



TAP Reports Now Available!

Now Available: TAP Reports!

We are excited for the arrival of new reports for CDC’s Targeted Assessment for Prevention (TAP) strategy! The TAP strategy enables identification and prioritization of facilities (or locations) for targeted infection prevention interventions.

New output options, referred to as “TAP Reports”, are available for facilities and groups and can be generated for CLABSI, CAUTI, and CDI LabID data. The reports rank facilities (or locations) by the number of excess infections identified, calculated as the cumulative attributable difference (CAD). The CAD can help to prioritize the facilities (or locations) where the greatest prevention impact could be achieved. Ranking will occur for overall Hospital CAD (highest to lowest) and then by location within each hospital.

For more information about CDC’s TAP Strategy, including how to run the TAP reports within NHSN, please visit: <http://www.cdc.gov/hai/prevent/tap.html>. Additional tools that can be used as part of the TAP strategy (e.g., facility assessment and implementation tools) will be posted to this website as they become available.

Inside this Issue:

Patient Safety Component	<u>2</u>
NHSN Protocol Update	<u>2</u>
SSI Reporting	<u>2</u>
BSI Reporting	<u>3</u>
Data Quality	<u>3</u>
Validation	<u>3</u>
Reminder CMS Quality Reporting	<u>4</u>
Frequently Asked Questions	<u>5</u>
NHSN Training	<u>6</u>
Guidance on Enrollment/ Reporting for Units with Unique CCNs	<u>7</u>
Guidance on Enrollment for Physically Separate Units/ Facilities	<u>9</u>
CMS Quality Reporting	<u>11</u>
Healthcare Personnel Safety Component	<u>14</u>
Healthcare Personnel Influenza Vaccination Summary	<u>14</u>
Dialysis Component	<u>15</u>
2015 Reminders for NHSN Dialysis Component Users	<u>15</u>
General NHSN Information	<u>16</u>
CDA Corner	<u>16</u>
NHSN Enrollment Update	<u>17</u>

Patient Safety Component

NHSN Protocol Update

Updated NHSN Protocols:

2015 brought with it many changes for NHSN healthcare-associated infection and LabID Event surveillance. The implementation of these changes has identified some common NHSN user questions and the need for clarification to some of the surveillance protocols. As a result, NHSN has clarified content in several of the NHSN protocols and modified content in the urinary tract infection (UTI) and surgical site infection (SSI) protocols. Users can expect to see the updated protocols and an outline of the recent clarifications and UTI and SSI protocol modifications posted to the CDC/NHSN website in early April. The footer of each updated protocol will reflect a revision date of April 2015 so that users can easily identify which protocols have clarifications. Aside from UTI and SSI surveillance and reporting, the protocol edits do not impact the identification or reporting of infections. For SSI surveillance and reporting, take note of one particularly important change which does impact reporting. Users must incorporate the SSI modification beginning with January 1, 2015 procedures. The UTI modifications should be used for surveillance beginning April 1, 2015. There is no requirement to edit CAUTI data submitted for January-March 2015 based on these modifications.

SSI Reporting

Important change and update on Inpatient and Outpatient NHSN Operative Procedure Definitions for 2015

Based on feedback provided by NHSN users regarding the 2015 changes to the Inpatient and Outpatient OR Procedure definition, NHSN has made a decision to rescind these changes. SSI protocol in the NHSN manual published in April will reflect this change. NHSN serves many types and sizes of acute care facilities, and feedback has highlighted the heterogeneity of patient type (inpatient vs outpatient) which often occurs in a single OR suite. This heterogeneity among patient types was the most important reason for the decision to revert back to use of the only slightly modified 2014 definitions for inpatient vs outpatient.

Therefore, for 2015, the NHSN SSI protocol will refer to inpatient and outpatient operative procedures, rather than operative procedures that are performed on inpatients or outpatients. Please disregard earlier guidance to identify OR areas/suites as inpatient or outpatient, and instead apply the following definitions to all surgical cases performed on or after January 1, 2015:

- **NHSN Inpatient Operative Procedure:** An NHSN operative procedure performed on a patient whose date of admission to the healthcare facility and the date of discharge are different calendar days.
- **NHSN Outpatient Operative Procedure:** An NHSN operative procedure performed on a patient whose date of admission to the healthcare facility and date of discharge are the same calendar day.

We apologize for any inconvenience this has caused. NHSN makes changes to definitions and protocols only after careful consideration and with data integrity and surveillance collection burden in mind. However, when user feedback informs us that we have missed the mark, we have a duty to respond. Thank you for your understanding.

Transition to ICD-10-CM/PCS and CPT Codes

CDC continues to work on updated ICD-10-CM/PCS and CPT mappings to all NHSN operative procedure categories for SSI surveillance. These mappings are anticipated to be available Spring of 2015.

ICD-10-CM/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 release.

SSI Reporting (cont.)

Transition to ICD-10-CM/PCS and CPT Codes (cont.)

