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NHSN Members Meeting Slides Now Available!

The 2017 NHSN Members Meeting was held on Thursday, June 15th during the annual APIC conference. The Members Meeting provides an opportunity for NHSN users to receive timely updates for NHSN surveillance, analysis, and reporting, and have questions answered by the NHSN subject matter experts. The 2017 Members Meeting included updates on Patient Safety Component Modules, the upcoming NHSN Beta Testing, Long-term Care, CDA, and more. You can review the 2017 Members Meeting presentation on the NHSN website: <http://www.cdc.gov/nhsn/newsletters/index.html>.

Patient Safety Component

New NHSN Case Study Published in AJIC

Have you ever wondered if your HAI determinations are similar to those of other IPs or the IPs at NHSN? The NHSN case studies that are periodically published in the American Journal of Infection Control (AJIC) offer just this opportunity! Each case study is taken through a rigorous development process to ensure that the case details align with real-life scenarios and that the answers and explanations are accurate and have been validated by NHSN subject matter experts.

The most recent case study focuses on the Surgical Site Infection (SSI) Protocol and can be found in the June 1, 2017, AJIC, Volume 45, Issue 6, Pages 612–614. The primary teaching points of this specific case study are:

- Demonstrate the application of the SSI criteria along with an HAI site-specific criterion
- Identify a BSI that is secondary to an SSI
- Apply the Present at the Time of Surgery (PATOS) event detail

We've heard from individual IPs that they use the case studies as a tool to validate their own knowledge. Others use the case studies as an instrument for the whole infection prevention department, as a means to ensure that all team members are on the same page. Whatever your purpose or motivation, we encourage you to take advantage of this training opportunity.

The case studies include an online survey link where the questions associated with the case study can be answered confidentially. There is immediate feedback provided in the form of correct answers, explanations and rationales via the survey link.

We hope that you take advantage of this educational offering and use the case studies to gain a greater understanding of the NHSN HAI surveillance definitions.

We welcome your suggestions and ideas for future case studies.

Bloodstream Infection Corner: Odd Organisms Out

Starting in January of 2017, NHSN excluded a list of enteric pathogens previously used to meet laboratory confirmed primary bloodstream infection (LCBI) criterion. While these changes have been added to the protocol, they currently are not yet built into the NHSN application. NHSN would like to remind you that if you entered any BSI events with these organisms as the only organism, these events will appear in your BSI data. You may wish to run a line list of BSI events to ensure that you have not reported such BSIs, and to delete any that you identify. NHSN hopes you stay up-to-date with any changes to the protocol and continue to send feedback to help improve HAI surveillance. Thank you for using NHSN. Please see the list of excluded pathogens below.

- Exclude the following as primary LCBI reported for any 2017 events, if they are the only pathogens reported for the event:
 - Campylobacter
 - C. difficile
 - Shigella
 - Listeria
 - Yersinia
 - Enteropathogenic E. coli

NHSN Analysis Update: Using Descriptive Variable Names

Descriptive Variable Names

Did you know? When running a report in NHSN, selecting the option “Show descriptive variable names” will allow you to obtain the full variable name in the report table columns. This option will also allow you to see the descriptive variable names throughout the modification options.

The variable name option can be found at the top of the modification window:

The screenshot shows the top portion of the NHSN report modification window. At the top left, there is a checkbox labeled "Show descriptive variable names (Print List)" which is checked and highlighted with a red box. To the right of this checkbox, the text "Analysis Data Set: bs2_CLAB_RatesICU" and "Type: SIR" is displayed. Below this is a navigation bar with four tabs: "Title/Format" (highlighted in green), "Time Period", "Filters", and "Display Options". Under the "Title/Format" tab, there is a "Title:" label followed by a text input field containing "SIR for Central Line-Associated BSI Data for Acute Care Hospitals (2015 baseline)". Below the title field is a "Format:" label followed by four format options: "html" (selected with a radio button), "pdf", "xls", and "rtf". Each format option is represented by a colored icon: a globe for html, a red document for pdf, a green spreadsheet for xls, and a green document for rtf.

NHSN Analysis Update: Using Descriptive Variable Names continued on page 4.

NHSN Analysis Update: Using Descriptive Variable Names (continued)

Below is an example of an SIR report with and without the variable names:

Without descriptive variable name:

| | | | | | | |
|-----------|----------|---------|-----------|-----|----------|---------|
| summaryYH | infCount | numPred | numcldays | SIR | SIR_pval | sir95ci |
|-----------|----------|---------|-----------|-----|----------|---------|

With descriptive variable name:

| | | | | | | |
|--------------------|--------|---------------------|-------------------|-----|-------------|----------------------------|
| Summary Yr/Half | Events | Number Predicted | Central Line Days | SIR | SIR p-value | 95% Confidence Interval |
|--------------------|--------|---------------------|-------------------|-----|-------------|----------------------------|

As you can see from the above, selecting the “show descriptive variable names” will show the full column header wording instead of the abbreviated version. The full description of the variable labels is especially helpful when you modify a line listing report with custom variable options, while sorting and displaying for the report.

For your reference, the complete list of the variables available in the patient safety component can be found by clicking “Print List” next to the “Show descriptive variable names” option.

How to Perform Device-associated Denominator Data Sampling (Correctly!)

What is the denominator data sampling?

Since January 2015, denominator data sampling has become an alternative method for collecting NHSN CLABSI and CAUTI denominator data in eligible location types.

Which locations are eligible to participate in denominator data sampling?

ICU and ward location types (excluding SCA/ONC & NICU locations).

What other eligibility criteria must a location type meet in order to participate in denominator data sampling?

ICU and ward location types with an average of 75 or more device-days per month are eligible. The average number of device days for each device type (specifically, central line days or urinary catheter days) can be determined by reviewing each location’s device-day denominator data for the past 12 months in the rate table reports:

Eligible

| location | summaryYr | months | clabcount | numcldays | CLABRate | numpatdays |
|----------|-----------|--------|-----------|-----------|----------|------------|
| 5G | 2016 | 12 | 1 | 1270 | 0.787 | 2480 |

5G average CL days per month:
1270 CL days /12= 105.8

This location has more than 75 average central-line days per month (over the past 12 months). Therefore, it is eligible to participate in denominator data sampling.

Not Eligible

| location | summaryYr | months | clabcount | numcldays | CLABRate | numpatdays |
|----------|-----------|--------|-----------|-----------|----------|------------|
| CARDCRIT | 2016 | 12 | 3 | 175 | 17.143 | 360 |

CARDCRIT average CL days
per month:
175 CL days /12= 14.5

This location has less than 75 average central-line days per month (over the past 12 months). Therefore, it is not eligible to participate in denominator data sampling.

How to Perform Device-associated Denominator Data Sampling continued on page 5

How to Perform Device-associated Denominator Data Sampling (Correctly!) (continued)

How often should denominator data be sampled?

