Volume 8, Issue 4

December 2013

The Centers for Disease Control and Prevention (CDC)

NHSN e-News

Reminder! Data for CMS Quality Reporting Programs Due February 15:

(NOTE: February 15th is a Saturday. Regardless, data must be submitted by 11:59pm Central Time on February 15th. We strongly encourage facilities to enter their data prior to the CMS deadline to allow time to ensure the accuracy of the data. Be aware that the NHSN helpdesk is not staffed on Saturdays.)

The following data must be entered into NHSN by **February 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:
2013 Quarter 3 (July – September 2013) CLABSI and CAUTI data (ICU locations only)
2013 Quarter 3 (July – September 2013) COLO and HYST SSI data
2013 Quarter 3 (July – September 2013) MRSA Bacteremia and *C.difficile* LabID Events (FacWideIN)

Inpatient Rehabilitation Facilities (IRFs) that participate in the Inpatient Rehabilitation Facility Quality Reporting Program:
2013 Quarter 3 (July – September 2013) CAUTI data (all bedded inpatient locations)

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the Long-Term Care Hospital Quality Reporting Program:
2013 Quarter 3 (July – September 2013) CLABSI and CAUTI data (all bedded inpatient locations)

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:
2013 Quarter 3 (July – September 2013) CLABSI and CAUTI data (all bedded inpatient care locations)

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

Inside this issue:

CMS Rules for Quality Reporting– Fiscal Year 2014

Clarification

In response to questions from the October 2013 newsletter, NHSN has clarified the CMS reporting requirement regarding the entry of Medicare Beneficiary Number (MBN) into NHSN for Medicare patients. **The MBN must be entered on all NHSN event records for Medicare patients; MBN is not required to be entered on NHSN procedure records for Medicare patients at this time.**

Update

In December 2013, CMS released the Final Rules for two additional quality reporting programs. The list below summarizes these changes as they impact NHSN reporting. A complete list of HAI reporting requirements in NHSN, including the current requirements as well as the 2014 changes, can be found at the links below.

- Current CMS Reporting Requirements for all facilities:
http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf

- Reporting Requirements and Deadlines per CMS Current Rules:
http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements-Deadlines.pdf

Outpatient Dialysis Facilities:

- Beginning January 2014, outpatient dialysis facilities will be required to report 12 months of dialysis event data into NHSN. Outpatient dialysis facilities will have three months after the end of the quarter to submit data to NHSN. For example, Q1 data (January – March 2014) will be due on June 30, 2014.

Hospital Outpatient Departments (HOPDs):

- HOPDs will be required to submit Healthcare Personnel Influenza vaccination summary data for the 2014-2015 influenza season (Oct 1, 2014 – March 31, 2015) to NHSN by May 15, 2015.

- Once more details are available, NHSN will post specific guidance to HOPDs related to this reporting requirement.

Ambulatory Surgery Centers (ASCs):

- ASCs will be required to submit Healthcare Personnel Influenza vaccination summary data for the 2014-2015 influenza season (Oct 1, 2014 – March 31, 2015) to NHSN. The deadline for this data to be entered into NHSN will not be set until CMS publishes the FY2015 ASCQR (ASC Quality Reporting) final rule.

Final CMS reporting rules for Acute Care Hospitals, Long-term Acute Care Hospitals, Inpatient Rehabilitation Facilities and PPS-exempt Cancer Hospitals were detailed in the October 2013 NHSN Newsletter found here: http://www.cdc.gov/nhsn/PDFs/Newsletters/Oct-2013.pdf.

Reminder: Complete your 2013 Annual Facility Survey early in 2014!

Attention: General Acute Care Hospitals, Inpatient Rehab Facilities (IRFs), Long-term Acute Care Facilities (LTACs), and Ambulatory Surgery Centers (ASCs)

- **Patient Safety Component**
  - On January 1, 2014 you will begin to see an alert on your NHSN home screen reminding you to complete a 2013 annual survey.
  - The Patient Safety annual surveys must be completed by March 1st. Facilities will not be able to create a March 2014 monthly reporting plan without completing a 2013 facility survey.
  - The questions on the annual surveys are identical to those asked on the 2012 survey. The annual survey forms are available on the NHSN website (on each specific HAI webpage) under 'Data Collection Forms'. Updated instructions addressing common questions for the annual hospital survey will soon be posted under 'Data Collection Forms'.

