# Patient Safety Component Cracking the Code: Your Guide to Chapter 2 NHSN Definitions for Reporting Success

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# Objectives

By the end of this lesson, you will be able to:

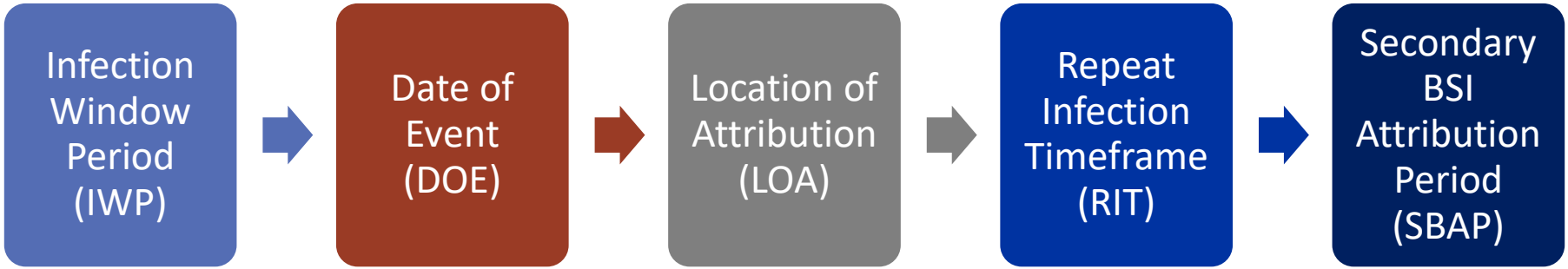
- Decode NHSN surveillance definitions outlined in Chapter 2 of the Patient Safety Component, focusing on common areas of confusion.
- Apply your knowledge to clinical case scenarios to effectively apply NHSN surveillance concepts and criteria.
- Improve the accuracy and consistency of reporting by addressing common errors in the interpretation of definitions outlined in Chapter 2.

# Important Note

- The guidance in Chapter 2 does NOT apply to:
  - Surgical Site Infection (SSI)
  - Ventilator-Associated Event (VAE)
  - Pediatric Ventilator-Associated Event (PedVAE)
  - Laboratory-Identified (LabID) Events

- For specific guidance on SSI, VAE, PedVAE, and LabID events, refer to:
  - Chapters 9, 10, 11, and 12

# Deciphering Chapter 2: Your Key Definitions



# New Code for Chapter 2

# Post-mortem Specimens

Clarified when the identification of organisms from specimens collected post-mortem are eligible for use in NHSN criteria.

- Most specifically related to CNS/IC specimens.
- (Page 2-2)

Identification of organisms from specimens collected post-mortem are only eligible for use in meeting the central nervous system (CNS)/intracranial (IC) infection definition using brain tissue or dura specimen obtained during post-mortem examination (autopsy) and the pneumonia (PNEU) infection definition using lung tissue specimen obtained by transthoracic or transbronchial biopsy immediately post-mortem (most likely collected at bedside shortly after death). For all other NHSN definitions autopsy specimens/reports are not eligible for use.

# Physician Diagnosis

Clarified that only the **EAR** (ear, mastoid infection) and **UR** (upper respiratory tract infection, pharyngitis, laryngitis, epiglottitis) definitions include physician diagnosis as an element.

- (Page 2-9)

Physician diagnosis can be accepted as evidence of an infection only when physician diagnosis is an element of the specific infection definition. Note that only the EAR (ear, mastoid infection) and UR (upper respiratory tract infection, pharyngitis, laryngitis, epiglottitis) definitions include physician diagnosis as an element.

- For example, physician diagnosis is not an element of any UTI definition; therefore, physician diagnosis of a UTI may not be used to satisfy the UTI definition.
- For example, physician diagnosis is an element of EAR definition; therefore, physician diagnosis of otitis interna may be used to satisfy the inner ear infection definition.

# Two Events for a Single Diagnostic Test

Clarified that during the transfer rule and present on admission (POA) timeframe, a single diagnostic test can result in **both** a POA event and a healthcare-associated (HAI) event.

- (Page 2-10)
- More on slide #28

In certain situations, a patient may be discharged and readmitted to the same facility on either the date of discharge or the next day. This commonly occurs during the transfer rule and POA timeframe, where a single diagnostic test can result in both a POA event and a HAI event.

- For example, a patient is initially admitted to a facility from 4/1 to 4/7. Subsequently, the same patient is readmitted on 4/8 and presents with a fever of 101°F, along with the collection of a urine culture that is positive with ≥105 CFU/ml Escherichia coli. In this case, due to the occurrence of the positive urine culture and fever on the day following discharge from the first admission, it can be classified as a HAI UTI event for the first admission and a POA UTI event for the second admission.

# Key Exclusions and Inclusions

# Excluded Organisms from NHSN Surveillance

- The following genera are typically associated with community-acquired infections and are **not** considered for healthcare-associated infections:
  - *Blastomyces*
  - *Histoplasma*
  - *Coccidioides*
  - *Paracoccidioides*
  - *Cryptococcus*
  - *Pneumocystis*
- Reactivation of Latent Infections:
  - Conditions such as herpes, shingles, syphilis, and tuberculosis are **not** classified as HAIs.

# Infections Occurring in Newborns

- **Exclude** infections acquired through:
  - Birth canal
  - Transplacental transmission
- Examples include:
  - Herpes Simplex
  - Toxoplasmosis
  - Rubella
  - Cytomegalovirus (CMV)
  - Syphilis

- **Exception:**
  - Refer to the BSI protocol on non-reporting of CLABSIs with Group B *Streptococcus* during the first 6 days of life.

