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NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN E-Newsletter

CDC

Inside this Issue:

COVID-19 Patient Impact and Hospital Capacity Module Now Available!

The Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) is supporting the nation's COVID-19 response by introducing a new COVID-19 Patient Impact and Hospital Capacity Module within NHSN's Patient Safety Component.

The Module enables hospitals to report daily counts of patients with suspected and confirmed COVID-19 diagnoses and current use and availability of hospital beds and mechanical ventilators. NHSN, in turn, will enable state and local health departments to gain immediate access to the COVID-19 data for hospitals in their jurisdictions. COVID-19 data submitted to NHSN will also be used by CDC's emergency COVID-19 response and by the U.S. Department of Health and Human Services' (HHS') COVID-19 tracking system maintained in the Office of the Assistant Secretary of Preparedness and Response.

The new COVID-19 Module consists of thirteen data elements divided into two sections: Patient Impact and Hospital Capacity. The Module calls for reporting aggregate count data for each calendar day. While daily reporting will provide the timeliest data for response purposes, retrospective reporting of prior day(s) data is encouraged if daily reporting is not feasible. Participation in the Module does not call for patient-level data collection. The data can be submitted using manual entry or CSV file. The Module is available for use by all hospitals in the nation and participation is voluntary. Plans are underway at NHSN to add a COVID-19 Healthcare Worker Impact Module.

A COVID-19 web page is now available on the NHSN website, where you can find the Patient Impact and Hospital Capacity Module Data Collection Form, a Table of Instructions, and a Quick Reference Guide that provide detailed instructions for accessing and submitting data to the Module.

A web streaming training is scheduled for Tuesday March 31, 2020 at 2PM ET, at which time NHSN will provide additional information about the Module, data submission, and data uses in the COVID-19 response. The training will be recorded, and the video and slides will be posted to the COVID-19 web page.

NHSN's role as a shared platform for healthcare-associated infection surveillance and its collaborations with hospital and health departments throughout the nation provide a valuable foundation for COVID-19 surveillance. Thank you in advance for working with NHSN as we launch the Module, provide information about its use, and invite your participation in a new surveillance effort designed to protect patients and healthcare workers and respond to the COVID-19 public health emergency.

New Process for Reassigning the NHSN Facility Administrator (FA) Role

NHSN now has a new process for reassigning the NHSN Facility Administrator (FA) role. This process is now streamlined by using a web-based form which can be accessed here: https://www.cdc.gov/nhsn/facadmin/index.html.

Healthcare facility personnel in leadership roles may now begin using this web-based form for all FA reassignments. This new process eliminates the previous FA reassignment requirements that a "C" level executive initiate the change by faxing a signed request on company letterhead as faxed requests are no longer required. Please contact NHSN@cdc.gov with questions regarding the new FA reassignment form, including status of reassignment requests. This guidance does not pertain to Group Administrators, only Facility Administrators.

Update on the NHSN Neonatal (NICU) Component

Attention Neonatal (NICU) Users: The Late Onset Sepsis and Meningitis (LOS/MEN) module release is delayed from summer 2020 to December 2020. This will coincide with our annual NHSN release instead of a mid-year release. If you have any questions or concerns, please send them to NHSN@cdc.gov.

PATIENT SAFETY COMPONENT

Call to Join NHSN VON Neonatal AU Users Group

We have begun forming the NHSN Vermont Oxford Network (VON) Neonatal Antimicrobial Use (AU) Users Group. We are inviting individuals with expertise in neonatal antimicrobial stewardship and interest in information exchange with NHSN about the system's neonatal AU surveillance, its neonatal AU summary measures, and future directions and plans. This includes neonatologists, clinical pharmacists, statisticians, data analysts, etc. *Participation in the AU Option is encouraged but not required for inclusion in this group.* The calls will be quarterly with the first call tentatively planned for April. If you'd like to be added to this group, please email NHSN@cdc.gov with the names and email addresses for those at your facility who would like to participate using the subject line NHSN VON Neonatal AU Users Group.

