



## Exciting Changes for NHSN in 2013

As you have hopefully noticed, there were many changes, revisions, and updates within NHSN in the February, 2013 release. Although these changes were not implemented in the NHSN application until February, users are expected to follow all updated guidance, definitions, rules, and criteria for events identified and procedures performed on or after January 1, 2013 (keep in mind that the “old” rules and criteria should be applied for SSIs that are associated with procedures that were performed prior to January 1, 2013). We have prepared guidance to make the changes clear to our users and we ask that you carefully review this newsletter and these helpful guidance documents that were previously provided to all NHSN users:

- A list of changes to the NHSN application implemented in February 2013 can be found in our NHSN Release 7.1 notes: <http://www.cdc.gov/nhsn/pdfs/commup/Release-Notes-v7-1.pdf>.
- A list of changes to the 2013 NHSN Patient Safety Component Manual can be found at: <http://www.cdc.gov/nhsn/PDFs/Newsletters/January-2013-PSC-Updates.pdf>.

## Inside this issue:

Exciting Changes for NHSN in 2013	<a href="#"><u>1</u></a>
NHSN Manual Errata and FAQs	<a href="#"><u>2</u></a>
Ventilator-associated Event (VAE) Surveillance FAQs	<a href="#"><u>2</u></a>
CDC Unveils New NHSN Website	<a href="#"><u>2</u></a>
Updates and Reminders Regarding NHSN Annual Surveys	<a href="#"><u>3</u></a>
IMPORTANT Reminder: Review Your Facility’s Active Users in NHSN	<a href="#"><u>4</u></a>
Protocol Training Added for Dialysis Event Reporting	<a href="#"><u>4</u></a>
Healthcare Personnel Influenza Vaccination Reporting Requirements	<a href="#"><u>5</u></a>
Correctly Reporting LabID Events for MRSA Bacteremia	<a href="#"><u>6</u></a>
New SIRs for LabID Event Surveillance	<a href="#"><u>6</u></a>
Analysis Quick Reference Guides are Available	<a href="#"><u>6</u></a>
Updated Device-associated Infection Pooled Means	<a href="#"><u>7</u></a>
Location, Location, Location!	<a href="#"><u>7</u></a>
New Oncology Locations	<a href="#"><u>7</u></a>
Tips for NHSN Groups: Access to New Oncology Locations and VAEs	<a href="#"><u>7</u></a>
Hemovigilance Module Update	<a href="#"><u>8</u></a>
NHSN Helpdesk Tips	<a href="#"><u>8</u></a>
CAUTI Definitional and Protocol Review	<a href="#"><u>9</u></a>
CDC and NHSN Presentations at APIC 2013 - Ft. Lauderdale	<a href="#"><u>9</u></a>
Update for AJIC - CDC NHSN Case Studies in 2013	<a href="#"><u>10</u></a>
CDA Corner	<a href="#"><u>10</u></a>
Clarification of Information Reported in the December 2012 NHSN Newsletter	<a href="#"><u>10</u></a>
Q&A Section: <i>NHSN’s plans to transition from ICD-9-CM codes, NHSN’s new HAI definition</i>	<a href="#"><u>11</u></a>
NHSN Enrollment Update (as of April 1, 2013)	<a href="#"><u>12</u></a>

## NHSN Manual Errata and FAQs

2013 brought with it many changes for NHSN healthcare-associated infection surveillance. As is sometimes the case when large changes are made, actual implementation of the changes has identified some common NHSN user questions and the need for clarification or even modification of some surveillance protocols. As a result, NHSN has developed 2 documents. The first, an errata document identifying areas of the various protocols which have been clarified or modified, can be found at <http://www.cdc.gov/nhsn/pdf/pscmanual/errata2013.pdf>. Though the update of the NHSN manual posted to the NHSN website will occur later this year, these modifications should be incorporated into surveillance immediately by NHSN users. Users will be notified when the manual is updated. Please take note of two particularly important additions.