Patient days and device days should be collected on a designated day and time each week (Monday through Friday only).

| | <i>Correct</i> | | | | | <i>Incorrect</i> | | | | | |
|--------|----------------|---|---|----|---|------------------|---|-----|----|---|-----|
| | M | T | W | Th | F | M | T | W | Th | F | Sat |
| Week 1 | 9am | | | | | 9am | | | | | |
| Week 2 | 9am | | | | | | | | | | 3pm |
| Week 3 | 9am | | | | | | | 9am | | | |
| Week 4 | 9am | | | | | 6am | | | | | |

What happens if denominator data collection on the designated day is missed?

Data should be collected on the next available day.

What data should be entered in NHSN?

- Monthly total for patient days (collected daily)
- Sampled total for patient days
- Sampled total device days (e.g., central-line days and/or urinary catheter days)

Once these fields are complete, NHSN calculates the total central-line and/or urinary catheter days.

Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)

Mandatory fields marked with *

Facility ID *: DHQP MEMORIAL HOSPITAL (ID 10018) CORRECT

Location Code *: EG - CARDIAC ICU

Month *: May

Year *: 2017

Report No Events Sample Values For Estimating Denominator Data

Total Patient Days: 200 Sample Patient Days *: 80 Check Box(es) if Sampling Used

Central Line Days: 50 Sample Central Line Days *: 20

Urinary Catheter Days: Sample Urinary Catheter Days:

Ventilator Days:

APRV Days:

Episodes of Mechanical Ventilation:

CLABSIS:

CAUTI:

VAE:

PedVAP:

Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)

Mandatory fields marked with *

Facility ID *: DHQP MEMORIAL HOSPITAL (ID 10018) INCORRECT

Location Code *: EG - CARDIAC ICU

Month *: May

Year *: 2017

Report No Events Sample Values For Estimating Denominator Data

Total Patient Days: 200 Sample Patient Days *: 200 Check Box(es) if Sampling Used

Central Line Days: 50 Sample Central Line Days *: 50

Urinary Catheter Days: Sample Urinary Catheter Days:

Ventilator Days:

APRV Days:

Episodes of Mechanical Ventilation:

CLABSIS:

CAUTI:

VAE:

PedVAP:

Total Patient Days & Sample Patient Days
AND
Central Line Days & Sample Central Line Days
should not be equal

How to Perform Device-associated Denominator Data Sampling (Correctly!) (continued)

What happens if denominator data sampling is not done correctly?

The device and patient days would not be accurately reflected in the location's rates and standardized infection ratios (SIRs).

Additional Resources:

Quick Learn video: <https://www.youtube.com/watch?v=LVDrjrgfWn4&feature=youtu.be>

CAUTI Protocol: <https://www.cdc.gov/nhsn/pdfs/pscmanual/7pscclabcurrent.pdf> (page 15)

CLABSI Protocol: https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf (page 20)

Steps for Inactivating a Location in NHSN

If a facility adds a new location to replace an existing location, steps must be taken to ensure that the old location is inactivated and the new location is added to all applicable Monthly Reporting Plans (MRPs). According to the NHSN Location's Chapter (https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf, page 8):

*"Note that data for the old location can still be analyzed, but these data will **not** be connected to data reported under the new location. To connect data to the new location, facility administrators must edit the older location event and summary records to the newly created locations. This **must** be done before the old location is put into "Inactive" status. Once the new location is active, facilities need to change their monthly reporting plan to record the change and capture the new location data."*

Key Reminders about Inactive Locations:

- Data from inactive locations will still be sent to CMS if you **do not** remove them from your MRP
- Data from inactive locations will still be available in NHSN analysis reports, but once you inactivate a location, **new** data cannot be entered for that location
- After inactivating a location, **new** data cannot be entered (therefore, please be sure to enter all historical data before inactivating a location)
- Please add your **new** location and remove the **old** location from your MRP (for all applicable months moving forward) in order to prevent duplicate data in your records
- If an MRP needs to be edited or data need to be added for an inactive location, please reactivate the location in the Locations Manager, edit/add data, and then make the location inactive again

Please refer to the steps below for inactivating a location in NHSN:

Steps for Inactivating a Location in NHSN continued on page 7.

Steps for Inactivating a Location in NHSN (continued)

Step 1: Select "Find" on the Locations page

Locations

Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the **Save** button.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding box(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code *:

Your Label *:

CDC Location Description *:

Status *:

Bed Size *: A bed size greater than zero is required for most inpatient locations.

Step 2: Locate the location to inactivate. In this example, the location is "5 WEST"

Your Code *:

Your Label *:

CDC Location Description *:

Status *:

Bed Size *: A bed size greater than zero is required for most inpatient locations.

Location Table

[Display All](#) [Print Location List](#)

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| Delete | Status | Your Code | Your Label | CDC Description | CDC Code |
|--------------------------|--------|-----------|---------------------------------|---------------------------------------|--------------------------|
| <input type="checkbox"/> | Active | 4855 | PSYCHOLOGY WARD | Jail Unit | IN-ACUTE:WARD:JAL |
| <input type="checkbox"/> | Active | 5 WEST | SSI | Medical/Surgical Ward | IN-ACUTE:WARD:MS |
| <input type="checkbox"/> | Active | 5G | CARDIAC ICU | Medical Cardiac Critical Care | IN-ACUTE:CC:C |
| <input type="checkbox"/> | Active | 5PEDCC | PEDIATRIC MEDICAL CRITICAL CARE | Pediatric Medical Critical Care | IN-ACUTE:CC:M_PED |
| <input type="checkbox"/> | Active | 61EAST | PEDIATRIC ICU | Pediatric Medical Critical Care | IN-ACUTE:CC:M_PED |
| <input type="checkbox"/> | Active | 7.0.0.8A | 7.0.0.8A TEST | Surgical Critical Care | IN-ACUTE:CC:S |
| <input type="checkbox"/> | Active | 71ICU | 71 ICU CARDIAC | Surgical Cardiothoracic Critical Care | IN-ACUTE:CC:CT |
| <input type="checkbox"/> | Active | 72N | 72 NEURO UNIT | Neurology Ward | IN-ACUTE:WARD:N |
| <input type="checkbox"/> | Active | 72ORTHQ | ORTHOPEDIC UNIT | Orthopedic Ward | IN-ACUTE:WARD:ORT |
| <input type="checkbox"/> | Active | 9WEST | MEDICAL UNIT | Adult Mixed Acuity Unit | IN-ACUTE:MIXED:ALL_ADULT |

Step 3: Select the value of "Your Code" for the location that you wish to inactivate (in this example, we would select "5 WEST"). The location fields will now populate and the "Save" button appears

Your Code *:

Your Label *:

CDC Location Description *:

Status *:

Bed Size *: A bed size greater than zero is required for most inpatient locations.