Determining the Use of Non-Culture Based Testing or Culture Based Testing when Conducting Bloodstream Infection Surveillance

The use of non-culture-based testing methods have increased over the years for several reasons. Some of these reasons include quicker turnaround times, increased sensitivity, and detection of organisms that may be difficult to grow using culture media. In the 2020 Bloodstream Infection (BSI) protocol updates, NHSN provided clarification on the use of non-culture-based testing (NCT) methods to meet LCBI-1 criterion. The updated definition provides a timeframe and guidance for use of accompanying blood culture test results. Additionally, identification using NCT methods must provide identification of bacteria or fungal pathogens to the genus or genus and species level. Although this clarification is provided in the protocol, we wanted to assist with some additional information as to what is meant by non-culture-based testing methodology and how to know when this testing methodology is used. Keep reading---the answers may surprise you!

For purposes of the BSI protocol, NHSN defines non-culture-based testing as a method that provides identification of eligible bacteria or fungal pathogens **directly from a blood specimen** using a method of testing such as, but not limited to, genomic sequencing or magnetic resonance assays. Using NCT methodology, a blood sample is collected from the patient and an organism is identified through molecular techniques. The key to NCT is organism identification is **determined directly** from the blood specimen.

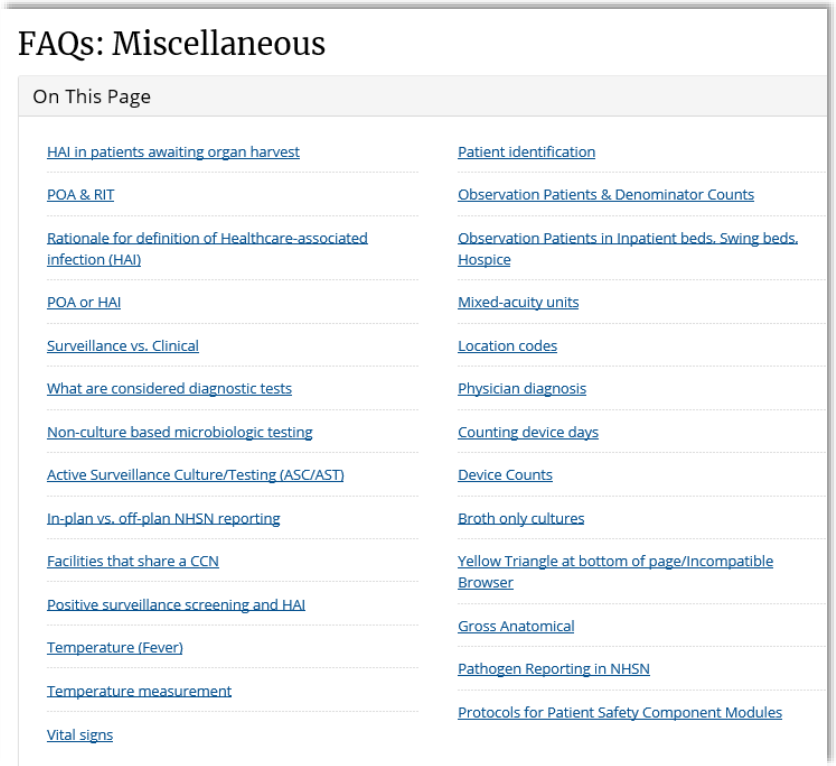
This contrasts with culture-based testing methodology in which a blood specimen is collected from the patient, inoculated to a culture media, incubated, and observed for actual **growth** of microorganisms which are then identified. Final identification with this testing method can take several hours, days, and in some cases, weeks depending upon the organism identified. Identification of bacteria or fungal pathogens using culture methodology is **determined using the actual growth** of the microorganism, not the blood specimen. Identification by culture would include limited identification of organism growth that can only be determined to the level of Gram stain morphology (for example the identification of Gram-positive cocci). An example of culture-based testing methodology is the collection of a blood specimen that is inoculated into a blood culture collection bottle.

The best way to verify the identification method(s) used in your facility is to speak directly with your laboratory colleagues. Share the BSI protocol and this article. Ask if NCT methods are used at your facility. If so, ask if the methodology provides identification to the genus or genus and species level. Ask where the test results are located in the patient's medical record. Laboratory colleagues at your facility have the expertise and knowledge to determine the test methodology used to identify an organism in blood. If there are any additional questions, please contact NHSN@cdc.gov.

LCBI 1	
If LCBI 1 criteria is met, consider MBI-LCBI 1	Patient of any age has a recognized bacterial or fungal pathogen, not included on the NHSN common commensal list: 1. Identified from one or more blood specimens obtained by a culture OR 2. Identified to the genus or species level by non-culture based microbiologic testing (NCT) methods (for example, T2 Magnetic Resonance [T2MR] or Karius Test). Note: If blood is collected for culture within 2 days before, or 1 day after the NCT, disregard the result of the NCT and use only the result of the CULTURE to make an LCBI surveillance determination. If no blood is collected for culture within this time period, use the result of the NCT for LCBI surveillance determination. **AND** Organism(s) identified in blood is not related to an infection at another site (See Appendix B: Secondary BSI Guide).

