

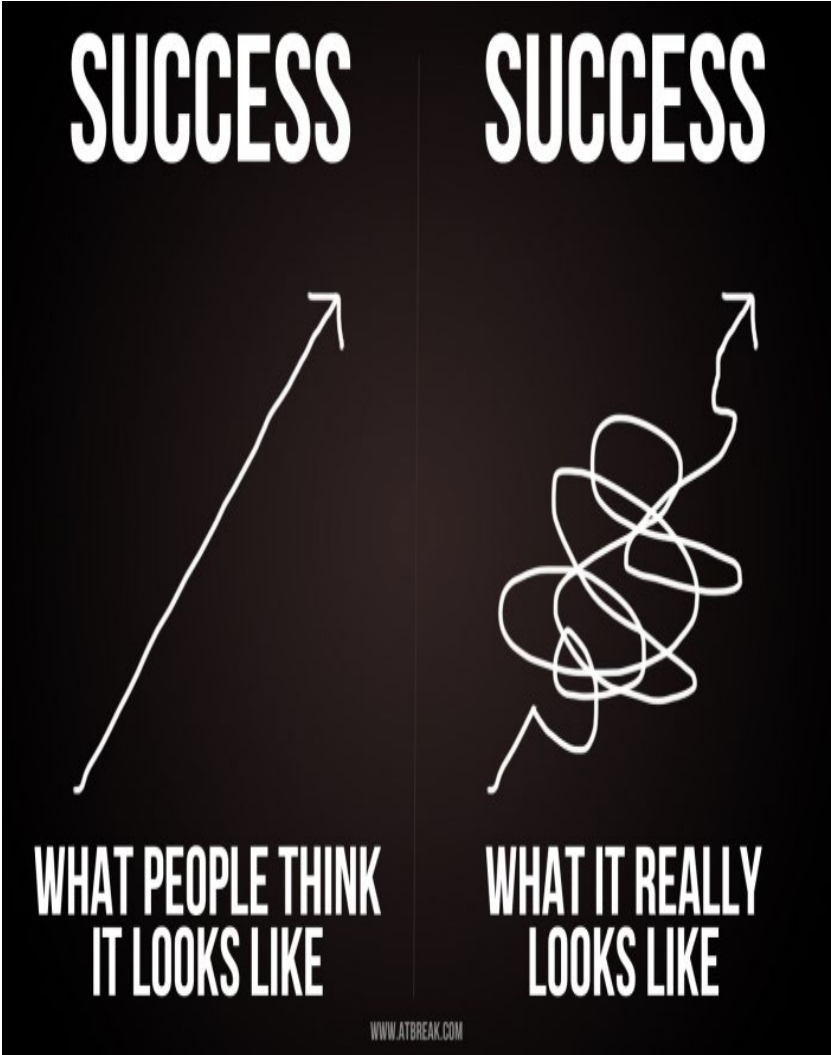


What's In A Name? NHSN Location Mapping

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Centers for Disease Control and Prevention**

NHSN Training March 2023

Success with NHSN Location Mapping



Objectives

- Apply mapping options from the NHSN Locations chapter 15
- Understand differences in location mapping
- Demonstrate basic concepts used in mapping locations

The material provided is based on NHSN Patient Safety Component protocols and do not necessarily represent the official position of the Centers for Disease Control and Prevention

MDRO Website

<https://www.cdc.gov/nhsn/acute-care-hospital/index.html>

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 - Ambulatory Surgery Centers
 - Long-term Acute Care Hospitals
 - Inpatient Rehabilitation

Acute Care / Critical Access Hospitals (ACH)

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Acute care or other short-term stay hospitals (for instance, general hospitals, critical access hospitals, oncology hospitals, military/VA hospitals)

Available Components

- [Patient Safety Component \(PSC\)](#)
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- [Biovigilance Component \(BV\)](#)

New Users

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- [Training Resources](#)
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PSC Manual

- [2023 PSC Manual](#) [PDF - 8 MB]

Annual Facility Surveys, Locations & Monthly Reporting Plans



Locations

[CDC Location Labels and Location Descriptions - January 2023](#) [PDF - 1 MB]

Updates and Training

- [Patient Safety Component Location Mapping 101 - March 2022](#)
 - [YouTube Link \[Video - 10 min\]](#)
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Guidance Documents

