NHSN e-News

The Centers for Disease Control and Prevention (CDC)

Reminder! Enter Medicare Beneficiary Number starting July 1!

Beginning July 1, 2014, CMS will require acute care facilities participating in the Hospital IQR Program to enter the Medicare Beneficiary Number (MBN) on all <u>event</u> records for Medicare patients; MBN is not required to be entered on NHSN surgical <u>procedure</u> records for Medicare patients at this time. Further, we've provided some additional clarification regarding the MBN below:

- A MBN is also known as a Health Insurance Claim Number (HIC or HICN).
- Not all Medicare Health Maintenance Organization (HMO) plans have a "standard" MBN or HIC number.
- Only enter the beneficiary's MBN if it is a "standard" or "valid" MBN.
- Do not enter dashes, spaces or special characters.
- All alpha characters must be upper case.
- Length cannot be less than 7 or more than 12 characters.
- Do not use 999999999999 for unknown numbers.

If the first character is numeric, the first 9 characters must be numeric.

MBN Length	Rule
10	9 numeric + 1 alpha
11	9 numeric + 1 alpha + 1 numeric OR 9 numeric + 2 alpha

If the first character is alpha, there must be 1-3 alpha characters followed by 6 or 9 numbers.

MBN Length	Rule
7	1 alpha + 6 numeric
8	2 alpha + 6 numeric
9	3 alpha + 6 numeric
10	1 alpha + 9 numeric
11	2 alpha + 9 numeric
12	3 alpha + 9 numeric

Inside this issue:

Dialysis Component Coming Soon to NHSN!

NHSN is excited to announce the creation of the _new_ Dialysis Component with the release of version 8.2 in July 2014! Currently, dialysis facilities report under the NHSN Patient Safety Component along with acute care hospitals. With this redesign, outpatient dialysis facilities that participate in the End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) will have a simplified interface tailored to their specific reporting and analysis needs.

Do users need to do anything?

No, the transition to the new Dialysis Component will be automatic for users in "AMB-HEMO – Outpatient Hemodialysis Center" facility types. Users will simply have to select "Dialysis" from the dropdown menu on the NHSN Landing Page upon login (see image, right).

Welcome to the NHSN Landing Page

Select a component and facility, then click Submit to go to the Home Page.

User: HIZ4

Select component: [dropdown]

Select facility/group from dropdown list:
- Biovigilance
- Dialysis
- Healthcare Personnel Safety
- Long Term Care Facility
- Patient Safety

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Users should select "Dialysis" from the "Select Component" dropdown menu on the NHSN Landing Page.

What will change about analysis?

1. Analysis in the new Dialysis Component will provide tools and reports that are relevant to dialysis facilities only. Hospital reports will be excluded.
2. Reports for Prevention Process Measures Surveillance (Hand Hygiene Adherence) will be added: http://www.cdc.gov/nhsn/dialysis/prevention-process-measures.html.

What are the new features?

1. Event search will be modified: You will be able to search for specific dialysis event types (i.e. positive blood cultures; pus, redness, and increased swelling events; and IV antimicrobial starts) on the "Find Events" screen.
2. New Dialysis Patient Influenza Vaccination Module will be added: Facilities will have the option to track influenza vaccination rates among all dialysis patients.
3. A simpler Define Rights template for Group users: The Define Rights template will include information specific to dialysis facilities. Your Group's template will transition automatically and existing facility data sharing arrangements will not change. Groups that have been using the Patient Safety template to collect data from dialysis facilities and hospitals will now have two separate Define Rights templates, one to obtain Patient Safety Component data from hospitals and one to obtain Dialysis Component data from outpatient dialysis facilities. If a facility adds a new reporting location, their Confer Rights template will automatically update to include that location.

Questions? Email the NHSN Helpdesk at NHSN@cdc.gov and include "Dialysis Event" in the subject line.

New Online Dialysis Resources

Infection Prevention Resources

➢ Add a button to your website that links to CDC Dialysis Infection Prevention Tools, found at the bottom of the Infection Prevention Tools homepage: http://www.cdc.gov/dialysis/prevention-tools/index.html?s_cid=Ncezid-dhqp-dialysis-001.

