

NHSN Members Meeting at APIC – San Antonio

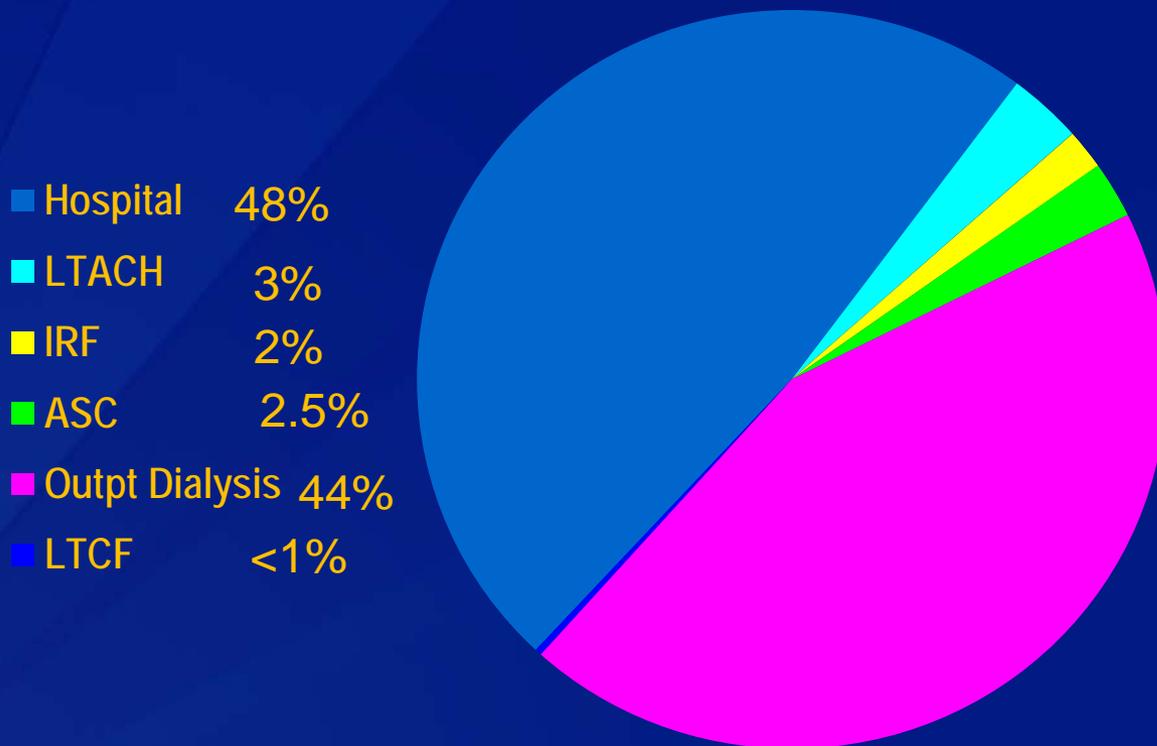
Room 205, Convention Center
June 3, 2012



Agenda

Topic	Presenter
Update on membership composition	Teresa Horan
Patient Safety Component protocol changes for 2013	Teresa Horan
NHSN application enhancements for August 2012 and January 2013	Angela Bivens-Anttila
Update on CMS reporting requirements and validation	Kathy Allen-Bridson
Training news	Gloria Morrell

Types of Facilities Participating in NHSN, 5/22/12 (n=9012)



Facilities are from all 50 states, DC, and several US territories.

Patient Safety Component Protocol Changes for 2013

Surveillance for Ventilator-Associated Events in Adults

Shelley Magill, MD, PhD
Surveillance Branch

*For more details, join us for Session 3203, “Changing the
Approach to VAP Surveillance,” June 6, 9:30-10:30 am*

