



Influenza Vaccination of Healthcare Personnel

Beginning with the 2013-2014 influenza season, acute care facilities participating in the CMS IPPS Hospital Inpatient Quality Reporting Program must report summary data on influenza vaccination of healthcare personnel (HCP) who physically work in the reporting facility for 1 day or more from October 1 (2013) through March 31 (2014). This is a change from the 2012-2013 influenza season in which summary vaccination data were reported for HCP physically working 30 days or more in the reporting facility. Also, acute care facilities must report vaccination data for the entire October to March reporting period. For the 2012-2013 influenza season facilities could choose to report only vaccination data for January 1 to March 31.

Aside from the two changes mentioned above, the requirements for reporting HCP summary influenza vaccination data to NHSN remain the same for the 2013-2014 influenza season. Hospitals must report vaccinations received by healthcare personnel at the facility, vaccinations received outside the facility, medical contraindications, and declinations. Data must be reported separately for employees, licensed independent practitioners, and students, trainees, and volunteers aged 18 or older. Reporting summary data for other contract personnel remains optional. Only healthcare personnel physically working in the facility for at least 1 day between October 1 and March 31 should be counted.

Updated training materials, protocol, forms and instructions will be available on the NHSN website in July 2013: <http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html>. For questions related to the HCP influenza vaccination summary reporting, please e-mail NHSN@cdc.gov and include "HPS Flu Summary" in the subject line.

NHSN Demo Application

New to NHSN? Need more practice running analysis reports? Explore the various data entry screens and analysis output options in our NHSN Demo application. We have recently created several analysis exercises that will allow you to gain familiarity with the analysis of NHSN Patient Safety data. These exercises will show you how to create and modify an analysis report, as well as how to interpret the results.

To sign up to use the Demo application or to view the analysis exercises, use the following link:

http://www.cdc.gov/nhsn/NHSN_Demo.html.

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Update on NHSN's Proposed Use of CPT Codes for SSI Surveillance

The National Healthcare Safety Network (NHSN) is a system used by CDC and its healthcare and public health partners for surveillance of surgical site infections (SSIs), as well as other healthcare-associated infections (HAIs) and other adverse events in healthcare. For SSI surveillance, the NHSN Patient Safety Component Protocol specifies a set of NHSN operative procedure categories, e.g., abdominal hysterectomy (HYST) or colon surgery (COLO), that are defined by surgical procedure codes. Beginning with NHSN's launch in 2004, the NHSN operative procedure categories have been defined by ICD-9-CM procedure codes. In 2012 NHSN started to add CPT codes to its mapping for each NHSN operative procedure category, and as a result several NHSN operative procedure categories are currently specified by both ICD-9-CM and 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. The rationale for this transition included the recent National Quality Forum (NQF) endorsement of the "American College of Surgeons – Centers for Disease Control and Prevention Harmonized Procedure Specific Surgical Site Infection Outcome Measure" (NQF #0753), which includes a dual ICD-9-CM and CPT code mapping to the NHSN abdominal hysterectomy and colon surgery categories. Harmonization of SSI measurement and reporting with the American College of Surgeons, other surgical professional groups, and—more broadly—the surgical community of practice is a priority for CDC because surgical care teams have a big stake in the quality measure data reported about their patients' outcomes and those same care teams are strategically well-positioned to take action in response to the SSI data.

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. CDC hears these concerns and is taking a fresh look at its plan to begin using CPT codes exclusively as the definitional criteria for the NHSN operative procedure codes by January 2015, including a review of whether and how CPT codes will be accessible to infection preventionists responsible for SSI surveillance. Maintaining a dual mapping to the NHSN operative procedure categories, including both CPT codes and ICD-10-PCS codes, is a distinct possibility. We are engaged with hospitals, infection preventionists, professional associations, electronic health record system vendors, and medical coding professionals and we are prepared to pull back from our original plan if additional fact gathering and re-evaluation point to a different direction.

Reporting CLABI in Dialysis Patients

Scenario:

You have a patient that is housed on your 4E medical unit. He travels to your inpatient hemodialysis (HD) center 3 times per week for HD through a central line. The central line is not used for any patient care other than HD and he does not have another central line in place. He does have a peripheral IV catheter. Two weeks into the patient's hospital stay he develops a laboratory confirmed bloodstream infection (LCBI). All IV sites are without signs of infection.

Question:

Should a CLABSI be reported for your 4E unit?