Location Table

[Display All](#) [Print Location List](#)

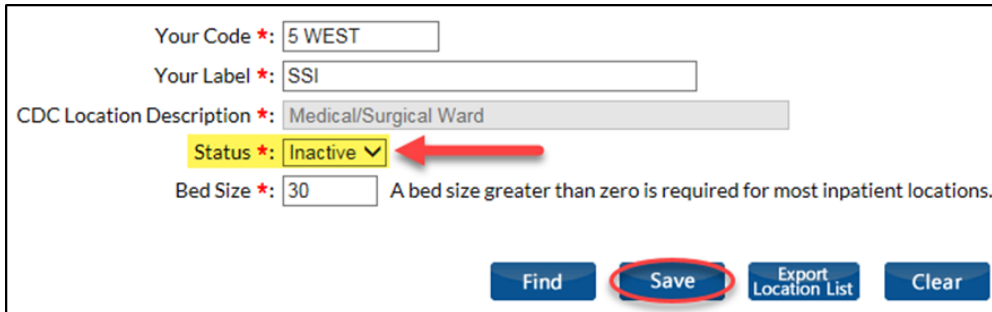
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| Delete | Status | Your Code | Your Label | CDC Description | CDC Code |
|--------------------------|--------|-----------|---------------------------------|---------------------------------------|--------------------------|
| <input type="checkbox"/> | Active | 4855 | PSYCHOLOGY WARD | Jail Unit | IN-ACUTE:WARD:JAL |
| <input type="checkbox"/> | Active | 5 WEST | SSI | Medical/Surgical Ward | IN-ACUTE:WARD:MS |
| <input type="checkbox"/> | Active | 5G | CARDIAC ICU | Medical Cardiac Critical Care | IN-ACUTE:CC:C |
| <input type="checkbox"/> | Active | 5PEDCC | PEDIATRIC MEDICAL CRITICAL CARE | Pediatric Medical Critical Care | IN-ACUTE:CC:M_PED |
| <input type="checkbox"/> | Active | 61EAST | PEDIATRIC ICU | Pediatric Medical Critical Care | IN-ACUTE:CC:M_PED |
| <input type="checkbox"/> | Active | 7.0.0.8A | 7.0.0.8A TEST | Surgical Critical Care | IN-ACUTE:CC:S |
| <input type="checkbox"/> | Active | 71ICU | 71 ICU CARDIAC | Surgical Cardiothoracic Critical Care | IN-ACUTE:CC:CT |
| <input type="checkbox"/> | Active | 72N | 72 NEURO UNIT | Neurology Ward | IN-ACUTE:WARD:N |
| <input type="checkbox"/> | Active | 72ORTHQ | ORTHOPEDIC UNIT | Orthopedic Ward | IN-ACUTE:WARD:ORT |
| <input type="checkbox"/> | Active | 9WEST | MEDICAL UNIT | Adult Mixed Acuity Unit | IN-ACUTE:MIXED:ALL_ADULT |

Steps for Inactivating a Location in NHSN continued on page 8.

Steps for Inactivating a Location in NHSN (continued)

Step 4: Change “Status” to “Inactive”. Click “Save”



The screenshot shows a form with the following fields and values:

- Your Code *: 5 WEST
- Your Label *: SSI
- CDC Location Description *: Medical/Surgical Ward
- Status *: Inactive (highlighted with a yellow box and a red arrow pointing to it)
- Bed Size *: 30

Below the fields are four buttons: Find, Save (circled in red), Export Location List, and Clear. A note below the Bed Size field states: "A bed size greater than zero is required for most inpatient locations."

We advise users that currently have mapped locations in NHSN that have been replaced with a different CDC Location Description to inactivate them as soon as all historical data (for example: CLABSI, LabID, AU, and AR) have been entered for that location. If you have additional questions about making a location inactive in NHSN, please send an email to the NHSN helpdesk (NHSN@cdc.gov) with the subject line “Inactive Locations”.

Reminders about the Facility-wide Inpatient (FacWideIN) MDRO Denominator Form

We’d like to share a few reminders about how to accurately complete the monthly FacWideIN denominator form. There are three “tiers” of required data entry:

Acute Care Hospitals:

- A. **Total facility patient days** and **Total facility admissions:** These counts should include patient days and admissions from *all* inpatient units located inside the hospital. This includes units with a separate CMS certification number (CCN). Any affiliated unit/facility that is physically separate from the hospital (for example, a separate campus) should be *excluded* from these counts. Units/facilities that are geographically separate from the hospital should be enrolled in NHSN as separate facilities. Email the NHSN helpdesk for additional guidance.
- B. **MDRO patient days** and **MDRO admissions:** These counts should *exclude* patient day and admission counts from CMS-certified inpatient rehabilitation facilities (IRFs) and inpatient psychiatric facilities (IPFs) with separate CCNs. These are the only units that should be excluded from these counts. If your hospital does not have a CMS-certified IRF or IPF unit, the patient day and admission counts entered in these fields will match those that are entered under “Total facility patient days” and “Total facility admissions”. All other inpatient units physically located in the hospital should continue to be counted. IRF and IPF units with the *same* CCN as the hospital should continue to be included in these data entry counts.
- C. **CDI patient days** and **CDI admissions:** These counts should *exclude* patient day and admission counts from CMS-certified inpatient rehabilitation facilities (IRFs) and inpatient psychiatric facilities (IPFs) with separate CCNs, as well as counts from NICU and well-baby units. If your facility does not have any CMS-certified IRF or IPF units, and does not have any NICU or well-baby units, the counts entered for “CDI Patient Days” and “CDI Admissions” will match those entered for “Total Facility Patient Days” and “Total Facility Admissions”.

More information available here: <https://www.cdc.gov/nhsn/pdfs/cms/acutecare-mrsa-cdi-labiddominator-reporting.pdf>

Reminders about the Facility-wide Inpatient (FacWideIN) MDRO Denominator Form (continued)

Long-term acute care hospitals (LTACHs) and free-standing inpatient rehabilitation facilities (IRFs):

LTACHs and IRFs completing the FacWideIN denominator form should enter the *same* values for Total Facility Patient Days, MDRO Patient Days, and CDI Patient Days (as these facilities typically do not have any units that meet the exclusion rules above). Likewise, these facilities should enter the *same* values for Total Facility Admissions, MDRO Admissions, and CDI Admissions.

See screen shot below with corresponding “A”, “B”, and “C” labels.

The screenshot shows the 'General' section of the FacWideIN MDRO Denominator Form. At the top, it displays 'Location Code * : FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)', 'Month * : January', and 'Year * : 2017'. Below this, there are three rows of input fields. The first row is for 'Setting: Inpatient' and contains 'Total Facility Patient Days * : 15201', 'Total Facility Admissions * : 1200', and 'MDRO Encounters:'. A red box labeled 'A' is around the 'Total Facility Admissions * : 1200' field. The second row is for 'Setting: Outpatient' and contains 'Total Facility Encounters:'. The third row is for 'MDRO' and contains 'MDRO Patient Days * : 15201', 'MDRO Admissions * : 1200', and 'MDRO Encounters:'. A red box labeled 'B' is around the 'MDRO Admissions * : 1200' field. The fourth row is for 'CDI' and contains 'CDI Patient Days * : 15201', 'CDI Admissions * : 1200', and 'CDI Encounters:'. A red box labeled 'C' is around the 'CDI Admissions * : 1200' field. There are also instructions about monitoring MDRO and C. difficile in FACWIDE locations.

