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NHSN e-News

The Centers for Disease Control and Prevention (CDC)

Inside this Issue:

2017 APIC Conference Live Training

NHSN Subject Matter Experts will be attending the annual Association for Professionals in Infection Control and Epidemiology conference taking place June 14-16 in Portland, OR to lead educational workshops on NHSN 2017 updates, CLABSI, CAUTI, VAE, SSI, and MDRO/CDI definitions and surveillance, NHSN Analysis, the upcoming Outpatient Procedure Component, and other topics.

Additionally, NHSN will hold the 2017 Member's Meeting on Thursday, June 15th from 5:00-6:30 p.m. in the Oregon Ballroom 204 at the Oregon Convention Center.

Please see below for dates of the APIC 2017 NHSN presentations. Please check the conference agenda for times.

APIC NHSN Presentations:

June 14, 2017

- Performing Surveillance for CLABSI Accurately in NHSN
- Details on NHSN's Updated HAI Risk Adjustment Models

June 15, 2017

- Location, Location, Location: How to map the right NHSN location for your facility
- To Be or Not To Be CAUTI
- NHSN Surveillance in Long-term Care Facilities: Making C. difficile Event Data Work for you
- Overarching NHSN Device-associated Infection Surveillance Rules
- NHSN Surgical Site Infection Surveillance 2017
- Analytic Methods for Assessing Intervention Effectiveness
- NHSN Antimicrobial Use and Resistance Module
- Internal HAI Validation for Facilities

June 16, 2017

- VAE and PNEU Protocol Review with Case Study Examples
- NHSN MDRO/CDI Protocol Review: Tips and Tricks to Reporting Compliance
- Using TAP to Tackle Clostridium difficile Infections
- The Rebaseline: New NHSN Methods for Analyzing HAI Data
- NHSN Outpatient Procedure Component
- Using the NHSN and Evidence-Based Guidelines to Impact Antibiotic Usage for Treatment of UTI in LTC

Patient Safety Component

CMS Reminder

Reminder! Data for CMS Quality Reporting Programs due Soon!

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

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

2016 Quarter 4 (October1 – December 31) CLABSI and CAUTI data

- All ICU locations
- Adult and pediatric medical, surgical, and medical/surgical wards

2016 Quarter 4 (October1 – December 31) Inpatient COLO and HYST SSI data

2016 Quarter 4 (October1 – December 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare onset and community onset)

- FacWideIN
- ED and 24-hour observation locations

2016 Quarter 4 & 2017 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

CMS Reminder Continues on Page 3

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:
2016 Quarter 4 (October1 – December 31) CLABSI and CAUTI data (all bedded inpatient care locations)
2016 Quarter 4 (October1 – December 31) Inpatient COLO and HYST SSI data
2016 Quarter 4 (October1 – December 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare onset and community onset)
NEW! 2016 Quarter 4 & 2017 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

Inpatient Rehabilitation Facilities (IRFs) that participate in the Inpatient Rehabilitation Facility Quality Reporting Program:
2016 Quarters 3 and 4 (July 1 – December 31) CAUTI data (all bedded inpatient locations)
2016 Quarters 3 and 4 (July 1 – December 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare onset and community onset)
- Freestanding IRFs: Reporting by FacWideIN
- IRF units within acute care or critical access hospitals: Reporting by each CMS IRF unit

2016 Quarter 4 & 2017 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data
- IRF units within acute care or critical access hospitals must submit a separate summary record specifically for the IRF unit: http://www.cdc.gov/nhsn/pdfs/training/vaccination/hcp-flu-vaccination-summary-reporting-irf-training-slides.pdf

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the Long-Term Care Hospital Quality Reporting Program:
2016 Quarters 3 and 4 (July 1 – December 31) CLABSI and CAUTI data (all bedded inpatient locations)
2016 Quarters 3 and 4 (July 1 – December 31) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare onset and community onset)
2016 Quarter 3 and 4 (July 1 – December 31) VAE data (all bedded inpatient locations)
2016 Quarter 4 & 2017 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