Frequently Asked Questions – Reminder to check out the Miscellaneous FAQs!

The NHSN FAQ documents are being updated for 2020 and will soon be available on the website. As a reminder, if you have a question that doesn't fall under one of the specific NHSN HAIs, be sure to check out the Miscellaneous FAQ page! The Miscellaneous FAQs are available here: https://www.cdc.gov/nhsn/faqs/faqs-miscellaneous.html and include all of the topics to the right:



FAQs: Miscellaneous

On This Page

- HAI in patients awaiting organ harvest
- POA & RIT
- Rationale for definition of Healthcare-associated infection (HAI)
- POA or HAI
- Surveillance vs. Clinical
- What are considered diagnostic tests
- Non-culture based microbiologic testing
- Active Surveillance Culture/Testing (ASC/AST)
- In-plan vs. off-plan NHSN reporting
- Facilities that share a CCN
- Positive surveillance screening and HAI
- Temperature (Fever)
- Temperature measurement
- Vital signs
- Patient identification
- Observation Patients & Denominator Counts
- Observation Patients in Inpatient beds, Swing beds, Hospice
- Mixed-acuity units
- Location codes
- Physician diagnosis
- Counting device days
- Device Counts
- Broth only cultures
- Yellow Triangle at bottom of page/Incompatible Browser
- Gross Anatomical
- Pathogen Reporting in NHSN
- Protocols for Patient Safety Component Modules

Data Quality Check: Duplicate Procedures and your SSI SIR

During a recent data quality analysis, CDC identified several facilities who have imported or entered duplicate procedures. Duplicate procedures are identified as multiple procedures reported for the same patient with the same procedure category, same procedure date, same procedure-level and patient-level details, for those procedure categories for which there are not multiple body sites. These duplicate procedures are assigned distinct procedure IDs in NHSN.

Duplicate procedures have an impact on the SSI SIRs; therefore, it's important to remove any extraneous procedures. To ensure that your facility's data is accurate, CDC recommends that you review and remove the duplicate procedure(s). If you determine a duplicate procedure needs to be removed, you must confirm that the procedure being removed is not linked to an SSI event. Please remove the record that is NOT linked to an SSI event.

To Remove Duplicate Procedures
Facilities can generate a list of Duplicate Procedures using the Line Listing -Duplicate Procedures analysis report found in the Data Quality sub folder of the Advance folder located under the Analysis tab. Here is a quick reference guide (QRG) on how to generate and interpret this report: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/duplicate-procedure-linelist-508.pdf

NHSN SSI Analysis: C-Section

C-Section Duration of Labor and Your SSI SIR

The CDC continues to conduct regular assessments of the completeness, accuracy and timely submission of the data received in NHSN. During a recent data quality analysis, CDC identified several facilities reported '0' for the required field 'duration of labor' for all their cesarean procedures (CSEC) reported to NHSN. Since the duration of labor is used in the risk adjustment of the SIR denominator and impacts your SIR, NHSN recommends that all facilities review their data routinely for accuracy and completeness.

The 'duration of labor' data field is used in the risk adjustment of the All SSI Data and Complex admission/readmission (A/R) SSI SIR denominator for both pediatric and adult patients. This variable, in addition to others, is used to determine the likelihood of infection following a c-section procedure. To receive the appropriate risk adjustment for each CSEC procedure, it is important to report the duration of labor data field (in addition to all the other factors used in the risk adjustment of the SIR denominator) correctly. Remember that the sum of each patient's procedure risk, gives you the predicted number of infections. In addition to the impact that incorrect data has on your SIR, the state-level and national CSEC SIRs published in annual HAI reports may be impacted as well.

C-Section Duration of Labor Definition

Definition: See Page 5 of Instructions for Completion of Denominator for Procedure Form (CDC 57.121): https://www.cdc.gov/nhsn/forms/instr/57_121.pdf

The duration of labor on the c-section denominator form is conditionally required. If operative procedure is CSEC, enter number of hours the patient labored in the hospital from beginning of active labor to delivery of the infant, expressed in hours. The documentation of active labor can be supplied in the chart by a member of the healthcare team or physician. Active labor may be defined by the individual facility's policies and procedures but should reflect the onset of regular contractions or induction that leads to delivery during this admission.

