



Update: Changes to SSI Surveillance

NHSN's Transition from ICD-9-CM to ICD-10-PCS/CPT Codes

In the April 2013 edition of the NHSN Newsletter, CDC announced its plan to use CPT codes exclusively for its mapping to the NHSN operative procedure categories beginning no later than January 2015. In response to CDC's April 2013 announcement, numerous infection preventionists, health information management professionals, and hospital groups have expressed concerns about the practical feasibility and cost of using CPT codes exclusively for NHSN SSI surveillance. After a thorough review and re-evaluation, **NHSN has decided to allow use of both ICD-10-PCS and CPT codes for NHSN 2015 SSI reporting and will provide dual mapping to NHSN operative procedure categories for both code sets by mid-to-late 2014.** NHSN will provide additional updates via our quarterly newsletter as they become available.

Update: Outpatient Procedure Component SSI Reporting

The tentative release date for NHSN's new Outpatient Procedure Component for the reporting of surgical procedures and subsequent surgical site infection by ambulatory surgery centers (ASCs) and hospital outpatient departments (HOPDs) has been revised to July 2015. NHSN will provide additional updates via our quarterly newsletter as they become available.

CDA Corner

With the release of NHSN version 7.2 in August, facilities can now import new, updated "R9" versions of CLABSI, CLIP, and Dialysis Event CDAs. For events that occur during 2013, facilities may use either the old "R5" version or the R9 version. For events that occur during 2014, facilities must use the new R9 version. Please work with your IT staff or your vendor system contacts to ensure that they will be able to implement the R9 CDAs in early 2014. Please continue to send CDA-related questions and errors to NHSN's CDA-specific helpdesk at nhsncda@cdc.gov.

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New NHSN Educational Opportunities

[New Continuing Education Webpage](#)

NHSN Patient Safety Component recently designed a Continuing Education (CE) webpage for users. This page provides the current courses available for CEs, directions on how to use the CDC Training and Education Online System, and materials related to the trainings including information on accessing post-tests and evaluations in order to receive CEs. To access the new CE page, go to <http://www.cdc.gov/nhsn/training/> and click on the CE button on the lower half of the page.

[Interactive Education/Training Modules Have Been Reposted!](#)

Seven self-study training courses have been reposted for the Patient Safety Component. The 7 courses are: Introduction to the Device-associated Module, CLABSI, VAP, CAUTI, CLIP, Introduction to the Procedure-associated Module, and SSI. 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; describe how to collect and calculate the infection rates and the standardized infection ratio; and interpret the data in a meaningful way for appropriate use.

These online courses provide instructional slides with detailed graphics, screen shots of 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 and protocols are available throughout the courses and can be printed if needed. Each course can be viewed independently for your convenience.

Coming Soon! There are two new training courses that will be available on the NHSN website in the near future! The Multi-drug-Resistant Organism and *Clostridium difficile* Infection (MDRO/CDI) Module interactive training should be available on the NHSN website by early October. The Dialysis Event interactive training should be available this winter.

VAE training materials, including webinars, case studies, and presentations, are also available on the NHSN training webpage. We anticipate the VAE self-study training course to be available in 2014.

Continuing education credits will be available for the above courses for those that pass each of the post tests, and complete an evaluation of the courses.

[Coming Soon: CDC to Sponsor In-person NHSN Patient Safety Component Training!](#)

The NHSN Education Team is in the early planning stages of a mid-March 2014 training in Atlanta. While there are no final details yet, we do want to get the word out for planning purposes. Registration for this training will be free of charge. More information including exact dates of the training, registration information, and agenda is coming soon.

National Healthcare Safety Network (NHSN) Training

Our mission is to offer learning opportunities in a variety of formats that enhance the knowledge and skills of NHSN facility- and group-level participants and their partners so that they may effectively use the data obtained from the surveillance system to improve patient and healthcare personnel safety.

Objectives

- Convey NHSN data collection methods, submission requirements, and analysis options to participants so that they may acquire, submit, and disseminate high quality, actionable data.
- Prepare participants to use the NHSN reporting application accurately and efficiently.
- Enhance participants' and their partners' understanding of data quality and the value of data.
- Encourage collaboration among participants and partners to improve the patient spectrum of care.

NHSN training topics...

