

CDC/NHSN Patient Safety Component Manual

Summary of Revisions, January 2019

Below is a summary of significant modifications for the NHSN Patient Safety Component Manual, which will go into effect January 1, 2019. Chapters not listed are without significant changes.

Modifications affecting > 1 chapter (module)

Clarifications:

- Name change: *Clostridium difficile* to *Clostridioides difficile* (*C. difficile*, *C. Diff* and CDI will be unchanged)

Chapter 2: Identifying HAIs in NHSN

Clarifications:

- Palliative care and comfort care patients are added to hospice patients as **not** excluded from NHSN surveillance
- Flow diagram (Appendix) updated to reflect reference of Foley to indwelling urinary catheter (IUC)

Additions:

- PedVAE is added to the list of events for which Chapter 2 does not apply and to Table 1

Chapter 4: Bloodstream Infection

Clarifications:

- Revision of the "pus at the site" CLABSI exclusion reporting guidance. Revised guidance requires collection of an organism from the site of one of the specified vascular access devices and the specimen collected from the site matches at least one organism identified in blood.

Additions:

- *Rothia spp* is now listed in the protocol as an eligible organism to meet LCBI-2/3 criteria and MBI LCBI-2/3 criteria
- Denominator device day count table is added to the protocol to differentiate denominator summary data and central line day counts that are used to associate an LCBI with central line use.

Deletions:

- Viruses and parasites will no longer be organisms that can be reported for LCBI criteria.



Chapter 6: Pneumonia

Clarifications:

- Clarification was provided in the Footnotes to Algorithms and Flow Diagrams for footnotes number 1 and 14

Additions:

- Guidance for making a determination of eligible imaging test evidence was added.

Chapter 7: Urinary Tract Infection

Clarifications:

- "Catheter," "Foley," "Foley catheter" and "urinary catheter" replaced with "indwelling urinary catheter" or "IUC" throughout the protocol.
- ">2 calendar days" replaced with "more than 2 consecutive days in an inpatient location"
- *SUTI 1a: Catheter-associated Urinary Tract Infection (CAUTI) in any age patient clarified:*

Patient has at least one of the following signs or symptoms:

- fever (>38.0°C): Reminder: To use fever in a patient > 65 years of age, the IUC needs to be in place days for more than 2 consecutive days in an inpatient location on date of event and is either still in place OR was removed the day before the DOE. (Remainder of definition is unchanged)
- *Comments in UTI and ABUTI Criteria:*

The following excluded organisms cannot be used to meet the UTI definition:
Any Candida species as well as a report of "yeast" that is not otherwise specified

Chapter 9: Surgical Site Infection (SSI) Event

Clarifications:

- Denominator Reporting Instruction #11: Verbiage updated to include "*hysterectomy procedure codes that involve an incision made into the abdomen, including trocar insertion, are listed in the abdominal hysterectomy (HYST) category.*"

Additions:

- Note added to indicate SSI surveillance in Ambulatory Surgery Centers (ASCs) should be performed using the new Outpatient Procedure Component (OPC). The OPC replaces the use of the SSI protocol for ASCs.
- "Scope": Table added to assist users with answering the scope question.

Deletions:

- SSI Event Reporting Instruction #5 (**Reporting of SSI after a non-primary closure**) deleted as felt to be redundant to Denominator Reporting Instruction #1 (**Closure Type**)
- NHSN removed the note “**For CBGB, if the donor vessel was harvested using a scope, enter as Scope= YES.**” found in the Instructions for Completion of Denominator for Procedure Form (CDC 57.121). This note was specific to the former ICD-9 coding system. If a procedure is coded as open and scope then the procedure should be entered into NHSN as Scope = NO. The open designation is considered a higher risk procedure.

