

CDC/NHSN Patient Safety Component Manual

Summary of Revisions, January 2017

Below is a summary of significant modifications for the NHSN Patient Safety Component Manual which will go into effect January 1, 2017. Chapters not listed are without significant changes.

Chapter	Summary of Revisions
Modifications affecting >1 chapter (module)	<p>Additions:</p> <p>The following organism lists have been updated to include additional organisms as well to update taxonomy of previously included organisms:</p> <ul style="list-style-type: none"> - NHSN All Organism List - NHSN Mucosal Barrier List - NHSN Common Commensal List <p>Please see the complete lists available under Supporting Materials at: http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html</p>
Chapter 2: Identifying HAIs in NHSN	<p>Additions:</p> <ul style="list-style-type: none"> - Appendix which provides a Flow Diagram for NHSN event determination. - Reference to information in BSI chapter regarding non-reporting of Group B Streptococcus CLABSIs during a neonate's first 6 days of life. - Reference to information provided in Chapter 17 Surveillance Definitions regarding lengthened Infection Window Period, Repeat Infection Timeframe and Secondary BSI attribution period when meeting ENDO infection definition. <p>Clarifications:</p> <p>Examples found in the Infection Window Period section that outline guidance related to:</p> <ul style="list-style-type: none"> - Choosing a diagnostic test to define the infection window period when more than one diagnostic test is available. - Choosing a sign or symptom to define the infection window period when no diagnostic test is available. - Choosing which criterion is to be used to determine the date of event when more than one infection criterion can be met. - Example (Table 6) that demonstrates identification of the same event within an RIT does not result in a new date of event, change the device association nor create a new Repeat Infection Timeframe. - Eligibility to exclude an HAI event when patient is declared brain dead - Hospice patients are not excluded from HAI surveillance - Post mortem specimens and results determined from post mortem examinations are not eligible for use in meeting NHSN infection definitions with the exception of CNS/IC (Intracranial) infection and PNEU infection definition using lung tissue specimen obtained by transthoracic or transbronchial biopsy immediately post-mortem. - Including an observation patient housed in an inpatient location in infection surveillance.



Chapter	Summary of Revisions
Chapter 4: Bloodstream Infection	<p>Additions:</p> <ul style="list-style-type: none"> - LCBI-2: – "include but are not limited to" and organisms - viridians group Streptococci, <i>Aerococcus</i> spp., <i>Micrococcus</i> spp., and <i>Rhodococcus</i> spp. - List of organisms excluded from CLABSI reporting - <i>Campylobacter</i> spp., <i>C. difficile</i>, Enteropathogenic <i>E. coli</i>, <i>Shigella</i> spp., <i>Listeria</i> spp., and <i>Yersinia</i> spp. - Instructions that no Group B Streptococcus CLABSIs should be reported during a neonate's first 6 days of life. - SUR information to analysis + TABLE <p>Clarifications:</p> <ul style="list-style-type: none"> - Included in the list of devices which are not central lines: arterial catheters (changed from "femoral catheters", midlines, "ventricular assist device" (changed from "Impella device"), and extracorporeal membrane oxygenation (ECMO). These modifications are not expansions of the list of devices, but provide more detail to those that have previously been excluded as central lines. - Definition of "Access" for central lines - Examples added – a) determination of implanted central line (port) b) (port) central line day count - Patient suspected or observed accession into central line – changed word to injection - OR/PACU Observation unit/dialysis unit /ERs cannot be considered a location of attribution for BSI. - LCBI 1: recognized pathogen (an organism not on the NHSN common commensal list) - LCBI-1: If a patient meets LCBI 1 and LCBI 2 criteria, report as LCBI 1 with pathogen listed as pathogen #1 and common commensal reported as pathogen #2. - Deleted from LCBI definitions- "which is performed by a culture or non-culture based microbiologic testing method which is performed for purposes of diagnostic or treatment (e.g., not an active surveillance culture /testing ACT/AST)". Rationale: This information is not necessary. All blood specimen tests for organisms are performed for diagnostic/treatment purposes. - Added to MBI-LCBI-1- with only intestinal organisms from MBI- LCBI organism list - Added NOTE: If a patient meets MBI-LCBI 1 and MBI LCBI 2 criteria, report organisms as MBI-LCBI 1 Corrected: MBI-LCBI 2 requires at least two blood specimens with only viridians group streptococcus. - Added Secondary BSI Guide table and table for site specific Infection with hyperlinks - Additional guidance to determine if organisms are considered "matching" for the purposes of meeting the NHSN definitions for specific types of infections.

