NHSN National Healthcare Safety Network

The Centers for Disease Control and Prevention (CDC)

NHSN e-News

Upcoming Changes to NHSN in Release 7.0 (scheduled for August/September 2012)

New Infection Surveillance Resources for Long-term Care Facilities: Two major projects to guide and support infection surveillance activities in Long-term Care Facilities (LTCF) are coming soon. Infection surveillance definitions for LTCF, updating the previous guidance by McGeer et al. (AJIC 1991), were developed by CDC in partnership with the Society for Healthcare Epidemiology of America. The definitions will be published in *Infection Control and Hospital Epidemiology* in early September and will be used in the new NHSN Long-term Care Facility Component that will be launched in the upcoming NHSN Release 7.0. The LTCF Component, which is separate from the Patient Safety Component, contains reporting forms, protocols and instructions developed specifically for use by LTCF such as nursing homes and skilled nursing facilities. The component will include reporting options for urinary tract infection (UTI) events, laboratory identified (Lab-ID) events for MDRO and CDI, and prevention process measures (i.e., hand hygiene and gown and glove use). The implementation of this surveillance infrastructure for LTCF will standardize the way infections are reported and provide data to support the infection prevention efforts being performed in this important healthcare setting.

Long- term care facilities that are currently enrolled in the Patient Safety Component of NHSN (i.e., enrolled as facility type LTC-ASSIST, LTC-MENTDIS, LTC-OTH, LTC-RESCARE, LTC-SKILLNURS) will be automatically moved into the Long-term Care Facility Component during release 7.0. However, data previously entered in NHSN from these facilities will not be transferred into the new component. Therefore, facilities will need to export existing data from NHSN prior to the release date in order to save and access any facility data previously entered into the system. The NHSN Team will be contacting affected facilities to offer assistance with the data export.

Implementation of Summary Level HCP Flu Vaccination Module: Starting with NHSN Release 7.0, healthcare personnel (HCP) influenza vaccination reporting will be available at the summary level only. Facilities will use the new module to report summary measures of HCP vaccination for the entire influenza season. The module will include three required groups of HCP: employees, licensed independent practitioners (non-employee physicians, advanced practice nurses, and physician assistants), and adult students/trainees and volunteers. The module will also include the option of reporting vaccination among contract personnel, if desired. Recent CMS rules require that acute care hospitals use the module to report data for the three required HCP groups beginning in January 2013. The protocol, forms and survey for the new module will be posted on the NHSN website in mid-July 2012.

Inside this issue:

In addition to reporting HCP flu vaccination counts at the facility level, users can also complete a survey describing their facility's influenza vaccination program for healthcare personnel. When HCP flu vaccination summary reporting becomes available in NHSN, the individual-level reporting option will be removed. Therefore, facilities that previously entered flu vaccination data for individual healthcare workers will no longer be able to access those data within NHSN after Release 7.0. If you would like to retain and have access to any individual-level data that you have entered, you must export it from NHSN and save it in your own files prior to the August NHSN release date. The NHSN Team will be contacting affected facilities to offer assistance with the data export.

Outpatient Dialysis: Outpatient Dialysis Event reporting will only be available to AMB-HEMO facility types within NHSN. Therefore, outpatient dialysis clinics currently reporting under a hospital facility type need to enroll as separate AMB-HEMO facilities in NHSN to continue Dialysis Event reporting, if they have not already done so. Directions for enrolling a dialysis clinic can be found on the NHSN dialysis homepage: http://www.cdc.gov/nhsn/psc_da_de.html. Upon your request, we can transfer the data from the hospital facility to the newly enrolled AMB-HEMO facility. Please send requests for data transfer to NHSN@cdc.gov.

While outpatient Dialysis Event reporting will no longer be available for hospitals, hospitals using the outpatient hemodialysis clinic location to report for the Biovigilance Component of NHSN will be unaffected by this change.

Critical Access Facilities: Due to the increasing number of critical access facilities and granularity of reporting requirements that limit reporting to certain types of hospitals, we are creating a new facility type for critical access facilities (HOSP-CAH). CMS designates critical access facilities by assigning them CMS Certification Numbers (CCN) with the last four digits between 1300-1399. By definition, these facilities also have fewer than 26 inpatient beds within the facility. If the CCN that a facility has listed designates it as a critical access facility type and that facility has also indicated on the most recent survey that it has fewer than 26 inpatient beds, then that facility will automatically be changed from a general acute care facility type (HOSP-GEN) to a critical access facility type (HOSP-CAH) when v.7.0 of NHSN is released.

If a facility meets only one of the above criteria, the NHSN Team will be contacting it prior to the release to help determine whether or not it should be designated as a critical access facility type (HOSP-CAH).

Biovigilance Component

Please complete your 2011 Hemovigilance Module Annual Facility Survey if you haven't done so already. Also, remember to enter your Monthly Reporting Denominators for every month that you are reporting events. The data collected on these forms are necessary to calculate rates and group facilities appropriately for benchmarking. Feel free to contact us with any questions at nhsn@cdc.gov.

