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## **ACTION NEEDED: CDC Moving to Secure Website, Check Your Facility's Compatibility**

In September, all CDC websites will be changed to secure websites. Secure websites are identified by the “s” in “https” of a URL. To be certain that you will continue to be able to access the NHSN website, please check your facility's compatibility by going to the following website: <https://www.cdc.gov/nhsn/index.html> (you may need to copy/paste this URL into your browser). If the NHSN website appears, no further action is necessary. If the website does not load or is blocked, please check with your facility's information technology (IT) team to identify a solution. Beginning in September the NHSN website will only be accessible at the “https” URL.

## **Patient Safety Component**

### **New MRSA LabID Case Study from AJIC and NHSN now available!**

Since 2010, NHSN has collaborated with *The American Journal of Infection Control* to provide ongoing education and training on the application of NHSN surveillance criteria via case studies published each year. These case studies offer an opportunity for participants to review a patient scenario, and then to assess their understanding of the surveillance definitions and protocols via an on-line test followed by provision of correct answers and rationales. Case studies are developed with specific teaching points in mind, garnered from questions received through the NHSN mailbox and other user-input. The case studies may be used on an individual basis for training or as an exercise in group discussions as a gauge of inter-departmental reliability efforts. All data collected from the on-line survey are anonymous, and the data is analyzed to determine how well the surveillance definitions are understood by those who use them. This information in turn helps NHSN identify teaching points for trainings.

The first AJIC NHSN case study for 2016 is currently available as an article in press! The subject for the 2016 case study is MRSA Bacteremia Laboratory ID Event reporting, and it offers training opportunity on the MDRO protocol.

Please see below for currently available and upcoming case studies:

#### **2015**

UTI <https://www.surveymonkey.com/s/AJIC-NHSN-2015C1>

BSI <https://www.surveymonkey.com/s/AJIC-NHSN-2015C2>

#### **2016**

MDRO/LabID <https://www.surveymonkey.com/r/2016Case1>

#### **Coming Soon**

SSI

PNEU

VAE

## Clarification: Table 5 of the NHSN Bloodstream Infection (BSI) Protocol

Have you ever used the table below from the NHSN Bloodstream Infection (BSI) surveillance protocol?

Table 5: Site-specific criteria that require positive blood specimens

Organisms identified from blood as an element			Organisms identified from blood with imaging test evidence of infection		
Site	Element	Page	Site	Element	Page
BURN	1	17-23	BONE	3a	17-5
IAB	2b	17-19	DISC	3a	17-5
JNT	3c	17- 6	GIT	2c	17-18
MEN	2c & 3c	17-8	IAB	3b	17-19
OREP	3a	17-22	SA	3a	17-9
PNU2	Lab finding	6-6	USI	3b & 4b	17-26
PNU3	Lab finding	6-8	ENDO	4a, 4b, 5a & 5b (specific organisms) 6e & 7e plus other criteria as listed	17-10
UMB	1b	17-25			

Questions received from NHSN users have indicated that there may be some misunderstanding of the purposes of this table. NHSN has provided Table 5 to assist in distinguishing between primary and secondary bloodstream infections for NHSN reporting. It is **NOT**, however, a listing of the only infection types to which a BSI may be considered secondary. The NHSN Secondary Bloodstream Infection Guide states the following requirements for secondary BSI:

**The patient must meet one of the NHSN site-specific definitions (CDC/NHSN Surveillance Definitions for Specific Types of Infections, UTI, PNEU or SSI),**

**AND**

**Either “1” or “2” below must also be true:**

1. An organism identified from the site specific infection is used as an element to meet the site-specific infection criterion, AND the blood specimen contains at least one matching organism to that site specific specimen, and is collected during the secondary BSI attribution period.

**OR**

2. The positive blood specimen is an element used to meet the site-specific infection criterion, and is collected during the site specific infection’s infection window period.

## Clarification: Table 5 of the NHSN Bloodstream Infection (BSI) Protocol (continued)

The guide then provides Table 5, which lists those types of infections that include a criterion containing a positive blood specimen as one of the elements.