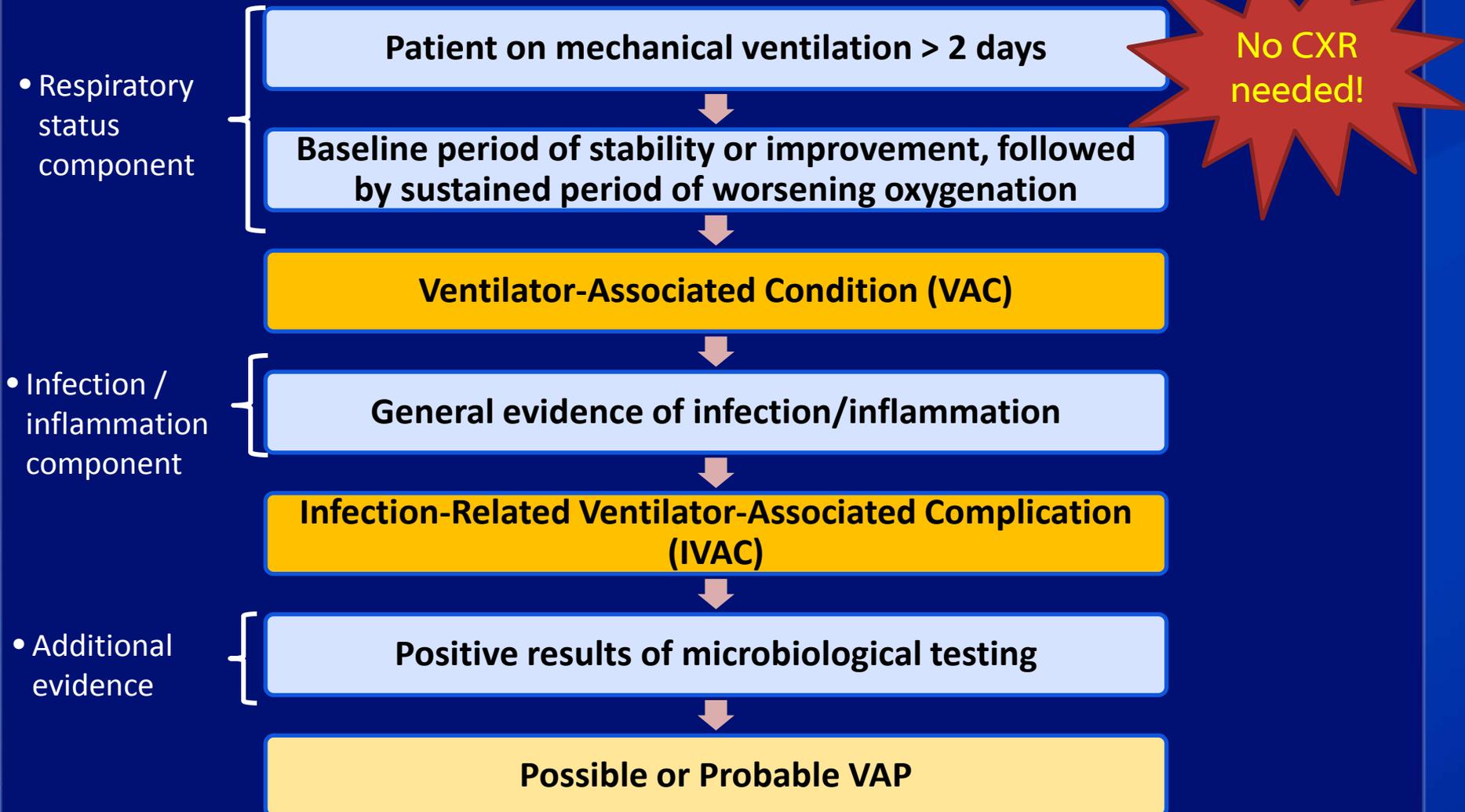
Ventilator-associated events (VAE) Surveillance Definition Algorithm

- ❑ **For use in NHSN for the potential purposes of public reporting, inter-facility comparisons, and pay-for-reporting and -performance programs**
- ❑ **Multidisciplinary working group (critical care medicine and nursing, infectious diseases, healthcare epidemiology, infection prevention, respiratory care, chest physicians, state health departments, NIH, HHS, HICPAC surveillance working group, and CDC)**

Patients Eligible for VAE Surveillance

- ≥ 18 years of age**
- Inpatients of acute care hospitals, long term acute care hospitals, inpatient rehabilitation facilities**

VAE Definition Algorithm Summary



VAE Definition Algorithm Summary

- Respiratory status component

Patient on mechanical ventilation > 2 days

Baseline period of stability or improvement, followed by sustained period of worsening oxygenation

FiO₂
or
PEEP

Ventilator-Associated Condition (VAC)

- Infection / inflammation component

General evidence of infection/inflammation

Infection-Related Ventilator-Associated Complication (IVAC)