- **Healthcare Personnel Safety Component**
  - For those following the Influenza Vaccination Summary module, NHSN encourages users to complete the (optional) "Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel". The data collected in this brief survey, including methods a facility uses to deliver influenza vaccine to its HCP, are very helpful to CDC personnel. If electing to complete this survey, only one survey should be completed during the influenza season. More information on the survey can be found here: http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html
  - For those following the Healthcare Personnel **Exposure module**, the Annual Facility Survey is required before any monthly reporting plans can be created. More information can be found here: http://www.cdc.gov/nhsn/acute-care-hospital/hcp-exposure/index.html

- **Biovigilance**
  - Minor changes have been made to the annual facility survey and facilities should begin working on their 2013 survey using the updated paper form. However, facilities should not enter the form into NHSN until after NHSN version 8.1 is released, scheduled for January 25, 2014.
  - See the Biovigilance article in this newsletter for more information.

Attention: Long-term Care Facilities (NHs/SNFs)

- Facilities can begin completing the 2013 annual survey on January 1, 2014 and must have the survey completed by March 1, 2014 in order to continue reporting data to NHSN.
- The questions on the annual survey are identical to those that appeared on the 2012 survey. More information can be found here: http://www.cdc.gov/nhsn/LTC/index.html

Attention: Dialysis Facilities

- A new version of the Outpatient Dialysis Practices Survey will be available on the Dialysis NHSN website in December. This survey should be based on data from the first week of February 2014 and must be completed before the first week of May 2014 in order to continue reporting.
- See the Dialysis article in this newsletter for more information.

Information on 2014 Patient Safety Protocol Changes

Please watch for the January 2014 updated protocols, reporting forms, and additional guidance documents to be posted to the NHSN website for your review and use. All previous protocols and forms will be outdated and obsolete for reporting beginning January 1, 2014. Although these changes will not be implemented in the NHSN application until the next application release, expected on January 25, 2014, users are expected to follow all updated guidance for definitions, rules, and criteria for events identified on or after January 1, 2014. Therefore, data from events and procedures that occur on or after January 1, 2014 should be collected according to the new protocols and held on paper copies of the new forms until data entry capability becomes available in NHSN after January 25, 2014. If you wish to retain 2013 guidance, you have until December 26, 2013 to download and/or print the current-2013 NHSN protocols as they will be removed from the NHSN website on December 27, 2013 and replaced with the January 2014 NHSN protocols.

Changes to CLABSI Reporting in 2014

Beginning January 1, 2014 "in-plan" participation in the NHSN Central Line-associated Bloodstream Infection (CLABSI) module will require surveillance for, and reporting of, Mucosal Barrier Injury-Laboratory Confirmed Bloodstream Infection (MBI-LCBI) events. In 2013, reporting of this type of LCBI was optional for in-plan reporting.

Additionally, the definition of neutropenia in the MBI-LCBI criteria will be expanded to include the 3 calendar days *after* the positive blood culture. The neutropenia definition used for 2014 will be: 2 days of absolute neutrophil count (ANC) or white blood cell (WBC) count less than 500 cells/mm^3 within the following time period surrounding the positive blood culture - the 3 calendar days before, the day of, and the 3 calendar days after. In 2013, the time period was limited to the 3 calendar days before and the day of positive blood culture.

In 2014, there will be a new optional question on the BSI form: "Any hemodialysis catheter present?" The purpose of this optional field is to help track the proportion of CLABSIs that are potentially related to CVCs used for hemodialysis.

Please see the CLABSI chapter of the NHSN Patient Safety Component manual, available on the NHSN website for criteria and surveillance guidance.

Changes to Ventilator-Associated Reporting in 2014

Ventilator-Associated Pneumonia (VAP) and Pediatric VAP (pedVAP)

- In 2014, in-plan pedVAP surveillance will no longer be available in neonatal ICU (NICU) locations in NHSN. Healthcare facilities may still conduct "off-plan" pedVAP surveillance in NICUs using the NHSN definitions, and may enter these events into NHSN for their own, internal use—but VAP data reported from NICUs to NHSN will no longer be analyzed and included in NHSN's data reports. This change will affect only NICUs and other neonatal locations; pediatric ICUs (PICUs) and other pediatric locations will not be affected.

- This decision was made by the CDC's NHSN Team with input from members of the Neonatal and Pediatric Ventilator-Associated Event (VAE) Working Group. The Working Group is composed of representatives from several pediatric, critical and respiratory care, and healthcare epidemiology/infectious diseases professional societies which includes experts in neonatology. The Pediatric VAE Working Group was convened by the CDC in September 2012 to consider the utility of the current VAP surveillance definitions and explore the feasibility of modifying the recently-implemented adult VAE surveillance definitions and methods for future use in PICU and NICU locations. The CDC will continue working with the neonatology and pediatric provider communities to develop and implement measures in NHSN that more appropriately reflect the types of healthcare-associated events impacting the safety and well-being of neonates.