Provider Review Reports

General information about why facilities may see discrepancies between Provider Reports (CMS Facility Compare Websites) and NHSN:

The data displayed on the Hospital, Inpatient Rehabilitation Facility (IRF) or Long Term Care Hospital (LTCH) Compare sites and presented in the Provider Preview Reports represent the data that were entered in NHSN for a facility *at the time of the CMS quarterly deadline, for each individual quarter*. Any additions, deletions, modifications, updates, etc. that a facility makes (to their events data, summary data, procedure data, annual survey, monthly reporting plans, and/or addressing outstanding data “alerts” on the NHSN home screen) after each quarterly deadline will not be reflected on Preview Reports, but will be reflected within NHSN and the analysis output you receive directly from NHSN.

Let’s examine how submitting a new annual survey at the start of a calendar year may cause discrepancies between NHSN and the Preview Reports. When a facility enters a new annual survey, this information will be incorporated into the calculation of the SIR for data from the current calendar year. For example, the CAUTI standardized infection ratio (SIR) for IRFs uses two elements from the survey that impact the number of predicted infections: Proportion of admissions with a primary diagnosis traumatic/non-traumatic spinal cord injury, and stroke. Once an annual survey is entered (normally between January-March each year), the number of predicted events, and therefore the SIRs, *for that calendar year* are updated based on the new survey data. Variables collected from the annual survey can and will cause the SIR denominator (number of predicted events) used in the calculation of the SIR to vary slightly from quarter to quarter depending on the annual surveys reported in NHSN at that time. With the implementation of the 2015 baseline, the surveys are applicable only to those SIR data that match the survey year, unless a survey has not yet been entered in which case, the most recent survey is used.

Provider Review Reports (continued)

| Quarter | CMS Quarterly Deadline (data pulled from NHSN) | Survey Used at Deadline | Survey Used Currently in NHSN, as of June 2017* | Survey that would be used in NHSN, as of June 2018* |
|---------------|---|--|---|---|
| 2015Q3 | Feb 15, 2016 | 2015, if entered before CMS deadline (2014 if not) | 2015 | 2015 |
| 2015Q4 | May 15, 2016 | 2015, if entered before CMS deadline (2014 if not) | 2015 | 2015 |
| 2016Q1 | Aug 15, 2016 | 2015 | 2016 | 2016 |
| 2016Q2 | Nov 15, 2016 | 2015 | 2016 | 2016 |
| 2016Q3 ** | March 15, 2017 | 2016, if entered before CMS deadline (2015 if not) | 2016 | 2016 |
| 2016Q4 | May 15, 2017 | 2016, if entered before CMS deadline (2015 if not) | 2016 | 2016 |
| 2017Q1 | Aug 15, 2017 | 2016 | 2016 | 2017 |
| 2017Q2 | Nov 15, 2017 | 2016 | 2016 | 2017 |

*If the survey is entered by the Survey submission deadline of March 31st of any given calendar year.

**2016Q3 IRFQR and LTCHQR Deadline extended to May 15, 2017.

Therefore depending on when a facility entered a new annual survey, a Provider Report that spans from 2015Q3 to 2016Q2 may have 2 quarters of data using a different annual survey from the annual survey currently being used by NHSN to calculate the SIR. Looking forward to the 2017Q1 deadline, the SIR will be calculated using the facility's 2016 survey for the August 15, 2017 CMS Quarterly Deadline. Once the 2017 survey has been entered (during the first quarter of 2018), the 2017 survey will be used. For information and an example of how the number of predicted events is calculated using variables from the annual survey, please refer to NHSN's SIR Guide, here: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

We recommend that facilities review their data directly in NHSN on the day of the CMS deadline, and print/save these outputs for future reference. The data on the Hospital/ IRF/LTCH Compare and in preview reports will match the data as it was entered in NHSN at the time of each deadline.

There are a few options facilities can run within NHSN to look at the last date that data were modified, or the original date of data entry. In the events, summary, procedure, annual survey, or reporting plan line list (all found in the Advanced folder), users can add the "modifyDate" and "modifyUserID" variables to see when and by whom the data were last modified. Likewise, you can add 'createdate' and 'createUserID' to see when the data were first entered. However, this does not account for any deleted records and will not state exactly how the record was modified. Detailed guidance on reviewing the create and modify dates in NHSN can be found here: <https://www.cdc.gov/nhsn/pdfs/analysis/how2view-create-modify-dates-in-nhsn.pdf>.

Provider Review Reports continued on page 11.

Provider Review Reports (continued)

Additional NHSN Resources:

NHSN Monthly Checklist for Acute Care Hospitals reporting to CMS Hospital IQR:

<https://www.cdc.gov/nhsn/pdfs/cms/ACH-Monthly-Checklist-CMS-IQR.pdf>

NHSN Monthly Checklist for Freestanding IRFs reporting to CMS IRFQRP: <https://www.cdc.gov/nhsn/pdfs/cms/IRFs-freestand-Monthly-Checklist-CMS-IQR.pdf>

NHSN Monthly Checklist for IRF Units within the Acute Care setting, reporting to CMS IRFQRP: <https://www.cdc.gov/nhsn/pdfs/cms/IRFs-acute-Monthly-Checklist-CMS-IQR.pdf>

NHSN Monthly Checklist for Long Term Care Hospitals report to CMS LTCHQRP: <https://www.cdc.gov/nhsn/pdfs/cms/LTCH-Monthly-Checklist-CMS-IQR.pdf>

Standardized Utilization Ratio (SUR) Reports Now Available!

We are happy to announce that the NHSN application now has a new measure and accompanying report! NHSN released Standardized Utilization Ratio (SUR) reports within the application earlier this month. SURs are comparable to Device Utilization Rates (DURs) because they both measure device utilization, but they are slightly different in the way they are calculated. SURs are a scalable, risk-adjusted measure that can be compared across locations and facilities because they are risk-adjusted accordingly. DURs can only be compared amongst the same location. SURs can also indicate whether the observed number of device utilization days is better, worse, or the same than the predicted number of device utilization days.

- If the SUR is less than 1, this indicates that there were fewer device days reported than would have been predicted.
- If the SUR is 1, the number of device days is the same as the number of predicted device days.
- If the SUR is greater than 1, this indicates there were more device days than would have been predicted.

A SUR is calculated by dividing the number of observed device days by the number of predicted device days, similar to a SIR. The number of predicted device days is calculated using a logistic regression model. SUR reports will show the number of observed device days, number of predicted device days, the calculated SUR, a p-value, and a 95% confidence interval (CI). Just like the SIR reports, the p-value and 95% CI indicate whether the SUR is statistically significant or not.