Inpatient Psychiatric Facilities (IPFs) that participate in the Inpatient Psychiatric Facility Quality Reporting Program:
2016 Quarter 4 & 2017 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data
- IPF units within acute care or critical access hospitals must submit a separate summary record specifically for the IPF unit: http://www.cdc.gov/nhsn/pdfs/training/vaccination/hcp-flu-vax-summary-reporting-ipf-training.pdf

Ambulatory Surgical Centers (ASCs) that participate in the Ambulatory Surgical Center Quality Reporting Program:
2016 Quarter 4 & 2017 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

Dialysis Facilities that participate in the CMS End Stage Renal Disease (ESRD) Quality Incentive Program (QIP):
2016 Quarter 4 & 2017 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

Please make sure at least one individual at your facility can access NHSN via SAMS and has been assigned appropriate user rights in NHSN so they may enter and view the facility's data. To ensure your data have been correctly entered into NHSN, please make sure to verify that: 1) your monthly reporting plans are complete, 2) you've entered appropriate summary and event data or checked the appropriate no events boxes, and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit our website and navigate to the appropriate section(s) for your facility type: https://www.cdc.gov/nhsn/cms/index.html

If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov

Imaging Test Evidence for Pneumonia

NHSN staff understand the challenge in determining if an imaging test result(s) provides the required definitive evidence for meeting the Pneumonia (PNEU) definition. In many cases this is subject to interpretation. To provide some objectivity to a subjective determination, consider the following guidance that should be followed. Simply finding the words: infiltrate, consolidation, opacity or air space disease on an imaging test report is not enough. One must determine if the finding is new or progressive and if it is persistent. Additionally, please note that an imaging test finding of atelectasis alone is not evidence of pneumonia.

For the imaging test evidence to be **definitive** for pneumonia the findings must provide:

- Evidence suggestive of pneumonia. For example, this includes but is not limited to a new or worsening infiltrate, consolidation, opacity, or air space disease that is **not attributed** to something other than pneumonia

And

- Evidence of persistence. There should not be rapid resolution of the finding or contradictory information in a subsequent imaging test which suggests the finding is attributable to another condition (e.g., 2 days later the opacity is now attributed to pulmonary edema). Pneumonia may have rapid onset and progression, but does not resolve quickly. Rapid imaging resolution suggests that the patient does not have pneumonia, but rather a non-infectious process such as atelectasis or congestive heart failure.

When findings are not definitive (e.g., a report of infiltrate vs. atelectasis or a report stating opacity may be pneumonia or may represent congestive heart failure) then there must be further delineation that the finding is suggestive of pneumonia and that there is persistence. This may be accomplished by:

- Subsequent imaging test with more conclusive evidence for pneumonia

OR

- Clinical correlation in the medical record such that the physician is indicating his/her interpretation that the non-definitive imaging test is pneumonia and there is treatment for pneumonia

Following the above guidance is intended to provide consistency across all facilities when determining if imaging test findings are eligible for use in meeting PNEU definition.

NHSN Education and Training Needs Assessment – Next Steps

The NHSN team would like to thank you again for the valuable feedback provided in the NHSN Education and Training Needs Assessment!

1,069 NHSN Patient Safety Component users provided feedback on their training needs and current knowledge and use of the available training and education resources. Results of the needs assessment survey will help the NHSN team determine where the available training resources meet the needs of NHSN users, identify the modules or topics for which additional training resources are needed, and inform development of future training and educational materials and activities.

The NHSN Training and Education Team have already begun to address needs identified from survey responses. We plan to incorporate questions from those participating remotely via webstream during the 2017 NHSN Training taking place March 20 – 24, 2017. The team has planned updates to the NHSN training website, for summer 2017. Website updates will increase navigability and user access to training activities and materials.

We are additionally working towards ensuring that in-person training is more accessible, since interest always exceeds available space.

We value your input as an NHSN user and appreciate you sharing your experience using the NHSN training and education resources. Stay tuned for further details on how NHSN plans to use the survey results to improve and expand training and education support available to you!

AUR Module Updates

Check your AU Option Data!

