Volume 9, Issue 3
September 2014

New NHSN Newsletter Format!

Based on user feedback, NHSN has modified the NHSN Newsletter format to make it easier for users to navigate to the appropriate articles for their facility type and NHSN Component participation. The Newsletter has been split into NHSN Component-specific sections: Patient Safety, Long Term Care Facility, Healthcare Personnel Safety, Dialysis, Biovigilance, and general NHSN information. Users can use the direct links in the Table of Contents below to navigate to the exact section of the Newsletter they wish to read.

Inside this issue:

The Centers for Disease Control and Prevention (CDC)

NHSN e-News

Patient Safety Component

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **November 15, 2014** for facilities that participate in certain CMS quality reporting programs.

Acute Care Hospitals that participate in the Hospital Inpatient Quality Reporting (IQR) Program:
2014 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data (ICU locations only)
2014 Quarter 2 (April 1 – June 30) COLO and HYST SSI data
2014 Quarter 2 (April 1 – June 30) MRSA Bacteremia and C.difficile LabID Events (FacWideIN, all HO and CO)

Cancer Hospitals that participate in the PPS-Exempt Cancer Hospital Quality Reporting Program:
2014 Quarter 2 (April 1 – June 30) CLABSI and CAUTI data (all bedded inpatient care locations)
2014 Quarter 2 (April 1 – June 30) COLO and HYST SSI data

Inpatient Rehabilitation Facilities (IRFs) that participate in the IRF Quality Reporting Program:
2014 Quarter 2 (April 1 – June 30) CAUTI data (all bedded inpatient locations)

Long-Term Acute Care Facilities (LTACs/LTCHs) that participate in the LTCH Quality Reporting Program:
2014 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (all bedded inpatient locations)

Please make sure at least one individual at your facility can access NHSN via an active digital certificate or SAMS and has been assigned appropriate user rights in NHSN so they may enter and view the facility's data. To ensure your data have been correctly entered into NHSN, please make sure to 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: http://www.cdc.gov/nhsn/cms/index.html.

If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov.

New NHSN Reporting to fulfill CMS Quality Reporting Programs

CMS has recently finalized requirements for their quality reporting programs. Below is a list of the recently finalized requirements along with previously finalized requirements for reporting in NHSN that will be going into effect on either October 1, 2014 (for the 2014-2015 influenza season) or January 1, 2015.

Acute Care Hospitals that participate in the CMS Hospital Inpatient Quality Reporting (IQR) Program:
Beginning with this 2014-2015 influenza season, acute care hospitals should begin reporting healthcare worker influenza vaccination summary data from personnel working in hospital outpatient departments along with the counts from personnel working in the inpatient locations of the acute care hospital. The reporting period for this new requirement is October 1, 2014 – March 31, 2015. For more information on training materials please see the article "Reminders for 2014-2015 Influenza Vaccination Summary Data Reporting" on page 18 of the newsletter.

Beginning January 1, 2015, acute care hospitals should begin reporting CLABSI and CAUTI data from all patient care locations that are mapped as NHSN adult and pediatric medical, surgical, and medical/surgical wards, in addition to the ongoing reporting from ICUs. For more information on how to map these units appropriately within your NHSN facility, please see the article "Mapping locations for CMS IPPS 2015 CLABSI and CAUTI Reporting" on page 12 of the newsletter.

(New NHSN Reporting continued on Page 3)

New NHSN Reporting to fulfill CMS Quality Reporting Programs (continued)

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

There are no additions to the reporting requirements for PPS-Exempt Cancer Hospitals for 2015.

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

Beginning with this 2014-2015 influenza season, IRFs should begin reporting healthcare worker influenza vaccination summary data. The reporting period for this new requirement is October 1, 2014 – March 31, 2015. For more information on training materials please see the article "Reminders for 2014-2015 Influenza Vaccination Summary Data Reporting" on page 19 of the newsletter.

Beginning January 1, 2015, IRFs should begin reporting MRSA Bacteremia and C.difficile LabID Events by location from all CMS IRF units within acute care hospitals or at the facility wide inpatient level (FacWideIN) if free-standing. For more information on this new requirement and how to correctly report these events, please see the article "New Reporting for Inpatient Rehabilitation Facilities (IRFs): MRSA & CDI LabID Events" on page 13 of the newsletter.

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

Beginning with this 2014-2015 influenza season, LTACs should begin reporting healthcare worker influenza vaccination summary data. The reporting period for this new requirement is October 1, 2014 – March 31, 2015. For more information on training materials please see the article "Reminders for 2014-2015 Influenza Vaccination Summary Data Reporting" on page 19 of the newsletter.

Beginning January 1, 2015, LTACs should begin reporting MRSA Bacteremia and C.difficile LabID Events at the facility wide inpatient level (FacWideIN). For more information on this new requirement and how to correctly report these events, please see the article "New Reporting for Long Term Acute Care facilities (LTACs): MRSA & CDI LabID Events" on page 13 of the newsletter.

Ambulatory Surgery Centers (ASCs) that participate in the CMS ASC Quality Reporting Program:

Beginning with this 2014-2015 influenza season, ASCs should begin reporting healthcare worker influenza vaccination summary data. The reporting period for this new requirement is October 1, 2014 – March 31, 2015. For more information on training materials please see the article "Reminders for 2014-2015 Influenza Vaccination Summary Data Reporting" on page 19 of the newsletter.

The complete list of CMS reporting requirements and due dates can be found here:

- Reporting Requirements and Deadlines in NHSN per CMS Current Rules: http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements-Deadlines.pdf.
- Healthcare Facility HAI Reporting Requirements to CMS via NHSN - Current and Proposed Requirements: http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf.

NHSN HAI Surveillance Changes for 2015

Use of NHSN has expanded remarkably over recent years due to CMS quality improvement programs and state mandates that require a variety of healthcare facility types to report multiple healthcare-associated infections (HAIs) and other process of care measures into the system. These new uses and users of the system have prompted new scrutiny of the NHSN definitions and criteria for HAIs and other reportable events, and further examination of the business rules CDC uses to build and maintain the NHSN application. CDC's own, in-depth assessment of NHSN, coupled with invaluable feedback from system users and subject matter experts, have led to important changes in definitions, criteria, and business rules, all of which are intended to enhance the system's performance and produce new benefits for patient and healthcare worker safety. These revisions are intended to better organize, update, simplify, and align criteria and definitions, and at the same time decrease subjectivity and improve ease of data collection and entry. We strive to maintain epidemiologic standardization and clinical relevance, while increasing potential for more purely electronic data capture. The goal is to deliver a reliable source of high quality data for analysis and action at the facility, local, state, and national levels.

The revisions and enhancements that are described on the following pages will be implemented in the NHSN application in late-January 2015. By introducing the definition and criteria changes for several HAIs simultaneously in January 2015, and retaining definitions and criteria previously established for other HAIs, CDC will be able to use this single calendar year as the new baseline year for its HAI SIR calculations. The 2015 data reported to NHSN will provide the baseline for calculating the SIRs for 2016 and subsequent years. SIRs calculated for the 2015 data will use the current older baselines. CDC has no near-term plans for revising the HAI definitions and criteria any further beyond these changes. The primary impetus for future changes to HAI definitions and criteria is likely to come from the increasing use of electronic health record systems and the opportunity to take greater advantage of healthcare data in electronic form for surveillance purposes. When changes are made again to NHSN, users will see a very strong move to fully electronic capture of required data and determination of reported events. The timeline for these next changes is currently 3-5 years. We thank our users for their continuous support and efforts to maintain data accuracy, integrity, and reliability, through careful attention to the definitions and criteria put forth in the NHSN protocols and guidance.

The following changes will be included in the NHSN Protocols for 2015. NHSN users are to implement these new protocols and reporting guidelines for all numerators and denominators with dates of January 1, 2015 and forward.

General NHSN HAI Changes

1. NHSN will move away from framing elements of an infection criterion using a "gap day" methodology. Instead all elements of a specific infection criterion will be required to occur within a set time period which will be known as the NHSN Infection Window Period defined below.

