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Celebrating NHSN's 10th Anniversary!

NHSN has reached an important milestone. October 2015 marks the system's 10th year of operations and caps a decade of remarkable growth: From approximately 300 hospitals and fewer than 500 individual users participating in NHSN when it was launched in October 2005 to over 16,000 healthcare facilities and more than 40,000 individual users today. NHSN has established itself as a trusted platform for multiple users and uses and serves as a vital resource for surveillance and prevention at the local, state, and national levels. CDC's NHSN team is deeply grateful for the enormous contribution of 1000's of system users to NHSN's successes, most importantly, the benefits their participation in the system have provided for patient safety and public health. NHSN's individual users are the mainstays of the system and the catalysts for change at the frontlines of healthcare. NHSN staff also are grateful for the vitally important partnerships that have been forged with state and local health departments, consumer groups, professional societies, prevention collaboratives, academic organizations, hospital and other healthcare associations, information technology companies, data standards organizations, and federal colleagues working in other agencies, including leadership and program staff at the Centers for Medicare and Medicaid Services. These partnerships have been instrumental in NHSN's evolution and expanding role. NHSN's first decade also has been accompanied by growing pains, among them occasional communications mishaps and operational snarls or delays. The NHSN team has done its utmost to remedy these shortcomings as quickly as possible and uses each problem and response as a lesson learned for the future. This milestone is an opportunity for all of us to take stock of the experience we have gained in creating, using, and improving NHSN. Much has been accomplished and learned in the system's first decade, and with past as prologue even more can be achieved in the next 10 years. Happy 10th anniversary NHSN!

Patient Safety Component

NHSN HAI Surveillance Changes for 2016

Surveillance protocols for NHSN Patient Safety Component participation are in the final stages of updating for 2016. Some operational details have yet to be finalized, but NHSN is targeting a publication date of November 1, 2015 so that facilities can prepare for applying the changes January 1, 2016.

While specifics and final decisions are not yet available, information can be shared on topics under discussion, which include and address:

- Positive blood cultures associated with observed or suspected patient access of vascular access lines that is documented in the medical record
- The use of non-culture diagnostic test results in place of culture results for NHSN HAI surveillance
- The classification of infections with community-associated fungal pathogens as HAIs
- Positive cultures collected from patients declared brain dead and awaiting organ harvesting for donation
- Symptoms of infection at non-central line vascular access sites with concurrent positive blood cultures
- Respiratory specimen types used for PNU3 criteria
- BSIs reported with enteric organisms such as *Salmonella*
- Intraabdominal infections (IAB) without culture or imaging test, and positive blood culture with intestinal organism

NHSN will highlight and communicate any related changes in surveillance before the protocols go into effect.

Secondary BSI does NOT produce BSI RIT

Some NHSN users have communicated a misunderstanding of the concept of Repeat Infection Timeframe (RIT). This misunderstanding occurs most often when performing Central Line-associated Bloodstream Infection (CLABSI) surveillance. RITs are only set when an infection criterion is met, and they are specific to the type of infection identified and do not affect reporting of other types of infections. BSIs that are secondary to another primary site of infection do not meet the NHSN Laboratory Confirmed Bloodstream Infection (LCBI) criteria. Therefore, a secondary BSI to primary site of infection does not have an RIT of its own that captures all subsequent positive blood cultures.

Let's consider an example:

In a case where a non-surgical intra-abdominal infection (IAB) meets criteria, and a BSI is identified as secondary to that IAB, an IAB RIT would be set. During that RIT, no other IABs would be reported to NHSN. However, a BSI RIT would NOT be set. LCBI criteria are not satisfied when a BSI is secondary to another site of infection, therefore no LCBI (BSI) RIT is created. Any BSIs that occur during the IAB RIT would need to be considered as a potential NHSN primary BSI and included in any BSI surveillance performed in that location. If the BSI has at least one matching pathogen to the site specific culture or the blood culture used to originally meet the IAB definition or if the blood culture can be used to meet the IAB definition during the IAB RIT, the BSI would be considered secondary to the IAB. If none of these scenarios are true, and if the BSI cannot be determined to be secondary to a different primary site of infection, the BSI would be considered an NHSN primary BSI.

Admit date: 8/1/2015						
Hospital Day/Date	First Diagnostic Test	Infection Window Period (*)	Date of Event	Repeat Infection Timeframe (*)	Secondary BSI Attribution Period (*)	
2. - 8/2/2015		<input type="checkbox"/>	-			
3. - 8/3/2015		<input type="checkbox"/>	-			
4. - 8/4/2015		<input type="checkbox"/>	-			
5. - 8/5/2015	✓	<input checked="" type="checkbox"/> Culture: Intraabdominal space abscess <i>E. coli</i>	- HAI	14 day IAB RIT		
6. - 8/6/2015		<input type="checkbox"/>				
7. - 8/7/2015		<input type="checkbox"/>			Blood Culture: <i>E. coli</i>	
8. - 8/8/2015		<input type="checkbox"/>				
9. - 8/9/2015		<input type="checkbox"/>				
10. - 8/10/2015		<input type="checkbox"/>				
11. - 8/11/2015		<input type="checkbox"/>				
12. - 8/12/2015		<input type="checkbox"/>				
13. - 8/13/2015		<input type="checkbox"/>				
14. - 8/14/2015		<input type="checkbox"/>				
15. - 8/15/2015		<input type="checkbox"/>				
16. - 8/16/2015		<input type="checkbox"/>				
17. - 8/17/2015		<input type="checkbox"/>				
18. - 8/18/2015		<input type="checkbox"/>				

Blood culture organism matches site-specific culture organism used to meet the IAB criteria, therefore, secondary BSI

Blood culture organism DOES NOT match site-specific culture organism and imaging test evidence needed to meet IAB 3b is not found. BSI must be attributed to another primary site of infection or determined to be a primary BSI

Blood Culture: *S. aureus*

Secondary BSI does NOT produce BSI RIT example continued on page 4

BSI Secondary does NOT produce BSI RIT (continued)

Likewise, if a BSI is identified according to the NHSN surveillance protocols to be present on admission (POA), it is necessary to determine if the BSI is a primary BSI or secondary to another primary site of infection. If determined to be a primary BSI, then an LCBI RIT will be created and no new BSIs will be reported with a date of event occurring during the POA BSI RIT. If the POA BSI was determined to be secondary to another primary site of infection, then no BSI RIT would be created and any subsequent positive blood cultures would need to be considered as a potential NHSN primary BSI as described above.