- [Map a Location](#) [PDF - 200 KB]
- [Edit a CDC Location](#) [PDF - 200 KB]
- [Guidance on Enrollment for Physically Separate Facilities](#) [PDF - 300 KB]
- [Mapping an HOPD in NHSN](#) [PDF - 400 KB]
- [Changing a CCN within NHSN](#) [PDF - 350 KB]
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CDC Location Labels and Descriptions

https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf

Locations

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- [Inactivate a CDC Location](#) [PDF – 700 KB]



January 2023

CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations

CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations

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Importance of Correct Location Mapping

- ❑ NHSN location types are developed in order to identify "like populations" within different facilities. Like population are believed to have similar risks for healthcare associated infections (HAIs)
 - Similar medical devices
 - Similar invasive procedures
 - Similar host factors affecting susceptibility
- ❑ Many NHSN surveillance modules utilize location type as a risk factor, for example CLABSI, CAUTI, VAP, MDRO/CDI, etc.

Importance of Correct Location Mapping

- NHSN pooled mean rates of infection are calculated for location types and utilized in data analysis, such as the Standardized Infection Ratio
- Incorrectly mapped locations affect the validity of:
 - NHSN database data
 - Facility-based standardized infection ratios
- State validations
- Inter-facility comparisons

Location Mapping Recommendations

- NHSN recommends mapping all inpatient locations, Emergency Departments and 24- hour observation locations for use with reporting
- Location mapping should be reviewed each calendar year for accuracy and whenever the patient mix or service for the unit changes.
- Bottom line: Without correctly mapped locations, facilities cannot compare their data to the NHSN data and NHSN data validity is compromised for identifying trends in HAIs.

Access Location Table in NHSN

NHSN Home

- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Patient ▶
- Event ▶
- Procedure ▶
- Summary Data ▶
- COVID-19 ▶
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility** ▶
- Group ▶
- Logout

- Customize Forms
- Facility Info
- Add/Edit Component
- Locations** ★
- Surgeons
- Direct Enroll



Locations

Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the **Save** button.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding box(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code *:

Your Label *:

CDC Location Description *:

Status *: Active ▼

Bed Size: A bed size greater than zero is required for most inpatient locations.