Chapter	Summary of Revisions
Chapter 6: Pneumonia (<i>pending issues</i>)	<p>Clarifications:</p> <ul style="list-style-type: none"> - Added a clarification to the imaging test evidence requirements meeting the PNEU event definition in Tables 1-4. The new and persistent or progressive and persistent imaging test requirement applies to all imaging test findings (i.e., infiltrate, consolidation, cavitation, pneumatoceles). - Algorithms and Flow Diagrams footnote # 10 were updated to better define steroid use duration and post transplant as indications for meeting the surveillance definition of immunocompromised.
Chapter 7: Urinary Tract Infection	<p>Clarifications:</p> <ul style="list-style-type: none"> - Suprapubic tenderness whether elicited by palpation (tenderness-sign) or provided as a subjective complaint of suprapubic pain (pain-symptom), is acceptable as a part of SUTI criterion if documentation of either found in the medical record is acceptable during the IWP. (SUTI 1a and SUTI 1b) - *Patient had an indwelling urinary catheter in place for >2 calendar days on the date of event, with day of device placement being Day 1, and catheter was in place on the date of event or the day before. (ABUTI)
Chapter 9: Surgical Site Infection (SSI) Event	<p>Additions:</p> <ul style="list-style-type: none"> - A new summary document titled "Summary of Changes to 2016- Operative Procedure Codes" has been created and outlines the status of each procedure code. The code status is indicated as: <ul style="list-style-type: none"> • No Change (no change made to the code) • Add (added to a procedure category) • Moved to (moved to a procedure category from another) • Moved from (moved from a procedure category to another) • Remove (completely removed from the procedure code list) <p>Changes:</p> <ul style="list-style-type: none"> - The emergency definition for the denominator for procedure was updated so that this field will match what a facility documents to be an emergency or urgent procedure. - All ICD-10-PCS codes and all CPT codes were reviewed and updated. The update includes a description for each procedure code. The updates are found in the SSI "Supporting Materials" section of the NHSN website.

Chapter	Summary of Revisions
Chapter 10: Ventilator-Associated Event (VAE)	<p>Additions:</p> <ul style="list-style-type: none"> - Addition of a reference to the NHSN 2014 VAE rates and characteristics publication that can be found in the Critical Care Medicine journal. <p>Clarifications:</p> <ul style="list-style-type: none"> - Non-acute care locations in acute care facilities are no longer an eligible location for performing VAE surveillance. - Figures 2-4 were removed from the protocol to eliminate redundancy. - A reporting instruction was added to emphasize a ventilator associated event is not to be upgraded (i.e., VAC upgraded to IVAC or IVAC upgraded to PVAP) using data that occurs outside the VAE Window Period - Matching organism section of the reporting instructions was updated.
Chapter 12: MDRO & CDI	<p>Change:</p> <ul style="list-style-type: none"> - Reporting event questions "Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after inpatient admission)" and "Has patient been discharged from another facility in the past 4 weeks?" will be optional for 2017
Chapter 16: Key Terms	<p>Additions:</p> <ul style="list-style-type: none"> - Definition: "infection window period" - Definition: "Non-culture based microbiologic testing" <p>Clarifications:</p> <ul style="list-style-type: none"> - Definition for "active surveillance culture/testing (ASC/AST)" - Definition for "clinical correlation" - Definition for "gross anatomical" - Definition for "repeat infection timeframe" - Definition for "secondary BSI attribution period" - Definition for "surveillance cultures" <p>Deletion:</p> <ul style="list-style-type: none"> - Definition for "trauma" – term can be found in the SSI Protocol

Chapter	Summary of Revisions
Chapter 17: Surveillance Definitions	<p>Additions:</p> <ul style="list-style-type: none"> - ORAL- Oral- "from mucosal scrapings or exudate" added to Criterion 3a, which was inadvertently omitted in previous version - LUNG- provided guidance to account for imaging test results that are equivocal for LUNG - NEC- provided guidance to account for imaging test results that are equivocal for NEC - ENDO-Endocarditis-For this infection type, the Infection Window Period has been extended to 21 days- the date the first positive diagnostic test that is used as an element of the site-specific infection criterion was obtained, the 10 calendars days before and the 10 calendar days after. The ENDO Repeat Infection Timeframe (RIT) will extend through the entire patient admission. The Secondary BSI Attribution Period will also extend through the entire patient admission, for the organism(s) that match the organism(s) used to meet the ENDO criteria. Please see the guidance for further details and helpful examples. - SA-Spinal Abscess-provided guidance to account for imaging test results that are equivocal for spinal abscess - VASC-Vascular- Added extracorporeal membrane oxygenation (ECMO) and vascular access devices (VAD), Midlines changed Femoral artery catheters to Arterial catheters to those devices, which may exclude an LCBI from being a CLABSI if requirements are met. See VASC Reporting Instructions for details. <p>Clarifications:</p> <ul style="list-style-type: none"> - Additional guidance is provided to determine if organisms are considered "matching" for the purposes of meeting the NHSN definitions for specific types of infections. - GIT-Gastrointestinal- Criterion 2c updated to reflect that the blood culture must contain at least one organism from the broadened list of MBI-organisms - IAB-Intraabdominal- Criteria 2b and 3b updated to reflect the broadened list of MBI-organisms <p>Deletions:</p> <ul style="list-style-type: none"> - GE-Gastroenteritis- Removed criteria 2c and 2d as they are already accounted for in 2a - HEP-Hepatitis- This infection type has been removed as the protracted incubation period for this type of viral infection does not agree with the definition for healthcare-associated. - SA-Spinal Abscess- removed "without meningitis" from the title