAE SIRs for Critical Access Hospitals	VAE SIRs have been added for critical access hospitals (CAHs). The SIR will be limited to "Total VAE" (i.e., no IVAC Plus SIR is available for CAHs); the VAE model for CAHs is intercept-only, due to no statistically significant factors found during the 2015 NHSN rebaseline analysis.

Changes to the Biovigilance Component:	
Adverse Reaction Event	The Adverse Reaction event was updated with enhanced business rules logic to automatically assign designations for case definition, severity, and imputability, thereby improving data quality when reporting an adverse reaction event. Added 'unknown' as one of the choices for selection for the Patient Treatment section of the BV reaction event, for the question: "Did patient receive treatment for the transfusion reaction?"
ISBT Codes	The annual updates for the ISBT codes have been applied
Analysis and Reporting	There are some new predefined reports 1. Rate Table – Respiratory Adverse Reaction Data 2. Rate Table – Hemolytic Adverse Reaction Data 3. Run Chart – All Adverse Reaction Data 4. Run Chart – Total Units Transfused by Component

No Changes were made to the Healthcare Personnel Safety Component:

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Changes to the LTCF Component:	
Events	1. Updates to UTI event to make application consistent with the protocol and the printed event forms 2. Update to change SSN on intake forms from Required to Optional
Analysis and Reporting	Custom Field Variable List has been added to help users to efficiently map their custom fields when running output.

Changes to the Dialysis Component:	
Dialysis Event	Dialysis-numerator - Implemented new CDA for Dialysis-num using 'R3-D1.1 IG'; Dialysis Events with event dates => 2018 MUST use the R3-D1.1 version of the IG 1. "If new antimicrobial start = "Yes", then "was a blood sample collected for culture" is required. (code = 2339-0) 2. Added location for acute kidney injury (AKI) patients in outpatient hemodialysis centers
Monthly Reporting Plan	A comment box has been added to Dialysis Monthly Reporting Plans
Analysis and Reporting	TAP Reports for Groups are available. Targeted Assessment for Prevention is a strategy that identifies facilities with a high burden of excess infections. Groups can generate a report that ranks facilities in descending order by their burden of excess infections, which allows groups to target facilities for infection prevention purposes. Facilities — the existing facility-level Bloodstream Infection (BSI) SIR report has been modified to allow facilities to view their number of excess infections.

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Changes impacting facilities reporting via Clinical Document Architecture (CDA):	

General CDA	1. Dialysis-numerator - Implemented new CDA for Dialysis numerator using 'R3-D1.1 IG'; Dialysis Events with event dates => 2018 MUST use the R3-D1.1 version of the IG
	   a. "If new antimicrobial start = "Yes", then "was a blood sample collected for culture" is required. (code = 2339-0)
	   b. Added location for acute kidney injury (AKI) patients in outpatient hemodialysis centers
	      i. "Acute Kidney Injury (AKI) Patient" will be determined by the use of the location = OUT:NONACUTE:CLINIC:DIAL_AKI; code =1268-2
	2. Hemovigilance-denominator - Implemented new CDA for Hemovigilance-denominator using 'R3-D1.1 IG'; Hemovigilance denominator with dates => 2018 MUST use the R3-D1.1 version of the IG
	   a. Additional fields added to catch up with manual entry form
	3. MDRO Summary - For MDRO Summary, "CDI Test Type" question was added for IRF locations;
	   a. CDI test type was added to MDRO summary when the location is an IRF location and cmsIRF="Y". The CDI test type is expected to match the MDRO for FACWIDEIN summary. For CDA import, if C. diff test method does not match, the summary will go to a new Alerts/"C.diff Test Method" tab.
	   b. Summary of 2018 rules for C.diff test method:
	      i. Required if location = FACWIDEIN and labid_cdif = Y and month = MAR, JUN, SEP, or DEC.
	      ii. Required if (location = IN:ACUTE:WARD:REHAB or IN:ACUTE:WARD:REHAB_PED) and (CMSIRF = Y) and (month = MAR, JUN, SEP, or DEC) and (Year = 2018 or later).
	         1. IRF locations are the following:
	            a. IN:ACUTE:WARD:REHAB (code = 1070-2)
	            b. IN:ACUTE:WARD:REHAB_PED (code =1085-0)
	4. SSI event
	   a. Updated IAB specific criteria definitions. Refer to IDM for specific rule changes
	   b. Updated GIT specific criteria definitions. Refer to IDM for specific rule changes
	5. BSI, SSI, UTI, AR, Dialysis, and Hemovigilance events - Updates and additions for pathogens list and business rules; This Pathogen list will be versioned beginning with 2018 data. Events dates = >2018 must use v8.8 list and business rules. Events with =<2017 event dates, must use existing "Pathogen Code" tab. Refer to the IDM for specific details
	   a. The following genus will be removed as an LCBI pathogen: Clostridium difficile, Listeria, E.coli O157, Enteropathogenic E. coli, Campylobacter, Yersinia, Shigella, Vibrio.
	   b. Common Commensal pathogen list updated.
	   c. Addition of "Rhinovirus", "Extended spectrum beta-lactamase" pathogens, and other minor corrections
	6. ICU/Other Summary, SCA Summary, and VAE event - For ICU/other summary, SCA summary, and the VAE event, the APRV field will changed from Conditional to Optional
	7. AU – Added antimicrobial Delafloxacin to AU CDA; Optional for <= 2018 data; will be required for 2019 AU data
	8. Locations, SSI, Procedures – NHSN now allows all genders to be reported for all SSI and procedure types, and locations; Gender rules have been relaxed