Admit date: 8/1/2015				
Hospital Day/Date	First Diagnostic Test	Infection Window Period (*)	Date of Event	Repeat Infection Timeframe (*)
7/30/2015		<input type="checkbox"/>	-	
7/31/2015		<input type="checkbox"/>	-	
1. - 8/1/2015 - Admit Date		<input type="checkbox"/>	-	
2. - 8/2/2015	✓	✓ Blood Culture: <i>S. aureus</i>	- POA	14 day LCBI-1 RIT
3. - 8/3/2015		<input type="checkbox"/>	-	
4. - 8/4/2015		<input type="checkbox"/>	-	
5. - 8/5/2015		<input type="checkbox"/>	-	
6. - 8/6/2015				
7. - 8/7/2015				Blood Culture: <i>E.coli</i>
8. - 8/8/2015				
9. - 8/9/2015				
10. - 8/10/2015				
11. - 8/11/2015				
12. - 8/12/2015				
13. - 8/13/2015				
14. - 8/14/2015				
15. - 8/15/2015				

During the POA Primary BSI 14 day RIT, no new Primary BSIs are reported. *E.coli* is accounted for as an additional pathogen to the POA Primary BSI

Updates for MDRO/CDI LabID Event Reporting

New: 2015 “optional” questions will change to “required” for 2016 - Laboratory-identified MDRO or CDI Event form (CDC 57.128)

The following “optional” questions will be “required” starting January 1, 2016:

- *Last physical overnight location of patient immediately prior to arrival into facility* (question available for LabID Events if the specimen is CO, i.e., collected from an outpatient setting or collected < 4 days after admission).
- *Has patient been discharged from another facility in past 4 weeks? If yes, from where (check all that apply).* The following value set will populate for selection: nursing home/skilled nursing facility; other inpatient healthcare setting (i.e., acute care hospital, IRF, LTAC, etc.).

This required information will be used to improve tracking through the continuum of care for patients and to better align categorization of CO-HCFA (community onset- healthcare facility associated) CDI LabID events.

Updates for MDRO/CDI LabID Event Reporting (continued)

NEW Data Entry Fields for Facilities Reporting CRE LabID Events

As shown in the below excerpt from the MDRO module's Tables of Instruction for LabID Events, two questions related to CRE testing will populate when submitting a CRE LabID event:

Tested for carbapenemase?	Conditionally Required. If the specific organism type is CRE, select "Yes" if the bacterial isolate was tested for carbapenemase. Otherwise, select "No" or "Unknown". If "Yes", select which test(s) was performed (may select more than one tests). Users may need to seek additional guidance from the facility laboratory to answer this question.
Positive for carbapenemase?	Conditionally Required. If the bacterial isolate was tested for carbapenemase, select "Yes" if the isolate tested positive for carbapenemase. Otherwise, select "No" or "Unknown".

Transition to ICD-10-PCS and CPT Codes

After the initial release (8/28/15) of the NHSN Operative Procedure Code category excel documents, one for CPT codes and one for ICD-10-PCS codes, necessary modifications were identified. An email was sent out to all NHSN users earlier this week regarding these updates. The updated documents can be found in links provided further in the article.

Codes for the following procedure categories have been updated:

ICD-10-PCS:

AAA; BRST; CARD; COLO; CRAN; FUSN; GAST; HYST; KPRO; OVRY; REC; SB; SPLE; THOR; THYR; VHYS; VSHN; XLAP

CPT:

APPY; BILI; CARD; CBGB; CRAN; GAST; HER; LAM; NEPH; OVRY; PVBY; PRST; REC; SB; THYR; VSHN; XLAP

NHSN has uploaded two new supplemental mappings to the NHSN website in the "Supporting Materials" section of the SSI page for both Acute Care Facilities and Ambulatory Surgery Centers. These documents are available for mapping "ICD-10-CM Diabetes Diagnostic Codes" and the "ICD-10-CM/PCS code for prior infection at hip or knee joint denominator form question" for the "If total or partial revision, was the revision associated with prior infection of index joint?" question on the denominator procedure entry.

All of the mappings can be found in the links below:

<http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>

<http://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html>

NHSN will provide additional supplemental mapping guides for the following as soon as they are available:

- Mapping guidance for the detail fields for HPRO and KRPO (e.g., Total Primary versus Total Revision)
- Mapping guidance for detail fields for FUSN for spinal level and approach

Transition to ICD-10-PCS and CPT Codes continued on page 6

Transition to ICD-10-PCS and CPT Codes (continued)

ICD-10-PCS codes will replace ICD-9-CM codes on October 1, 2015, however NHSN will not have the ability to receive these codes until the January 2016 NHSN release. Beginning October 1, 2015 and continuing until the January 2016 NHSN release, when entering surgical procedure (denominator) data into NHSN for SSI surveillance, facilities should enter the NHSN Procedure Code (e.g. COLO or HYST) as identified in the new mappings provided, but the application cannot accept ICD-10-PCS/CPT codes associated with the procedure until the release of the 2016 application in January 2016. This includes data that is entered manually, electronically downloaded, or imported via a comma-separated value (CSV) file. The NHSN application can accept ICD-9-PCS codes for all of 2015 if the facility has access to them.

Once the NHSN release takes place in 2016, facilities will once again be able to choose to enter the NHSN Operative Procedure Code category or instead enter one of the ICD-10-PCS or CPT codes, and have NHSN auto-populate the NHSN Operative Procedure Code category.