The NHSN guidance for entry of surgical denominator data for the last quarter of 2015 data is to enter the NHSN Procedure Code (e.g. COLO or HYST) but do not enter any ICD-10-CM/PCS codes associated with the procedure.

Because the amount of work involved in mapping the new codes to the NHSN Operative Procedure Categories is substantial, NHSN had to consider the practicality of including the mapping work to the current NHSN operative procedure code category “OTH-Other”. “OTH – Other” is a catch-all category for NHSN operative procedures for which NHSN does not perform any in-plan SSI surveillance nor provide any benchmarking data. The NHSN Category “OTH” will not be mapped to ICD-10-CM/PCS and CPT codes and the procedures in that group will not be considered an NHSN operative procedure.

BSI Reporting

A New Tool in Determining Secondary Bloodstream Infection (BSI)

At the recent NHSN Healthcare-associated Infection training that took place February 17-19, 2015 at the CDC headquarters in Atlanta, an attendee suggested that a listing of all NHSN infections that contain positive blood culture as a criteria would be helpful in applying the Secondary BSI Guide when distinguishing primary from secondary BSIs. NHSN has responded and will be including this recommendation in the published April manual as a part of the BSI protocol’s Appendix 1: Secondary BSI Guide.

Data Quality

Reminder about CDI Test Type

When the “MDRO/CDI Prevention Process and Outcome Measures Monthly Reporting” form is completed for the last month of each quarter (March, June, September, and December), users are asked to report the primary type of test that was used to identify CDI in the hospital for that quarter.

The CDI test type choices that appear on this denominator form are consistent with those that appear on the Annual Survey. As a reminder, “Other” should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; **most methods can be categorized accurately by selecting from the options provided**. Please ask your laboratory or conduct a search for further guidance on selecting the correct option to report. Because these data are used for determining risk adjustment for current and future national aggregate data, as well as for public reporting of facility data on Hospital Compare, these data should be reported as accurately as possible. If “Other” is selected when a more appropriate response is available, your facility’s data will not be risk-adjusted to the most appropriate level.

Validation

The 2014 NHSN Data Validation Guidance and Toolkit is now posted to the NHSN website at www.cdc.gov/nhsn/validation. This guidance provides methods for validating six healthcare-associated infection (HAI) metrics: ICU CLABSI; ICU CAUTI; SSI COLO and SSI HYST; MRSA Bacteremia and CDI LabID Events. Performing internal or external validation activities will assure high-quality surveillance data through accountability and by identifying, understanding, and correcting reporting problems. The intended audience for internal guidance is reporting facilities, including acute care facilities, inpatient rehabilitation facilities, and long-term acute care facilities reporting 2014 HAI data to NHSN. In contrast, the external guidance is intended for state health departments and other oversight agencies seeking to validate performance and adherence to the 2014 HAI protocols.

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **May 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:

2014 Quarter 4 (October 1 – December 31) CLABSI and CAUTI data (ICU locations only)
2014 Quarter 4 (October 1 – December 31) COLO and HYST SSI data
2014 Quarter 4 (October 1 – December 31) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all HO and CO)
2014 Quarter 4 & 2015 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

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

2014 Quarter 4 (October 1 – December 31) CLABSI and CAUTI data (all bedded inpatient care locations)
2014 Quarter 4 (October 1 – December 31) COLO and HYST SSI data

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

2014 Quarter 4 (October 1 – December 31) CAUTI data (all bedded inpatient locations)
NEW: 2014 Quarter 4 & 2015 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

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

2015 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient locations)
NEW: 2015 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all HO and CO)
NEW: 2014 Quarter 4 & 2015 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

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.

Frequently Asked Questions

Question: Can you clarify the definition of a 24-hour observation unit?

Answer: The definition of an observation unit, as stated in Chapter 15 of the protocol, is as follows: *Area where patients are monitored for suspected or non-life threatening conditions for 24 hours or less. More than 50% of patients in this location must be outpatients who are not expected to be admitted to an inpatient unit.*

This means that if at least 80% of patients in this unit are housed here for 24 hours or less, the unit meets the definition of a 24 hour observation unit. Furthermore, the majority (50%) of patients in this unit should be considered outpatients who are expected to be discharged directly from this unit.

Question: What admission date should be entered when a patient is admitted into my acute care hospital?

Answer: The admission date should reflect the date in which the patient was physically admitted into the inpatient location. If the patient was cared for in an emergency department (ED) or 24-hour observation location only, an admission date will not be entered into the NHSN application, and will be considered an encounter (i.e., visit) for that outpatient location.

Question: What admission and discharge date should be entered when the patient is admitted into a separately licensed CMS inpatient rehabilitation facility (IRF) that is located inside of my acute care hospital?

Answer: For NHSN purposes, if the IRF is set up as a patient care location within the acute care hospital, movement between the acute care hospital and the IRF location should not be counted as a separate facility discharge and admission. Instead, these movements should be considered location transfers and counted as one admission and one discharge from the acute care hospital. Therefore, the facility admission date for a LabID event for a patient in an the IRF should reflect the date the patient was physically admitted into either the inpatient location for the acute care hospital or the IRF location, whichever comes first during that patient stay.