From January 7 to February 22, CDA succession management (i.e., versioning) was broken for AU Option CDA files. This issue has since been fixed but if you tried to update an existing record during this time by re-importing an AU CDA file into NHSN, the data in the updated file were not saved in the NHSN database. Please generate new datasets and review your NHSN AU Option data for accuracy.

Protocol Clarification for AU Option

On any given calendar day, a single patient can attribute no more than 1 admission, 1 FacWideIN day present, and 1 location-specific day present. For example, a patient admitted to the medical ward, discharged and admitted to the medical ward again within a single calendar day, would still only attribute 1 admission, 1 day present to FacWideIN, and 1 day present to the medical ward when reporting to the AU Option. The NHSN AUR Module protocol will be updated with this clarification.

New AUR Module Resources Coming Soon!

Within the next few weeks, we will be publishing the following new and updated resources on our webpage: https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html.

- Updated AUR Module Protocol
  - Adding clarifying text regarding counting of patients in a single calendar day (see above)
  - Correcting AU Option Appendix A for a typo in the subclass Lipoglycopeptides
- Updated "Introduction to the NHSN AUR Module" training slides
  - Adding 2017 updates for the AR Option
  - Adding details regarding monthly reporting plans and CDA upload
- Updated AU Option Analysis Quick Reference Guides (QRGs)
  - Showing the updated NHSN 8.6 modification screens
- New QRGs for AU Option SAARs by location and AR Option Line List reports
- New guidance on Meaningful Use Stage 3

As a reminder, AUR users can find the updated AU and AR CDA Toolkits on the CDA Submission Support Portal webpage: https://www.cdc.gov/nhsn/cdaportal/toolkits.html. These toolkits were updated in alignment with the NHSN 8.6 release. In addition to the link to the HL7 Implementation Guide and NHSN IDM, the toolkits contain sample AU and AR XML files and helpful hints to assist facilities and vendors in the successful submission of AUR data into NHSN.

Meaningful Use Stage 3 Update

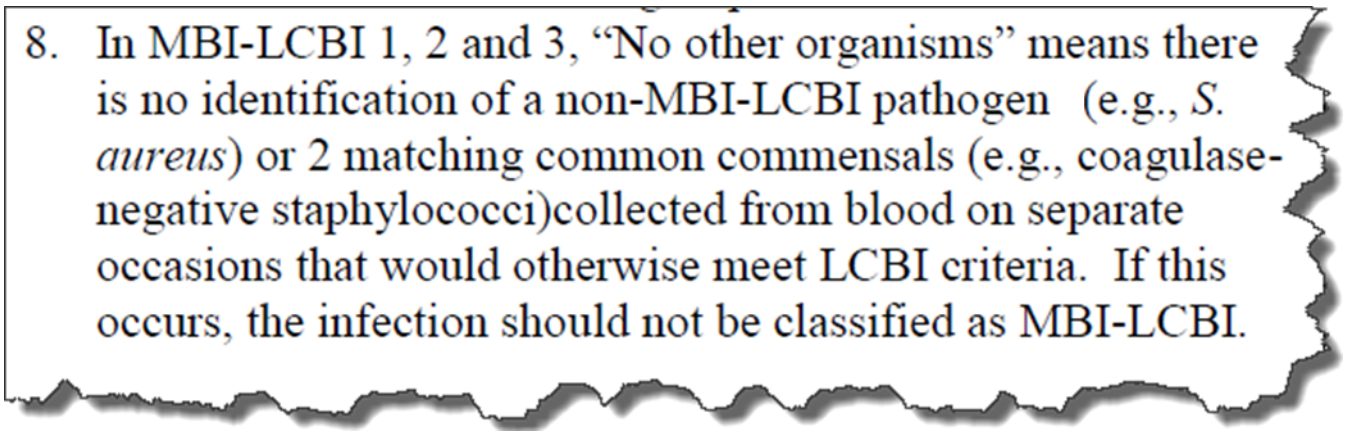
The NHSN AUR Module is an option for eligible hospitals to fulfill the Public Health Registry Reporting piece of Meaningful Use Stage 3 (MU3). To meet this objective, hospitals must progress through the steps of 1) registering their intent to submit data, 2) completing testing and validation of their AU and AR CDA files, and 3) submitting both production AU and AR data into NHSN. Prior to registering intent to submit data for MU3 within NHSN, hospitals wishing to use NHSN AUR submission to meet this MU3 criterion should confirm their vendor has been certified per Meaningful Use standards. To check if your vendor has been certified, please refer to this link: https://chpl.healthit.gov/#/search.

