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October 2018

CENTERS FOR DISEASE CONTROL AND PREVENTION

NHSN E-Newsletter

Inside this Issue:

Name Change for *Clostridium difficile*

CDC is in the process of incorporating the nomenclature change of *Clostridium difficile* to *Clostridioides difficile*, based on adoption by the Clinical Laboratories and Standard Institute, (CLSI) and the following publication: Lawson P. A., Citron D. M., Tyrrell K. L., Finegold S. M. (2016). Reclassification of *Clostridium difficile* as *Clostridioides difficile* (Hall and O'Toole 1935) Prevot 1938. Anaerobe 40, 95–99. The NHSN is actively implementing this change and you will see the following updates in 2019.

- *NHSN documents: Those dated before January 1, 2019 will retain the former organism name; those dated on or after January 1, 2019 will incorporate the new name*
- *NHSN application: The NHSN application will be updated to reflect the new terminology on or after the April, 2019 update. More information will follow as available.*

Please note that the abbreviations CDI, CDIFF, and *C. difficile* will remain appropriate abbreviations after the change and will not be modified.

PATIENT SAFETY COMPONENT

2019 Pathogen Codes Update

For the January 2019 (v9.2) NHSN release, organism lists will be updated after consideration of requests from users as well as four SNOMED CT U.S. Edition releases: 20160301, 20160901, 20170301, and 20170901. SNOMED CT (http://browser.ihtsdotools.org) is the source of truth for NHSN organism taxonomy.

Starting with 3,467 organisms on the global list (All Organisms) for 2018, 95 will be removed and 125 will be added. The global list for 2019 will have 3,497 organisms (net increase of 30).

Organisms will be removed for the following reasons:

- General cleanup: synonyms (duplicates) that are common names not used to identify organisms in clinical labs (for example, Radish bacillus and Frog tubercle bacillus)
- *Salmonella*: reduced to three organisms (*Salmonella*, *S. bongori*, and *S. enterica*) due to the taxonomic complexity of this Genus. These three options will allow reporting of all *Salmonella*.
- SNOMED CT updates: concepts for organisms inactivated

Organisms will be added for the following reasons:

- Roughly half of the additions are based on user requests (for example, Genus *Dietzia*, *Neisseria oralis*, and Nutritionally variant streptococci)
- SNOMED CT updates: taxonomic changes

Specific to the Common Commensals list, there will be an increase from 669 to 685 for 2019:

- Removed 8 (no longer active in SNOMED CT) and added 24 (listed below) for a net increase of 16 organisms

2019 Pathogen Codes Update continued on page 3

2019 Pathogen Codes Update (continued)

NHSN Organism Code	NHSN Organism Name	SNOMED Fully Specified Name	SNOMED Concept Code
ACTORIS	Actinomyces oris	Actinomyces oris (organism)	447175005
CORPYRU	Corynebacterium pyruviciproducens	Corynebacterium pyruviciproducens (organism)	450383002
CORTUSC	Corynebacterium tuscaniae	Corynebacterium tuscaniense (organism)	450409000
MICRARBO	Microbacterium arborescens	Microbacterium arborescens (organism)	414699006
MICRARBO	Flavobacterium arborescens	Microbacterium arborescens (organism)	414699006
MICRHYDR	Microbacterium hydrocarbonoxydans	Microbacterium hydrocarbonoxydans (organism)	414707005
MICRIMPE	Microbacterium imperiale	Microbacterium imperiale (organism)	114203008
MICRIMPE	Bacterium imperiale	Microbacterium imperiale (organism)	114203008
MICRIMPE	Brevibacterium imperiale	Microbacterium imperiale (organism)	114203008
MICRLACT	Microbacterium lacticum	Microbacterium lacticum (organism)	114204002
MICRLIQU	Microbacterium liquefaciens	Microbacterium liquefaciens (organism)	114063000
MICRLIQU	Aureobacterium liquefaciens	Microbacterium liquefaciens (organism)	114063000
MICRMARI	Microbacterium maritypicum	Microbacterium maritypicum (organism)	414710003
MICRMARI	Flavobacterium marinotypicum	Microbacterium maritypicum (organism)	414710003
MICRMARI	Flavobacterium maritypicum	Microbacterium maritypicum (organism)	414710003
MICROXYD	Microbacterium oxydans	Microbacterium oxydans (organism)	414713001
MICROXYD	Brevibacterium oxydans	Microbacterium oxydans (organism)	414713001
MICRRESI	Microbacterium resistens	Microbacterium resistens (organism)	414716009
PAEAGAR	Paenibacillus agaridevorans	Paenibacillus agaridevorans (organism)	429907003
BEDAP	Paenibacillus edaphicus	Paenibacillus edaphicus (organism)	8501000146105
PAEPABU	Paenibacillus pabuli	Paenibacillus pabuli (organism)	114103000
PAEPABU	Bacillus pabuli	Paenibacillus pabuli (organism)	114103000
STRGALL	Streptococcus bovis biotype I	Streptococcus gallolyticus (organism)	113985000
STRINFA	Streptococcus bovis biotype II	Streptococcus infantarius (organism)	415603007

