CDC/NHSN Patient Safety Component Manual

Summary of Updates, January 2024

Below is a summary of significant modifications for the NHSN Patient Safety Component Manual, which will go into effect January 1, 2024.

Chapter 1: NHSN Overview

No significant changes.

Chapter 2: Identifying HAIs in NHSN

Addition: None.

Clarification:

- Clarification provided for organ donation exclusion for criteria without a specimen collected.
- Clarification provided for excluded infections occurring in newborns.

Deletion: None.

Chapter 3: Monthly Reporting Plan

No significant changes.

Chapter 4: Bloodstream Infection

Addition:

- Update to the Blood Specimen Collection guidance and the use of accession numbers to determine separate occasions.

Clarification:

- Clarified the use of next-generation sequencing (NGS) as a non-culture based testing method to meet laboratory confirmed bloodstream infection criterion 1 (LCBI 1).
- Clarification provided that an eligible organism in the blood specimen is the only element needed to meet LCBI 1 criterion.
- Provided clarification on the use of a single common commensal to meet LCBI 2 and LCBI 3 criteria as well as secondary bloodstream infection (BSI) criteria.
- Provided clarification in the reporting instructions concerning the addition of laboratory confirmed bloodstream infection (LCBI) and mucosal barrier injury laboratory confirmed

bloodstream infection (MBI LCBI) events during a bloodstream infection (BSI) repeat infection timeframe (RIT).
- Clarified the use of the number of predicted events in the calculation of the standardized infection ratio (SIR).
- Clarification on the use of necrotizing enterocolitis (NEC) as an exception for secondary BSI attribution
- Clarification provided to the examples used for secondary BSI attribution.

Deletion:

- Removed additional guidance provided used to determine if blood specimens meet the separate occasion blood collection requirement.

Chapter 5: Central Line Insertion Practices (CLIP)

No significant changes.

Chapter 6: Pneumonia

Addition: None.

Clarification:

- Identification of "flora" in culture and non-culture based microbiologic testing results does not exclude the use of the eligible pathogens that are identified from the specimen.
- PNU1 algorithm: If more than one sign/symptom is required, they must come from separate bullets.
- All algorithms: "New onset or worsening" applies to the sign/symptom "cough" only.
- Figures 1 and 2 updated to be more readable.
- Footnote 1: When confirming persistence of eligible and definitive imaging findings, serial imaging test results within a 7-day timeframe must be examined.

Deletion: None.

Chapter 7: Urinary Tract Infection

No significant changes.

Chapter 9: Surgical Site Infection (SSI) Event

Addition:

- Reporting instructions for Superficial Incisional SSI criteria: added an additional clarifying note related to terms 'incision' and 'stab wound'.

Clarification:

- Clarification of the concept of when an SSI surveillance period begins and ends made within SSI event detail *'Surveillance Period for SSI'*.
- Clarification provided to denominator for procedure detail '*Scope*'.
    - Scope is reported based on the primary incision site.
    - If an ***open and scope*** code is assigned to procedures in the same NHSN procedure category, then the procedure should be reported to NHSN as **Scope = NO**. The ***open*** designation is considered a higher risk procedure.
- Organ/Space SSI criterion 'c' modified to include bullets to provide clarity (criteria remains the same).
- SSI event reporting instruction #7 updated to provide clarity around secondary incision sites.
- SSI event reporting instruction #10 updated to provide clarity around invasive manipulation/accession of the operative site and suspicion/evidence of infection.
- Denominator reporting instruction #7 updated to clarify the surveillance period for SSI begins at the conclusion of the second procedure (when there is more than one operative procedure through the same incision/surgical space within 24 hours). A clarifying note has been added to indicate if the first procedure is **not** an NHSN operative procedure, the guidance does not apply.

Deletion: None.

Chapter 10: Ventilator- Associated Event (VAE)

Addition:

- Inclusion and Exclusion Criteria section created, and inclusion and exclusion criteria moved up from within the Definitions section.
- Transfer rule updated to address location of attribution when there are multiple locations within the transfer rule timeframe.
- Rezafungin and sulbactam/durlobactam added to Appendix. List of Antimicrobial Agents Eligible for IVAC, PVAP.

Clarification:

- "Ventilator" definition moved to the beginning of the Definitions section. No changes made to the definition.

- Identification of "flora" in culture and non-culture based microbiologic testing results does not exclude the use of the eligible pathogens that are identified from the specimen.

Deletion:

- Gemifloxacin and quinupristin/dalfopristin removed from Appendix. List of Antimicrobial Agents Eligible for IVAC, PVAP.