# Don't Overlook These Patients in Surveillance

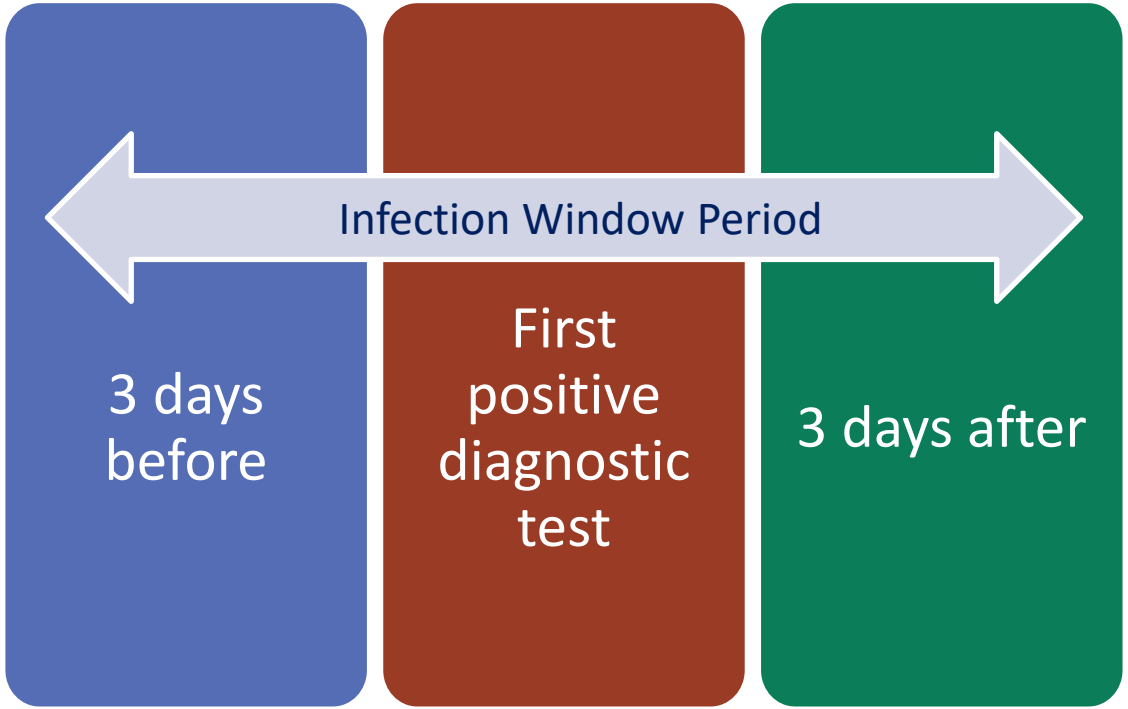
- Hospice, palliative, or comfort care patients **are NOT excluded** from any type of NHSN surveillance.

- If an observation patient is admitted to an **inpatient location**:
  - **Must be included** in all surveillance events designated in the monthly reporting plan.
    - The patient is housed, monitored, and cared for in an inpatient setting.
    - This environment places the patient at risk for acquiring a healthcare-associated infection (HAI).
  - **Must be counted** in patient and device day counts.

# Decoding Definitions: From Confusion to Clarity

# Infection Window Period (IWP)

- **7-days** during which all site-specific infection criteria must be met



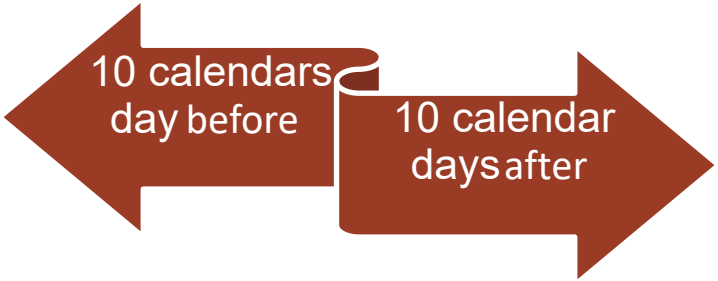
# Defining the Infection Window Period (IWP)

- **Diagnostic Tests** Considered for IWP:
  - Laboratory specimen collection
  - Imaging tests
  - Procedures or exams

- If **no** diagnostic test is included:
  - Use the date of the **first documented localized sign or symptom** to define IWP.
  - Examples of Localized Signs/Symptoms:
    - Diarrhea
    - Site-specific pain
    - Purulent drainage
  - Note: Non-specific signs/symptoms (e.g., fever) are not considered localized and are therefore **not** used to define the **IWP**.

# IWP Special Considerations

- **First Diagnostic Test:**
  - Use the first diagnostic test that establishes an IWP during which **all elements** of the criterion can be identified.
- **Multiple Criteria:**
  - When more than one criterion of a site-specific infection definition is met:
    - Identify the IWP that results in the **earliest date of event**.
- **Endocarditis:**
  - The IWP is lengthened to accommodate the time needed for clinical determination of endocarditis.
  - Total Length: **21 days**



# IWP Example # 1

| Hospital Day | Criterion |
|---|---|
| 1 | |
| 2 | |
| 3 | fever > 38.0°C |
| 4 | **blood culture**: *Proteus mirabilis* |
| 5 | abdominal pain |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

1st Diagnostic test

**3-days before**

**3-days after**

**7-Day IWP**

**IWP:** Hospital day 1-7

# IWP Example #2

| Hospital Day | Criterion |
|---|---|
| 7/8 | |
| 7/9 | left upper extremity swelling |
| 7/10 | |
| 7/11 | **CT bilateral shoulder**: abscess bilaterally near shoulder joints |
| 7/12 | pain in left shoulder |
| 7/13 | |
| 7/14 | **blood culture**: *Staphylococcus aureus* |
| 7/15 | |
| 7/16 | |
| 7/17 | |

1st Diagnostic test

3-days before

3-days after

7-Day IWP

**IWP:** 7/8-7/14

# Date of Event (DOE)

- Date the **first** element used to meet an NHSN site-specific infection criterion occurs for the **first** time **within the 7-day IWP**