Answer:

Yes. This patient meets criterion 1 for LCBI and the central line was in place for > 2 days on the event date. Therefore this is a CLABSI. The event is attributed to the 4E unit, because the dialysis unit is not a bedded location. Patients do not spend the night there. Therefore there are no central line days or patient days reported for this location. As a result no CLABSI rates can be identified for the dialysis unit nor CLABSIs attributed to this location. The CLABSI must be attributed to the location on which the patient is housed, in this case 4E.

Note: In 2014 an additional field will be added to the CLABSI reporting form. This optional field will allow users reporting a CLABSI to indicate that the patient had a central line in place for the purpose of dialysis. This information may then be used for internal CLABSI quality improvement activities.

NHSN Begins its Migration to SAMS!

NHSN recently began its migration to Secure Access Management Services, 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 February 2013 we successfully migrated about 20 CDC NHSN users to SAMS and we gathered valuable information about the process. We recently began a new pilot phase during which we will migrate approximately 120 external volunteers who are users in various types of NHSN facilities or Groups. Feedback from this pilot phase will inform our general migration of all NHSN users to SAMS, which we expect to begin in late 2013. We are planning a gradual migration since we will be limited by the number of SAMS applications that can be processed per day, and we anticipate that the migration of our more than 22,000 NHSN users will take approximately two years to complete.

Once we begin our general migration to SAMS, these are a few things that you can expect:

- The timing of your migration to SAMS will be based partly on your digital certificate expiration date, but also upon how many SAMS applications can be processed by CDC per day. Keep in mind that 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 when you receive an email prompt to do so, until you receive an email invitation to register for SAMS instead.
- 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.
- We don't want to waste precious time and resources in attempting to migrate users who have retired or moved on to other jobs and no longer need NHSN access, so please periodically check the users in your NHSN facility and deactivate the profiles of any users who no longer need access. Contact nhsn@cdc.gov if you need assistance.

Stay tuned for more information about NHSN's general migration to SAMS. We will keep you informed through our quarterly newsletters, our e-mails and updates, and our website. We hope you are as excited about this change as we are!

System Requirements and Recommendations for Optimal NHSN Performance

NHSN is an internet application that requires no special software, however, to ensure optimal performance when accessing the NHSN application we recommend the following minimum technical specifications:

Minimum System Requirements:

Operating System: Windows XP- Service Pack 3

1GB RAM

Video resolution: 800x600

Internet Browser: Microsoft Internet Explorer (IE) 7 or higher

NOTE: The only internet browser that can be used with NHSN is Microsoft Internet Explorer; do not use another browser when accessing NHSN

Recommended System Requirements:

Operating System: Windows 7 or above

2GB RAM

Video resolution: 1024x768

Internet Browser: Microsoft Internet Explorer (IE) 8 or higher (Note: IE 9 and IE 10 users should use NHSN in “compatibility” mode)

If all the technical specifications are met and you are still having issues with the NHSN application, please contact nhsn@cdc.gov for assistance. To keep up on NHSN's latest system recommendations please visit http://www.cdc.gov/nhsn/faqs/FAQ_general.html.

Training Opportunities Available from the Hospital IQR Support Contractor

The following three webcasts will be provided in the coming weeks by Telligen, the support contractor for CMS's Hospital Inpatient Quality Reporting (IQR) Program. NHSN users in facilities that participate in CMS's Hospital IQR Program might benefit from these sessions (but note that participation is not required). The first two webcasts (on July 9th and July 18th) will include presentations by CDC speakers.

Webcast #1

Topic: Methicillin-resistant *Staphylococcus aureus* (MRSA)/*Clostridium difficile* Data Submission

When: July 9, 2013, 1:00-2:30 ET

To Register: <http://engage.vevent.com/rt/nationalprovidercall~07092013>

Webcast #2

Topic: Risk Adjustment for *C. difficile* and MRSA Event Reporting in NHSN

When: July 18, 2013, 12:00-1:00pm ET

To Register: <http://engage.vevent.com/rt/nationalprovidercall~071813>

Webcast #3

Topic: Hospital Inpatient Quality Reporting (HIQR) Program Basics 101

Description: This webcast will provide a high level overview of the Hospital IQR Program for IPs and other medical staff.

When: July 24, 2013, 1:30-3:00pm ET

To Register: <http://engage.vevent.com/rt/nationalprovidercall~072413>

Registration is required. To register for a webcast, click on the link provided. If you have difficulty opening the link, copy and paste the URL into your internet browser's address box. Please join at least 15 minutes prior to the beginning of the sessions. Participants will use the links to register and join the live event. After the live event, the links will open recordings of the events.