- In 2014, pedVAP in-plan reporting will be conducted by patient care location type. Therefore, ventilated patients who are 18 years of age and older and who are cared for in pediatric units can be included in pedVAP surveillance.

Changes to Ventilator-Associated Reporting in 2014, Continued

Ventilator-Associated Event (VAE)

1. As communicated in the October 2013 NHSN Newsletter, in 2014 VAE surveillance will become patient location-based, rather than patient age-based, in keeping with other NHSN surveillance methodology. In 2014, VAE surveillance will be restricted to adult inpatient locations; VAE surveillance will not be performed in pediatric, mixed age, or neonatal patient locations.

- In 2014, the VAE algorithm will ONLY be applicable to mechanically-ventilated patients housed in adult inpatient units (regardless of the age of the patient*). The occasional patient who is under 18 years of age who is cared for in an adult location will be included in VAE surveillance in 2014. Mixed age, pediatric, and neonatal units are excluded from VAE surveillance (even in circumstances where a pediatric unit may occasionally care for patients who are 18 years of age and older).

  * It is NOT recommended to include in VAE surveillance young children housed in adult ICU locations who are not thought to be physiologically similar to the location's adult patient population. Facilities may want to evaluate their location mapping to be sure that locations are mapped appropriately to the correct CDC location codes. In circumstances where the populations of adults and children cared for in the same physical location is more mixed (e.g., 50% adult patients and 50% pediatric patients), it is recommended that facilities consider the possibility of establishing a virtual pediatric location for the purposes of surveillance. More information on virtual locations and location mapping can be found here: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

- As a result, the application will no longer accept VAE reports from pediatric or mixed age locations (even if those events occurred in 2013) once the 2014 NHSN release has been implemented, which is planned for January 25, 2014. After the release, 2013 events from pediatric or mixed age locations will be viewable; however, they will not be able to be edited. Please plan accordingly to enter any 2013 pediatric or mixed age location VAE events prior to the January release date. The application does not currently accept VAE reports from neonatal locations, and will not accept such reports in 2014.

- Pediatric and neonatal units are excluded from VAE surveillance (even in circumstances where a pediatric unit may occasionally care for patients who are 18 years of age and older). In 2014, ventilated patients who are 18 years of age and older and who are cared for in pediatric units will be included in pedVAP surveillance.

- The PNEU definitions will still be available for those units seeking to conduct off-plan PNEU surveillance for mechanically-ventilated adult and neonatal patients and for non-ventilated adults or children.

2. The definitions of "daily minimum PEEP" and "daily minimum FiO2" will be modified, so that the daily minimum PEEP or FiO2 setting will be defined as the lowest setting of PEEP or FiO2 during a calendar day that is maintained for at least 1 hour. These changes are being made to standardize the surveillance approach in units where monitoring and recording of ventilator settings are performed hourly or more frequently than once per hour. In units where ventilator settings are monitored and recorded less frequently than once per hour, the daily minimum PEEP and FiO2 values for VAE surveillance will simply remain the lowest values of PEEP and FiO2 recorded for the calendar day.

3. Additional instructions will be provided in the January 2014 VAE protocol for facilities attempting to use the purulent respiratory secretions criterion in meeting the Possible and Probable VAP definitions. These instructions will provide greater flexibility for facilities where the clinical laboratory uses a different format for reporting results of direct examination of respiratory secretions than the format specified in the purulent respiratory secretions criterion.

4. The list of antimicrobial agents eligible for use in meeting the IVAC definition will be refined in the January 2014 protocol. Agents that will be eliminated from the list include oral cephalosporins and penicillins, chloramphenicol, erythromycin, erythromycin/sulfisoxazole, nitrofurantoin, fidaxomicin, and enteral vancomycin. Note that intravenous vancomycin remains on the list of eligible agents.

SSI Updates

NHSN is working on an ICD-9 CM mapping tool for the new HPRO and KPRO denominator for procedure data fields. As soon as this tool is complete we will share this with our NHSN users via an email and we will also make this tool available on the NHSN website in the SSI section under "Supporting Materials".

Please note that the new 2014 procedure import specifications, as well as a sample procedure import file, are available on the SSI section of our webpage under "Supporting Materials": http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html

Update and Comment on the NHSN Surgical Site Infection (SSI) 2014 Changes

(NOTE: The article below was sent in a blast email to all NHSN users on 11/21/2013.)