- 1) The development of a definition for present on admission, which incorporates elements of infection criterion reported by a healthcare worker, present in the 2 days before admission.
- 2) The new definitions of primary and non-primary closure for SSI surveillance. The primary closure definition must be used to identify 2013 procedures eligible for NHSN SSI surveillance. Beginning 2014, all otherwise eligible NHSN procedures will be included in SSI surveillance regardless of the type of incisional closure. Therefore, in 2014, both definitions will be used to determine and report the type of closure (primary or non-primary) for all NHSN procedures. These new definitions were created to provide a 2-tiered approach for including incisional closure in SSI risk adjustment.

The second document is a collection of frequently asked questions (FAQs) for CLABSI, CAUTI, SSI, VAP, MDRO/CDI and CLIP surveillance. (Note that VAE FAQs are included within the VAE protocol.) A miscellaneous section for questions which are more general in nature and a section for questions related to mapping facility locations are also included. Each subject is accessible through tabs at the bottom of the excel document. Please refer to this document before sending a question to the NHSN helpdesk. There may already be an answer to your question. The FAQs may be found at <http://www.cdc.gov/nhsn/faqs/faq-psc.pdf>.

## Ventilator-associated Event (VAE) Surveillance FAQs

Surveillance for Ventilator-associated Events (VAE) became available in NHSN on January 1, 2013. As of March 1, over 550 facilities have included VAE in their reporting plans for at least one location-month. We are receiving valuable feedback from users as they gain experience using the new surveillance algorithm. To provide clarification on some commonly-asked questions, you will find a new posting on the VAE web page under the FAQ section (<http://www.cdc.gov/nhsn/acute-care-hospital/vae/index.html>), titled, "March 2013 Update to VAE Frequently-Asked Questions." We continue to collaborate with the VAE Adult Surveillance Definition Working Group to address concerns identified by users, and will provide additional updates and clarifications in the coming months. Thank you for your feedback and your patience.

## CDC Unveils New NHSN Website

CDC recently unveiled its redesigned National Healthcare Safety Network (NHSN) website. Intuitive and simple to navigate, the new NHSN site offers NHSN users and visitors the following:

- A new "about NHSN" page and direct links to the actual NHSN application log-in page
- Clear enrollment instructions for each location type
- Easy access to user updates, newsletters, manuals, training, and Centers for Medicare and Medicaid Services rule information
- One stop information pages for each facility type that has links to all protocols, other manual chapters, analysis tools, trainings, and other resources.

We hope that this update will meet your needs more efficiently. For more information and detailed instruction on the new NHSN website, go to <http://www.cdc.gov/nhsn/pdf/tips.pdf>.

# Updates and Reminders Regarding NHSN Annual Surveys

## Acute Care Facilities

(includes Inpatient Rehab Facilities (IRF), Long-Term Acute Care Facilities (LTAC), and Oncology Facilities)

If you completed your 2012 Patient Safety annual survey before February 16th, 2013, your survey data was automatically deleted when we released the updated version of NHSN. Please re-enter your survey data as soon as possible. Facilities will not be able to add monthly reporting plans or enter data into NHSN past February 28th without completing a 2012 annual survey.

*Note: This does not apply to dialysis facilities or long-term care facilities (LTCFs).*

### ➤ Patient Safety Component

- The updated annual survey forms and survey instructions can be found here:  
<http://www.cdc.gov/nhsn/acute-care-hospital/CAUTI/index.html>
- Here is additional guidance for some specific questions on this survey:
  - When entering the number of ICU beds on the Hospital survey, list the total number of beds that are physically located in NHSN-mapped ICU locations. This includes beds in a “virtual” ICU location.
  - Acute care hospitals should ignore the Ambulatory Surgery Center (ASC) questions on the Hospital survey and check the “No ASC...” box. This part of the survey applies only to facilities that are enrolled in NHSN as ASCs.
  - If your facility does not have a microbiology laboratory on site, you are still required to complete all laboratory practice questions on the survey. Contact the laboratory that performs your antimicrobial susceptibility testing for assistance with this part of the survey.
  - **Please double-check your Patient Safety Annual Hospital Surveys for 2012!**

While performing internal analyses at CDC, we’ve identified some data quality issues in the Patient Safety Annual Hospital Survey data. This includes an inaccuracy in the reporting of the primary method for C. difficile (question #13 on the survey). We have noticed that many hospitals have selected “Other” as the testing method for question #13, but in the comments have specified a method that is already an option. For example, many hospitals selected “Other” and specified ‘PCR’ in the comments, instead of selecting the appropriate method of “NAAT – Nucleic acid amplification test (NAAT)(e.g., PCR, LAMP).”

