



E-News

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Happy 2008!

Revised LCBI Definition begins January 1, 2008

Please remember that the definition for Laboratory-confirmed Bloodstream Infection (LCBI) has been revised effective January 1, 2008, and will no longer include the 2b or 3b criteria: “common skin contaminant is cultured from at least one blood culture from a patient with an intravascular line, and the physician institutes appropriate antimicrobial therapy”.

The NHSN Manual: Patient Safety Component Protocol has been revised to reflect this change, and includes other important clarifying information. The new version of the Manual is dated January 2008. The criterion will eventually be removed from the NHSN online application, but until that time, please do not select it. See the example below.

Event Details	
Specific Event*:	<input type="text" value="LCBI - Laboratory confirmed bloodstream infection"/>
Laboratory confirmed: No infection at another site + (check one pathway below)*	
<input checked="" type="radio"/> Recognized pathogens: >=1 blood culture positive	
<input type="radio"/> Other organisms: >=2 blood cultures from separate sites positive same organism	
<input type="radio"/> Other organisms: >=1 blood culture positive + clinical sx + antimicrobial therapy	

Central Line Insertion Practices (CLIP) measure coming soon!

The CDC's Healthcare Infection Control Practices Advisory Committee (CDC/HICPAC) *Guidelines for the Prevention of Intravascular Catheter-Related Infections* recommends evidence-based central line insertion practices known to reduce the risk of subsequent central line-associated bloodstream infection. CDC has created the CLIP measure in NHSN which can be used to collect and report central line insertion practices for every central line insertion occurring during the month selected for surveillance. We anticipate that CLIP will be available in the online

application in February.

Although the CLIP form is not yet available, the protocol and *Instructions for Completion of the Central Line Insertion Practices Adherence Monitoring Form* (Table) have been added to the NHSN Manual to give users an opportunity to look at the module and to identify the data elements that will be collected.

Changing your Email Address

If, for any reason, your email address is changed, it's very important that you record the new email address in both the Secure Data Network (SDN) and in the NHSN application. Do not send an email notifying CDC of the change – you must make the changes yourself. Here are the steps you should take:

1. First, make the email address change in NHSN. From the navigation bar in NHSN, select **Users and Find**. Click on your name and a screen with your demographic information will appear. At the bottom of the screen, select **Edit**. Make the change in your email address and click on **Save**. If you are unable to access your user information, please ask your Facility Administrator to make the email change for you.

2. Next, make the change in the SDN. Log on to the SDN in the usual manner using your challenge phrase (<https://sdn.cdc.gov>). From the menu bar at the top right of the screen, select **My Preferences**. Select **My Personal Information**. A screen with your demographics will appear. Make the appropriate change in your email address and click on Update at the bottom of the screen.

Note: if you do not follow the above steps when you have a change in your email address, you may stop receiving email correspondence from CDC.

Conferring Rights to Survey Data in a Group

If a facility confers rights to Survey data, you will also be conferring rights to the following information that is captured in the facility table (not the survey table):

- Facility name
- Address
- City, state, county, zip code
- Facility phone number
- Fax number
- Facility type

These data will be useful to the Group as potential stratifiers of the data. For example, if the Group is a state, the Group

Administrator will be able to calculate rates by county or state or facility type.

Modified Risk Index: What does the category "M" mean?

The modified risk index incorporates the influence of a laparoscope on selected NHSN operative procedures. In the 2004 NNIS Report, Table 7

(http://www.cdc.gov/ncidod/dhqp/pdf/nnis/NNIS_2004.pdf), there were four operative procedures whose rates were affected by the use of a scope.

Operative procedure category	Duration cut point (h)	Risk index category	N	Rate	Risk index category	N	Rate
CHOL Cholecystectomy	2	M	33,789	0.45	0	27,579	0.45
COLO Colon	3	M,0	20,637	3.98	1	33,527	5.6
APPY Appendectomy	1	0-Yes	3146	0.67	0-No	8220	1.3
GAST Gastric	3	0-Yes	732	0.68	0-No	3522	2.1

The influence of scope on SSI rates was different across these four procedures: For CHOL and COLO procedures, when the operation was done laparoscopically, one (1) was subtracted from the number of risk factors present (ASA score ≥ 3 ; duration of surgery > duration cut point; or wound class ≥ 3) in the risk index. For example, when 2 risk factors were present and the procedure was done laparoscopically, the new modified risk index category is 1 (i.e., $2-1=1$). When no risk factors were present and the procedure was performed with a laparoscope (i.e., $0-1=-1$), we designated this new modified risk category as -1 or "M".

For APPY and GAST, the use of a scope was important only if the patient had no other risk factors. We split patients with no other risk factors into two groups; 0-Yes (laparoscope used) and 0-No (laparoscope not used).

End of Year Reminder – Get your data in!

Starting in January, we will begin to look at all facilities to check for compliance. Specifically, what we'll be looking for, as we get ready to aggregate the data for the next NHSN Report, is that each facility has submitted at least 6 months of data in 2007. This means that every facility will be reviewed to make sure that 6 Monthly Reporting Plans include at least one Device-associated, Procedure-associated, or Medication-associated event and that there are corresponding denominator data for that event entered into NHSN.

Keep in mind that **this is a requirement** for continued participation in NHSN, even for those members who are required to use NHSN for mandatory state reporting.

Protocol Pointers

Attribution of SSIs

When SSIs are identified, each SSI is attributed to the procedure that was performed on the patient – not to the location where the patient resided in the postoperative period. For example, if a deep incisional SSI at the primary incision site (DIP) is identified in a nursing home patient after undergoing a herniorrhaphy (HER) in a hospital, the ICP at the nursing home should contact the hospital to notify them of the SSI. If the hospital is monitoring HER procedures, then the hospital ICP should record the SSI and link it to the patient's HER procedure record.

When SSI rates are calculated, the SSI will be included for the month during which the procedure was done – this may be different from the month the SSI was identified. For example, if the patient in the above example had the HER procedure performed on November 22, but the DIP was identified in the nursing home on December 4, the infection will be included with the hospital's HER surgical site infection rates for November.

Pneumonia and Secondary BSI

If a patient meets the criteria for PNU1 *and* has a positive blood culture, it is not reported as a PNU1 with a secondary BSI, rather it is reported as PNU2 or PNU3 (check the criteria) depending on whether the patient is immunocompromised and the organism. The NHSN application will not allow the PNU1-Secondary BSI combination.

NHSN Statistics – January 3, 2008

Facilities reporting in NHSN	~950
Monthly Reporting Plans	12,879
Patients entered	446,933
Summary Data Records	26,273
Events	
BSI	18,270
PNEU	9,232
SSI	16,832
UTI	14,657
DE	10,056
Procedures	433,674
Facilities importing OR records	84
Output (Rates, graphs, etc.) generated	74,854