    - **NHSN Infection Window Period (Does NOT apply to SSI, VAE, or LabID Event surveillance):**
      The NHSN Infection Window is defined as the 7-day period during which all site-specific infection criterion must be met. It includes the day the first positive diagnostic test, that is an element of the site-specific criterion, was obtained (i.e., laboratory specimen collection date, imaging test date, procedure or exam date, physician diagnosis, initiation of treatment), the 3 calendar days before and the 3 calendar days after. For site specific infection criterion that do not include a diagnostic test, the first documented localized sign and/or symptom that is an element of the NHSN infection criterion should be used to define the window period (e.g., diarrhea, site specific pain, etc.).

      The diagnostic test included as part of each site-specific infection criterion will be used as the starting point for defining an NHSN infection and the surrounding NHSN Infection Window Period. Gap Days will no longer be used to determine fulfillment of infection criteria.

(General NHSN HAI Changes continued on Page 5)

NHSN HAI Surveillance Changes for 2015 (continued)

General NHSN HAI Changes (continued)

2. The NHSN Date of Event will change in 2015 from the date of the last element of the infection criterion to the date of the first element of the infection criterion.

   - **Date of Event (Event Date) - (Does NOT apply to VAE or LabID Event surveillance) -** The date of event is the date that the first element used to meet a CDC/NHSN site-specific infection criterion occurs for the first time within the defined seven-day infection window period.

     Note that the Date of Event will still be used to distinguish between infections that are Present on Admission (POA) and those that are Healthcare-associated Infections (HAI). Any infections with Date of Event during the POA timeframe (i.e., the day of admission, 2 days before, and the day after) are considered POA. Those with Date of Event on or after hospital day 3, with the day of admission to an inpatient location being day 1, are healthcare-associated infections for NHSN surveillance.

3. In 2015, NHSN will institute a **Repeat Infection Timeframe (RIT) (Does NOT apply to SSI, VAE, or LabID Event surveillance).** The RIT is a 14-day period during which repeat infections of the same type will not be reported to NHSN. If additional site specific specimens are collected within the RIT and new pathogens are identified those pathogens should be added to the original infection.

   The RIT will mean that facilities will no longer have to determine if symptoms of a previous infection have resolved and/or treatment completed in order to identify a new infection. Instead, no new same-type infections will be allowed to be reported within 14 days of each other, with the Date of Event for the first infection, being day 1 of the RIT.

4. NHSN will use a **Secondary Bloodstream Infection (BSI) Attribution Period** to determine the time period during which, a BSI, can be attributed as secondary to another infection site, if all other required guidelines (i.e. Secondary BSI Guideline) are met. This time period will include the Infection Window Period of the primary infection as well as that infection's Repeat Infection Timeframe (RIT). The length of this attribution period will vary from 14-17 days, depending on where the date of event falls within the Infection Window Period. (The secondary BSI attribution period does not apply to SSI, VAE, or LabID Event surveillance. See the secondary BSI attribution time period information in the 2015 NHSN Patient Safety Component manual for more information about BSIs secondary to SSIs.)

   More guidance for all of these definitions will be provided in the NHSN Manual which will be distributed before the New Year, as well as by Hot Topic webinars that will be posted to the NHSN Training website by mid-December.

5. The definitions for infections found in the chapter "CDC/NHSN Surveillance Definitions for Specific Types of Infections" (i.e. Chapter 17 of the NHSN manual) have been updated. The infection definitions in this chapter of the NHSN Patient Safety Component Manual had not been updated in a thorough and significant manner since the late 1990s. As a result many of the definitions were out of date. Because these criteria are used not only to identify primary infections, but also as a tool of the Secondary BSI Guide to distinguish between primary and secondary BSI, they have been reviewed and updated by CDC staff to better reflect current diagnostic tests/procedures and likelihood of secondary BSI. Since the changes are many, we encourage surveillance staff to review them in their entirety and perhaps to print the finalized NHSN Protocols when they become available in early December so as to have available while performing HAI surveillance

NHSN HAI Surveillance Changes for 2015 (continued)

BSI Changes

Definitional Change: Secondary Bloodstream Infections (BSI) Guide

- Determination that an organism in a blood culture is a "logical pathogen" for another specific site of infection will no longer be used as part of the NHSN Secondary BSI.
- In order to qualify as a secondary BSI, the positive blood culture must occur within the NHSN Infection Window for the primary infection or the Repeat Infection Timeframe (RIT). (See definitions for the NHSN Infection Window and RIT in the "General NHSN HAI Changes" section above.)

Additional Protocol Change

- Core temperatures will no longer be required to document infant fevers. The documented temperature should be used in all NHSN HAI surveillance. Do not convert any temperatures based on route, even if hospital policy exists to say otherwise.

Reducing NHSN Data Collection Burden: Introduction of Once-Weekly Sampling for CLABSI & CAUTI Denominator Data

In January 2015, NHSN will introduce an alternative method for collecting NHSN CLABSI and CAUTI denominator data for use in eligible ICU and ward location types. This method reduces staff time spent on manual collection of denominator data by requiring data collection on the number of patient-days and central-line days or urinary-catheter days on just a single day once a week (for example, on every Tuesday) during a month, but also requires the total number of patient-days for the month. Upon entry of the collected monthly data into NHSN, an estimate of central-line days or urinary-catheter days will be automatically calculated and used for CLABSI and CAUTI denominator data.

To ensure the accuracy of the estimated denominator data, only ICU and ward location types with 75 or more device-days per month are eligible to use this alternative method. Review of your prior year of CLABSI or CAUTI denominator data in NHSN will help determine which locations are eligible. The traditional method (counting every day of a month) for CLABSI and CAUTI denominators remains available for all NHSN users. The alternative method of data collection was tested rigorously[1-3] in a variety of NHSN locations. More detailed instructions on use of the alternative method will be included in the 2015 NHSN Protocol.

1: Klevens M et al. Sampling for collection of central line day denominators in surveillance for healthcare-associated bloodstream infections. ICHE 2006;27:338-42.
2: Thompson ND et al. Evaluating the Accuracy of Sampling to Estimate Central Line–Days: Simplification of NHSN Surveillance Methods. ICHE 2013;34(3):221-228.
3: See I et al. IDWeek 2012 (Abstract #1284): Evaluation of Sampling Denominator Data to Estimate Urinary Catheter- and Ventilator-Days for the NHSN. San Diego, California. October 19th, 2012.

UTI Changes

Definitional Changes

The Urinary Tract Infections (UTI) definitions will no longer include:

- Symptomatic UTI (SUTI) criteria 2 and 4 due to removal of the following elements:
  - Colony counts of less than 100,000 CFU/ml
  - Urinalysis results
- Urine cultures that are positive only for yeast, mold, dimorphic fungi, or parasites
- Uropathogen List for Asymptomatic Bacteremic UTI (ABUTI)

Additional Protocol Changes

1. Scenario:
   - Patient is > 65 years of age, AND
   - Patient has not had an indwelling urinary catheter on the day of ABUTI or the day before, AND
   - Patient meets all other ABUTI definitional requirements

   Previous to January 1, 2015 in the above scenario, the patient would not have met the ABUTI criteria because all UTI symptoms, including fever were excluded. For 2015, since fever alone is not a specific symptom of UTI in non-catheterized, elderly patients (i.e., > 65 years of age) presence of fever alone will not exclude ABUTI in this population only.
2. Users will also note that the seldom used symptom "dysuria" can no longer be used to meet the infant criteria for SUTI (SUTI 4).
3. Core temperatures will no longer be required for infant fevers. Additionally, for all NHSN HAI surveillance, no conversion of temperatures based on route should be performed, even if hospital policy exists to say otherwise. Instead, facilities will use the documented temperature for all NHSN HAI surveillance.
4. The SUTI 1a criterion will be changed, in part, to read "Patient has an indwelling urinary catheter **in place for the entire day on the date of event** and such catheter had been in place for > 2 calendar days, on that date (day of device placement = Day 1)."

What These Changes Mean for Facilities Reporting UTIs to NHSN in 2015

- Only urine cultures with a colony count of at least 100,000 CFU/ml for at least one bacteria will be used to meet NHSN UTI criteria.
- Only bacteria will be accepted as causative organisms of UTI.
- ABUTI criteria will use the same pathogen list as SUTI.

VAE Changes

1. **The third tier of the VAE algorithm will be consolidated and represented as one specific event: PVAP.**
   The PVAP specific event will replace possible VAP and probable VAP specific events in the third tier of the VAE surveillance algorithm. This modification provides simplification and addresses issues related to differences in how laboratories process specimens and report findings. This change is also consistent with the plan for analysis where possible VAP and probable VAP will be combined.