Question: How do I determine Date of Admission?

Answer: NHSN uses the date of admission to discriminate between an infection that is present on admission (POA) and an infection that is healthcare-associated infection (HAI). When applying the date of admission for this purpose, use the date that the patient is **physically admitted to an inpatient location**. For instance, a patient may present to an emergency department (ED), be assessed and ordered by a physician to be admitted to the hospital. If the hospital has no available inpatient beds, the patient may remain in the ED overnight or longer. In such a case, the date of admission for NHSN surveillance purposes will be the actual date that the patient is physically moved to the inpatient location. This date will be the first date for determining infections that are POA vs HAI, as well as the first day for device-day counts such as central line days, urinary catheter days or ventilator days.

Question: Should cultures that are collected from patients who are dead by neurological criteria, but whose respiration and perfusion is being maintained until organs may be harvested for donation, be included in infection surveillance and reporting to NHSN?

Answer: Yes. Infection prevention efforts in this patient population are important to prevent transmission of infection to the organ recipient.

While perhaps thought of differently than traditional “patient care” it remains that preventing infections in this patient population is an important healthcare quality issue and such patients should be included in any HAI surveillance that is performed.

Training Resources Available

NHSN Annual Training Summary: **Feb. 2015**

APIC Live Training: **June 2015**

Interactive Training Modules: **April 2015**

Archived Training Videos: **April 2015**

Continuing Education: **Jan. – Dec. 2015**

NHSN Training Course in Atlanta

The winter weather didn't stop us as CDC hosted the annual training course: "Applying the 2015 Changes to Accurately Report HAIs," on February 17-19, 2015 at the CDC Global Communications Center in Atlanta, GA. Speakers discussed CMS reporting and definition and protocol clarification for CAUTI, CLABSI, SSI, VAE, and CDI and MRSA bacteremia LabID event reporting. In addition, subject matter experts provided interactive case studies for each infection/event type. We'd like to thank everyone for their attendance and participation at the conference. We had a great turnout with more than 300 participants representing State Health Departments, Quality Improvement Organizations, and Hospitals/Facilities from across the country attending.

Live web streaming was available for those unable to attend in-person. More than 14,000 from across the nation joined remotely via the web stream.

APIC Live Training

NHSN Subject Matter Experts will be attending the annual Association for Professionals in Infection Control and Epidemiology conference in Nashville in June to lead educational workshops on NHSN New Rules, SSI, CLABSI, CAUTI, VAE and other topics.

Continuing Education

Continuing Education (CE) credits will be available for those who watched the NHSN Training web stream. An alert will go out in April to NHSN users with instructions on how to obtain CE credits. The NHSN Patient Safety Component will offer many opportunities to receive continuing education (CE) free of charge through live and online training. CEs that will be available 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 Interactive Computerized Self-Study Trainings

Updated 2015 self-study training courses will be available in the next month on the NHSN website. These trainings will provide a comprehensive overview of the Device-associated (DA) module and Procedure-associated (PA) module for NHSN. The courses will review the structure of the DA and PA modules and the methodology used for data collection; define key terms and protocol criteria for each of the different infection types for 2015; describe how to collect and calculate the infection rates, and 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 will be located on the NHSN training page: <http://www.cdc.gov/nhsn/Training/patient-safety-component/index.html>.

Guidance on Enrollment/Reporting for Units with Unique CCNs

Many acute care hospitals (ACHs) have one or more units physically located within their building that have a CMS Certification Number (CCN) that is unique and separate from the hospital's CCN. These locations have been causing some confusion with NHSN enrollment and reporting requirements for 2015 reporting. If you have questions about the enrollment, mapping, or reporting from your units with unique and separate CCNs, please email the NHSN Helpdesk (NHSN@cdc.gov) for further guidance. If your unit(s) with a unique and separate CCN from the hospital's CCN is not physically located within your ACH, please see page 9 of this newsletter for additional enrollment guidance.

Inpatient Rehabilitation Facilities (IRFs)

How to identify: The IRF unit has a separate 6-digit CCN from the ACH with a 'T' or 'R' replacing the 3rd digit of the ACH CCN.

How to map/enroll: These units should be mapped as a location within the already enrolled NHSN ACH facility using the 'Inpatient Rehabilitation Ward' location designation. When the 'Inpatient Rehabilitation Ward' location designation is selected, the unit must be classified as a CMS IRF unit within a hospital and the IRF unit CCN should be associated with the location. IRF units do not need to be enrolled as separate NHSN facilities.