A Reminder about SSI Rates and the SSI SIRs

Two questions we've received a lot recently are "When will NHSN be publishing updated SSI rates?" and "Where are the most up-to-date SSI rates?" As many of you are aware, in the fall of 2010 we retired the use of the basic risk index-stratified SSI rates. At the same time, we published standardized infection ratios (SIRs) that summarize the SSI risk from analyses that include all the risk factor data you report, not just the 3 factors that made up the basic risk index. We do not plan to publish basic risk index-stratified rates using more current data. Instead, we encourage facilities to use the SIR for measurement and comparison purposes. Note that the NHSN analysis tool will calculate the SSI SIRs for you, provided the necessary data have been entered into NHSN. If you would like to learn more about obtaining SIRs from NHSN, please see our newsletter at: http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf.

If you would like to learn more about the improved risk adjustment for SSIs, please refer to the publication at: http://www.cdc.gov/nhsn/PDFs/pscManual/SSI_ModelPaper.pdf.

For those who may still be interested in comparing their SSI rates to previously-published rates, these data are available at: http://www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.PDF.

CAUTI Surveillance Amendments and Clarifications

With the increase in numbers of facilities reporting CAUTI data to NHSN, we have received many new questions regarding surveillance and criteria components. In response, a blast email was sent to NHSN users on April 5, 2012 and is copied below for your reference.

Subsequently, we have been asked by staff in rehabilitation locations about whether to include in catheter day counts those patients whose urinary catheter bags are changed from standard bags to leg bags and vice versa. The answer is yes. Since this practice may increase the risk for CAUTI, it is important to include these patients in CAUTI surveillance. As a result, facilities or locations where this practice is common may choose to create a custom field(s) to collect this information. They may then analyze the data to determine the need for specific prevention interventions. For guidance in creating custom fields, please type "custom fields" in the search box of the Help feature found in the upper right hand corner when in the NHSN application.

April 5, 2012 NHSN Email:

After consideration of communications from our NHSN users participating in CAUTI surveillance, we have decided to amend the protocol in the following ways. These changes should be implemented from April 1, 2012 forward. We believe that these changes will streamline and simplify CAUTI surveillance without sacrificing data usefulness. Updates to the NHSN manual are in process and will be shared as soon as they are available.

1.   It is difficult for Infection Preventionists to distinguish irrigated urinary catheters from non-irrigated urinary catheters. Additionally, irrigation of urinary catheters represents a risk for UTI and, therefore, such patients should be included in CAUTI surveillance. The exclusion of continuously irrigated indwelling urinary catheters from the CAUTI data should be discontinued. Instead, ALL indwelling urinary catheter days should be included in the CAUTI data and ALL patients with indwelling urinary catheters are eligible for CAUTIs, regardless of whether the catheter has been irrigated in ANY way.

2.   Laboratories at many facilities do not report white blood cell counts lower than 5 for urinalyses performed. Therefore, all references of pyuria included in the UTI definitions are now changed from "...or ≥ 3 WBC/high power field of spun urine" to "...or > 5 WBC/ high power field of spun urine". This change involves UTI criteria 2a, 2b, and 4 and includes non-catheter-associated UTI as well as CAUTI.

We do not anticipate a great impact on the number of UTIs reported to NHSN as a result of this definitional change of pyuria by microscopic study.

Long-term Acute Care (LTAC) Enrollment Requirements to Comply with CMS Prospective Payment System (PPS) FY2012 Rule

Beginning October 2012, long-term acute care (LTAC) facilities are to report central line-associated bloodstream infections (CLABSIs) and catheter-associated urinary tract infections (CAUTIs) from all inpatient locations. Please note that CMS refers to the NHSN LTAC facility type as "long term care hospital." Every licensed LTAC (denoted by having the last four digits of the facility CMS Certification Number (CCN) between 2000-2299) will need to enroll in NHSN as an individual LTAC facility with a unique NHSN facility ID number (orgID). If an independently licensed LTAC location currently resides within an acute care or critical access facility type within NHSN, that LTAC location must be removed from the hospital and enrolled in NHSN as a separate facility. During enrollment it should identify itself as a "HOSP-LTAC" facility type, complete an annual LTAC facility survey, and accurately enter its CMS certification number (CCN) when prompted during enrollment or enter the CCN on the Facility Information screen after enrollment.

Please direct any questions related to LTAC enrollment, location setup, survey completion, data entry, or other topics to nhsn@cdc.gov.

Inpatient Rehabilitation Facility (IRF) Enrollment Requirements to Comply with CMS Prospective Payment System (PPS) FY2012 Rule

Beginning October 2012, inpatient rehabilitation facilities (IRFs) are to report catheter-associated urinary tract infections (CAUTIs) from all inpatient locations. Licensed IRFs that are free-standing facilities or have a CMS Certification Number (CCN) with the last four digits between 3025-3099, should enroll in NHSN as separate facilities (i.e., have unique NHSN orgIDs). During enrollment facilities should identify themselves as "HOSP-REHAB" facility types, complete their annual facility surveys, and accurately enter their CCNs when prompted during enrollment or enter on the Facility Information screen after enrollment.