   After satisfying the requirements of the VAC and IVAC definitions there will be three pathways to satisfy the PVAP definition:
   i. Quantitative or semi-quantitative equivalent culture result meeting specified growth thresholds, without purulent respiratory secretions
   ii. Culture result that does not satisfy the specified quantitative or semi-quantitative equivalent growth thresholds, with purulent respiratory secretions
   iii. Other positive laboratory test (positive pleural fluid culture, lung histopathology, diagnostics for *Legionella* or specified respiratory viruses)

2. **Pathogens typically acquired from the environment and that are either not known to be acquired in healthcare settings or have rarely been reported to be healthcare-associated will no longer be available for meeting the PVAP definition.**
   The following community associated fungal pathogens will be excluded:
   - *Cryptococcus*
   - *Histoplasma*
   - *Coccidioides*
   - *Paracoccidioides*
   - *Blastomyces*
   - *Pneumocystis*

3. **An exception regarding the selection of daily minimum PEEP and FiO2 settings will be provided:**
   The daily minimum PEEP and FiO2 values are defined as the lowest values during a calendar day that are set on the ventilator and maintained for at least 1 hour. An exception to this rule will occur when there is no value documented to have been maintained for at least 1 hour during a calendar day. In that circumstance, the daily minimum value will be represented by the lowest value documented for that calendar day. This modification provides simplification and consistency for determining the daily minimum PEEP/FiO2 in select circumstances.

   Examples of when this exception may apply include the following:
   - Ventilator support is initiated late in the calendar day
   - Ventilator support is removed early in the calendar day
   - Ventilator settings are changed frequently throughout the calendar day such that no setting is maintained for >1 hour

4. **Collection and reporting of a new denominator, Episodes of Mechanical Ventilation (EMV) will be introduced for VAE surveillance.**
   EMV will be an optional denominator for VAE surveillance only. Ventilator Days and APRV days will continue to be required denominators.

PNEU/VAP Changes

1. **Purulent sputum will be determined by Gram's stain / direct exam result, using the same definition defined in the VAE surveillance protocol.**
   This laboratory confirmation is required to provide consistency since written clinical descriptions of purulence are highly variable.
   - Purulent sputum will be defined as secretions from the lungs, bronchi, or trachea that contain >25 neutrophils and <10 squamous epithelial cells per low power field (x100).
   - Because some clinical laboratories may use different result reporting formats for direct examinations of respiratory secretions, additional instructions for using the purulent respiratory secretions criterion will be provided.

2. **Pathogen exclusions for meeting PNEU/VAP definitions will mirror the VAE protocol pathogen exclusions.**
   Pathogens that are not likely etiological agents of pneumonia and those typically acquired from the environment that are either not known to be acquired in healthcare settings, or have rarely been reported to be healthcare-associated will be excluded.
   - Yeast, coagulase negative *Staphylococci*, *Enterococcus* will be excluded unless isolated from lung tissue or pleural fluid when meeting PNU2 and PNU3 definitions. *Candida* spp. will continue to be included as a pathogen for meeting PNU3 (immunocompromised patients).
   - Community associated fungal pathogens will be excluded for use in meeting PNEU definition (PNU2, PNU3):
     - *Cryptococcus*
     - *Histoplasma*
     - *Coccidiodes*
     - *Paracoccidioides*
     - *Blastomyces*
     - *Pneumocystis*

3. **Pathogen reporting and secondary bloodstream infection attribution for the PNU1 definition will not be permitted. If blood cultures are collected and pathogens are identified within the RIT then the PNU1 infection could be modified to PNU2 per protocol definitions.**

SSI Changes

1. **Infection Present at Time of Surgery**
   Infection present at time of surgery (PATOS) will be a new field on the SSI Event form. PATOS denotes that an infection is present at the start of, or during, the index surgical procedure (in other words, it is present preoperatively).
   - PATOS doesn't apply if there is a period of wellness between the time of a preoperative condition and surgery.
   - The infection must be noted/documented preoperatively or found intraoperatively in a pre-operative or intraoperative note.
   - Only select PATOS = YES if it applies to the depth of SSI that is being attributed to the procedure (e.g., if a patient had evidence of an intraabdominal infection at the time of surgery and then later returns with an organ space SSI the PATOS field would be selected as a YES. If the patient returned with a superficial or deep incisional SSI the PATOS field would be selected as a NO).
   - The patient does not have to meet the NHSN definition of an SSI at the time of the primary procedure but there must be surgeon notation that there is evidence of infection or abscess present at the time of surgery.
     - Example: Patient admitted with an acute abdomen, to OR for XLAP with finding of an abscess due to ruptured appendix, and an APPY is performed. Patient returns 2 weeks later and meets criteria for an organ space IAB SSI. The PATOS field would be selected as YES on the SSI event.
     - Example: Patient is admitted with a ruptured diverticulum and the surgeon notes that there are multiple abscesses in the intraabdominal space. Patient returns 3 weeks later and meets criteria for a superficial SSI. The PATOS field would be selected as NO, since there was no documentation of evidence of infection or abscess of the superficial area at the time of the procedure.
   - SSIs reported with PATOS = YES will be excluded from the SSI SIRs beginning with 2016 data and the new baseline. These excluded SSIs will be analyzed separately.

(SSI Changes continued on Page 9)

SSI Changes (continued)

2. **HPRO and KPRO Revision Procedures**

   For revision HPRO and KPRO procedures: If total or partial revision HRPO or KPRO is performed, also evaluate if any of the following ICD-9 diagnosis or procedure codes (below) were coded in the 90 days prior to and including the index HPRO or KPRO revision.

   - If any of the specified codes are recorded, mark yes on the denominator for procedure form to the data field "...was the revision associated with prior infection at index joint?"
   - It is not necessary to review the medical record for additional details concerning the prior infection; this variable is defined solely by the presence of one or more of the following ICD-9 codes associated with the index HPRO or KPRO procedure in the 90-day preoperative (including index revision) period.
     - 84.56 - Insertion or replacement of (cement) spacer
     - 84.57 - Removal of (cement) spacer
     - V88.21 - Acquired absence of hip joint, with or without the presence of an antibiotic - impregnated spacer
     - V88.22 - Acquired absence of knee joint, with or without the presence of an antibiotic - impregnated spacer

     Complications peculiar to certain specified procedures, infection and inflammatory reaction due to internal prosthetic device, implant and graft (extensions of 996, 996.6):
     - 996.60 - Due to unspecified device, implant and graft
     - 996.66 - Due to internal joint prosthesis
     - 996.67 - Due to other internal orthopedic device, implant, and graft
     - 996.69 - Due to other internal prosthetic device, implant, and graft
   - The prior infection at index joint field will be used as a new risk factor to be considered in the risk adjustment models for the new HPRO and KPRO 2015 baselines.

3. **Diabetes**

   Along with the current NHSN definition of diabetes, assignment of the discharge ICD-9 codes in the 250 to 250.93 range will be acceptable for use to answer YES to this diabetes field question.

4. **Change in "Scope" Field Reporting Instruction**

   The reporting instruction for answering the SCOPE risk factor field will be updated. The instruction regarding the extension of a scope site will be removed. New instruction in the Table of Instructions will be: Check Y if the NHSN operative procedure was coded as a laparoscopic procedure performed using a laparoscope/robotic assist, otherwise check N.

5. **Definition of an Inpatient and Outpatient for Reporting NHSN Operative Procedures and SSI Events**

   NHSN is reviewing the current definition and may be making revisions. We will notify users as soon as a final decision has been made.

6. **Transition to ICD-10-CM/PCS codes**

   CDC continues to work on updated ICD-10-CM/PCS and CPT mappings to all NHSN operative procedure categories for SSI surveillance. These mappings are anticipated to be available by March 2015. ICD-10-CM/PCS codes will replace ICD-9-CM codes on October 1, 2015 but NHSN will not have the ability to receive these codes until the January 2016 release. The NHSN guidance for entry of surgical denominator data for the last quarter of 2015 data is to enter the NHSN Procedure Code (e.g. COLO or HYST) but do not enter any ICD-10-CM/PCS codes associated with the procedure.

