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March 2019

NHSN E-Newsletter

CENTERS FOR DISEASE CONTROL AND PREVENTION

Inside this Issue:

NHSN Piloting Use of Federal Register Notice for Suggestions Related to Bloodstream Infection and Outpatient Procedure Component Protocols for 2020

NHSN is providing an opportunity for facilities, groups and individuals to identify issues and areas for potential improvement for consideration as CDC updates and maintains the Bloodstream Infection (BSI) surveillance and new Outpatient Procedure Component (OPC) protocols for 2020. Comments may be submitted for consideration via the Federal Register, beginning Thursday February 14, 2019 through Monday April 15, 2019. This will be the only format for submitting suggested modifications or comments regarding these two types of surveillance for 2019. Users submitting comments/suggested protocol changes to NHSN@cdc.gov will be referred to the Federal Register while it is active. The protocols are found at these locations:

BSI: https://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html

OPC: https://www.cdc.gov/nhsn/ambulatory-surgery/index.html

Please visit https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-01915.pdf for more information or to submit a comment. Follow the instructions provided.

We look forward to hearing from you!

PATIENT SAFETY COMPONENT

Updated Frequently Asked Questions (FAQs) Now Available

All of the Patient Safety Component Frequently Asked Questions (FAQs) have been updated and are found at https://www.cdc.gov/nhsn/faqs/faq-index.html.

Electronically Generated Data Accuracy

Because the importance of the accuracy of the data used to meet NHSN definitions cannot be overstated, NHSN has a requirement to verify accuracy of electronic capture of denominator data. It requires that any difference between electronically and manually collected denominator data for a given location be 5% or less (pre-validated for a minimum of three consecutive months)*. However, have you ever thought about the accuracy of the healthcare-associated infection (HAI) event data that is reported for your facility? Of course, accuracy of the HAI event data that is reported to NHSN is equally as important as that of the denominator data.

It is important for NHSN users to verify the accuracy of data that is reported to NHSN regardless of whether that data is collected and entered manually, or via an electronic method. Correct HAI event data reporting starts with the correct collection of the "elements" of NHSN HAI criteria such as temperature readings, microbiologic identification of organisms from body specimens or daily minimum PEEP and FiO2 values used for VAE determination, just to name a few. Is your electronic system collecting these data points accurately?   NHSN provides guidance for validation as it relates to reporting of events using Clinical Data Architecture (CDA) which can be found at https://www.cdc.gov/nhsn/cdaportal/datavalidation.html, but it cannot test for the correct collection of these "elemental" data points, whether reporting via CDA or via manual data entry. Therefore, it is **incumbent upon NHSN users** to verify the accuracy of all vendor system generated data or "home grown" electronically generated data used to meet NHSN infection definitions.

A period of parallel testing and comparison of both manual collection and determination as well as electronic collection and determination is the best way to identify any discrepancies that are present. This is a great way to identify incorrect manual application of the NHSN protocols and definitions, or problems with electronic capture of the data elements used in the electronic determination of HAI. Please consider incorporating this process if you have not already done so.

*Electronic Capture:

For any location, when denominator data are available from electronic sources for example central line days from electronic charting, these sources may be used as long as the counts are not substantially different (+/- 5%) from manually-collected, once a day counts, pre-validated for a minimum of three consecutive months.

Corrections to the NHSN Operative Procedure Codes

Corrections have been made to the 2019 operative procedure code documents listed below. The corrections are highlighted in green within the document (see screenshot below for example).

- ICD-10-PCS Procedure Code Mapping to NHSN Operative Procedure Codes
- Current Procedural Terminology (CPT) Procedure Code Mapping to NHSN Operative Procedure Codes
- ICD-10-PCS & CPT Codes – Guidance for HPRO & KPRO Procedure Details
- ICD-10 CM Diabetes Diagnostic Codes
- ICD-10-CM/PCS Codes for 'prior infection at hip or knee joint' denominator form question

The discharge ICD-10-CM codes included in this spreadsheet are acceptable for use to answer "YES" to "Diabetes Mellitus" to complete the NHSN Operative Procedure Details. The definition excludes patients who receive insulin for perioperative control of hyperglycemia but have no diagnosis of diabetes.