CMS reporting requirements: The CMS IRF Quality Reporting Program currently requires IRFs to report CAUTI, MRSA Bacteremia and CDI LabID, and Healthcare Personnel Influenza Vaccination summary data. These data are all entered into the IRF location mapped within NHSN ACH Facility. Additional guidance for each of these reporting requirements can be found at the links below:

CAUTI: <http://www.cdc.gov/nhsn/PDFs/CMS/Helpful-Tips-CAUTI-IRF-Acute-Ward.pdf>

MRSA Bacteremia & CDI LabID: http://www.cdc.gov/nhsn/PDFs/CMS/SettingUp_Reporting_LabID_Event_IRF_AcuteC.pdf

Healthcare Personnel Influenza Vaccination: <http://www.cdc.gov/nhsn/PDFs/training/HCP-flu-Vaccination-Summary-Reporting-IRF-Training-Slides.pdf>

How this unit affects ACH reporting: These units should be included in the monthly ACH FacWideIN "Total Facility Patient Days" and "Total Facility Admissions", but they should be removed from the ACH FacWideIN "MDRO Patient Days", "MDRO Admissions", "CDI Patient Days", and "CDI Admissions" each month as outlined by this guidance document: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/AcuteCare-MRSA-CDI-LabIDDenominator-Reporting.pdf>.

Additionally, any LabID event entered into an IRF unit that has been designated as a CMS IRF unit during NHSN location mapping will be excluded from the ACH's LabID data by NHSN prior to being sent to CMS.

Keep in mind: For NHSN purposes, if the IRF is located inside of the acute care hospital, movement between the acute care hospital and the IRF location should not be counted as a separate facility discharge and admission. Instead, these movements should be considered location transfers and counted as one admission and one discharge from the acute care hospital. Therefore, the facility admission date for a LabID event for a patient in an IRF should reflect the date the patient was physically admitted into either the acute care hospital or the IRF location, whichever came first during that patient stay.

(Units with unique CCNs continued on Page 8)

Guidance on Enrollment/Reporting for Units with Unique CCNs (cont.)

Inpatient Psychiatric Facilities (IPFs)

How to identify: The IPF unit has a separate 6-digit CCN from the ACH with an ‘S’ or ‘M’ replacing the 3rd digit of the ACH CCN.

How to map/enroll: These units should be mapped as a location within the already enrolled NHSN ACH facility using the ‘Behavioral Health/Psych Ward’ location designation. When the ‘Behavioral Health/Psych Ward’ location designation is selected, the unit must be classified as a CMS IPF unit within a hospital and the IPF unit CCN should be associated with the location. IPF units do not need to be enrolled as separate NHSN facilities.

CMS reporting requirements: The CMS IPF Quality Reporting Program does not currently have any NHSN reporting requirements. Beginning with the 2015-2016 influenza season, IPFs will be required to enter Healthcare Personnel Influenza Vaccination summary data into NHSN. Training materials for this new requirement will be available in Summer 2015.

How this unit affects ACH reporting: These units should be included in the monthly ACH FacWideIN “Total Facility Patient Days” and “Total Facility Admissions” but they should be removed from the ACH FacWideIN “MDRO Patient Days”, “MDRO Admissions”, “CDI Patient Days”, and “CDI Admissions” each month as outlined by this guidance document: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/AcuteCare-MRSA-CDI-LabIDDenominator-Reporting.pdf>.

Additionally, any LabID event entered into an IPF unit that has been designated as a CMS IPF unit during NHSN location mapping will be excluded from the ACH’s LabID data by NHSN prior to being sent to CMS. Although CDI and MRSA bacteremia LabID Event reporting data are not required to be reported from IPF units, facilities should continue to report from these locations for FacWideIN in order to ensure accurate event categorization (e.g., CDI Assay) and analysis for the acute care facility. This also ensures that facilities with IPFs are on an “even playing field” with those facilities that do not have IPFs. Having these data also enables facility prevention efforts in these units.

Keep in mind: For NHSN purposes, if the IPF is located inside of the acute care hospital, movement between the acute care hospital and the IPF location should not be counted as a separate facility discharge and admission. Instead, these movements should be considered location transfers and counted as one admission and one discharge from the acute care hospital. Therefore, the facility admission date for a LabID event for a patient in an IPF should reflect the date the patient was physically admitted into either the acute care hospital or the IPF location, whichever came first during that patient stay.

Skilled Nursing Facilities (SNFs)

How to identify: The SNF has a completely separate 6-digit CCN from the ACH with the last four digits between 5000-6499.

How to map/enroll: These units should be removed from the NHSN ACH Facility and enrolled in NHSN as a separate NHSN Facility within the Long Term Care Facility Component.

CMS reporting requirements: There are no CMS requirements for NHSN reporting from SNFs at this time. Any data reported into NHSN from this unit would be for your own use and would not be shared with CMS.

How this unit affects ACH reporting: These units should not be included in the ACH reporting. If you choose to conduct reporting, they should be totally removed from the NHSN ACH facility and enrolled as a separate NHSN facility within the Long Term Care Facility Component.

(Enrollment continued on Page 9)

Guidance on Enrollment/Reporting for Units with Unique CCNs (cont.)

Swing Beds

How to identify: The specific swing beds/unit has a separate 6-digit CCN from the ACH with a 'U', 'W', 'Y', or 'Z' replacing the 3rd digit of the ACH CCN.