Note that data on the annual survey are used for determining risk adjustment for current and future national aggregate data, as well as for public reporting of data on Hospital Compare, and should be reported as accurately as possible.

Most, if not all, facilities should have completed a 2012 survey by now; if not, please do so. We kindly ask that you review your completed survey in its entirety and resolve any inaccuracies that were previously reported.

PS Annual Hospital Surveys can be modified by following these steps:

1. Go to Surveys > Find.
2. Select “Hospital Survey Data” as the Survey Type and “2012” as the Year.
3. Click Find.
4. Review the Survey; if changes are necessary, click Edit at the bottom of the screen.
5. Make any appropriate changes and then click Save.

*continue to page 4*

## ➤ Healthcare Personnel Safety Component

- An annual facility survey is only required for those completing the Healthcare Personnel Exposure Module. We encourage those completing the Influenza Vaccination Summary module to complete an optional influenza survey at the end of the influenza season, but it is NOT required for participation in CMS's Hospital IQR Program. This survey and survey instructions can be found on the Vaccination Module webpage: <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html>

## ➤ Biovigilance

- The updated Biovigilance survey and its instructions for completion are found here: <http://www.cdc.gov/nhsn/acute-care-hospital/bio-hemo/index.html>

## Long-Term Care Facilities

- The updated annual survey form and survey instructions can be found here: <http://www.cdc.gov/nhsn/LTC/ltc-enroll-steps.html>
- Facilities will not be able to add monthly reporting plans or enter data into NHSN past February 28th without completing a 2012 annual survey.

## Dialysis Facilities

- The current Outpatient Dialysis Center Practices Survey and survey instructions can be found here: <http://www.cdc.gov/nhsn/dialysis/dialysis-event.html>
- Here is additional guidance for some specific questions on this survey:
  - Questions that reference “the first week of January” refer to the first 7 calendar days of the year.
  - For question 13, count each “Patient Care Staff” person as 1, even if he or she works part-time. Include any per diem staff who are consistently part of facility staffing. Include persons who are consistently part of facility staff, but were temporarily absent in the first week of January due to vacation or other leave. Include physicians who see patients in the facility.
  - For question 28 about ensuring appropriate antibiotic use, select “Yes” only for the practices that are implemented for the purpose of appropriate antimicrobial use. If the antimicrobials are restricted for another purpose only (e.g., cost management), select “No” for those practices.
- Refer to the tables of instructions for specific guidance on additional questions (found at the link above).

## IMPORTANT Reminder: Review Your Facility's Active Users in NHSN

NHSN Facility Administrators should do a periodic review of active NHSN users in their facility. You may view a list of users by logging into NHSN and navigating to **Users > Find**, then clicking the “Find” button. If a user no longer needs access to NHSN, their user profile should be set to “Inactive” to terminate access to the facility's data.

## Protocol Training Added for Dialysis Event Reporting

With the revised ESRD QIP (End-stage Renal Disease Quality Incentive Reporting Program) deadline of April 30, 2013 approaching, please start reporting within the **Dialysis Event Module** today!

To assist in the data entry process, we have added a new podcast to the Dialysis Event Homepage (<http://www.cdc.gov/nhsn/dialysis/dialysis-event.html>). Under the Required Training section, you will now see the podcast entitled: **Dialysis Event Surveillance Protocol**. In addition to the training, the corresponding slide set and script are also available on the website.

Enjoy the 30 minute training and become an expert on the Dialysis Event Protocol.