(reviewed 02-2019)

ICD-10-CM DIABETES DIAGNOSIS CODES	DESCRIPTIONS	Code Status
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	No Change
E08.3129	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	Add
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	No Change
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye	Add

Updated Guidance Related to the Use of the NHSN Operative Procedure Codes

1. **Where are the most current ICD-10-PCS and CPT operative procedure codes found?**
   - The current list of operative procedure codes are found on the NHSN website in the **"Supporting Materials"** section of the Acute Care Facilities module at http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html and the Ambulatory Surgery Centers module at http://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html.

   - Procedure code documents of past years are found on the NHSN Data Validation's webpage (https://www.cdc.gov/nhsn/validation/index.html) in the "Resources" section of the respective year.

2. **When reporting hysterectomy procedures to NHSN, what determines when a procedure is categorized as a <u>vaginal hysterectomy verses an abdominal hysterectomy</u>? Are there definitions for each of these procedures?**

   A trained medical coder, using current medical coding guidelines and conventions, should assign the correct procedure code (CPT and ICD-10-PCS) to the hysterectomy procedure.

   For the purpose of SSI reporting, the NHSN HYST - abdominal hysterectomy operative procedure category includes hysterectomy procedures / codes that involve an incision into the abdomen, including trocar insertion.

   The hysterectomy procedure approach (5th character of the ICD-10 operative procedure code assigned by a medical coder) identifies whether an abdominal incision was made and determines if the procedure is categorized as a NHSN HYST or VHYS.

3. **Why are there CPT codes that include "vaginal hysterectomy" in the procedure description included in the HYST-abdominal hysterectomy procedure category?**

   Hysterectomy procedures / codes that involve an incision into the abdomen, including trocar insertion are categorized as NHSN HYST - abdominal hysterectomy procedures; therefore, a few of the CPT codes that include "*laparoscopy, surgical, with **vaginal hysterectomy***" in the procedure description are included in the HYST procedure category. The use of a laparoscopic approach indicates that an incision was made into the abdomen.

Procedure Category	Procedure Code	Procedure Code Description	Code Status
HYST	58550	Laparoscopy, surgical, with **vaginal hysterectomy**, for uterus 250 g or less	Moved from VHYS
HYST	58552	Laparoscopy, surgical, with **vaginal hysterectomy**, for uterus 250 g or less; with removal of tubes(s) and /or ovary(s)	Moved from VHYS
HYST	58553	Laparoscopy, surgical, with **vaginal hysterectomy**, for uterus greater than 250 g	Moved from VHYS
HYST	58554	Laparoscopy, surgical, with **vaginal hysterectomy**, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Moved from VHYS

4. **Using the ICD-10-PCS codes, is there a quick way to know when to select "Scope = YES"?**
   ICD-10-PCS codes can be helpful in answering the scope question. The fifth character indicates the approach to reach the operative procedure site:

ICD-10 5th Character	Approach	NHSN Scope Designation
0	Open	NO
3	Percutaneous *(Included only in CRAN and VSHN categories-procedures with BURR holes)*	NO
4	Percutaneous endoscopic	YES
7	Via natural or artificial opening	NO
8	Via natural or artificial opening with endoscopic	NO
F	Via natural or artificial opening with percutaneous endoscopic assistance	YES

If the fifth character of the ICD-10-PCS procedure code is a four (4) or F then the field for scope should be YES.

Active Emergency Departments and 24 Hour Observation Areas for LabID Reporting

The LabID team would like to remind all acute care facilities participating in the Patient Safety Component to please confirm that all of your *active* emergency departments (ED) and 24-hour observation areas are included on all of your facility's monthly reporting plans for months in which FacWideIn MRSA bacteremia and *C. difficile* LabID data are reported. We recently sent targeted outreach via email to facilities where this scenario took place. We had a low response rate from this outreach, so we're taking this opportunity to remind all facilities about the importance of this requirement.