How to map/enroll: If there are only specific beds designated as swing beds, these beds should be included within the unit in which they reside (e.g., 2 swing beds within a 14 bed medical ward would be included in the total bed count and surveillance for the medical ward location). If there is a specific unit designated to only swing beds, this unit should be mapped using a Chronic Care Unit location designation within the NHSN ACH facility. Swing bed units do not need to be enrolled as separate NHSN facilities.

CMS reporting requirements: There are no separate CMS requirements for NHSN reporting from swing beds at this time.

How this unit affects ACH reporting: These beds/units should be included in ACH reporting, including FacWideIN LabID reporting for MRSA Bacteremia and CDI LabID events.

Guidance on Enrollment for Physically Separate Facilities/Units

Physically Separate Facilities Should be Enrolled Separately in NHSN

If free-standing facilities are located in physically separate buildings, whether on the same property or over multiple campuses, each individual facility should be enrolled separately in NHSN. This applies even if physically separate facilities share a single CMS Certification Number (CCN). When a CCN is shared across multiple facilities, the CDC will aggregate the data from all applicable NHSN OrgIDs and will send the aggregate data to CMS under the single CCN for CMS reporting purposes. Each distinct facility should monitor HAIs and prevention efforts separately, for the purposes of accurate tracking and targeted infection control.

In addition, if Inpatient Rehabilitation Facility (IRF) and Inpatient Psychiatric Facility (IPF) units are located in physically separate buildings from the affiliated acute care hospital, they too should be enrolled as separate facilities in NHSN.

**EXCEPTION: This does not apply to emergency departments that are affiliated with the hospital but are in a physically separate location. Affiliated emergency departments can be mapped as a unit within the existing NHSN acute care hospital for the purposes of LabID Event surveillance.*

If your facility or healthcare system has been incorrectly enrolled and reporting data from multiple facilities into a single NHSN OrgID, please see the guidance below on how to address this situation. The steps below will ensure that the necessary enrollment/location mapping changes will not impact CMS Quality Reporting Programs:

1. Continue reporting into one NHSN OrgID for the remainder of the current quarter. For example, if you realize in February 2015 that your healthcare system is incorrectly enrolled, continue reporting this way until all data for 2015 quarter 1 (through March 2015) have been entered.

(Physically Separate Facilities/Units continued on Page 10)

Guidance on Enrollment for Physically Separate Facilities/Units (cont.)

Physically Separate Facilities Should be Enrolled Separately in NHSN (cont.)

2. Once all data for the current quarter have been entered, continue to use the established NHSN OrgID for the reporting of data from the largest hospital in the healthcare system. You will need to enroll each of the additional hospitals as separate facilities in NHSN. The process of enrolling separate facilities may begin at any time, however we recommend that facilities wait to enter data into the “new” NHSN facilities until the start of the next quarter. To enroll facilities, you will need to have “NHSN Enrollment” listed as an activity on your SAMS profile. Email the NHSN Helpdesk (NHSN@cdc.gov) if you need to have “NHSN Enrollment” added to your SAMS profile.
3. Once all data for the current quarter have been entered, deactivate all NHSN locations in the established OrgID that represent units in a physically separate facility. For detailed instructions on deactivating a location, please see page 11 from the 2013 NHSN Newsletter:
<http://www.cdc.gov/nhsn/PDFs/Newsletters/Newsletter-Dec2013.pdf>.
4. Complete enrollment and facility set-up for the new NHSN facilities, including proper location mapping. If the facility was using CDA to upload data into NHSN, each new NHSN facility will need a separate OID. The OIDs for the new facilities can be requested using this process:
http://www.cdc.gov/nhsn/PDFs/CDA/_OID_Assignment_Procedure.pdf.
Once the OIDs are obtained, they should be entered into the new NHSN facilities and shared with your vendor.

The NHSN Group function is available for organizations that wish to easily view data from multiple NHSN facilities. More information is here: <http://www.cdc.gov/nhsn/group-users/index.html>

CMS Quality Reporting

CMS Quality Reporting Program Resources

Save this address! <http://www.cdc.gov/nhsn/cms/index.html>

With each update to the HAI reporting requirements for the CMS Quality Reporting Programs, CDC creates and/or updates various user support documents on the NHSN website. These documents detail the reporting requirements and provide helpful information about how facilities can check to make sure that all required data elements have been completed. These documents are available from the above URL, as well as by clicking on the CMS/NHSN icon that appears on the right side of each page on the NHSN website. Keep reading to find out what documents are available, and how they can help your facility understand the reporting requirements!

Operational Guidance

Operational Guidance documents are available for each facility type and reportable event required for the CMS Quality Reporting Programs. These documents summarize the published Final Rules and define the reporting that must be completed within NHSN in order to be compliant with the CMS Quality Reporting Program.

