



# E-News

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NHSN@cdc.gov

## NHSN has more than 2000 facilities enrolled!

NHSN began in January 2005 with fewer than 300 hospitals and outpatient dialysis centers participating. As of November 2008, we've passed the 2000 mark!

While we realize that our participation numbers reflect the mandate for public reporting of HAIs to a certain extent, the data that are collected by you through NHSN has provided national aggregate comparative data that each of you can use to identify trends within your facility that can be used to improve patient safety. The 2008 NHSN Report has been published in the November issue of the *American Journal of Infection Control* and is also available on the NHSN website.

The pathway to success, as you know, has not always been smooth and there have been "bumps in the road" along the way. The most recent version of NHSN that was launched in September included important additions (specific event criteria), enhancements (context-sensitive Help messages) and updates (implant/transplant field additions) that proved to be challenging for us all. We appreciate the feedback we received from users about the new version and we've applied a patch to fix the problems that were identified.

In the coming months, NHSN will expand again. Our next addition to NHSN will be the MDRO/CDAD Module in the Patient Safety Component. We're in the process of getting final details of the module put together and developing training that will be posted on the website.

After MDRO/CDAD, we'll launch the Healthcare Personnel Safety Component, followed closely by a pilot version of the Biovigilance Component. We will, of course, send out emails as soon as we have launch dates for these.

We appreciate your patience throughout our "growing pains" and we look forward to working with each of you in the year to come

Happy Holidays from DHQP and the team at NHSN!

## Updated Operative Procedure Codes

We have completed the update to the NHSN Operative Procedure Codes lists based on the 2008-2009 revisions to the ICD-9-CM procedure codes. You can find complete code listings on the NHSN website. The code changes are summarized below:

ICD-9-CM Code	NHSN Code	Comment
17.11, 17.12, 17.13, 17.21, 17.22, 17.23, 17.24, 53.42, 53.43, 53.62, 53.63	HER	
17.31, 17.32, 17.33, 17.34, 17.35, 17.36, 17.39, 45.81, 45.82, 45.83,	COLO	
37.36, 37.60	CARD	
37.55	HTP	
48.40, 48.42, 48.43, 48.50, 48.51, 48.52, 48.59	REC	
53.71, 53.72, 53.75, 53.83, 53.84,	THOR	
80.53, 80.54	LAM	Note: Percutaneous repair of annulus fibrosus, one of the procedures included in 80.54, does not meet the criteria of an NHSN operative procedure.
85.70, 85.71, 85.72, 85.73, 85.74, 85.75, 85.76, 85.79	BRST	

**Remember**, if the incision is not entirely closed at the end of the operation (e.g., if wires or tubes extrude through the incision), then the procedure does not meet the criteria of an NHSN operative procedure and cannot be included in the denominator nor can subsequent infection be considered as SSI.

## Need help with specific event criteria?

Some users are getting the message "Criteria selected are not applicable for the specific event selected". If you get this message, please double-check the definition you used against what items you selected in NHSN. If you determine that you still need assistance, please send an email to [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and indicate the specific event you selected, along with the criteria you checked and the pathogen selected (if applicable).

## Annual Facility Surveys

In the newest release of NHSN a change occurred in the way the surveys are named. They are now named according to the year they represent, rather than the year in which they were completed. So what used to be called the 2008 survey for "Facility A" because it was completed on enrollment in July 2008 (but covered the period of January 2007-December 2007) is now called

the 2007 survey because it represents 2007 information.

## New NHSN Facility Administrator

If a change in who will be the NHSN Facility Administrator for your facility is anticipated, please be sure that critical role is reassigned before that person leaves! From the navigation bar, the current NHSN Facility Administrator would select **Facility**, then **Facility Info**, then from the Edit Facility Information screen, click on the **Contact Information** link. From the drop-down list, select "FADMIN - Facility Administrator" as the contact type and click on **Reassign** (see below). You will be asked to find and select an existing user who will be reassigned this role. NOTE: The existing user must be assigned as an administrative user. Once selected, remember to save the updated information on the Facility Information page. It's much less complicated to make the change prior to the departure of the NHSN Administrator than it is afterward.

**Contact Information**

**Contact:** FADMIN - Facility Administrator **Reassign**

FADMIN - Facility Administrator  
PS - Patient Safety Primary Contact  
LAB - Microbiology Laboratory Director/Supervisor

Middle Name:

Last Name\*:

Title:

## Reminders about Digital Certificates

- A digital certificate is required for *each* NHSN user in a facility or group. Digital certificates should not be shared among users. If you suspect a problem with your digital certificate, please contact NHSN.
- Please remember to make a copy of your digital certificate!! The digital certificate can be copied and installed on any computer, so a user's digital certificate can be used at multiple facilities and/or on multiple computers. Please see Steps 3e & 3f in the *NHSN User Start-up Guide* for instructions.
- Your email address is the primary identifier for not only the NHSN application but also your digital certificate and eventually, your training. Please be sure to use the same email address each time you're asked in NHSN.
- More information is available on the FAQ pages:  
FAQ about NHSN Enrollment: [http://www.cdc.gov/ncidod/dhqp/nhsn\\_FAQenrollment.html](http://www.cdc.gov/ncidod/dhqp/nhsn_FAQenrollment.html)  
FAQ about Digital Certificates: [http://www.cdc.gov/ncidod/dhqp/nhsn\\_FAQenrollment.html](http://www.cdc.gov/ncidod/dhqp/nhsn_FAQenrollment.html)