MDRO & CDI Changes

1. **Facility-wide Inpatient (FacWideIN) Monthly Denominator Reporting for Acute Care Hospitals (ACHs)**
   For 2015 FacWideIN LabID Event reporting, acute care facilities are now required to exclude and indicate that inpatient locations that have a CCN that is different from the acute care facility (even if only different by a single letter in the 3rd position) have been removed from monthly FacWideIN denominator counts (patient days and admissions). Locations that will now be excluded may include but are not limited to inpatient rehabilitation facilities (IRFs) or inpatient psychiatric facilities (IPFs). If there are other locations within your facility that have separate CCNs for which you need further guidance, please contact the NHSN Helpdesk: NHSN@cdc.gov.

   Below is a screenshot of the 2015 MDRO & CDI summary data form showing the new fields that will be required in NHSN after the January 2015 update.

MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting

Page 1 of 2

*required for saving	**conditionally required based upon monitoring selection in Monthly Reporting Plan		
Facility ID #: _____	*Month: _____	*Year: _____	*Location Code: _____
Setting: Inpatient **Total Facility Patient Days: _____	**Total Facility Admissions: _____		
Setting: Outpatient (or Emergency Room) Total Facility Encounters: _____			
If monitoring MDRO in a FACWIDE location, then subtract all counts from patient care units with separate CCNs (IRF, IPF, etc.) from Totals:			
**MDRO Patient Days: _____	**MDRO Admissions: _____	**MDRO Encounters: _____	
If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with separate CCNs (IRF, IPF, etc.) as well as NICU & Well Baby counts from Totals:			
**CDI Patient Days: _____	**CDI Admissions: _____	**CDI Encounters: _____	

   As shown on the form, acute care facilities following FacWideIN surveillance will be required to show removal of the counts from locations with different CCNs. First the facility will enter a total count of patient days and admissions inclusive of all locations physically located in the hospital. Then the facility will enter the patient days and admissions of those denominator counts for the facility minus those locations with a separate CCN (e.g., IRF/IPF). Further guidance for this updated reporting requirement will be provided in the coming months.

2. **MDRO and CDI LabID Event reporting for facility-wide inpatient (FacWideIN) will also require location-specific surveillance for that same organism in each emergency department(s) (pediatric and adult) and 24-hour observation location(s).**
   Facilities participating in FacWideIN LabID Event reporting will be required to map and report outpatient LabID Events from emergency departments and 24-hour observation locations for the same organism and LabID Event type (i.e., All Specimens or Blood Specimens only). This means facilities will no longer assign the admitting inpatient location to LabID Events when specimens are collected in the emergency department or 24-hour observation location on the same calendar day as inpatient admission. This rule will facilitate accurate categorization of LabID Events, as well as allow each facility to capture community-onset cases.

   No Change: Specimens collected from any other affiliated outpatient location(s) should still be reported to an inpatient location, but only if collected on the same calendar day as inpatient admission.

(MDRO & CDI Changes continued on Page 11)

MDRO & CDI Changes (continued)

3. Revisions to CRE definition and reporting requirements.

- Additional CRE organism: CRE-*Enterobacter*, as defined in the MDRO and CDI protocol, will be added as an organism for CRE reporting.
- CRE identification and reporting: For in-plan reporting of CRE, facilities will be required to conduct surveillance for and report all three CRE organisms (*E.coli, Klebsiella pneumoniae/oxytoca*, and *Enterobacter*), as defined in the MDRO and CDI protocol. Users will no longer be able to choose to monitor only one of the three CRE organisms for in-plan reporting.
- CRE definition changes: The new CRE definition, as defined in the MDRO and CDI protocol, includes the following changes:
  - Addition of the drug ertapenem.
  - CRE will only include those pathogens that have tested 'resistant' to a carbapenem.
  - Surveillance for CRE-*Klebsiella* will be limited to *Klebsiella oxytoca* and *Klebsiella pneumoniae*.
  - New definition for CRE: Any *Escherichia coli*, *Klebsiella oxytoca*, *Klebsiella pneumoniae*, or *Enterobacter* testing resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods (i.e., minimum inhibitory concentrations of ≥4 mcg/mL for doripenem, imipenem and meropenem or ≥2 mcg/mL for ertapenem) OR by production of a carbapenemase (i.e., KPC, NDM, VIM, IMP, OXA-48) demonstrated using a recognized test (e.g., polymerase chain reaction, metallo-β-lactamase test, modified-Hodge test, Carba-NP).

4. New "optional" questions added to Laboratory-identified MDRO or CDI Event form (CDC 57.128).

The following "optional" questions will be added to improve tracking through the continuum of care for patients:

- *Last physical overnight location of patient immediately prior to arrival into facility* (question available for LabID Events if the specimen is CO, i.e., collected from an outpatient setting or collected < 4 days after admission).
- *Has patient been discharged from another facility in past 4-weeks? If yes, from where (check all that apply).* The following value set will populate: nursing home/skilled nursing facility; other inpatient healthcare setting (i.e., acute care hospital, IRF, LTAC, etc.).

5. *Clostridium difficile* gastrointestinal system infection (GI-CDI) added as a specific infection type.

A new infection surveillance definition for *C. difficile* will be added to the "CDC/NHSN Surveillance Definitions for Specific Types of Infections" chapter (Chapter 17). This new definition will be used by facilities reporting healthcare -associated cases of *C. difficile*, but will **not** impact CDI LabID Event reporting.

Clostridium difficile infection must meet at least 1 of the following criteria:

i. Positive test for toxin-producing *C. difficile* on an unformed stool specimen (conforms to the shape of the container).*
ii. Patient has evidence of pseudomembranous colitis on gross anatomic (includes endoscopic exams) or histopathologic exam.

Additional information will be included in the reporting instructions for GI-CDI in Chapter 17.

*Guidance for *C. difficile* testing can be found at: McDonald LC, Coignard B, Dubberke E, Song X, Horan T, Kutty PK. Recommendations for surveillance of *Clostridium difficile*-associated disease. Infect Control Hosp Epidemiol. 2007; 28(2):140-5 (ISSN: 0899-823X).

Patient Safety Component (PSC) Manual: Preparation for the 2015 Release

Beginning with the **January 2015** NHSN manual release, a comprehensive NHSN manual will be posted to the NHSN Website for easy access and printing. At that time, the 2014 protocols, forms, and Table of Instructions will be removed from the NHSN Website and will no longer be accessible to users. We encourage users to print/save a copy of the 2014 PSC manual protocols, forms, and Tables of Instructions prior to **December 2014**.

NHSN Annual Facility Survey Expansion

The NHSN Annual Hospital, LTAC, IRF, and LTCF surveys are being updated to include two new sections of questions for the 2014 survey (completed in early 2015): Infection Control Practices and Antibiotic Stewardship Practices. Questions about infection control practices have been added to gain a better understanding of current practices and identify areas to target prevention efforts among facilities that have reported multidrug-resistant organisms (MDROs). The information collected will inform future efforts to improve facility implementation of recommended prevention measures to control spread of MDROs. Questions about antibiotic stewardship have been added to the survey to obtain information regarding current facility efforts to improve antibiotic use and assess the quality of facility antibiotic stewardship programs. The information collected will inform efforts to improve facility implementation of best practices to improve antibiotic stewardship programs and antibiotic use in hospitals.

Facilities can review the new questions when the updated NHSN forms and tables of instructions are posted on the NHSN website later this year. These revisions will be made to the surveys during the January 2015 update of NHSN. Therefore, facilities are asked to wait to complete their 2014 surveys until after the January 2015 update. Surveys completed prior to the January 2015 update will be deleted and users will be required to submit a new survey. Reminder emails will be sent to all facilities prior to January 1, 2015.

Mapping locations for CMS IPPS 2015 CLABSI and CAUTI Reporting

We have started receiving questions from acute care hospitals (ACHs) with regard to the upcoming expansion in the reporting of CLABSI and CAUTI from ward locations in 2015 for CMS IPPS. That is, in addition to reporting CLABSI and CAUTI data from all adult, pediatric, and neonatal ICUs (CLABSI only), IPPS hospitals will also be required to report CLABSI and CAUTI data from adult and pediatric medical, surgical, and medical/surgical wards.

Note that the requirement to report from ward locations will be limited to those locations that are mapped as/defined as CDC adult and pediatric medical, surgical, and medical/surgical wards, as listed below:

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 definition of – 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) will not be required for CMS IPPS reporting in 2015; any data reported from non-required units in NHSN will not be submitted to CMS.

ACHs that are preparing for 2015 reporting 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.