Course Catalog Course descriptions for NHSN components, modules and events	Patient Safety Component Self-paced training for specific module & events
Enrollment & Setup Self-paced training for new NHSN enrollment and existing facility set-up	Dialysis Event Self-paced training for outpatient dialysis facilities enrollment & set-up
Data Entry & Analysis Self-paced training for data entry, import, customization, analysis	Healthcare Personnel Safety Component Self-paced training for specific module & events
Request CDC Led Training Webinar/In-person Training Policy and Request	Biovigilance Component Self-paced training for specific module & events
Continuing Education CE available free of charge for all NHSN education course work.	Long-term Care Facility Component Self-paced training for long-term care facilities enrollment & set-up

ATTENTION!

Please be aware that our NHSN support team is temporarily short on infection preventionist support. Responses to protocol and surveillance questions (including case reviews) sent to nhsn@cdc.gov might take longer than usual over the next several weeks. We appreciate your patience.

Upcoming NHSN Changes in 2014

There will be several revisions and updates to NHSN starting in 2014. A preview of these changes is presented below. Users should review these changes and expect further information in the next edition of the NHSN newsletter. NHSN protocols will be updated accordingly and posted on our website well before December 31, 2013.

1. Protocol changes for Surgical Site Infection (SSI) Reporting

- NHSN is broadening its definition of an operative procedure to include those procedures that were not closed primarily. The closure type will be recorded for all procedures as either primarily closed or non-primarily closed, and this information will be used for risk adjustment purposes.
- NHSN will adopt the Muscular Skeletal Infection Society's (MSIS) Definition of Periprosthetic Joint Infection as a new organ/space infection site, SSI-PJI, which will replace SSI-JNT for HPRO and KPRO procedures.
- For the purpose of calculating operative duration, NHSN will adopt the Association of Anesthesia Clinical Directors definitions of Procedure/Surgery Start Time (PST), and Procedure/Surgery Finish.
- Patient height, weight, and diabetes status will be reported for all procedures.
- HPRO and KPRO: additional detail about procedures; total, hemi, and resurfacing (HPRO only) will be collected.

2. Protocol changes for Ventilator-Associated Events (VAE) Reporting

In 2014, VAE surveillance will become patient location-based, in keeping with other NHSN surveillance. VAE surveillance will be restricted to adult inpatient locations; VAE surveillance will not be performed in pediatric, mixed age, or neonatal patient locations. The occasional patient who is under 18 years of age who is cared for in an adult location will be included in VAE surveillance in 2014. Likewise, the occasional adult patient who is cared for in a pediatric location will be included in pediatric VAP surveillance.

Note: it is NOT recommended to include in VAE surveillance young children housed in adult ICU locations who are not thought to be physiologically similar to the location's adult patient population. Facilities may want to evaluate their location mapping to be sure that locations are mapped appropriately to the correct CDC location codes. In circumstances where the populations of adults and children cared for in the same physical location is more mixed (e.g., 50% adult patients and 50% pediatric patients), it is recommended that facilities weigh the possibility of establishing a virtual pediatric location for the purposes of surveillance. More information on virtual locations and location mapping can be found here: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

3. New LabID Event Calculator

We are in the process of building a LabID Event calculator, similar to the current VAE calculator, to help users with decision-making regarding the 14-day rule. Look for this in 2014.

4. Changes to the Procedure Import Specifications

Due to the SSI protocol changes for 2014, users can expect several changes in the procedure import specifications. Height and weight will remain optional for import, but are required to be entered in NHSN for complete records. There will be new fields for HPRO, KRPO, and closure technique. Diabetes mellitus will be required for all imported procedures.

More information, including a 2014 sample procedure import file, is posted on the SSI surveillance section of our website: <http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>

5. C.difficile LabID Event SIR

For those facilities conducting facility-wide LabID Event surveillance for *C.difficile*, users will be required to report their *C.difficile* test type on a quarterly basis. *C.difficile* test type is used in the risk adjustment of the *C.difficile* SIR, and we will now be able to collect this information in "real-time" to account for any changes in test type throughout the year.

Reminder! Data for CMS Quality Reporting Programs Due November 15

The following data must be entered into NHSN by **November 15, 2013** for facilities that participate in certain CMS quality reporting programs.

