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Reminder! Hold 2016 NHSN Data Entry

While the new 2016 NHSN protocols and forms have been posted on our website, the new data entry fields and business rules will not be applied (for all NHSN components) until after the NHSN application update, tentatively scheduled for January 9, 2016. Please use the paper forms found on our website to collect and hold all 2016 data until after the NHSN update. **This means that all 2016 Patient Safety Component, Healthcare Personnel Safety Component, Dialysis Component, Biovigilance Component, and LTCF Component reporting plans, surveys, events, summary data and procedures should not be entered into NHSN until after that release.** Facilities can continue to enter 2015 data as well as update user information and locations within their NHSN facility.

Patient Safety Component

2016 NHSN Patient Safety Component Protocols Released

The 2016 NHSN Patient Safety Component protocols have been posted to the NHSN website. The individual protocols are located on the site of the specific infection type (e.g., BSI protocol found under “Protocols” on the BSI surveillance webpage). On Wednesday, December 9th, an email was sent to all NHSN Users, along with an accompanying document identifying the major changes to the protocols. This document may be found at: <http://www.cdc.gov/nhsn/commup/index.html>. These protocols should be used beginning on January 1, 2016. Until that time, please follow the 2015 NHSN protocols as written.

The 2015 PSC Manual as a whole is available on the left navigation bar on the NHSN website. Please note that the 2015 PSC Manual as a whole will only be available on the NHSN website until December 31, 2015. It is suggested you either save this document to your computer, or print a copy for use when completing December 2015 surveillance, early in 2016.

CAUTI Data Entry Update

As a reminder, when entering a urinary tract infection (UTI) into NHSN in 2015, a data entry defect has not allowed entry of the symptoms of urinary urgency, frequency, or dysuria when an indwelling urinary catheter was indicated to be “INPLACE”, meaning that it was in place > 2 days and present on the date of event. It did not allow the correct documentation of these symptoms if the urinary catheter had been removed on the day of event, but prior to the symptom(s). Once the catheter has been removed, and the patient is urinating on their own, these symptoms might be indicative of a UTI, and should therefore be available for selection.

In the [April 2015 UTI FAQ](#) #15 and #16, users were instructed to use a “work-around” for this situation that would allow the correct symptom to be selected and the event entered as a CAUTI. Using this work-around did not change the event type. The event was appropriately recorded as a CAUTI, thereby avoiding discordance issues for CAUTI data and validation.

NHSN is happy to announce that beginning with the NHSN application update tentatively slated for January 9, 2016, the defect will be fixed. Users will be able to enter urgency, frequency and dysuria if INPLACE is chosen but will receive an Alert that these should only be selected if the urinary catheter was not in place at the time of the symptom(s). In addition, users who entered the work-around for the 2015 defect will be able to edit any such CAUTI with event date July 1, 2015 and forward. We apologize that the system will not allow for editing events from January-June 2015. Again, if the work-around was used, there should be no resulting problems with data validation related to this.

MDRO/CDI LabID Event Reporting Update

Beginning January 2016, two questions on the LabID event reporting form will move from optional to conditionally-required. The questions are “Last physical overnight location of patient immediately prior to arrival into facility” and “Has the patient been discharged from another facility in the past 4 weeks?” The decision to require these previously optional fields was made to improve patient tracking through the continuum of care and to better align categorization of CO-HCFA (community onset- healthcare facility associated) CDI LabID events. Data gained from these fields can be used to identify potential reservoirs where continued high rates of CDI may exist and to provide guidance to better target CDI prevention in non-acute hospital environments. Additionally, the information can foster stronger partnerships and collaboratives to address regional variations in CDI rates.

When developed, the LabID Event surveillance module was intended to reduce the manual data collection burden otherwise required to identify MDRO/CDI infection, by providing a proxy measure that focused on data that is more amendable to electronic capture. Changing these two variables to conditionally- required is not intended to be a departure from this original intent. Substantial benefits could be gained from consistent collection of the data. However, NHSN has reassessed the associated collection burden and determined that, at present, the data may not be retrievable or may be excessively burdensome to collect in some facilities. Therefore, for 2016 LabID Event Reporting, we ask facilities to provide the most accurate information that is available for these fields, making use of the response option “Unknown” if identifying the required information presents undue burden.

ICD-10-PCS and CPT Code Updates

We would like to thank our NHSN users who have sent us feedback on the list of ICD-10-PCS and CPT Codes over the past several months. Mapping the NHSN operative procedure codes from ICD-9-CM to ICD-10-PCS has been a major undertaking, and we appreciate the continued support from all of our NHSN users, and thank you for your patience as we continue to refine the list of codes.

NHSN has uploaded Supplemental Guidance for FUSN – Spinal Fusion Procedures to the NHSN website. This document can be found in the “Supporting Materials” section of the SSI page for both Acute Care Facilities and Ambulatory Surgery Centers. This supplemental guidance may be used to complete the spinal level and approach fields in the Operative Procedure Details section for FUSN procedures.