MBI Organisms will increase from 939 to 962 for 2019:

- Remove 5 (no longer active in SNOMED CT) and add 28 (listed below) for a net increase of 23 organisms

NHSN Organism Code	NHSN Organism Name	SNOMED Fully Specified Name	SNOMED Concept Code
BACMASS	Bacteroides massiliensis	Bacteroides massiliensis (organism)	708567004
CLONPERF	Clostridium, not C. perfringens	Clostridium species, not Clostridium perfringens (organism)	413881007
EA	Klebsiella mobilis	Enterobacter aerogenes (organism)	62592009
ENTAU	Lelliottia amnigena	Enterobacter amnigenus (organism)	84221003
ENTEDISS	Enterobacter cloacae dissolvens	Enterobacter cloacae subspecies dissolvens (organism)	56813009
KOSASP	Kosakonia	Genus Kosakonia (organism)	8031000146105
LELLSP	Lelliottia	Genus Lelliottia (organism)	717652001
PLURSP	Pluralibacter	Genus Pluralibacter (organism)	716344002
ENTECOWA	Kosakonia cowanii	Kosakonia cowanii (organism)	416229008
ENTENIMI	Lelliottia nimipressuralis	Lelliottia nimipressuralis (organism)	29511003
NVS	Nutritionally variant streptococci	Nutritionally variant streptococci (organism)	698214003
PARAGOLD	Parabacteroides goldsteinii	Parabacteroides goldsteinii (organism)	5691000146107
PARAGOLD	Bacteroides goldsteinii	Parabacteroides goldsteinii (organism)	5691000146107
ENTGE	Pluralibacter gergoviae	Pluralibacter gergoviae (organism)	716346000
RUMIGNAV	Ruminococcus gnavus	Ruminococcus gnavus (organism)	88513000
STRGALL	Streptococcus bovis biotype I	Streptococcus gallolyticus (organism)	113985000
STRINFA	Streptococcus bovis biotype II	Streptococcus infantarius (organism)	415603007
CANLIP	Azymoprocandida lipolytica	Candida lipolytica (organism)	63775007
CANLIP	Mycotorula lipolytica	Candida lipolytica (organism)	63775007
CANLIP	Torula lipolytica	Candida lipolytica (organism)	63775007
CANNIVA	Candida nivariensis	Candida nivariensis (organism)	3681000146109
CANUTI	Cryptococcus utilis	Candida utilis (organism)	243464000
CANUTI	Torula utilis	Candida utilis (organism)	243464000
CANUTI	Torulopsis utilis	Candida utilis (organism)	243464000
CANUTI	Torulopsis utilis var utilis	Candida utilis (organism)	243464000
PICSP	Nakazawaea	Genus Pichia (organism)	4163004
GEOTRKLEB	Geotrichum penicillatum	Geotrichum klebahnii (organism)	446493009
GEOTRKLEB	Trichosporon penicillatum	Geotrichum klebahnii (organism)	446493009

Organism listings (global and subsets) are available in a spreadsheet under the Supporting Materials tab on the various NHSN module website pages: https://www.cdc.gov/nhsn/acute-care-hospital/index.html.

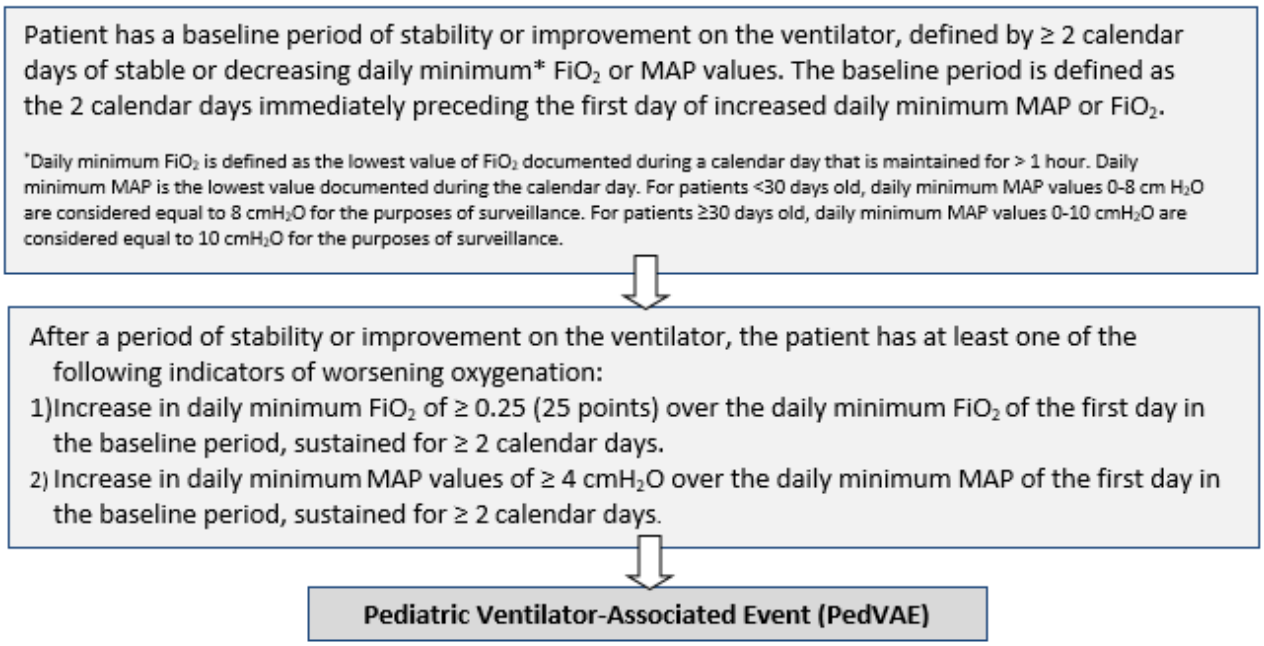
Coming Soon! Pediatric Ventilator-Associated Event (PedVAE) Surveillance