If a patient is admitted for a scheduled CSEC and has not yet gone into labor, the duration of labor would be 0. Hours should be rounded in the following manner: ≤30 minutes round down; >30 minutes round up.

Antimicrobial Use and Resistance Module Updates

New AR Option Feature: Report No AR Events

When a facility's reporting plan includes FacWideIN Antimicrobial Resistance (AR) for a given month and the facility uploads AR summary data for that month (patient days and admissions), but does not upload inpatient AR events, NHSN will generate a Missing AR Event alert. When reviewing the alert, the facility can click the "Report No Events" box to indicate they have zero inpatient AR events to report for that specific month. Clicking the "Report No Events" box verifies that this is in fact a "true zero" for the month and the facility had no events that met the AR Option reporting criteria. If the facility identified inpatient AR events for that month, the facility should upload those events to clear the Missing AR Event alert. Learn more on how to report zero AR Events here: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/AR-QRG-NoEvents-508.pdf.

Antimicrobial Use and Resistance Module Updates continued on page 7

Antimicrobial Use and Resistance Module Updates (continued)

For questions related to reporting no events for the AR Option, please reach out to NHSN@cdc.gov.

Neonatal SAARs Now Available!

We are excited to announce the official release of the Neonatal Standardized Antimicrobial Administration Ratio (SAAR) reports within NHSN. Three new reports are now available for facilities submitting AU data into NHSN from neonatal locations. After generating new data sets within NHSN (Analysis then Generate Data Sets), you can find the new reports by navigating to Analysis then clicking Reports. On the Analysis Reports page, click on the Antimicrobial Use and Resistance Module folder, then the Antimicrobial Use Data folder to see the three new reports:

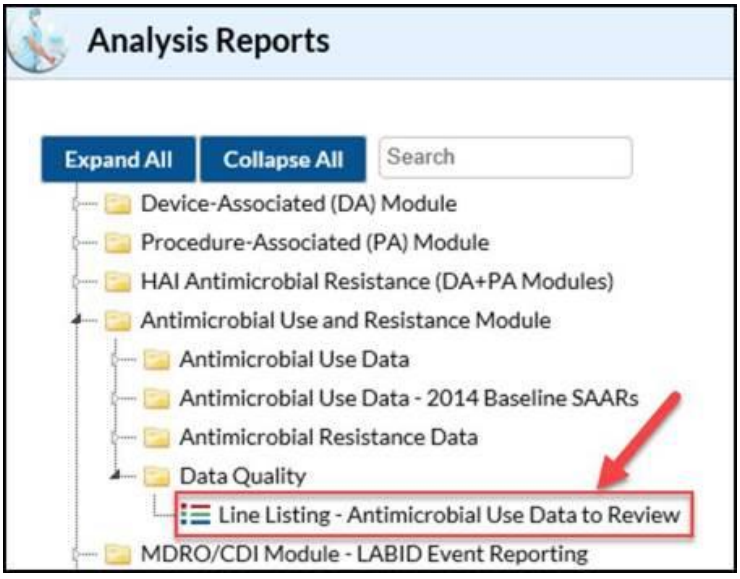
- SAAR Report – All Neonatal SAARs (2018 Baseline)
- SAAR Report – All Neonatal SAARs by Location (2018 Baseline)
- Rate Table – Select Antimicrobial Groupings for Neonatal Units (2018 Baseline)

Please review our Analysis Quick Reference Guides for instructions on how to run, modify and interpret these new reports:

- All SAARs: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/AU-QRG-SAARTables.pdf
- All SAARs by location: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/AU-QRG-SAARTables-Location.pdf
- Rate table with SAAR-like agent groupings: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/au-qrg-ratetable-drugs-508.pdf

New AUR Resources

The NHSN AUR Module Team rolled out a new report with the latest NHSN update. The Data Quality "Line List – Antimicrobial Use Data to Review" report identifies AU data in NHSN with four common data quality issues: zero or missing antimicrobial days, antimicrobial days reported when patient days were not, antimicrobial days greater than or equal to days present, and sum of administration routes less than total antimicrobial days. This report helps users validate their AU data and locate data quality issues that need attention. You can find the Data Quality "Line List – Antimicrobial Use Data to Review" report in Analysis Reports within the Antimicrobial Use and Resistance Module folder, in a new sub-folder called Data Quality (see screenshot).