When a facility first adds the FacWideIn location to a monthly reporting plan for LabID reporting, NHSN will automatically populate all active ED and 24-hour observation areas to the plan. However, when new ED or 24-hour observation areas are mapped to your facility after monthly reporting plans are created, facilities need to manually add these recently mapped units to their plans starting with the months where patient data from these locations are first available for LabID reporting.

Particularly for active ED and 24-hour observation areas, the inclusion of these units on your reporting plan for all months of the quarter(s) in which the unit(s) were active and operational is required to ensure full compliance with NHSN and CMS reporting requirements, and in order to receive an accurate LabID Event SIR for your facility.

To review your monthly reporting plan records, click "Reporting Plan" > "Find" from the left navigation bar in NHSN and select the appropriate Month and Year. Ensure completed monthly reporting plans include all active required units for all 3 months of the reporting quarter.

For more information about how FacWideIn MRSA and CDI LabID data are risk adjusted, please see pages 36-40 of the NHSN Guide to the SIR: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf

REMINDER: All requirements for NHSN and CMS reporting of MRSA and CDI LabID are available at: https://www.cdc.gov/nhsn/cms/index.html.

Antimicrobial Use & Resistance Module Updates

Reporting 2018 AU Data & Validation Outreach for Neonatal Locations

As a reminder, please submit all outstanding 2018 AU data as soon as possible. The NHSN AU Team will be reviewing 2018 AU Option data from neonatal locations in early 2019 to begin developing SAAR models specifically for neonatal location types. To ensure the most reliable and accurate models, NHSN tentatively anticipates excluding all neonatal locations with 1 or more months of missing and/or invalid 2018 data from the modeling process. Therefore, to maximize the number and types of locations assessed, we highly encourage facilities to ensure reporting is complete for the year 2018.

Additionally, in order to maintain SAAR accuracy and reliability when creating new models, data quality is of the utmost importance and we encourage continued data validation. Many facilities have received emails regarding potential AU antimicrobial days and days present validation issues. We encourage facilities receiving these emails to review the location(s)/month(s) identified by the NHSN AU Team and work to correct and re-upload the data (if necessary) no later than April 30. Data not fixed/uploaded prior to April 30 will not be included in the SAAR modeling.

Five New AR Option Reports Added for 2019

In the December 2018 NHSN update, five new reports were added to the AR Option:

- AR Event Bar Chart – Displays a bar chart AR Option Events by location
- AR Denominator Line List – Lists AR Option FacWideIN patient day and admission denominator data by month
- AR Organisms Line Listing* – Lists AR events from your facility (or group) that met a specific antimicrobial resistant organism (or "phenotype") definition
- AR Frequency Table* – Displays a table of counts and percentages of the AR events from your facility (or group) that met a specific antimicrobial resistant organism definition
- AR Rate Table* – Displays the percent of isolates that tested non-susceptible or resistant to certain antimicrobials for each defined phenotype

Quick Reference Guides for each of these new AR reports are available on our AUR Module webpage under Analysis Resources: https://www.cdc.gov/nhsn/acute-care-hospital/aur/index.html.

*CDC has defined 16 AR Option phenotypes of epidemiologic importance. Criteria and definitions for the pre-defined phenotypes can be found here: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/ar-phenotype-definitions-508.pdf.

New Educational/Supplemental Materials Available

The AUR Module Team has been busy updating and creating new content for the AUR Module. The team updated all existing AUR Module Quick Reference Guides and created six new ones for AR Option reports:

- AR Event Bar Chart
- AR Option Facility-wide Antibiogram
- AR Option Denominator Line List
- AR Organisms Line List
- AR Organisms Frequency Table
- AR Organisms Rate Table

The team also updated the AU and AR Frequently Asked Questions and the List of Antimicrobial Agents Eligible for AUR Module and added a new resource containing details for the 2014 baseline SAAR. Head over to the NHSN AUR Module webpage to check out all of the updates and new content.