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

2013 Quarter 2 (April – June 2013) CLABSI and CAUTI (ICU locations only)

2013 Quarter 2 (April – June 2013) COLO and HYST SSI data

2013 Quarter 2 (April – June 2013) MRSA Bacteremia and *C.difficile* LabID Events (FacWideIN)

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

2013 Quarter 2 (April – June 2013) CAUTI data (all bedded inpatient locations)

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

2013 Quarter 2 (April – June 2013) CLABSI and CAUTI data (all bedded inpatient locations)

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

2013 Quarter 2 (April – June 2013) CLABSI and CAUTI data (all bedded inpatient care locations)

Please make sure at least one individual at your facility can access NHSN via an active digital certificate or 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 your monthly reporting plans are complete, you've entered appropriate summary and event data, and 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

Location Changes and CMS Reporting

Question: The service has changed in one of our acute care units such that we need to map it to a different CDC location. How will this impact our CLABSI and CAUTI data submitted to CMS for the Hospital IQR Program? If I inactivate a location in NHSN that is no longer open, will my facility become non-compliant with CMS?

Answer: The change in location alone would not cause your facility to become non-compliant. Note that data from inactive locations will be submitted to CMS, provided all other data entry requirements are met. Therefore, if you need to inactivate a location in NHSN prior to a quarter's deadline, you may do so.

However, it's important to make sure that applicable data are not "duplicated" – once you have set up a new location in NHSN, you may want to inactivate the old location, just to ensure that data aren't mistakenly entered for the old location. In addition, once the new location is set up in NHSN, remember to add this location to your facility's monthly reporting plans (MRPs) for all applicable months, and remove the old location from the MRPs, if listed. If this location falls within the scope of CMS reporting, your facility must also make sure that all required elements are complete prior to the quarter's deadline. Be aware of upcoming CMS quarterly deadlines and remember that any data entered for a location that is not included in the MRPs (for that quarter) will not be sent to CMS.

Note that for CLABSI and CAUTI data reported to NHSN for CMS's Hospital IQR Program, the data are submitted to CMS as overall SIRs for the facility as a whole, taking into account all applicable ICU locations for which data were reported. The number of expected infections may be noticeably different compared to previous time periods, since the calculation of SIRs will be based on different CDC location types.

New CMS Rules for Quality Reporting– Fiscal Year 2014

In August 2013, CMS released the 2014 Final Rules for the various quality reporting programs. The list below summarizes these changes as they impact NHSN reporting. A complete list of HAI reporting requirements in NHSN, including the current requirements as well as 2014 changes, can be found at the links below.

Current and Proposed CMS Reporting Requirements for all facilities:

<http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf>

Reporting Requirements and Deadlines per CMS Current Rules:

<http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements-Deadlines.pdf>

Acute Care Hospitals:

- CLABSI and CAUTI data will continue to be reported from ICU locations only.
 - *Starting **January 1, 2015**, these measures must also be reported from adult and pediatric medical, surgical, and medical/surgical wards (in addition to ICU locations). CMS suggests that facilities use this time in 2014 to prepare for the additional reporting requirements (ensure accurate data collection methods are in place to collect these data from ward locations).*
- Starting in Quarter 3 2014 (**July 1, 2014**), all records entered into NHSN for Medicare beneficiaries will need to include the patient's Medicare Beneficiary Number on the Event record in NHSN. Note that Medicare Beneficiary Number will remain an optional field in NHSN.
- No additional changes were made to the current reporting requirements (CLABSI, CAUTI, SSI COLO, SSI HYST, MRSA Bacteremia/*C.difficile* LabID events, HCP Influenza Vaccination).

Long Term Care Hospitals (known as LTCHs in NHSN):

- Starting with events occurring on **January 1, 2014**, LTCHs will have 1.5 months after the end of a quarter to submit their data to NHSN. For example, Q1 data (January-March 2014) will be due on May 15, 2014. Note that, for this one time, Q4 2013 data (Oct-Dec 2013) will also be due on May 15, 2014.
- LTCHs will be required to submit Healthcare Personnel Influenza vaccination summary data for the 2014-2015 influenza season (Oct 1, 2014 – March 31, 2015) to NHSN by **May 15, 2015**.
- Starting **January 1, 2015**, LTCHs must report MRSA Bacteremia and *C.difficile* LabID events from all inpatient locations (FacWideln).
- No changes were made to the existing CLABSI and CAUTI reporting requirements.

Inpatient Rehabilitation Facilities (IRFs):

- IRFs will be required to submit Healthcare Personnel Influenza vaccination summary data for the 2014-2015 influenza season (Oct 1, 2014-March 31, 2015) to NHSN by **May 15, 2015**.
- No changes were made to the existing CAUTI reporting requirements.