<http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>

<http://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html>

ICD-10-PCS and CPT Code Updates continued on page 4

ICD-10-PCS and CPT Code Updates (continued)

In addition to the FUSN guidance, NHSN has made the following updates to the listed NHSN operative procedure groups –

ICD-10-PCS Codes

- **KPRO** –
 - 0SUT092 was updated to **0SUT09Z**
 - **0SHC08Z** and **0SHC48Z** were removed
- **COLO** – **0DTN4ZZ** was moved from REC to COLO
 - **HYST** – **0UB90ZZ** was removed
 - **SB** – **0D1A0KQ** was added
- **APPY, BILI, CHOL, COLO, GAST, NECK, OVRY, PRST, REC, SB & THOR** – several hundred endoscopic procedure codes were removed. NHSN discovered that these codes, such as for colonoscopy, were included in the ICD-10-PCS COLO, GAST, REC, SB operative procedure groups posted on September 29, 2015. Because these procedures do not involve a surgical incision, they are not considered NHSN operative procedures and have been removed.

CPT Codes

- **KPRO** – **27440, 27441, 27442** and **27443** were added

Guidance for HPRO & KPRO Procedures and procedure details (revisions) -- *The complexity of the ICD-10-PCS code structure has slowed the development of guidance for HPRO and KPRO revisions. NHSN is working with coding experts to validate all HPRO and KPRO ICD-10-PCS codes and to develop mapping guidance for revisions. This work has been prioritized and as soon as the validation and mapping guidance are complete, NHSN will upload this information to the NHSN SSI page and notify users.*

ICD-10-PCS and CPT code fields will remain as optional fields in 2016

ICD-10-PCS codes replaced ICD-9-CM codes on October 1, 2015; however, NHSN will not have the ability to receive these codes until the January 2016 NHSN release. Beginning October 1, 2015 and continuing until the January 2016 NHSN release, when entering surgical procedure (denominator) data into NHSN for SSI surveillance, facilities should enter the NHSN Procedure Code (e.g. COLO or HYST) as identified in the new mappings provided, but not enter any ICD-10-PCS/CPT codes associated with the procedure. This includes data that is entered manually, electronically downloaded, or imported via a comma-separated value (CSV) file. Once the NHSN release takes place in 2016, facilities will once again be able to choose to enter the NHSN Operative Procedure Code category or instead enter one of the ICD-10-PCS or CPT codes and have NHSN auto-populate the NHSN Operative Procedure Code category.

HAI and POA Worksheet Generator Update

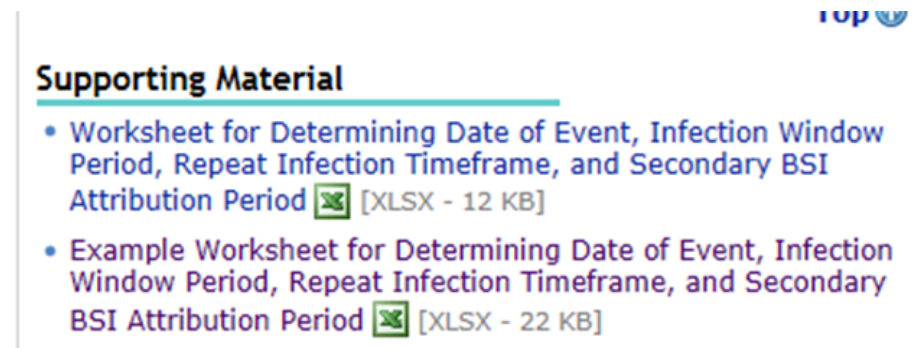
As communicated in the September 2015 Newsletter, NHSN had planned to release a Healthcare –associated Infection (HAI) and Present on Admission Infection (POA) Worksheet Generator that was designed to identify the:

- 7-day Infection Window Period
- Date of Event and POA or HAI determination
- 14-day Repeat Infection Timeframe (RIT)
- Secondary Bloodstream Infection Attribution Period

Unfortunately, due to compliance requirements that apply to all items posted on a federal government website, the Worksheet Generator release has been delayed. We will keep users informed when the tool is available.

In the meantime, the manual Worksheet continues to be available and can be found under the Supporting Material location on the CLABSI, CAUTI and VAP web pages.

We apologize for the delay and appreciate your patience.



Supporting Material

- [Worksheet for Determining Date of Event, Infection Window Period, Repeat Infection Timeframe, and Secondary BSI Attribution Period](#) [XLSX - 12 KB]
- [Example Worksheet for Determining Date of Event, Infection Window Period, Repeat Infection Timeframe, and Secondary BSI Attribution Period](#) [XLSX - 22 KB]

Reminder: Release of New 2015 Patient Safety Annual Facility Survey

NHSN will release the annual patient safety facility survey in early 2016. This mandatory survey is completed by all facilities enrolled in NHSN to provide updated information on hospital characteristics and practices. As in years past, users will not be able to submit surveys until the NHSN release, currently scheduled for January 9, 2016. Please wait for notification from NHSN before entering a survey for the year 2015; failing to wait until after the next release of NHSN will result in the loss of any information submitted into NHSN. We will provide copies of the surveys and instructions on how to complete them by the end of December. In addition, NHSN has created a short, 5-minute Quick Learn video (formerly known as NHSN Hot Topics) that provides updates regarding all of the changes made to the 2015 Patient Safety Annual Facility Survey. Quick Learn topics include new questions in this year's survey, the introduction of the Ambulatory Surgery Center (ASC) survey, frequently asked questions, and tips on how to accurately complete the survey. The Quick Learn will be available on the NHSN Training website starting in January 2016, found here: <http://www.cdc.gov/nhsn/training/>

Please remember, surveys must be completed and submitted in NHSN by March 1, 2016. Facilities that do not meet this deadline will be unable to complete monthly reporting plans. There are very few changes to this year's surveys, and we hope the enhancements and additions will aid users in completing it. For guidance and support, contact our support team at nhsn@cdc.gov. Use the words *Annual Survey* in the subject line to expedite the response time.