- **Importance of Accurate DOE Determination**
  - Determines if an event is:
    - **Healthcare-Associated Infection (HAI)** or **Present on Admission (POA)**
  - Affects:
    - **Location of Attribution**
    - **Device Association**
    - Day of the **Repeat Infection Timeframe**

# Classification Determination

**POA Timeframe**

- Day of admission* to inpatient location
- 2 days before admission
- Calendar day after admission

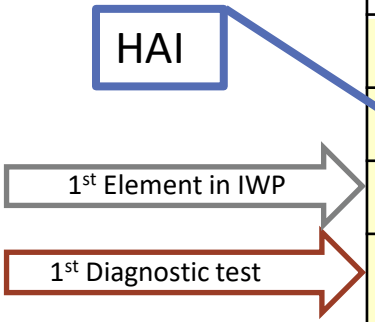
→ POA

*Day of admission=Calendar day 1

- On **or** after 3rd calendar day of admission* to an inpatient location

→ HAI

# DOE
# Example #1

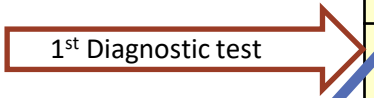


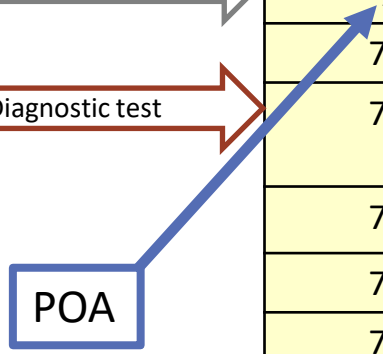

| Hospital Day | Criterion |
|---|---|
| 1 | |
| 2 | |
| 3 DOE | fever > 38.0°C |
| 4 | **urine culture**: >100,000 CFU/ml *Enterococcus faecalis* |
| 5 | Urinary frequency |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

**7-Day IWP**

**HAI** SUTI
**IWP:** Hospital day 1-7
**DOE:** Hospital Day 3
**Organism:** *Enterococcus faecalis*

# DOE
# Example #2

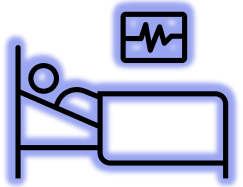

| Hospital Day | Criterion |
|---|---|
| 7/8 | - |
| 7/9 DOE | left upper extremity swelling |
| 7/10 | - |
| 7/11 | **CT bilateral shoulder**: abscess bilaterally near shoulder joints |
| 7/12 | pain in left shoulder |
| 7/13 | - |
| 7/14 | **blood culture**: *Staphylococcus aureus* |
| 7/15 | |
| 7/16 | |
| 7/17 | |

**7-Day IWP**

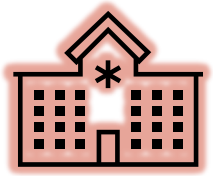
**POA** JNT 3c
**IWP:** 7/8-7/14
**DOE:** 7/9
**Organism:** *Staphylococcus aureus*

# Location of Attribution (LOA) for HAI Events

- The inpatient location where the patient was assigned on the Date of Event (DOE)
  - **Ineligible** Locations:
    - Non-bedded patient locations, such as:
      - Operating Room (OR)
      - Interventional Radiology (IR)
    - These locations are **not** eligible for assignment of LOA for HAI events.
    - The location of attribution **must** be assigned to a location where denominator data can be collected.



# Transfer Rule for Infection Attribution



- **Exception to Location of Attribution**
  - If an infection's date of event (DOE) occurs on the date of transfer/discharge or the following day:
    - Attribute to the **transferring/discharging** location

- In cases where a patient has been in multiple locations within this timeframe:
    - Attribute the infection to the **first location** where the patient was housed **the day before** the infection's DOE

# Understanding the Transfer Rule

## Example #1

| Date | Patient Location | Location of Attribution |
|---|---|---|
| 8/14 | Unit A | |
| 8/15 | Unit A | |
| 8/16 | Unit A<br>Unit B | |
| 8/17 | Unit B | |
| 8/18 | Unit B | Unit B |
| 8/19 | Unit B | |
| 8/20 | Unit B | |

DOE

## Example #2

| Date | Patient Location | Location of Attribution |
|---|---|---|
| 6/28 | BMTU | |
| 6/29 | BMTU | |
| 6/30 | BMTU | |
| 7/1 | BMTU<br>PICU | BMTU |
| 7/2 | PICU | |
| 7/3 | PICU | |
| 7/4 | PICU | |

DOE

## Example #3

| Date | Patient Location | Location of Attribution |
|---|---|---|
| 4/3 | MICU | |
| 4/4 | MICU | |
| 4/5 | MICU | |
| 4/6 | MICU<br>OR<br>4West | |
| 4/7 | 4West<br>MICU | |
| 4/8 | MICU | 4West |
| 4/9 | MICU | |

DOE

# POA and HAI Event Transfer Rule Example

- Admitted to Hospital A from **4/1-4/7**
- Readmitted to Hospital A on **4/8**
  - Fever, positive urine culture
  - Meets SUTI with **DOE of 4/8**
  - Transfer rule → discharging location
    - HAI SUTI for 4/1 admission
  - RIT single admission **ONLY**
    - Does not carry to 4/8 admission
  - DOE is on Day 1 of 4/8 admission
    - POA SUTI for 4/8 admission
    - POA SUTI RIT from 4/8-4/21

DOE

| Hospital Day | Notes |
|---|---|
| 4/1 | Admitted to Hospital A |
| 4/2 | |
| 4/3 | |
| 4/4 | |
| 4/5 | |
| 4/6 | |
| 4/7 | Discharged from Hospital A |
| 4/8 | Readmitted to Hospital A<br>fever > 38.0°C<br>**urine culture**: >100,000 CFU/ml *Escherichia coli* |
| 4/9 | |
| 4/10 | |