In other words, for patients that have a positive blood specimen, Table 5 lists the infection criteria for which requirement (2) above, might apply. When performing BSI surveillance, a first step to determine if the BSI is primary in nature could be to reference this table to identify criterion which might be met using the positive blood specimen. If all criteria are met, including using the positive blood specimen as an element during the infection window period, then the BSI will be secondary in nature. However, it's imperative to note that if, after referring to this table and the criteria cited, the BSI cannot be identified as secondary to another source of infection, one must then ensure that the BSI cannot be determined to be secondary by applying (1) above. In order to determine that the BSI is primary in nature, it would also be necessary to determine that the patient did not have an organism identified from a site-specific infection that is used to meet the infection criterion and which also matches an organism in the blood specimen during the infection window period. Only if both (1) and (2) are false is the BSI primary in nature. Table 5 may NOT be used as the sole determinant in identifying a BSI as secondary in nature.

Table 5: Site-specific criteria that require positive blood specimens

Organisms identified from blood as an element			Organisms identified from blood <u>with</u> imaging test evidence of infection		
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MEN	2c & 3c	17-8	IAB	3b	17-19
OREP	3a	17-22	SA	3a	17-9
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PNU3	Lab finding	6-8	ENDO	4a, 4b, 5a & 5b (specific organisms) 6e & 7e plus other criteria as listed	17-10
UMB	1b	17-25			

## ICD-10-PCS and CPT Code Update Process

NHSN is collaborating with ICD-10-PCS and CPT coding specialists to review operative procedure code related questions and concerns from NHSN participants and to validate all ICD-10-PCS and CPT codes within each of the NHSN operative procedure categories. When the validation process is complete, the NHSN system will be updated as will the codes (both ICD-10-PCS and the CPT codes) posted in the "Supporting Materials" section on the SSI webpage of the NHSN website. All active NHSN participants, users and vendors, will be notified of the update via email blast. Along with the posted update, NHSN will provide a detailed listing of code additions, removals, or procedure category changes. Additionally, due to a number of user requests, NHSN will add a procedure description for each of the posted codes in the update.

Currently, NHSN does not have an exact date for the update but we are diligently working to complete the update as soon as possible.

## Quarterly Update on the NHSN Rebaseline!

The NHSN team is hard at work on developing the final HAI risk models on 2015 data, known as “The Rebaseline”! Please see below for details regarding the timeline, as well as implementation updates.

### Rebaseline Timeline

#### August 15, 2016: 2016Q1 CMS Quality Reporting Program deadline

All related HAI SIRs, that are part of the CMS QRPs, will be submitted to CMS using the new 2015 baseline calculations.

#### November 15, 2016: 2016Q2 CMS Quality Reporting Program deadline

All related HAI SIRs, that are part of the CMS QRPs, will be submitted to CMS using the new 2015 baseline calculations.

#### December, 2016: Scheduled Release of NHSN v 8.6

All new SIRs, using the 2015 baseline and risk models, will be available to facilities and groups immediately following the release

Due to the implementation timing of the new risk models, described above, the NHSN team will provide communication and guidance to facilities regarding any anticipated changes to the numerator and denominators (e.g., central line days, number of procedures) that can be expected under the new risk models.

### Rebaseline Implementation Updates

<b>Use of NHSN HAI data for CMS programs, such as Hospital Value Based Purchasing</b>	<p>Per the Final Rule published in the Federal Register, August 17, 2015*:</p> <ul style="list-style-type: none"><li>• FY2017 and FY2018 Program Years will use SIRs calculated under the original <b>NHSN</b> baselines</li><li>• FY2019 Program Year and forward will use SIRs calculated under the 2015 <b>NHSN</b> baseline</li></ul> <p>For a description of CMS’s Hospital VBP Program Performance Periods, please visit: <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Hospital_VBPurchasing_Fact_Sheet_ICN907664.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Hospital_VBPurchasing_Fact_Sheet_ICN907664.pdf</a></p> <p>For additional details regarding the use of the new NHSN baseline, (also referred to as the “New Standard Population Data”), please refer to the Final Rule: <a href="https://federalregister.gov/a/2015-19049">https://federalregister.gov/a/2015-19049</a></p>
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Rebaseline Implementation Updates continued on page 6