CMS Requirements

CMS Resources for NHSN Users

Operational Guidance for Acute Care Hospitals

- Operational Guidance for Acute Care Hospitals to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements [PDF - 108 KB] November 2014
- Operational Guidance for Reporting to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements [PDF - 132 KB] November 2014
- Operational Guidance for Acute Care Hospitals to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements [PDF - 154 KB] October 2014

On this Page

- Operational Guidance for Acute Care Hospitals
- Operational Guidance for PPS-Exempt Cancer Hospitals
- Operational Guidance for Long Term Acute Care Hospitals

Operational Guidance for Acute Care Hospitals to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements

Updated November 2014

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 16, 2010 and August 19, 2013 that include central line-associated bloodstream infection (CLABSI) reporting from acute care hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Hospital Inpatient Quality Reporting (IQR) Program requirements. More specifically, the rules announced reporting requirements for CLABSI data from acute care hospitals that began on January 1, 2011 and are being expanded beginning on January 1, 2015. This operational

(CMS Quality Reporting continued on Page 12 and 13)

CMS Quality Reporting (cont.)

Helpful Tips— Helpful Tips are one-page documents that are intended to be used as monthly checklists for facilities to ensure that all required pieces for reporting to NHSN are complete for the selected event and facility type. If at least one item on the “Helpful Tips” checklist is not completed, the data for that event type are not complete and would not be submitted to CMS.

CMS Reporting

CLABSI (Acute Care Hospitals)

- How to Report No CLABSI Events for the CMS Inpatient Quality Reporting Program [PDF - 274 KB] June 2012
- **Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program) [PDF - 294 KB] Dec. 2014**
- Using the "SIR - CLAB Data for CMS IPPS" Output Option [PDF - 418 KB] July 2014

CLABSI (PPS-Exempt Cancer Hospitals)

- Helpful Tips for CLABSI Reporting and Medicaid Services' PPS-Exempt Reporting (PCHQR) Program [PDF - 294 KB] Dec. 2014
- Using the "Rate Table - CLAB Data for PPS-Exempt Cancer Hospitals" Output Option [PDF - 294 KB] Dec. 2014

CLABSI (Long-term Acute Care Hospitals)

- Helpful Tips for CLABSI Reporting Hospital Quality Reporting Program [PDF - 294 KB] Dec. 2014
- Simplified Guidance for Using the LTCH PPS" Output Option [PDF - 294 KB] Dec. 2014
- Detailed Guidance for Using the LTCH PPS" Output Option [PDF - 294 KB] Dec. 2014

Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program)

Beginning in January, 2015, Acute Care Hospitals participating in the CMS Reporting Program must report CLABSI data from locations defined/mapped as adult and pediatric medical, surgical, and medical/surgical wards, in addition to all adult, pediatric and neonatal ICUs.

The following steps should be completed prior to the quarterly CMS Reporting Program deadline:

- Verify Your Facility's CMS Certification Number (CCN)
An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit CLABSI data to CMS on your behalf. To update the CCN, use the Facility > Facility Info option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the "Update" button at the bottom of screen. Please be sure to double- and triple-check this number!
- Check the Monthly Reporting Plan each month
When NHSN releases CLABSI data to CMS for those hospitals participating in the CMS Reporting Program, only those months and applicable locations for which the facility included CLABSI in its NHSN monthly reporting plan (MRP) will be included (i.e., in Plan CLABSI). It is the responsibility of each facility to check their MRPs for compliance with this requirement.

“Using the ‘SIR...’/ “Using the ‘Rate Table...’” Once data are reported to NHSN, facilities should check their quarterly data in NHSN using each of the corresponding CMS Report output options before the quarter’s deadline. Guidance documents are available for each of the CMS Reports that can be run within NHSN. The guidance documents explain how to run and interpret the report, as well as how to troubleshoot when the data in the report are incomplete or inaccurate.

CMS Reporting

CLABSI (Acute Care Hospitals)

- How to Report No CLABSI Events for the CMS Inpatient Quality Reporting Program [PDF - 274 KB] June 2012
- Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program) [PDF - 294 KB] Dec. 2014
- **Using the "SIR - CLAB Data for CMS IPPS" Output Option [PDF - 418 KB] July 2014.**

CLABSI (PPS-Exempt Cancer Hospitals)

- Helpful Tips for CLABSI Reporting and Medicaid Services' PPS-Exempt Reporting (PCHQR) Program [PDF - 294 KB] Dec. 2014
- Using the "Rate Table - CLAB Data for PPS-Exempt Cancer Hospitals" Output Option [PDF - 294 KB] Dec. 2014

CLABSI (Long-term Acute Care Hospitals)

- Helpful Tips for CLABSI Reporting Hospital Quality Reporting Program [PDF - 294 KB] Dec. 2014
- Simplified Guidance for Using the LTCH PPS" Output Option [PDF - 294 KB] Dec. 2014
- Detailed Guidance for Using the LTCH PPS" Output Option [PDF - 294 KB] Dec. 2014

Using the "SIR - CLAB Data for CMS IPPS" Output Option

The NHSN Analysis Output Option, "SIR - CLAB Data for CMS IPPS" was created in order to allow facilities to review those data that would be submitted to CMS on their behalf. It's important to keep in mind the following as you begin to use this report:

- These data will only be submitted for those facilities that are participating in the CMS IPPS Hospital IQR Program, as indicated by their CCN recorded in NHSN.
- This report will only include in-plan CLABSI data for each adult, pediatric, and neonatal ICU beginning with 2011 data. Other locations/earlier years for which you may have reported CLABSI data will not be included in this report.