# Healthcare Personnel Influenza Vaccination Reporting Requirements

Acute care facilities participating in the CMS Hospital Inpatient Quality Reporting (IQR) Program are required to report healthcare personnel (HCP) influenza vaccination summary data through NHSN's HCP Vaccination Module beginning January 1, 2013. Facilities are welcome to voluntarily report data for the entire influenza season (October 1, 2012 through March 31, 2013), and CMS will accept voluntarily submitted data for vaccinations given prior to January 1, 2013. However, reporting vaccinations given prior to January 1, 2013 is not required by the CMS rule. Therefore, for the 2012-2013 influenza season, facilities must report at a minimum, data on vaccinations that occurred between January 1, 2013 and March 31, 2013.

The reporting period for HCP summary influenza vaccination data ends on March 31, 2013. As of March 31, facilities should have completed data collection for the HCP vaccination summary reporting and must enter final data for the 2012-2013 influenza season into the HCP Vaccination Module by May 15, 2013, in order for data to be transmitted to CMS. Please note that any changes that are made to the data after May 15, 2013 will not be sent to CMS.

The protocol, training slides, operational guidance, and FAQs for HCP influenza vaccination reporting are posted at: <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html>. For questions related to the HCP influenza vaccination summary reporting, please e-mail [NHSN@cdc.gov](mailto:NHSN@cdc.gov) and include 'HCP Flu Summary' in the subject line.

**\*\*Note that HCP influenza vaccination data may not be entered into the Patient Vaccination Module in the Patient Safety Component. The Healthcare Personnel Safety (HPS) Component must be accessed to enter HCP influenza vaccination data into NHSN.\*\***

To add the HPS Component, the NHSN Facility Administrator will:

1. Log into NHSN and select **Facility > Add/Edit Component**.
2. On the **"Edit Facility Information"** screen, check the **Healthcare Personnel Safety** box.
3. Enter contact information for the **Healthcare Personnel (HCP) Primary Contact**. The **HCP Primary Contact** may be the Facility Administrator, it may be another existing NHSN user, or it may be a new NHSN user.
4. A **"Healthcare Personnel Safety Component Annual Facility Survey"** must be completed **only** if your facility plans to report healthcare personnel exposures; it is not required to report HCP influenza vaccination summary data.
5. Click the **"Update"** button to save changes to the **"Edit Facility Information"** screen.
6. After the HPS Component is activated, add new NHSN users who will require access to the HPS Component and/or edit the rights of existing NHSN users so they may access the HPS Component. If the person who was assigned to be the HCP Primary Contact is someone other than the Facility Administrator, make sure that person is a user with administrative rights to the HPS Component.

After the NHSN Facility Administrator adds the HPS Component, users with rights to the Component will access it by selecting it from the "Select Component" dropdown on their NHSN Landing Page, and then will have access to all the options that are necessary to enter HCP influenza vaccination summary data in NHSN.

## Correctly Reporting LabID Events for MRSA Bacteremia

Facilities participating in CMS's Hospital IQR Program are required to report *C. difficile* LabID Events from stool specimens and MRSA LabID Events from blood specimens starting in January 2013. A step by step guide for setting up NHSN to meet the CMS LabID Event reporting requirements can be found at <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf>.

You must select "CARD – Cardiovascular/Circulatory/Lymphatics" from the Specimen Body Site/Source dropdown menu and "BLDSPC – Blood specimen" from the Specimen Source dropdown menu in order for your MRSA LabID Events to count towards the reporting requirement. Any MRSA LabID Events with other specimen source selections will not be shared with CMS.

**Event Information** 

Event Type\*: LABID - Laboratory-identified MDRO or CDI Event ▼

Date Specimen Collected\*: 01/15/2013 

Specific Organism Type\*: MRSA - MRSA ▼

Outpatient\*: N - No ▼

Specimen Body Site/Source\*: CARD - Cardiovascular/ Circulatory/ Lymphatics ▼

Specimen Source\*: BLDSPC - Blood specimen ▼

## New SIRs for LabID Event Surveillance

SIRs are now available for MRSA Blood and CDI FacWideIn surveillance for all general acute care hospitals (except LTACHs and IRFs). The SIRs use risk models developed by CDC and are calculated for each type as: # of observed HO LabID Events / # of predicted HO LabID Events. These SIRs use 2010-2011 FacWideIn LabID Event data as the baseline and are calculated for 2012 data and forward, in all acute care hospitals. The SIRs for MRSA Blood and CDI are available to facilities and groups within the "MDRO/ CDI Module – LabID Event Reporting" output options folder.