➢ Catheter Compatibility Chart — This chart provides manufacturer guidance on the compatibility of antiseptic agents and antimicrobial ointments with chronic hemodialysis catheters (Coming soon to http://www.cdc.gov/dialysis/).

➢ The Spanish Patient Guide, 6 Tips to Prevent Dialysis Infections, is now available for ordering at http://wwwn.cdc.gov/pubs/cdcinfoondemand.aspx! Select 'Dialysis Safety' in the Programs dropdown box and click "Go."
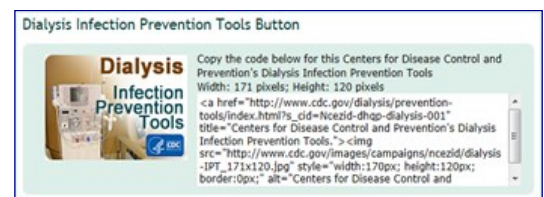
New Online Dialysis Resources (continued)

<u>NHSN Resources</u>

➢ Do you link to CDC's Dialysis Event reporting resources on your organization's website? New content syndication will ensure you always have the most current versions. To learn more, visit the CDC Content Syndication website: https://tools.cdc.gov/syndication/LearnMore.aspx. The following NHSN content is currently available for syndication:
  - Dialysis Event Protocol
  - Data Collection Forms and Instructions
  - Annually required, computer-based Dialysis Event Surveillance Training (with free Continuing Education Credits available): http://nhsn.cdc.gov/nhsntraining/courses/C18/.

Unusual Susceptibility Profiles Alert

National Healthcare Safety Network (NHSN) is a surveillance system for healthcare-associated infections (HAIs) that includes data collection on antimicrobial susceptibility testing results for certain reported pathogens. Microorganisms with specific resistance patterns are of epidemiological significance and can have substantial infection control implications. The importance of early detection and implementation of intervention measures to prevent transmission and propagation cannot be understated. Redundancy across many systems to ensure identification of these important unusual susceptibility profiles is beneficial. To that end, with the July 2014 application release, NHSN will begin to play a role in notifying users when any of the twelve unusual susceptibility profiles listed below are reported to NHSN. This will apply to in-plan events only. Additional information related to this initiative can be found at: http://www.cdc.gov/nhsn/PDFs/USP-Alert-current.pdf.

1. Carbapenem-intermediate or -resistant Enterobacteriaceae
2. Carbapenem-intermediate or -resistant *Acinetobacter baumannii*
3. Carbapenem-intermediate or -resistant *Pseudomonas aeruginosa*
4. Highly Drug-Resistant Enterobacteriaceae
5. Highly Drug-Resistant *Pseudomonas aeruginosa*
6. Highly Drug-Resistant *Acinetobacter baumannii*
7. Colistin/Polymyxin B-resistant *Acinetobacter baumannii*
8. Colistin/Polymyxin B-resistant *Pseudomonas aeruginosa*
9. Daptomycin non-susceptible and Linezolid-resistant *Enterococcus* spp.
10. Vancomycin-resistant *Staphylococcus aureus* (VRSA)
11. Daptomycin non-susceptible and Linezolid-resistant and Vancomycin-intermediate *Staphylococcus aureus*
12. Vancomycin-resistant *Staphylococcus,* coagulase negative (VRSE)

Antimicrobial Resistance (AR) Option Available this Summer in NHSN Release 8.2

The Antimicrobial Resistance (AR) Option of the Antimicrobial Use and Resistance (AUR) Module will provide an evaluation of antimicrobial resistance data within healthcare facilities using a standardized approach and will facilitate future regional and national assessments of antimicrobial resistance. The AR Option will require electronic capture and reporting of data, much like the Antimicrobial Use (AU) Option that is currently available in NHSN. No manual entry for AU or AR is available due to the large amount of data that is reported each month. Any facility participating in the Patient Safety Component can report AR data if they are able to capture it electronically and format it using clinical document architecture (CDA). The AR Option is not included in any CMS quality reporting programs at this time. The protocol for the AUR Module, including both the AU and AR Options, is available on the NHSN website at http://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html.