National Healthcare Safety Network

SUR for Central Line Device Use for Acute Care Hospitals (2015 baseline) - By OrgID

As of: June 8, 2017 at 10:09 AM

Date Range: BS2_CLAB_RATESALL summaryYM 2016M01 to 2016M06

orgID=10315 CCN=N/A medType=M

| orgID | summaryYH | numCLDays | numPredDDays | SUR | SUR_pval | SUR95CI |
|-------|-----------|-----------|--------------|-------|----------|--------------|
| 10315 | 2016H1 | 8407 | 3,537.893 | 2.376 | 0.0000 | 2.326, 2.428 |

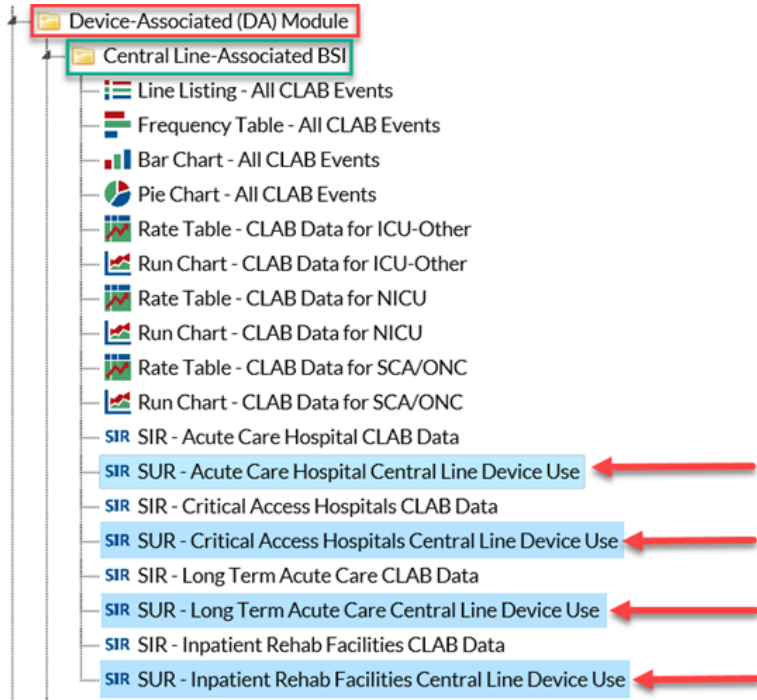
1. This report includes central line utilization data from acute care hospitals for 2015 and forward.
2. The SUR is only calculated if number of predicted device days (numPredDDays) is ≥ 1 . Lower bound of 95% Confidence Interval only calculated when number of observed device days > 0 .
3. The predicted device utilization days is calculated based on national aggregate NHSN data from 2015. It is risk adjusted for CDC location, hospital beds, medical school affiliation type, and facility type.

*Fictitious data used for illustrative purposes only.

Standardized Utilization Ratio (SUR) Reports continued on page 12.

Standardized Utilization Ratio (SUR) Reports Now Available! (continued)

The SUR reports can be accessed through the Device-Associated (DA) Module in their respective device folders (i.e. Central Line-Associated BSI, Ventilator-Associated Events, and Urinary Catheter-Associated UTI). There are separate reports for each facility type (i.e. Acute Care Hospital, Critical Access Hospital, Long-term Acute Care Hospital, and Inpatient Rehab Facilities). Each SUR report can be run, modified, and exported just like an SIR report.



Procedure Code Update

On June 15, 2017 we (NHSN) sent out a blast email to all facilities participating in the Patient Safety Component, titled “2017 NHSN Operative Procedure Code Corrections” with an attached Compendium of Corrections. The attached compendium includes all of the corrections that we made to the NHSN operative procedure code list – **these corrections only apply to procedures dated January 1, 2017 and later**. Recipients were advised to double check their facility’s data for any of the procedure codes listed in the compendium and make the appropriate correction(s) as soon as possible.

A copy of the blast email can be found in the “E-mail Updates” section of the NHSN website listed for June 2017 or can be accessed directly using <https://www.cdc.gov/nhsn/pdfs/commup/nhsn-email-blast-code-corrections.pdf> and <https://www.cdc.gov/nhsn/pdfs/commup/compendium-of-code-corrections-2017-vendors-users.xlsx>.

The corrections apply only to procedures dated **on or after January 1, 2017**. If any of the procedure codes listed in the compendium are included in your facility’s data, you will need to make corrections – this means that you may need to edit or remove the NHSN record(s) associated with any of the corrected codes. **Your corrections should be made prior to August 15, 2017 to ensure that your data are accurately shared with the Centers for Medicare and Medicaid Services as part of the Inpatient Quality Reporting Program.** As we are sure that you are aware once data are reported to CMS, we are unable to resubmit edited or corrected data.

Do not hesitate to let us know if you have any questions or concerns.

Antimicrobial Use and Resistance Module Updates

New Resources Posted!

The following new presentations have been posted under the Training section on our webpage: <https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html>.

- New! Antibiotic Stewardship: Optimizing Antibiotic Use in the Inpatient Setting
 - Presentation given during the 2017 NHSN Annual Training that provides an overview of optimizing antibiotic use in inpatient settings, unintended consequences of antibiotic use, and best practices for antibiotic stewardship programs
- New! Antimicrobial Use and Resistance Module Protocol
 - Presentation given during the 2017 NHSN Annual Training on the NHSN AUR Module submission requirements and available data analysis reports
- New! Standardized Antibiotic Administration Ratio
 - Presentation given during the 2017 NHSN Annual Training on the Standardized Antimicrobial Administration Ratio (SAAR), the development of this standardization metric, and its use in antibiotic stewardship
- New! Antimicrobial Use Option Analysis Training
 - Presentation on how to run the default AU Option reports and how to make modifications to those reports in order to view AU data in more meaningful ways

AUR User Rights Updates

In the recent release of NHSN, a change was made that impacts AR users with customized NHSN user rights. The customized rights screen has been updated to allow users to have access to AR Events only which was previously not available. Within the Event section on the customized rights screen, a row for “AR-Antimicrobial Resistance” was added. When View, Add/Edit/Delete, or All Rights for this row is checked, the user has specific access to AR Option event data. The screenshot highlights the custom rights for a user with access to AR Option data only.

Users with customized rights that need specific access to the AR Option data will need to have at least the “View” box checked in the new “AR – Antimicrobial Resistance” row on the customized rights screen. We recommend users with customized rights work with their NHSN Facility Administrator to make the necessary updates. If you have questions about this update, feel free to reach out to the NHSN Helpdesk at NHSN@cdc.gov.

Additionally, a new document has been posted on the NHSN AUR Module webpage that highlights three levels of user rights as they specifically relate to AU Option users. This document can be used by any facility adding new AU Option users or updating the user rights for current users. The document can be found here: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-au-user-rights.pdf>.

| | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| CLIP - Central Line Insertion Practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LABID - Laboratory-identified MDRO or CDI Event | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VAE - Ventilator-Associated Event | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AR - Antimicrobial Resistance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Denominator Data: Procedure/Summary | View | Add,Edit,Delete | All Rights |
| AUR - Antimicrobial Use and Resistance | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| PROC - Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PROC - Custom Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ICU - Device Associated - Intensive Care Unit / Other Locations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NICU - Device Associated - Neonatal Intensive Care Unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SCA - Device Associated - SCA/ONC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MDRO - MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan | View | Add,Edit | All Rights |
| Patient Safety Monthly Reporting Plan | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Annual Survey | View | Add,Edit | All Rights |
| Patient Safety Annual Facility Survey | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Analysis | | | |
| Patient Safety Data Analysis | <input checked="" type="checkbox"/> | | |

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **August 15, 2017** for facilities that participate in certain CMS quality reporting programs.