In addition, MRSA Blood and CDI SIRs specific to the CMS IPPS reporting have been created and are available within the Advanced > CMS Reports folder. These SIRs are the same as the standard SIRs, with the exception that these are limited to in-plan data for 2013 and forward only.

**When reviewing these SIRs, please pay special attention to the footnotes, as they provide helpful information for the interpretation of these data!** Additional information regarding these output options and the risk models can be found at: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf>

## Analysis Quick Reference Guides are Available

We wanted to remind you of a special page on the NHSN website dedicated to Quick Reference Guides for analysis in the Patient Safety Component. There are currently 26 guides available on this page, with more being added as a result of our users' feedback. Be sure to bookmark this page! <http://www.cdc.gov/nhsn/PS-Analysis-resources/reference-guides.html>

Of particular note, we recently added two new guides:

*Line List – Custom Field Variable Names:* <http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/LineList-CustomFields.pdf>

*Analyzing MBI-LCBI CLABSI Data:* <http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/MBIAnalysis.pdf>

## Updated Device-associated Infection Pooled Means

Rate tables in NHSN for CLABSI, CAUTI, and VAP data have been updated to use national comparative pooled means from 2011; these national pooled means were published in the April 2013 issue of the *American Journal of Infection Control* (AJIC) and can be accessed via the NHSN website at <http://www.cdc.gov/nhsn/dataStat.html>. Please note that CLABSI SIRs continue to use a baseline of 2006-08 national data, and CAUTI SIRs continue to use a baseline of 2009 national data.

## Location, Location, Location!

Thank you to all who have been working to map new locations in NHSN, and revisit existing locations for appropriate mappings. We appreciate your time in ensuring this level of data integrity for future analyses.

We have received some excellent questions regarding the creation of locations and are preparing an FAQ as a result. However, we would like to make note of one particular question we've received recently. Some facilities have asked if they can split one physical unit into two specific virtual locations for DA surveillance, and report LabID Events under a single, more general, location for the same unit. This practice is not recommended, as it has the potential to interfere with the validation of locations and facility bedsize. Further, multiple mappings for a single unit in your facility can lead to a higher probability of data entry error. Therefore, each unit in your facility should only be set up as either virtual locations or a single location in NHSN; a combination of these methods for a single unit should not be used.

## New Oncology Locations

With input from IPs at cancer hospitals through the U.S. , fourteen new inpatient acute care oncology locations have been added within NHSN. These locations offer acute care and oncology facilities the ability to designate oncology locations according to more specific patient populations. These new location descriptions can be found at [http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions\\_current.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf)

## Tips for NHSN Groups: Access to New Oncology Locations and VAEs

- In NHSN's recent 7.1 release, new oncologic ICUs, stepdowns, and wards were created. As a result of these changes, Groups who have requested access to ICU, stepdown, or ward locations may need to update their define rights templates if they would like to access these new locations.

If your Group would like to have access to oncologic ICU data, for example, your define rights template now needs to include a row with Location Type set to "CC\_ONC", since the "CC" Location Type no longer includes oncologic ICUs. Similar Location Types have been created for "STEP\_ONC" and "WARD\_ONC."

Infections and other Events (Not specific to MDRO/CDI)

Plan	Month	Year	Month	Year	Event
In	1	2013			BSI - Bloodstream Infection (CLA)
	Location type: CC_ONC		Location: (ALL)		Other Location Requirements: Confer rights to oncologic ICUs.

- Ventilator-associated event (VAE) reporting was introduced in NHSN's February software update. Groups may now request access to VAE data by updating their Define Rights Template. Please note that there is not one single "VAE" line on the template. To request access to the full set of VAE data entered by facilities, a template must include four lines in the Infections and Other Events section – one each for VAC, IVAC, POVAP, and PRVAP.