CDC has rigorously reviewed NHSN SSI methodology in partnership with external surgical, infection prevention, and perioperative nursing experts. The consensus input is a call for NHSN to collect and analyze additional SSI data that will enable improved risk adjustment and procedure-specific analyses. CDC concurs with these recommendations and will introduce several important additions and modifications to the NHSN SSI protocol data requirements in 2014, including: height and weight; diabetes status; incisional closure type (primary vs. non-primary); and a modified definition of procedure duration.

In planning for modifications to existing NHSN data requirements, CDC considers the implications for NHSN users in terms of added burden and availability of data in electronic health records systems. Some NHSN users have expressed concerns that some important SSI risk factors are not consistently available in the perioperative record systems used in their hospitals, and they may not have sufficient time or resources to capture these elements in existing records systems in time to meet 2014 reporting requirements. CDC acknowledges these concerns and is taking immediate steps to address them. Although all SSI data fields are built into the NHSN application scheduled for release in 2014, CDC has decided to provide interim guidance for reporting diabetes and incisional closure type, which may be particularly burdensome for some NHSN users. **NHSN users are strongly encouraged to work with their operating room (OR) liaisons, information technology (IT) departments, or other groups within their facility as needed, to ensure that diabetes and incisional closure type are readily available for mandatory reporting to NHSN beginning 2015.**

Instructions for entering diabetes and incisional closure data into the NHSN SSI Denominator for Procedure Form, including interim methods for data entries for NHSN users who may not have sufficient time or resources to establish electronic data capture in 2014.

Diabetes (Y/N):

The diabetes data field calls for a Yes/No data entry depending on whether the patient is a diagnosed diabetic on the basis of documentation in the medical record regarding diabetes management, either insulin or oral anti-diabetic agent(s). Indicate Y if the patient has a diagnosis of diabetes requiring management with insulin or a non-insulin anti-diabetic agent. This includes patients with "insulin resistance" who are on management with an anti-diabetic agent. This also includes patients with a diagnosis of diabetes requiring management with an anti-diabetic agent, but who are noted to be non-compliant with their prescribed medications. Indicate N if the patient has no known diagnosis of diabetes, or a diagnosis of diabetes that is controlled by diet alone. Also indicate N if the patient receives insulin for perioperative control of hyperglycemia but has no diagnosis of diabetes.

Information about a patient's diabetes status should be routinely available in the admission H&P, preoperative patient evaluation, and other hospital records. However, we are aware that in many facilities the diabetes status may not be a standard element in the perioperative record. The interim method for data entry by NHSN users who lack time or resources to capture this information in 2014 is as follows: default to "N" value for all patients until a system is in place to identify and report this information. The diabetes field, with "Y" or "N" data entries in accordance with the NHSN protocol, will be required for all NHSN users beginning in 2015.

SSI 2014 Changes, Continued

Incisional Closure Type:

- **Primary Closure** is defined as closure of all tissue levels during the original surgery, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision. This category includes surgeries where the skin is closed by some means, including incisions that are described as being "loosely closed" at the skin level. Thus, if any portion of the incision is closed at the skin level, by any manner, a designation of primary closure should be assigned to the surgery.

- **Non-primary Closure** is defined as closure that is other than primary and includes surgeries in which the superficial layers are left completely open during the original surgery and therefore cannot be classified as having primary closure. For surgeries with non-primary closure, the deep tissue layers may be closed by some means (with the superficial layers left open), or the deep and superficial layers may both be left completely open. *The NHSN protocol includes numerous examples; but in short, anything not meeting the definition of primary closure is by default non-primary closure.*

Information about a patient's incisional closure type should be available in the operative report. However, we are aware that in many facilities the incisional closure type may not be a standard element in the perioperative record. The interim method for data entry by NHSN users who lack time or resources to capture this information in 2014 is as follows: continue to report the procedure denominators exactly as you were doing for 2013. Further, we ask that for each SSI identified, a thorough evaluation be conducted to determine if the linked procedure was a primary closure or non-primary closure and update the procedure record (as non-primary closure) if necessary. From feedback we have gathered, this is likely the method most similar to the current practice, which has not been accurately removing all non-primarily closed procedures, but will at least allow NHSN to identify the SSIs linked to primarily closed procedures. We anticipate that this will not cause any large shift in the 2014 data used for inter-facility comparison.