Errors uploading data to the AR Option:

Please note that in January 2019, NHSN made updates to AR Option drug panels. Following these updates, the AUR Module Team identified defects within the NHSN system that currently prevent AR events with *Citrobacter amalonaticus* and *Pseudomonas aeruginosa* from urine specimens, dated 2019, from successfully uploading. In both instances, import of the file fails when it should successfully pass. NHSN expects these defects to be resolved in the April 2019 NHSN update. NHSN will communicate with users once these defects are resolved.

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **May 15, 2019,** 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 4 (October 1 – December 31) CLABSI and CAUTI data
- All ICU locations
- All NICU locations (CLABSI only)
- Adult and pediatric medical, surgical, and medical/surgical wards

2018 Quarter 4 (October 1 – December 31) Inpatient COLO and HYST SSI data

2018 Quarter 4 (October 1 – December 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)
- FacWideIN
- ED and 24-hour observation locations

2018 Quarter 4 & 2019 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:

2018 Quarter 4 (October 1 – December 31) CLABSI and CAUTI data (all bedded inpatient care locations)

2018 Quarter 4 (October 1 – December 31) Inpatient COLO and HYST SSI data

2018 Quarter 4 (October 1 – December 31) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

2018 Quarter 4 & 2019 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

Inpatient Rehabilitation Facilities (IRFs) that participate in the Inpatient Rehabilitation Facility Quality Reporting Program:

2018 Quarter 4 (October 1 – December 31) CAUTI data (all bedded inpatient locations)

2018 Quarter 4 (October 1 – December 31) *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

2018 Quarter 4 & 2019 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data
- IRF units within acute care or critical access hospitals must submit a separate summary record specifically for the IRF unit: http://www.cdc.gov/nhsn/pdfs/training/vaccination/hcp-flu-vaccination-summary-reporting-irf-training-slides.pdf.

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the Long-Term Care Hospital Quality Reporting Program:

2018 Quarter 4 (October 1 – December 31) CLABSI and CAUTI data (all bedded inpatient locations)

2018 Quarter 4 (October 1 – December 31) *C. difficile* LabID Events (FacWideIN, all healthcare-onset, and community-onset)

2018 Quarter 4 & 2019 Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data

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

OUTPATIENT PROCEDURE COMPONENT

Reminders for OPC

The Outpatient Procedure Component (OPC) is up and running. Here are just a few reminders.

Ambulatory Surgery Center (ASC) Enrollment

To enroll in NHSN as an Ambulatory Surgery Center (ASC) the third digit of the CMS Certification Number (CCN) should be "C". This identifies the facility as an ASC.

> *The CCN is an alphanumeric 10-digit number; the first two digits represent the state identification number. The third digit is an alpha character that identifies the type of facility. The remaining 7-digits are the unique facility identifier.*

If the CCN is not known, the facility may use the National Provider Identifier (NPI) Number "Lookup Tool" found at https://www.qualityreportingcenter.com/asc/data/ccn / to cross-reference their CCN.

If the facility does NOT have a CCN at the time of enrollment, the facility should to contact NHSN at nhsn@cdc.gov for assignment of an NHSN Enrollment Number.

ASC Patient Safety Component Outpatient Procedure Data

Patient Safety Component (PSC) outpatient procedure data up to and including Oct 31, 2018, have been copied to and are viewable in the OPC. Although the PSC outpatient procedure data are copied and are viewable in OPC, these data may **only be edited in PSC.**

Analysis of PSC data may be done in OPC or PSC.

- If the analysis is done in OPC - calculations will be based on OPC risk models.
- If the analysis is done in PSC - calculations will be based on PSC risk models.

OPC risk models are being updated and will soon be available in the application.

Same Day Outcome Measures (SDOM) Module

SDOM includes four measures that are similar to the ASC Quality Reporting Program measures ASC 1-4. ***This module may be used to monitor adverse outcomes occurring after non-NHSN operative procedures as well as after NHSN operative procedures.***

SDOM includes:

- SDOM-1: Patient Burn - *unintended tissue injury caused by scalds, contact, fire, chemicals, electricity, or radiation*

- SDOM-2: Patient Fall - *sudden, uncontrolled, unintentional downward displacement of the body*

- SDOM-3: "Wrong" Event - *procedure performed is inconsistent with documented informed consent*

- SDOM-4: All-cause Hospital Transfer/Admission - *transfer/admission to hospital directly from the ASC for any reason*

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

2018   2017   2016

December
- December 2018 LTCF Newsletter
  Inside this Issue – Save the Date: 2019 NHSN LTCF Component Training, Long-term Care Facility Component 2018 Annual Facility Survey, Upcoming Webinars, NHSN LTCF Reporting & Surveillance Home Page , 2019 NHSN LTCF Component Updates, and more.