Updates for Inpatient Psychiatric Facility (IPF) Locations within NHSN

The January 2015 NHSN update will allow users with inpatient psychiatric ward locations that are CMS inpatient psychiatric facility (IPF) units within acute care and critical access facilities to appropriately designate the unit as a separately licensed CMS IPF. This functionality is similar to that used for CMS inpatient rehabilitation facility (IRF) units within acute care facilities. This applies only to those units whose CCN matches the acute care or critical access facility CCN and differs only by having an 'M' or 'S' in the 3rd position. It is essential to double check the CCN with the billing/ administrative departments at your facility prior to moving forward with location set-up.

The updated functionality within NHSN will allow users to designate specific psychiatric locations within the facility as separately licensed CMS IPF units. In addition, users will be able to enter the IPF specific CCN, thus allowing the data to be appropriately excluded from the CMS Hospital IQR program requirements and included in the CMS IPFQR program requirements. Beginning with the 2015-2016 influenza season IPFs are required to report healthcare worker influenza vaccination summary data. The reporting period for this new requirement is October 1, 2015 – March 31, 2016.

Facilities will be provided additional guidance on how to add the IPF specific CCN into NHSN later this year.

New Reporting for Long Term Acute Care Facilities (LTACs): MRSA & CDI LabID Events

Beginning on January 1, 2015, all Long Term Acute Care facilities (LTACs/LTCHs) will begin reporting Facility-wide Inpatient (FacWideIN) Methicillin-resistant *Staphylococcus aureus* (MRSA) Blood Specimen (Bacteremia) and *Clostridium difficile* Infection (CDI) Laboratory-Identified (LabID) Event data into NHSN. Because all LTACs are enrolled in NHSN as separate free-standing facilities, they will report these data using the FacWideIN location choice. Operational guidance documents detailing the reporting requirements will be posted within the next month at this webpage: http://www.cdc.gov/nhsn/cms/index.html.

Facilities can prepare in advance for this reporting by reviewing the current NHSN MDRO & CDI Module Protocol and data collection forms and viewing the webinars providing example case studies on this webpage: http://www.cdc.gov/nhsn/LTACH/mdro-cdi/index.html. However, we ask that facilities make sure to review and use the updated 2015 NHSN Protocols once available.

New Reporting for Inpatient Rehabilitation Facilities (IRFs): MRSA & CDI LabID Events

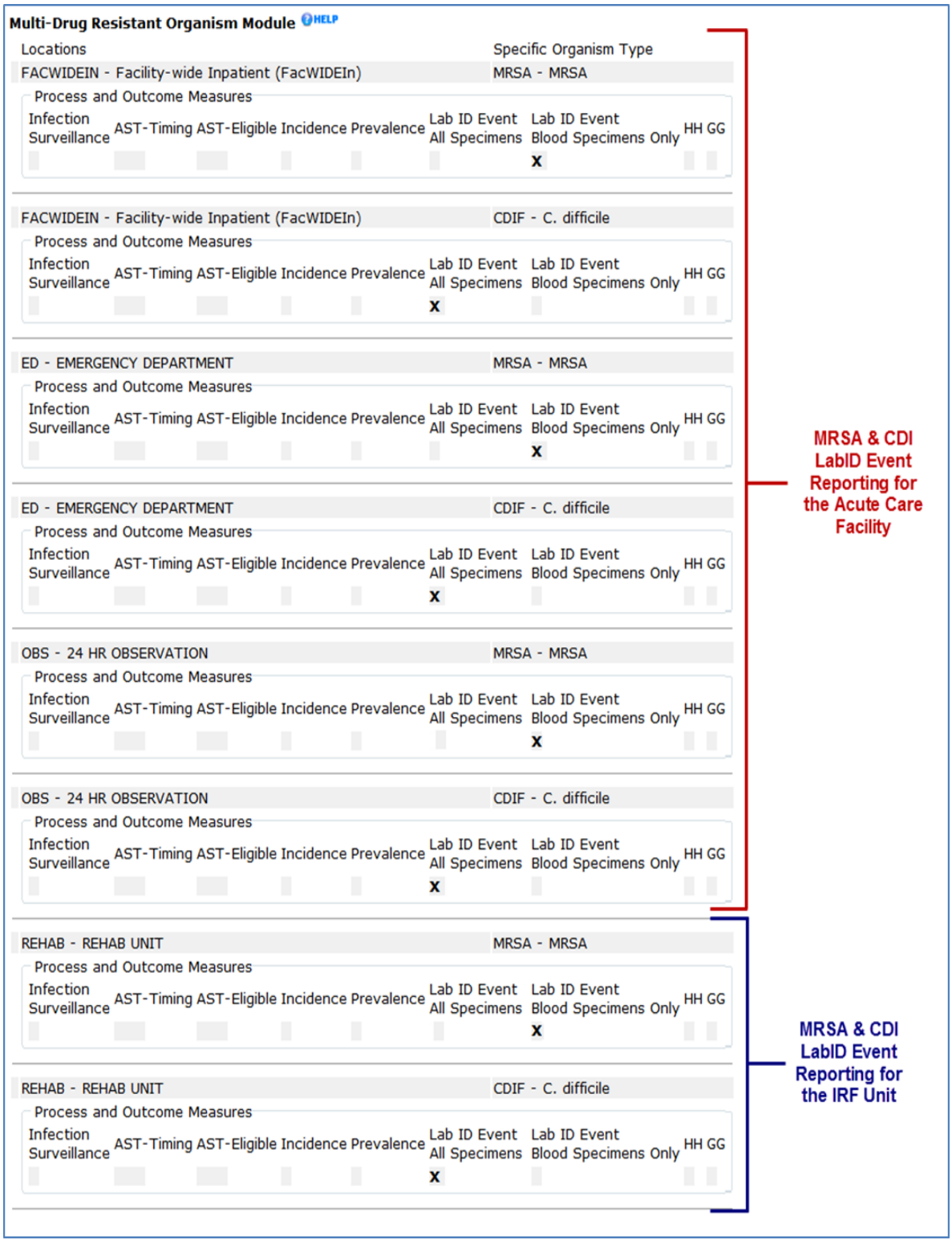
Beginning on January 1, 2015, all Inpatient Rehabilitation Facilities (IRFs), both free-standing and units within affiliated acute care facilities, will begin reporting Facility-wide Inpatient (FacWideIN) Methicillin-resistant *Staphylococcus aureus* (MRSA) Blood Specimen (Bacteremia) and *Clostridium difficile* Infection (CDI) Laboratory-Identified (LabID) Event data into NHSN. Operational guidance documents detailing the reporting requirements will be posted in the coming months at this webpage: http://www.cdc.gov/nhsn/cms/index.html.

Facilities can prepare in advance for this reporting by reviewing the current NHSN MDRO & CDI Module Protocol and data collection forms as well as viewing the webinars providing example case studies on this webpage: http://www.cdc.gov/nhsn/inpatient-rehab/mdro-cdi/index.html. However, we ask that facilities make sure to review and use the updated 2015 NHSN Protocols once available.

(IRF MRSA & CDI Reporting continued on Page 14)

New Reporting for Inpatient Rehabilitation Facilities (IRFs): MRSA & CDI LabID Events (continued)

IRF units that are currently set up as locations within affiliated acute care facilities (i.e., have entered the IRF-specific CCN with a 'T' or 'R' in the 3rd position) will be able to report these data within the affiliated NHSN acute care facility. IRF units will report MRSA and CDI LabID event data by IRF location (whereas acute care facilities and free-standing IRFs will report using the FacWideIN location choice). Below is a screenshot demonstrating how to set up the monthly reporting plan for an acute care facility with an IRF unit.



Please note: Currently within NHSN, the 24-hour observation and rehab unit locations are not able to select 'MRSA blood specimens only' on the monthly reporting plan. This will be changed in the January 2015 update of NHSN to allow CMS IRF units to select this option on the monthly reporting plan. Facilities are welcome to wait to complete 2015 monthly reporting plans after the January 2015 NHSN update or edit the existing 2015 monthly reporting plans to select the 'MRSA blood specimens only' for the CMS IRF unit when that option is available after the January 2015 NHSN update.

Patient Safety Component Analysis Updates for January 2015

The items listed below provide a brief summary regarding changes and additions to the Patient Safety Analysis Output Options that will be implemented in January 2015. More details regarding these changes will be provided in early 2015.