Note: We are aware that some clinicians disagree with the NHSN definition of primary closure, as relates to loosely or partially closed incisions in unusual scenarios (e.g., the skin is only approximated at a single point or several points in an otherwise open incision). We contemplated such scenarios when crafting the definition and it was not feasible to write a surveillance definition that could be standardly applied that would account for the potentially limitless variety of closure techniques under actual use in clinical practice. In essence, NHSN is not going to attempt to define "how closed is closed." NHSN has closely adapted the American College of Surgeons, NSQIP definition of primary closure. Please keep in mind that for risk adjustment purposes, the emergency status of the procedure, wound classification, and other patient factors will still be taken into account, as appropriate.

Instructions for entering procedure duration into the NHSN SSI Denominator for Procedure Form; no interim methods accepted.

NHSN duration of an operative procedure:

The interval in hours and minutes between the Procedure/Surgery Start Time, and the Procedure/Surgery Finish Time, as defined by the Association of Anesthesia Clinical Directors (AACD): Procedure/Surgery Start Time (PST): Time when the procedure is begun (*e.g.*, incision for a surgical procedure). Procedure/Surgery Finish (PF): Time when all instrument and sponge counts are completed and verified as correct, all postoperative radiologic studies to be done in the OR are completed, all dressings and drains are secured, and the physicians/surgeons have completed all procedure-related activities on the patient.

The modified definition of duration is needed because the requirement for primary incisional closure is being removed from the NHSN definition of an operative procedure in 2014; the previous definition included a procedure stop time that was defined by the time of incisional closure. The data elements for the new definition should be routinely available in the operative record. If you are not sure how to access them, please first consult with your OR liaison or a member of the perioperative team who is responsible for recording operative times. Please also note that the PST is, essentially, the incision time for a surgical procedure, so only the PF is a new part of the definition.

SSI 2014 Changes, Continued

Instructions for entering height and weight into the NHSN SSI Denominator for Procedure Form; no interim methods accepted.

Height: The patient's most recent height documented in the medical record in **feet (ft) and inches (in), or meters (m)**

Weight: The patient's most recent weight documented in the medical record in pounds (lbs) or kilograms (kg) prior to or otherwise closest to the procedure

Previously, height and weight were collected for Cesarean procedures only; **these data will now be required for all NHSN operative procedures under SSI surveillance beginning in 2014.** NHSN does not anticipate difficulty capturing height or weight, and these fields should be collected as instructed.

2014 Hemovigilance Module Data Reporting

Starting on January 1, 2014, facilities should not enter any data into the Hemovigilance Module until NHSN version 8.1 is released, scheduled for January 25, 2014. **Any data entered for 2014 before NHSN version 8.1 is released will be deleted.**

In lieu of submitting online forms to the Hemovigilance Module during this time, facilities may use the paper forms to track their data and submit online forms once NHSN version 8.1 is released. The paper forms can be found here: http://www.cdc.gov/nhsn/acute-care-hospital/bio-hemo/index.html.
Facilities that wish to report data for 2013 and previous years should enter their data before NHSN version 8.1 is released.

Please contact us at NHSN@cdc.gov (enter "Biovigilance" in the subject line) with any questions regarding data reporting.

2014 Hemovigilance Module Data Collection Form Changes

NHSN version 8.1 will include several changes to the data collection forms. Facilities should update their records with the new forms once they are available on the Biovigilance Component website.

Annual Facility Survey	Minor changes to the order and wording of a few questions.
Monthly Reporting Plan	Facilities will now indicate whether they are participating or not participating in surveillance. Participating in surveillance requires complete reporting of all CDC-defined adverse reactions, reaction-associated incidents, and denominators.
Monthly Reporting Denominators	Whole blood products, discards, and number of crossmatch procedures have been added to the form.
Adverse Reaction	A new generalized sign and symptom was added to the form. Delayed serologic transfusion reactions now allow for multiple antibody selections. The transfusion date/time on the Component Details table will now collect transfusion **end** date/time.
Incident	New process codes and incident codes have been added to the form. Up to 20 incidents and incident locations can now be reported on a form. Up to 6 occupation codes can now be reported on a form.

2013 Hemovigilance Module Annual Facility Survey

Facilities should begin working on their 2013 Annual Facility Survey using the updated paper form. However, facilities should not enter the form into NHSN until after NHSN version 8.1 is released.

Updates & Reminders to the Dialysis Event Module, Coming January 2014

Coming soon! A new version of NHSN is scheduled to be released on January 25, 2014. As part of the release, there will be several changes to the dialysis event module. Please see below for an overview of these changes and screenshots of the modified reporting forms.