- Additional evidence

Positive results of microbiological testing

Possible or Probable VAP

VAE Definition Algorithm Summary

• Respiratory status component

Patient on mechanical ventilation > 2 days

Baseline period of stability or improvement, followed by sustained period of worsening oxygenation

Ventilator-Associated Condition (VAC)

Temperature or WBC and New antimicrobial agent

• Infection / inflammation component

General evidence of infection/inflammation

Infection-Related Ventilator-Associated Complication (IVAC)

• Additional evidence

Positive results of microbiological testing

Possible or Probable VAP

VAE Definition Algorithm Summary

• Respiratory status component

Patient on mechanical ventilation > 2 days

Baseline period of stability or improvement, followed by sustained period of worsening oxygenation

Ventilator-Associated Condition (VAC)

• Infection / inflammation component

General evidence of infection/inflammation

Infection-Related Ventilator-Associated Condition (IVAC)

Purulent secretions and/or other positive laboratory evidence

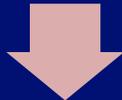
• Additional evidence

Positive results of microbiological testing

Possible or Probable VAP

VAE Definition Algorithm Summary

Ventilator-Associated Condition (VAC)



Infection-Related Ventilator-Associated Complication (IVAC)



Possible or Probable VAP

**Possible
Future
Public
Reporting
Definitions**

**Internal
Quality
Improvement**

Key Operational Details*

- ❑ In 2013, current VAP protocol will still be used for neonatal and pediatric patients ONLY.
- ❑ In 2012 and 2013, the current PNEU definitions are still available for off-plan surveillance of VAP in adults or non-ventilated PNEU in adults or children.
- ❑ In 2013, the VAE protocol will required surveillance of ALL events included in the algorithm—from VAC to IVAC to Possible and Probable VAP.
 - A unit participating in in-plan VAE surveillance cannot decide, for example, that only surveillance for VAC (and not for IVAC or Possible or Probable VAP) will be performed.

VAE Form*

*Location of Mechanical Ventilation Initiation: _____ *Date Mechanical Ventilation Initiated: ___ / ___ / ___

Event Details

*Specific Event: VAC IVAC Possible VAP Probable VAP

*Specify Criteria Used:

STEP 1: VAC (≥1 REQUIRED)

- Daily min FiO₂ increase ≥ 0.20 (20 points) for ≥ 2 days[†] Daily min PEEP increase ≥ 3 cm H₂O for ≥ 2 days[†]
after 2+ days of stable or decreasing daily minimum values.

STEP 2: IVAC

- Temperature > 38°C or < 36°C – OR -- White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm³
plus
- A new antimicrobial agent(s) is started, and is continued for ≥ 4 days.

STEP 3: Possible VAP (≥1 REQUIRED)

- Purulent respiratory secretions[‡] (defined as secretions from the lungs, bronchi, or trachea that contain ≥ 25 neutrophils and ≤ 10 squamous epithelial cells per low power field [lpf, x100], or equivalent semi-quantitative results).
- Positive culture (qualitative, semi-quantitative or quantitative)[‡] of sputum, endotracheal aspirate, bronchoalveolar lavage, lung tissue, or protected specimen brushing

STEP 3: Probable VAP (≥1 REQUIRED)

- Purulent respiratory secretions[‡]
plus one of the following (meeting quantitative or semi-quantitative threshold as outlined in protocol):[‡]
- Positive culture of endotracheal aspirate
 - Positive culture of bronchoalveolar lavage
 - Positive culture of lung tissue
 - Positive culture of protected specimen brush

- One of the following results (without requirement for purulent respiratory secretions), as outlined in protocol:[‡]
- Positive pleural fluid culture
 - Positive lung histopathology
 - Positive diagnostic test for *Legionella* species
 - Positive diagnostic test for viral pathogens

[†]collected after 2 days of mechanical ventilation and within +/- 2 days of onset of increase in FiO₂ or PEEP

*Preliminary and subject to change.