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

2017 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data

- All ICU locations
- All NICU locations (CLABSI only)
- Adult and pediatric medical, surgical, and medical/surgical wards

2017 Quarter 1 (January 1 – March 31) Inpatient COLO and HYST SSI data

2017 Quarter 1 (January 1 – March 31) 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:

2017 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient care locations)

2017 Quarter 1 (January 1 – March 31) Inpatient COLO and HYST SSI data

2017 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

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

2017 Quarter 1 (January 1 – March 31) CAUTI data (all bedded inpatient locations)

2017 Quarter 1 (January 1 – March 31) 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

Attention Facilities with a CMS-Certified IRF Unit

C.difficile LabID data from Inpatient Rehabilitation Facility (IRF) units will be considered “complete” for 2017 Quarter 1 only after the facility has also completed the FacWideIN summary record for March 2017 and indicated the appropriate *Clostridium difficile* (CDI) test type.

Without the CDI test type information from the March 2017 FacWideIN summary record, the IRF unit’s CDI LabID SIR cannot be calculated and therefore the IRF will have incomplete data sent to CMS for the IRF Quality Reporting Program CDI requirement. NHSN will be performing additional outreach to facilities impacted by this.

NOTE: If your hospital is not participating in FacWideIN surveillance of MRSA and/or CDI, and therefore would not typically complete a FacWideIN summary record for March 2017, please contact the NHSN helpdesk for further instruction (NHSN@cdc.gov).

Reminder! Data for CMS Quality Reporting Programs due Soon! Continued on page 15.

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

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

2017 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient locations)

2017 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare-onset and community-onset)

2017 Quarter 1 (January 1 – March 31) VAE data (all bedded inpatient locations)

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 August 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: <https://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

LTCF Updates

Updates can be found in the LTCF newsletter, available here:

<https://www.cdc.gov/nhsn/pdfs/ltc/newsletters/ltc-newsletter-jun2017.pdf>

**NHSN
LONG-TERM CARE
FACILITY COMPONENT**

JUNE 2017 NEWSLETTER

WELCOME TO OUR NEW ISSUE!

Welcome to the inaugural issue of the National Healthcare Safety Network's (NHSN), Long-Term Care Facility (LTCF) Component Newsletter! The LTCF component of NHSN was launched in 2012 to provide long-term care facilities with a resource to systematically collect data regarding infections, healthcare personnel safety, and prevention process measures. The implementation of NHSN as a public health surveillance strategy allows facilities to monitor trends, track intervention effectiveness, and identify opportunities for prevention.

Participation in the LTCF component has grown exponentially in recent years. After the first year of the component's launch, there were just over 100 facilities enrolled. Today there are over 2,700 facilities enrolled. This is a tremendous accomplishment as there is a need to understand the national burden of healthcare-associated infections and to identify emerging public health threats among LTCFs.

The NHSN Long-Term Care Team recognizes that the growth in participation among LTCFs requires an increased commitment to support our users. Therefore, the goal of the LTCF newsletters is to provide an additional channel for communication and support. In each newsletter, the NHSN Long-Term Care Team will provide important updates and other information critical for the successful use of NHSN.

We greatly appreciate your partnership and hope that you enjoy this inaugural issue.

NHSN Long-Term Care Team

Inside this issue...

| | |
|---|-----|
| Welcome to our new issue..... | 1 |
| How to Update NHSN Access When Staff Change at Your Facility..... | 2 |
| How to Add New NHSN Users..... | 2-3 |
| Troubleshooting..... | 3 |
| Updates to NHSN Enrollment..... | 3 |
| How to Deactivate NHSN Users..... | 4 |
| Frequently Asked Questions..... | 5 |
| Did you know?..... | 5 |

NHSN
National Healthcare
Safety Network

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Dialysis Component

Dialysis Component Updates

Acute Kidney Injury (AKI) Patients in NHSN

- The NHSN Dialysis Event Protocol includes surveillance and reporting among AKI patients, transient patients, and patients not insured by Medicare. Infections in any of these patient populations are a reflection of the quality of care and infection prevention practices within the ESRD facility. For this reason, they should be reported to NHSN but will be excluded from the BSI SIR measure for QIP. CDC will exclude any positive blood culture entered in NHSN for a patient identified as AKI.

NHSN Release 8.7 Updates

- The NHSN Dialysis Event rate tables and run charts have been updated to reflect 2015 national aggregate data for benchmarking. This includes: IV antimicrobial start, IV vancomycin start, local access site infection, bloodstream infection, access-related bloodstream infection, and vascular access infection rate tables.
- On the 'Denominators for Dialysis Event Surveillance' page the 'Add Summary' link was erroneously appearing for users without rights to add/edit dialysis summary data. This issue has been fixed and users without rights to add/edit dialysis summary data will no longer be able to see the 'Add Summary' link.
- On the 'Outpatient Dialysis Center Practices Survey', users were unable to save when only 'Patient care technician' was checked on question 7. This issue has been resolved and the survey can be saved as complete.

7. Is there someone at your dialysis center in charge of infection control? ** Yes No

a. If Yes, which best describes this person? (if > 1 person in charge, select all that apply):

- Hospital-affiliated or other infection control practitioner comes to our unit
- Dialysis nurse or nurse manager
- Dialysis center administrator or director
- Dialysis education specialist
- Patient care technician
- Other, specify

- On the 'Home Dialysis Center Practices Survey', users were unable to save when the number of staff in question 10 was equal to number in question 13a or question 13b. This issue has been resolved and the survey can be saved as complete.