As a reminder, the R6 AU CDA version will continue to be a valid CDA import. However, facilities must use the R1 Normative AU CDA import in order to satisfy the reporting requirements for MU3.

BSI Comment #8 Omission

Comment #8 from the 2016 BSI protocol was inadvertently left out of the 2017 edition. It is still applicable for 2017 surveillance determinations and should have been included in the 'Comments' section found on page 4-16 as item #6. It reads as follows:

BSI Comment 8 Omission Continues on Page 5



This comment provides important guidance regarding the presence of a recognized pathogen in the blood that is not on the MBI list or two matching common commensals in blood cultures collected on separate occasions that would otherwise meet LCBI criteria. If this occurs, the infection should be classified as an LCBI not an MBI-LCBI. Please note**, a single blood specimen growing a common commensal is considered a contaminant and will not exclude meeting MBI-LCBI criteria.**

Recording Multiple Central Line Insertion Attempts in Central Line Insertion Practices (CLIP) Surveillance

Recently, NHSN has received questions regarding how many CLIP events should be recorded when an inserter is unable to access a blood vessel, withdraws the needle, and then breaks the skin again with the same needle in another attempt within the same prepared area. While this practice may not be good central line insertion practice, NHSN has determined the following reporting guidance for this scenario. Report a new CLIP event in NHSN only if a new site preparation is performed. If a new site preparation is not performed, then do no report a separate CLIP event in NHSN.

Healthcare Personnel Safety Component

Submission of Healthcare Personnel (HCP) Influenza Vaccination Summary Data in NHSN

Several facilities have contacted NHSN to request assistance with verifying their facility's HCP influenza vaccination summary data. While data verification is important for all facilities, those required to submit data to CMS should be particularly mindful: https://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements.pdf. As we approach the submission deadline for the 2016-2017 influenza season, we have outlined some guidance to help facilities check their HCP vaccination data.

Data Verification in NHSN

NHSN does not provide a confirmation e-mail to facilities once they have submitted their data. CDC assists with routinely verifying HCP influenza vaccination summary data during the first year of data reporting for a CMS program as a courtesy to facilities. After the first year, facilities should follow the steps below to verify data. Facilities should also maintain printed copies or screenshots of their data entry for their records.

1. Ensure that your facility is enrolled in NHSN as the correct facility type. You can view this information on the Facility Information page for your facility in NHSN. For example, if your facility is an ambulatory surgery center, it should only be enrolled in NHSN as "AMB-SURG – Outpatient Surgery Facility." If you have questions about your NHSN facility type, please contact NHSN@cdc.gov for assistance.

Submission of HCP Influenza Vaccination Summary Data in NHSN Continues on Page 6

2. Ensure that the correct facility CMS Certification Number (CCN) and CCN effective date have been entered into the "Facility Information" page of NHSN. Specific guidance on adding/updating the facility CCN and CCN effective date within NHSN can be found here: www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.pdf.
3. Run a CMS Line Listing Report to ensure that data have been correctly entered into NHSN. Directions on how to run these reports are located by facility type under the "CMS Reporting" heading at this link: www.cdc.gov/nhsn/cms/index.html. This line listing shows what data for your facility will be shared with CMS.
4. In addition to the three steps above, ambulatory surgery centers can use the NHSN Status Listing Tool at: www.qualityreportingcenter.com/asc/nhsn-listing/ to determine whether their data have been entered into NHSN and included in the data files shared with CMS. By entering the facility CCN, facilities can verify that their data have been entered successfully for the current reporting period. Please note that this tool is only updated periodically, and a "date last updated" is indicated on the website. If your data were entered into NHSN close to or after this date, it may not be reflected on the website. Therefore, you would need to wait until the next time the tool is updated to confirm your data.
As long as your facility is enrolled as the correct facility type, your CCN and CCN effective date are correct, and your data appear in the CMS Line Listing for the current reporting period, no further action is required on your part. Your data will be shared with CMS following the reporting deadline established by CMS for your facility type.