# Sharing of Information for Transfer Rule

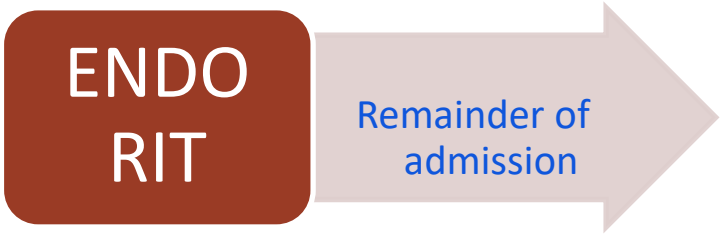
- **Information Sharing Between Facilities:**
  - Receiving facilities must share necessary HAI data with transferring facilities to ensure HAI criteria are met.
  - Promotes consistency and accuracy in HAI data reporting.
- **Post-Discharge Surveillance:**
  - Not required after patient discharge.
  - However, if an infection is identified with a DOE (Date of Event):
    - On the **day of discharge** or the **next day**, it is attributable to the **discharging facility**.
    - Must be reported to NHSN for that location.

# Repeat Infection Timeframe (RIT)

- **14-day timeframe** during which no new infections of the same type are reported.
  - The DOE is considered **Day 1** of the 14-day RIT.
  - Applies to both **POA** and **HAI** determinations.

14-days

- **Special Case – Extended RIT for Endocarditis (ENDO)**
  - The RIT for endocarditis is **extended** to include:
    - The remainder of the patient's current admission.



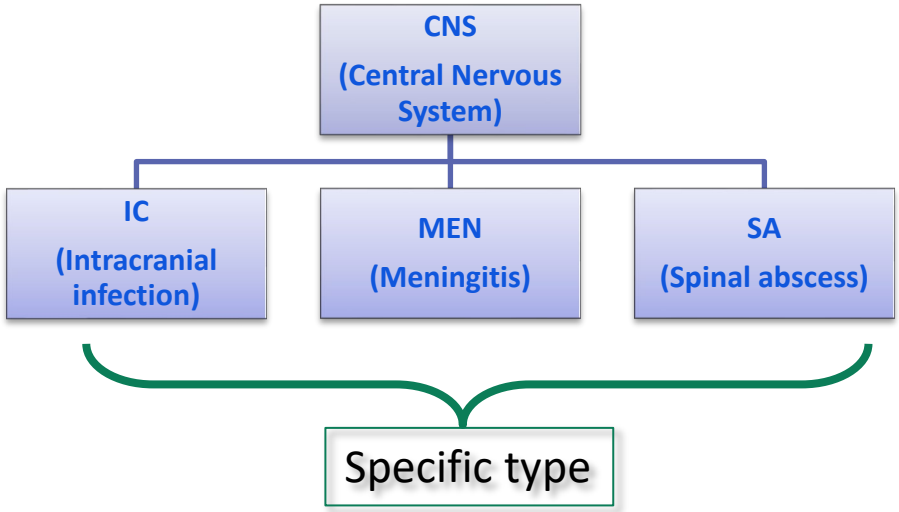
# Infection Reporting Within RIT

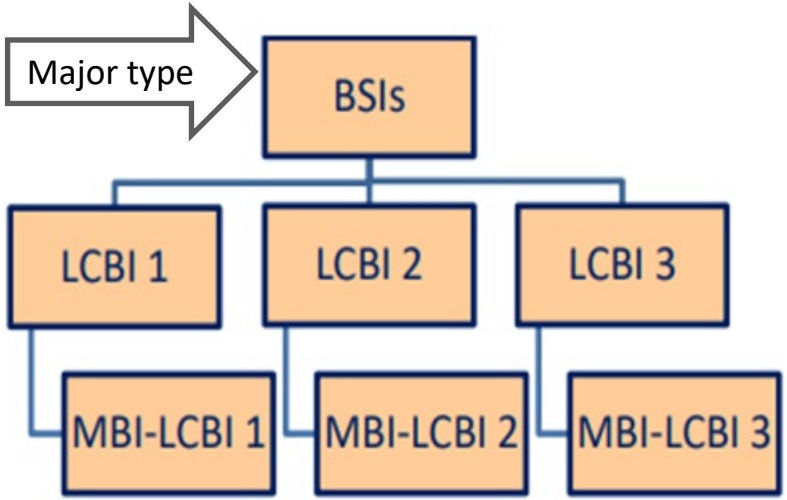
- If criteria for the same infection type are met within this 14-day timeframe:
  - A new event is **NOT** identified or reported.
  - Original date of event and original RIT are **maintained**.
  - Additional pathogens recovered during the RIT from the same infection type are added to the existing event.
  - Device association determination and location attribution do **not** change.

- **Transfer Rule Consideration:**
  - If readmitted within transfer rule timeframe, an RIT does **not** carry over from one admission to another.
  - The RIT applies during a patient's **single** admission, including:
    - Day **of** discharge
    - Day **after** discharge

# RIT Application Across Infection Types

- RIT applies at the level of specific type of infection
  - **Exception** = BSI, UTI and PNEU
    - Applies at the major type of infection



# RIT
# Example #1

| Hospital Day | Criterion |
|---|---|
| 1 | - |
| 2 | - |
| 3 | fever > 38.0℃ |
| 4 | **urine culture** :>100,000 CFU/ml<br>*Enterococcus faecalis* |
| 5 | Urinary frequency |
| 6 | - |
| 7 | - |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |

**DOE**

**14-Day RIT**

**7-Day IWP**

**HAI** SUTI
**IWP:** Hospital day 1-7
**DOE:** Hospital Day 3
**RIT:** Hospital Day 3-16
**Organism:** *Enterococcus faecalis*