Questions about participating in the AUR Module can be directed to the NHSN Helpdesk: NHSN@cdc.gov. Vendor specific questions can be directed to the NHSN CDA Helpdesk: NHSNCDA@cdc.gov.

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **August 15, 2014** for facilities that participate in certain CMS quality reporting programs.

Acute Care Hospitals that participate in the Hospital Inpatient Quality Reporting (IQR) Program:
2014 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data (ICU locations only)
2014 Quarter 1 (January 1 – March 31) COLO and HYST SSI data
2014 Quarter 1 (January 1 – March 31) MRSA Bacteremia and *C.difficile* LabID Events (FacWideIN, all HO and CO)

Inpatient Rehabilitation Facilities (IRFs) that participate in the Inpatient Rehabilitation Facility Quality Reporting Program:
2014 Quarter 1 (January 1 – March 31) CAUTI data (all bedded inpatient locations)

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the Long-Term Care Hospital Quality Reporting Program:
2014 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data (all bedded inpatient locations)

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:
2014 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient care locations)
2014 Quarter 1 (January 1 – March 31) COLO and HYST SSI data

Outpatient Dialysis Facilities that participate in the End Stage Renal Disease (ESRD) Quality Incentive Program (QIP):
The following data must be entered into NHSN by **September 30, 2014**.
2014 Quarter 2 (April 1 – June 30) Dialysis Event data (includes positive blood culture, I.V. antimicrobial start, and signs of vascular access infection)

Please make sure at least one individual at your facility can access NHSN via an active digital certificate or 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 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.

Healthcare Personnel Vaccination Reporting Updates for the 2014-2015 Influenza Season

Beginning with the 2014-2015 influenza season, acute care facilities participating in the CMS IPPS Hospital Inpatient Quality Reporting Program and Outpatient Quality Reporting Program must submit summary data on influenza vaccination of healthcare personnel (HCP) physically working in all inpatient or outpatient units that are physically attached to the inpatient acute care facility site and share the same CMS certification number (CCN), regardless of the size or type of unit. Facilities should also count HCP working in outpatient units/departments that are co-located on the same medical campus as the acute care facility, function as units of the acute care facility and also share the same CCN. Data from inpatient and outpatient units/departments will be combined into a single summary report for the acute care facility.

Inpatient rehabilitation facilities (IRFs) participating in CMS's IRF Quality Reporting Program will also be required to submit HCP influenza vaccination summary data. This requirement applies both to freestanding IRFs and IRF units that are located within an acute care or critical access hospital. Data for HCP working in IRF units of an acute care facility with a different CCN from the acute care facility, even one that differs only by one letter in the third position, should be reported separately from the acute care facility summary data. The NHSN monthly reporting plan and data entry screens for the HCP Vaccination Module have been modified to accommodate this change, as seen below:

Healthcare Personnel Vaccination Reporting Updates for the 2014-2015 Influenza Season (continued)

Ambulatory surgery centers (ASCs) participating in CMS's ASC Quality Reporting Program and long-term acute care (LTAC) facilities participating in CMS's LTCH Quality Reporting Program are also required to submit healthcare personnel (HCP) influenza vaccination summary data for the upcoming influenza season.

Data reporting requirements remain the same, as facilities must report vaccinations received by HCP 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 HCP physically working in the facility for at least 1 day between October 1, 2014 and March 31, 2015 should be counted.

Facility-specific operational guidance documents regarding HCP influenza vaccination summary data reporting are located at: http://www.cdc.gov/nhsn/cms/index.html. Updated training materials will be available on the NHSN website later this summer. Live training webinars will also be offered for the 2014-2015 influenza season; more information on these webinars will be distributed to facilities as it becomes available.

For questions related to HCP influenza vaccination summary data reporting, please e-mail NHSN@cdc.gov and specify 'HPS Flu Summary' in the subject line, along with your facility type.