September
- September 2018 LTCF Newsletter
  Inside this Issue – Recap: 2018 NHSN LTCF Component Training, Now Available! 2018 NHSN LTCF Training Presentations, Low-Resolution NHSN Training Presentations, Director's Recognition Award: Training on Antibiotic Stewardship Team, Prevention Process Measures Module, LTCF Data Validation Guidance, and more.

HEALTHCARE PERSONNEL SAFETY COMPONENT

Guidance for Acute Care Facilities: Healthcare Personnel Influenza Vaccination Summary Data Reporting for the 2018-2019 Influenza Season

In the December 2018 NHSN Newsletter, CDC provided information on recent changes to Centers for Medicare and Medicaid Services (CMS) reporting requirements for healthcare personnel (HCP) influenza vaccination summary data. Outpatient departments of acute care facilities were included in the list of facilities no longer required to report HCP influenza vaccination summary data to NHSN beginning with the 2018-2019 influenza season.

However, due to feedback from several facilities on the feasibility and burden of trying to separate the inpatient and outpatient counts, CMS and CDC provided guidance on February 7, 2019, to clarify that the HCP Influenza Vaccination Summary Measure does not separate out HCP who only work in the inpatient or outpatient areas, or work in both. Therefore, facilities are allowed to collect and submit a single vaccination count to include all HCP that meet the criteria, regardless of whether HCP work in inpatient or outpatient areas. The combined count should be entered into a single influenza vaccination summary data entry screen in NHSN. This includes all units/departments, inpatient and outpatient, that share the exact same CMS Certification Number (CCN) as the hospital and are affiliated with the acute care facility.

In other words, beginning with the 2018-2019 influenza season, users should follow the guidance below when making determinations about which areas of the acute care facility to include when reporting HCP influenza vaccination summary data to NHSN as part of the Hospital Inpatient Quality Reporting Program:

- **Include** all inpatient units/departments of the acute care facility sharing the exact same CCN (100% identical) as the acute care facility, regardless of distance from the facility.

- **Include** all outpatient units/departments of the acute care facility sharing the exact same CCN (100% identical) as the acute care facility, regardless of distance from the facility.

- **Exclude** all inpatient and outpatient units/departments of the acute care facility with a different CCN (even if different by only one letter or number) from the acute care facility.

This guidance supersedes any specific information that CDC had provided regarding reporting for the CMS Hospital Inpatient Quality Reporting Program, including information presented during the January 2019 webinars that CDC hosted for acute care facilities.

Training Materials
Training materials incorporating this guidance have been posted at: www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html.

Questions
If you have further questions about this reporting, please contact the following groups:

- **NHSN**
  nhsn@cdc.gov (Please include 'HPS Flu Summary-Acute Care' in the subject line of your message)

- **CMS support contractor for the Hospital Inpatient Quality Reporting Program**
  InpatientSupport@viqrc1.hcqis.org or toll-free at (844) 472-4477

BIOVIGILANCE COMPONENT

Hemovigilance Module – Recently Published Articles

Evaluation of the National Healthcare Safety Network Hemovigilance Module for transfusion-related adverse reactions in the United States

https://onlinelibrary.wiley.com/doi/full/10.1111/trf.15008

Transfusion-Transmitted Infections Reported to the National Healthcare Safety Network Hemovigilance Module

https://www.sciencedirect.com/science/article/pii/S0887796318301044

GENERAL NHSN INFORMATION

NHSN Training Updates

The 2019 NHSN Annual Training will take place March 25 – 29, 2019 – we look forward to seeing you in Atlanta, GA or providing virtual training for those attending via the Live Webstream!