# RIT
# Example #2

DOE

14-Day RIT

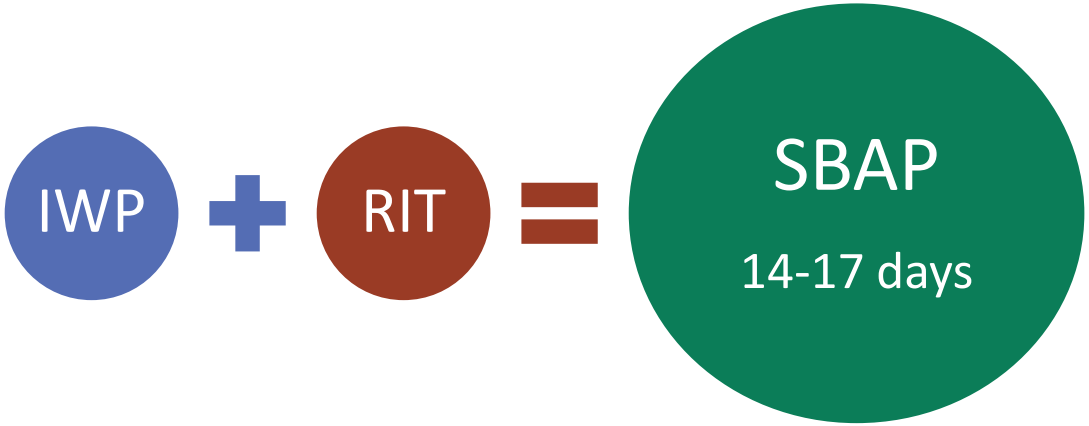
| Hospital Day | Criterion |
|---|---|
| 7/8 | - |
| 7/9 | left upper extremity swelling |
| 7/10 | - |
| 7/11 | **CT bilateral shoulder**: abscess bilaterally near shoulder joints |
| 7/12 | pain in left shoulder |
| 7/13 | - |
| 7/14 | **blood culture**: *Staphylococcus aureus* |
| 7/15 | |
| 7/16 | |
| 7/17 | |
| 7/18 | |
| 7/19 | |
| 7/20 | |
| 7/21 | |
| 7/22 | |
| 7/23 | |

7-Day IWP

**POA** JNT 3c
**IWP:** 7/8-7/14
**DOE:** 7/9
**RIT:** 7/9-7/22
**Organism:** *Staphylococcus aureus*

# Secondary BSI Attribution Period (SBAP)

- Timeframe during which a blood specimen must be collected for a secondary bloodstream infection to be attributed to a primary site infection.
  - Dependent on DOE



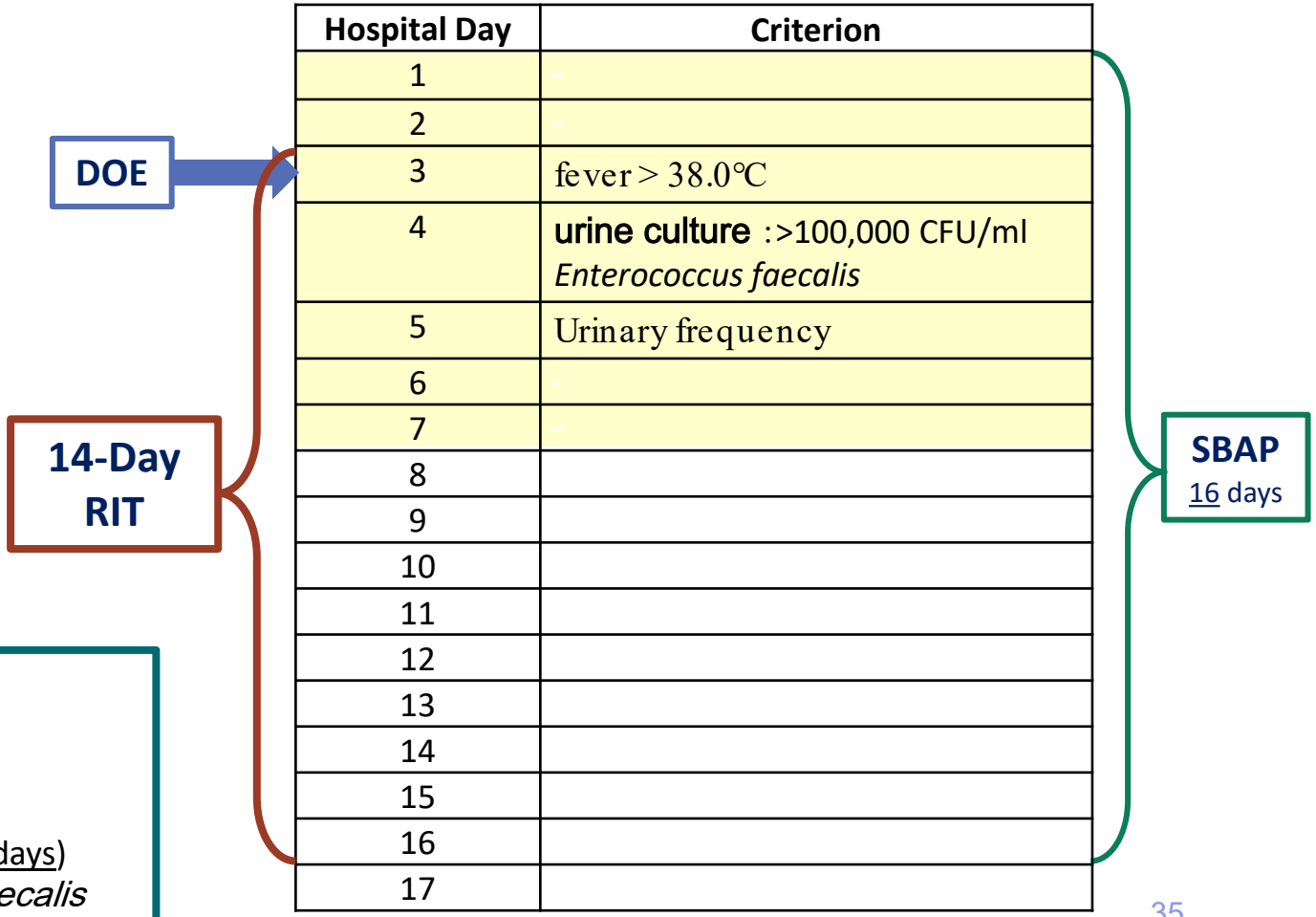
# Requirements for Secondary BSI Determination