Antimicrobial Use and Resistance Module Updates continued on page 8

Antimicrobial Use and Resistance Module Updates (continued)

The NHSN AUR Module Team has also been hard at work updating the AU and AR FAQs for 2020, publishing a Quick Reference Guide for the new Data Quality Line List, and creating a new resource for users: Keys to Success with NHSN AU Data. Keys to Success with NHSN AU Data is a short guide for users looking to analyze, interpret, and troubleshoot their SAAR reports. Head over to the NHSN AUR Module webpage to check out all the new content: https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html.

AU Option Synthetic Data Set Initiative

As a reminder, we have a webpage for AU Synthetic Data Set (SDS) Validation here: https://www.cdc.gov/nhsn/cdaportal/au-sds/index.html. It's important for AU reporting facilities to be aware of this new requirement and the validation status of their vendor. However, for facilities using an AU CDA vendor, there is no direct action needed from the facility. NHSN encourages facilities to ask their AU CDA vendor about their SDS Validation timeline to ensure it meets the 2021 requirement.

Information on CMS Reporting Exceptions

On Sunday, March 22, 2020, CMS announced a wide range of reporting exceptions for all of their quality reporting programs and pay for performance programs. The announcement can be found here: https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting.

Any questions regarding exceptions to CMS's programs should be sent to the appropriate program's helpdesk:

- CMS IQR (iqr@hsag.com)
- HACRP (HACRP@mathematica-mpr.com)
- IRFQR (IRF.questions@cms.hhs.gov)
- LTCHQR (LTCHQualityQuestions@cms.hhs.gov)

Continued HAI reporting is integral to NHSN's ability to help facilities collect the data needed to identify problem areas, measure progress of prevention efforts, and push toward HAI elimination. Therefore, NHSN encourages facilities to continue to report the data they are able to collect accurately and in accordance with the NHSN surveillance protocols and definitions. We also remind facilities to continue adhering to the HAI reporting requirements set forth by their state, local, and territorial health departments. We realize this may present challenges to many, but the NHSN team will be standing by to answer any questions you may have. As facilities see an increase in their inpatient population, tracking HAIs becomes even more important. For help with NHSN surveillance questions, please contact NHSN at NHSN@cdc.gov.

OUTPATIENT PROCEDURE COMPONENT

OPC Updates

Update for facilities enrolled as AMB-SURG

This message only serves as an early notification to raise awareness of the upcoming inactivation of the Patient Safety Component (PSC) to Ambulatory Surgery Centers (ASC). Later, detailed instructions will be provided to affected Ambulatory Surgery Centers (ASC). The inactivation date has NOT yet been set.

In November 2018, we launched the Outpatient Procedure Component (OPC) for use by Ambulatory Surgery Centers (ASC) that have a CMS Certification Number (CCN) with a "C" as the 3rd digit. At that time, instructions were provided to these facilities to begin entering their surgical site infection (SSI) data (procedures and SSI events) and Same Day Outcome Measures events (SDOM) into the OPC and to discontinue entering new data into the Patient Safety Component (PSC).

In the next few months we will begin the process of inactivating the PSC to ASCs described above and at the time of inactivation these facilities will no longer have access to the PSC. Several weeks before the inactivation date, detailed instructions will be provided to affected facilities to assist with preparation.

Important notes regarding the ASC PSC data for time period January 1, 2015 through October 31, 2018 (SSI event and denominator for procedure).

- These data are currently "VIEW" status only in OPC and will remain so after inactivation.
- These "VIEW" only PSC data are NON-EDITABLE in OPC but can be analyzed based on OPC criteria.
- *Prior to inactivation, the "VIEW" only PSC data are dynamic in OPC - Meaning if the data are edited in PSC, the data displayed in the OPC VIEWS are automatically refreshed.* Again, ONLY OPC defined variables are included in the OPC VIEWS.

Questions regarding this early notification should be sent to NHSN@cdc.gov with PSC Inactivation as the subject line.

LONG-TERM CARE FACILITY COMPONENT

LTCF Updates

Updates can be found in the LTCF newsletters, available here:
https://www.cdc.gov/nhsn/ltc/newsletters/index.html


Newsletters and Archived Communications

2020 2019 2018 2017 2016

March

- March 2020 LTCF Newsletter
  Inside this Issue – See You Next Year! 2021 NHSN LTCF Annual Facility Training, The 2019 Annual Facility Survey, What's New in 2020, New Process for Requesting NHSN to Re-assign the Role of NHSN Facility Administrator, What's New on the LTCF Website!, and more.