2015 CAUTI Definition and Impact on SIRs and Rates

In response to recent protocol changes in NHSN, we have been asked to clarify the current calculation of SIRs and rates.

In January, 2015, the NHSN definition for Urinary Tract Infection (UTI) was updated, and the following criteria and elements were excluded:

- Symptomatic UTI (SUTI) criteria 2 and 4 due to removal of the following elements:
 - Colony counts of less than 100,000 CFU/ml
 - Urinalysis results
- Urine cultures that are positive only for yeast, mold, dimorphic fungi, parasites, or any other non-bacterial pathogens.
- Uropathogen List for Asymptomatic Bacteremic UTI (ABUTI)

Additional changes to the UTI definition have been described in the September, 2014 NHSN Newsletter: <http://www.cdc.gov/nhsn/pdfs/newsletters/vol9-3-enl-sept-2014.pdf>.

Due to these changes, some facilities may notice a decrease in the number of catheter-associated UTI (CAUTI) identified and reported to NHSN in 2015 and forward. In addition, these changes *may* lead to an increase in the number of central line-associated bloodstream infections (CLABSIs), as such events would no longer be considered secondary to CAUTIs previously identified under the above-mentioned criteria.

The standardized infection ratios (SIRs) and rates currently calculated using analytic features in NHSN reflect historical data, i.e., infections that were reported under the previous definitions. The preliminary estimate of the national CAUTI SIR from the first two quarters of CY2015 is 0.55. Some hospitals may notice a similar, significant decrease in the 2015 CAUTI SIRs and rates than in previous years; the denominator for the SIR is calculated using National data that included CAUTI events that are *excluded* with the 2015 definition. Similarly, 2015 CLABSI SIRs and rates may be slightly elevated compared to previous time period, although this increase would be on a smaller scale.

CDC's plan is to use 2015 HAI event data for updated risk adjustment of HAI data. The updated risk adjustment, referred to as the "Re-baseline", will be incorporated into NHSN in December 2016 at which time SIRs for 2015 and forward will be calculated using the new baseline and risk adjustment, which will be calculated using data reported under the 2015 definitions and surveillance protocols.

Details regarding the use of the re-baselined SIRs for CMS programs (e.g., Hospital Value Based Purchasing) can be found in the Final Rule, as published in the Federal Register on August 17, 2015:

<http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf>

Recommendations for Running TAP Reports for CAUTI prior to Re-baselining

National CAUTI SIRs in 2015 have declined, in part due to the definition changes (i.e., infections reported in 2015 being compared to historical baseline data reported under the previous definitions). Therefore, many hospitals may find that their 2015 CAUTI SIRs are well below the previous Department of Health and Human Services (HHS) national CAUTI SIR goal of 0.75. The CAUTI TAP reports calculate the cumulative attributable difference (CAD), or "excess" CAUTIs, using a default SIR_{goal} of 0.75, unless the user chooses to customize that goal. Therefore, using the default SIR_{goal} for CAUTI, it may appear that hospitals have exceeded the goal even if they still require further CAUTI prevention efforts.

TAP reports for CAUTI continued on page 7

Targeted Assessment for Prevention (TAP) Reports for CAUTI (continued)

Therefore, to accommodate the CAUTI definition change, until the re-baselining occurs at the end of 2016, we recommend that users customize their CAUTI TAP reports using an SIR_{goal} that closely represents or is below the current national CAUTI SIR. The preliminary estimate of the national CAUTI SIR from the first two quarters of CY2015 is 0.55. Based on available national data, we recommend using a customized SIR_{goal} of less than or equal to 0.55 for the 2015 CAUTI TAP Reports. To specify a custom SIR_{goal} , go to the “Other Options” section of the TAP report modification screen, and select “Custom Value” as the CAD Multiplier Source. Once “Custom Value” is selected, you will have the opportunity to specify the numeric value, as shown below:

Other Options:

Cumulative Attributable Difference (CAD) Multiplier

Source:

Value:

For more information on CDC’s TAP Strategy please go to: <http://www.cdc.gov/hai/prevent/tap.html>.

Update to National Risk Adjustment of HAI Data

The current standardized infection ratios (SIRs) in NHSN use risk-adjustment and baseline data that, in some cases, are several years old. Since the original baseline data were set, there have been numerous changes to NHSN surveillance protocols and definitions, increase in participation from a variety of healthcare facilities, and changes in HAI incidence due to a number of prevention initiatives to improve patient safety.

CDC will update the risk-adjustment of HAI data using the event and denominator data reported to NHSN for 2015 – we have been referring to this as the “Re-baseline” of HAI data. The final analyses of 2015 data will occur in the summer of 2016, and the new risk-adjustment and SIRs will be available in NHSN in December 2016/January 2017.