REMINDER! Data for CMS Quality Reporting Programs Due on August 15th

The following data must be entered into NHSN by August 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 1 (January – March 2013) CLABSI and CAUTI ICU data
- 2013 Quarter 1 (January – March 2013) COLO and HYST SSI data
- 2013 Quarter 1 (January – March 2013) Healthcare Personnel Influenza Vaccination Summary data (*you may also enter 2012 Quarter 4 data, but the Hospital IQR Program does not require it for the 2012-2013 influenza season*)
- 2013 Quarter 1 (January – March 2013) MRSA Bacteremia and *C.difficile* LabID Events FacWideIn data

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

- 2013 Quarter 1 (January – March 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 1 (January – March 2013) CLABSI and CAUTI data (all bedded inpatient locations)

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

- 2013 Quarter 1 (January—March 2013) CLABSI and CAUTI data (all bedded inpatient care locations)

Please make sure at least one individual at your facility has an active digital certificate and has been assigned appropriate user rights in NHSN so they may enter and view their 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.

Biovigilance Component Webinar Series Schedule

These free, bi-monthly webinars are open to all Hemovigilance Module users. An e-mail is sent to Hemovigilance Module users when registration begins and is available on a first-come, first-served basis. If you do not receive these emails, please email us at nhsn@cdc.gov with "Biovigilance Component" in the subject line.

Date: August 15, 2013

Time: 2:00-3:00pm Eastern Time

The following topics will be covered:

- Completing the Monthly Reporting Denominators form
- Reporting zero events in a month
- Resolving alerts on the Incomplete/Missing List

Date: October 24, 2013

Time: 2:00-3:00pm Eastern Time

The following topics will be covered:

- Creating pie charts, bar charts, and line listings using the analysis function in NHSN
- Customizing output options and exporting data

Date: December 5, 2013

Time: 2:00-3:00pm Eastern Time

The following topics will be covered:

- Completing data collection for 2013
- Beginning the Annual Facility Survey for 2014

Ventilator-associated Event Protocol Surveillance Updates

The Ventilator-associated Event (VAE) surveillance protocol went live in January 2013. Currently over 1200 facilities are doing VAE surveillance. What a great start! We thank you for your participation and feedback!

Since the VAE surveillance protocol is a new approach, user participation and feedback is paramount to identify what works and what doesn't. For example, the VAE Surveillance Definition Working Group met recently to discuss feedback from users citing circumstances where VAC was detected in certain clinical scenarios as a result of usual processes of care or ventilator management strategy differences between providers rather than an actual clinical worsening of the patient. As a result, the Working Group agreed upon a modification to the protocol that will be implemented later this summer. The modification is such that for purposes of VAE surveillance, daily minimum PEEP values of 0-5 cm H₂O will be considered equivalent when making VAC determinations. This change will mean that patients with a daily minimum PEEP in the range of 0-5 cm H₂O must have an increase in the daily minimum PEEP to at least 8 cm H₂O and sustained at or above 8 cm H₂O for at least 2 calendar days in order for the VAC definition to be met. In essence, the values between 0-5 will be interpreted as being equal to 5 and therefore an increase to 8 cm H₂O will be necessary to satisfy the required increase in daily minimum PEEP of ≥ 3 cm H₂O over the daily minimum PEEP in the baseline period.

To help users understand this protocol change, an updated version of the VAE Calculator will be released. The new calculator will reflect the protocol change as well as other improvements, such as the ability to detect more than one VAE during an episode of mechanical ventilation (following the 14 day event period rule) and the addition of enhanced printing capabilities.

A formal announcement of the release of the updated protocol and new calculator version will be communicated in the near future. Until the new protocol is posted on the NHSN website, continue to use the currently available protocol and calculator, both of which can be accessed at <http://www.cdc.gov/nhsn/acute-care-hospital/vae/index.html>.

We appreciate your patience and participation as we work to improve the VAE surveillance protocol.

NHSN Enrollment Update (as of June 30, 2013):

5,509	Hospitals (this includes 541 Long-term Acute Care Hospitals and 272 Free-standing Inpatient Rehabilitation Facilities)
6,159	Outpatient Hemodialysis Facilities
281	Ambulatory Surgery Centers (ASCs)
169	Long-term Care Facilities
12,118	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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