Updates

- **Addition of Ward locations in the CLABSI and CAUTI CMS IPPS SIRs**
  Locations defined as an adult or pediatric medical, surgical, or medical/surgical ward will be included in the CMS IPPS CLABSI and CAUTI SIRs beginning with Q1, 2015 data. In addition, a separate table will still be produced in the CMS IPPS SIRs output that will provide an SIR inclusive of *only* adult, pediatric, and neonatal ICUs.

- **Update to Device-associated Pooled Means**
  CLABSI, CAUTI, and VAP rate tables will be updated such that the NHSN pooled means and percentiles will represent the Data Summary for 2013.

  Please note the following:
  - The new pooled means for Long Term Acute Care Facilities (LTACs/LTACHs) and Inpatient Rehabilitation Facilities (IRFs) will be used as the baseline data for new SIRs for these facility types. Additional details are provided below.
  - Pooled means for VAP will only be provided for select pediatric ICU and NICU locations.

  As a reminder, CLABSI SIRs for acute care hospitals produced in 2015 will continue to use a baseline of 2006-08 national data, and CAUTI SIRs for acute care hospitals produced in 2015 will continue to use a baseline of 2009 national data. The 2015 data will then serve as the baseline for SIRs produced in 2016 and forward.

- **REMINDER: Upcoming Retirement of "All Device-Associated Events" Set of Output Options**
  As mentioned in the June 2014 Newsletter, in January, NHSN will retire the five output options that appear in the "All Device-Associated Events" Output Options folder. The following output options will be removed:
  - Line Listing - All Device-Associated Events
  - Frequency Table - All Device-Associated Events
  - Bar Chart - All Device-Associated Events
  - Pie Chart - All Device-Associated Events
  - Rate Table - All Device-Associated Data

  We strongly encourage the use of event-specific output options for those who have grown accustomed to using the "All Device-Associated Events" set of output options. Note that Custom Output Sets can be created such that a user can include multiple output options in a single "run" of a report. Instructions for creating a Custom Output Set are available at: http://www.cdc.gov/nhsn/PS-Analysis-resources/PDF/OutputSet.pdf.

- **Addition of MRSA bacteremia and CDI LabID Indicator Variables**
  In an effort to aide facilities and groups with determining which MRSA blood and CDI events are included in FACWIDEIN rates and SIRs, we are adding four indicator variables to those LabID event line lists. These variables will be given a value of "1" if the event is included in the associated measure. For example, if the new variable "FWMRSA_bldIncCount" is equal to 1, then that event will be included in the number of healthcare facility onset (HO) MRSA bacteremia events for the "SIR - MRSA Blood FacwideIN LabID Data" output option.

(PS Analysis Updates continued on Page 16)

Updates (continued)

- **Changes to CLIP Bundle Adherence for patients <120 days of age**

  To address updates to chlorhexidine gluconate product labeling which states "…use with care in premature infants or infants under 2 months of age. These products may cause irritation or chemical burns", beginning in 2015, NHSN will allow for CLIP bundle adherence when there are contraindications in patients less than 120 days of age at the time of insertion. NHSN is using 120 days rather than 60 days as the cut off in order to account for clinician concerns about extremely premature infants whose skin continues to be very sensitive.

  The following will be identified as appropriate skin prep for NHSN CLIP documentation:
  - Chlorhexidine gluconate (CHG) for patients ≥120 days old
  - CHG for patients <120 days old when either there is no contraindication to CHG or contraindication is unknown
  - Povidone iodine, alcohol, CHG, or other specified for children <120 days old when there is a contraindication to CHG

  NOTE: If the baby's age is the reason for non-use of CHG, the data field for contraindication to chlorhexidine must be marked "Yes" for the skin prep to be identified as adherent in the CLIP bundle adherence in analysis.

  CLIP analysis datasets and output options within NHSN will be updated to allow for the new skin prep rules when determining bundle adherence. Additional details regarding the changes to the CLIP output options will be provided in early-2015.

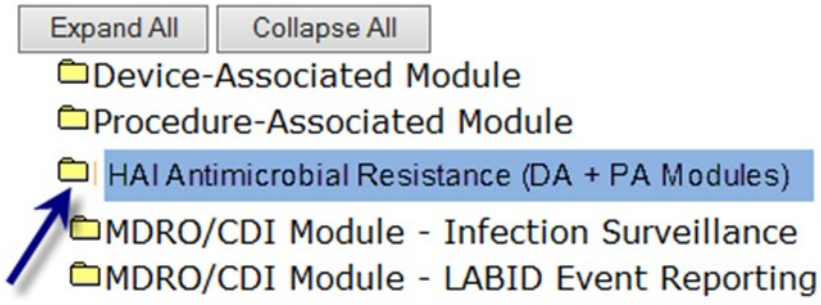
  This is a temporary modification to address a product labeling change. In order to accommodate the related work required of software vendors, a final modification is not possible until January 2016. More details will be provided before that change is made.

New Output Options

- **Analysis Options for HAI Antimicrobial Resistance**

  New analysis reports will allow users to view and analyze antimicrobial resistance from Device-Associated (DA) and Procedure-Associated (PA) HAIs. Pre-defined resistant phenotypes will be included in the output (e.g., MRSA, CRE, etc.), however users can modify the output as needed to define their own pathogens and drug susceptibilities. A line list and frequency table will be available to view event-level data with resistant or non-susceptible pathogens reported. In addition, a rate table will display the percent of all pathogens that tested resistant or non-susceptible to the applicable drugs.

  These reports will be available under a new Analysis folder called "HAI Antimicrobial Resistance (DA + PA Modules)".



(PS Analysis Updates continued on Page 17)

New Output Options (continued)

- **Output Options for the Targeted Assessment for Prevention (TAP) Strategy**
  The TAP strategy allows for the ranking of facilities (or locations) in order to identify and target those areas with the greatest need for improvement. New output options, referred to as "TAP Reports", will be available for facilities and groups and will be generated for CLABSI, CAUTI, and CDI LabID data.

- **Device-associated SIRs for LTACs and IRFs**
  New output options will be added so that LTACs will be able to run CLABSI and CAUTI SIRs, and IRFs will be able to run CAUTI SIRs; each of these SIRs will use the upcoming 2013 device-associated pooled means as the baseline. These SIRs will be available as new standard reports in the "Device-Associated Module" output options folder, as well as in the "CMS Reports" folder. Acute care hospitals with a CMS IRF unit will need to run the IRF-specific CAUTI SIRs as these data will not be included in the existing acute care hospital CAUTI SIR output options.

- **CDI and MRSA Blood LabID CMS reports for LTACs and IRFs**
  New analysis reports will be available for LTACs and IRFs reporting *C. difficile* and MRSA Bacteremia LabID Events as part of CMS Quality Reporting Programs. These reports will consist of a single facility-wide incidence rate, and will be available for 2015 Q1 data and forward. NOTE: For CMS IRF locations within an acute care hospital, a location-specific incidence rate table will be displayed in this report.

  Incidence rates will include incident, hospital-onset LabID events identified in patients with no LabID events (in any location) in the previous 14 days, divided by the total applicable number of patient-days. The new CMS reports will be located under the appropriate folder within the "CMS Reports" analysis folder.

- **Output Options for CRE-*Enterobacter* and all CRE combined**
  Due to the redefined, all-inclusive reporting for CRE, output options will be added so that users can generate reports for CRE-*Enterobacter*, as well as for all three CRE combined, in addition to the existing CRE-*E.Coli* and CRE-*Klebsiella* output options. These options will be available for LabID and Infection Surveillance and will include the standard reports (i.e., line lists, frequency tables, rate tables, bar charts, and pie charts).

Healthcare Personnel Safety Component

NHSN Facility Enrollment & Set-up Checklist for ASCs

CMS licensed ASCs participating in the CMS ASC Quality Reporting (ASCQR) Program are required to report data on healthcare personnel influenza vaccination counts into NHSN for the 2014-2015 influenza season. ASCs should begin the NHSN facility enrollment process as soon as possible in order to ensure ample time to complete the enrollment process and report the HCP influenza vaccination summary data. NHSN has developed ASC-specific guidance for enrolling into NHSN and setting up the facility to report these data. The checklist can be found here: http://www.cdc.gov/nhsn/ambulatory-surgery/enroll.html.