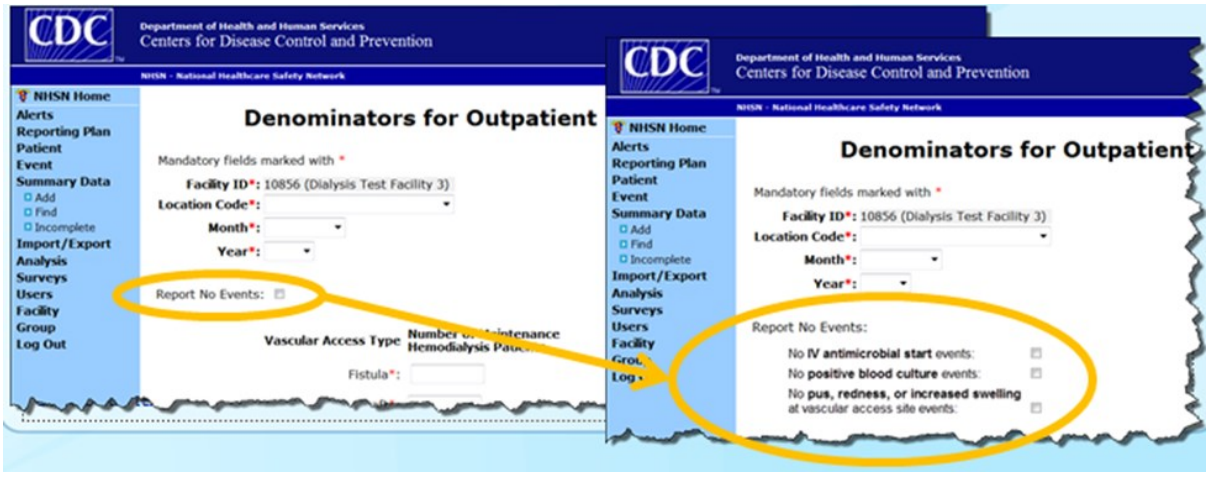
Also remember to complete your annual retraining. A new training module which offers continuing education credits will be available on our website at the end of January. Visit the dialysis training website:
http://www.cdc.gov/nhsn/dialysis/dialysis-event.html

1. Updated Outpatient Dialysis Center Practices Survey

- New version of the survey will be available on the website in December:
  http://www.cdc.gov/nhsn/dialysis/dialysis-event.html
- Annual survey can be submitted in NHSN after the new version of NHSN is released.
  - Survey questions regarding patient/staff counts now pertain to the first week of February.
  - Survey should be completed in February and must be completed before the first week of May to continue reporting.
- Except during enrollment, the survey can be saved in-progress!
- A new Table of Instructions will provide guidance for each survey question.

2. "Report No Events" by Dialysis Event Type

- The report no events box on the Denominator form will be separated into three selections, one for each of the Dialysis Event types.
- Either report one or more events of each type for a month or confirm no events occurred during that month for each given type.

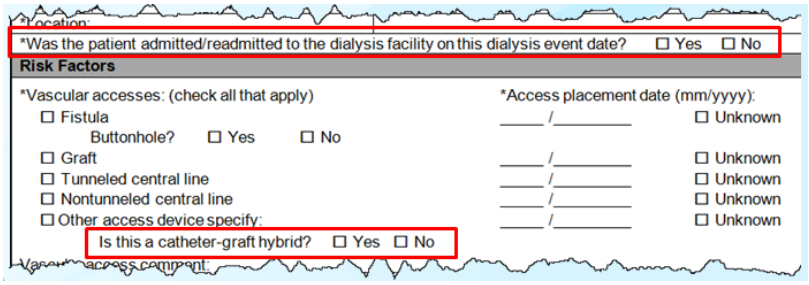


Old Form	New Form

Updates to the Dialysis Event Module, Continued

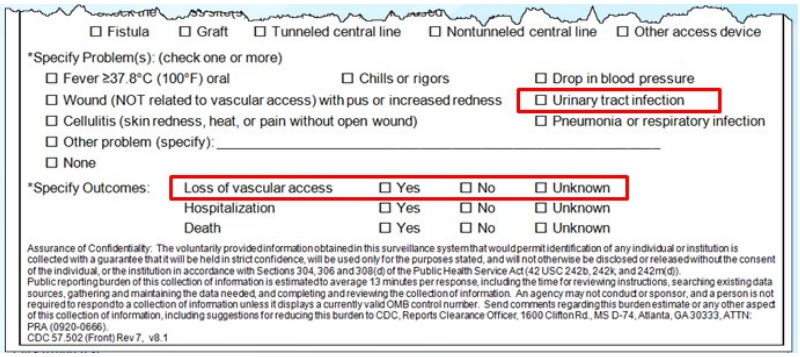
3. Two Optional Fields Now Required on the Dialysis Event Form

- Required: Was the patient admitted/readmitted to the dialysis facility on this dialysis event date?
- Conditionally required if "Other access device" is selected: Is this a catheter-graft hybrid?