Data Verification in Quality Net

Acute care facilities, ambulatory surgery centers, inpatient psychiatric facilities, and PPS-exempt cancer hospitals may also check Quality Net to verify that their data have been received by CMS. Please note that the Quality Net reports are only updated periodically. Therefore, we kindly ask that you refrain from contacting the NHSN Helpdesk until after you have verified that you entered your HCP influenza vaccination summary data prior to the date listed on the Quality Net report. If you confirmed your data within NHSN using the steps listed above but your data are not appearing on Quality Net, then you will need to take the following action:
1. Run a Quality Net Report for the first quarter of the reporting year. Since the HCP influenza vaccination summary reporting crosses two quarters, we classify the data as part of quarter one in the second year of the influenza season. For example, if you are reporting data for the 2016-2017 influenza season, you will need to run a Quality Net report for Q1 2017.
2. Check the Quality Net website to determine if there are any known issues in the Quality Net system that may be preventing your data from appearing as completed. To do so, click on the following link: www.qualitynet.org and then click on your facility type under "Known Issues – Hospital Reporting" box on the left-hand side of the webpage.
3. If you are still unable to confirm submission of data using the Quality Net reports after completing these two steps, please reach out to Quality Net about this as CDC does not oversee these particular reports.
We greatly appreciate your help with data verification, since responding to these requests delays our ability to rapidly resolve issues for facilities that are encountering difficulties collecting or entering their data.
If you have any questions, please contact: nhsn@cdc.gov and specify "HPS Flu Summary" along with your facility type in the subject line of the e-mail.

Dialysis Component

2017 NHSN Dialysis Website Updates

NHSN ENROLLMENT: https://www.cdc.gov/nhsn/enrollment/index.html

- NEW enrollment website for dialysis facilities providing only home services
- UPDATED enrollment website for in-center hemodialysis facilities

2017 NHSN Dialysis Website Updates continues on Page7

NHSN REPORTING: https://www.cdc.gov/nhsn/enrolled-facilities/index.html

Healthcare Personnel Influenza Vaccination Data

- New user checklist for in-center and 'home only' dialysis facilities
- Home Dialysis Center Practices Survey form for 'home only' dialysis facilities

Dialysis Event Data

- Updated new user checklist for in-center hemodialysis facilities
- Training Spotlight section
  - Introduction to the NHSN Dialysis Event Surveillance Protocol webinar recording
- Data Collection Forms and Instructions
  - 2017 Outpatient Dialysis Center Practices Survey
  - 2017 Dialysis Component Monthly Reporting Plan
  - 2017 Denominators for Dialysis Event Surveillance
  - 2017 Dialysis Event
- Analysis Resources to Create Reports
  - Updated analysis guides
- Supporting Materials
  - HIPAA and Dialysis Event Surveillance
  - Changing Your Email Address in NHSN – Guidance for Current NHSN Users
- CMS Supporting Materials
  - Guide to the NHSN Dialysis Event Surveillance BSI SIR Measure
  - CCN Effective Date Guidance for Dialysis Facilities

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

Biovigilance Component

Hemovigilance Module

Complete Annual Facility Survey

Each year, facilities should complete the Annual Facility Form during January. If your facility has not yet completed the form, please do so as soon as possible. This report provides CDC with facility and transfusion services characteristics. CDC uses these descriptive data to provide context for aggregated national analysis.

New Changes Made Optional

The January 7, 2017 NHSN release included changes to the NHSN Hemovigilance Adverse Reaction form which included new required questions. In response to user feedback, some of the newly required fields have been made optional rather than required. These include the Medical History section, Transfusion History section, Patient Treatment section, and new fields in the Outcomes and Component Details section. The changes to the Investigation Results section will remain required, as will any fields that were required prior to the January 2017 release.