## Hemovigilance Module Update

### 2013 Hemovigilance Module Surveillance Protocol

A new Biovigilance Component surveillance protocol (v2.0) is available on the NHSN Biovigilance Component webpage (<http://www.cdc.gov/nhsn/acute-care-hospital/bio-hemo/index.html>). The updated surveillance requirements are in effect beginning January 2013.

### NHSN Hemovigilance Module Webinars

The next webinar will be held on **April 17, 2013 from 1:30-2:30pm Eastern Time AND April 24, 2013 from 2:00-3:00pm Eastern Time**. To register for the webinar, visit the NHSN website (<http://www.cdc.gov/nhsn/index.html>). Both webinars in April will cover incident reporting, adverse reaction reporting, and linking incident records to adverse reaction records in NHSN. There will also be a question-and-answer session.

### 2013 Annual Facility Survey

The Annual Facility Survey is now available in the application. Please complete the Annual Facility Survey as soon as possible. We recommend completing the survey on hardcopy before entering it in the application. The hardcopy version of the Annual Facility Survey and Table of Instructions are available on the Biovigilance Component website at <http://www.cdc.gov/nhsn/acute-care-hospital/bio-hemo/index.html>.

## NHSN Helpdesk Tips

Due to the large number of facilities and individual users in NHSN, we kindly ask that you follow these guidelines so that we may provide quality support services in a timely manner.

- Please send an email to [nhsn@cdc.gov](mailto:nhsn@cdc.gov). The NHSN mailbox is monitored by several members of the NHSN team every business day and they can either respond immediately or triage your question to the most appropriate person for response. Inquiries sent to CDC Info or to an individual's email address may have a longer response time as they will have to be routed to the correct program or individual. Please contact the SDN (Secure Data Network) Helpdesk only for assistance with your digital certificate.
- In your email, be sure to tell us who you are! Include your name, your facility's name, and your facility's 5-digit NHSN orgID. You may also include your CMS Certification Number (CCN), if it's available.
- Clearly state your question or provide as many details as possible. If you receive an error message while trying to access or use the NHSN application, sending a "screen shot" will help us to identify and address the issue.
- Don't use password protected mailbox features. Due to the high volume of inquiries and questions we receive, we are unable to accept emails that require us to register and set up a password in order to open an email.
- Please be patient. Most emails are handled within one business day, however, some of your more complicated questions or problems might take some time to respond to if we have to do some testing in the NHSN application or some research to provide an accurate response.

## CAUTI Definitional and Protocol Review

NHSN would like to express many thanks to those who have taken the time to voice concerns and suggestions regarding the NHSN catheter-associated urinary tract infection (CAUTI) surveillance definitions and protocols. We are grateful for your insight and ideas about how best to improve the definitions and protocol, and in response NHSN has initiated a CAUTI review and revision process. As a first step, we have identified a group of subject matter experts including microbiologists, infection preventionists, hospital epidemiologists and state health department staff. Additionally we have ensured participation of the many different facility types that currently use the NHSN for CAUTI surveillance purposes.

It is our plan to address many issues during this review including the role of yeast in CAUTI, the role of fever in the face of other possible infections, and variations in laboratory reporting methods. Our hope is to optimize the sensitivity and specificity of the definitions, especially in differing patient populations, while keeping the associated data collection burdens within reasonable limits. This will be a challenge.

We anticipate that the work of this group may take up to 4-5 months, and that any changes to the criteria which require changes to the NHSN application will not be possible until 2014 at the earliest.

## CDC and NHSN Presentations at APIC 2013 - Ft. Lauderdale

There are many CDC presentations in store for you at the 2013 National APIC Conference in Ft. Lauderdale. Please check your final program in case last minute changes or additions have been made.