## Implant and Transplant Definitions

Remember that NHSN only requires you to identify whether an implant or non-autologous

transplant was part of the operative procedure being monitored. The definitions of these terms are below:

**Implant:** A nonhuman-derived object, material, or tissue that is permanently placed in a patient during an operative procedure and is not routinely manipulated for diagnostic or therapeutic purposes. Examples include: porcine or synthetic heart valves, mechanical heart, metal rods, mesh, sternal wires, screws, cements, and other devices.

**Transplant:** Human cells, tissues, organs, or cellular- or tissue-based products that are placed into a human recipient via grafting, infusion or transfer. Examples include: heart valves, organs, ligaments, bone, blood vessels, skin, corneas, and bone marrow cells.

**Autologous** or “autograft” transplants are products that originate from the patient’s own body.

**Non-autologous** or “allograft” transplants are tissues or other products derived from another human body, either a donor cadaver or a live donor.

#### REPORTING INSTRUCTIONS:

- Some products are a combination of human- and nonhuman-derived materials, such as demineralized human bone matrix with porcine gel carrier. When placed in a patient during an operative procedure, indicate “Yes” for both the Implant and Transplant fields.
- Some operative procedures involve placement of both autologous and non-autologous products. For these procedures, indicate “Yes” for Non-autologous Transplant field.

#### **Reminder: Help is available!**

Links to the NHSN Help Online Manual were added with the most recent release of NHSN. Each Help link (blue icon pictured below) will direct the user to information specific to that area of NHSN. For example, when entering a BSI, if the user clicks on the Help link next to Risk Factors, a new window will open with information about central lines and how the data should be reported. Upon closing the help window, you will be back on the page from which you requested help.

**Event Information** [HELP](#)

Event Type\*: BSI - Bloodstream Infection Date of Event\*: 09/30/2008

Post-procedure: [Dropdown]

Location\*: CMICU - CARDIAC ICU

Date Admitted to Facility\*: 09/12/2008

**Risk Factors** [HELP](#)

Central line\*: [Dropdown]

Location of Device Insertion:

Date of Device Insertion:

**Event Details** [HELP](#)

Specific Event\*: [Text Box]

**Risk Factors**

Risk factors are factors that may or may not dispose the patient to the event.  
**Note: The following risk factors will appear when 'BSI - Bloodstream Infection' is selected as 'Event Type'. The risk factor for this event also depends on the type of location selected in the Event Information section. For example, when the location is an ICU, then the risk factors pertaining to a SCA or NICU will not be available for selection.**

**CLABSI (Central Line-associated BSI):** A CLABSI is a primary bloodstream infection (BSI) in a patient that had a central line within the 48-hour period before the development of the BSI. If the BSI develops within 48-hours of discharge from a location, it is associated with the discharging location.  
**NOTE: There is no minimum period of time that the central line must be in place in order for the BSI to be considered central line-associated.**

**If ICU/Other locations, Central line -- Required**

**Description**

- The location is an intensive care unit (ICU) or location other than a specialty care area (SCA) or neonatal intensive care unit (NICU).
- A central line is a vascular infusion device that terminates at or close to the heart or one of the great vessels.

**Reporting Instructions**

- Select 'Y' - 'Yes' if the central line(s) was used within 48 hours of the development of the bloodstream infection, otherwise, select 'N' - 'No'.
- The following are considered great vessels for the purpose of reporting central-line infections and counting central-line days in the NHSN system: Aorta, pulmonary artery, superior vena cava, inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins, and common femoral veins.

In addition, the NHSN Help Online Manual includes an extensive "How To" section that provides step-by-step instructions, such as "How to Reassign the Role of Facility Administrator" and "How to Add a Location." We strongly encourage you to explore this useful feature of NHSN!

## Updating an NHSN Operative Procedure Record with Data for the New Fields Prior to Linking to an SSI

Because the fields "Implant" and "Non-autologous Transplant" were added to the Denominator for Procedure form on September 19, 2008, any operative procedure record saved prior to Sept. 19<sup>th</sup> which needs to be linked to a deep incisional or organ/space SSI will need to have data entered for the new fields prior to linking with the SSI. Therefore, prior to entering the SSI, you will need to find and update the operative procedure record in order to enter data for the new fields. Then you should be able to enter the SSI and link it successfully to the operative procedure record. For example, if you entered a CBGB record on September 1<sup>st</sup>, and on November 25<sup>th</sup> you want to enter a mediastinitis SSI associated with it, you should first find the CBGB record and update it with responses to the Implant and Non-autologous Transplant fields. Then enter the SSI and link to this newly updated CBGB record.