The **Pediatric Ventilator-Associated Event (PedVAE)** surveillance protocol will be an addition to the 2019 NHSN Patient Safety Manual (Chapter 11) and the event will be available for selection in the NHSN application's monthly reporting plan beginning January 1, 2019. Inpatient locations eligible to participate in in-plan reporting of PedVAE will be neonatal and pediatric locations in acute care hospitals, long term acute care hospitals, and inpatient rehabilitation facilities where denominator data (ventilator and patient days) can be collected. Such locations may include, but are not limited to, neonatal or pediatric intensive care units, specialty care areas, step-down units and wards.

The PedVAE definition and protocol were developed with input from the Pediatric and Neonatal Ventilator- Associated Event Working Group, comprised of representatives from multiple professional societies with expertise in the care of mechanically ventilated pediatric and neonatal patients. The protocol was piloted by several NHSN participating facilities in 2017. PedVAE criteria will require identification of deterioration in respiratory status following a period of stability or improvement on the ventilator. Events will be detected based on changes in the fraction of inspired oxygen (FiO_2), ventilator settings or changes identified in Mean Airway Pressure (MAP). In addition to the protocol, a PedVAE Calculator will also be available on the NHSN website.

Ventilator Associated Pneumonia (PedVAP) will remain as an option for selection in the monthly reporting plan for pediatric locations. Additionally, the Pneumonia (PNEU) event will continue to be available for assignment of a secondary BSI when conducting BSI surveillance for patients in all locations (adult, pediatric, neonatal) and for both ventilated and non-ventilated patients.

Figure 1: Pediatric Ventilator-Associated Events (PedVAE) Surveillance Algorithm



Guidance on Enrollment for Physically Separate Facilities/Units

Physically Separate Facilities Should be Enrolled Separately in NHSN

If free-standing facilities are located in physically separate buildings, whether on the same property or over multiple campuses, each individual facility should be enrolled separately in NHSN. This applies even if physically separate facilities share a single CMS Certification Number (CCN). When a CCN is shared across multiple facilities, the CDC will aggregate the risk-adjusted data from all applicable NHSN OrgIDs and will send the aggregate data to CMS under the single CCN for CMS reporting purposes. Each distinct facility should monitor HAIs and prevention efforts separately, for the purposes of accurate tracking and targeted infection control. Separation of physical buildings ensure each individual hospital/campus is risk adjusted based on the characteristics of that individual hospital; rather than characteristics of all hospitals in their system/CCN combined. This is important when individual buildings identify different facility types from one another. Please review "The Guide to the SIR" to see how different facility types impact various HAI risk adjustment models here, https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf

In addition, if Inpatient Rehabilitation Facility (IRF) and Inpatient Psychiatric Facility (IPF) units are located in physically separate buildings from the affiliated acute care hospital, they too should be enrolled as separate facilities in NHSN.

**EXCEPTION: This does not apply to emergency departments that are affiliated with the hospital but are in a physically separate location. Affiliated emergency departments can be mapped as a unit within the existing NHSN acute care hospital for the purposes of LabID Event surveillance.*

If your facility or healthcare system has been incorrectly enrolled and reporting data from multiple facilities into a single NHSN OrgID, please see the guidance below on how to address this situation. The steps below will ensure that the necessary enrollment/location mapping changes will not impact CMS Quality Reporting Programs:

1. Continue reporting into one NHSN OrgID for the remainder of the current quarter. For example, if you realize in May 2018 that your healthcare system is incorrectly enrolled, continue reporting this way until all data for 2018 quarter 2 (through June 2018) have been entered.
2. Once all data for the current quarter have been entered, continue to use the established NHSN OrgID for the reporting of data from the largest hospital in the healthcare system. You will need to enroll each of the additional hospitals as separate facilities in NHSN. The process of enrolling separate facilities may begin at any time, however we recommend that facilities wait to enter data into the "new" NHSN facilities until the start of the next quarter. To enroll facilities, you will need to have "NHSN Enrollment" listed as an activity on your SAMS profile. Email the NHSN Helpdesk (NHSN@cdc.gov) if you need to have "NHSN Enrollment" added to your SAMS profile.
3. Once all data for the current quarter have been entered, inactivate all NHSN locations in the established OrgID that represent units in a physically separate facility. For detailed instructions on inactivating a location, please see page 6 from the June 2017 NHSN Newsletter: https://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-jun-2017.pdf.
4. Complete enrollment and facility set-up for the new NHSN facilities, including proper location mapping. If the facility was using CDA to upload data into NHSN, each new NHSN facility will need a separate OID. The OIDs for the new facilities can be requested using this process: https://www.cdc.gov/nhsn/pdfs/cda/OID_Assignment_Procedure.pdf . Once the OIDs are obtained, they should be entered into the new NHSN facilities and shared with your vendor. The NHSN Group function is available for organizations that wish to easily view data from multiple NHSN facilities. More information is here: http://www.cdc.gov/nhsn/group-users/index.html

Procedures and SSI Events Excluded from the SIR

To identify which procedures are excluded from the SIR, you may run the "Line Listing - Procedures Excluded from SIR", found within the Procedure-Associated Module in the Analysis section of NHSN. It is important to note that this report is limited to procedure-level exclusions. However, if a procedure is present on the line listing but does not meet the criteria for the general exclusions, it is possible that there is an event-level exclusion. Remember, that if an SSI event is excluded, the associated procedure will also be excluded. Below is an example of the line listing of procedures excluded from the SSI SIR:

National Healthcare Safety Network
Line Listing for Procedures Excluded from SSI SIR (2015 Baseline)
As of: September 2, 2018 at 7:47 AM
Date Range: PROCEDURES procDateYr After and Including 2015

Facility Org ID	Patient ID	Procedure ID	Procedure Code	Procedure Date	Procedure Exceeds Duration Threshold?	Patient over 109 Years at Procedure Date?	Outpatient Procedure?	Patient Gender Not Male or Female?	Procedure Exceeds BMI Threshold?	Excluded Procedure?
10018	00-14-228	48139	KPRO	05/20/2015	Y	N	N	N	N	Y
10018	12345	48291	COLO	05/01/2015	N	N	N	N	N	Y
10018	012014_2	53746	KPRO	01/02/2015	Y	N	N	N	N	Y

*Fictitious data for illustrative purpose only

As outlined in the fictitious data table above, this record does not meet the general exclusion criteria, however, it is still an excluded procedure. This could be due to an event-level exclusion. You can search by the Patient ID to identify if there is a linked SSI event. In the event details, you will be able to find the event if it is "Infection Present at Time of Surgery" or PATOS =Y. This particular field is part of the exclusion criteria for SSI events in the 2015 baseline, where PATOS events are excluded from all of the SSI SIR Models:

Event Details

Specific Event >: IAB - Intraabdominal, not specified elsewhere
Infection present at the time of surgery *: Y - Yes

Because there is an event-level exclusion, the linked procedure will also be excluded. Furthermore, if there are procedures which are excluded, the linked SSI events will also be excluded. Therefore, it is important to check the procedure-level data as well as the event-level data to evaluate why certain procedures and/or SSI events are excluded from the calculation of the SIR.

CLABSI and CAUTI Reporting for the CMS Hospital Inpatient Quality Reporting Program

As mentioned in previous newsletters, CMS location reporting requirements for CLABSI and CAUTI changed in 2015. The location reporting requirements are listed below. **These reporting requirements are based on how a unit is defined using the CDC definitions and instructions for mapping locations.** Hospitals that are reporting CLABSI and CAUTI data should give careful consideration to the types of patients receiving care in a given unit in order to determine the most appropriate CDC location. Locations must be mapped and set-up in NHSN according to the guidance provided in the "Instructions for Mapping Patient Care Locations in NHSN" on page 2 of the CDC Locations and Descriptions chapter: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf.

In addition to reporting CLABSI and CAUTI data from all adult, pediatric, and neonatal ICUs, CMS IPPS hospitals are also required to report CLABSI and CAUTI data from **adult and pediatric medical, surgical, and medical/surgical wards.**

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

Any unit that meets the CDC definition for – and is mapped as – a specific type that is not an ICU, NICU, or one of the six wards listed above (e.g. mapped as orthopedic ward, telemetry ward, step-down unit) would not be required to report CLABSI and CAUTI data for the CMS Hospital IQR Program; any CLABSI or CAUTI data reported from non-required units in NHSN will not be submitted to CMS. **This means that any unit that meets the CDC definition for – and is mapped as – a specific type that is not an ICU, NICU, or one of the six wards listed above is not included in the CMS SIR reports for CLABSI and CAUTI.**