Patient Safety Component Protocol Changes for 2013

Update on Changes to CLABSI Definition

Nicola Thompson, PhD
Surveillance Branch

Overview of Proposed CLABSI Changes

- ❑ **HICPAC surveillance working group (infectious diseases, infection prevention, epidemiology, neonatology, hematology/oncology, state health department)**
- ❑ **Working on a series of changes to NHSN criteria/operations to reduce subjectivity in interpretation and application of surveillance definitions**
- ❑ **Proposing a new classification of BSI for a subset of patients with central lines but whose infection may not be associated with the use of a central line**

Mucosal Barrier Injury - Laboratory Confirmed Bloodstream Infection (MBI - LCBI)

- ❑ **MBI-LCBI is a healthcare-associated primary BSI involving**
 - Eligible patient populations with certain diagnoses, symptoms, or laboratory values
 - Allogeneic hematopoietic stem cell transplant recipients
 - Patients with severe neutropenia
- and**
- Eligible pathogens
 - See next slide

DRAFT DEFINITION UNDERGOING FIELD TESTING – SUBJECT TO CHANGE

MBI-LCBI Eligible Pathogens

At least one blood culture growing at least one of the following pathogens:

- *Bacteroides* spp.
- *Candida* spp.
- *Clostridium* spp.
- *Enterococcus* spp.
- *Fusobacterium* spp.
- *Peptostreptococcus* spp.
- *Prevotella* spp.
- *Veillonella* spp.
- **Enterobacteriaceae**

OR

Viridans group streptococci cultured from **two or more blood cultures** on separate occasions within 2 days with associated signs/symptoms:

- Fever, chills, hypotension
or
- Fever, hypothermia, apnea, or bradycardia (patient ≤ 1 year old)

E.g., *Enterobacter*, *Proteus*, *Escherichia*, *Klebsiella*

AND

No other recognized pathogens are identified (i.e. patient does not have additional pathogens that would meet current LCBI definition)

DRAFT DEFINITION UNDERGOING FIELD TESTING – SUBJECT TO CHANGE

MBI-LCBI Field Testing

- ❑ **Includes facilities currently reporting CLABSI surveillance data to NHSN**
- ❑ **38 hospitals participating for 2 months**
 - Data received from 130 units
- ❑ **Determine**
 - Feasibility of incorporating MBI-LCBI into BSI surveillance
 - If definition can be applied in facilities with different patient populations
 - If data elements can be located reliably
- ❑ **Measure impact of MBI-LCBI**
 - Describe overall proportion of CLABSIs/BSIs classified as MBI-LCBI

Next Steps

- ❑ Complete field testing of MBI-LCBI definition, evaluate findings**
- ❑ Update NHSN protocols, software and training materials for use in 2013**
- ❑ Discuss with NQF and CMS any impact on CLABSI reporting requirements**

Patient Safety Component Protocol Changes for 2013

Update on Changes to SSI Surveillance

Ryan Fagan, MD
Surveillance Branch

Overview of Proposed SSI Surveillance Changes

- ❑ **HICPAC surveillance working group (surgery, perioperative nursing, infectious diseases, infection prevention, epidemiology, state health department)**
- ❑ **Reviewing all aspects of SSI surveillance definitions and methods to reduce subjectivity, enhance clinical credibility, reduce data collection burden, and make amenable to electronic data capture**

SSI Surveillance Changes for 2013

- ❑ **Modify the definition of an NHSN operative procedure to allow primarily closed incisions to include those with wires, drains, wicks, or other devices or objects extruding through the incision.**
- ❑ **Remove the requirement to indicate whether an implant was placed during an NHSN operative procedure**
 - Delete implant definition
 - Remove implant phrase from deep incisional and organ/space SSI definitions
 - Replace 1 year follow-up period with 90-day period for certain procedures (next slide)

SSI Surveillance Changes for 2013

- ❑ **Limit reporting of all SSI types for all NHSN operative procedures to 30 days after the date of the procedure *except* the following for which deep incisional and organ/space SSI should be reported up to 90 days after the date of the procedure:**
 - *BRST, CARD, CBGB, CBGC, CRAN, FUSN, FX, HER, HPRO, KPRO, PACE, PVBY, RFUSN, VSHN*
 - Example: COLO procedure with internal staples performed on 1/15/2013; SSI-IAB criteria met on 2/25/2013. This would NOT be reported as an SSI (onset >30 days post-op).
 - Example: Total primary hip arthroplasty (HPRO) performed on 1/2/2013; SSI-JNT criteria met on 4/10/2013. This would NOT be reported as an SSI (onset >90 days post-op).