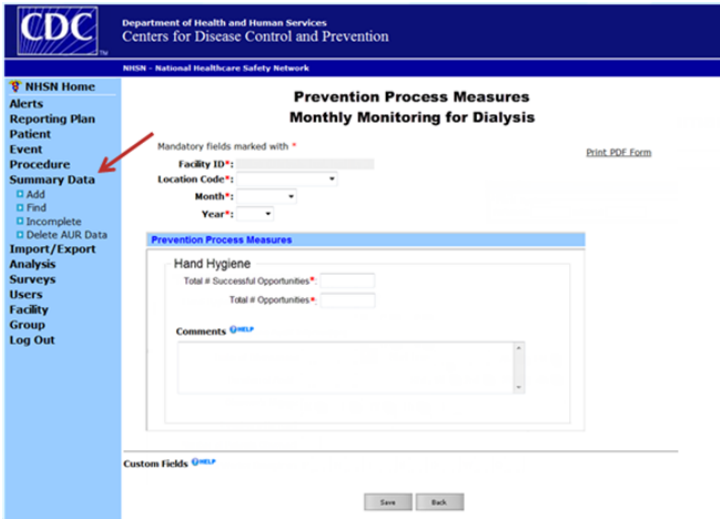
4. Two New Fields Added to the Dialysis Event Form

- New problem field added: Urinary tract infection
- New outcome field added: Loss of vascular access



5. New Optional Hand Hygiene Reporting

- Will be available under Summary Data.
- Will assist facilities with monitoring hand hygiene adherence.
- Instructions will be posted on the NHSN dialysis webpage.
- AMB-HEMO facilities currently reporting the Hand Hygiene Prevention Process Measure under the MDRO module will automatically have their data migrated to the Dialysis module Summary Data during the summer 2014.



Guidance on Changing your Location Descriptions

Periodically, facilities should check the accuracy of their location mapping in NHSN to account for any changes in location designations in the facility. If you find that the patient population in a location has changed such that the CDC location code in NHSN is no longer accurate, we ask that you make modifications to your location mapping to be sure your data are compared to the correct benchmark.

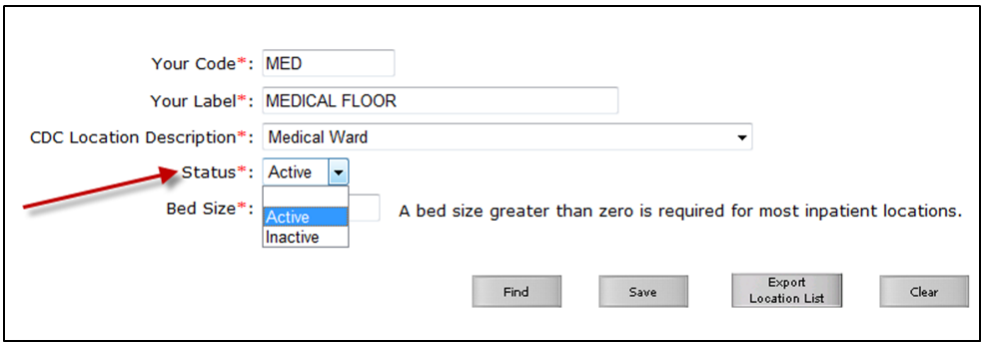
NHSN does not allow the CDC location code to be changed on an existing location. This is to ensure that historical data from the location will always be compared to the correct benchmark.

If you need to change the CDC location code on an existing location, you must create a new location in NHSN mapped to the correct location code. Note that the new location must have a different 'Your Code' value than any existing location.

Once reporting under the old location is complete and a new location is created, we suggest that you place the old location into 'inactive' status, and begin reporting all data to the new location mapping. You can still view and analyze all data from inactive locations; however, you will not be allowed to enter any new data for inactive locations.

Steps to inactivate a location:

- Select 'Facility' > 'Locations' from the left navigation bar in NHSN.
- Enter information about the location that needs to be changed, and click 'Find'. Or, simply click 'Find' to display an entire list of your mapped locations.
- Once you find the applicable location, click on the 'Your Code' value to pull up details for this location. You will see the drop-down list to change the location's status.