Let's look at a few examples to determine if that unit would be included in the Hospital IQR SIR report for CLABSI and CAUTI:

CDC Location	Is this location included in the Hospital IQR SIR report for CLABSI or CAUTI?
Telemetry Ward (IN:ACUTE:WARD:TELE)	No
Adult Mixed Acuity Unit (IN:ACUTE:MIXED:ALL_ADULT)	No
Medical/Surgical Ward (IN:ACUTE:WARD:MS)	Yes

For mapping instructions and guidance, look at page 2 of the CDC Locations and Descriptions chapter: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf. If you have questions about how to map a particular unit in your hospital, please contact the NHSN Helpdesk (NHSN@cdc.gov) and provide specific information about the patient care area (e.g., types of patients and percentage of each type, location bed size).

Antimicrobial Use & Resistance Module Updates

New SAARs are Coming!

The NHSN AUR Team is currently developing new SAAR models with new antimicrobial categories and additional adult location types. The new SAARs will be based on 2017 NHSN AU data. The new 2017 baseline SAARs will be available in NHSN version 9.2 and will generate with data year 2017 forward. The existing 2014 baseline SAARs will continue to be available in your NHSN reports for data years 2014-2018. Look for more information on the new SAARs later this year!

AU Option Drug Changes for 2019

Delafloxacin, which was optional for AU reporting in 2018, will be required for AU reporting beginning with data year 2019. Also, the FDA recently approved a new drug, meropenem/vaborbactam, that will be eligible for AU Option reporting beginning in 2019. Meropenem/vaborbactam will be optional for inclusion in the AU Option CDA data submission files.

NHSN Helping to Connect Health Departments and Facilities

Are you a state or local health department (HD) wanting facilities in your jurisdiction to share their NHSN AUR Module data with you? Or maybe you're looking to help facilities start using the NHSN AUR Module by connecting them with "mentor" facilities that are already sending AUR data to NHSN? While we cannot directly share the facility names or identifiers with HDs, we can send a letter via email to participating AUR facilities on your behalf. Facilities are under no obligation to contact you, but we've found facilitating the connection in this manner to be successful for all parties. Simply email the NHSN Mailbox at nhsn@cdc.gov and ask for assistance to share a communication with participating NHSN AUR Module facilities in your jurisdiction. We'll guide you through the process of creating your own customized letter that NHSN will send to facilities on your behalf. For HDs seeking to gain access to their facilities' data, we can also help walk you through the Data Use Agreement process or setting up a Group in NHSN.

AR Option CDA Changes

Beginning with version 9.0, NHSN will be rejecting AR Events that violate the same day duplicate rule and the 14 day/1 month rules outlined in the AR Option protocol: https://www.cdc.gov/nhsn/pdfs/pscmanual/11pscaurcurrent.pdf. Facilities including these duplicate events in their CDA zip file submissions will receive error messages and these events will fail to import into NHSN. The NHSN AUR Team will be reaching out to those facilities that have previously entered duplicate events to provide additional details on data cleaning.

Beginning with version 9.2, NHSN will require that *Staphylococcus aureus* AR Events include information on PBP2a-agglutination and PCR mec-gene testing. Appropriate values for these tests are positive, negative, and unknown.

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **November 15, 2018,** for facilities that participate in certain CMS quality reporting programs.

Acute Care Hospitals that participate in the Hospital Inpatient Quality Reporting (IQR) Program:
2018 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data

- All ICU locations
- All NICU locations (CLABSI only)
- Adult and pediatric medical, surgical, and medical/surgical wards

2018 Quarter 2 (April 1 – June 30) Inpatient COLO and HYST SSI data
2018 Quarter 2 (April 1 – June 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

- FacWideIN
- ED and 24-hour observation locations

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:
2018 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data (all bedded inpatient care locations)
2018 Quarter 2 (April 1 – June 30) Inpatient COLO and HYST SSI data
2018 Quarter 2 (April 1 – June 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

Inpatient Rehabilitation Facilities (IRFs) that participate in the Inpatient Rehabilitation Facility Quality Reporting Program:
2018 Quarter 2 (April 1 – June 30) CAUTI data (all bedded inpatient locations)
2018 Quarter 2 (April 1 – June 30) 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

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the Long-Term Care Hospital Quality Reporting Program:
2018 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data (all bedded inpatient locations)
2018 Quarter 2 (April 1 – June 30) MRSA Bacteremia and *C. difficile* LabID Events (FacWideIN, all healthcare-onset, and community-onset)
2018 Quarter 2 (April 1 – June 30) VAE data (all bedded inpatient locations)