SSI Surveillance Changes for 2013

- ❑ **Rename “endoscope” to “scope” and clarify its meaning**
- ❑ **Remove phrase “...and the infection appears to be related to the operative procedure” from the deep incisional and organ/space SSI definitions**
 - Current: “Infection occurs within 30 days after the operative procedure if no implant is left in place or within one year if implant is in place and the infection appears to be related to the operative procedure ...”
 - Proposed: “Infection occurs within 30 days after NHSN operative procedures in List A or within 90 days after NHSN operative procedures in List B...”
 - Where List B contains the procedures shown on the previous slide and List A contains the rest of the NHSN operative procedures

Benefits of 2013 Changes

□ **VAE**

- Objective criteria
- Amenable to electronic capture
- Buy-in from critical care community
- Potential for decrease in data collection burden

□ **MBI-LCBI**

- Identifies a subset of patients with central lines and primary BSI whose infections are likely due to their underlying diseases and treatment, but are currently being classified as CLABSI
- Potentially can be removed from mandated CLABSI data

□ **SSI Surveillance**

- Removes some of the data collection burden
- Improves clinical credibility

Patient Safety Component Protocol

NHSN Application Enhancements for August 2012 and January 2013

Angela Bivens-Anttila, RN, MSN, NP-C, CIC



NHSN Major Changes Coming in Release 7.0 Late August 2012 (expected Aug 25)

□ All Components

- Alerts screens - notifications and enhancements added to home screen for clearer information and guidance to users
- New facility type for Critical Access Hospitals (code HOSP-CAH)

□ Healthcare Personnel Safety

- Implement new HCW Influenza Vaccination Summary Reporting
- Remove Individual Employee-Level Influenza Vaccination Event Reporting

NHSN Major Changes Coming in Release 7.0 Late August 2012 (expected Aug 25)

□ Patient Safety

- New Device-Associated Denominator Summary screen - allows summary data entry from all location types in a month on one screen
- New outpatient dialysis location code to be used by inpatient facilities for Biovigilance Reporting only
- Existing code for Outpatient Hemodialysis Clinic (*OUT:NONACUTE:CLINIC:DIAL*), used for Outpatient Dialysis Event reporting, will only be allowed for facilities designated as Outpatient Dialysis Facilities (AMB-HEMO)

NHSN Major Changes Coming in Release 7.0 Late August 2012 (expected Aug 25) –Cont.

□ Patient Safety

- Changes to reporting specific Procedures - allow **2** laminectomies (LAM) or **4** refusions of spine (RFUS) on the same day for the same patient
- Allow reporting of infections among male neonates rooming with mothers in LDRP units
- Create Advanced-Level Output Options folder in analysis to hold all CMS reports
- Add SSI SIR report by surgeon

NHSN Major Changes Coming in Release 7.0 Late August 2012 (expected Aug 25)

❑ Long-Term Care

- Add new LTCF Component (i.e., skilled nursing/nursing homes)
- Reporting options: UTI/CAUTI, LabID Events (all organisms), Hand Hygiene, and Gown and Glove Use (new forms for this component)

❑ CDA – Electronic Reporting

- Enable electronic data submission of:
 - Outpatient Dialysis Events
 - Outpatient Dialysis Denominators
 - MDRO/CDI LabID Event Summary Form (Denominators)

NHSN Major Changes Coming in Release 7.1 Late January 2013

□ Patient Safety

- Add new Ventilator-Associated Event (VAE) reporting to the Device-Associated Module (includes VAC, IVAC, and possible/probable VAP). Only for adult patients ≥ 18 years old. Pediatric patients must still be reported under existing VAP until specific pediatric criteria are defined for VAE.
- Add Mucosal Barrier Injury (MBI) criteria to BSI-LCBI in manual application for optional data entry and use in 2013 (no removal of these CLABSIs for CMS reporting in 2013). Will be available for CDA import in Jan 2014.
- Procedure and SSI Reporting Changes
 - Remove requirement to report implant
 - Limit follow up to 30d for all SSI types for all NHSN operative procedures, except a select few specified to require a 90-day period for deep incisional and organ/space SSI

NHSN Major Changes Coming in Release 7.1 Late January 2013 – cont.