Please note that:

- ICD-10-PCS and CPT code fields will remain as optional fields in 2016.
- ICD-10-PCS and CPT codes do not differentiate between spinal fusions (FUSN) and repeat spinal fusions (RFUSN). Therefore, the NHSN procedure group FUSN will include both fusion and re-fusion procedures, and the RFUSN category should not be used for procedures performed on or after October 1, 2015.
- Requirements to map the current NHSN operative procedure code category “OTH-Other” to ICD-10-PCS and CPT codes exceeded available NHSN resources. “OTH – Other” is a default category for NHSN operative procedures which do not fall into one of the 39 NHSN Operative Procedure Code categories, and for which NHSN does not provide any benchmarking data. For these reasons, the NHSN Category “OTH” will not be mapped to ICD-10-PCS and CPT codes and will not be available for use in 2016. Any infections associated with procedures in that group will not be considered an NHSN surgical site infection, beginning with October 1, 2015 procedures.

For questions related to:

- Selecting ICD-10 codes for NHSN SSI Surveillance: contact us at NHSN@cdc.gov.
- Clinical data architecture (CDA) or upload of operative procedure data from an infection control software program: contact us at NHSNCDA@cdc.gov.
- Electronic import of operative procedure data via comma separated values (csv) files- information will be posted in the next few weeks and a blast email notification will be sent out at that time.

Healthcare-associated Infection (HAI) and Present on Admission (POA) Worksheet Generator

Coming soon!! You asked and we listened!

NHSN plans to release a Healthcare –associated Infection (HAI) and Present on Admission Infection (POA) Worksheet Generator that will be available for use with multiple site specific infection types (e.g., BSI, UTI, PNEU, IAB etc.). The Worksheet Generator will operate based upon the currently posted guidance found in the Patient Safety Component Manual, Chapter 2, [Identifying Healthcare-associated Infections \(HAI\) for NHSN Surveillance](#). The Worksheet Generator will be a web-based tool that is designed to identify the:

- 7-day Infection Window Period
- Date of Event and POA or HAI determination
- 14-day Repeat Infection Timeframe (RIT)
- Secondary Bloodstream Infection Attribution Period

It is important to note that the Worksheet Generator will not function as a calculator. It will not determine if NHSN infection criteria have been met, that is incumbent upon the user. The Worksheet Generator requires the user to enter the date of admission, the date of the first diagnostic test (sign or symptom in the absence of a diagnostic test) used to meet the NHSN site specific infection criterion and all additional date(s) representative of the required elements needed to satisfy an NHSN site specific infection criterion.

Based upon this information provided by the user, the Worksheet Generator will electronically *generate* a printable worksheet that identifies the date of event and determines if the event is POA or HAI. In addition, the Worksheet Generator will define the Infection Window Period, Repeat Infection Timeframe (RIT), and when appropriate the Secondary BSI Attribution Period. The Worksheet Generator will not store any patient data that you enter, and it will not report any data that you enter or any determinations made to the NHSN application. The Worksheet Generator will allow free text in some data fields and will also allow you to print the final worksheet for surveillance purposes. The results are accurate only if an infection criterion was met as reflected in the data supplied by the user.

When available on the NHSN website, users will be notified via Email of the location to access the Worksheet Generator. Note, the VAE calculator and MDRO & CDI LabID Event calculator will continue to be available for use when conducting VAE or MDRO/LabID event surveillance. The Worksheet Generator is not intended for use when conducting SSI surveillance.

Worksheet Generator continued on page 8

NHSN
Healthcare-associated Infection (HAI) and Present on Admission Infection (POA) Worksheet Generator

INTRODUCTION:
Welcome to the NHSN Healthcare-associated Infection (HAI) and Present on Admission Infection (POA) Worksheet Generator Version 1.0. The Worksheet Generator operates based upon the currently posted guidance found in the Patient Safety Component Manual, Chapter 2, Identifying Healthcare-associated Infections (HAI) for NHSN Surveillance. It is strongly encouraged that you read and study this guidance found here.
The Worksheet Generator will provide an electronically generated worksheet that identifies:

- 7-day Infection Window Period Infection Window Period
- Date of Event and POA or HAI determination
- 14-day Repeat Infection Timeframe (RIT)
- Secondary Bloodstream Infection Attribution Period

It does not determine that all NHSN infection criteria have been met as reflected in the dates and information entered.

This Worksheet Generator is developed for use with multiple site specific infection types (e.g., BSI, UTI, PNEU, IAB etc.). The Worksheet Generator requires the user to enter the date of admission, the date of the first diagnostic test (sign or symptom in the absence of a diagnostic test) used to meet the NHSN site specific infection criterion and all additional date(s) representative of the required elements needed to satisfy an NHSN site specific infection criterion.

Note, please use the VAE calculator and MDRO/CDI/LabID event calculator when conducting VAE or MDRO/CDI/LabID event surveillance. The Worksheet Generator is not intended for use when conducting SSI surveillance.

Click on the calendar icon below to choose the date of admission and then click the "Next" button.

Aug 2015 September 2015

Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su
						1							1	2
2	3	4	5	6	7	8	6	7	8	9				
9	10	11	12	13	14	15	13	14	15	16				
16	17	18	19	20	21	22	20	21	22	23				
23	24	25	26	27	28	29	27	28	29	30				
30	31													

Provide Admission Date Admit Date: 08/08/2015

Healthcare-associated Infection (HAI) and Present on Admission (POA) Worksheet Generator (continued)

NHSN

**Healthcare-associated Infection (HAI) and
Present on Admission Infection (POA)
Worksheet Generator**

Click on the calendar icon to choose the date the first positive diagnostic test used as an element of the site-specific infection criterion was obtained (e.g., culture collection date, imaging test date, date of procedure or exam).

In the absence of a diagnostic test, choose the date of the first documented localized sign or symptom that is an element of the NHSN infection criterion (e.g., diarrhea, site specific pain, purulent exudate).

Select the type of event for which the worksheet is being generated and click the "Next" button.

Admit Date: 8/8/2015

Date of First Diagnostic Test:

BSI Other Event

Aug 2015

Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu
						1			1
2	3	4	5	6	7	8	6	7	8
9	10	11	12	13	14	15	13	14	15
16	17	18	19	20	21	22	20	21	22
23	24	25	26	27	28	29	27	28	29
30	31								

Select the diagnostic test date and the Infection Type (BSI or Other)

NHSN

**Healthcare-associated Infection (HAI) and
Present on Admission Infection (POA)
Worksheet Generator**

The diagnostic test date is used to define the 7 day infection window period. The infection window period is the date of the diagnostic test, 3 days before and 3 days after.