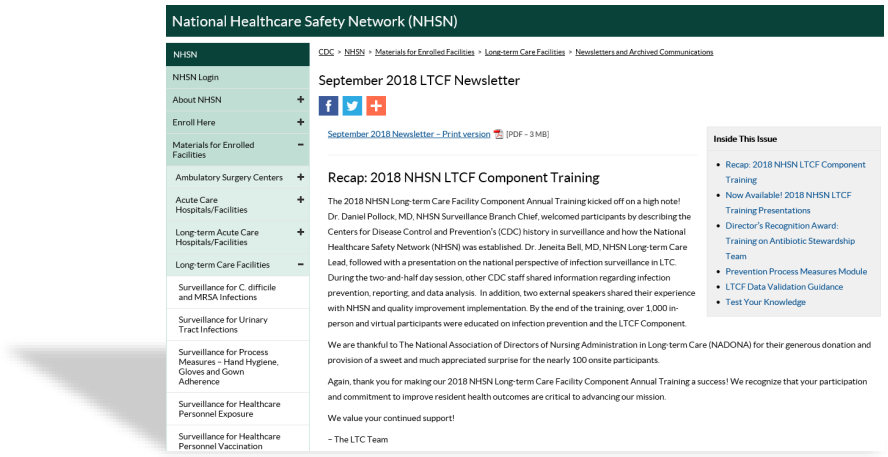
Please ensure that at least one individual at your facility can access NHSN via their Secure Access Management Services (SAMS) account and has been assigned appropriate user rights in NHSN to enter and view your facility's data. To guarantee that your data is accurately entered into NHSN, verify that; 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. The NHSN Helpdesk is staffed Mondays thru Fridays, 7 am ET – 5 pm ET, excluding Federal Holidays.

LONG-TERM CARE FACILITY COMPONENT

LTCF Updates

Updates can be found in the LTCF newsletter, available here: https://www.cdc.gov/nhsn/ltc/newsletters/sep18-newsletter-ltc.html



HEALTHCARE PERSONNEL SAFETY COMPONENT

Healthcare Personnel Influenza Vaccination Summary Data Reporting No Longer Required for Inpatient Psychiatric Facilities

Beginning with the 2018-2019 influenza season, inpatient psychiatric facilities (IPFs) that are part of the CMS Inpatient Psychiatric Facility Quality Reporting Program are not required to report healthcare personnel (HCP) influenza vaccination summary data through NHSN in order to receive their full annual payment update. This applies to both free-standing IPFs and IPF units that are located within hospitals. In July 2018, CMS removed the Healthcare Personnel Influenza Vaccination Summary Measure (National Quality Forum Measure 0431) from the IPFQR program [for more about the final CMS rule see: https://www.cms.gov/newsroom/fact-sheets/fy-2019-final-medicare-payment-and-quality-reporting-updates-inpatient-psychiatric-facilities-cms.]

IPFs are welcome to voluntarily report HCP influenza vaccination summary data through NHSN for the 2018-2019 influenza season. If these data are entered into NHSN by June 30, 2019, the data will be included in the regional-level data reports produced by NHSN (see https://www.cdc.gov/nhsn/pdfs/datastat/hcp-flu-vax-data-tables-ipf-2017.pdf, for example), but the data will not be publicly reported by CMS on Hospital Compare (to view the IPFQR program's publicly reported measures, see https://www.medicare.gov/hospitalcompare/psych-measures.html).

If facilities have any questions about this change, please send an e-mail to: nhsn@cdc.gov with 'HPS Flu Summary-IPF' in the subject line.

BIOVIGILANCE COMPONENT

Hemovigilance Module Updates

Upcoming Module Modifications

In early December 2018, modifications to the Hemovigilance Module will be made available to Hemovigilance Module users. Modifications to the module include changes to the Annual Facility Survey meant to reduce data entry burden, slight changes to the Adverse Reaction form, and an update to some of the Analysis feature reports allowing for additional customization. For more information about the upcoming release, please attend the next webinar.

Upcoming Webinars

An end-of-the-year webinar will be held before the December 2018 release outlining in detail all changes coming to the NHSN HV module. More information will be available soon. Registration information will be posted on the NHSN Blood Safety Surveillance website (https://www.cdc.gov/nhsn/acute-care-hospital/bio-hemo/).

GENERAL NHSN INFORMATION

Coming Soon! Outpatient Procedure Component (OPC)

Outpatient Procedure Component (OPC) will be available for use by Ambulatory Surgery Centers (ASC) beginning November 1st, 2018. The use of the OPC modules is voluntary and does not replace any local, state, or federal reporting requirements.

The OPC is intended only for use by those facilities defined as an ASC by the Code of Federal Regulations 42 CFR § 416.2: any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services does not exceed 24 hours following an admission to the ASC. Hospital Outpatient Procedure Departments (HOPDs) will continue to use the Patient Safety Component Surgical Site Infection (SSI) surveillance module for SSI surveillance.

What is included?

The OPC allows ASCs to report mandated as well as optional measures by using one reporting system (NHSN). It contains two distinct modules: Same Day Outcome Measures (OPC-SDOM) and Surgical Site Infection (OPC-SSI) surveillance.