CMS Quality Reporting (cont.)

As with all of the output options within NHSN, the CMS Reports are always available and will mirror the data that will be submitted to CMS on behalf of the facility for the next quarter's deadline. Please allow plenty of time to review the data in these reports so that your facility will have the time needed to make corrections before the quarter's deadline. REMINDER: Once a quarter's deadline has passed, no updates in NHSN are sent forward to CMS. This means that if your facility makes any data changes/additions/deletions to a quarter's data after the prescribed deadline date/time, none of those changes will be reflected on the CMS side (e.g., Quality Net, Hospital Compare, etc.). **Once facilities have confirmed that the data in these reports are correct, we recommend that facilities save an electronic and/or hard copy of each CMS report run within NHSN, as close as possible prior to the deadline, so that they have a record of the data submitted to CMS.**







Additional Resources

Additional resources are available on the CMS Resource page, as needed. For example, special documents are available that explain how to report zero events (e.g., "How to Report No CLABSI Events for the CMS Inpatient Quality Reporting Program"). All related, additional guidance documents can be found with each related category on the CMS Resource page.

CLABSI (Acute Care Hospitals)

- How to Report No CLABSI Events for the CMS Inpatient Quality Reporting Program  [PDF - 274 KB] June 2012
- Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program)  [PDF - 294 KB] Dec. 2014
- Using the "SIR - CLAB Data for CMS IPPS" Output Option  [PDF - 418 KB] July 2014.

MRSA Bacteremia and *C.difficile* LabID Events (Acute Care Hospitals)

- How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA Bacteremia and *C. difficile* LabID events for the CMS Inpatient Quality Reporting Program  [PDF - 500 KB] Dec. 2014
- NHSN Guidance for Acute Care Hospital FacWideIN MRSA/CDI LabID Denominator Reporting.  [PDF - 291 KB] Dec. 2014
- Helpful Tips for FacWideIn MRSA Bacteremia LabID Event Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting (IQR) Program  [PDF - 311 KB] Dec. 2014
- Helpful Tips for FacWideIn CDI LabID Event Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting (IQR) Program  [PDF - 310 KB] Dec. 2013
- Using the "SIR - MRSA Blood FacwideIn LabID Data for CMS IPPS" Output Option  [PDF - 150 KB] July 2014
- Using the "SIR - FacWideIn CDI LabID Data for CMS IPPS" Output Option  [PDF - 164 KB] July 2014

Healthcare Personnel Safety Component

Healthcare Personnel Influenza Vaccination Summary

The deadline for reporting healthcare personnel (HCP) influenza vaccination summary data for the 2014-2015 influenza season is May 15, 2015. The following facility types are required to report these data by this deadline:

- **Acute care facilities** participating in the CMS IPPS Hospital Inpatient Quality Reporting Program and Outpatient Quality Reporting Program.

(Acute care facility training materials are located at:

<http://www.cdc.gov/nhsn/PDFs/training/HCP-flu-Vaccination-Summary-Reporting-AC-Training-Slides.pdf>.)

- **Inpatient rehabilitation facilities** (IRFs) participating in CMS's IRF Quality Reporting Program

(IRF training materials are located at: <http://www.cdc.gov/nhsn/inpatient-rehab/hcp-vacc/index.html>.)

- **Long-term acute care** (LTAC) facilities participating in CMS's LTCH Quality Reporting Program

(LTAC training materials are located at: <http://www.cdc.gov/nhsn/LTACH/hcp-flu-vac/index.html>.)

After your vaccination campaigns are complete, please remember to complete the Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel. Although this survey is not required, we encourage you to complete this short survey, as the information will be very helpful for CDC.

For questions related to HCP influenza vaccination summary data reporting, please e-mail NHSN@cdc.gov and specify 'HPS Flu Summary' in the subject line, along with your facility type.

Important Note - CMS Ambulatory Surgical Center Quality Reporting (ASCQR) Program Deadline Extended for Healthcare Personnel Influenza Vaccination Data

The annual deadline for ASCs to submit their healthcare worker influenza vaccination summary data for the 2014/2015 flu season (October 1, 2014 to March 31, 2015) has been **extended to August 15, 2015** from the original date of May 15, 2015.

These data are to be reported to the National Healthcare Safety Network (NHSN) as a requirement of CMS' ASC Quality Reporting (ASCQR). To submit these data, ASCs must enroll in NHSN a **minimum** of 8 weeks before the new data submission deadline of **August 15, 2015**. If your ASC has not yet begun the enrollment process, it is important to do so immediately, as a further delay could cause you to not be enrolled in time to complete your facility's healthcare worker influenza vaccination reporting by the deadline. This extension is to ensure that ASCs have the maximum time possible to meet this important quality reporting requirement during this initial implementation year.