GENERAL NHSN INFORMATION

NHSN Data Quality Corner

Quick Tips/Updates to ensure accurate and reliable data are entered into NHSN:

1. **NHSN outreach to the states:**
   Beginning Spring 2020, NHSN will share key monthly data quality (DQ) updates with State Healthcare-Associated Infection (HAI) coordinators to establish new communications with them about DQ outreach sent by NHSN to facilities in their respective jurisdictions. NHSN anticipates that these new communications will inform the state HAI coordinators about the DQ activities performed and steps may likely be taken by them in future to improve DQ activities in their jurisdiction as they see fit. Overarching goal of this communication is to facilitate improved DQ in NHSN by the users which will in turn aid in the use of accurate data for measurement and prevention efforts.

2. **Frequently Asked Questions (FAQs):**
   Q: I received an email from NHSN that indicated a potential or confirmed issue with the data as reported by my facility, but when I checked the data in NHSN, I don't see a problem. Did I receive this email in error?
   A: NHSN data quality outreach will be based on data reported by your facility as of the date indicated in the data quality email. If your facility updated its data recently, your facility may have already addressed the issue. NHSN will follow-up with your facility if the data quality issue continues or if there are additional data quality concerns for your facility.

Coming Soon

The current Data Quality Guidance Document is in the process of being updated with additional information for running data quality reports within NHSN. This guidance document will be located on the Analysis Resources page on the NHSN website.

Helpful Resources for Analysis in NHSN:

https://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html

CDA Corner

Defects included in March 2020 maintenance release (v9.4.1):

- Antimicrobial Resistance (AR) Event CDA – Application will accept AntiP24UR files for specimens collected in 2018
- Antimicrobial Use (AU) CDA – Application will accept newly added 2020 AU Option antimicrobials in prior years (i.e., 2018 & 2019)

Upcoming CDA Vendor Webinar – Save the Date!

- The NHSN CDA Team will present the next CDA vendor webinar on April 13, 2020. This webinar will provide highlights on CDA related changes for upcoming 9.5 and 10.0 NHSN releases. Please email the NHSN CDA Helpdesk (NHSNCDA@cdc.gov) for more details.

CDAs moving to R3-D4 IG version for release 10.0 (January 2021)

- Event: If event date >= 2021, MUST use the R3-D4 version of the IG.
  - Dialysis Events
- Summaries: If Summary month is >= 2021, MUST use the R3-D4 version of the IG.
  - Denominators for Intensive Care Unit (ICU)/Other Locations
  - Denominators for Neonatal Intensive Care Unit (NICU)
  - Denominators for Specialty Care Area (SCA)
  - Denominators for Antimicrobial Summary (AR)
- Late Onset Sepsis and Meningitis
  - Event and Summary will be based on R3-D4 IG

AU Option Synthetic Data Set Initiative

As a reminder, beginning in January 2021, NHSN will require that all production AU Summary CDA files contain the SDS Validation ID, provided by the NHSN Team after confirmation of successful validation, and will require a Vendor (Application) OID. The NHSN application will reject all AU Summary CDA files that do not contain this information.

The downloadable AU SDS and detailed instructions are available on the CDA Submission Support Portal here: https://www.cdc.gov/nhsn/cdaportal/innovationtools.html

It is the vendor's responsibility to obtain the Vendor (Application) OID. Instructions can be found here: https://www.cdc.gov/nhsn/cdaportal/au-sds/oid.html.

AU SDS FAQs can be found here: https://www.cdc.gov/nhsn/cdaportal/au-sds/sds-faq.html

If you have any AU SDS questions, please email nhsncda@cdc.gov.

