

From: NHSN (CDC)
Sent: Monday, June 06, 2011 1:09 PM
To: ALL NHSN USERS
Subject: NHSN Version 6.4 Now Available!

Dear NHSN User,

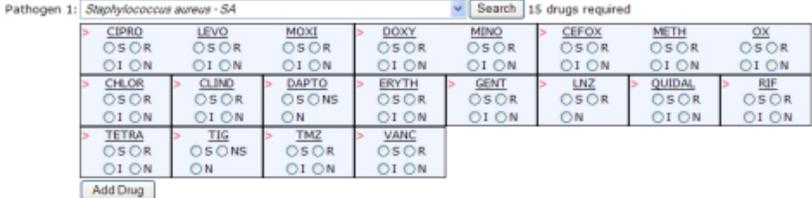
This weekend, NHSN version 6.4 was released. This version implemented many important enhancements, including:

1. The ability to update your facility's CMS Certification Number (CCN), a requirement for participation in the CMS Hospital Inpatient Quality Reporting Program. We ask that you verify this information NO LATER THAN June 20, 2011.
2. The new Patient Safety Annual Facility Survey, which MUST be completed for 2010 by ALL facilities participating in the Patient Safety Component.
3. Expanded susceptibility information for select organisms and drugs.

Please carefully review the attached newsletter for IMPORTANT details regarding these, and other changes implemented with NHSN version 6.4.

As always, you may contact us at nhsn@cdc.gov with any questions or concerns.
Thank you,
The NHSN Team

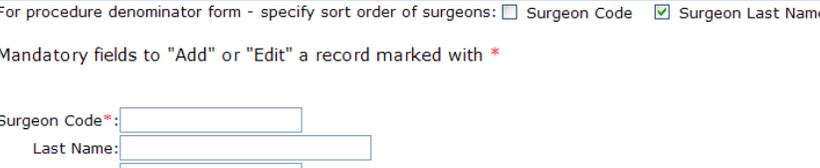
NHSN version 6.4: Changes Requiring Your Attention/Action

Component	Change	Description
ALL	Ability to Update CMS Certification Number (CCN)	Facilities will be able to enter/change the CCN on the Facility Information screen. NOTE: All facilities participating in the NHSN Patient Safety Component must verify the CCN recorded in NHSN for their facility no later than JUNE 20, 2011! Please double- and triple-check this number, as it will be used to determine which facilities' CLABSI data will be sent to CMS as part of the Hospital Inpatient Quality Reporting Program.
Patient Safety	Updates to the Annual Facility Survey	The Patient Safety Annual Facility Survey has been updated to expand the microbiology laboratory section. NOTE: All facilities participating in the Patient Safety Component will need to complete a 2010 Facility Survey. If you had previously entered a 2010 survey, this record has been deleted and you will need to re-enter a 2010 survey.
	Updated Pathogen and Drug Lists	<p>We have expanded required susceptibility data for drugs and specified organisms. Note that if your facility has entered any events with these organisms for 2011, these events will be marked "incomplete" and you will be required to enter susceptibility results for the added drugs. In addition, we have updated the event forms and data entry screens to use the correct lab susceptibility test results for each drug. These forms are available at: http://www.cdc.gov/nhsn/PatientSafety.html.</p> <p>With this update comes a revised screen for easier data entry of these expanded required data.</p>  <p>The screenshot shows a pathogen selection dropdown set to 'Staphylococcus aureus - S4' and a search bar containing '15 drugs required'. Below this is a grid of drug names, each with a set of radio buttons for selection. The drugs listed are: CIPRO, LEVO, MOXI, DOXY, MINO, CEFOX, METH, OX, CHLOR, CLIND, DAPTO, ERYTH, GENT, LINZ, QUIDAL, RIF, TETRA, TIG, TMZ, and VANC. Each drug name has radio buttons for 'S', 'OR', 'I', and 'N'.</p>
	ICD-9-CM updates	The Annual Update of ICD-9-CM codes have been incorporated into NHSN version 6.4. For details regarding this update, please see the March 2011 NHSN Newsletter available at: http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_MAR_2011_final.pdf
	Re-Launch of Antimicrobial Use option via Clinical Document Architecture (CDA)	The AU option enables facilities to report and analyze antimicrobial use as part of antimicrobial stewardship efforts at their facility. The AU option has been undergoing a transition over the past year to only capture and report antimicrobial use by electronic means through CDA. With the release of NHSN v6.4, the import capability within the NHSN web-based application has been upgraded to accept the antimicrobial use data. The Antimicrobial Resistance option is still under development and further updates in the timeline will be provided in future NHSN E-News and updates to NHSN AUR webpage: http://www.cdc.gov/nhsn/psc_ma.html