The Centers for Disease Control and Prevention outlines the NHSN enrollment process at: <http://www.cdc.gov/nhsn/PDFs/ACS/ASC-EnrollmentChecklist.pdf>, and protocol and training guidance at: <http://www.cdc.gov/nhsn/ambulatory-surgery/hcp-vaccination/index.html>. For ASCs needing assistance with locating their CMS Certification Number (CCN), a look-up tool is available from the ASCQR Program Support Contractor at: <http://www.qualityreportingcenter.com/asc/ccn/>.

Dialysis Component

2015 Reminders for NHSN Dialysis Component Users

Complete your Annual Dialysis Event Surveillance Training for 2015!

Dialysis Component users are required to complete Dialysis Event Surveillance training on an annual basis. In order to complete training, do the following:

Read the Dialysis Event Surveillance Protocol at:

<http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf>

Complete the online, self-paced NHSN Dialysis Event Surveillance training at:

<http://www.cdc.gov/nhsn/Training/dialysis/index.html>

Completing the annual training qualifies you for free Continuing Education credits (CEs): 1.5 CME (for physicians), 1.3 CNE (for nurses), or 0.1 CEU (for other professionals), so don't wait!

Complete the 2015 Annual Outpatient Dialysis Center Practices Survey!

The screenshot shows the 'Edit Annual Survey' interface. At the top, it says 'Edit Annual Survey' with a 'HELP' link. Below that, it indicates 'Mandatory fields marked with *' and 'Fields required for record completion marked with **'. The form is pre-filled with: Facility ID: Dialysis Test Facility 5 (10877), Survey Type: DIAL - Outpatient Dialysis Center Practices Survey, and Survey Year: 2015. There is a dropdown for 'ESRD Network #'. The main section is 'A. Dialysis Center Information', with a sub-section 'A.1. General'. It contains three questions: 1. 'What is the ownership of your dialysis center? (choose one)**:' with a dropdown menu. 2. 'What is the location/hospital affiliation of your dialysis center? (choose one)**:' with a dropdown menu. 3. 'What types of dialysis services does your center offer? (select all that apply)**:' with three checkboxes: 'In-center daytime hemodialysis', 'In-center nocturnal hemodialysis', and 'Peritoneal dialysis'.

Complete the 2015 annual survey as early as possible to facilitate data collection for the questions that are specific to the first week of February 2015.

Upcoming CMS ESRD QIP Deadlines for 2015 Dialysis Event Data:

Calendar Year 2015 Dialysis Event data should be submitted to NHSN by the following dates:

Quarter 1 (January 1, 2015 – March 31, 2015): **June 30, 2015**

Quarter 2 (April 1, 2015 – June 30, 2015): **September 30, 2015**

Quarter 3 (July 31, 2015 – September 30, 2015): **December 31, 2015**

Quarter 4 (October 1, 2015 – December 31, 2015): **March 31, 2016**

General NHSN Information

CDA Corner

Updates for NHSN Release 8.4

New IG Versions: The following CDA versions will be transitioning to be based on the R2_D2.1 Implementation Guide in NHSN Release 8.4 currently slated for late summer 2015. The new CDA versions will allow the CDAs to include the fields that have been recently added to the User Interface for the specific denominator records:

Denominators for Intensive Care Unit (ICU)/Other Locations (not NICU nor SCA)

Denominators for Specialty Care Area (SCA)

Denominators for Neonatal Intensive Care Unit (NICU)

Denominator for LabID: 'MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.' (a.k.a. LabID denominator or POM)

Beginning with summary records dated January 2016, CDA files based off the older R5 or R7 IG versions will no longer be accepted for these summary types.

Update to MDRO/CDI LabID Denominator: The NHSN Release 8.4 will include an important update to the MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting (MDRO POM) CDA file. The R2_D2.1 update will include the fields for the MDRO Patient Days, MDRO Admissions, and MDRO Encounters that were added to the user interface in NHSN Release 8.3. When the R2_D2.1 version of the MDRO POM is implemented by vendors, these denominator records will no longer be sent to the incomplete list in NHSN due to missing required data elements.

New Antimicrobials for AU Option: Three new antimicrobials are being added to the NHSN Antimicrobial Use (AU) Option in NHSN Release 8.4:

- Isavuconazonium (antifungal)
- Peramivir (anti-influenza)
- Ceftazidime/Avibactam (antibacterial)

These three drugs will be optional for 2015 reporting but will be required for successful import of the CDA files starting with January 2016 data.

Update for DIRECT

NHSN has received its first successful submission of real data using the DIRECT send functionality. At this time, data have been submitted into NHSN on behalf of 40 facilities from two separate vendors using this NHSN feature. For those interested in learning more about DIRECT send, please contact the NHSN CDA Helpdesk (NHSNCDA@cdc.gov).

NHSN Enrollment Update

NHSN Enrollment Update (as of March 26, 2015):

5,596 Hospitals (this includes 529 Long-term Acute Care Hospitals and 288 Free-standing Inpatient Rehabilitation Facilities)

6,229 Outpatient Hemodialysis Facilities

2,604 Ambulatory Surgery Centers (ASCs)

219 Long-term Care Facilities

14,648 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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