□ All Components:

- Create new Cancer locations for use by both cancer and acute care facility types (to replace adult and pediatric SCA-HONC and SCA-BMT)

Hospital Inpatient Quality Reporting (IQR) Program

- Mandated by law since 2003
- Provides hospitals with financial incentive to report on quality of care delivery
- Provides consumers with data to make informed decisions about their care
- Data used for CMS Hospital Value-Based Purchasing
- Applies to hospitals paid under the inpatient prospective payment system
- Includes 72 quality measures in several domains
 - Clinical Processes of Care*
 - Healthcare-Associated Infections (HAI)*
 - Mortality and Readmissions
 - Patient experience
 - Structural Measures
 - Cost Efficiency

*Validated through medical records abstraction

Overview of CMS Hospital IQR Validation Process

- CMS randomly selects hospitals annually (currently 800) from eligible hospital list
- CMS selects targeted hospitals (e.g., hospitals failing previous annual validation)
- CMS selects medical records randomly from selected hospitals (up to 18 per quarter per hospital)
- CMS mails letter requiring hospitals to copy and return medical records to contractor
- Hospital submits medical record copies
- CMS contractor independently abstracts medical records
- CMS contractor adjudicates mismatches
- CMS computes validation score at the measure level

CMS Reporting via NHSN – Current Requirements

DRAFT (11/14/2011)

HAI Event	Facility Type	Reporting Start Date
CLABSI	Acute Care Hospitals Adult, Pediatric, and Neonatal ICUs	January 2011
CAUTI	Acute Care Hospitals Adult and Pediatric ICUs	January 2012
SSI Colon and Abdominal Hysterectomy	Acute Care Hospitals	January 2012
I.V. antimicrobial start	Dialysis Facilities	January 2012
Positive blood culture	Dialysis Facilities	January 2012
Signs of vascular access infection	Dialysis Facilities	January 2012
CLABSI	Long Term Care Hospitals *	October 2012
CAUTI	Long Term Care Hospitals *	October 2012
CAUTI	Inpatient Rehabilitation Facilities	October 2012
MRSA Bacteremia	Acute Care Hospitals	January 2013
<i>C. difficile</i> LabID Event	Acute Care Hospitals	January 2013
HCW Influenza Vaccination	Acute Care Hospitals	January 2013
HCW Influenza Vaccination	ASCs	October 2014
SSI (TBD)	Outpatient Surgery/ASCs	TBD

* Long Term Care Hospitals are called **Long Term Acute Care Hospitals** in NHSN

Proposed CMS Reporting Requirements via NHSN

HAI Event	Facility Type	Reporting Start Date
Healthcare Personnel Influenza Vaccination	Long Term Care Hospitals*	TBD
CLABSI	Prospective Payment System Exempt Cancer Hospitals	TBD
CAUTI	Prospective Payment System Exempt Cancer Hospitals	TBD

* Long Term Care Hospitals are called Long Term Acute Care Hospitals in NHSN

Mandatory Reporting of Healthcare Personnel (HCP) Influenza Vaccination

- ❑ **Module for aggregate reporting of HCP influenza vaccination included in August 2012 NHSN release**
 - Will collect a single summary measure of HCP vaccination for the entire influenza season
 - Replaces individual reporting module
- ❑ **Hospitals must report vaccination data to CMS using the module beginning January 2013**
 - Required for three groups: employees, licensed independent practitioners (non-employee MD/DO, advanced practice nurses, PAs), and adult students/trainees & volunteers
 - Optional column for reporting contract workers if desired
- ❑ **Protocol, forms, survey online in July 2012**

HAI Measures Timelines

Measure	Discharge dates reported	Discharge dates validated	Notes
Central line-associated bloodstream infection (CLABSI)	Beginning January 2011	Beginning January 2012	ICU locations only
Catheter-associated urinary tract infection (CAUTI)	Beginning January 2012	Proposed October 2012	ICU locations only
Surgical site infection (SSI)	Beginning January 2012	Proposed October 2012	Colon surgery and abdominal hysterectomy only
MRSA bacteremia, C. difficile, Healthcare personnel vaccination	Beginning January 2013	Not yet proposed	

CLABSI Validation (As finalized August 2011)

Objectives

- Within each hospital:
 - Estimate reliability of IQR reporting for all chart-abstracted metrics
 - Ensure it meets a minimal level of reliability (75%)
- Across all hospitals as an aggregate:
 - Evaluate predictive power of validation for ICU patients