## Quarterly Update on the NHSN Rebaseline! (continued)

<p><b>Baseline Sets</b></p>	<p>As we prepare the analysis datasets and output options for the December, 2016 release of NHSN, we will be referring to the baseline time periods as “Baseline Sets” within the NHSN application:</p> <ul style="list-style-type: none"> <li>• <b>Baseline Set 1 (bs1):</b> Includes all baselines and risk models currently used to calculate the SIRs (e.g., 2009 CAUTI (ACHs), 2010-2011 LabID)</li> <li>• <b>Baseline Set 2 (bs2):</b> Refers to the 2015 baseline</li> </ul> <p>SIRs calculated under Baseline Set 1 will be moved to a new Output Options folder, titled “Baseline Set 1”. The SIRs that will move to this folder include all of the standard SIRs, as well as the SIRs related to CMS Reporting and the TAP reports. These SIRs will also be modified such that they will only include data through 2016.</p> <p>The new SIRs will be placed within the existing Output Options folders and will run for 2015 data and forward.</p>
<p><b>Analysis Dataset Name Changes</b></p>	<p>With the December 2016 release of NHSN, all analysis datasets (ADS) used for the calculation of the SIRs will undergo a name change.</p> <ul style="list-style-type: none"> <li>• All ADS used exclusively for the Baseline Set 1 SIRs will be renamed to include the preface <b>bs1-</b>. For example, <b>bs1_CLAB_RatesNICU</b></li> <li>• All ADS used for calculation of the <i>new</i>, Baseline Set 2 SIRs will be named to include the preface <b>bs2-</b>. For example, <b>bs2_CLAB_RatesNICU</b></li> </ul>
<p><b>Variable Name Changes</b></p>	<p>There are some variable name changes anticipated for the December 2016 release of NHSN, in order to accommodate the new baseline calculations. While more details will be sent to NHSN users later this fall, here is a short describing some of the variable name changes:</p> <ul style="list-style-type: none"> <li>• <b>numExp</b> (Number Expected) will become <b>numPred</b> (Number Predicted)</li> <li>• All of the Procedure-level <b>modelRisk*</b> variables used for baseline set 2 calculations (i.e., 2015 baseline) will contain the prefix <b>bs2-</b> (e.g., <b>bs2_modelRiskAll</b>)</li> </ul>

Please stay tuned for future NHSN communications that will have additional details and resources related to the Rebaseline! Any questions you have regarding the HAI Rebaseline can be directed to [nhsn@cdc.gov](mailto:nhsn@cdc.gov), with the “Rebaseline” in the subject line.

## LTACH CMS VAE Reminder and Helpful Links

Beginning in January 2016, Long Term Acute Care Hospitals (LTACHs) are required to report Ventilator-associated Event (VAE) data into NHSN as part of the CMS LTCH Quality Reporting Program. The NHSN website contains several resources to help facilities correctly collect, enter, and review their VAE data to meet the CMS requirements:

- Surveillance for Ventilator-associated Events – Protocol, Training, Data Collection Forms, FAQs & More!
  - <http://www.cdc.gov/nhsn/ltach/vae/index.html>
- LTCH VAE Reporting Operational Guidance
  - [http://www.cdc.gov/nhsn/pdfs/cms/ltac/ltch\\_vae\\_guidance.pdf](http://www.cdc.gov/nhsn/pdfs/cms/ltac/ltch_vae_guidance.pdf)
- Detailed Guidance for using the “Rate Table – VAE Data for CMS LTCH PPS” Output Option
  - <http://www.cdc.gov/nhsn/pdfs/cms/vae/detailed-guidance-vae-rate-tables-for-ltach.pdf>
- Monthly checklist for the CMS LTCH Quality Reporting Program
  - <http://www.cdc.gov/nhsn/pdfs/cms/ltch-monthly-checklist-cms-iqr.pdf>

It is recommended that facilities run the “Rate Table – VAE Data for CMS LTCH PPS” analysis output option within NHSN prior to each quarterly reporting deadline to ensure data completeness and accuracy. Detailed guidance on how to run and interpret this report as well as a checklist to ensure complete NHSN monthly reporting for the CMS LTCH Quality Reporting Program can be found using the above links.

**VAE data for the first quarter of 2016 are due by Monday, August 15, 2016.** If you have questions regarding reporting or analyzing data within NHSN, please contact the NHSN Helpdesk: [NHSN@cdc.gov](mailto:NHSN@cdc.gov).