Find **Add** **Export Location List** **Clear**



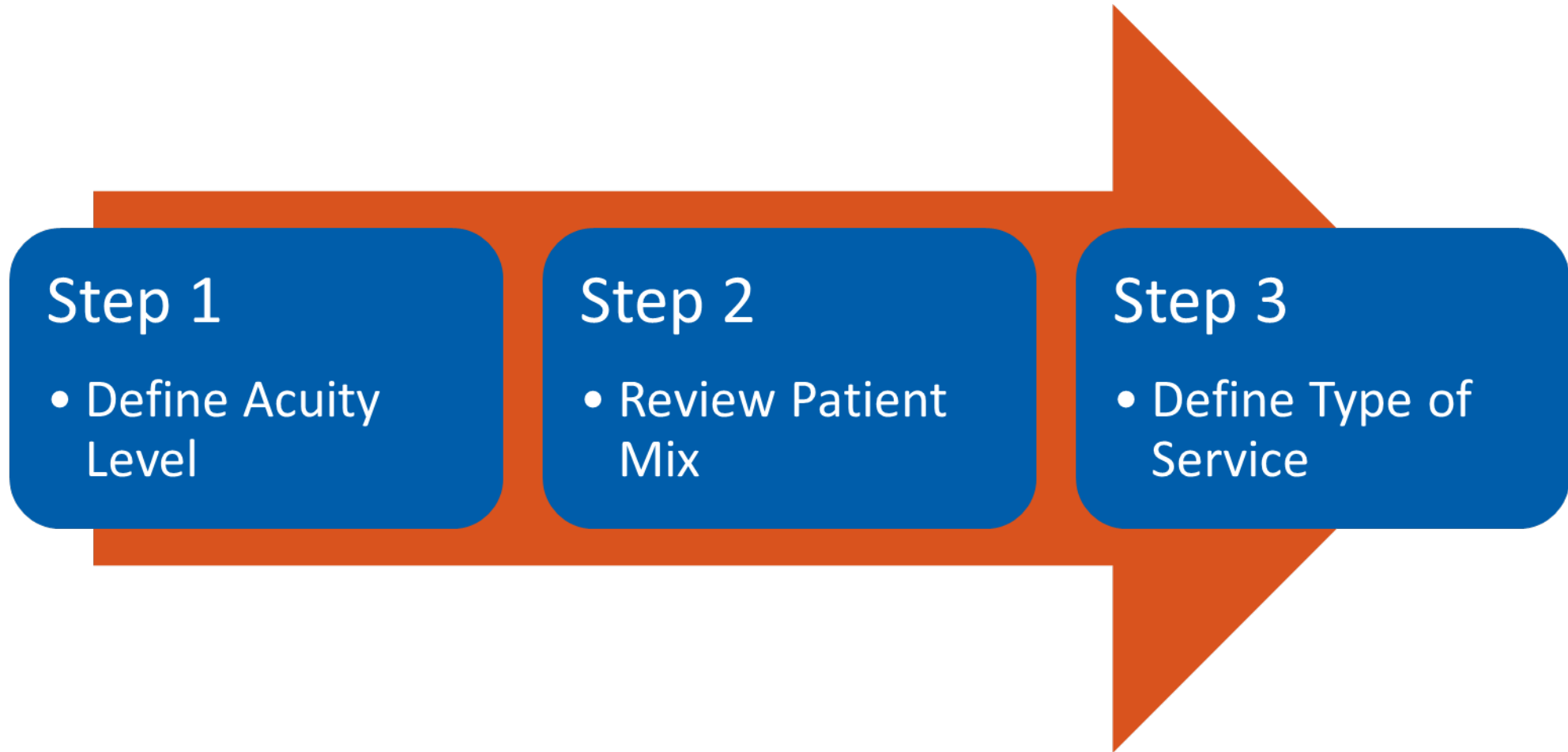
Location Table

[Print Location List](#)

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Status	Your Code	Your Label	CDC Description	CDC Code	NHSN HL7 Code
Active	MICU	MEDICAL ICU	Medical Critical Care	IN:ACUTE:CC:M	1027-2
Active	MIXED	ADULT MIXED	Adult Mixed Acuity Unit	IN:ACUTE:MIXED:ALL_ADULT	1210-4
Active	NICU	LEVEL 3 NICU	Neonatal Critical Care (Level III)	IN:ACUTE:CC:NURS	1040-5
Active	NICU4	LEVEL 4 NICU	Neonatal Critical Care (Level IV)	IN:ACUTE:CC:NURS_IV	1269-0
Active	NNN	NNN-SPECIAL CARE NURSERY	Pediatric Step Down Unit	IN:ACUTE:STEP:PED	1100-7
Active	NWBN	NEWBORN NURSERY	Well Newborn Nursery (Level I)	IN:ACUTE:WARD:NURS	1038-9
Active	OBS	24-HR OBS	24-Hour Observation Area	OUT:ACUTE:WARD	1162-7
Active	OHCF	OUTSIDE HOSPITAL	Location outside facility	COMM:NOTFAC	1204-7
Active	ONC	ONC CLINIC	Hematology-Oncology Clinic	OUT:NONACUTE:CLINIC:HONC	1200-5

Decision Flow Chart



Acuity Level

- **80% Rule**
 - If 80% of patients that comprise this patient care area are of the same acuity level, then move on to define patient mix
- There's common levels of acuity as determined by billing stratification such as:
 - Critical Care Level
 - Step Down Care Level
 - Ward Care Level

Patient Mix

Facilities should review the patient mix in the unit for the last full calendar year, if available. A shorter period of at least 3 months is acceptable when a full 12 months of data is unavailable.

To determine patient mix, facilities should use:

- Acuity billing data
- Admission/transfer diagnosis (if acuity billing not available)

Type of Service

- Specific Service Type, use **80% Rule**
 - If 80% of patients that comprise this patient care area of the same specific service type (for example, burn, cardiac), then map to the most appropriate CDC Location Description
- General medical, surgical, medical-surgical, use **60/40 Rule**
 - If 60% of patients are either general medical or surgical, map to the majority type
- If the unit does not meet either rule there are other mapping options to consider:
 - Combined medical-surgical location
 - Virtual Locations

Virtual Locations

- Can be used when user would like to conduct separate surveillance for different patient types in the same unit
- Recommended only where there is a means to collect denominator data separately for the mixed -use unit. Commonly used when the unit is geographically split by patient service or units where beds are designated by service