- An **NHSN site-specific definition** must be met:
  - CDC/NHSN Surveillance Definitions for Specific Types of Infections (Chapter 17)
  - Definitions for UTI, PNEU, or SSI

**AND**

- One of the following scenarios must be satisfied:
  - **Scenario 1**: Blood specimen organism matches primary site infection organism, collected within SBAP.
  - **Scenario 2**: Blood specimen organism serves as an element in meeting site-specific infection criteria, collected within infection window period

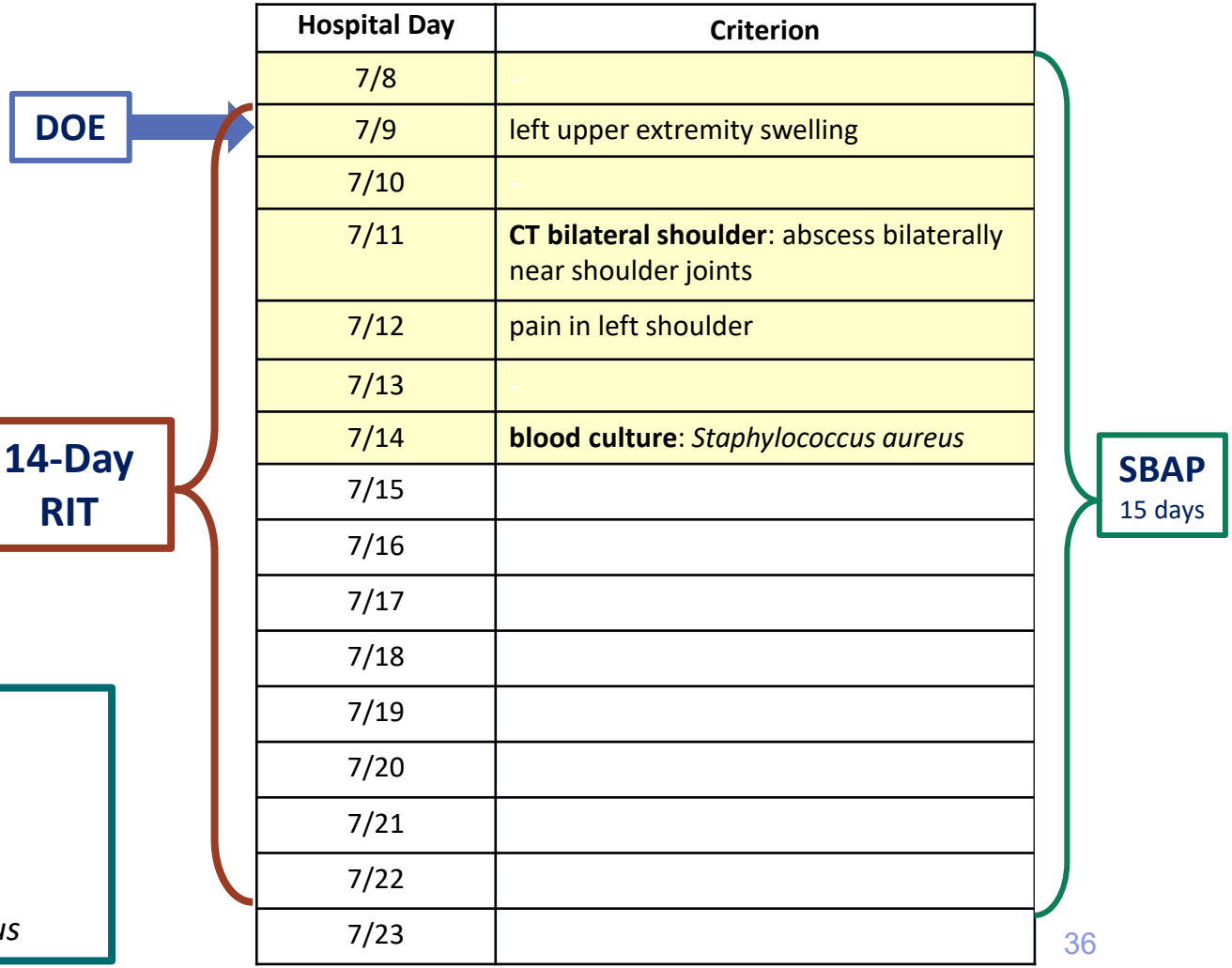
# SBAP
# Example #1




| Hospital Day | Criterion |
|---|---|
| 1 | - |
| 2 | - |
| 3 | fever > 38.0℃ |
| 4 | **urine culture** :>100,000 CFU/ml *Enterococcus faecalis* |
| 5 | Urinary frequency |
| 6 | - |
| 7 | - |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |

**HAI** SUTI
**IWP:** Hospital Day 1-7
**DOE:** Hospital Day 3
**RIT:** Hospital Day 3-16
**SBAP:** Hospital Day 1-16 (16 days)
**Organism:** *Enterococcus faecalis*