## Reminder: Updating User Information in NHSN

This is a friendly reminder from the NHSN Team for facilities to make sure they have the most up-to-date User Information listed in the application. Along with providing updates, such as the NHSN Newsletters and CMS reporting reminders, the team also uses facility information to send direct emails to users in order to address potential data quality issues. Most of these emails require a response and may be urgent in some cases. In the event that NHSN does contact a facility to address an urgent matter, an email is sent to both the facility administrator and the primary contact for the relevant component (when applicable).

To check who is listed as the NHSN facility administrator and component primary contacts, first log into your NHSN facility and click ‘Facility’ on the left hand navigation bar. Then click ‘Facility Info.’ Scroll down to the bottom for the Edit Facility Information page, where you can view the Contact Information section of your NHSN facility. Users with administrative rights can reassign the component primary contact role to another active NHSN user by clicking on the grey ‘Reassign’ button, searching for the selected user, and clicking the grey ‘Submit’ button on the View User screen once the new primary contact has been selected. Only the user listed as the NHSN Facility Administrator can Reassign this role to another user.

For more information and additional instructions on how to edit User Information, please see page 14 of the December 2014 NHSN Newsletter, found here: <http://www.cdc.gov/nhsn/pdfs/newsletters/newsletter-dec2014.pdf>. If you have any questions regarding your user status or how to make edits to users within your NHSN facility, please email the NHSN Helpdesk at [NHSN@cdc.gov](mailto:NHSN@cdc.gov).

## Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **August 15, 2016** for facilities that participate in certain CMS quality reporting programs.

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

2016 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data

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

2016 Quarter 1 (January 1 – March 31) Inpatient COLO and HYST SSI data

2016 Quarter 1 (January 1 – March 31) 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:**

2016 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient care locations)

2016 Quarter 1 (January 1 – March 31) Inpatient COLO and HYST SSI data

**NEW!** 2016 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare onset and community onset)

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

2016 Quarter 1 (January 1 – March 31) CAUTI data (all bedded inpatient locations)

2016 Quarter 1 (January 1 – March 31) 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 hospitals: Reporting by each CMS IRF unit

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

2016 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient locations)

2016 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare onset and community onset)

**NEW!** 2016 Quarter 1 (January 1 – March 31) VAE data (all bedded inpatient locations)

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](mailto:NHSN@cdc.gov).



# Long-term Care Facility Component

## Long-term Care Facility (LTCF) Updates

### New Training Resources for Long-term Care Facilities (LTCF)

Check out the additional training resources and guidance documents added to the NHSN LTCF training and enrollment websites. In addition to new guidance documents, we've added a series of six LTCF train-the-trainer Webinars (with slides) that include the following:

1. Establishing Access through Secure Access Management Services (SAMS) for Long-Term Care Facility Users
2. Long-Term Care Facility Enrollment in NHSN
3. NHSN Set-Up for Long-Term Care Facility
4. *C. difficile* LabID Event Reporting for Long-Term Care Facilities Using NHSN
5. *C. difficile* LabID Event Analysis for Long-Term Care Facilities Using NHSN
6. NHSN Group Function for Long Term Care Facilities



To access these trainings and the guidance documents, please visit our LTCF training websites

1. NHSN LTCF Enrollment Training and Guidance Documents: <http://www.cdc.gov/nhsn/training/enrollment-setup/index.html>
2. NHSN LTCF Component Training: <http://www.cdc.gov/nhsn/training/ltc/index.html>



### ***C. difficile* Reporting and Reduction Project for Nursing Homes:**

CDC in partnership with the Centers for Medicare and Medicaid Services (CMS) wants to make you aware of an opportunity to work with local and national experts on a national resident safety initiative to report and reduce *C. difficile* infections (CDI) in nursing homes. Whether your facility is already reporting CDI into NHSN or not, you may benefit from being involved in this exciting effort. Recruitment and enrollment officially kicked off on May 23, 2016, and will continue through October, 2016. Because of your current or previous engagement in the NHSN, your facility may receive an invitation to participate in this CDI reporting and reduction initiative which is a part of the National Nursing Home Quality Care Collaborative.