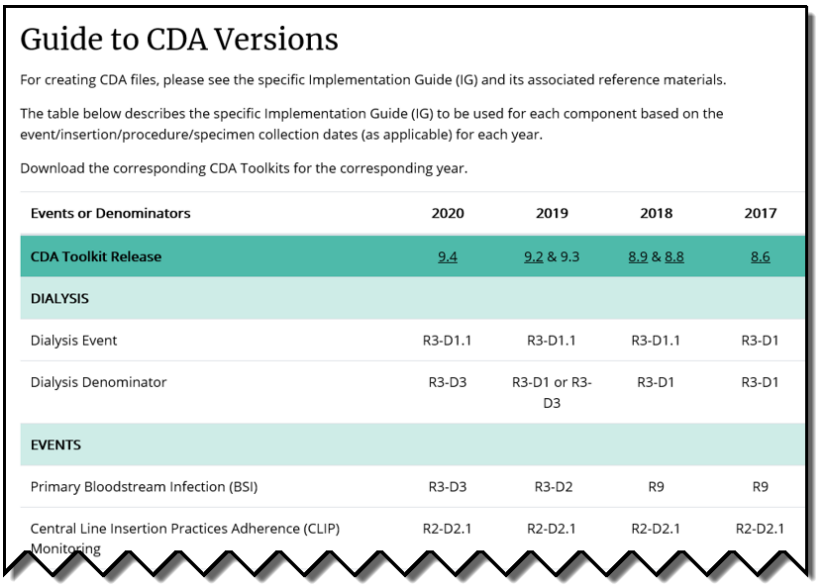
CDA Corner continued on page 12

CDA and CSV Import Metrics Update

Percentage of data per specific event or summary that is imported via CDA and CSV for the following date ranges:					
Query Date Range	July 1, 2017 - June 30, 2018	Oct. 1, 2017 - Sept. 30, 2018	Jan. 1, 2018 - Dec. 31, 2019	April, 2018 - March, 2019	July, 2018 - June, 2019
Blood Stream Infection	45%	46%	47%	44%	43%
Urinary Tract Infection	42%	43%	44%	45%	45%
Surgical Site Infection	36%	38%	40%	42%	43%
Laboratory Identified Event	60%	61%	62%	64%	65%
Dialysis Event	73%	73%	73%	74%	75%
Central Line Insertion Practices (CLIP)	20%	21%	22%	23%	24%
Dialysis Central Line Insertion Practices (CLIP)	0%	0%	0%	0%	0%
Ventilator-Associated Events (VAE)	-	-	-	0.3%	1.4%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%
ICU /Other Summary	24%	25%	25%	27%	28%
SCA/ONC Summary	27%	29%	30%	33%	34%
NICU Summary	24%	25%	26%	28%	29%
Surgical Procedure - via CDA	32%	32%	33%	34%	36%
MDRO Summary	7%	7%	7%	8%	8%
Dialysis Summary	55%	54%	54%	57%	56%
Antimicrobial Use	100%	100%	100%	100%	100%
Surgical Procedure - via CSV	58%	58%	57%	57%	55%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%
Hemovigilance Summary	0%	0%	0%	0%	0%

Guide to CDA Versions

- The Guide to CDA versions on the NHSN CDA Submission Support Portal is always available to verify valid CDA imports based on the correct Implementation Guide:
- We've now included guidance for 2020: https://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/procedure/specimen collection dates (as applicable) for each year.

Download the corresponding CDA Toolkits for the corresponding year.

Events or Denominators	2020	2019	2018	2017
CDA Toolkit Release	9.4	9.2 & 9.3	8.9 & 8.8	8.6
DIALYSIS				
Dialysis Event	R3-D1.1	R3-D1.1	R3-D1.1	R3-D1
Dialysis Denominator	R3-D3	R3-D1 or R3-D3	R3-D1	R3-D1
EVENTS				
Primary Bloodstream Infection (BSI)	R3-D3	R3-D2	R9	R9
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1

As an Important Reminder…

Not all NHSN changes are documented in the IDM so be sure to reference the updated protocols. Other helpful links are the following:

- Archived Newsletters: https://www.cdc.gov/nhsn/newsletters/index.html
- Archived NHSN email communication: https://www.cdc.gov/nhsn/commup/index.html
- CDA vendor webinars & training videos: https://www.cdc.gov/nhsn/cdaportal/webinars.html

Update for CDA Direct Automation

At this time, 6,600 facilities from 17 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.

NHSN Help Desk Activity Update

Quarter 1, 2020

(Averages)

719 Email Inquiries per Week

13 Facilities Enrolled per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of March 17, 2020):

6,879 Hospitals (this includes 466 Long-term Acute Care Hospitals and 374 Free-standing Inpatient Rehabilitation Facilities)

7,623 Outpatient Hemodialysis Facilities

4,665 Ambulatory Surgery Centers (ASCs)

3,086 Long-term Care Facilities

22,253 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