PPS-exempt Cancer Hospitals:

- Starting **January 1, 2014**, PPS-exempt Cancer Hospitals must report surgical site infections (SSIs) from inpatient colon procedures (COLO) and inpatient abdominal hysterectomies (HYST).
- No changes were made to the existing CLABSI and CAUTI reporting requirements.

Final reporting rules for the Hospital Outpatient Prospective Payment System (OPPS) and the End-Stage Renal Disease Quality Incentive Program (ESRD QIP) were not yet finalized at the time of publication of this newsletter. Further updates will be provided in the next edition of the newsletter.

NHSN Alerts Refresher

The NHSN alerts were built into the application to assist users in ensuring that complete and accurate data are reported to NHSN in a timely manner. Since their introduction in 2011, the alerts have grown and evolved to better support users for all types of reporting into NHSN. Below are a few examples of when the alerts, or the lack of alerts, have caused confusion. Please be sure to pay special attention to these details to ensure complete reporting into NHSN. If you have questions regarding the below guidance or are still unable to clear your alerts, please contact the NHSN Helpdesk: nhsn@cdc.gov.

Problem: I'm not getting an alert but I think I should be.

Check these:

- Check that the reporting plan is correct. Alerts are not generated for data that is not in-plan.
- For the device-associated module, either summary data or event data must be entered before an alert will appear asking the user to enter the missing event/summary data for the given month.

Problem: I'm getting an alert that I can't seem to get rid of.

Check these:

- Missing Procedure-Associated Events: For the procedure-associated module, be sure that procedures and events are entered for each month indicated in the reporting plan. An event with an August event date linked to a July procedure date is considered a July event. Therefore, if there were no events that occurred from an August procedure, check no events for August.
- Missing Events: For the MDRO module, be sure that the specimen source indicated in the reporting plan is the same specimen source indicated on the events. If blood only MRSA LabID specimens are indicated on the reporting plan, an alert will appear until a LabID event with a blood specimen is entered or the no events box is checked (i.e., an event with a specimen from a vein or artery will not remove the alert).
- Missing Summary Data: For the MDRO module, be sure that summary data has been entered for each location on the reporting plan. If FACWIDEIN was on the reporting plan, summary data must be entered into the FACWIDEIN location to clear the alert. If individual locations are indicated in the MDRO module of the reporting plan, summary data must be entered for those individual locations also.
- Missing Summary Data – No Summary Form: For the vaccination module within the Patient Safety Component, if you don't plan on entering summary vaccination data for your **patients**, please remove this from your monthly reporting plan. Healthcare worker flu vaccination data is entered into the Healthcare Personnel Safety Component only.

Problem: I'm getting two alerts when I report my Denominators for Outpatient Dialysis form.

Check this:

Missing Events and Incomplete Summary Data: These two alerts appear together when the reporting month has passed and the month's Denominators for Outpatient Dialysis Form has been completed, but dialysis events have not yet been reported, nor has the "Report No Events" box been checked. Since either ≥ 1 event or "Report No Events" is required to complete monthly reporting, there is an alert for each action. The "Missing Events" alert is a reminder to check whether any dialysis events have been missed and need to be reported. The "Incomplete Summary Data" alert, on the other hand, is a reminder to confirm that there were zero events for the month, in which case the "Report No Events" box on the Denominators for Outpatient Dialysis form needs to be selected. Once either a dialysis event or "Report No Events" is reported, both alerts disappear.

Guidance on Missing Device-Associated Denominator Data

From time to time, members of the NHSN team have been asked for guidance on how a facility should handle days during a month in which denominator data were not collected or are missing. Hopefully, this should be a rare occurrence. However, in response to these requests, we have developed guidance for four distinct scenarios. This guidance has been posted on our website and is available from:

http://www.cdc.gov/nhsn/PDFs/NHSNMissingDenomData_Sep2013.pdf

Appropriate Application of the MBI-LCBI Criteria

In January 2013, NHSN made available new criteria for use in surveillance of Laboratory Confirmed Bloodstream Infection (LCBI) and Central Line-associated Bloodstream Infection (CLABSI): Mucosal Barrier Injury-LCBI (MBI-LCBI). Use of MBI-LCBI is optional.

MBI-LCBI criteria were developed to identify and categorize LCBI believed to be related to a weakened immune system and injured intestinal mucosa and not related to central line insertion and maintenance practices. The primary site of the infection is the bloodstream, but the BSI is not believed to be preventable by central line insertion or maintenance practices, as are other CLABSIs. While it is hoped that these new criteria will reduce the gap between clinical determinations and those based on surveillance definitions, there may continue to be occasional differences in determinations.