Place a check in the box of each calendar day within the infection window period that at least one element of the NHSN site specific infection criterion is present. Then click on the red "Generate Table" button below.

*You can enter descriptive text for the element(s) that the check mark represents.

Admit date: 8/8/2015

Hospital Day/Date	First Diagnostic Test	Infection Window Period (*)	Date of Event	Repeat Infection Timeframe (*)	Secondary BSI Attribution Period (*)
2. - 8/9/2015		<input type="checkbox"/>			
3. - 8/10/2015		<input type="checkbox"/>			
4. - 8/11/2015		<input type="checkbox"/>			
5. - 8/12/2015		<input checked="" type="checkbox"/>			
6. - 8/13/2015		<input type="checkbox"/>			
7. - 8/14/2015		<input type="checkbox"/>			
8. - 8/15/2015		<input type="checkbox"/>			
9. - 8/16/2015		<input type="checkbox"/>			
10. - 8/17/2015		<input type="checkbox"/>			
11. - 8/18/2015		<input type="checkbox"/>			
12. - 8/19/2015		<input type="checkbox"/>			
13. - 8/20/2015		<input type="checkbox"/>			
14. - 8/21/2015		<input type="checkbox"/>			
15. - 8/22/2015		<input type="checkbox"/>			
16. - 8/23/2015		<input type="checkbox"/>			
17. - 8/24/2015		<input type="checkbox"/>			

Check the box(es) that represent the date(s) of all required elements of the NHSN infection definition

Healthcare-associated Infection (HAI) and Present on Admission (POA) Worksheet Generator (continued)

NHSN
Healthcare-associated Infection (HAI) and Present on Admission Infection (POA) Worksheet Generator

Based on the information you provided:
 Admit Date: Sat Aug 08 2015
 The event is: HAI
 Date of Event: Tue Aug 11 2015
 Infection Window Period: Sun Aug 09 2015 - Sat Aug 15 2015
 Repeat Infection Timeframe (RIT): Tue Aug 11 2015 - Mon Aug 24 2015
 Secondary BSI Attribution Period: Sun Aug 09 2015 - Mon Aug 24 2015
 Event Type: Other

NOTE: This worksheet Generator is developed for use with multiple site specific infection types (e.g., BSI, UTI, PHSU, SIB etc.). It does not determine that all NHSN infection criteria have been met. That is incumbent upon the user. Instead the results represent an electronically generated worksheet that outlines Infection Window Period, Repeat Infection Timeframe (RIT) and when appropriate Secondary BSI Attribution Period, all of which are accurate. If an infection criterion was met as reflected in the dates and information supplied by the user.
 *You can enter descriptive text for the element(s) that the check mark represents.

Admit date: 8/8/2015

Hospital Day/Date	First Diagnostic Test	Infection Window Period (*)	Date of Event	Repeat Infection Timeframe (*)	Secondary BSI Attribution Period (*)
2. - 8/9/2015		<input type="checkbox"/> free text capability			free text capability
3. - 8/10/2015		<input type="checkbox"/>			
4. - 8/11/2015		<input checked="" type="checkbox"/> fever	- HAI	free text capability	
5. - 8/12/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Urine Culture > 100,000 cfu/ml			
6. - 8/13/2015		<input type="checkbox"/>			
7. - 8/14/2015		<input type="checkbox"/>			
8. - 8/15/2015		<input type="checkbox"/>			
9. - 8/16/2015					
10. - 8/17/2015					
11. - 8/18/2015					
12. - 8/19/2015					
13. - 8/20/2015					
14. - 8/21/2015					
15. - 8/22/2015					
16. - 8/23/2015					
17. - 8/24/2015					

Start Over Back Print **Generate Worksheet**

Correct Date of Admission is Vital to Accurate NHSN Reporting

Making correct determinations about healthcare-associated infection (HAI) surveillance is important for many reasons, including ensuring that HAI data is useful for evaluating the success of HAI prevention efforts, ensuring the data is appropriate for use in The Centers for Medicare and Medicaid Services (CMS) quality reporting programs, and to avoid disagreements with the findings from CMS HAI data audits.

Within NHSN, the date of admission is used to determine if infections are health-care associated, present on admission, community onset, or healthcare-facility onset (depending on the module[s] of participation). The date of admission is defined as the date that the patient is physically admitted to an inpatient location. It is not the date that the patient's admission order is written. For example, a patient's admission order is written on Monday, but the patient does not move into the inpatient location until Tuesday. The admission date is Tuesday for NHSN surveillance purposes.

If your facility is using electronically collected data to determine the admission date, perhaps from an admission/discharge/transfer (ADT) system, it is recommended that the process be reviewed to be sure it is being accurately determined. Likewise, if your facility is using an infection control software to collect data and determine date of admission, you should check to make sure that this is being done accurately. NHSN has received reports that some infection control software systems may not be correctly identifying admission dates. This can negatively impact the accuracy of your HAI data reported to NHSN.

New Locations for Hospital Outpatient Departments (HOPDs) and Ambulatory Surgery Centers (ASCs)

The January 2016 release of NHSN will include new locations for defining an outpatient procedure room/suite (i.e., HOPD) for use by acute care hospitals reporting to NHSN. Such units can be physically attached or detached from the acute care hospital, but should share a CMS Certification Number (CCN) with the acute care hospital. As such, data from these units should continue to be reported with the acute care hospital's data, as appropriate. For those acute care hospitals that have a location mapped in NHSN to the CDC Location "Ambulatory Surgery Center" (OUT:ACUTE:OR), and that have been using this location to report data, note that this CDC location will be retired beginning with the January 2016 release. At that time hospitals will be instructed to use the new CDC "Outpatient Procedure Room/Suite" locations for applicable reporting.

Please note that only ambulatory surgery centers that have a CCN identifying the facility as an Ambulatory Surgery Center per CMS definitions, should be reporting to NHSN as an Ambulatory Surgery Center (AMB-SURG). These facilities should not be reporting to NHSN as a location within an acute care hospital. In the January 2016 release of NHSN, new location codes will be available and ASCs may notice a change in the CDC location code assigned to their existing ASC location(s), however no action will be required on the part of the ASC.