<p>NEW Data Quality Output Options in Analysis</p>	<p>Eight Data Quality Output Options have been added to the Advanced section of Analysis. These output options provide facilities with specific information needed to fix data quality issues identified at CDC (e.g., duplicate events, DA events reported with 0 or missing device days). Facilities with data quality issues for in-plan data are expected to resolve such issues. Additional information for each report will be forthcoming.</p>
<p>MDRO/CDI Module Updates</p>	<p>Two new MDROs are now available for monitoring in the MDRO/CDI Module and 2 existing MDRO definitions have been revised:</p> <ul style="list-style-type: none"> • Carbapenem-resistant <i>E. coli</i> (CRE-E. coli) and carbapenem-resistant <i>Klebsiella</i> spp. (CRE-Kleb) are now available to be monitored. • MDR-<i>Klebsiella</i> has been renamed and the definition has been updated. It will now be referred to as cephalosporin-resistant <i>Klebsiella</i> spp. (CephR-Kleb) and 2 additional drugs have been added to the old definition. • The definition for MDR-<i>Acinetobacter</i> has been revised. There are now six classes of drugs and at least one drug in at least three of the six classes must test intermediate or resistant to meet the new definition. <p>Please see the updated protocol for this new definition: http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf</p>
<p>Changes to Dialysis Event Surveillance</p>	<p>There have been two major changes to Dialysis Event definitions. A new Dialysis Event definition has been added: in addition to “Positive Blood Cultures” and “IV Antimicrobial Starts”, users will now report all incidents of “Pus, redness, or increased swelling at the vascular access site(s)” for their chronic hemodialysis outpatients. The “Hospitalization” Dialysis Event has been removed in response to user feedback about the burden of reporting hospitalizations that are unrelated to infection. It is no longer a requirement to report all hospitalizations; instead, only hospitalizations that occur as an outcome of any Dialysis Event are reportable. There are no changes to “Positive Blood Cultures” or “IV Antimicrobial Starts” Dialysis Event definitions.</p> <p>In addition to reporting whether the outcome of a dialysis event was “hospitalization”, surveillance will also include “death” as an outcome option if the patient died in relation to a dialysis event. Outcomes are now required for all Dialysis Events. If either of these outcomes is unknown, users will have the option to choose “unknown”.</p> <p>There have been some changes to vascular access terminology to reflect current practices in dialysis:</p> <ul style="list-style-type: none"> • “Permanent central line” has been replaced by “Tunneled

		<p>central line”</p> <ul style="list-style-type: none"> • “Temporary central line” has been replaced by “Nontunneled central line” • “Other access device (e.g., hybrid)” is a new vascular access option and can be used to record catheter-graft hybrids • Ports are no longer a specific option, but users may report them under “Other access device” <p>All of these changes are documented in the Dialysis Event Protocol and Tables of Instructions, Table 9 and Table 10, and Dialysis Event forms have been modified accordingly. To review the updated protocol and tables of instructions, please visit: http://www.cdc.gov/nhsn/TOC_PSCManual.html</p>
<p>Biovigilance</p>	<p>Updates to the Hemovigilance Module</p>	<p>Protocol: In addition to minor updates to the protocol, two of the reaction criteria have been modified. We added a ‘probable’ category for allergic reactions and refined the criteria for hypotensive reactions.</p> <p>Data Collection Forms: All forms have been reformatted. Major changes are highlighted below.</p> <p><i>57.300 Annual Facility Survey</i> There is a new question about centralized transfusion services. All questions have been reordered and renumbered.</p> <p><i>57.302 Blood Product Incidents Reporting – Summary Data</i> This form has been renamed to Monthly Incident Summary.</p> <p><i>57.304 Adverse Reaction</i> The ‘primary underlying cause for transfusion’ question is no longer a text field; there will be defined options for selection. The ‘signs and symptoms’ options have been updated. The infection section has been updated. Business rules have been added to improve data quality.</p> <p>Tables of Instructions: The tables of instructions have been updated to reflect all changes in the data collection forms as well as to provide additional clarification for the user.</p> <p>Analysis options in the NHSN application: We have added line list and frequency table options for the Monthly Incident Summary data. We have also added line list and table options for the Monthly Reporting Denominator data.</p> <p>Miscellaneous: We have added new blood product codes to the application so that the “component code not found” alert will be minimized.</p> <p>To review the updated protocol and data collection forms, please visit: http://www.cdc.gov/nhsn/bio.html</p>

NHSN version 6.4: Additional Changes/Enhancements

Component	Change	Description
<u>ALL</u>	Assignment of Event IDs and Procedure IDs	<p>When entering events and procedures, the event or procedure ID will be withheld until the record has been saved in NHSN. Once a record is saved, you will have the opportunity to print the event or procedure record with the assigned ID.</p> 
	Simplified user rights	<p>When customizing user rights, the following simplified categories can now be applied:</p> <ul style="list-style-type: none"> • View only • Analyze only • Add/Edit/ Delete Data
	Changes to the Group function	<p>Groups will now create a template of conferred rights that is presented to facilities when they join a group. Facilities no longer need to build the confer rights screen themselves and can accept the proposed rights with limited modifications.</p> <p>To view training materials for the Group function, please visit the NHSN resource library at http://www.cdc.gov/nhsn/library.html#group.</p>
	Analysis changes	<ul style="list-style-type: none"> • The variable “create date” has been added to applicable advanced analysis datasets. This will only be available for records entered in NHSN version 6.3 (released in Oct. 2010) and forward. • The ability to export to a Microsoft Access file (.mdb) has been removed, due to technical compatibility issues. • When modifying bar charts, users now have the option to turn off the display of percentages. In addition, users can choose to display the bar charts in 2-D or 3-D.
<u>Patient Safety</u>	Define sort order for surgeons	<p>Facilities can now specify the sort order of the surgeon drop-down list in NHSN. This can be done through the Facility > Surgeon option on the Nav bar. From the surgeon screen, you can choose for the surgeon list to be sorted by surgeon code or surgeon name.</p> 
	PS Analysis Changes	<ul style="list-style-type: none"> • Device-associated infection rate tables include new NHSN pooled means. Note that the CLABSI and SSI SIRs will continue to use 2006-2008 baseline data. The new DA pooled means can be found on the NHSN website at:

		<p>http://www.cdc.gov/nhsn/PDFs/dataStat/2010NHSNReport.pdf</p> <ul style="list-style-type: none">• CLABSI Rates and SIRs will exclude all CSEPs to allow for appropriate comparisons.• Fields have been added to the CLIP analysis datasets. For details, please see the March 2011 NHSN Newsletter: http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_MAR_2011_final.pdf
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