CLABSI Validation Timeline

Discharges

- 1Q 2012
- 2Q 2012
- 3Q 2012

- First Results

Validation activities

August-December 2012

November-March 2013

February- May 2013

Summer/Fall 2013

CLABSI Validation Operations

- 800 randomly sampled hospitals
- Each sampled hospital, each quarter (Q1-Q3 2012)
 - Positive blood culture list for all ICU patients
 - Annotated to identify patients with central lines
- CMS Validation Support Contractor will
 - Check for presence of all basic qualifiers:
 - ICU patient
 - Bloodstream infection (positive blood culture results) - Isolate is:
 - ✓ Pathogen found at least once
 - ✓ Common commensal (CC) found in two or more positive blood cultures drawn on separate occasions
 - Central line
 - Review and remove duplicates to identify candidate CLABSIs (unique patient episodes of care)
 - Random sample of 3 candidate CLABSIs
 - Total 7,200 candidate CLABSIs reviewed nationally

CLABSI Validation

- CMS Clinical Data Abstraction Center (CDAC) Contractor
 - Requests copies of records from hospitals
 - Hospital sends CDAC copies of requested charts
 - Abstracts hospital records
 - For candidate events, determines if any CLABSI events occurred
 - For other records, identifies any candidate CLABSIs and determines if any CLABSI events occurred
- Validation Support Contractor
 - Provides CDC with information for all candidate events
 - Checks to see if candidate events were reported to NHSN
 - Reviews/adjudicates mismatches between hospital and CDAC
 - Scores each case as 1/1 for matches; 0/1 for mismatches

Proposed Changes for Next Year Candidate Cases

- Hospitals identify candidate CLABSIs, CAUTIs and SSIs
- Candidate CLABSI: proposed same definition
- Candidate CAUTI
 - similar to candidate CLABSI
 - positive urine culture lists for ICU patients
- Candidate SSI
 - Identified for Medicare beneficiaries from claims for index and readmissions within 30 day to same hospitals

Proposed Changes for Next Year Sample Size and Scoring

- 400-600 hospitals annually
- Random sample of 12 candidate HAIs per hospital per quarter
- Separate score for HAIs and clinical process of care measures
- Charts sampled for clinical process of care will not be abstracted/scored for CLABSI

How to Find and Comment on Proposals

Read and comment on the rule online
at <http://www.regulations.gov>. Search for "CMS-2012-0052-0001"

The screenshot shows the homepage of regulations.gov. At the top, the logo "regulations.gov" is displayed with the tagline "Your Voice in Federal Decision-Making". Navigation links for Home, Help, Resources, and Feedback and Questions are visible. A search bar is prominently featured with a magnifying glass icon and the word "Search". To the right of the search bar are buttons for "Browse" and "Learn".

The main content area is titled "Let Your Voice Be Heard" and includes a paragraph explaining the site's purpose: "Regulations.gov is your source for U.S. government regulations and related documents. Here you can find, read and comment on documents. **Share your knowledge** and **make your voice count**."

Below this is a search box with the text "SEARCH for: Rules, Comments, Adjudications or Supporting Documents:" and a "Search" button. A link for "Advanced Search" is also present.

On the left side, there are three sections: "Coming Soon..." with a magnifying glass icon and the text "A Quick & New Way to Search"; "Regulations With Comments Due Soon" with a list of time periods and counts (Today: 33, Next 3 Days: 81, Next 7 Days: 219, Next 15 Days: 448, Next 30 Days: 804, Next 90 Days: 1,215); and "Newly Posted Regulations" with a list of time periods and counts (Today: 74, Last 3 Days: 283, Last 7 Days: 501, Last 15 Days: 1,110, Last 30 Days: 2,365, Last 90 Days: 6,126).

On the right side, there is a section titled "Are you new to the site?" with a list of links: "How do I find a rule?", "How do I submit a comment?", "How do I find my comment?", and "Do my comments make a difference?". Below this are several promotional banners: "Regulations.gov Re-launch", "President's Executive Order", "Visit our new Facebook page!", and "Join in the exchange with TRI" which includes an image of a dam and the text "Learn about the potential TRI Chemical Expansion and give us your feedback."

Future Challenges

- New measures (MRSA, CDI)
- SSI readmissions for other than Medicare patients and to hospitals other than index hospital
- Submission through electronic health records, including device days
- *Thanks to James Poyer, Director, Division of Quality Improvement Policy for Acute Care, Centers for Medicare and Medicaid Services, for the use of slides*

NHSN Training Opportunities

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



Online Trainings

❑ Interactive Trainings

- The courses provide comprehensive training for the device-associated and procedure-associated modules.
- The courses review the methodology used for data collection, define key terms and protocol criteria, describe how to collect and report infection and process measure data, and interpret the data for meaningful use.
- These online courses provide instructional slides with detailed graphics, screen shots of step-by-step examples of form completion, practice questions, and case studies.