The "CDC Location Labels and Location Descriptions" chapter of the NHSN Patient Safety Manual will be updated to include definitions for the new and updated locations.

Data Quality Corner

The NHSN team continues our efforts to ensure the highest level of data quality in NHSN for the purposes of national benchmarks, future risk-adjustment and national analyses, and for other uses of NHSN data by our partners (e.g., state health departments). This past quarter some facilities received electronic communications from the NHSN team regarding potential data quality issues, including:

- LabID Event Reporting: Acute Care Hospitals (ACH) with 0 FacWideIN patient days AND 0 FacWideIN admissions for Jan, Feb, and/or March 2015
- LTACHs, ACHs and Free-standing Rehab facilities (IRFs) entering the exact same value for patient days and admissions
- Rehab wards (located within an ACH) with extremely high patient days

These data quality issues will impact the calculation of an acute care facility's Standardized Infection Ratio (SIR), thus impacting facility data posted on Hospital Compare. In addition, the 2015 data entered in NHSN will be used as the new national baselines for future SIRs for all facilities (including LTACHs and IRFs) in the nation. We need your help to ensure the new SIR baselines incorporate the most accurate data from all participating facilities. This quarter, the NHSN Team will continue to monitor the quality of data being entered. This may result in your facility being contacted with outreach to help resolve any potential data quality problems. Thank you for your support and cooperation in maintaining the quality and integrity of data reported in NHSN.

Denominator Sampling

In January 2015, NHSN introduced an alternative method for collecting NHSN CLABSI and CAUTI denominator data for use in eligible ICU and ward location types. To ensure the accuracy of the estimated denominator data, only ICU and ward location types with 75 or more device-days per month are eligible to use this alternative method. The traditional method (counting every day of a month) for CLABSI and CAUTI denominators remains available for all NHSN users.

During an internal analysis at CDC, we identified a number of hospitals that are using the Sampling denominator methods in locations that are not eligible.

**Denominators for Intensive Care Unit (ICU)/
Other locations (not NICU or SCA)**

Mandatory fields marked with *

Facility ID*: 10018 (DHQP MEMORIAL HOSPITAL)
 Location Code*: MICU2 - MEDICAL ICU
 Month*: January
 Year*: 2015

Note: The total patient days as collected on every day of the month are still required

Total Patient Days*: 100

Central Line Days: 20
 Urinary Catheter Days:
 Ventilator Days:
 APRV Days:
 Episodes of Mechanical Ventilation:

Report No Events
 CLABSI:
 CAUTI:
 VAE:
 PedVAP:

Sample Values For Estimating Denominator Data

Sample Patient Days*: 40
 Sample Central Line Days*: 20
 Sample Urinary Catheter Days:

Check Box(es) if Sampling Used

Once these fields are completed the NHSN application calculates the total Central Line Days and/or Urinary Catheter Days for the month.

To ensure the accuracy of estimated denominator data obtained by sampling, only ICU and ward location types with an average of 75 or more device-days per month are eligible to use this method. A review of each location’s device-days denominator data for the past 12 months in NHSN will determine which locations are eligible.

Example 1:

location	summaryYr	months	clabcount	numcldays	CLABRate	CLAB_Mean	IDR_pval	
5G	2014	12	3	150	20.000	1.0	0.0005	5G average CL days per month: 150 CL days/12= 12.5

Since the average CL days per month is less than 75 the denominator sampling method can't be used for this location.

Example 2:

location	summaryYr	months	clabcount	numcldays	CLABRate	CLAB_Mean	IDR_pval	
MD	2014	12	0	1500	0.000	0.9	0.2674	MD average CL days per month: 1500 CL days/12= 125

Since the average CL days per month is above 75 the denominator sampling method can be used for this location.

Average number of device days per month= Total number of device days (numcldays) / number of months

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **November 15, 2015** for facilities that participate in certain CMS quality reporting programs.

Acute Care Hospitals that participate in the Hospital Inpatient Quality Reporting (IQR) Program:

2015 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data

- All ICU locations
- Adult and pediatric medical, surgical, and medical/surgical wards

2015 Quarter 2 (April 1 – June 30) Inpatient COLO and HYST SSI data

2015 Quarter 2 (April 1 – June 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare onset and community onset)

- FacWideIN
- ED, and 24-hour observation locations

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:

2015 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2015 Quarter 2 (April 1 – June 30) Inpatient COLO and HYST SSI data

Inpatient Rehabilitation Facilities (IRFs) that participate in the Inpatient Rehabilitation Facility Quality Reporting Program:

2015 Quarter 2 (April 1 – June 30) CAUTI data (all bedded inpatient locations)

2015 Quarter 2 (April 1 – June 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare onset and community onset)

- Freestanding IRFs: Reporting by FacWideIN
- IRF Units within acute care or critical access hospital: Reporting by each CMS IRF Unit

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the Long-Term Care Hospital Quality Reporting Program:

2015 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (all bedded inpatient locations)

2015 Quarter 3 (July 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare onset and community onset)

Please make sure at least one individual at your facility can access NHSN via SAMS and has been assigned appropriate user rights in NHSN so they may enter and view the facility's data. To ensure your data have been correctly entered into NHSN, please make sure to verify that: 1) your monthly reporting plans are complete, 2) you've entered appropriate summary and event data or checked the appropriate no events boxes, and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit our website and navigate to the appropriate section(s) for your facility type: <http://www.cdc.gov/nhsn/cms/index.html>

If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov.

New NHSN Reporting to fulfill CMS Quality Reporting Programs

CMS has recently finalized requirements for their quality reporting programs. Below is a list of the recently finalized requirements along with previously finalized requirements for reporting in NHSN that will be going into effect on either October 1, 2015 (for the 2015-2016 influenza season) or January 1, 2016.

Acute Care Hospitals that participate in the CMS Hospital Inpatient Quality Reporting (IQR) Program:

There are no additions to the NHSN reporting requirements for Acute Care Hospitals for 2016.

