



CMS Hospital Inpatient Quality Reporting Program



Hospitals participating in the Centers for Medicare & Medicaid Services (CMS) Inpatient Prospective Payment System (IPPS) Hospital Inpatient Quality Reporting Program, formerly known as Reporting Hospital Quality Data for Annual Payment Update (RHODAPU), will soon be required to submit healthcare-associated infections (HAI) data via NHSN. Specifically, hospitals are required to report central line-associated bloodstream infection (CLABSI) events collected in accordance with the NHSN Patient Safety Component protocol for all adult and pediatric intensive care units (ICUs) and level II/III and level III neonatal intensive care units (NICUs) that occur on or after January 1, 2011, in order to receive the Fiscal Year (FY) 2013 payment. The NHSN team recommends review of the CLABSI Protocols and Facility Start-up trainings to refresh knowledge on how to report CLABSIs and adding locations and users.

NHSN Purposes and Confidentiality Assurance Changes

When your facility enrolled in NHSN, the primary contacts and an executive of the facility's leadership (e.g., CEO) signed a consent form agreeing to abide by the requirements of NHSN. For CDC's part, we extended an Assurance of Confidentiality which protected your data from disclosure without your permission and prohibited us from using your data for any reason other than the stated purposes of the data collection. Because of the increasing number of states with mandatory HAI reporting that are engaged in HAI prevention activities, and because of CMS' pay-for-reporting program (see article above) and the potential for federal HAI reporting mandates, we have added the four new purposes listed below to the existing six purposes of NHSN:

- Comply with legal requirements – including but not limited to state or federal laws, regulations, or other requirements – for mandatory reporting of healthcare facility-specific adverse event, prevention practice adherence, and other public health data.
- Enable healthcare facilities to report HAI and prevention practice adherence data via NHSN to the U.S. Center for Medicare and Medicaid Services (CMS) in fulfillment of CMS's quality measurement reporting requirements for those data.
- Provide state departments of health with information that identifies the healthcare facilities in their state that participate in NHSN.
- Provide to state agencies, at their request, facility-specific, NHSN patient safety component and healthcare personnel safety component adverse event and prevention practice adherence data for surveillance, prevention, or mandatory public reporting.

These new purposes necessitated a modification of the Assurance of Confidentiality statement, such that it will now protect only information voluntarily provided. All facilities will be required to read, sign, and return the updated NHSN Agreement to Participate and Consent document in order to continue participating in NHSN.

These changes will take effect for newly enrolling facilities with the 6.3 release of NHSN, scheduled for October 28. For existing NHSN facilities, the changes will take effect after December 15. NHSN Facility Administrators will be emailed further instructions for submission of the updated consent and will receive an alert upon login to the NHSN application that the updated NHSN Agreement to Participate and Consent is available for printing.

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NHSN Vaccination Module Update



The NHSN High Risk Inpatient Influenza Vaccination (HRIIV) Module has been updated and renamed the *Vaccination Module* to reflect the recommendations of the Advisory Committee on Immunization Practices (ACIP) for the 2010-2011 influenza season. The 2010-2011 seasonal vaccine contains the following strains:

- A California/ 7/ 09 (H1N1)-like virus (pandemic (H1N1) 2009 influenza virus)
- A/Perth / 16/ 2009 (H3N2)- like virus
- B/Brisbane/ 60/ 2008-like virus

Only one annual vaccine will be required to be administered to protect against the expected influenza strains this year and are representative of influenza viruses predicted to be circulating in the United States during the current influenza season. This includes the pandemic H1N1 influenza strain. There have been some changes to recommendations for who should receive seasonal vaccination; for example there is a newly approved vaccine for the elderly and additional recommendations for the type of vaccine used in children ≤ 8 years. For complete information, see <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5908a1.htm>.

Assuring the Quality of NHSN Data

In the August, 2009 NHSN Newsletter (http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_Newsletter_Aug09.pdf), we told you about efforts being undertaken to assure that the NHSN aggregate data are as accurate as possible.

From time to time we will share information with you regarding those efforts and the findings in the hopes that it might assist you in reporting high quality data.

One such effort is a review of SSI data for the periods between January 1, 2006–May 30, 2009. In this project, we identified facilities with procedure-specific, risk-stratified surgical site infection (SSI) rates $\geq 50\%$ to determine the validity of the data and to correct any erroneous data. Communications were made to 199 facilities by email and telephone calls. It was determined that the data were correct in 104 (53%) of the facilities. Two facilities were unable to be contacted, as they had closed. Of the remaining 93 facilities, 90 (97%) had missing procedure data. These facilities opted to either enter the missing data or remove SSI surveillance from the facility's monthly reporting plan for the involved months, thereby removing these data from the NHSN database.