Mixed Acuity Units

- Intended for locations comprised of patients with varying levels of acuity and don't meet the 80% rule (for example, CC and step down; CC and ward)
- Mapping a location in NHSN to the CDC "Mixed Acuity" designation may have implications on data that your facility reports for the CMS Hospital Inpatient Quality Reporting Program
- If facilities map a location using the mixed acuity designation, be aware that NHSN does not plan to publish national pooled mean rates for this location type

Instructions for Mapping Patient Care Locations in NHSN 15-2

January 2023 CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations

Instructions for Mapping Patient Care Locations in NHSN

NHSN requires facilities map each patient care area in their facility to one or more locations as defined by NHSN in order to report surveillance data collected from these areas. This document functions as a decision-making tool when determining the appropriate CDC location for NHSN surveillance, as defined in the NHSN Manual. This process should be followed when adding any new unit to NHSN for surveillance and should be repeated for any unit when there is a significant change in patient mix (for example, merging of units, taking on a new service).

Step 1: Define the acuity level for the location

Is this patient care area comprised of at least 80% of patients that are of the same acuity level?¹

YES: Proceed to Step 2 and map to a location type of that acuity level using the NHSN 80% Rule for that specific type.²

NO: Can this patient care area be split into 2 or more locations in NHSN for the purposes of surveillance – also referred to as “virtual locations”?³

YES: Proceed to Step 2 and create locations in NHSN for each of the acuity levels, using the NHSN 80% Rule.²

NO: Map to a CDC Mixed Acuity location.⁴

List of Acuity Levels:

Adult Critical Care Units	Mixed Acuity Units
Pediatric Critical Care Units	Operating Rooms
Neonatal Critical Care Units	Chronic Care
Specialty Care Areas (SCA)/Oncology	Long Term Acute Care
Adult Wards	Rehabilitation
Pediatric Wards	Outpatient (ACUTE) Locations
Neonatal Wards	Clinic (Nonacute) Settings
Step Down Units	

15 - 2

January 2023 CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations

Step 2: Define the type of service for the location

Is this patient care area a **general** medical, surgical, or medical/surgical unit? Or is it comprised of patients from a **specific** service type (for example, burn, cardiac)?¹

General: If general medical or surgical, are more than 60% of patients either medical or surgical?

YES: Create a location in NHSN that is mapped to the majority type (specifically, medical or surgical).

NO: The mix of patients should then be a 50/50 to 60/40 mix of medical and surgical patients. Create a location in NHSN that is mapped to a combined medical/surgical CDC location.

Specific: If the unit is comprised of patients of a specific service type, does this unit meet the NHSN 80% Rule for locations?²

YES: Create a location in NHSN that is mapped to that CDC location type.

NO: Can this single unit be split into 2 or more units in NHSN for the purposes of surveillance – also referred to as “virtual locations”?³

YES: Create locations in NHSN for each of these specific service virtual locations.

NO: Is the mix of patients in this unit approximately a 50/50 to 60/40 mix of combined medical and surgical?

YES: Create a location in NHSN that is mapped to the majority type (specifically, greater than 60%) - either medical or surgical.

NO: Create a location in NHSN that is mapped to a combined medical/surgical unit.

Case Study #1

Weheal Community Hospital offers a 5-bed Emergency Services department and a 15-bed adult medical unit.

What locations should be mapped within NHSN for reporting purposes?

- a) An Emergency Department – CDC Location Code = OUT:ACUTE:ED
- b) An Inpatient Medical Unit – CDC Location Code = IN:ACUTE:WARD:M
- c) Both A and B
- d) Neither A or B

Case Study #1 Rationale

Weheal Community Hospital offers a 5-bed Emergency Services department and a 15-bed adult medical unit.

What locations should be mapped within NHSN for reporting purposes?

C. Both A and B

Rationale: All units included in NHSN reporting and/or identified as inpatient locations for the facility should be mapped within NHSN. Although the emergency department is an outpatient location for the acute care facility, it is included in LabID event reporting and must be mapped and included for this monitoring. **The correct mapping for an Emergency Department is OUT:ACUTE:ED.**

All inpatient units are to be mapped to NHSN for inclusion in NHSN surveillance and collection of denominator data. **The correct mapping of the adult medical unit is IN:ACUTE:WARD:M.**

Case Study #2

As a result of the COVID-19 pandemic, Weheal Community Hospital dedicates 5 beds on the adult medical unit for children with COVID-19 or related respiratory issues.