During these analyses, we plan to address various questions/concerns expressed by our NHSN users and partners in recent years, including (but not limited to) the following:

- Exclusion of MBI-LCBI from future CLABSI rates and SIRs
- CAUTI SIRs under the 2015 CAUTI definition
- Updated risk models for SSI SIRs to address PATOS, as well as procedures with closure other than primary
- Updated risk models for FACWIDEIN LabID reporting, to expand to LTACHs and IRFs

Note that the new, re-baselined SIRs will be calculated for 2015 and forward. In addition, SIRs calculated on the legacy baselines will be retained through 2016 data in the NHSN application. In order to accommodate the overlap in SIRs, new output options will be created for the new SIRs. Existing SIR output will be moved to a new folder on the Output Options screen.

More details regarding the re-baseline analyses, and changes to the output in NHSN, will be provided over the next 12 months as the analytic work continues.

Details regarding the use of the re-baselined SIRs for CMS programs (e.g., Hospital Value Based Purchasing) can be found in the Final Rule, as published in the Federal Register on August 17, 2015: <http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf>

Upcoming Changes to the VAE Rates Dataset and Output

In the next version of NHSN, expected January 2016, we will introduce National Pooled Mean Rates for VAE data. Due to this addition, some enhancements were necessary for the VAE Rates analysis dataset (VAE_RatesICU_SCA) as well as the VAE output.

If your hospital or group exports the **VAE_RatesICU_SCA** analysis dataset, note that the format will change such that the “spcEvent” variable in this dataset will no longer represent a *category* of combined VAE types. Instead, this variable in the **VAE_RatesICU_SCA** dataset will be consistent with other datasets, such that the variable “spcEvent” will reflect a single specific event type (e.g., VAC, P VAP). Therefore, if your hospital or group uses this source analysis dataset, you will need to sum the “VAECount” variable for each specific event type in order to align with the output that NHSN will provide for a particular rate (e.g., sum the VAECount variable for the IVAC and P VAP rows to arrive at the numerator for the “IVAC Plus” rate).

In addition, the “spcEvent” filter will no longer appear above each rate table in the output, and the VAE rate will be described in the title of the rate table (see example below):

National Healthcare Safety Network
Rate Table (Ventilator Days) for Ventilator-Associated Event Data for ICU-Other/SCA/ONC
Total IVAC Plus ←
As of: November 30, 2015 at 8:26 AM
Date Range: All VAE_RATESICU_SCA

orgid=10018 CCN=993000 loccdc=IN:ACUTE:CC:B

| location | summaryYM | vaecount | numVentDays | VAERate | VAE_mean | IDR_pval | IDR_pctl | numPatDays | VentDU |
|----------|-----------|----------|-------------|---------|----------|----------|----------|------------|--------|
| MD | 2013M08 | 0 | 10 | 0.000 | 6.6 | 0.9366 | 10 | 30 | 0.333 |

Source of aggregate data: 2014 NHSN Data

ACH Guidance to Report CLIP Events in the Upcoming Release

Due to changes that will take place for outpatient operating room (OR) locations in the January 2016 release of NHSN, acute care hospitals (ACHs) that report CLIP events from outpatient ORs/hospital outpatient departments (HOPDs) will have to perform a small workaround to enter 2015 CLIP events in the upcoming NHSN release. Unlike other events in NHSN, the field for ‘Date of Insertion’ needs to be completed *before* one assigns an event to a location mapped in a monthly reporting plan. An example of the order to enter CLIP events is below. We understand that this is a different order of operations from other event reporting and apologize for the confusion.

Event Information [HELP](#)

Event Type*: 1

Location*: 3

Date of Insertion*: 2

Reference Guide: View, Create, and Modify Dates in NHSN

A new reference guide on how to generate reports using NHSN is now available for Acute Care Hospitals. These detailed instructions can be used when trying to determine when monthly reporting plan, event, procedure, and summary data were first entered or last modified within NHSN. This guidance is specific to Acute Care Hospitals (ACHs) and examples will use functions that are commonly applied to Centers for Medicare and Medicaid Services (CMS) reporting. Please note, these functions can be applied and used for analysis and reporting purposes other than the CMS Quality Reporting Programs. You can find the document along with other helpful reference guides, under the heading “Frequently Requested/Output Reports,” found here:

<http://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html>

How to Report for a Temporarily Closed Location

Recently the NHSN mailbox has received a lot of questions about how facilities should proceed when a mapped unit will temporarily close. This often happens when a unit undergoes a renovation, or is remodeled after a natural disaster. If the whole unit, patients and staff included, are being temporarily moved to a different physical location within the facility, you can change the “Your Code” and “Your Label” values on the existing unit to reflect the new physical location. No other changes are needed to the location mapping (assuming all patients and staff remain the same); continue reporting data as you normally do and attribute it to the same location.