Summary: While these procedures represent a small percentage of the total NHSN aggregate SSI data, it is still important to verify that the data being entered are accurate and complete. Some NHSN users stated that they did not understand that participation in the Procedure-associated Module required that ALL procedures performed for a given NHSN operative procedure category under surveillance, e.g., Coronary artery bypass graft (CBGB), be entered, not just those that developed SSIs. If you are participating in this module, please verify that you are including all appropriate procedures and that these data are being imported into NHSN. Watch for more information about quality assurance projects in upcoming newsletters. And as always, thank you for your efforts to make the NHSN data the best they can be!



NHSN Case Studies Offer Opportunity to Hone Surveillance Skills

The American Journal of Infection Control (AJIC) and the National Healthcare Safety Network (NHSN) are continuing the series of case studies in AJIC that began in June 2010. These cases reflect some of the complex patient scenarios that infection preventionists have encountered in their daily surveillance of healthcare-associated infections (HAIs) when using the NHSN definitions. With each case, a link to an online survey is provided where you can answer the questions and receive immediate feedback in the form of answers and explanations. All individual participant answers are confidential, although it is the authors' hope to share a summary of the findings at a later date. All cases, answers, and explanations have been reviewed and approved by the NHSN staff.

The second and third case studies are published in AJIC's September and October 2010 issues, respectively, and are available online at <http://www.surveymonkey.com/s/AJIC-NHSN-Case2> (for Case study #2) and <http://www.surveymonkey.com/s/AJIC-NHSN-Case3> (for Case Study 3).

NICU Survey

CDC's Division of Healthcare Quality Promotion (DHQP) is conducting a survey of NHSN facilities that report data from their neonatal intensive care units (NICUs). The NICU has a unique population of patients who are particularly vulnerable to acquiring healthcare-associated infections (HAI). The incidence of HAIs reported from NICUs, especially central line-associated bloodstream infection (CLABSI) rates among very low birthweight infants, are consistently among the highest reported. Additionally, the epidemiology of pathogens associated with these infections is changing in concerning ways: for example, significant increases in the incidence of methicillin-resistant *Staphylococcus aureus* (MRSA) infections and a growing proportion of infections caused by *Enterococcus*, *Candida* spp, and Gram-negative bacilli are being observed among NICU patients. Although the published literature describes studies and strategies for prevention of HAIs, these are targeted mainly at adult populations, and NICU-specific infection prevention guidelines are lacking. Consequently, variations in HAI prevention practices exist.

The survey will address surveillance methods and prevention strategies in NICUs. A web-based questionnaire will be distributed to NHSN facilities that report NICU data. The objectives of the survey are to 1) to conduct a multicenter assessment of HAI prevention strategies in NICUs, including CLABSI and MRSA infection prevention and 2) to assess the understanding of NHSN reporting and definition requirements specific to NICU populations (i.e., umbilical central line reporting methods, early onset sepsis reporting). Results of the survey will aid in implementing any modifications in the NHSN methodology to improve surveillance efforts, as well as help us understand the impact NICU-specific infection prevention guidelines in development.

Update on Antimicrobial Use and Resistance (AUR) Module

The purpose of the Antimicrobial Use and Resistance (AUR) Module is to provide a mechanism for facilities to report and analyze antimicrobial use and/or resistance as part of antimicrobial stewardship efforts at their facility. This module, which contains two options, was suspended in 2010 in order to retool it as an electronic data import module only. The Pharmacy Option focuses on antimicrobial usage, and the Microbiology Option focuses on antimicrobial resistance. In order to participate in either option, the facility will have to coordinate with their facility's providers of pharmacy and microbiology software to configure their systems to enable the generation of standard formatted file(s) to be imported into NHSN. The format provided for data submission follows the Health Level Seven (HL7) Clinical Document Architecture (CDA). Manual data entry will not be available for the new AUR Module.

AUR Pharmacy Option

- Anticipated launch early 2011
- Antimicrobial usage will be electronically captured from electronic medication administration record (eMAR) and/or bar coding medication administration (BCMA) systems
- If you would like to participate in this module and if you have eMAR/BCMA, please let your vendor know that you want them to enable their software to support this surveillance

AUR Microbiology Option

Anticipated launch early 2012

SAMS Update

Many of you have become aware of the intent of NHSN to replace the digital certificate with another means of user authentication. The NHSN team will start an internal pilot of the secure access management services (SAMS) system in the fourth quarter of 2010 and an external SAMS pilot is planned between the first and second quarters of 2011, with mass migration to follow. In the meantime, you should not delay enrolling in NHSN or renewing a soon-to-expire digital certificate because of the pending new authentication process. Please continue to check the Communications Updates section of the NHSN website for status reports on this topic.