Does this change the unit mapping?

- a) No - this is a temporary situation based on COVID and related illness
- b) No - the 5 beds represent only 1/3 of the unit, not 80%
- c) Yes - Re-map the unit to CDC location code - IN:ACUTE:WARD:M_PED
- d) Yes – Leave the unit mapping for the 10 bed adult patients but add a virtual location for the 5 beds designated for pediatrics, IN:ACUTE:WARD:M_PED

Case Study #2 Rationale

Does this change the unit mapping?

D. Yes – Leave the unit mapping for the 10 bed adult patients but add a virtual location for the 5 beds designated for pediatrics, IN:ACUTE:WARD:M_PED

Rationale: Because 5 beds are dedicated to pediatric use, you can get age specific data by mapping these beds separately from the 10 beds used for adult services. Neither the adult beds nor the pediatric beds represent 80% of the overall total unit count therefore, using a ‘virtual’ location works best when the facility has a means to collect denominator data separately for the pediatric beds and adult beds. Although the 15 beds are physically located in the same space, NHSN recommends mapping each separately for reporting and denominator data collection. The 5 pediatric beds are mapped as **IN:ACUTE:WARD:M_PED**

- The 10 adult beds are adjusted under mapping as **IN:ACUTE:WARD:M**
- **Virtual locations:** Virtual locations are created in NHSN when a facility is unable to meet the 80% rule for location designation in a single physical unit but would like to report their NHSN surveillance data for each of the major, specific patient types in that unit. The use of virtual locations is recommended only for those physical units that are geographically split by patient service or those in which beds are designated by service.

Case Study #3

As a result of the COVID-19 pandemic, Weheal Community Hospital dedicates 5 beds on the adult medical unit for children with COVID-19/non-critical respiratory illness. The IP has no way to know which beds will house adults or children and can't separate the denominator data.

Does this change the unit mapping?

- A. No - this is a temporary situation based on COVID and related illness
- B. No - the 5 beds represent only 1/3 of the unit, not 80%
- C. Yes - Re-map the unit to CDC location code - IN:ACUTE:WARD:M_PED
- D. Yes – There is a mix of adults and children, neither 80%, also acuity level is varied. Map as a Mixed Age Mixed Acuity Unit IN: ACUTE:MIXED:ALL

Case Study #3 Rationale

Does this change the unit mapping?

D. Yes– There is a mix of adults and children, neither 80%, also acuity level is varied. Map as a Mixed Age Mixed Acuity Unit IN: ACUTE:MIXED:ALL

Rationale: Because 5 beds are designed for pediatric use, the patient mix of 10 beds for adults and 5 beds for children does not meet the NHSN 80% rule. Additionally, since denominator data will be captured by overall unit count, not specifically by adult or child, a ‘mixed acuity’ unit mapping should be considered. NHSN offers a mixed age , mixed acuity mapping defined as ‘Hospital area for the evaluation and treatment of a mixture of adult and pediatric patients whose conditions are of varying levels of acuity (for example, critical care, ward-level care, step-down type care, etc.). Such a care area may be comprised of patients followed by different hospital services (for example, coronary, medical, surgical, etc.).’

- The unit is mapped as **IN: ACUTE:MIXED:ALL**

NOTE: Mapping a location in NHSN to the CDC “Mixed Acuity” designation may have implications on data that your facility reports for CMS Programs and/or your state’s reporting mandate(s). Although a Mixed Acuity location may have ICU beds and ICU patients, it is not considered an ICU location type for the purposes of NHSN reporting and therefore, would not be included in any ICU-specific reporting requirements. Mixed Acuity units are also excluded from ward-specific reporting requirements.

Case Study #4

I Care4U Hospital is a general acute care facility that offers general medical and surgical services; physically within the hospital are an emergency room, a dedicated observation unit, an operating room used primarily for low-risk surgical procedures, an intensive care unit, a medical step-down unit and a large general ward where 30% of patients come from the step-down unit, 20% of patients are post-ortho surgery patients and 50% are direct admit medical patients.

Q4: Should all the units noted be formally mapped within NHSN?

- A. Yes
- B. No
- C. Maybe - I'm not sure

Case Study #4 Rationale

Should all the units noted be formally mapped within NHSN?