Reminders about *C. difficile* LabID Event SIR and Laboratory Test Type

As mentioned in the March 2014 newsletter, data collection for the type of laboratory test used to identify CDI has been added to the MDRO/CDI Module's summary data screen. This will allow CDC to provide more timely risk adjustment when calculating CDI LabID SIRs. When the summary data form is completed for the last month of each quarter (March, June, September, and December), users will be asked to report the primary type of test that was used to identify CDI in the hospital for that quarter. Based on recent feedback and questions, we would like to add the following notes and reminders:

1. *C. difficile* LabID Event SIRs cannot be calculated for a quarter until that quarter's CDI test type has been entered. For example, your 2014 Q1 SIR will not be generated in NHSN analysis until after you complete the March monthly denominator entry and select the appropriate test type for Q1. As an alternative, we suggest viewing monthly *C. difficile* incidence and prevalence rates to review data entry during a quarter.

   As a review, the following rate tables will display the number of incident and prevalent CDIF events (for FacWideIN):
   * Healthcare Facility-onset Incidence Rate appears as "CDIF_HOIncRate" in the rate table output
   * Community-onset Prevalence Rate appears as "CDI_COprevRate" in the rate table output

2. When selecting your CDI test type, "Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or conduct a search for further guidance on selecting the correct option to report. Because these data are used for determining risk adjustment for current and future national aggregate data, as well as for public reporting of data on Hospital Compare, these data should be reported as accurately as possible. If "Other" is selected when a more appropriate response is available, your facility's data will not be risk-adjusted to the most appropriate level.

NHSN Training Updates

Training Course Recap

CDC hosted the training course "Using NHSN to Accurately Report HAIs," on March 12-14, 2014 at the CDC Global Communications Center in Atlanta, GA. We welcomed more than 300 in-person attendees and over 3,500 participants via webstream. The audience included staff from QIOs and state health departments, infection preventionists, epidemiologists, and others representing 45 states and territories. A special thanks to all those that participated either in-person or via webstream and for sharing their excellent questions, knowledge, and feedback during and after the course in order to make future trainings more successful!

The presentations as well as the materials that include slide sets and case study questions and answers from this training have been archived and posted on the NHSN website and can be located here: http://www.cdc.gov/nhsn/Training/patient-safety-component/index.html.

Continuing Education

The NHSN Patient Safety Component offers many opportunities to receive continuing education (CE) free of charge through online training. CEs available include CME, CNE, and CEU. Step-by-step directions on accessing the CDC continuing education registration and online system, and a list of CE offerings can be found here: http://www.cdc.gov/nhsn/Training/continuing-edu.html.

More continuing education opportunities are coming soon!

NHSN Interactive Computerized Self-Study Trainings

The self-study online trainings have been removed from the NHSN website for content and technical updates. Look for the updated training courses to be posted January 2015. Training courses will include: Introduction to Device-associated module, CLABSI, CAUTI, CLIP, Introduction to Procedure-associated module, and SSI. Please note the Dialysis Event interactive self-study training will remain active and can be found here: http://nhsn.cdc.gov/nhsntraining/courses/C18/.

Look for additional interactive trainings coming in 2015!

Coming Soon!

A validation page will soon be available on the NHSN website. This page will offer many resources including validation guidance and toolkits, archived surveillance protocols, archived surveillance trainings, checklists, and more. Look for more information coming later this summer.

Reminder for Patient ID Number Data Entry

When manually entering patient data into NHSN, if the patient ID number begins with a "0" be sure to use the same number of leading "0s" each time an event is entered for the patient. When a different number of leading "0s" are used, NHSN will not recognize the patient as the same, therefore potentially leading to misclassifications of incident versus recurrent or duplicate events.

Update on NHSN's Migration to SAMS

The Secure Access Management System (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. SAMS allows NHSN users to access the application from any computer with a password and your SAMS grid card.

As of June 3, 2014, 6,283 NHSN users (29% of all users) have at least started the SAMS process. Of them, 3,520 users (approximately 16% of all users) have completed the SAMS process. We are now inviting approximately 500 NHSN users to SAMS per week. At this rate, NHSN will complete its migration from SDN to SAMS sooner than we originally planned!