NHSN Application Updates

The newest version of NHSN, version 6.3, was released on October 28th, 2010. Please read the notes below regarding a few important enhancements in this version.

	NHSN Updates
All Components:	<ul style="list-style-type: none"> • Confer Rights to Facility Identifiers: Facilities can now choose whether to confer rights to all of their facility identifiers, such as Facility Name, City, State. Note that only those facilities who <u>no</u> longer wish to share facility identifiers with a particular group will need to update their conferred rights. • Printable List of Locations: Facilities can now print a list of all locations set-up in their facility in NHSN. This includes both active and inactive locations. Go to Facility > Locations. Click “Find.” Above the Locations Table, click “Print Location List.”
Patient Safety Component:	<ul style="list-style-type: none"> • Standardized Infection Ratios (SIRs): SIRs have been added for CLABSI data. In addition, new SIRs have replaced all SSI rates. For details, please review the NHSN Newsletter Special Edition: Your Guide to the SIR, available at: NHSN e-News: SIRS Special Edition newsletter. • Statistics Calculator: A statistics calculator has been added as an option on the nav bar (under Analysis). This is a tool that was used in the legacy NNIS system and provides functionality for a user to compare two proportions, two SIRs, two incidence density rates, or compare an SIR to 1. • Printable List of Surgeons: Facilities can now print a list of all surgeons set-up in their facility in NHSN. This includes both active and inactive surgeons. Go to Facility > Surgeons. Click “Find.” Above the Locations Table, click “Print Surgeon List.”
Healthcare Personnel Safety Component:	<p>An Analysis Output Option has been added that will create an OSHA 300 log for Blood/Body Fluid Exposures.</p>



NHSN Questions & Answers

Q: Are non-absorbable sutures and surgical staples considered implants in NHSN?

A: Non-absorbable sutures are not considered implants, but staples are.

Q: When patients are admitted to an inpatient unit with a permanent (tunneled) pre-existing central line in place, which is not accessed during the hospitalization, are those days included in the central line-day count?

A: Permanent central lines should be included in the central line-day count beginning on the first day that they are accessed and continuing until the patient is discharged or the line is discontinued, whichever comes first. Therefore, if a patient is admitted with a permanent central line which is not accessed until hospital day 4, then the line should not be included in the line-

days count until day 4 and then included every day until the patient is discharged or the line is discontinued.

Q: Is a fall considered "trauma" when completing the Denominator for Procedure form for surgical site infection surveillance?

A: Yes, trauma is defined in NHSN as "blunt or penetrating traumatic injury." Therefore, if the surgery was performed because of a fall, for example, a hip arthroplasty following a fall, then indicate "yes" for the trauma field.

Q: The central line-associated bloodstream infection protocol states that "Ideally, blood specimens should be obtained from two to four blood draws from separate venipuncture sites...not through a vascular catheter....If your facility does not currently obtain specimens using this technique, you may still report BSIs using the criteria and notes

above but you should work with appropriate personnel to facilitate better specimen collection practices..." Does this mean that I have a choice whether or not to utilize positive blood cultures obtained through a vascular access device in my BSI surveillance?

A: No. Blood cultures collected by any means, either through venipuncture or collected through existing vascular catheters must be considered in your surveillance of BSI.

Did you know about...?

1 NHSN Expansion!

The NHSN team continues to undergo record growth having enrolled 340 new facilities in the last 60 days. Because of this increase, though we continue to strive to respond in as timely a manner as possible, it may take us a little more time to respond to your questions than it has in the past. To this end, we have recently added new staff members. Unfortunately, some NHSN users are sending the same question more than once in the hopes of getting a faster response. Doing so will not hasten our response but instead slow the system by clogging the mailbox. Of course, if you have not received a response within a week, please send an inquiry to the mailbox. Your cooperation is greatly appreciated. As a quick reminder, please remember that inquiries/questions should initially be sent via email to nhsn@cdc.gov.

2 New NHSN Team Members!

The NHSN Training and User Support team has recently added two new staff members to provide support to NHSN users. Henrietta Smith joins the team as a NHSN nurse consultant. She previously worked at WellStar Windy Hill Long-term Acute Care Hospital and WellStar Cobb Hospital both in Georgia. In addition, Amber Craggette provides NHSN help desk support. Recently, Amber moved from Virginia where she worked as a customer support representative at Military Distributors of Virginia.

The Centers for Disease Control and Prevention (CDC)

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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.