Each CMS IRF unit within a hospital (3rd position of the Medicare CCN either a "T" or an "R") will need to be set up as an Inpatient Rehabilitation Ward location within an enrolled acute care or critical access facility type. Set up of this location and reporting of CAUTIs can begin at any time. NHSN has been modified to include additional questions required for licensed IRF units within hospitals to be identified appropriately for CMS reporting purposes. On the Location set-up screen, an Inpatient Rehabilitation Ward location will be asked to appropriately identify as a CMS IRF unit within a hospital, and provide a valid IRF CCN. After a location is identified as a CMS IRF unit within a hospital, additional patient population demographic information will be required (subset of questions on the IRF Annual Survey), so that reported data can be accurately risk adjusted. For further guidance on how to appropriately add or edit the IRF location within your NHSN facility to ensure your data are sent to CMS, please see the following instructions:

http://www.cdc.gov/nhsn/PDFs/irf/Updating-IRF-locations-within-NHSN.pdf.

Please direct any questions related to IRF enrollment, location setup, survey completion, data entry, or other topics to nhsn@cdc.gov.

Earn CEUs and Test Your Knowledge of NHSN Healthcare-associated Infection Definitions

NHSN and the *American Journal of Infection Control* (AJIC) continue their collaboration to improve the consistency of surveillance for healthcare-associated infections (HAIs). Since June 2010, 6 case studies have been published in AJIC that were developed by a team of NHSN staff and experienced infection preventionists. More are expected to follow. These case studies offer the opportunity for interested individuals to test their knowledge of the NHSN HAI surveillance definitions. On-line testing provides correct answers.

Now participants can earn continuing education units (CEUs) for this type of learning in this month's edition of AJIC (Vol. 40, No. 5, Supplement 1). Completion of the training exercise takes 3 to 4 hours and 3.8 contact hours will be awarded to those who pass the on-line test with a minimum score of 80%. CEUs will be available until September 30, 2012. We highly recommend that NHSN participants take advantage of this educational offering to increase their knowledge and to enhance the consistency of data collected through the NHSN.

NHSN Questions and Answers

Q: Which Patient ID should be used when reporting data to NHSN: the visit/account number or the medical record number?

A: The patient ID is the key identifier in NHSN for each facility. Therefore, the patient ID should be an identifier that remains constant for the patient on any subsequent visits; oftentimes, this is the medical record number. The use of an identifier that changes with each visit to the facility, for example, would result in the inability to link an SSI to a procedure, as well as inappropriate assignment and calculation of LabID event rates.

CDA Corner - Summer 2012

Consider Participation in the NHSN Antimicrobial Use (AU) Option via Clinical Document Architecture (CDA)

The goal of NHSN AU Option is to provide a mechanism for facilities to report and analyze antimicrobial use as part of antimicrobial stewardship efforts at their facility. Facilities can voluntarily submit to AU Option via CDA if facility has 1) electronic medication administration record (eMAR) or bar coding medication administration (BCMA) and 2) a participating vendor to facilitate CDA submission.

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Manual data submission is not available for this option. If you have eMAR/BCMA, consider contacting your infection control surveillance or electronic health record vendor for participation in antimicrobial use reporting to CDC's NHSN AU option.

NHSN encourages submission of antimicrobial use data from all NHSN-defined inpatient locations, facility-wide-inpatient, and select outpatient acute care settings (i.e., outpatient emergency department, pediatric emergency department, 24-hour observation area) at each facility. A comprehensive submission will enable a facility to optimize inter- and/or intra-facility comparisons among specific wards, combined wards, and hospital-wide data. Thus, additional mapping of patient care locations as defined by NHSN Location Codes (http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf) may be necessary for a facility. For more information about this option, please see the NHSN Antimicrobial Use protocol: http://www.cdc.gov/nhsn/PDFs/pscManual/11pscAURcurrent.pdf.

General CDA Topics of Interest

- If you import summary data and procedures via the CDA import, please remember that the NHSN application does not automatically check off the "Report No Events" box on the summary data form and the "No Procedures Performed" and "Report No Events" box for the Procedure-Associated Module on the Alerts tabs. Users must manually check these boxes in order to be compliant with NHSN reporting requirements.

- Think you are ready to report to NHSN using the CDA import? Here are three important things to keep in mind before you can proceed. First, be sure to obtain an object identifier, or OID, for your facility from the PHIN Help Desk (phintech@cdc.gov). You'll need to enter your OID into the Facility Information screen in NHSN before you can import. Second, remember that only users with administrative rights can access the CDA import function. Finally, keep in mind that only events, locations, and procedures that are in your monthly reporting plan can be imported via CDA.

- If you are receiving error messages when you try to import your CDA zip files, please send a copy of the import error report that you receive to your vendor for troubleshooting. If they are unable to resolve the issue, please contact us at nhsncda@cdc.gov for further assistance.

NHSN Enrollment Update (as of May 30, 2012):

4,811 Hospitals (this includes 289 Long Term Care Hospitals and 163 inpatient Rehabilitation Facilities)

4, 083 Outpatient Hemodialysis

225 Ambulatory Surgery Centers (ASCs)

26 Long-term Care Facilities

9, 105 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.

Contact NHSN at the following:

The Center 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