So far feedback about the process has been positive and there has been widespread agreement that SAMS is a welcome change from the use of digital certificates to access the NHSN application. However, we would like to remind our users of the following:

- When you complete the SAMS process you will receive an e-mail letting you know that you may access the SAMS Partner Portal. However, you must receive your SAMS grid card, which will be delivered to your home address via U.S. mail, before you may access NHSN through SAMS. Access to NHSN requires both an individual's password and information from their SAMS grid card.

- By using NHSN you have access to non-public information and U.S. law *requires* the identity of potential users to be verified. You will be expected to submit two forms of identification during the process. This step is critical to protect private data and to help prevent information misuse. Please be assured that every effort has been made to keep this necessary process as simple and non-intrusive as possible. Also be assured that your identity information will be only used to help determine your suitability for access to NHSN and that this data will not be shared.

- 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 and the information it contains.

- Periodically check the users in your NHSN facility and deactivate the profiles of any users who no longer need access. This will prevent us from attempting to migrate them to SAMS.

For more information about SAMS and NHSN's migration to SAMS, please visit http://www.cdc.gov/nhsn/sams/about-sams.html. We will continue to keep you informed through our quarterly newsletters, our e-mails, and our website, and please don't hesitate to contact NHSN@cdc.gov if you have questions or need assistance.

Texas Proposal to Use NHSN Data Field – "…contributed to death"

NHSN users in Texas have informed us of pending state legislature regarding the use of data reported to NHSN. Specifically, the state of Texas has proposed utilization of data reported in the NHSN data field "…Contributed to Death", e.g., "BSI Contributed to Death", or "SSI Contributed to Death". When reporting in-plan events for which the "Died" data field is marked yes, NHSN users are instructed to report yes to the Contributed to Death field if such evidence is available. NHSN does not currently define "contributed to" in this context, and these data are currently not used by NHSN in any routine analysis. Instead this data field is available for a facility's own internal quality improvement activities. Because no definition for "contributed to" has been provided, some Texas Infection Preventionists have voiced concern regarding the use of these data for legislative purposes.

If you have specific concerns or questions regarding the pending legislature, please contact your local APIC chapter.

Mapping Locations for CMS IPPS 2015 CLABSI and CAUTI Reporting

We have started receiving questions from acute care hospitals (ACHs) regarding the upcoming expansion of CLABSI and CAUTI reporting to include six specific ward location types in 2015 for CMS's Hospital Inpatient Quality Reporting Program.

Note that the requirement to report from ward locations will be limited to those locations that are mapped/defined as CDC adult and pediatric medical, surgical, and medical/surgical wards, as listed below:

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

ACHs that are preparing for 2015 reporting should give careful consideration to the types of patients receiving care in a given unit in order to determine the most appropriate CDC location. Locations must be mapped and set-up in NHSN according to the guidance provided in the "Instructions for Mapping Patient Care Locations in NHSN" on page 2 of the CDC Locations and Descriptions chapter: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf.

Upcoming Retirement of "All Device-Associated Events" Set of Output Options

After careful consideration, we have decided to retire the five output options that appear in the "All Device-Associated Events" Output Options folder. The following output options will be removed with the release of NHSN version 8.3 (expected in late-January 2015):

- Line Listing – All Device-Associated Events
- Frequency Table – All Device-Associated Events
- Bar Chart – All Device-Associated Events
- Pie Chart – All Device-Associated Events
- Rate Table – All Device-Associated Data

At this time, we strongly encourage the use of event-specific output options for those who have grown accustomed to using the "All Device-associated Events" set of output options.