# SBAP
# Example #2




| Hospital Day | Criterion |
|---|---|
| 7/8 | - |
| 7/9 | left upper extremity swelling |
| 7/10 | - |
| 7/11 | **CT bilateral shoulder**: abscess bilaterally near shoulder joints |
| 7/12 | pain in left shoulder |
| 7/13 | - |
| 7/14 | **blood culture**: *Staphylococcus aureus* |
| 7/15 | |
| 7/16 | |
| 7/17 | |
| 7/18 | |
| 7/19 | |
| 7/20 | |
| 7/21 | |
| 7/22 | |
| 7/23 | |

**POA** JNT 3c
**IWP:** 7/8-7/14
**DOE:** 7/9
**RIT:** 7/9-7/22
**SBAP:** 7/8-7/22 (15 days)
**Organism:** *Staphylococcus aureus*

# Reporting Pathogens During RIT and SBAP

- **Eligible Pathogens:**
  - Pathogens identified after the initial secondary BSI within the RIT from the same infection type are added to the event.
- **Order of Reporting:**
  - Always report **site-specific pathogens** first, followed by secondary BSI pathogens.
- **BSI Pathogen Matching:**
  - If at least **one BSI pathogen** (collected during the secondary BSI attribution period) matches an organism from a site-specific or blood specimen that meets site-specific infection criteria:
    - Additional eligible BSI pathogens from **the same blood specimen** are also considered secondary and reported with the event.

# BSI Pathogen Assignment

- **A BSI pathogen may be assigned to more than one infection source simultaneously** in these situations**:**
  1. Secondary BSI pathogen assigned to two different site-specific infections.
  2. Secondary BSI pathogen assigned to a site-specific infection **and** as a pathogen for a primary BSI event.

- **An MBI-LCBI designation will <u>not</u> convert to an LCBI event if:**
  1. The blood culture with the non-MBI organism is collected during an existing BSI (MBI-LCBI) RIT.
  2. The blood culture with the non-MBI organism is considered secondary to a NHSN site-specific infection.

# SBAP Pathogen Assignment – Special Considerations

- **Excluded Pathogens:**
  - Pathogens excluded from specific infection definitions (e.g., yeast in UTI or Enterococcus spp. in PNEU) are **also excluded** as pathogens for secondary BSI for that infection type.

- **Accounting for Excluded Pathogens:**
  - Must be classified as either:
    - **Primary bloodstream infection (BSI/CLABSI)**
    - **Secondary BSI** attributed to another primary infection

# Let’s Crack the Code Together!

# Case Study

- **3/15**: Patient arrives at the ED with severe abdominal pain and nausea; ultrasound confirms gallstones.
- **3/16**: Patient is admitted to the surgical unit (7East) and undergoes a successful laparoscopic cholecystectomy.
- **3/18**: Patient reports increased urgency and burning during urination.
- **3/19**: Urine culture is collected and is positive for >100,000 CFU/ml *Klebsiella oxytoca.*
- **3/24**: Patient develops fever, chills, and confusion; Patient is transferred to the surgical ICU (SICU) and blood cultures are collected which are positive for *Klebsiella oxytoca*.
- **3/26**: Despite treatment, the patient continues to experience urinary symptoms. Follow-up urine culture is positive for >100,000 CFU/ml *Enterococcus faecalis*; antibiotic regimen is adjusted, and monitoring continues.

# Knowledge Check #1

- **What is the infection window period (IWP)?**

A. 3/15-3/21

B. 3/16-3/22

C. 3/22-3/28

D. 3/23-3/29

- **3/15:** Patient in ED; abdominal pain/nausea; ultrasound confirms gallstones
- **3/16:** Admitted to 7East; undergoes laparoscopic cholecystectomy
- **3/18:** Urgency and burning during urination reported
- **3/19:** Urine culture: >100,000 CFU/ml *Klebsiella oxytoca*
- **3/24:** Fever, chills, confusion; SICU transfer; blood culture: *Klebsiella oxytoca*
- **3/26:** Urine culture: >100,000 CFU/ml *Enterococcus faecalis*

# Knowledge Check #1 Rationale

| Hospital Day | Criterion |
|---|---|
| 3/15 | Patient in ED; ultrasound confirms gallstones. |
| 3/16 | Admitted and undergoes laparoscopic cholecystectomy |
| 3/17 | |
| 3/18 | Urgency and burning during urination |
| 3/19 | Urine culture:>100,000 CFU/ml *Klebsiella oxytoca* |
| 3/20 | |
| 3/21 | |
| 3/22 | |
| 3/23 | |
| 3/24 | Fever, chills, confusion; ICU transfer;<br>Blood culture: *Klebsiella oxytoca.* |
| 3/25 | |
| 3/26 | Urine culture:>100,000 CFU/ml *Enterococcus faecalis* |

1st Diagnostic test

**7-Day IWP**

**IWP:** 3/16-3/22

# Knowledge Check #2

- **What is the date of event (DOE)?**

A. 3/15

B. 3/18

C. 3/19

D. 3/24

- **3/15:** Patient in ED; abdominal pain/nausea; ultrasound confirms gallstones
- **3/16:** Admitted to 7East; undergoes laparoscopic cholecystectomy
- **3/18:** Urgency and burning during urination reported
- **3/19:** Urine culture: >100,000 CFU/ml *Klebsiella oxytoca*
- **3/24:** Fever, chills, confusion; SICU transfer; blood culture: *Klebsiella oxytoca*
- **3/26:** Urine culture: >100,000 CFU/ml *Enterococcus faecalis*

# Knowledge Check #2 Rationale

| Hospital Day | Criterion |
|---|---|
| 3/15 | Patient in ED; ultrasound confirms gallstones. |
| 3/16 | Admitted and undergoes laparoscopic cholecystectomy |
| 3/17 | |
| 3/18 DOE | Urgency and burning during urination |
| 3/19 | Urine culture: >100,000 CFU/ml *Klebsiella oxytoca* |
| 3/20 | |
| 3/21 | |
| 3/22 | |
| 3/23 | |
| 3/24 | Fever, chills, confusion; ICU transfer.<br>Blood culture: *Klebsiella oxytoca.* |
| 3/25 | |
| 3/26 | Urine culture: >100,000 CFU/ml *Enterococcus faecalis.* |