10. How many PATIENT CARE staff (full time, part time, or affiliated with) worked in your center during the first week of February? Include staff who had direct contact with dialysis patients or equipment:

Of these, how many were in each of the following categories?

| | |
|---|--------------------------------|
| a. Nurse/nurse assistant **: | <input type="text" value="2"/> |
| b. Dialysis patient-care technician **: | <input type="text" value="2"/> |
| c. Dialysis biomedical technician **: | <input type="text" value="2"/> |
| d. Social worker **: | <input type="text" value="1"/> |
| e. Dietitian **: | <input type="text" value="1"/> |
| f. Physicians/physician assistant **: | <input type="text" value="1"/> |
| g. Nurse practitioner **: | <input type="text" value="0"/> |
| h. Other **: | <input type="text" value="0"/> |
| Total: | <input type="text" value="9"/> |

13. Of the patient care staff members counted in question 10, how many received:

a. At least 3 doses of hepatitis B vaccine (ever)? **

b. The influenza vaccine for current/most recent flu season **

Validation Error

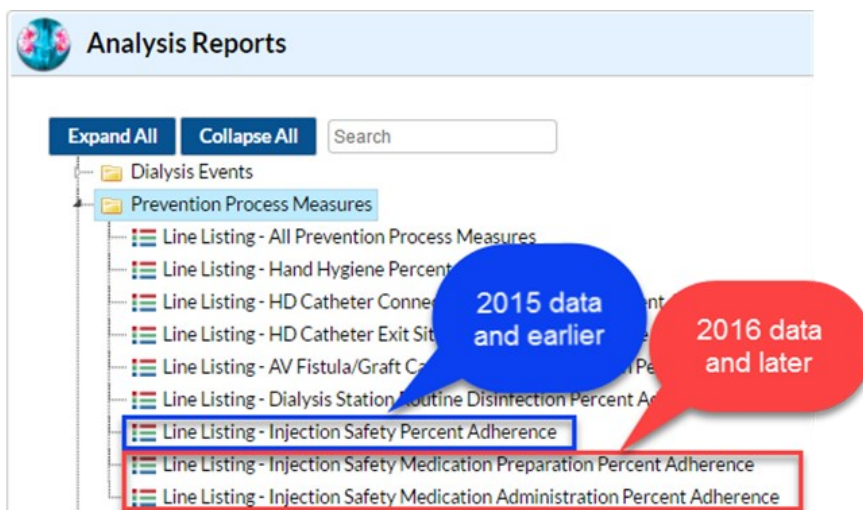
"At least 3 doses of hepatitis B vaccine (ever)?" must be ≥ 0 and \leq "How many PATIENT CARE staff (full time, part time, or affiliated with) worked in your center during the first week of February? Include only staff who had direct contact with dialysis patients or equipment".

Dialysis Updates continued on page 17.

Dialysis Component Updates (continued)

Prevention Process Measures Analysis

- The 'Injection Safety' field on the Prevention Process Measures Form was split into two fields in 2016: *Injection Safety - Medication Preparation* and *Injection Safety - Medication Administration*. As a result, the two fields are now analyzed differently from the older 'Injection Safety' field. Reports for 'Injection Safety Percent Adherence', are for 2015 data and earlier. Reports for 'Injection Safety Medication Preparation Percent Adherence' and 'Injection Safety Medication Administration Percent Adherence' should be used only for 2016 data and later.
 - For Pre-2016 data, use 'Injection Safety variables'
 - numInjSafeSuccess (Injection Safety # Successful Observations)
 - numInjSafeTot (Injection Safety Total # Observations)
 - For 2016 data and later, use delineated variables:
 - numISMEdPrepSuccess (Injection Safety Med Prep # Successful Observations)
 - numISMEdPrepTot (Injection Safety Med Prep Total # Observations)
 - numISMEdAdminSuccess (Injection Safety Admin # Successful Observations)
 - numISMEdAdminTot (Injection Safety Admin # Total Observations)



NHSN Dialysis Event QIP Reporting Deadline June 30, 2017

- 2017 quarter 1 data QIP reporting deadline is June 30, 2017. Facilities should review their data in NHSN for accuracy and completeness by:
 - Using the 3 step guide: <http://www.cdc.gov/nhsn/pdfs/dialysis/3-steps-to-review-de-data-2014.pdf>
 - Using the Line Listing – CMS ESRD QIP report to ensure they have met the minimum CMS reporting requirements: <http://www.cdc.gov/nhsn/pdfs/cms/dialysis/cms-qip-nhsn-report.pdf>
 - Checking the accuracy of their CCN and CCN Effective Date on their Facility Info page in NHSN: <https://www.cdc.gov/nhsn/pdfs/dialysis/dialysis-change-ccn.pdf>

Questions? Contact the NHSN helpdesk (nhsn@cdc.gov) and include 'Dialysis' in the subject line.

General NHSN Information

Are you interested in beta testing for the NHSN 8.8 release?

For the NHSN annual release of version 8.8, we are planning for a two week beta testing period prior to the full production release tentatively scheduled for December 9, 2017.

From October 23, 2017 through November 3, 2017, “dummy data” will be populated in the beta environment for testers to manipulate within the NHSN 8.8 application. During the testing period, new data will be available each morning after a purge of all data submitted the previous day. In addition to our internal testing efforts, beta testing will provide an opportunity for NHSN users to explore new NHSN features and potentially identify issues that can be resolved prior to the production release.

We need volunteers, so please contact us at NHSNBeta@cdc.gov to express your willingness to participate. We can support a limited number of beta testers, so availability cannot be guaranteed to everyone. More details will be made available in upcoming NHSN newsletters, direct communication with volunteers via email, and presentation prior to the beta testing period.

NHSN Training Updates

2017 NHSN Training Archived Webstream Videos Now Available!

The webstream videos from the 2017 NHSN live training hosted at CDC have been posted to the NHSN website. You can view the individual presentations for topics including LTCF, CLABSI, CAUTI, VAE, LabID Events, SSI, Introduction and Advanced Analysis, and AUR. All webstream videos are available on the NHSN Training website under “NHSN Webstreaming and Webinar Events”: <http://www.cdc.gov/nhsn/training/continuing-edu.html>

NHSN Interactive Self-paced Trainings – Updated for 2017

Updated 2017 self-study training courses are now available on the NHSN website. Individual training courses will include: Introduction to Device-associated module, CLABSI, CAUTI, VAP, CLIP, MRSA Bacteremia and CDI LabID Event Reporting, Introduction to Procedure-associated module, SSI, and Introduction to the Hemovigilance Module.

These online courses provide instructional slides with detailed graphics, screen shots with step-by-step examples of form completion for instructional purposes, practice questions, and case study examples. Those completing the courses will need a computer with access to the internet. Hyperlinks to the forms, protocols, and NHSN manual are available throughout the courses for printing if needed. All trainings are available on the NHSN website under “Self-paced Interactive Training”: <http://www.cdc.gov/nhsn/Training/continuing-edu.html>

Continuing Education

Continuing Education (CE) credits are available for those who complete the interactive self-paced trainings or watch the 2017 NHSN Training webstreams. The NHSN Patient Safety Component offers many opportunities to receive continuing education (CE) free of charge through live and online training. Available CEs include CME, CNE, CPH, and CEU. Step-by-step directions on accessing the CDC continuing education registration and online system and a list of upcoming CE offerings can be found here: <http://www.cdc.gov/nhsn/Training/continuing-edu.html>

Training Updates continued on page 19.

NHSN Training Updates (continued)

2017 NHSN Data Entry Training eBook is Now Available!

This 80 page eBook provides you with step-by-step directions to get started with entering data into NHSN for Monthly Reporting Plans, Patient Information, and Linking Records. This resource is ideal for users new to NHSN to help them get familiar with navigating the application and as a refresher for processes you may not often use.

The eBook includes screen shots of the application to assist you with step-by-step examples, definitions of application features, tips and notes to help you learn more about the data entry options, and a clickable Table of Contents so you can quickly jump to the section of your choice.