Chapter 10: Ventilator- Associated Event (VAE)

Additions:

- Meropenem/vaborbactam was added to the VAE protocol Appendix: List of Antimicrobials Agents Eligible for IVAC, PVAP. This antimicrobial agent will also be added to the VAE calculator.
- Patients on paracorporeal life support are EXCLUDED from VAE surveillance during periods of time when the support is in place the entire calendar day. This is in addition to the prior exclusions related to extracorporeal life support and high frequently ventilation.

Chapter 11: Pediatric Ventilator- Associated Event (PedVAE) *****New Protocol*****

New Protocol available for in-plan reporting in Pediatric and Neonatal locations only

Chapter 12: MDRO & CDI

Clarifications:

- Name change: *Clostridium difficile* to *Clostridioides difficile* (*C. difficile*, *C. Diff* and CDI will be unchanged)
- Clarification added to CDI interpretative note: When using a multi-step testing algorithm for CDI **on the same unformed stool specimen**, the finding of the last test performed on the specimen that is documented in the patient medical record will determine if the CDI positive laboratory assay definition is met. Chapter 12 Pg. 24
- A graphic was added with examples to clarify multistep testing interpretation in Chapter 12, page 25

MDRO and CDI Forms:

- **Name Change:** “MDRO and CDI Prevention Process and Outcome Measures Monthly Monitor Form” to “MDRO and CDI Monthly Denominator Form”
- **Improvement:** FacWideIN denominator form: Clearer language, instructions, and formulas
- **Change:** Removal of “MDRO Encounters” and CDI Encounters” from the FacWideOUT denominator form



- **Removal:** facility admission date from outpatient location LabID events

CMS reporting changes:

Starting with 2018 Q4 data, CMS removed the requirement for IRFs (free standing and within a hospital) and LTACs to report MRSA bacteremia LabID Events as part of the CMS Quality Reporting Program. However, MRSA bacteremia LabID Event analysis reports, including the SIR, are still available to all facilities. Chapter 12, page 34

Chapter 14: Antimicrobial Use and Resistance

Additions:

- New Standardized Antimicrobial Administration Ratios (SAARs) were developed. The new SAARs were modeled using 2017 NHSN AU Option data. The protocol outlines the new SAAR drug categories and the additional SAAR location types.
- One new antimicrobial was added to the AU Option: Meropenem/Vaborbactam.
- Six new organisms were added to the AR Option: *Candida parapsilosis*, *Candida tropicalis*, *Citrobacter amalonaticus*, *Citrobacter koseri* (*Citrobacter diversus*), *Proteus penneri*, and *Proteus vulgaris*.
- A new figure displaying the reporting algorithm for same day duplicate AR Events was added.
- Five new analysis reports were added to the AR Option. Each report is outlined in the protocol.
 - AR Event bar chart
 - AR Organism line list
 - AR Organism frequency table
 - AR Organism rate table
 - AR Summary Data line list
- A number of the AR Option drug panels were updated. Drugs have been added and removed. Please refer to Appendix F for the new panels.
- AR Option-specific phenotype definitions were added. See Appendix I.

Chapter 16: Key Terms

Additions:

- Added “Days Present” and reference to Antimicrobial Use and Resistance Module

Chapter 17: Surveillance Definitions

Clarifications:

- Title “**SA – Spinal Abscess**” had been updated to “**SA – Spinal Abscess/infection**”
- SA criterion 1 has been updated to add the language “or from purulent material found”



- SA criterion 2 has been updated to “Patient has an abscess or other evidence of spinal infection on gross anatomic or histopathologic exam”
- SA criterion 3a and 3b has been updated to include the word “infection” in addition to the word abscess (ex: Imaging test evidence of spinal abscess/*infection*)
- Guidance provided in ENDO reporting instructions on how to cite an ENDO infection using ENDO elements 5i, 6a, 7a.
- VASC criterion: Reporting instruction for “Pus at the site” CLABSI exclusion revised to mirror verbiage in LCBI protocol (Chapter 4).

Additions:

- Table 1 added for guidance on matching NHSN site-specific cultures and positive blood specimens.
- SKIN and ST: applicable sites added (excludes vascular access sites).