Coming Soon! Outpatient Procedure Component (OPC) continued on page 12

Coming Soon! Outpatient Procedure Component (OPC) (continued)

OPC-SDOM - Same Day Outcome Measures are serious adverse events and include:

- Patient Burn
- Patient Fall
- "Wrong Events": Wrong site, wrong side, wrong patient, wrong procedure, and/or wrong implant
- All-cause hospital transfer/admission

If monitoring for SDOM, it is an all or nothing measure. This means that all patients must be monitored for all four of the SDOMs from registration to discharge. No post-discharge surveillance/reporting is required.

OPC-SSI - Surgical Site Infection (SSI) surveillance includes select outpatient operative procedures.

The OPC replaces the use of the Patient Safety Component SSI event chapter for ambulatory surgery centers. ASCs may choose any number of NHSN operative procedure categories to monitor for SSI. To determine which operative procedure(s) to monitor facilities should consider mandated reporting requirements, high risk and/or high volume procedures as well as the facility's quality initiatives. In all cases, surveillance should be active and patient-based, as well as include a formal post-discharge surveillance/reporting process.

How to Enroll in OPC?

ASC's currently enrolled in Patient Safety for SSI surveillance will be automatically enrolled in OPC and no action is required to enroll. These ASCs will however have to confer rights to groups which use the data for quality and outcome monitoring.

ASC's which are currently enrolled in the Healthcare Personnel Safety Component will have to add OPC as a component, and complete an Annual Facility Survey for ASCs.

ASCs NOT currently participating in NHSN will have to complete the NHSN enrollment and setup process for ASCs. Details on completing this step can be found on the OPC webpage beginning in October, 2018.

Training

NHSN will offer training for users on the OPC-SDOM and OPC-SSI protocols beginning in October, 2018. Further details about training will be forthcoming.

Please contact NHSN@cdc.gov with any questions about OPC and include Outpatient Procedure Component or OPC in the subject line.

Changes to Medicare Beneficiary Identifier Numbers and NHSN

The Center for Medicare and Medicaid Services (CMS) is removing Social Security Numbers (SSNs) from all Medicare cards. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status. CMS began mailing the new Medicare cards with the MBI to all people with Medicare in April, 2018 and plan to complete mailing in phases by geographic location, by April, 2019.

The MBIN field is optional for use in the NHSN. However, if you choose to complete that field, NHSN has enabled the system to accept the new MBIN numbers.

More information about the MBI change can be found at https://www.cms.gov/Medicare/New-Medicare-Card/index.html

2018 NHSN External Validation Toolkit Now Available

The 2018 NHSN External Validation Toolkit and the Guidance for Facility Data Quality Checks developed by the National Healthcare Safety Network (NHSN) are now available on NHSN's webpage at https://www.cdc.gov/nhsn/validation/index.html.

The 2018 NHSN External Validation Toolkit provides guidance to auditors such as state health departments and quality improvement organizations for NHSN data validation. CDC provides guidance and tools for validation of six healthcare-associated infection (HAI) metrics: Central-Line Associated Blood Stream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), selected Surgical Site Infections (following colon (COLO) and abdominal hysterectomy (HYST) procedures), Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia LabID Event and *Clostridium difficile* infection (CDI) LabID Event for 2018 HAI validation. The guidance and tools for CLABSI and CAUTI were designed to work in settings including and beyond acute care hospitals; validation of CLABSI is applicable for long-term acute care hospitals (LTACs), and validation of CAUTI is applicable for LTACs and inpatient rehabilitation facilities (IRFs).

The NHSN Patient Safety Data Quality Check Guidance and Toolkit is purposed to assist facilities in conducting data quality checks of reported Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI) following Abdominal Hysterectomy (HYST) and Colon (COLO) procedures, Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia and *Clostridium difficile* infection (CDI) LabID events.

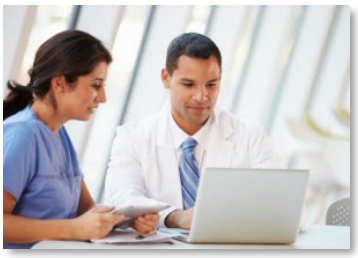
Please send any questions to nhsn@cdc.gov.

2019 NHSN Patient Safety Component Training – Save the Date!

Save the Date!

NHSN **Patient Safety Component** Annual Training, March 25 – March 29, 2019.

Registration anticipated to open in January 2019.



Are you interested in beta testing for the NHSN 9.2 release?

For the NHSN annual release of version 9.2, we are planning for a two-week beta testing period prior to the full production release currently scheduled for December 8, 2018.

From October 22, 2018 through November 2, 2018, "dummy data" will be populated in the beta environment for testers to manipulate within the NHSN 9.2 application. During the testing period, after a purge of all data submitted the previous day, new data will be available each morning. In addition to our internal testing efforts, beta testing will provide an opportunity for NHSN users to explore new NHSN features and potentially identify issues that can be resolved prior to the production release.