Chapter 11: Pediatric Ventilator-Associated Event (PedVAE)

Addition:

- Transfer rule updated to address location of attribution when there are multiple locations within the transfer rule timeframe.
- Rezafungin and sulbactam/durlobactam added to Appendix. List of Eligible Antimicrobial Agents.

Clarification:

- Inclusion criteria clarified.

Deletion:

- Gemifloxacin and quinupristin/dalfopristin removed from Appendix. List of Eligible Antimicrobial Agents.

Chapter 12: MDRO & CDI

Addition: None.

Clarification:

- FacWideIN Denominator Summary field for CD test type has been modified to request the Standard CDI Test Method:
    - The response for the standard test type or algorithm used to identify CDI should reflect the testing method standardly performed by the testing laboratory for the quarter. The standard test type is reported on the FacWideIN and CMS-certified IRF unit denominator forms on the third month of each quarter (March, June, September, and December).

Deletion: None.

Chapter 14: Antimicrobial Use and Resistance

Addition:

- For the AU Option:
    - Added three agents: nirsevimab, rezafungin, and sulbactam/durlobactam

- For the AR Option:
  - Added three organisms: *Citrobacter freundii* complex, *Citrobacter braakii*, and *Citrobacter youngae*
  - Added ability to submit data for high-level resistance testing among *Enterococcus* isolates for gentamicin and streptomycin
  - Updated the SRIR/pSIR section to reflect the reports within the NHSN application
  - Added links to analysis quick reference guides for the newer AR Option analysis reports

Clarification:

- For the AU Option:
  - Clarified that for AUR Module surveillance an encounter begins as soon as triage is completed, regardless of when the patient is placed in a bed.
  - Clarified that a patient moving from an inpatient to an outpatient ED, pediatric ED, or 24-hr observation location then back to an inpatient location should be counted as two separate admissions. This matches the AR Option admissions definition.
- For the AR Option:
  - Clarified that facilities unable to access the discrete data elements required for AR Option submission are not eligible to participate. Facilities should not employ a manual means of data collection to report AR Option data to NHSN.
  - Clarified that facilities and vendors should first rollup the eligible organisms using the Pathogen Roll-up Workbook before applying the isolate selection rules and rules for removal of same day duplicates.
  - Clarified that facilities can optionally report race and ethnicity within AR Event files.
  - Clarified what to do with additional tests performed by the lab (for example, cefoxitin screen, inducible clindamycin test).
  - Facilities should report susceptibility testing results based on clinical, not epidemiological, breakpoints.
  - Clarified that for AUR Module surveillance an encounter begins as soon as triage is completed, regardless of when the patient is placed in a bed.
  - Updated Appendix G to clarify which variables are required in the CDA file but could be reported as “NA”.

Deletion:

- For the AU Option:
  - Removed two agents: gemifloxacin and quinupristin/dalfopristin
- For the AR Option:
  - One organism was reclassified by SNOMED and was therefore removed: *Lelliottia amnigena* (formally *Enterobacter amnigenus*)

Chapter 15: Locations

Addition: The following note has been added to page 8:

The Master CDC Locations and Descriptions table (starting pg. 15-9) will transition from the CDC maintained table to an online table based on standard location codes. NHSN encourages users to become familiar with the online table prior to December 2024 when the Locations transition to the online process is fully implemented. This transition does NOT mean a facility must 'remap' existing locations; the table will continue to provide reference for 'new' unit mappings or 'remapping' of existing units. The link below will point to the NHSN Terminology Browser, then select Locations to open the document with location mapping options.

https://www.cdc.gov/nhsn/cdaportal/terminology/index.html

Clarification: None.

Deletion: None.

Chapter 16: Key Terms

No significant changes.

Chapter 17: Surveillance Definitions

Addition:

- Definition of physician added: "The term "physician" for the purpose of application of the NHSN HAI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant)"
- The term "physician designee" added as clinicians who can provide clinical correlation.
- JNT 3: added statement, "suspected joint infection"
- MEN 2 and 3: added statement, "suspected meningitis or ventriculitis"

Clarification:

- LUNG reporting instruction revised: "*If a pleural fluid specimen is collected after a chest tube is repositioned OR after 24 hours of chest tube placement, this pleural fluid specimen is not eligible for LUNG 1. Repositioning must be documented in the patient record by a healthcare professional."

Deletion:

- NEC-Necrotizing enterocolitis removed from Chapter 17 and placed in Chapter 2 and 4 as a secondary BSI attribution exception.