If the patients from the “closed” unit will be temporarily housed within existing locations in the hospital, include their data within the reporting from the physical location in which the patients reside. In addition, we advise facilities to keep the “closed” location mapped as “active” and included on the monthly reporting plans. Simply report “0” for denominator data during the months the unit is closed, and be sure the “Report No Events” boxes are checked, as applicable. Doing this may cause your facility to receive data quality alerts from NHSN, but they can be dismissed if they are not applicable due to this circumstance. For more information about location mapping in NHSN, please see:

http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

Updates to the NHSN Antimicrobial Use Option

Standardized Antimicrobial Administration Ratios

NHSN is excited to present the Standardized Antimicrobial Administration Ratios (SAARs) as a new metric developed by CDC to analyze and report antimicrobial use data in a summarized manner. Facilities that have reported antimicrobial use data into the NHSN Antimicrobial Use Option will be able to generate up to 16 different SAARs after the tentatively scheduled January 9, 2016 update of NHSN.

Similar to the SIRs generated for HAI data, the SAAR is a comparison of the observed antimicrobial usage and the predicted antimicrobial usage for a specific group of antimicrobials in specific patient care locations. The predicted antimicrobial use is calculated using predictive models developed by CDC applied to nationally aggregated AU data. The separate predictive models are specific to each of the five antimicrobial use categories:

- Broad spectrum antibacterial agents predominantly used for hospital-onset/multidrug resistant infections
- Broad spectrum antibacterial agents predominantly used for community-acquired infections
- Anti-MRSA antibacterial agents
- Antibacterial agents predominantly used for surgical site infection prophylaxis
- All antibacterial agents

At present, facilities that have submitted Antimicrobial Use data will be able to generate the SAARs for locations mapped as adult and pediatric medical, surgical, and medical/surgical ICUs and wards.

Full details on the new SAAR output options will be available in the next month.

(Example screenshot of the SAAR output within NHSN)

National Healthcare Safety Network
SAARs Table - All Standardized Antimicrobial Administration Ratios (SAARs) High-Level Indicators and High-Value Targets
 As of: November 17, 2015 at 3:10 PM
 Date Range: All AU_SAAR

All antimicrobials used in adult ICUs and wards

| Facility Org ID | Summary Yr/Qtr | SAAR Type | Antimicrobial Days | Predicted Antimicrobial Days | Days Present | SAAR | SAAR p-value | 95% Confidence Interval |
|-----------------|----------------|-------------|--------------------|------------------------------|--------------|-------|--------------|-------------------------|
| 13860 | 2014Q1 | IND-Adult-1 | 4416 | 4421.364 | 6326 | 0.999 | 0.9437 | 0.970, 1.029 |
| 13860 | 2014Q2 | IND-Adult-1 | 3998 | 3856.677 | 5668 | 1.037 | 0.0240 | 1.005, 1.069 |
| 13860 | 2014Q3 | IND-Adult-1 | 3568 | 3952.912 | 5765 | 0.903 | 0.0000 | 0.873, 0.933 |
| 13860 | 2014Q4 | IND-Adult-1 | 6835 | 5731.061 | 9247 | 1.193 | 0.0000 | 1.165, 1.221 |
| 13860 | 2015Q1 | IND-Adult-1 | 4060 | 3113.877 | 5358 | 1.304 | 0.0000 | 1.264, 1.344 |

Includes data for January 2014 and forward.
 Data restricted to medical, medical/surgical and surgical locations.
 Source of aggregate data: 2014 NHSN AU Data
 Data contained in this report were last generated on November 11, 2015 at 5:57 PM.

Updates to the NHSN Antimicrobial Use Option continued on page 11

Updates to the NHSN Antimicrobial Use Option (continued)

2016 Data Requirements

As a reminder, all Antimicrobial Use records for January 2016 moving forward are required to include the antimicrobials added to the NHSN AU Option in 2015:

- Ceftazidime/Avibactam
- Ceftolozane/Tazobactam
- Dalbavancin
- Isavuconazonium
- Oritavancin
- Peramivir
- Tedizolid

CDA records for January 2016 and forward that do not include these antimicrobials will be rejected from NHSN. If these antimicrobials were not used in a given month '0' can be reported. If these antimicrobials are not able to be accurately electronically captured by the eMAR or BCMA system in a given month, 'NA' can be reported.

NHSN recommends double checking with your software vendor/internal IT department to ensure your CDA reports will be updated with this change to ensure there is no interruption in your NHSN AU Option data submission.

Mark Your Calendar! New CMS Required Reporting Starting on January 1, 2016!

As described in the September 2015 NHSN Newsletter, CMS has finalized additional requirements for the PPS-Exempt Cancer Hospital Quality Reporting Program and the LTCH Quality Reporting Program.

Beginning January 1, 2016, Cancer Hospitals participating in the CMS PPS-Exempt QRP should begin reporting MRSA Bacteremia and *C. difficile* LabID Events by location at the facility-wide inpatient level (FacWideIN). The NHSN MDRO Protocol, training materials, and data collection forms can be found here: <http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html>. The operational guidance documents can be found at <http://www.cdc.gov/nhsn/cms/index.html> under the heading "Operational Guidance for PPS-Exempt Cancer Hospitals."

Beginning January 1, 2016, LTACHs participating in the CMS LTCH QRP should begin reporting Ventilator-Associated Events (VAE) by location for all adult inpatient bedded locations. The NHSN VAE Protocol, training materials, and data collection forms can be found here: <http://www.cdc.gov/nhsn/ltach/vae/index.html>. The operational guidance document can be found at <http://www.cdc.gov/nhsn/cms/index.html> under the heading "Operational Guidance for Long Term Acute Care Facilities."