By participating in this initiative, you will:

- Gain experience and practice in conducting QAPI performance improvement projects
- Create a culture of resident safety supported by education and training on antibiotic stewardship principles and practices including *C. difficile* management
- Acquire tools in order to participate in infection surveillance, while learning and using infection control and containment practices
- Receive education and support to submit data into NHSN and to use available reports for surveillance and quality improvement
- Receive education and support on TeamSTEPPS LTC communication strategies and techniques to enhance team performance and safety
- Network with and learn from other experts in your state and the country working together on this initiative
- Contribute to our national database on the prevalence of *C. difficile* in nursing homes

LTCF Updates continued on page 10

## Long-term Care Facility (LTCF) Updates (continued)

If you are interested in participating or would like additional information, please contact your local QIN-QIO. If you are unsure who to contact, please see the map on the QIO Program website at <http://qioprogram.org/contact-zones?map=qin>, which will list a phone number. Simply ask for the Nursing Home lead and tell them you are interested in information on the *C. difficile* - National Nursing Home Quality Care Collaborative.

By joining this initiative, you are joining thousands of facilities who are supporting the April 2013 HHS National Action Plan To Prevent Health Care-Associated Infections. Thank you for your commitment to improving the lives of those who live in America's nursing homes.

## Biovigilance Component

### Hemovigilance Module Updates

#### Clinical Documentation Architecture

All NHSN users are now able to download the "Clinical Documentation Architecture (CDA) Implementation Guide" from the Hemovigilance Module - HL7 website. As of May 10, 2016, users with or without membership may download the HL7 CDA Release 2 [Implementation Guide](#): Healthcare Associated Infection Reports, Release 3, DSTU Release 1 - US Realm from the website.

CDC will host a webinar this summer with further details.

## General NHSN

### NHSN Career Opportunities

Have you ever wondered how you can stay updated on positions that are available on the NHSN team? Team positions intermittently become available, and interested individuals should check the APIC Career Center at <http://apic.org/Resources/Career-Center>. Use the keyword NHSN in your search on the site.



## Training Updates and Available Resources

### 2016 NHSN Training Archived Webstream Videos Now Available!

The webstream videos from the 2016 NHSN live training hosted at CDC have been posted to the NHSN website. You can view the individual presentations for topics including LTCF, CLABSI, CAUTI, VAE, LabID Events, SSI, Analysis, and AUR. All webstream videos are available on the NHSN Training website under “NHSN Webstreaming and Webinar Events”: <http://www.cdc.gov/nhsn/training/continuing-edu.html>

### NHSN Interactive Computerized Self-paced Trainings

Updated 2016 self-study training courses are now available on the NHSN website. These trainings will provide a comprehensive overview of the Device-associated (DA) module, Procedure-associated (PA) module, and Multi-drug Resistant Organism and *Clostridium difficile* module for NHSN. The courses will review the structure of the DA, PA, and MDRO/CDI modules and the methodology used for data collection, define key terms and protocol criteria for each of the different infection types for 2016, and describe how to interpret the data for accurate use.

Training courses will include: Introduction to Device-associated module, CLABSI, CAUTI, VAP, CLIP, MRSA Bacteremia and CDI LabID Event Reporting, Introduction to Procedure-associated module, and SSI.

These 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 taking the courses will need a computer with access to the internet. Hyperlinks to the forms, protocols and NHSN manual are available throughout the courses and available for printing if needed. All trainings are available on the NHSN website under “Self-paced Interactive Training”: <http://www.cdc.gov/nhsn/Training/continuing-edu.html>

### Continuing Education

Continuing Education (CE) credits are available for those who complete the interactive computer-based trainings or watched the 2016 NHSN Training webstreams. The NHSN Patient Safety Component offers many opportunities to receive continuing education (CE) free of charge through live and online training. Available CEs include CME, CNE, CPH, and CEU. Step-by-step directions on 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>

## NHSN Member’s Meeting Slides Posted to the NHSN Website

The 2016 NHSN Member’s Meeting was held on Sunday, June 12<sup>th</sup> during the annual APIC conference. The Member’s Meeting provides an opportunity for NHSN users to receive timely updates for NHSN surveillance, analysis, and reporting, and have questions answered by the NHSN subject matter experts. The 2016 Member’s Meeting included updates on all Patient Safety Component Modules, the upcoming Rebaseline, Long-term Care, Dialysis Events, and more. You can review the 2016 Member’s Meeting presentation on the NHSN website: <http://www.cdc.gov/nhsn/newsletters/index.html>.

### Meaningful Use Stage 3

For 2018, NHSN Antimicrobial Use (AU) and Antimicrobial Resistance (AR) (AUR) reporting have been identified as a new option for public health registry reporting under Meaningful Use Stage 3 (MU3).