Online Training (cont.)

❑ Interactive Trainings

- Current available trainings
 - Introduction to Device-associated Module
 - CLABSI
 - CAUTI
 - VAP
 - CLIP
 - Introduction to Procedure-associated Module
 - SSI
 - PPP
- Trainings coming soon
 - MDRO and CDI LabID Event Reporting



❑ **There are slidesets for other topics not listed**

In-person Training

❑ October 2-4, 2012 at CDC in Atlanta

- The training course will provide information on CMS reporting, definition and protocol clarification, interactive case studies, analysis, and changes in reporting for 2013

❑ Webstreaming

- The course will be webstreamed live with no limitations on the number of participants who can view the event
- Follow up question and answer sessions with NHSN training team will be scheduled once course is archived on the website

NHSN Training Website

- **New training page on the NHSN website**
 - <http://www.cdc.gov/nhsn/training>

The screenshot displays the NHSN training website interface. On the left, a section titled "NHSN training topics..." contains eight training modules arranged in a 4x2 grid. Each module includes an icon, a title, and a brief description. On the right, a section titled "Case Studies" contains a link for "Webinars with Case Studies".

NHSN training topics...		Case Studies
 Course Catalog Course descriptions for NHSN components, modules and events	 Patient Safety Component Self-paced training for specific module & events	Webinars with Case Studies
 Enrollment & Setup Self-paced training for new NHSN enrollment and existing facility set-up	 Dialysis Event Self-paced training for outpatient dialysis facilities enrollment & set-up	
 Data Entry & Analysis Self-paced training for data entry, import, customization, analysis	 Healthcare Personnel Safety Component Self-paced training for specific module & events	
 Request CDC Led Training Webinar/In-person Training Policy and Request	 Biovigilance Component Self-paced training for specific module & events	

Training Website

Patient Safety Component Training

Introduction to Patient Safety Component

Overview of the Patient Safety Component

Course description

 Overview of the Patient Safety Component
 [PDF - 464 KB]

On this Page

- Introduction to Patient Safety Component
- Device-associated Module
- Procedure-associated Module
- MDRO and CDI Module
- Vaccination Module
- Webinars with Case Studies

Device-associated Module

Introduction to Device-associated Module

Course description

 Introduction to Device-associated Module Training May 2012

Symbol Key

 These courses consist of self-paced, interactive multimedia instruction delivered online.

Central Line-associated Bloodstream Infection (CLABSI)

Course description

 CLABSI training May 2012

Webinars with Case Studies

 Surgical Site Infection Reporting Through NHSN: Tips, Tricks, and Best Practices [Duration 90 minutes]  Nov 2011
[Presentation slides](#)  [PDF - 850 KB] 

[SSI Case Studies](#)  [PDF - 1.5 MB] 

 CAUTI Reporting Through NHSN: Tips, Tricks, and Best Practices [Webinar Duration: 90 minutes]  Dec 2011
[Presentation Slides](#)  [PDF - 750 KB] 
[Additional Questions and Answers](#)  [PDF]

[CAUTI Case Studies](#)  [PDF - 1.08 MB] 

Training Website

NHSN training topics...



Course Catalog

Course descriptions for NHSN components, modules and events



Patient Safety Component

Self-paced training for specific module & events



Enrollment & Setup

Self-paced training for new NHSN enrollment and existing facility set-up



Dialysis Event

Self-paced training for outpatient dialysis facilities enrollment & set-up



Data Entry & Analysis

Self-paced training for data entry, import, customization, analysis



Healthcare Personnel Safety Component



Request CDC Led Training

Webinar/In-person Training Policy and Request

Case Studies

Webinars with Case Studies

Request CDC Led Training

NHSN is committed to the training and education of its users. Because NHSN staff receives more requests for training than can be accommodated, the following policy and procedures have been established to assist in responding more equitably and effectively.

Patient Safety Component and Healthcare Personnel Safety Component

- Webinar Training Policy and Request
- In-Person Training Policy and Request

Biovigilance Component

- Webinar/In-person Training Policy and Request

Patient Safety Component cannot accept any further training requests for 2012

Questions?

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