Some facilities have asked for guidance on how to distinguish between MBI-LCBI and BSI that are secondary to an infection at a gastrointestinal tract (GIT) site. This is an important distinction, because MBI-LCBIs at this time are still included in CLABSI data, while secondary BSIs are not.

Secondary BSIs (e.g., secondary to a GIT infection) have as their primary source an infection at another site. As a result of the primary infection, the bloodstream becomes secondarily infected. To classify a BSI as secondary in NHSN, the patient must fully meet the NHSN criteria for infection at another non-blood site, while that infection is associated with the bloodstream infection according to the guidance provided in the Secondary BSI Guide (see Appendix 1 of the CLABSI chapter in the NHSN Patient Safety Component Manual: http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf).

This is different from an MBI-LCBI in which there is no associated infection at another site, and the BSI is primary in nature. In this type of BSI, the gut is believed to be the source of colonizing organisms which seed the bloodstream, causing infection. For both primary LCBI and MBI-LCBI, the blood is felt to be the original site of infection.

In short, the MBI-LCBI criteria will capture bloodstream infections that occur in the absence of other associated infections meeting NHSN criteria (i.e., they are primary BSI/LCBI), but in the context of the non-infectious conditions of neutropenia or gastrointestinal graft-versus-host disease. Bloodstream infections that are secondary to a non-blood primary site of infection should not be reported using the MBI-LCBI criteria, because they are not primary BSIs.

One common situation that causes consternation among NHSN users is when a patient has a positive blood culture for a pathogen included in the MBI-LCBI definition during a time when the patient is experiencing gastrointestinal symptoms likely due to treatment for an underlying condition (for example, cancer chemotherapy treatment) or due to the underlying condition itself (for example, GI GVHD). In these situations, where the gastrointestinal symptoms are not thought to be related to an underlying primary site of infection, and where the patient meets the MBI-LCBI criteria for neutropenia or for GVHD, the BSI should be reported as a primary BSI using the MBI-LCBI definition.

In situations where the gastrointestinal symptoms are felt to be due to a primary infectious process within the GI tract, the user should determine whether the patient meets one of the NHSN GI definitions, and then determine whether the BSI meets criteria to be called a secondary BSI.

Updates from the Biovigilance Team

Hemovigilance Module Surveillance Protocol

An updated surveillance protocol (v2.1) is available on the NHSN Biovigilance Component webpage (<http://www.cdc.gov/nhsn/acute-care-hospital/bio-hemo/index.html>). The updated protocol includes minor changes to the Adverse Reaction Case Classification Criteria Tables. Users should update their records with the new version of the surveillance protocol.

Biovigilance Component Webinar Series

The next Biovigilance Component Webinar will be held on December 5th, 2013 from 2:00-3:00pm ET. An email will be sent to Hemovigilance Module users when registration begins and is available on a first-come, first-served basis.

New and Updated Training Material

The following training materials are now available on the NHSN Biovigilance Component webpage.

- Data Sharing in NHSN – Joining a Group
- Data Sharing in NHSN – Creating and Maintaining a Group
- Reporting Zero Adverse Events Quick Reference Guide
- Joining a Group Quick Reference Guide

Update on NHSN's Migration to SAMS

NHSN has started its general migration to the Secure Access Management System, or SAMS. SAMS will soon replace the Secure Data Network (SDN) that is currently used by NHSN for user identity verification. This means that in the future, digital certificates will no longer be required to access NHSN. Unlike digital certificates, SAMS will not require you to install anything on your computer and it will not require an annual renewal.

In August we completed a pilot phase during which 92 volunteer NHSN users were successfully migrated to SAMS. Based on the feedback we received, most volunteers found the process easy and there was widespread agreement that SAMS is a welcome change from the use of digital certificates to access the NHSN application.

During NHSN's general migration to SAMS, you may expect the following:

- All new users (both new users added to an existing facility, as well as Facility Administrators who are enrolling a new facility) will automatically be "SAMified". They will not be required to obtain a digital certificate.
- The migration of existing NHSN users to SAMS will be based on each individual's digital certificate expiration date. You can expect to receive an invitation to SAMS 60 days prior to the expiration of your digital certificate.
- In order to access NHSN you must have an active digital certificate or you must be SAMified, so you should continue to renew your digital certificate on an annual basis until you have access to SAMS.
- Each individual NHSN user has to be SAMified. As with digital certificates, SAMS accounts or profiles may not be shared. Remember, these systems allow for verification of the identity of each individual who accesses NHSN, which is important to protect the security of the system.
- Periodically check the users in your NHSN facility and deactivate the profiles of any users who no longer need access. This will prevent us from attempting to migrate them to SAMS.