Cancer Hospitals that participate in the CMS PPS-Exempt Cancer Hospital Quality Reporting Program:

Beginning January 1, 2016, Cancer Hospitals participating in the CMS PPS-Exempt QRP should begin reporting MRSA Bacteremia and *C. difficile* LabID Events by location at the facility-wide inpatient level (FacWideIN). The NHSN MDRO Protocol, training materials, and data collection forms can be found here: <http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html>.

Inpatient Rehabilitation Facilities (IRFs) that participate in the CMS IRF Quality Reporting Program:

There are no additions to the NHSN reporting requirements for IRFs for 2016.

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the CMS LTCH Quality Reporting Program:

Beginning January 1, 2016, LTACs participating in the CMS LTCH QRP should begin reporting Ventilator-Associated Events (VAE) by location for all adult inpatient bedded locations. The NHSN VAE Protocol, training materials, and data collection forms can be found here: <http://www.cdc.gov/nhsn/ltach/vae/index.html>.

Also beginning January 1, 2016, the CMS reporting deadline for LTAC NHSN data will be extended to 4.5 months after the end of the reporting quarter. Below are the new reporting deadlines that will be used for 2016 moving forward:

Quarter 1 (January – March): August 15

Quarter 2 (April – June): November 15

Quarter 3 (July – September): February 15

Quarter 4 (October – December): May 15

IMPORTANT NOTE: Quarter 3 (July – September) 2015 data will still be due into NHSN by November 15, 2015. Quarter 4 (October – December) 2015 data will be due into NHSN by May 15, 2016.

Ambulatory Surgery Centers (ASCs) that participate in the CMS ASC Quality Reporting Program:

There are no additions to the NHSN reporting requirements for ASCs for 2016.

Inpatient Psychiatric Facilities (IPFs) that participate in the CMS IPF Quality Reporting Program:

Beginning with this 2015-2016 influenza season, IPFs should begin reporting healthcare worker influenza vaccination summary data. The reporting period for this new requirement is October 1, 2015 – March 31, 2016. For more information on training materials please see the article “New HCP Influenza Vaccination Data Reporting Requirements for the 2015-2016 influenza season” on page 14 of the newsletter.

New NHSN Reporting to fulfill CMS Quality Reporting Programs (continued)

Dialysis Facilities that participate in the CMS End Stage Renal Disease (ESRD) Quality Incentives Program (QIP)

Beginning with this 2015-2016 influenza season, Dialysis facilities should begin reporting healthcare worker influenza vaccination summary data. The reporting period for this new requirement is October 1, 2015 – March 31, 2016. For more information on training materials please see the article “New HCP Influenza Vaccination Data Reporting Requirements for the 2015-2016 influenza season” below.

The complete list of CMS reporting requirements and due dates can be found here:

- Reporting Requirements and Deadlines in NHSN per CMS Current Rules: <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements-Deadlines.pdf>.
- Healthcare Facility HAI Reporting Requirements to CMS via NHSN - Current and Proposed Requirements: <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf>.

Healthcare Personnel Safety Component

New HCP Influenza Vaccination Data Reporting Requirements for the 2015-2016 Influenza Season

Inpatient Psychiatric Facilities

Beginning with the 2015-2016 influenza season, inpatient psychiatric facilities and units participating in the CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program must submit HCP influenza vaccination summary data through NHSN. Inpatient psychiatric facility units that participate in the IPFQR Program and are located within acute care hospitals must report data separately from their affiliated acute care hospital. Inpatient psychiatric facility training materials are located at: <http://www.cdc.gov/nhsn/ipfs/vaccination/index.html>.

Outpatient Dialysis Facilities

Outpatient renal dialysis facilities participating in CMS’s End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) will also be required to submit HCP influenza vaccination summary data through NHSN. This requirement applies to outpatient dialysis facilities whether they provide in-center hemodialysis, peritoneal dialysis, or home hemodialysis services. Outpatient renal dialysis facility training materials are located at: <http://www.cdc.gov/nhsn/dialysis/hcp-vaccination/index.html>.

Acute Care Facilities, Ambulatory Surgery Centers, Inpatient Rehabilitation Facilities, and Long Term Care Hospitals

As a reminder, acute care facilities, ambulatory surgery centers, inpatient rehabilitation facilities, and long term care hospitals that are required to report HCP influenza vaccination summary data to meet CMS reporting requirements must continue to do so for the 2015-2016 influenza season. Beginning with the 2015-2016 influenza season, acute care facilities should not include HCP working in affiliated outpatient renal dialysis facilities or inpatient psychiatric facilities in their summary vaccination reports unless these personnel also work in other inpatient or outpatient units of the acute care facility. As noted above, CMS has established separate reporting requirements for outpatient renal dialysis facilities and inpatient psychiatric facilities. Training webinars for acute care facilities, ambulatory surgery centers, inpatient rehabilitation facilities, and long term care hospitals will not be offered for the 2015-2016 influenza season since reporting requirements have not changed from the 2014-2015 season. However, training materials from the 2014-2015 season, including slide sets and recorded webinars and transcripts, can be accessed using the following links:

New HCP Influenza Data Reporting Requirements continued on page 15

New HCP Influenza Vaccination Data Reporting Requirements for the 2015-2016 Influenza Season (continued)

Acute care facilities

<http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html>

Ambulatory surgery centers

<http://www.cdc.gov/nhsn/ambulatory-surgery/vaccination/index.html>

Inpatient rehabilitation facilities

<http://www.cdc.gov/nhsn/inpatient-rehab/vaccination/index.html>

Long term care hospitals

<http://www.cdc.gov/nhsn/ltach/vaccination/index.html>

Dialysis Component

2016 HCP Influenza Vaccination Summary Data Reporting FAQs

FAQs from Dialysis Facilities about Healthcare Personnel (HCP) Influenza Vaccination Summary Data Reporting for Calendar Year 2016 CMS ESRD QIP

For Payment Year 2018 (calendar year 2016), the Centers for Medicare and Medicaid Services (CMS) introduced a new reporting requirement to their End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP): NHSN Healthcare Personnel (HCP) Influenza Vaccination Summary surveillance. Dialysis facilities that are participating in QIP will collect HCP influenza vaccination data, according to the [HCP Influenza Vaccination Summary Protocol](#), beginning with the 2015/2016 influenza season and report a summary of those data to NHSN on or before May 15, 2016.