The training will feature presentations on the general changes for NHSN Patient Safety Component surveillance and provide participants the information and tools necessary to identify, report, and analyze Ventilator-associated Events (VAE), Pediatric Ventilator-associated Events (PedVAE), Catheter-associated Urinary Tract Infections (CAUTI), Central Line-associated Blood Stream Infections (CLABSI), Secondary Bloodstream Infection (BSI) and Site-Specific Infections, Surgical Site Infections (SSI), MRSA Bacteremia and C. difficile LabID events. Additionally, the course will feature presentations on validation of healthcare-associated infection data and data quality, reporting and analysis of antibiotic use and resistance data, the Outpatient Procedure Component (OPC), and information on the upcoming NHSN Neonatal Component.

Training information, agenda, and links to the webstream are available here: https://www.cdc.gov/nhsn/training/annualtraining.html (please note the site will no longer be accessible after March 29, 2019).

The archived webstream video of each session and all presentation slides will be posted to the NHSN website in the coming months, and NHSN will provide a notification when these are available. If you have questions about the training, please contact us at NHSNTrain@cdc.gov

Continuing Education
Continuing Education (CE) credits will be available later in the spring for those watching the NHSN Training via webstream. NHSN will send an announcement with instructions on how to obtain CE credits once online training and CE credits are available. CEs that will be available include CME, CNE, CPH, and CEU. Please contact NHSNTrain@cdc.gov with any questions regarding continuing education for NHSN training activities.

NHSN v9.3 (April 27, 2019)
- New CDAs coming in release 9.3 are based on R3-D3 implementation guide
  - R3-D3 Dialysis Summary will be a valid CDA import post 9.3 deployment. It will contain data for "Report No Events".
  - Both Dialysis summary versions (R3-D3 and R3-D1) will be accepted for 2019 Dialysis summary data.

- Important CDA-related defects included:
  - Antimicrobial Resistance (AR) CDA – NHSN will validate the location of specimen collection and accept only specimens collected in valid inpatient and outpatient locations per the NHSN AR Option protocol
  - Antimicrobial Resistance (AR) CDA – MIC data for the first drug in the file will be correctly saved to the database

Update for CDA Direct Automation
- At this time, 6293 facilities from 15 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.

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 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	Oct. 1, 2016 - Sept. 30, 2017	Jan. 1, 2017 - Dec. 31, 2017	April 1, 2017 - March 31, 2018	July 1, 2017 - June 30, 2018	Oct. 1,2017 - Sept. 30, 2018
Blood Stream Infection	40%	42%	43%	45%	46%
Urinary Tract Infection	38%	39%	40%	42%	43%
Surgical Site Infection	29%	31%	33%	36%	38%
Laboratory Identified Event	54%	56%	58%	60%	61%
Central Line Insertion Practices (CLIP)			20%	20%	21%
Dialysis Central Line Insertion Practices (CLIP)			0%	0%	0%
Dialysis Event	66%	71%	73%	73%	73%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%
Surgical Procedure - **via CDA**	32%	32%	32%	32%	32%
Surgical Procedure - **via CSV**	56%	56%	56%	58%	58%
ICU /Other Summary	22%	22%	23%	24%	25%
SCA/ONC Summary	24%	25%	25%	27%	29%
NICU Summary	21%	22%	23%	24%	25%
MDRO Summary	6%	6%	7%	7%	7%
Dialysis Summary	52%	56%	55%	55%	54%
Antimicrobial Use	100%	100%	100%	100%	100%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%
Hemovigilance Summary	0%	0%	0%	0%	0%

NHSN Help Desk Activity Update

Quarter 1, 2019

(Averages)

1,318 Email Inquiries per Week

21 Facilities Enrolled per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of March 15, 2019):

6,774 Hospitals (this includes 469 Long-term Acute Care Hospitals and 360 Free-standing Inpatient Rehabilitation Facilities)

7,450 Outpatient Hemodialysis Facilities

4,570 Ambulatory Surgery Centers (ASCs)

2,967 Long-term Care Facilities

21,761 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.

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