Closing Out Data

CDC would like to remind facilities to address any missing data for 2016. Check the alerts on the Biovigilance Component Home Screen to see what data are missing. Please send questions and feedback to nhsn@cdc.gov and include 'Biovigilance' in the subject line for the fastest response.

General NHSN

AHRQ Safety Program for Enhanced Recovery After Surgery (ERAS)

The Johns Hopkins Armstrong Institute for Patient Safety and Quality, in collaboration with the American College of Surgeons will recruit hospitals for the AHRQ Safety Program for Enhanced Recovery starting in March 2017. The first cohort will focus on colorectal surgery and kickoff in June 2017.

AHRQ Safety Program for ERAS Continues on Page 8

Enhanced Recovery After Surgery (ERAS) is a surgical care pathway that promotes the adoption of evidence-based perioperative care delivery and reduces variability. Key elements of ERAS include:

- Patient and family engagement, including counseling about expectations for surgery and recovery
- State-of-the-art analgesia, which minimizes the use of narcotics and promotes multimodal analgesia
- Early mobility and restoration of functional status
- Avoidance of prolonged periods of fasting
- Evidence-based best practices for health care acquired infection prevention

Hospitals that utilize the ERAS pathway have seen:

- Improved uptake of multimodal analgesia and reduced opioid use
- Reductions in surgical site infections
- Reductions in catheter-associated urinary tract infections
- Reductions in venous thromboembolic events
- Improvement in patient experience
- Improvement in teamwork and safety culture
- Improvement in length of stay

Participation is free to all U.S. hospitals. If you are interested in joining or learning more about the program, email Enhancedrecovery@facs.org

NHSN Organism List Update

As communicated in the December 2016 NHSN Newsletter, the NHSN Organism List underwent major revision with the January 2017 v8.6 NHSN application release. This updated list is to be referenced for all events with a date of event January 1, 2017 and forward.

Do note, even with this update, it is possible your laboratory may identify an organism that cannot be found when referencing the NHSN Organism List. **DO NOT** interpret the absence of an organism to mean the event is not reportable. If you have an organism which is not found on the NHSN Organism List, please contact us at nhsn@cdc.gov for guidance on appropriate reporting.

The NHSN Organisms List can be found under the Supporting Material section on the NHSN event pages (BSI, MDRO/CDIFF, PNEU, SSI, UTI, VAE).

CDA Corner

Update for DIRECT CDA Automation

- The NHSN processing of DIRECT CDA Automation has been doubled to one file per 30 seconds.
- At this time, over 4980 facilities from 8 separate vendors have signed up for DIRECT CDA Automation. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or check out the information on the CSSP site: http://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol.

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

For 2018 data, the following CDAs will be required to be based on the R3-D1.1 Implementation Guide. Updated CDA toolkits will be posted on the NHSN CSSP website in late spring.