We anticipate that the migration of our more than 22,000 NHSN users will take approximately two years to complete. Stay tuned for more information about NHSN's general migration to SAMS. We will continue to keep you informed through our quarterly newsletters, our e-mails and updates, and our website, and please don't hesitate to contact nhsn@cdc.gov if you have questions or need assistance.

More information, including an Enrollment Guide and FAQ page, can be found on our SAMS webpage: <http://www.cdc.gov/nhsn/sams/about-sams.html>

FAQs from the NHSN Helpdesk

Version 5 of the NHSN FAQ document has been posted to the NHSN Website. This document contains answers to the most frequently asked questions concerning individual NHSN protocols, analysis, locations, CDA, and the Annual Survey. The document is organized according to specific infection types (e.g., CLABSI, CLIP, VAP, CAUTI, VAE, SSI, and MDRO and CDI) and can be accessed by scrolling to the FAQ section at the bottom of each HAI-specific webpage. A few FAQs are highlighted below.

1. Do I have to report community onset (CO) LabID Events or just HO LabID Events?

All non-duplicate LabID Events, including community-onset (CO) and healthcare facility-onset (HO) must be reported based on the protocols in the MDRO and CDI module. The numerator for the CDI and MRSA bacteremia Standardized Infection Ratios (SIRs) [i.e., number of observed] will include those LabID Events that are categorized as incident, healthcare-facility onset (HO). The community onset LabID Events (CO) are used to calculate the prevalence rate – which is further used in the risk adjustment for LabID and the SIR calculations. If these Events are not entered according to protocol, the risk adjustment cannot be accurately applied therefore producing an inaccurate SIR.

2. Do separate facilities that share a single CCN (CMS certification number) need to enroll separately in NHSN?

Yes. If the facilities are physically separate buildings from each other, whether on the same property or over multiple campuses, then they should be enrolled separately in NHSN. Each facility should have its own, unique NHSN OrgID. When a CCN is shared across multiple facilities, the CDC will aggregate the data from all applicable NHSN OrgIDs and will send 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.

3. How do I know which patients to include in my device and/or patient day counts for inpatient HAI reporting?

For determining accurate device and/or patient day counts in inpatient locations, any patient present in an inpatient location at the time of the count(s) should be included, regardless of whether they have or will spend the night. The facility's designation of a patient as "inpatient" is not necessary to meet the NHSN inpatient definition.

4. When running my CLABSI and CAUTI SIRs, I noticed that a couple of my locations are excluded. Why is this?

The SIRs will exclude data from locations for which there were no pooled means in the published baseline report. One common location we get questions about is the Telemetry location designation – this location type was not included in the CLABSI and CAUTI baseline reports and therefore, all CLABSI and CAUTI data reported from these locations will not be included in the SIRs until we are able to define a new baseline period. Our recommendation is that, in lieu of a location's inclusion into the overall SIR, facilities may actually want to utilize internal comparisons using their own device-associated infection rates for these excluded units. By using the statistics calculator within NHSN, anyone can measure if their own rates have increased or decreased over time (using the Incidence Density Rate option within the statistics calculator).

For more information regarding the Statistics Calculator, please see:

<http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/StatsCalc.pdf>

5. Will NHSN sign my healthcare facility's business agreement?

The HIPAA Privacy Rule allows for sharing of protected health information (PHI) with public health authorities that are authorized by law to collect or receive such information to aid them in their mission of protecting the health of the public. NHSN is one such public health entity and therefore is not a business associate and does not enter into business agreements with healthcare facilities. For more information about NHSN and the HIPAA Privacy Rule, please visit http://www.cdc.gov/nhsn/faqs/FAQ_HIPPArules.html

NHSN Enrollment Update

NHSN Enrollment Update (as of September 15, 2013):

5,554	Hospitals (this includes 551 Long-term Acute Care Hospitals and 277 Free-standing Inpatient Rehabilitation Facilities)
6,205	Outpatient Hemodialysis Facilities
297	Ambulatory Surgery Centers (ASCs)
196	Long-term Care Facilities
12,252	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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