We understand that some may use the "All Device-associated Events" output options in order to see all related data in a single report. Note that Custom Output Sets can be created such that a user can include multiple output options in a single "run" of a report. Instructions for creating a Custom Output Set are available at: http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/OutputSet.pdf.
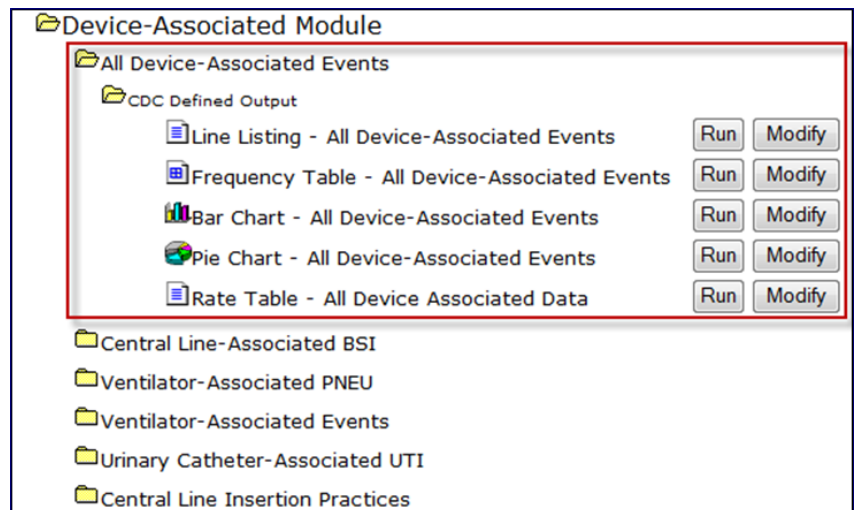
For additional Analysis Quick Reference Guides, please visit: http://www.cdc.gov/nhsn/PS-Analysis-resources/reference-guides.html.

Looking Ahead: 2015 NHSN HAI Planned Surveillance Protocol Updates

The NHSN Protocol and Training Team has been working to update NHSN surveillance protocols and definitions using internal and external subject matter expertise. These changes will go into effect on January 1, 2015. Finalized versions of NHSN protocols and forms will be available for users in late Fall 2014. A summary of many of the protocol and definition modifications per infection type is provided below.

Laboratory-Confirmed Bloodstream Infection (LCBI)

1. In 2015 NHSN will provide a set time period during which an LCBI can be attributed as secondary to another infection site. Currently NHSN users are allowed to make a clinical judgment that the infection is still present to make this determination. A set time period, which has yet to be finalized, should increase consistency of the data.

2. The Secondary BSI Guide (Appendix 1 of the CLABSI surveillance protocol) will be simplified. The need to use clinical judgment to determine that an organism is a logical pathogen for the non-blood site of infection will be removed.

Urinary Tract Infection (UTI)

The NHSN UTI definition review has been underway for almost 16 months and is near completion. New UTI definitions will be ready for use in 2015, and final changes will be communicated before the end of the year. Discussion about separating yeast UTIs from the CAUTI data that are shared with CMS are underway. However, this removal cannot occur until 2016 when the new 2015 baseline will be used. Additionally, changes may occur related to how urinalysis results are utilized within the definitions.

Central Line Insertion Practices (CLIP)

Due to a change in labeling practices which now recommends cautionary use of chlorhexidene gluconate in premature infants and those less than 2 months of age due to safety concerns, there will be a change in the way the CLIP bundle adherence is calculated within NHSN. Changes will be implemented in a 2-step process.

1. January 2015: Any documented skin prep agent will be considered adherent as part of the CLIP bundle for infants less than 120 days of age, regardless of patient location. This change will be retroactively applied to all CLIP events entered for 2014 as well.

2. January 2016: The change outlined in #1 above will no longer be in effect. Instead, the CLIP event form will include an additional field which will collect specific information about types of contraindications to the use of chlorhexidene gluconate. The appropriateness of the skin prep will be based on the contraindications documented and the age of the patient. More details will be provided prior to the release in 2016, but in the meantime NHSN is working with Infection Control Software vendors to position their products for uninterrupted data transmission to NHSN when the change goes live.

Looking Ahead: 2015 NHSN HAI Planned Surveillance Protocol Updates (continued)

Surgical Site Infection (SSI)

1. Infection Present at Time of Surgery (PATOS) – captures a condition or diagnosis that the patient has at the time of the start of or during the index surgical procedure (in other words, it is present preoperatively). This must be noted preoperatively or found intraoperatively.
    a. This will be a new Yes/No field on the SSI <u>Event</u> form.

2. For HPRO and KPRO Procedures:
    a. If a total or partial revision, was the revision associated with a prior infection at the index joint?
        i. This will be a new Yes/No field on the <u>Denominator for Procedure form</u>.