Reminders for 2014-2015 Influenza Vaccination Summary Data Reporting

Acute Care Facilities: Beginning with the 2014-2015 influenza season, acute care facilities participating in the CMS IPPS Hospital Inpatient Quality Reporting Program and Outpatient Quality Reporting Program must submit summary data on influenza vaccination of healthcare personnel (HCP) physically working in all inpatient or outpatient units that are physically attached to the inpatient acute care facility site and share the same CMS certification number (CCN), regardless of the size or type of unit. Acute care facility training materials are located at: http://www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html.

Please note: CDC is expanding guidance that was previously provided to acute care hospitals reporting healthcare personnel (HCP) influenza vaccination summary data to NHSN in fulfillment of CMS's Hospital Inpatient Quality Reporting (IQR) and Hospital Outpatient Quality Reporting (OQR) Program Requirements for the 2014-2015 influenza season.

Acute care facilities that participate in both the CMS IQR and OQR programs must report a single combined healthcare personnel influenza vaccination summary for HCP physically working for at least one day between October 1 and March 31 within the acute care inpatient facility and all hospital outpatient units/departments (HOPDs) that share the exact same CCN and service the particular NHSN facility regardless of the physical location of the HOPD. HCP working in these inpatient and outpatient departments and meeting NHSN protocol definitions should be included in the NHSN acute care hospital counts as outlined by the below guidance and examples.

Include HCP working in HOPDs with affiliated acute care facility inpatient counts only if:

a. HOPD shares the exact same CCN as the acute care facility (100% identical; must not differ by even one letter/number).

And

b. HOPD is affiliated with the specific acute care facility (such as sharing medical privileges or patients), regardless of distance from the acute care facility.

For example:

- A hospital-owned outpatient wound care clinic is co-located on the same medical campus as an acute care facility and functions as a unit of the acute care facility. The wound care clinic shares the exact same CCN as the acute care facility; therefore, the wound care clinic would be included in the acute care facility counts since it meets both of the required inclusion criteria.

- A physician clinic is co-located on the same medical campus as an acute care facility, but it does not share the exact same CCN as the acute care facility. The clinic would not be included in the acute care facility counts since it does not meet both of the required inclusion criteria.

(Flu Vaccination Summary Reporting continued on Page 19)

Reminders for 2014-2015 Influenza Vaccination Summary Data Reporting (continued)

Acute Care Facilities HOPD examples continued...

- An outpatient lab and imaging facility is located one mile away from an acute care facility. The department shares the same CCN as the acute care facility and refers patients to the acute care facility for follow-up. The outpatient lab and imaging facility would be included in the acute care facility's counts since it meets both of the required inclusion criteria.

- A free-standing emergency department (ED) is located down the street from the acute care facility. The ED shares the same CCN and is affiliated with the acute care facility as it sends patients to the facility for further treatment. The free-standing ED would be included in the acute care facility's counts since it meets both of the required inclusion criteria.

- A free standing emergency department (ED) is located three miles away from two separate medical campuses, each of which has an acute care facility. All three share the same CCN and the two acute care hospitals are enrolled as separate facilities within NHSN (i.e., two separate NHSN Facility OrgID#s). The ED has medical privileges and services patients for only one of the acute care facilities. The free-standing ED would be included in that acute care facilities' separate HCP influenza vaccination summary counts since it meets both of the required inclusion criteria. However, it would not be included in the other acute care facility's separate HCP influenza vaccination summary counts since it does not meet the 2nd required inclusion criteria (HOPD is affiliated with the specific acute care facility, such as sharing medical privileges or patients).

Training materials and FAQs will be updated with this expanded guidance within the next few weeks. If you require further guidance on this issue, please e-mail the NHSN HelpDesk at NHSN@cdc.gov and include "HPS Flu Summary" in the subject line along with your facility type.

Ambulatory Surgery Centers (ASCs): CMS licensed ASCs participating in CMS's ASC Quality Reporting Program are required to submit HCP influenza vaccination summary data for the 2014-2015 influenza season. ASC training materials are located at: http://www.cdc.gov/nhsn/ambulatory-surgery/hcp-vaccination/index.html.

Inpatient Rehabilitation Facilities (IRFs): IRFs participating in CMS's IRF Quality Reporting Program are required to submit HCP influenza vaccination summary data for the 2014-2015 influenza season. IRF training materials are located at: http://www.cdc.gov/nhsn/inpatient-rehab/hcp-vacc/index.html.

Long Term Acute Care (LTAC) Facilities: LTACs participating in CMS's LTCH Quality Reporting Program are required to submit HCP influenza vaccination summary data for the 2014-2015 influenza season. LTAC training materials are located at: http://www.cdc.gov/nhsn/LTACH/hcp-flu-vac/index.html.

Facility-specific operational guidance documents regarding HCP influenza vaccination summary data reporting are located at: http://www.cdc.gov/nhsn/cms/index.html. Live training webinars were offered in August for the 2014-2015 influenza season. The webinar re-casts and PowerPoint slides are available at: http://www2.cdc.gov/vaccines/ed/nhsn/.

For questions related to HCP influenza vaccination summary data reporting, please e-mail NHSN@cdc.gov and specify 'HPS Flu Summary' in the subject line, along with your facility type.

Dialysis Component

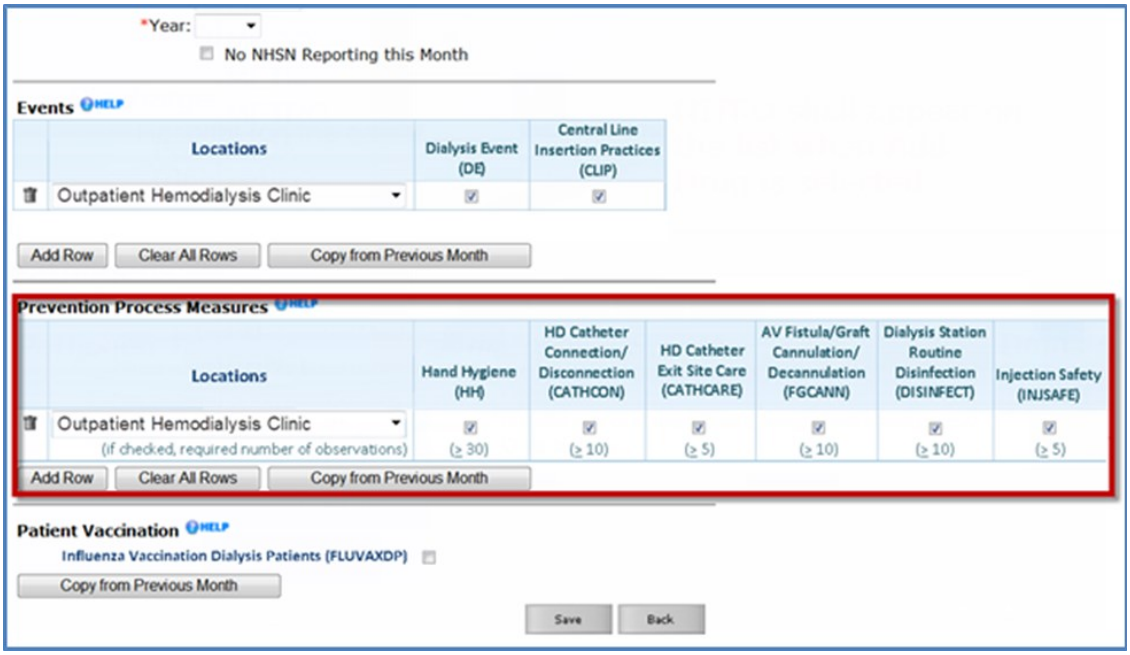
2015 Updates to the NHSN Dialysis Component

With the successful launch of the Dialysis Component in August 2014, the Dialysis NHSN Team has shifted focus to preparations needed for 2015. Existing protocols are being reviewed for clarity and information is being added to address common questions. In addition, new protocols and instructions for new surveillance options are under way. New resources should clarify reporting requirements, provide options for monitoring best practices for infection prevention, and maximize the use of NHSN.

What new reporting features should outpatient dialysis users expect in 2015?