### NHSN Members' Meeting:

Friday, June 7th from 4-5:30pm

Rooms 304/305 at the Ft. Lauderdale Convention Center

Date	Time	Session Type	Session Title	Speaker(s)
Saturday, June 08, 2013	8:00-10:30am	Plenary	Infection Prevention through the Decades	Arjun Srinivasan
Saturday, June 08, 2013	1:30 - 2:30pm	ATE	IP in Oncology/Immunosuppressed Patients	Alice Guh
Saturday, June 08, 2013	3:00-4:00pm	Concurrent	New LTC Definition	Nimalie Stone
Saturday, June 08, 2013	3:00-5:30pm	Workshop	NHSN - LabID for Cdiff and MRSA/VRE Bacteremia	Angela Anttila & Katherine Bridson
Saturday, June 08, 2013	4:30-5:30pm	Concurrent	LTAC Infection Prevention	Carolyn Gould
Sunday, June 09, 2013	8:00-9:00am	Symposium	NECC Outbreak (meningitis)	Alice Guh
Sunday, June 09, 2013	1:30-2:30pm	Concurrent	CDC Outbreak Talk	Duc Nguyen
Sunday, June 09, 2013	1:30-4:00pm	Workshop	NHSN - SSI	Gloria Morrell & Janet Brooks
Sunday, June 09, 2013	1:30-4:00pm	Workshop	NHSN - Data Analysis Basic	Jonathan Edwards & Maggie Dudeck
Sunday, June 09, 2013	1:30-4:00pm	Workshop	Communication/Public Notifications	Abbigail Tumpey
Monday, June 10, 2013	8:00-10:30am	Workshop	NHSN - CLABSI	Katherine Bridson & Angela Anttila
Monday, June 10, 2013	8:00-10:30am	Workshop	NHSN - Data Analysis Advanced	Jonathan Edwards & Maggie Dudeck
Monday, June 10, 2013	9:30-10:30am	Concurrent	Dialysis	Priti Patel
Monday, June 10, 2013	1:00-3:30pm	Workshop	NHSN - CAUTI	Janet Brooks & Gloria Morrell
Monday, June 10, 2013	1:00-3:30pm	Workshop	NHSN - VAE	Cindy Gross & Shelley Magill

## Update for AJIC - CDC NHSN Case Studies in 2013

### Previous case studies are retired

The Healthcare-associated Infections Studies Project: An American Journal of Infection Control and National Healthcare Safety Network Data Quality Collaboration case studies will be continuing in 2013 with LabID Event and VAE case studies slated for publication. Previously published case studies have NHSN definitions no longer in use. Do not use these case studies for current training purposes; they are retired.

## CDA Corner

- NHSN now processes CDA zip files differently than it has in the past. When a zip file of CDAs is uploaded to NHSN, the application will import all of the valid CDAs in the zip file and reject all of the invalid CDAs in the zip file. Previously, if any of the CDAs within the zip file were invalid, the entire zip file would be rejected. If you have any questions or problems with importing CDA zip files, please forward your error report to your vendor or the NHSN CDA help desk at [nhsncda@cdc.gov](mailto:nhsncda@cdc.gov).
- If you are trying to update existing data in NHSN by submitting an updated CDA file for that record, you must now use “succession management,” or version control. When you send in updated CDAs, they must contain an additional section of code that tells NHSN to replace the existing record with the new, updated one. Your vendor should be able to work with you to implement succession management.
- If your facility reports antimicrobial use data to NHSN via CDA, you can now assign “AU Rights” to any interested pharmacists. Users with AU Rights will be able to import, delete, and analyze AU data. They will have no rights to your facility’s other NHSN data.

## Clarification of Information Reported in the December 2012 NHSN Newsletter

We apologize for any confusion caused by the way the last bullet on page 4 of the December 2012 *NHSN Newsletter* was worded. We did not mean to imply that LTACs or IRFs that participate in CMS’s LTCH or IRF Quality Reporting Programs are currently required to report MRSA blood and CDI LabID Event data.