See: <https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications>.

Beginning January 2017, a facility enrolled in NHSN will be able to register their intent to satisfy the AUR-MU3 objective using a signup page within the application.

AUR data cannot be entered or modified by hand through the NHSN web interface. AUR data can only be entered and modified through the NHSN Clinical Document Architecture (CDA) Import Function or import via DIRECT CDA Automation.

Active engagement for this MU3 objective includes monthly reporting for a full calendar year of R1 Normative Antimicrobial Use Summary, Antimicrobial Resistance Event, and Antimicrobial Resistance Summary data to NHSN.

This summer, the **R1 Normative Antimicrobial Use (AU) CDA** will become a valid CDA. The R6 AU CDA version will continue to be a valid CDA import. However, a facility will be required to use the R1 Normative AU CDA import if they wish to satisfy the requirements for MU3.

For Vendors Only--MU3 Validation Tool: In order to qualify as certified technology, an EHR or EHR Module must be capable of creating Clinical Document Architecture (CDA) documents for Antimicrobial Use and Resistance conformant to the HL7 Implementation Guide for CDA<sup>®</sup> Release 2—Level 3: Healthcare Associated Infection Reports, Release 1—US Realm—August 2013. See [http://www.hl7.org/implement/standards/product\\_brief.cfm?product\\_id=20](http://www.hl7.org/implement/standards/product_brief.cfm?product_id=20). The AUR Tool Installation Instructions are located here: [https://github.com/brhoAtCDC/HAI\\_Validator\\_4\\_MU3](https://github.com/brhoAtCDC/HAI_Validator_4_MU3).

To certify your Health IT Module in the ONC Health IT Certification Program for NHSN Antimicrobial Use and Resistance reporting, contact ICSA Labs at [ehr@icsalabs.com](mailto:ehr@icsalabs.com).

Additional information can be found on the NHSN CDA Submission Support Portal (CSSP): <http://www.cdc.gov/nhsn/cdaportal/meaningfuluse.html>.

### Update for DIRECT CDA Automation

At this time, over 2500 facilities from fourteen separate vendors have signed up for DIRECT CDA Automation. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or check out the information on the CSSP site: <http://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol>

## CDA Corner (continued)

### **New Implementation Guide Version for 2017 Dialysis Reporting:**

For 2017 data, the below Dialysis Summary and Event CDAs will be required to be based on the R3-D1 Implementation Guide. CDAs using the R3-D1 format may be imported into NHSN beginning January 1, 2017.

#### Summary Reports:

- Denominators for Dialysis Event Surveillance - Census Form

#### Events:

- Dialysis Event

### **New Hemovigilance Module CDA Denominator Coming!!**

The Hemovigilance Module Monthly Reporting Denominator will be a valid CDA import for 2017 data. This CDA will be based on the R3-D1 Implementation Guide. The CDA will include data as seen in the user interface, plus detailed data using ISBT Product codes. CDAs using the R3-D1 format may be imported beginning January 1, 2017.

### **CDA Impact Notes: Preview of NHSN Release 8.6**

As of January 1, 2017:

Addition of ~ 1000 pathogens, updates to pathogen names, updates to business rules, and updates to MDRO Definition and Unusual Susceptibility Alerts.

Salmonella species no longer reported for BSI-LCBI or BSI-MBI-LCBI events.

The following fungi will not be allowed to be reported for events in the Patient Safety and LTCF components: Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus and Pneumocystis.

Addition of *C. difficile* test method associated with the MDRO Monthly denominator: "NAAT plus EIA, if NAAT positive (2-step algorithm)".

Antimicrobial Resistance (AR) Option specimen and pathogen list extended.

Ability to submit data for the Antimicrobial Resistance (AR) Option for specimens collected in three select outpatient locations: Emergency Department, Pediatric Emergency, 24-hour Observation Area.



For more information on CDA Impact for NHSN Release 8.6, view the "Preview of NHSN Release 8.6" webinar: <http://www.cdc.gov/nhsn/cdaportal/webinars.html> .

## NHSN Help Desk: Activity Update

Quarter 2, 2016

Data Currently Unavailable: Please stay tuned for updates in the September 2016 newsletter.

## NHSN Enrollment Update

### NHSN Enrollment June 2016

Data Currently Unavailable: Please stay tuned for updates in the September 2016 newsletter.

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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