The complete list of CMS reporting requirements and due dates can be found here:

- Reporting Requirements and Deadlines in NHSN per CMS Current Rules:

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

- Healthcare Facility HAI Reporting Requirements to CMS via NHSN - Current and Proposed Requirements:

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

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **February 15, 2016** for facilities that participate in certain CMS quality reporting programs.

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

2015 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data

- All ICU locations
- Adult and pediatric medical, surgical, and medical/surgical wards

2015 Quarter 3 (July 1 – September 30) Inpatient COLO and HYST SSI data

2015 Quarter 3 (July 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare onset and community onset)

- FacWideIN
- ED, and 24-hour observation locations

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

2015 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2015 Quarter 3 (July 1 – September 30) Inpatient COLO and HYST SSI data

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

IMPORTANT: The CMS Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) has extended the deadline for Q1 and Q2 CAUTI, MRSA LabID, and CDI LabID data submitted to CMS via the CDC's NHSN. The new deadline for submission of Q1 and Q2 2015 NHSN data is February 15, 2016 which is also the established IRF QRP Q3 2015 deadline. The full CMS announcement can be found here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Spotlights-Announcements.html>.

2015 Quarters 1, 2, & 3 (January 1 – September 30) CAUTI data (all bedded inpatient locations)

2015 Quarters 1, 2, & 3 (January 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare onset and community onset)

Freestanding IRFs: Reporting by FacWideIN

IRF units within acute care or critical access hospitals: Reporting by each CMS IRF unit

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

IMPORTANT: The CMS Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) has extended the deadlines for Q1, Q2, and Q3 2015 CLABSI, CAUTI, MRSA LabID, and CDI LabID data submitted to CMS via the CDC's NHSN. The new deadline for submission of Q1, Q2, and Q3 2015 NHSN data is February 15, 2016. The full CMS announcement can be found here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html>.

2015 Quarters 1, 2, & 3 (January 1 – September 30) CLABSI and CAUTI data (all bedded inpatient locations)

2015 Quarters 1, 2, & 3 (January 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare onset and community onset)

Reminder! Data for CMS Quality Reporting Programs due Soon! (continued)

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.

Long-term Care Facility Component

Long-term Care Facility (LTCF) Updates

CDC-NHSN Long-term Care Facility Training Course with Live Web Streaming on February 29, 2016: Save the date to attend in person at the CDC Global Communications Center in Atlanta, Georgia or via live web streaming. Speakers will discuss topics including definition and protocol overview, using data to guide prevention, and resources available to LTCFs. Keep a look out for a registration e-mail from NHSN. While space is limited for the training in-person, live web streaming will be available.

C. difficile Reporting and Reduction Project for Nursing Homes: In October 2015, CMS announced the *C. difficile* Infection Reporting and Reduction project within the nursing home 11th Scope of work for Quality Innovation Networks – Quality Improvement Organizations (QIN-QIO). The CDI project goal is to recruit 15% of nursing homes to enroll in NHSN and sustain CDI reporting for the duration of the project. For more information about this exciting project, contact your QIN-QIO.

Long-term Care Facility Component Annual Facility Survey: After the next release of NHSN, scheduled for January 9, 2016, facilities should begin entering their Annual Facility Survey using data from the prior calendar year. The data collected on the survey covers January 1, 2015 through December 31, 2015. We recommend collecting all survey information on a paper form before attempting to enter data into the web application. A copy of the paper survey and survey instructions can be found on the Long-term Care Facility Component website.

Survey: http://www.cdc.gov/nhsn/forms/57.137_ltcfsurv_blank.pdf.

Instructions: <http://www.cdc.gov/nhsn/forms/instr/57.137-toi-annual-facility-survey.pdf>

Dialysis Component

Reminders and Updates for NHSN Dialysis Component Users

Upcoming CMS ESRD QIP Deadlines for 2015 Dialysis Event Data

Calendar Year 2015 Dialysis Event data should be correct and complete in the Dialysis Component of NHSN by the following deadlines:

- Quarter 3 (July 31, 2015 – September 30, 2015): December 31, 2015*
- Quarter 4 (October 1, 2015 – December 31, 2015): March 31, 2016

Calendar Year 2015 Healthcare Personnel Influenza Vaccination data should be correct and complete in the Healthcare Personnel Safety Component of NHSN by May 15, 2016.

New Hemodialysis Infection Prevention Tools for Dialysis Component Users Conducting Optional Prevention Process Measures Surveillance

1. Implement CDC-recommended infection prevention practices
2. Use the tools to assess progress

New Hemodialysis Station Routine Disinfection Audit Tool—This new resource allows you to assess staff adherence to CDC recommended practices for routine dialysis station disinfection between patients.

New Hemodialysis Injectable Medication Preparation and Administration Audit Tools & Checklists—CDC has released new infection prevention audit tools and checklists on injectable medication preparation and administration. These are intended to expand the set of existing audit tools and checklists to help outpatient hemodialysis healthcare workers adhere to CDC-recommended practices.

3. Report Audit Tool observations to NHSN.[^]

A summary of each audit's results (the number of successfully completed procedures out of the total number of procedures observed) can be reported to NHSN. From the navigation menu, select "Summary Data" and "Add." Then choose "Prevention Process Measures" from the dropdown menu to report the data.