Q: Does my dialysis facility need to report HCP influenza vaccination data to NHSN for CY2016?

- Your facility may be eligible for NHSN HCP influenza vaccination reporting if:
 - Your dialysis facility is CMS certified and has a CMS certification survey date on or before January 1, 2016 and
 - At least one employee, licensed independent practitioner, or adult student/trainee/volunteer (as defined in the [HCP Influenza Vaccination Summary Protocol](#)) will work on-site at your dialysis facility for at least one day between October 1, 2015 and March 31, 2016.
- Please see the CMS ESRD QIP [rule](#) for more detailed information.

Q: The hospital we are affiliated with already reports our dialysis facility's HCP influenza vaccination data; does our dialysis facility still need to report these data to NHSN?

- If your dialysis facility is CMS certified, regardless of whether you share a CMS certification number (CCN) with an affiliated hospital, your facility needs to report influenza vaccination summary data for your HCP separately in NHSN. Beginning with the 2015-2016 influenza season, the hospital should no longer report influenza vaccination data for HCP working in your dialysis facility unless those HCP also work in other inpatient or outpatient departments of the hospital that are covered by CMS reporting requirements for hospitals.

2016 HCP Influenza Vaccination Summary data Reporting FAQs continued on page 16

2016 HCP Influenza Vaccination Summary Data Reporting FAQs (continued)

Q: My dialysis facility is already enrolled in NHSN for Dialysis Event Surveillance. What do I need to do in NHSN to be prepared to report HCP data?

- If your facility provides in-center hemodialysis and it is already enrolled in NHSN, your facility's NHSN Healthcare Personnel Safety (HPS) Component needs to be activated. This step must be completed before HCP influenza vaccination data can be reported. If your facility is part of a large dialysis organization, your corporation may have already activated the HPS Component for your facility (you can check on the "Facility Info" page). If your facility has not yet activated the HPS Component, please have a user with administrator rights follow these [instructions](#).

Q: My peritoneal dialysis and/or home hemodialysis facility is not enrolled in NHSN. What do I need to do to be prepared to report HCP data?

- If your facility shares a CCN with an in-center outpatient hemodialysis facility that is already enrolled in NHSN, do not enroll your facility in NHSN separately. Instead, report your HCP influenza vaccination data along with the in-center outpatient hemodialysis facility's HCP influenza vaccination data according to the [HCP Influenza Vaccination Summary Protocol](#).
- If your facility does not share a CCN with any in-center outpatient hemodialysis facility, then enroll your facility in NHSN and activate the HPS Component. Please contact the NHSN Helpdesk for enrollment instructions (nhsn@cdc.gov with a subject line 'Dialysis').

Q: How do I enter HCP influenza vaccination summary data after I have activated the HPS Component?

1. **Login:** Upon log in to NHSN, users with access to multiple components will see the NHSN Landing Page. Select "Healthcare Personnel Safety" from the component dropdown menu to access the Healthcare Personnel Safety Component Home Page.
2. **Add a Monthly Reporting Plan:** A monthly reporting plan needs to be entered before HCP influenza vaccination summary data can be reported. To enter a plan, from the HPS Component Home Page select "Add" under "Reporting Plan" in the left-hand navigation bar. Enter any month and year between July 2015 and June 2016 in the dropdown boxes and check the box marked "Influenza Vaccination Summary," then click the "Save" button. You only need to enter a single monthly reporting plan for the entire influenza season.
3. **Report:** According to the [HCP Influenza Vaccination Summary Protocol](#), collect data for the 2015/2016 influenza season. After a monthly reporting plan is added, you may report HCP influenza vaccination summary data by selecting "Add" under "Flu Summary" in the left-hand navigation bar and clicking on "Continue." When the summary form appears, select "2015/2016" in the dropdown box labeled "Flu Season," enter your data, and click the "Save" button. Report data to NHSN on or before May 15, 2016.

Q: Where can I get more information about reporting HCP influenza vaccination summary data to NHSN?

- Please see the [Surveillance for Dialysis Healthcare Personnel Vaccination website](#) for the reporting protocol, tables of instructions, and training.
- If you have questions about HCP influenza vaccination reporting, please contact the NHSN Helpdesk at nhsn@cdc.gov and include "HCP Flu Summary– Dialysis" in the subject line of your e-mail.
- If you have non-NHSN questions about CMS ESRD QIP, e-mail CMS at ESRDQIP@cms.hhs.gov.

Biovigilance Component

Hemovigilance Module Updates

HV Denominator form to include PRT data collection

Beginning January 2016, the Hemovigilance Module denominator reporting form will include a new section for users to report the total numbers of units and aliquots by product type and collection method which are produced with pathogen-reduction technology (PRT). The current denominator form includes a table for users to report total numbers of units and aliquots transfused by product type and collection method. This table will remain unchanged. Please note the PRT units will be a subset of the total number of units and aliquots transfused and reported in the larger table. Training material will be available to users by January 2016.

Change to reporting pooled-products

Beginning January 2016, reporting of pooled platelet and cryoprecipitate products will be changed so that individual units, not pools, are reported to ensure consistent and reliable data. One question will be added to the Annual Facility Survey for additional clarification and the table of instructions for the denominator form will describe how users should report pooled products. Training material will be available to users by January 2016.

Reporting “Double” Reactions

When a patient experiences two reactions, both reactions should be reported as separate reports. This includes situations when a patient receives only one unit and experiences two reactions and when a patient receives multiple units and experiences two reactions. Users should submit two adverse reaction reports in either case. If you have questions about a specific case, please contact NHSN@cdc.gov and include Hemovigilance in the subject line.

Reminder – Customizable forms are available

All Hemovigilance Module forms are available on the website in a customizable format. Users are able to download Word files and incorporate Hemovigilance Module forms into a facility’s internal data collection process. Customizable Hemovigilance Module forms are available at: <http://www.cdc.gov/nhsn/acute-care-hospital/bio-hemo/>.

General NHSN Information

Updated Device-associated Module Interactive Self-Study Trainings

The updated Device-associated Module (DA) training course is now available on the NHSN website. The DA module will include: Introduction to the Device-associated module, CLABSI, CAUTI, PNEU, and CLIP. The course will review the structure of the DA module and the methodology used for data collection, define key terms and protocol criteria for CLABSI, CAUTI, VAP, and CLIP, and describe the methods for collecting summary (denominator) data for device-associated events based on the location type and interpreting the data for accurate use.