- Dialysis Event
- Hemovigilance Monthly Reporting Denominator

Vendor Meetings at 2017 APIC Conference

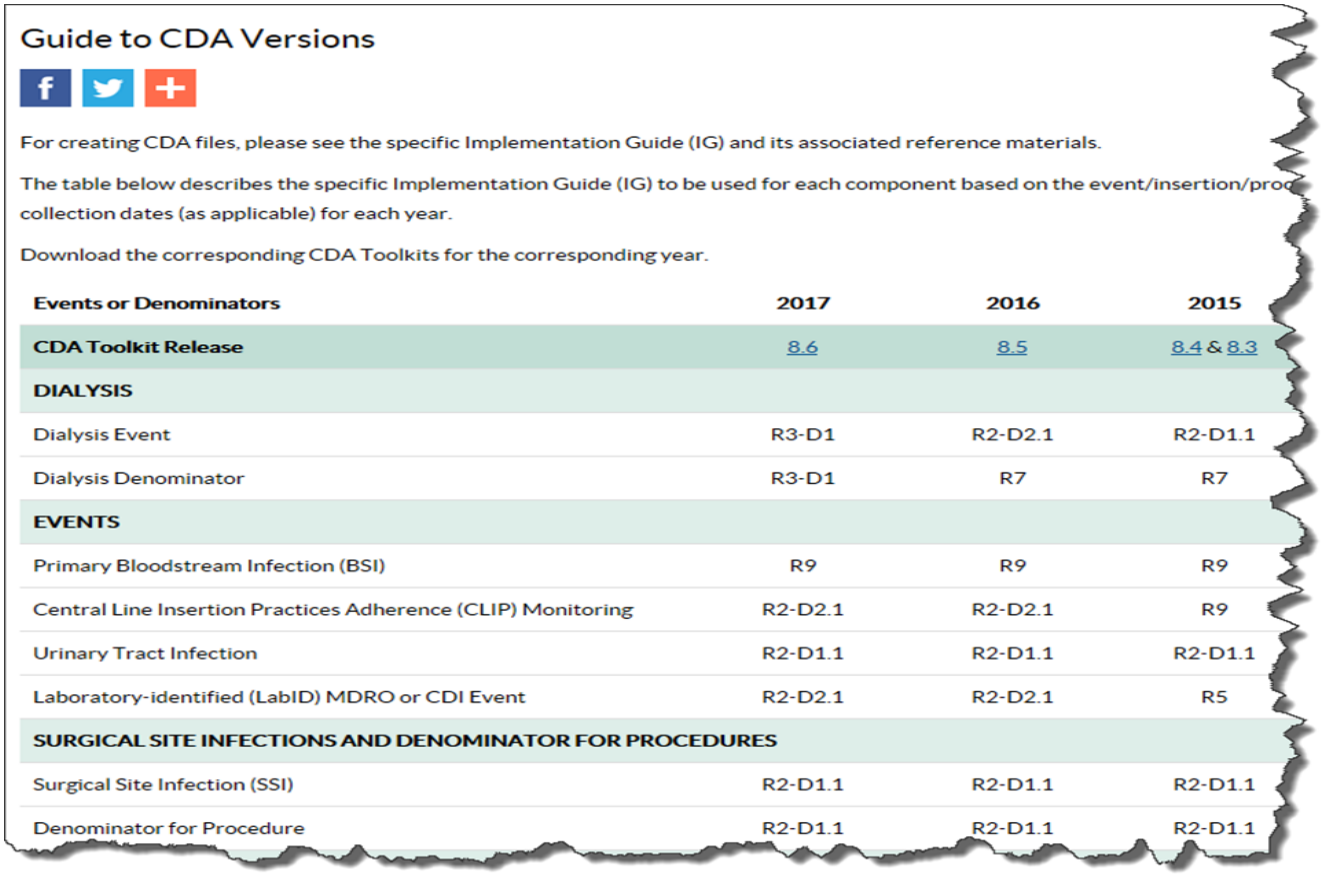
At the upcoming 2017 APIC Conference in Portland, Oregon, the NHSN CDA Team plans to hold individual vendor meetings on Tuesday and Wednesday, June 13-14. Look for more details in an upcoming email announcement.

AUR Module Updates

Check the AUR Updates section of the Newsletter for information on an AU Option succession management defect, an AU Option protocol clarification, the timeline for new/updated website resources, and details on Meaningful Use Stage 3 participation.

CDA Version Guide Always Available!

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



Guide to CDA Versions

For creating CDA files, please see the specific Implementation Guide (IG) and its associated reference materials.

The table below describes the specific Implementation Guide (IG) to be used for each component based on the event/insertion/proc collection dates (as applicable) for each year.

Download the corresponding CDA Toolkits for the corresponding year.

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

Sending an Inquiry to NHSN@cdc.gov

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

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

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

NHSN Help Desk Activity Update

Quarter 1, 2017

(Averages)

1,560 Email Inquiries per Week

60 Facilities Enrolled per Week

NHSN Enrollment Update

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

6,826 Hospitals (this includes 543 Long-term Acute Care Hospitals and 343 Free-standing Inpatient Rehabilitation Facilities)

6,946 Outpatient Hemodialysis Facilities

4,839 Ambulatory Surgery Centers (ASCs)

2,498 Long-term Care Facilities

21,109 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.

NHSN National Healthcare Safety Network

The Centers for Disease Control and Prevention (CDC)

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

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