Find all of CDC's Dialysis Infection Prevention resources and additional information about NHSN Dialysis Prevention Process Measures at: <http://www.cdc.gov/dialysis/prevention-tools/index.html>.

*Impending deadline

[^] Reporting dialysis station routine disinfection and injection safety data to NHSN is optional.

Reminders and Updates for NHSN Dialysis Component Users (continued)

IMPORTANT ANNUAL SURVEY REMINDER:

Wait Until February 2016 to Complete the 2016 Outpatient Dialysis Center Practices Survey!

Collect staff and patient information **during the first week of February 2016** because many survey questions pertain to patients and staff who are present during the first week of February (e.g., counts, vaccinations, etc.). The 2016 survey can be started electronically in NHSN **beginning February 1, 2016**.

Currently, the paper version of the **2015** Outpatient Dialysis Center Practices Survey is posted on the Dialysis Event Surveillance homepage. Stay tuned for the paper-version of the new, 2016 survey soon!

New Questions Added to Dialysis Event Surveillance

- Coming in January 2016, users will notice two new, optional fields to better assess the risk of dialyzer reuse:
 - On the *Dialysis Event form*, under Risk Factors, indicate if the "Patient's dialyzer is reused." Select 'Yes' if the patient participates in a dialyzer reuse program (i.e., receives hemodialysis with a dialyzer that is used more than one time). Select 'No' if the patient receives hemodialysis with a single-use dialyzer.
 - On the *Denominators for Dialysis Event Surveillance form*, among the total number of patients counted in your monthly denominator, enter the number of these patients who participate in a dialyzer reuse program (i.e., who receive hemodialysis with dialyzers that are used more than once).

Risk Factors
Vascular Accesses (check all that apply)>
 Fistula
Buttonhole?
 Graft
 Tunneled Central Line
 Nontunneled Central Line
 Other vascular access device
Is this a catheter-graft hybrid?
Vascular access comment:
Patient's dialyzer is reused?:
Y - Yes
N - No

| Vascular Access Type | Number of Hemodialysis Outpatients |
|-----------------------------------------------------------------------|------------------------------------|
| Fistula* | 10 |
| Graft* | 7 |
| Tunneled Central Line* | 1 |
| Nontunneled Central Line* | 0 |
| Other vascular access device* (e.g., catheter-graft hybrid, port)* | 0 |
| Total Patients*: | 18 |
| Number of these patients for whom dialyzers are reused: | <input type="text"/> |

- By including this field on both numerator and denominator forms, it will be possible to calculate certain infection rates among patients who reuse dialyzers and those who do not.
- Coming in January 2016, users will also see a second new, optional question on the *Dialysis Event Surveillance form*. A follow-up to IV antimicrobial starts, "Was this a new outpatient start or a continuation of an inpatient course?" will be added to distinguish IV antimicrobial courses initiated within dialysis facilities versus those initiated during a hospitalization. Select "New antimicrobial start" if the antimicrobial was a single dose initiated in the clinic or first dose of a course initiated in the clinic. Select "Continuation of antimicrobial" if the outpatient antimicrobial administration was a continuation of a course initiated during the patient's hospital admission.

Specify Event (check one or more)>:
 IV antimicrobial start
Was vancomycin the antimicrobial used for this start?
Was this a new outpatient start or a continuation of an inpatient course?:
New antimicrobial start
Continuation of antimicrobial

Biovigilance Component

Hemovigilance Module Updates

HV Denominator form changes and QuickLearn

Beginning January 2016, the Hemovigilance Module denominator reporting form will include a new section for users to report the total numbers of units and aliquots by product type and collection method which are produced with pathogen-reduction technology (PRT). The current denominator form includes a table for users to report total numbers of units and aliquots transfused by product type and collection method. This table will remain unchanged. Please note the PRT units will be a subset of the total number of units and aliquots transfused and reported in the larger table. Training materials will be available to users by January 2016, including a brief tutorial QuickLearn to walk users through these reporting changes.

Change to reporting pooled-products

Beginning January 2016, reporting of pooled platelet and cryoprecipitate products will be changed so that individual units, not pools, are reported to ensure consistent and reliable data. One question will be added to the Annual Facility Survey for additional clarification. The table of instructions for the denominator form will describe how users should report pooled products. Updated training material will be available to users by January 2016.

Clinical Documentation Architecture (CDA)

In response to user requests and feedback, CDC has started developing Clinical Documentation Architecture (CDA) for the Hemovigilance Module Denominator form. The CDA Implementation Guide will be available in the spring of 2016 to assist blood bank software developers in incorporating NHSN specific CDA for their software. CDA will allow NHSN users to upload denominator data to the Hemovigilance Module without manual data entry. CDA will decrease the reporting burden, improve data quality, and significantly increase data granularity allowing for rate calculations by product type and combinations of collection method or modification. CDC is working to increase awareness about the CDA Implementation Guide among blood bank software vendors.

Closing-Out Data

As 2015 comes to an end, CDC would like to remind facilities to begin addressing any missing data for the year. Check the alerts on the Biovigilance Component Home Screen to see what data is missing. Please send questions and feedback to nhsn@cdc.gov and include 'Biovigilance' in the subject line for the fastest response.