Updated CE for Device-associated Module continued on page 18

Updated Device-associated Module Interactive Self-Study Trainings (continued)

The online courses provide instructional slides with detailed graphics, screen shots with step by step examples of form completion for instructional purposes, practice questions, and case study examples. Those completing the Device-associated Module will need a computer with access to the internet. Hyperlinks to the forms, protocols and NHSN manual are available throughout the course and available for printing if needed. All trainings will be located on the NHSN training page: <http://www.cdc.gov/nhsn/Training/patient-safety-component/index.html>.

Continuing education for this activity is pending. Step-by-step directions for accessing the CDC continuing education registration and online system and a list of upcoming CE offerings can be found here: <http://www.cdc.gov/nhsn/training/continuing-edu.html>.

Significant Changes to Procedure Import Methods (CSV)

Throughout 2014 and 2015, NHSN users have been able to import procedure records using CSV files by either of two methods:

The **No-Header-Row Method**, the original method, requires that data in the import file be in a specific order, without a header row, and that empty placeholders must be present for optional fields that are not imported. Ex:

MD-2000	F	6/14/1941	AAA	1/1/2014	N	2	16	CC	2	N	N	PRI
MD-3000	M	9/18/1946	KPRO	1/15/2014	N	2	10	C	1	N	N	OTH

The **Header-Row Method**, first implemented in 2014, requires that each data field be headed by a specific title, but the data can be entered in any order, and empty optional fields can be excluded altogether. Ex:

asa	closure	dob	emergency	gender	outpatient	patID	procCode	procDate	procDurationHr	procDurationMin	scope	swClass
2	PRI	6/14/1941	N	F	N	MD-2000	AAA	1/1/2014	2	16	N	CC
1	OTH	9/18/1946	N	M	N	MD-3000	KPRO	1/15/2014	2	10	N	C

Beginning with the next major software update to the NHSN application, currently scheduled for January 2016, **the No-Header-Row Method for importing procedure records using CSV files will be discontinued**. From that time forward, all data in the import file must be imported with a header row, and the header names must match the variable names as they appear in the specifications document to be posted on the NHSN SSI Resources web page (link below).

Note that the **Header-Row Method** for importing procedure records via CSV, soon to be the sole method, is currently active in the NHSN application. All users should review the procedure import documentation under the "Supporting Materials" section of the NHSN SSI Resources web page, and begin employing this new method as soon as possible: <http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>.

Drop –down Selection for CSV or CDA Import

Not sure which drop-down to select for CSV or CDA import?

- If your file is a CSV file: select either “Patients”, “Procedures”, or “Surgeons” per your specific file type.
- If your file is a CDA file: select SSI events for your SSI zip file; for all other CDA zip files, select “Events, Summary Data, Procedure Denominators”.



CDA Corner

Note for Date of Admission

If your facility is using electronically collected data, make sure you read the information included on page 9 of this newsletter titled “Correct Date of Admission is Vital to Accurate NHSN Reporting.”

CDA Corner (continued)

Summary of CDA Version Changes

SUMMARY OF CDA VERSION CHANGES			
Rel	NHSN release Date	Summary Report or Event	CDA changes
8.4	July 2015	ICU/other Summary Report	R5 Rules: accept Summary Report CDAs with summary year <=2015. R2-D2.1 Rules: accept R2-D2.1 CDAs with summary year =>2015. (Note-Both versions will be accepted for 2015)
8.4	July 2015	SCA Summary Report	
8.4	July 2015	NICU Summary Report	
8.4	July 2015	POM Summary Report (MDRO denominator)	R7 Rules: accept Summary Report CDAs with summary year <=2015. R2-D2.1 Rules: accept R2-D2.1 CDAs with summary year =>2015. (Note-Both versions will be accepted for 2015)
8.4	July 2015	AU drugs	The additional drugs will be optional for <=2015 data and required for =>2016.
8.5	Jan. 2016	LabID	r5 CDA required if specimen collection date <=2015 r2N-D2.1 CDA required if specimen collection date =>2016 (coming in 2016)
8.5	Jan. 2016	CLIP	CLIPs with insertion dates in 2013 may use the R5 or R9 version of the IG CLIPs with insertion dates = 2014 or 2015 MUST use the R9 version of the IG CLIPs with insertion dates >= 2016 MUST use the R2-D2.1 version of the IG (coming in 2016)
8.5	Jan. 2016	Dialysis - numerator	Dialysis Events with event dates in 2014 MUST use the R9 version of the IG Dialysis Events with event dates = 2015 MUST use the R2-D1.1 version of the IG Dialysis Events with event dates >= 2016 MUST use the R2-D2.1 version of the IG (coming in 2016)

Coming Soon: New Helpdesk Ticketing System

In the coming months, NHSN will be implementing a new helpdesk ticketing system in order to help us better-assist our users. The new helpdesk ticketing system will, in turn, change the way that we communicate with you. Once the system has been fully implemented, when an inquiry is sent to nhsn@cdc.gov, you will receive an email notification that includes your ticket number and the name of the team member who has been assigned your inquiry. This process is still in the planning phase and has not been finalized, but we will send more guidance as we learn more about the new system. We are excited about this change and feel that it will enhance our ability to better serve you.

With HP Service Manager (the selected ticketing system), we will be able to:

- Triage and respond to emails in a more expeditious manner
- Provide NHSN with a more effective way to retrieve emails sent by a given user
- Provide a greater level of accountability as tickets are easily tracked within this system

NHSN Help Desk: Activity Update

Quarter 3, 2015

(Averages)

1,790 Help Desk Inquiries per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of September 25, 2015):

5,836 Hospitals (this includes 531 Long-term Acute Care Hospitals and 313 Free-standing Inpatient Rehabilitation Facilities)

6,509 Outpatient Hemodialysis Facilities

4,491 Ambulatory Surgery Centers (ASCs)

262 Long-term Care Facilities

17,098 Total Healthcare Facilities Enrolled

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.



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