A. Yes

Rationale: All inpatient units within the facility are formally mapped per NHSN guidance to ensure appropriate attribution of events and to ensure appropriate denominator data collection.

- The ED and dedicated observation unit is included for LabID event reporting and must be mapped for use. These locations are considered outpatient locations for the facility; denominator data from these areas are reported as 'encounters'.

Case Study #5

I Care4u hospital is a general acute care facility that offers general medical and surgical services; physically within the hospital are an emergency room, a dedicated observation unit, an operating room used primarily for low-risk surgical procedures, an intensive care unit, an ICU step-down unit and a large general ward where 30% of patients come from the ICU step-down unit, 20% of patients are post-ortho surgery patients and 50% are direct admit medical patients.

Q2: Will mapping include the operating room?

- a) No - it's not an inpatient area for the facility
- b) No – the OR is a temporary transfer for surgery only
- c) No - The OR only provides low-risk surgery
- d) Yes – The OR is an inpatient location for NHSN purposes, eligible to be used for 'date admitted to facility'. Map as Operating Room/Suite IN:ACUTE:OR

Case Study #5 Rationale

Q5: Will mapping include the operating room?

D. Yes – The OR is an inpatient location for NHSN purposes, eligible to be used for ‘date admitted to facility’. Map as Operating Room/Suite IN:ACUTE:OR

Rationale: All units included in NHSN reporting and/or identified as inpatient locations for the facility should be mapped within NHSN. Although the Operating Room is a non-bedded location [no denominator data is collected] and may be considered a temporary ‘transfer’ for the inpatient, it is an inpatient location per NHSN mapping guidance. Formally mapping the OR serves as a reminder the unit is an eligible inpatient location for use with identifying the date admitted to the facility [NHSN definition for date admitted to the facility is the earliest calendar date the patient is physically located to an inpatient location for the facility].

- All inpatient units are to be mapped to NHSN, NHSN offers 1 mapping for the acute facility Operating Room - IN:ACUTE:OR

Case Study #6

I Care4u hospital is a general acute care facility that offers general medical and surgical services; physically within the hospital are an emergency room, a dedicated observation unit, an operating room used primarily for low-risk surgical procedures, an intensive care unit, an ICU step-down unit and a large general ward where 30% of patients come from the ICU step-down unit, 20% of patients are post-ortho surgery patients and 50% are direct admit medical patients.

Q6: What is the most appropriate mapping for the ICU and ICU step down unit?

- a) Map ICU as Surgical Cardiothoracic Critical Care - IN:ACUTE:CC:CT
- b) Map ICU as general medical ICU- Medical Critical Care IN:ACUTE:CC:M
- c) Map the step-down unit as Medical Cardiac Critical Care- IN:ACUTE:CC:C
- d) Map the step-down unit as an Adult Step- Down Unit - IN:ACUTE:STEP
- e) B and D

Case Study #6 Rationale

Q6: What is the most appropriate mapping for the ICU and ICU step down unit?

E is the correct response.

Rationale: All units included in NHSN reporting and/or identified as inpatient locations for the facility should be mapped within NHSN. An Intensive Care Unit would be acuity level 'Critical Care'; the details provided do not specify a service line. NHSN recommends mapping as a general Medical Critical Care location, IN:ACUTE:CC:M

- The ICU step-down unit appears to be 100% step-down level care without a specific service indicated. The appropriate mapping is IN:ACUTE:STEP.
- Only if the service line for ICU was 80% post- Cardiac Surgery patients would you map ICU as a Surgical Cardiothoracic ICU. Step-down units are not critical care level acuity and should not be mapped as such.

Case Study #7

I Care4u hospital is a general acute care facility that offers general medical and surgical services; physically within the hospital are an emergency room, a dedicated observation unit, an operating room used primarily for low-risk surgical procedures, an intensive care unit, an ICU step-down unit and a large general ward where 30% of patients come from the ICU step-down unit, 20% of patients are post-ortho surgery patients and 50% are direct admit medical patients.

Q4: How is the general ward mapped in NHSN?

- a) Map as an adult medical ward - IN:ACUTE:WARD:M
- b) Map as 3 virtual units - Medical Cardiac Critical Care (IN:ACUTE:CC:C), Surgical Critical Care (IN:ACUTE:CC:S) and adult medical ward (IN:ACUTE:WARD:M)
- c) Map as a general surgical ward - IN:ACUTE:WARD:S
- d) Forget mapping – it's too complicated!