General NHSN

NHSN Training Updates

In-Person NHSN Training Course

CDC will host the annual live training course on February 29 –March 4, 2016 at the CDC Global Communications Center in Atlanta, GA. Speakers will discuss topics including general NHSN definition changes for 2016, definitions and surveillance for device and procedure-associated infections, , as well as introductory and advanced NHSN analysis and updating the national risk-adjustment of HAI data. In addition, the subject matter experts will provide interactive case studies for each infection/event type.

The 2016 in-person training will also include two half-day sessions:

Long-term Care Facility Training – February 29, 2016 from 1:00PM – 5:00PM: Speakers will discuss topics including infection surveillance and prevention in LTCFs, definition and protocol overview, using data to guide prevention, and NHSN resources available to LTCFs.

Antibiotic Use and Resistance Training – March 4, 2016 from 8:00AM – 12:00PM: Speakers will discuss antibiotic stewardship, analysis of antibiotic resistance data, antibiotic use protocol, and the Standardized Antibiotic Administration Ratio (SAAR).

Registration for the training course is tentatively scheduled to open in **early January 2016**. Please stay tuned for registration information and updates.

For those participants unable to attend the training in-person, live web streaming will be available. An email will be sent in February 2016 with the details on accessing the web streaming event and materials.

Please email NHSNtrain@cdc.gov with training-related questions.

Reminder: Significant Changes to Procedure Import Methods (CSV)

Throughout 2014 and 2015, NHSN users have been able to import procedure records using CSV files by either of two methods:

The **No-Header-Row Method**, the original method, requires that data in the import file be in a specific order, without a header row, and that empty placeholders must be present for optional fields that are not imported.

Ex:

| | | | | | | | | | | | | |
|---------|---|-----------|------|-----------|---|---|----|----|---|---|---|-----|
| MD-2000 | F | 6/14/1941 | AAA | 1/1/2014 | N | 2 | 16 | CC | 2 | N | N | PRI |
| MD-3000 | M | 9/18/1946 | KPRO | 1/15/2014 | N | 2 | 10 | C | 1 | N | N | OTH |

The **Header-Row Method**, first implemented in 2014, requires that each data field be headed by a specific title, but the data can be entered in any order, and empty optional fields can be excluded altogether.

Ex:

| asa | closure | dob | emergency | gender | outpatient | patID | procCode | procDate | procDurationHr | procDurationMin | scope | swClass |
|-----|---------|-----------|-----------|--------|------------|---------|----------|-----------|----------------|-----------------|-------|---------|
| 2 | PRI | 6/14/1941 | N | F | N | MD-2000 | AAA | 1/1/2014 | 2 | 16 | N | CC |
| 1 | OTH | 9/18/1946 | N | M | N | MD-3000 | KPRO | 1/15/2014 | 2 | 10 | N | C |

Significant Changes to Procedure Import Methods continued on page 18

Reminder: Significant Changes to Procedure Import Methods (CSV) (continued)

Beginning with the next major software update to the NHSN application, currently scheduled for January 9, 2016, **the No-Header-Row Method for importing procedure records using CSV files will be discontinued**. From that time forward, all data in the import file **must** be imported with a header row, and the header names must match the variable names as they appear in the specifications document to be posted on the NHSN SSI Resources web page (link below).

Note that the **Header-Row Method** for importing procedure records via CSV, soon to be the sole method, is currently active in the NHSN application. All users should review the procedure import documentation under the “Supporting Materials” section of the NHSN SSI Resources web page, and begin employing this new method as soon as possible: <http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>.

CDA Corner

New IG Versions: For 2016 data, the following Summary Report and Event CDAs will be required to be based on the R2-D2.1 Implementation Guide. CDAs may be imported after the NHSN Release 8.5 is deployed.

Summary Reports:

- 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)

Events:

- Laboratory-identified (LabID) MDRO or CDI Event
- Central Line Insertion Practices Adherence (CLIP) Monitoring
- Dialysis Event

Antimicrobial Use (AU) Option - 89 Antimicrobials required: Six antimicrobials were added in 2015 will be required for 2016 data. For 2016, a total of 89 antimicrobials are required to be included in each CDA.

New antimicrobials are the following:

| Value | displayName |
|--------|-----------------------------------|
| 1816-8 | TEDIZ - Tedizolid |
| 1817-6 | ORITAV - Oritavancin |
| 1818-4 | CEFTOTAZ - Ceftolozane/Tazobactam |
| 619693 | PERAM - Peramivir |
| 1819-2 | ISAVAC - Isavuconazonium |
| 1820-0 | CEFTAVI - Ceftazidime/Avibactam |

Update for DIRECT CDA Automation

At this time, data have been submitted into NHSN on behalf of 93 facilities from four separate vendors using this NHSN feature. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or send an email to the NHSN CDA Helpdesk (NHSNCDA@cdc.gov).

NHSN Help Desk: Activity Update

Quarter 4, 2015

(Averages)

909 Email Inquiries per Week

26 Facilities Enrolled per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of December 3, 2015):

5,927 Hospitals (this includes 531 Long-term Acute Care Hospitals and 313 Free-standing Inpatient Rehabilitation Facilities)

6,605 Outpatient Hemodialysis Facilities

4,604 Ambulatory Surgery Centers (ASCs)

272 Long-term Care Facilities

17,408 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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