We need volunteers from all NHSN components to participate: Patient Safety, Dialysis, etc. If you are interested in volunteering, please contact us at NHSNBeta@cdc.gov to express your willingness to participate and specify the component for which you are volunteering. We can support a limited number of beta testers, so availability cannot be guaranteed to everyone. More details will be made available in direct communication with volunteers via email prior to the beta testing period.

CDA Corner

NHSN v9.0 Release (September 22, 2018)

- There are no CDA related Change Requests included in the 9.0 release.
- The new Outpatient Procedure Component is being implemented; however, CDA submission is not available for the new component at this time.
- Important CDA related defects to be included:
    - Antimicrobial Resistance (AR) CDA – Enhanced validation will be added to check for duplicate AR events contained in the same zip file. Duplicate events will error on import. See the AUR Updates section of the newsletter for more information.

CDA Corner continued on page 15

NHSN v9.2 (January, 2019)

- New CDAs coming in release 9.2 based on R3-D2 implementation guide
  - Ventilator Associated Event (VAE)
  - Healthcare Personnel Influenza Vaccination Summary (FLU)
  - Update for Bloodstream Infection event (BSI)
- Important CDA related defects to be included:
  - Antimicrobial Resistance (AR) CDA – Enhanced validation will be added to check that *Staphylococcus aureus* AR Events include information on the specific *Staphylococcus aureus* tests PBP2a-agglutination and PCR mec-gene. Appropriate values for these tests are positive, negative, and unknown. *Staphylococcus aureus* AR Event CDA files not including these two tests will fail to import.

Update for CDA Direct Automation

- At this time, over 5900 facilities from 14 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.

AUR Module Updates

Check the AUR Module Updates section of the Newsletter

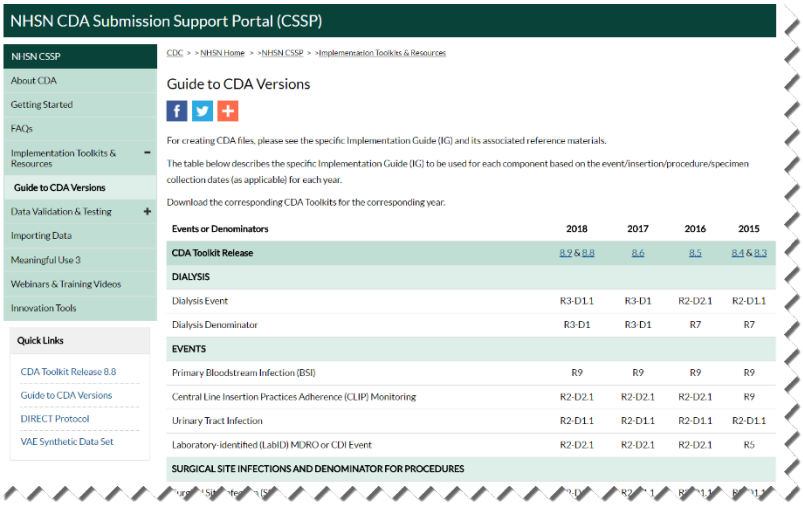
As an Important Reminder…

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 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.



CDA Corner (continued)

CDA and CSV Import Metrics Update:

Percentage of data per specific event or summary that is imported via CDA and CSV as a percentage of all submitted data to NHSN for the following date ranges:				
Query Date Range	July 1, 2016 - June 30, 2017	Oct. 1, 2016 - Sept. 30, 2017	Jan. 1, 2017 - Dec. 31, 2017	April 1, 2017 - March 31, 2018
Blood Stream Infection	37%	40%	42%	43%
Urinary Tract Infection	36%	38%	39%	40%
Surgical Site Infection	27%	29%	31%	33%
Laboratory Identified Event	52%	54%	56%	58%
Central Line Insertion Practices (CLIP)				20%
Dialysis Central Line Insertion Practices (CLIP)				0%
Dialysis Event	56%	66%	71%	73%
Antimicrobial Resistance Event	100%	100%	100%	100%
Surgical Procedure - **via CDA**	35%	35%	35%	34%
Surgical Procedure - **via CSV**	43%	38%	38%	49%
ICU /Other Summary	21%	22%	22%	23%
SCA/ONC Summary	23%	24%	25%	25%
NICU Summary	21%	21%	22%	23%
MDRO Summary	6%	6%	6%	7%
Dialysis Summary	43%	52%	56%	55%
Antimicrobial Use	100%	100%	100%	100%
Antimicrobial Resistance Summary	100%	100%	100%	100%
Hemovigilance Summary	0%	0%	0%	0%

NHSN Help Desk Activity Update

Quarter 3, 2018

(Averages)

1,230 Email Inquiries per Week

26 Facilities Enrolled per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of September 20, 2018):

6,704 Hospitals (this includes 470 Long-term Acute Care Hospitals and 349 Free-standing Inpatient Rehabilitation Facilities)

7,268 Outpatient Hemodialysis Facilities

4,518 Ambulatory Surgery Centers (ASCs)

2,880 Long-term Care Facilities

21,370 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