To clarify, new NHSN analysis output options were recently added to allow facilities to view their NHSN data that is being sent to CMS for various quality reporting programs. These output options can be accessed by navigating to Analysis > Output Options > Advanced > CMS Reports > CDC Defined Output within the NHSN application and now include reports for:

- CLABSI, CAUTI, SSI, MRSA Blood LabID, and CDI LabID data-- to be used by facilities that participate in CMS’s Hospital IQR Program
- HCP influenza vaccination summary data –to be used by facilities that participate in CMS’s Hospital IQR Program (this report can be accessed by logging into the HPS Component)
- CLABSI and CAUTI data—to be used by facilities that participate in CMS’s LTCH Quality Reporting Program
- CAUTI data—to be used by facilities that participate in CMS’s IRF Quality Reporting Program
- Dialysis data—to be used by facilities that participate in CMS’s ESRD QIP Program

Similar reports for PPS-Exempt Cancer Hospitals will be available soon (approximately July, 2013).

For more information about how to use these reports, please visit <http://www.cdc.gov/nhsn/cms/index.html>.

## Q&A Section

**Q: What is NHSN doing to prepare for the national transition to ICD-10 administrative coding?**

A: NHSN will not transition from the use of ICD-9-CM codes to ICD-10-CM codes. Instead, NHSN will transition to CPT codes for all NHSN operative procedure categories. It is anticipated that this change will occur no later than January 2015. Additional information will be distributed ahead of this NHSN application update.

**Q: In terms of calling a UTI an HAI could you please give some examples applying the new HAI definition? I am confused with the phrase “first present together on or after day 3” and the gap day that is mentioned in the definition.**

A: New NHSN HAI definition: An infection is considered an HAI if all elements of a CDC/NHSN site-specific infection criterion were first present together on or after the 3rd hospital day (day of hospital admission is day 1). For an HAI, an element of the infection criterion may be present during the first 2 hospital days as long as it is also present on or after day 3. All elements used to meet the infection criterion must occur within a timeframe that does not exceed a gap of 1 calendar day between elements.

It is important to remember when determining if there is a hospital associated UTI that symptoms or cultures from day 1 or 2 cannot be used to meet the SUTI definition for determining an HAI. There must be another culture sent on day 3 or after and symptoms that are present on day 3 or after. The culture and symptoms can have up to a one day gap between them; they do not have to occur on the same day.

Here are some examples:

**Example 1**

Day 1 – admitted with fever 38.5°; Foley inserted

Day 2 – afebrile

Day 3 – urine culture (+) for 100,000 CFU of *E.coli*

Day 4 – afebrile

Day 5 – afebrile

In this example since the patient did not have any symptoms on day 3, 4 or 5, this is not a SUTI. The fever from day one cannot be used to call the SUTI an HAI on day 3.

**Example 2**

Day 1 – admitted with fever 38.5°; Foley inserted

Day 2 – afebrile

Day 3 – urine culture (+) for 100,000 CFU of *E.coli*

Day 4 – afebrile – one day gap

Day 5 – fever 38.2°

This would be an HAI since there is a (+) culture on day 3 and the fever on day 5. This meets the SUTI criteria with a one calendar day gap between elements. If the fever had been on day 6 this would not meet the SUTI criteria because then there would have been 2 calendar days between the urine culture and the fever (4th and 5th).

**Note:** This HAI definition is not to be used for SSI, VAE, or LabID Event reporting.

**NHSN Enrollment Update (as of April 1, 2013):**

5,398	Hospitals (this includes 534 Long-term Acute Care Hospitals and 271 Free-standing Inpatient Rehabilitation Facilities)
6,115	Outpatient Hemodialysis Facilities
268	Ambulatory Surgery Centers (ASCs)
94	Long-term Care Facilities
<b>11,875</b>	<b>Total Healthcare Facilities Enrolled</b>

The National Healthcare Safety Network (NHSN) is a voluntary, secure, Internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC.

During 2008, enrollment in NHSN was opened to all types of healthcare facilities in the United States, including acute care hospitals, long-term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long term care facilities.



The Centers for Disease Control and Prevention (CDC)

MS-A24

1600 Clifton Road

Atlanta, GA 30333

E-mail: [nhsn@cdc.gov](mailto:nhsn@cdc.gov)

CDC's NHSN Website: [www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)