If you are making changes to a location that falls under CMS quality reporting requirements, be aware of CMS quarterly deadlines to ensure that all proper data have been entered for the location. Data from inactive locations will still be sent to CMS, as appropriate, provided all reporting requirements for that location have been fulfilled.

If the location has been incorrectly mapped for an extended period of time, and you wish to have this location's historical data compared to the correct benchmark, you will need to edit the appropriate records in NHSN to change the location. After creating the new location with the accurate CDC location code, you should change the location on each affected record in NHSN. This may include monthly reporting plans, summary data, and event data. Note: This step must be done BEFORE inactivating the incorrectly mapped location. Be sure to generate data sets before attempting to analyze data for the new location.

For more information about Location mapping in NHSN, please see: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

Long-term Care Facility Component Updates

Enrollment: We salute the nearly 150 Long-term Care Facilities (LTCFs) that have successfully completed enrollment and are active in the NHSN LTCF Component since its release in September 2012. These facilities come from 26 different states across the country. Almost 60% of enrollees come from New York and Vermont, as a result of efforts to promote NHSN use as part of state infection prevention collaboratives involving LTCFs. We encourage our partners to continue supporting LTCFs in their enrollment and use of NHSN in 2014!

Requesting LTCF Component user feedback: The NHSN LTCF Component team would like to learn from your enrollment and reporting experience as a LTCF user. If you are interested in participating in a conference call with the LTCF Component team, please send an email with the *Subject line: "LTCF Feedback"* to the NHSN Helpdesk at NHSN@cdc.gov. In the message, please indicate any specific questions or topics you would like to discuss along with your contact information. Interested LTCF users will receive a follow-up email with information about the conference call and topics for discussion.

FAQs from the Helpdesk (Patient Safety)

1. Does "...criterion were first present together on or after the 3rd hospital day…" mean that all elements of an HAI criterion have to be present on the same day?

No. There can be a gap of up to one day between adjacent elements. There may not be two days in a row without elements of the criterion. However, to determine if a patient meets HAI criterion, do not utilize elements that were present on day 1 or 2 but not present on or after day 3.

2. CLABSI: If blood culture with matching common commensals are the last element of the LCBI 2 criterion to be met, and they are drawn on consecutive days, which date should be used for the date of event?

The paired common commensal blood cultures are considered a single element of LCBI 2. Therefore, record the date of the first of the two positive blood cultures as the date of event.

3. Is there a way to see which records have been changed in NHSN, and when?

Line lists available from the "Advanced" output options folder do provide the date a record was first entered into NHSN (variable name = createDate) and the last date during which a non-deleted record was modified (variable name = modifyDate). When a record has not been changed, the modify date and the create date will be the same. Note that this information will only list the date of the last saved change prior to generating datasets. Additionally, there is no record of exactly what has been changed. For more information about how to customize various analytic reports in NHSN, please see: http://www.cdc.gov/nhsn/PS-Analysis-resources/reference-guides.html

4. After further review, we've determined that one of our units should be mapped as a mixed acuity unit. What implications will this have for my hospital's reporting to CMS?

While mixed acuity locations may have ICU beds, they are not considered ICU locations and therefore, are excluded from all reporting that is limited to ICUs. If this is the only unit in your hospital that has ICU beds (i.e., your hospital does not have any ICU locations in NHSN from which to report data), please discuss this situation with your QIO as there is a prescribed process in place to indicate that your facility does not have ICUs.

5. So I can prepare for future CMS Inpatient Quality Reporting (IQR) requirements, which hospital locations will be included in CLABSI and CAUTI surveillance in the 2015 CMS Rules for Acute Care Hospitals?

Starting in January 2015, CMS will require CLABSI and CAUTI surveillance in all adult and pediatric Medical Wards, Surgical Wards, and Medical/Surgical Wards. A complete list of current and proposed CMS requirements can be found here: http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements-Deadlines.pdf

NHSN Enrollment Update

NHSN Enrollment Update (as of December 1, 2013):	
5,592	Hospitals (this includes 555 Long-term Acute Care Hospitals and 282 Free-standing Inpatient Rehabilitation Facilities)
6,311	Outpatient Hemodialysis Facilities
305	Ambulatory Surgery Centers (ASCs)
196	Long-term Care Facilities
12,404	**Total Healthcare Facilities Enrolled**

The National Healthcare Safety Network (NHSN) is a voluntary, secure, Internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC.

During 2008, enrollment in NHSN was opened to all types of healthcare facilities in the United States, including acute care hospitals, long-term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long term care facilities.

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