3. Diabetes Field for 2015 – For ease of collection NHSN will transition to the use of the ICD-9-CM Diabetes codes for this field. The ICD-9-CM diabetes codes of 250.XX will be Diabetes = Yes. Accurate data for this field will be required in 2015 as this information will be considered for risk adjustment in the new 2015 baseline.

4. For 2015 CMS has not added any new NHSN operative procedures to be followed.

5. Transition to ICD-10 CM/PCS and CPT Codes – On April 1, 2014, President Obama signed H.R. 4302 Protecting Access to Medicare Act of 2014 into law. This bill contained a clause prohibiting the transition to ICD-10-CM/PCS codes to occur prior to October 1, 2015. Therefore, NHSN will delay its transition to ICD-10-CM/PCS codes until that time. HHS has yet to announce a new implementation date for the transition. NHSN is moving forward with the updated ICD-10-CM/PCS and CPT mappings to all NHSN operative procedure categories for SSI surveillance and will share with NHSN users well before the transition date.

6. Outpatient Procedure Component – This protocol release for surveillance of surgical site infections and Ambulatory Surgical Center Quality Reporting Program Measures ASC-1 through ASC-5 in outpatient facilities (ASCs) remains TBD. NHSN will keep NHSN users posted on additional progress via the NHSN newsletter.

Multidrug-Resistant Organism and *C. difficile* Infection Module

1. FacWideIN LabID Event reporting will exclude units with separate CMS Certification Numbers (CCNs). Inpatient Rehabilitation Facilities (IRFs) and all other CMS-defined "facility" types that are units within acute care should be excluded from acute care counts, if they have a unique CCN that is different from the acute care facility (even if only different by a single letter in the 3rd position). Facilities will be required to show total patient day and admission counts, as well as the total counts with all separate CCN units removed. Specific detailed guidance will be provided in the fall.

2. FacWideIN LabID Event reporting for MDRO and *C. difficile* will also require additional reporting "by location" from each onsite emergency department (ED) and observation location(s). This means that in addition to FacWideIN reporting, facilities must add ED and Observation locations to their monthly reporting plan and report LabID Event specimens collected in those location(s) on a monthly basis. Denominator reporting for these two location types will include separate location specific encounter counts in addition to the FacWideIN data currently reported.

3. New *optional* variables to LabID Event reporting: (1) Last physical overnight location of patient immediately prior to arrival into facility (specific to observation/emergency department specimens and community-onset events); and (2) Has patient been discharged from another facility in past 4-weeks.

4. CRE-*Enterobacter* added to CRE reporting for LabID Event reporting and Infection Surveillance reporting. All three CRE types must be monitored together for in-plan reporting, including CRE- *E. coli*, CRE-*Klebsiella*, and CRE-*Enterobacter*.

5. A new Gastrointestinal System Infection (GI) surveillance definition for *C. difficile* Infection will be added in Chapter 17. This definition may be used for Infection Surveillance and other healthcare-associated infection (HAI) reporting for *C. difficile*. This definition will **not** apply to CDI LabID Event reporting.

VAE Surveillance Protocol

We continue to work with the VAE Surveillance Definition Working Group to improve the VAE definitions and surveillance methods. Additional changes to the VAE surveillance protocol are planned for implementation in January 2015.

1. Change: The third tier of the VAE algorithm (Possible and Probable VAP) will be collapsed into a single definition. This definition will be termed "Possible VAP" and will be referred to as "PVAP." The PVAP definition will utilize the same elements included in the current Possible and Probable VAP definitions (purulent respiratory secretions, positive cultures and other laboratory diagnostic test results). We anticipate that most events meeting the Possible or Probable VAP definition in 2014 will meet the PVAP definition in 2015. The VAE algorithm in 2015 will include VAC, IVAC and PVAP.

   Reason for the change: This approach will simplify the VAE definition algorithm and also will be consistent with how VAE data will be analyzed (combining possible VAP and probable VAP).

2. Change: Selected fungal pathogens that cause respiratory infections will no longer be eligible for use in meeting the PVAP definition. The following pathogens will be excluded: *Histoplasma, Blastomyces, Coccidioides, Paracoccidioides, Pneumocystis* and *Cryptococcus*.