The NHSN Data Entry Training eBook is available on the NHSN website Data Entry and Analysis page under the Data Entry, Import and Customization dropdown. Click <https://www.cdc.gov/nhsn/training/analysis/index.html> to view!

NHSN Quick Learn Series introduces: NHSN Basic Statistics

Upcoming NHSN quarterly newsletters will highlight one of the NHSN Quick Learn videos available on the website. The Quick Learns are 5-10 minute training videos designed to address specific topics within NHSN – either updates to the protocols and application or the subject of frequently asked questions.

NHSN Basic Statistics is a seven-minute video that introduces you to basic statistical concepts used in NHSN analysis reports. You will gain a better understanding of how to use statistics, such as p-values and 95% confidence intervals, from the video, when interpreting HAI data in NHSN.

Click <https://www.cdc.gov/nhsn/training/analysis/index.html> (under Introduction to NHSN Analysis) to view the short video, which includes examples of analyzing and interpreting HAI data using statistics. Please send questions and/or comments to the NHSN training mailbox: nhsntrain@cdc.gov. Thank you and be on the lookout for additional Quick Learns available in 2017!

COMING SOON! An Update to the NHSN Agreement to Participate and Consent

Attention ALL NHSN users! An updated NHSN Agreement to Participate and Consent will be available for review and electronic signature with the December NHSN release. Primary Contacts must accept this updated Consent form by February 24, 2018, or risk losing access to NHSN. Once the Consent form is available with the new release, an alert will appear on all NHSN component home pages, and primary contacts and facility administrators will receive an email notification. Additional information, including Frequently Asked Questions, will be available online later this year. If you have any questions, please send an email to NHSN@cdc.gov with the subject line “NHSN Reconsent.”

Update for DIRECT CDA Automation

- At this time, over 5150 facilities from 13 separate vendors have signed up for DIRECT CDA Automation. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or check out the information on the CSSP site: <http://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol>.

CDA Related Defects Corrected and Change Requests Implemented in the NHSN 8.7 Release:

- For Dialysis events an issue was corrected where the 21 day rule was being applied to CDA Dialysis events with event dates < January 2017.
- MDRO summaries were incorrectly listed in the Alerts/Incomplete list and occasional issue when attempting import valid MDRO Summary for FacWideIN.
- Ertapenem was not coded for Infection Surveillance MDRO CRECOLI and CREKLEB. Events with valid CREKLEB and CRECOLI pathogens when drug sensitivity included only Ertapenem as Intermediate or Resistant for a BSI, UTI, or SSI event would not import.
- Updates and corrections were made for ICD-10 PCS and CPT codes for 2017 Data (effects Procedure, BSI, UTI, and SSI CDAs). Refer to v8.7 IDM and list that was included on a tab in CDA Impact Notes.
- An alert message was added if *Candida auris* is reported via CDA. Event shall be listed in 'Alerts/Incomplete' tab until the user verifies (effects BSI, UTI, and SSI events).

CDAs Moving to R3-D1.1 Implementation Guide for 2018 Data

For 2018 data, the following CDAs will be required to be based on the R3-D1.1 Implementation Guide.

Updated CDA toolkits will be posted on the NHSN CSSP website in July.

- Dialysis Event: Additional question added to R3-D1.1 Dialysis numerator CDA:
 - If new antimicrobial start = "Yes", then "was a blood sample collected for culture" is required. (code = 2339-0)
- Hemovigilance Monthly Reporting Denominator: Zika related field added to CDA.

AUR Module Updates

Check the [AUR Updates](#) section of the Newsletter for a list of new AUR resources posted on the website as well as an update for AUR user rights.

CDA Version Guide Always Available!

The Guide to CDA versions on the NHSN CDA Submission Support Portal is always available to verify you are submitting CDAs based on the correct Implementation Guide: <http://www.cdc.gov/nhsn/cdaportal/toolkits/guidetocdaversions.html>

Guide to CDA Versions

For creating CDA files, please see the specific Implementation Guide (IG) and its associated reference materials. The table below describes the specific Implementation Guide (IG) to be used for each component based on the event/insertion/product collection dates (as applicable) for each year.

Download the corresponding CDA Toolkits for the corresponding year.

| Events or Denominators | 2017 | 2016 | 2015 |
|--|---------------------|---------------------|-------------------------------|
| CDA Toolkit Release | 8.6 | 8.5 | 8.4 & 8.3 |
| DIALYSIS | | | |
| Dialysis Event | R3-D1 | R2-D2.1 | R2-D1.1 |
| Dialysis Denominator | R3-D1 | R7 | R7 |
| EVENTS | | | |
| Primary Bloodstream Infection (BSI) | R9 | R9 | R9 |
| Central Line Insertion Practices Adherence (CLIP) Monitoring | R2-D2.1 | R2-D2.1 | R9 |
| Urinary Tract Infection | R2-D1.1 | R2-D1.1 | R2-D1.1 |
| Laboratory-identified (LabID) MDRO or CDI Event | R2-D2.1 | R2-D2.1 | R5 |
| SURGICAL SITE INFECTIONS AND DENOMINATOR FOR PROCEDURES | | | |
| Surgical Site Infection (SSI) | R2-D1.1 | R2-D1.1 | R2-D1.1 |
| Denominator for Procedure | R2-D1.1 | R2-D1.1 | R2-D1.1 |

Sending an Inquiry to NHSN@cdc.gov

Please note, we reply to questions submitted to NHSN as quickly as possible and strive to respond within a week following submission. However, more complicated questions or problems may require a longer response time. In general, if you do not receive a response to your original message within 10 days, please send a second inquiry to nhsn@cdc.gov.

Sending duplicate emails does not speed up our response time, it actually slows it down. In the event you have a time-sensitive inquiry (e.g., related to an impending CMS deadline) it is to your benefit to include this in the SUBJECT line of the communication, as this will help us to quickly identify such inquiries.

In the past, you may have been accustomed to receiving an auto reply upon submission of an inquiry to NHSN@cdc.gov. This provided assurance to you that NHSN was in receipt of your email. With the volume of emails we receive on a daily basis we have determined this functionality does not reliably work. We are in the process of reviewing and identifying a replacement email system. In the meantime, do not interpret the lack of an auto-response as an indication your email was not delivered to NHSN.

NHSN Help Desk Activity Update

Quarter 2, 2017

(Averages)

1,900 Email Inquiries per Week

51 Facilities Enrolled per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of June 23, 2017):

6,920 Hospitals (this includes 538 Long-term Acute Care Hospitals and 346 Free-standing Inpatient Rehabilitation Facilities)

6,981 Outpatient Hemodialysis Facilities

4,972 Ambulatory Surgery Centers (ASCs)

2,880 Long-term Care Facilities

21,753 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.



The Centers for Disease Control and Prevention (CDC)

MS-A24, 1600 Clifton Road, Atlanta, GA 30333

E-mail: NHSN@cdc.gov; CDC's NHSN Website: www.cdc.gov/nhsn