1. ***New*** **Prevention Process Measures (PPM)**—Five new prevention process measures are being added to the Dialysis Component. In addition to the existing Hand Hygiene option, a summary of audit results can be reported for the following items:
   - Hemodialysis Catheter Connection/Disconnection
   - Hemodialysis Catheter Exit Site Care
   - Arteriovenous Fistula and Graft Cannulation/Decannulation
   - Dialysis Station Routine Disinfection
   - Injection Safety

   Monthly Reporting Plan: Participation in PPMs, including Hand Hygiene, is voluntary. Reporting to PPMs is not a part of the CMS ESRD QIP requirements. Dialysis users will have the option to select one to six PPMs on the Monthly Reporting Plan. "In-plan" reporting requires a minimum number of monthly observations (audits), which vary by PPM type.



   Analysis & Reports: New line listings will be available for both facility and group users to run in Analysis to determine their percent adherence for each PPM type.

   Define/Confer Rights: Facilities will see an updated Confer Rights template where they can choose to share information on their optional PPM selections with their Network or other group.

   New Supplemental Materials: A table of instructions and an updated PPM protocol will be available in early 2015, so stay tuned!

(Dialysis Updates continued on Page 21)

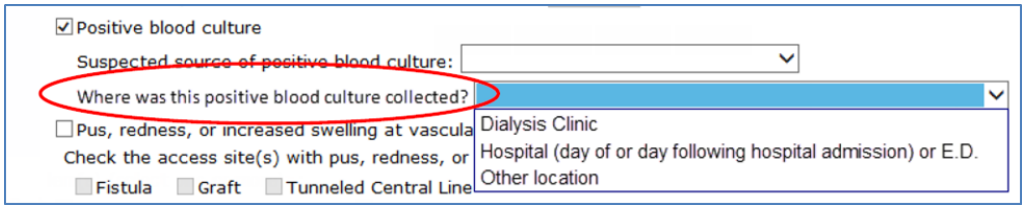
2. **The *new* Influenza Vaccination for Dialysis Patients Module is now available and instructional information is on the way!**—The Influenza Vaccination for Dialysis Patients Module allows facilities to monitor influenza vaccinations of all patients receiving in-center hemodialysis, home hemodialysis, and peritoneal dialysis who are 6 months or older.

   Web Resources: The new webpage, "Surveillance for Dialysis Patient Influenza Vaccination," contains data collection forms: http://www.cdc.gov/nhsn/dialysis/patient-flu-vacc/index.html. Supporting materials such as the "Influenza Vaccination for Dialysis Patients Protocol" and a table of instructions will be posted shortly.

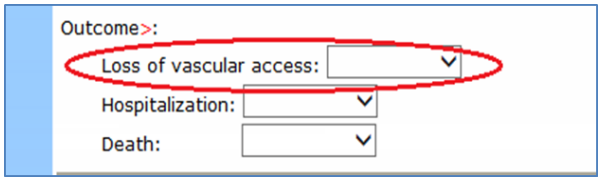
   Analysis & Reports: A new report to calculate dialysis patient influenza vaccination adherence will be added to Analysis.

3. ***New* Data Quality Reports in Analysis**—Upholding data quality by reporting complete and accurate data is a fundamental part of NHSN. Therefore, new line listings will be available under the new "Data Quality" folder in Analysis to help users identify potential events for review. Both facility and group users will be able to use these reports to check for:
   - Potential 21-day rule violations
   - Signs of underreporting

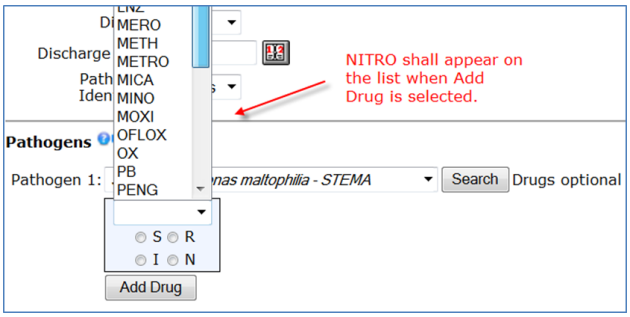
4. **Adjustments to the Dialysis Event form**—In response to feedback from our NHSN users and partners, a new question will be added to the Dialysis Event form for positive blood culture events: "Where was this positive blood culture collected?" Users can indicate blood was collected in the "Dialysis Clinic," in the "Hospital (on the day of or day following hospital admission) or Emergency Department," or in an "Other location." This will help facilities determine how well they are capturing all positive blood culture reports in accordance with the Dialysis Event Protocol. In Analysis, the new variable will be added to existing reports, and will be used to quantify the number of positive blood cultures collected outside of the dialysis clinic.



   "Loss of Vascular Access" will now be a required field. The instruction for this field, found in the Tables of Instruction for the Dialysis Event form, is to select "Yes" if the dialysis event(s) or problem(s) contributed to a loss of the patient's vascular access (i.e., the vascular access required removal or became unusable). Examples of vascular access loss: infection necessitating the removal of a central venous catheter or graft, or rendering a fistula or graft unusable for ≥1 treatment.



   For positive blood culture pathogens, "Nitrofurantoin" will be an available option in the "Add Drug" dropdown menu.



Questions? Email the NHSN Helpdesk at NHSN@cdc.gov and include "Dialysis Event" in the subject line.

Biovigilance Component

Biovigilance Component Updates

Facility Outreach to Improve Data Reporting

In order to improve data reporting by facilities, we will be emailing facilities with missing adverse reaction, denominator, and annual survey records as well as facilities without a Biovigilance Component user with Administrator rights. These emails will be sent to your facility's Biovigilance Component Primary Contact. Please confirm that your Biovigilance Component Primary Contact is up to date.

Analysis Output Options – Rate Tables

Facilities can generate adverse reaction and incident rate tables within the Hemovigilance Module. The Adverse Reaction rate table provides individual rates for each adverse reaction type as well as an overall rate for all adverse reactions. The incident rate tables provide rates for incidents related to samples and incidents related to products.

In order for a facility's data to be included in facility-specific rate calculations, numerator (Adverse Reaction and detailed Incident forms) and denominator (Monthly Reporting Denominators form) data for each month must be reported.

Hemovigilance Module Surveillance Protocol Update

Section 1 of the surveillance protocol has been updated to include a suggested citation for the Hemovigilance Module Surveillance Protocol. If you have questions regarding citing the Hemovigilance Module Surveillance Protocol, email us at NHSN@cdc.gov. Include 'Biovigilance' in the subject line of the email for appropriate routing.

General NHSN Information

Important SAMS Update

As many of you know from the recent blast email that was sent, CDC has been migrating away from the issuance of digital certificates to access programs like NHSN and will now use The Secure Access Management System (SAMS) in its place. The migration has been going well and CDC has decided to no longer issue any NEW digital certificates. This news has caused an influx in the number of user requests for SAMS invites, increasing the turnaround time for proofing. The proofing process normally takes 2 weeks, but could take up to 30 days. When you do receive your SAMS invitation, we urge you to act promptly as the process for SAMS is considerably longer than the process for receiving a digital certificate.

Please be especially aware of expiring digital certificates that fall close to CMS and state reporting deadlines, as the NHSN Team will not be able to assist in moving the process along any more quickly than it must occur, and there is no longer the option to rely on a digital certificate renewal as a quick backup. It is also important to note that once a user is able to access NHSN Reporting via SAMS, if they have an active digital certificate, CDC will remove the activities from these digital certificates, which will prevent them from accessing the system through this old pathway.

CDA Corner

The following CDA versions are transitioning to be based on the R2_D1.1 Implementation Guide. The new CDA versions will allow the CDAs to include the new fields that have been added to the User Interface for the specific event or denominator.

Release	Date NHSN Release Planned	Event or Denominator	CDA Changes
8.3	Early 2015	SSI	R9 CDA required if procedure date =2014 R2N-D1.1 CDA required if procedure date ≥2015
8.3	Early 2015	Procedure	R9 CDA required if procedure date =2014 R2N-D1.1 CDA required if procedure date ≥2015
8.3	Early 2015	Dialysis	r9 CDA required if event date =2014 R2N-D1.1 CDA required if event date ≥2015
8.3	Early 2015	UTI	R5 CDA required if event date <2015 r2N-D1.1 CDA required if event date ≥2015

NHSN Enrollment Update

NHSN Enrollment Update (as of October 1, 2014):	
5,838	Hospitals (this includes 571 Long-term Acute Care Hospitals and 302 Free-standing Inpatient Rehabilitation Facilities)
6,552	Outpatient Hemodialysis Facilities
800	Ambulatory Surgery Centers (ASCs)
259	Long-term Care Facilities
13,449	**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.

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