   Reason for the change: These pathogens are typically acquired from the environment and cause respiratory infections in community settings. Current knowledge indicates that these pathogens are either not known to be acquired in healthcare settings, or have rarely been reported to be healthcare-associated.

3. Change: New instructions will be provided for determining the daily minimum PEEP and FiO_2 when there is no PEEP or FiO_2 setting documented to have been maintained for at least 1 hour during a calendar day (e.g. ventilation initiated late in the day, ventilation discontinued early in the day). In these instances, the lowest setting for the calendar day will be utilized, regardless of the duration of time that setting was maintained.

   Reason for the change: This approach simplifies determination of the daily minimum PEEP and FiO_2.

4. Change: A new denominator, "Episodes of Mechanical Ventilation (EMV)," will be introduced for VAE. Collection and reporting of this denominator will be optional in 2015. The traditional ventilator- and patient-day denominators will continue to be required.

   Reason for the change: We are evaluating the utility of alternative denominators for VAE.

Pneumonia (Ventilator-associated PNEU and Non-Ventilator-associated PNEU)

A review of the pneumonia definitions (PNU1, PNU2 and PNU3) has resulted in changes that will be implemented in January 2015.

1. Evidence of new onset of purulent sputum, will be based upon the direct exam / Gram stain result. The purulent respiratory secretion definition which requires a report of ≥ 25 neutrophils and ≤ 10 squamous epithelial cells (or the semi-quantitative equivalent) will be utilized as evidence of purulent sputum referenced in PNU1, 2 and 3 definitions.

2. Pathogen exclusions for meeting PNEU definitions will mirror the VAE surveillance protocol pathogen exclusions:
   a. Yeast, coagulase negative *Staphylococci* and *Enterococcus* will be excluded for use unless isolated from lung tissue or pleural fluid. Yeast will also continue to be an acceptable pathogen for meeting the PNU3 definition (immunocompromised patients).
   b. Selected community-associated fungal pathogens will no longer be eligible for use in meeting the PNEU definition. The following pathogens will be excluded: *Histoplasma, Blastomyces, Coccidioides, Paracoccidioides, Pneumocystis* and *Cryptococcus.*

General Changes for Healthcare-associated Infection Surveillance

The NHSN Protocol and Training Team has been working for many months on several projects hoped to increase the objectivity of the NHSN Patient Safety Component surveillance definitions in 2015. These projects include:

1. <u>Infection Definitions</u>: Review and update of the NHSN Infection Definitions (a.k.a "Chapter 17"). These definitions, which are used for a variety of purposes including identification of organ/space SSIs, distinguishing between primary and secondary BSIs, and for HAI reporting by hospitals in mandated states (e.g., Pennsylvania), have undergone review and revision to include current diagnostic tests, increase consistency between definitions, increase clinical credibility, and move towards electronic capture.

2. <u>Separation of "Big 5" from Infection Definition Chapter</u>: Those infections sometimes known as "The Big Five" within NHSN (BSI, UTI, SSI, Pneumonia, VAE) will be removed from the chapter titled CDC/NHSN Surveillance Definitions for Specific Types of Infections in the NHSN Patient Safety Component Manual. Instead definitions for these events (both device-associated and non-device associated) will be included only in their own specific protocols (i.e., chapters) within the manual. This move will assist in maintaining consistency within the definitions, by reducing the number of places in which updates must be made.

3. <u>New or Extension of Infection</u>: Identifying a minimum number of days during which no repeat HAI of the same specific type (e.g., SUTI or IAB or ST) can be reported. This will negate the need for users to clinically determine if a patient's infection had resolved before reporting another infection of the same type. These changes will NOT be applicable to SSI, LabID or VAE events and will be described in detail later this year.

NHSN Enrollment Update

NHSN Enrollment Update (as of June 12, 2014):	
5,745	Hospitals (this includes 564 Long-term Acute Care Hospitals and 292 Free-standing Inpatient Rehabilitation Facilities)
6,475	Outpatient Hemodialysis Facilities
393	Ambulatory Surgery Centers (ASCs)
244	Long-term Care Facilities
12,857	**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.

National Healthcare Safety Network

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