Case Study #7 Rationale

Q7: How is the general ward mapped in NHSN?

A. Map as an adult medical ward - IN:ACUTE:WARD:M

Rationale: The details of the case show 30% of patients admitted to the large general ward come from the step-down unit and 50% are direct medical admissions. The step-down patient mix is medical same as direct medical admits, combining these patients allows you to meet the NHSN 80% rule for mapping the unit as a general medical unit. Response B and C are not appropriate mappings.

- **Patient mix:** When determining the appropriate CDC Location mapping for a unit, facilities should review the patient mix in that unit for the last full calendar year. If a full year is not available, facilities should review patient mix based on the data they have available for that unit. When determining the acuity level, as well as the specific service type of a location, the acuity billing data (if available) should be used. Admission/transfer diagnosis can also be used to determine location mapping if billing data is not available. Facilities, when possible, should use 1 years' worth of data to make this determination. If that is not available, a shorter period of at least 3 months is acceptable.

Case Study #8

Illside Hospital has been crushed with COVID patients for several months to the point that the ED is holding admitted patients for days awaiting bed placement. The facility converted a previously unused portion of the ED to an overflow area for admitted patients awaiting a bed. The area is also used for direct admits awaiting an official inpatient bed. The average length of stay for patients in this area is 4 days.

Q8: Should this 'new' overflow area be mapped within NHSN?

- a) Yes - the unit would be considered an inpatient unit for the facility
- b) Yes - the inpatients housed on this unit are eligible for denominator data capture
- c) Yes - all patients on this unit are officially admitted to inpatient status for billing
- d) All of the above

Case Study #8 Rationale

Q8: Should this 'new' overflow area be mapped within NHSN?

D. All of the above

- a) Yes - the unit would be considered an inpatient unit for the facility
- b) Yes - the inpatients housed on this unit are eligible for denominator data capture
- c) Yes - all patients on this unit are officially admitted to inpatient status for billing

Rationale: All units included in NHSN reporting and/or identified as inpatient locations for the facility should be mapped within NHSN. The area would be reviewed for patient mix/acuity levels then the NHSN 80% rule is applied. There is limited information provided about this 'new' unit but it's clear the unit intent is for inpatient care/services.

- From the Locations chapter, page 15-6: Surge and/or overflow units, whether newly opened or repurposed from a previously mapped location, should follow NHSN mapping guidance and be included in facility mapping. Examples of surge/overflow mapping can be found here: <https://www.cdc.gov/nhsn/pdfs/covid19/location-mapping-508.pdf>.

Case Study #9

Illside Hospital has been crushed with COVID patients for several months to the point that the ED is holding admitted patients for days awaiting bed placement. The facility converted a previously unused area to an overflow area for admitted patients awaiting a bed. The area is also used for direct admits awaiting an official inpatient bed. The average length of stay for patients in this area is 4 days.

Q9: What is the correct mapping for this 'new' overflow area?

- a) Map as a general medical ward - IN:ACUTE:M
- b) Map as a COVID respiratory unit - IN:ACUTE:WARD:PULM
- c) Map as an Onsite Overflow Critical Care location - IN:ACUTE:CC:OF_ONSITE
- d) Map as an Onsite Overflow Ward - IN:ACUTE:WARD:OF_ONSITE

Case Study #9 Rationale

Q9: What is the correct mapping for this 'new' overflow area?

D. Map as an Onsite Overflow Ward - IN:ACUTE:WARD:OF_ONSITE

Rationale: All units included in NHSN reporting and/or identified as inpatient locations for the facility should be mapped within NHSN. The area would be reviewed for patient mix/acuity levels then the NHSN 80% rule is applied. There is limited information provided about this 'new' unit but it's clear the unit intent is to serve as an overflow inpatient location. NHSN recommends mapping as an Overflow location – an inpatient area eligible for denominator data collection and event attribution.

- Based on the limited information provided, the patients appear to be ward level care. NHSN recommends the onsite overflow ward mapping for the unit: IN:ACUTE:WARD:OF_ONSITE as the best option.

Questions ???

contact the NHSN Helpdesk at nhsn@cdc.gov



For more information please contact Centers for Disease Control and Prevention

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

The material provided is based on NHSN Patient Safety Component protocols and do not necessarily represent the official position of the Centers for Disease Control and Prevention.