1st Element in IWP

1st Diagnostic test

**7-Day IWP**

**IWP:** 3/16-3/22
**DOE:** 3/18

# Knowledge Check #3

- **Is this present on admission (POA) or healthcare-associated infection (HAI) event?**

  A. Present on admission (POA)

  B. Healthcare-associated infection (HAI)

- **3/15:** Patient in ED; abdominal pain/nausea; ultrasound confirms gallstones
- **3/16:** Admitted to 7East; undergoes laparoscopic cholecystectomy
- **3/18:** Urgency and burning during urination reported
- **3/19:** Urine culture: >100,000 CFU/ml *Klebsiella oxytoca*
- **3/24:** Fever, chills, confusion; SICU transfer; blood culture: *Klebsiella oxytoca*
- **3/26:** Urine culture: >100,000 CFU/ml *Enterococcus faecalis*

# Knowledge Check #3 Rationale

- The time spent in the ED on 3/15 was not used to begin the hospital day count since it is **not** an inpatient location
- 1st **inpatient** location on 3/16
  - Starts the count
- DOE occurs **on** the 3rd calendar day of admission
  - **Healthcare-associated infection (HAI)**

DOE

| Date | Patient Location | Hospital Day |
|---|---|---|
| 3/15 | ED | -1 |
| 3/16 | ED 7East | 1 |
| 3/17 | 7East | 2 |
| 3/18 | 7East | 3 |
| 3/19 | 7East | 4 |
| 3/20 | 7East | 5 |
| 3/21 | 7East | 6 |
| 3/22 | 7East | 7 |
| 3/23 | 7East | 8 |
| 3/24 | 7East SICU | 9 |
| 3/25 | SICU | 10 |
| 3/26 | SICU | 11 |

# Knowledge Check #4

- **What is the repeat infection timeframe (RIT)?**

A. 3/18-3/31

B. 3/19-4/1

C. 3/24-4/5

D. 3/16-3/29

- **3/15:** Patient in ED; abdominal pain/nausea; ultrasound confirms gallstones
- **3/16:** Admitted to 7East; undergoes laparoscopic cholecystectomy
- **3/18:** Urgency and burning during urination reported
- **3/19:** Urine culture: >100,000 CFU/ml *Klebsiella oxytoca*
- **3/24:** Fever, chills, confusion; SICU transfer; blood culture: *Klebsiella oxytoca*
- **3/26:** Urine culture: >100,000 CFU/ml *Enterococcus faecalis*

# Knowledge Check #4 Rationale

| Hospital Day | Criterion |
|---|---|
| 3/15 | Patient in ED; ultrasound confirms gallstones. |
| 3/16 | Admitted and undergoes laparoscopic cholecystectomy |
| 3/17 | - |
| 3/18 | Urgency and burning during urination |
| 3/19 | Urine culture: >100,000 CFU/ml *Klebsiella oxytoca.* |
| 3/20 | - |
| 3/21 | - |
| 3/22 | - |
| 3/23 | |
| 3/24 | Fever, chills, confusion; ICU transfer; blood culture: *Klebsiella oxytoca* |
| 3/25 | |
| 3/26 | Urine culture: >100,000 CFU/ml *Enterococcus faecalis* |
| 3/27 | |
| 3/28 | |
| 3/29 | |
| 3/30 | |
| 3/31 | |

**DOE**

**14-Day RIT**

**HAI** SUTI
**IWP:** 3/16-3/22
**DOE:** 3/18
**RIT:** 3/18-3/31

# Knowledge Check #5

- **What is the secondary bloodstream attribution period (SBAP)?**
  - A. 3/18-4/2
  - B. 3/15-3/24
  - C. 3/16-3/31
  - D. 3/16-4/1

- **3/15:** Patient in ED; abdominal pain/nausea; ultrasound confirms gallstones
- **3/16:** Admitted to 7East; undergoes laparoscopic cholecystectomy
- **3/18:** Urgency and burning during urination reported
- **3/19:** Urine culture: >100,000 CFU/ml *Klebsiella oxytoca*
- **3/24:** Fever, chills, confusion; SICU transfer; blood culture: *Klebsiella oxytoca*
- **3/26:** Urine culture: >100,000 CFU/ml *Enterococcus faecalis*

# Knowledge Check #5 Rationale

| Hospital Day | Criterion |
|---|---|
| 3/15 | Patient in ED; ultrasound confirms gallstones |
| 3/16 | Admitted and undergoes laparoscopic cholecystectomy |
| 3/17 | - |
| 3/18 | Urgency and burning during urination |
| 3/19 | Urine culture: >100,000 CFU/ml *Klebsiella oxytoca* |
| 3/20 | - |
| 3/21 | - |
| 3/22 | - |
| 3/23 | |
| 3/24 | Fever, chills, confusion; ICU transfer; blood culture: *Klebsiella oxytoca* |
| 3/25 | |
| 3/26 | Urine culture: >100,000 CFU/ml *Enterococcus faecalis* |
| 3/27 | |
| 3/28 | |
| 3/29 | |
| 3/30 | |
| 3/31 | |

**DOE**

**14-Day RIT**

**SBAP**
16 days

**HAI** SUTI
**IWP:** 3/16-3/22
**DOE:** 3/18
**RIT:** 3/18-3/31
**SBAP**: 3/16-3/31

# Knowledge Check #6

- **Can the positive blood culture be deemed secondary?**

A. Yes

B. No

- **3/15:** Patient in ED; abdominal pain/nausea; ultrasound confirms gallstones
- **3/16:** Admitted to 7East; undergoes laparoscopic cholecystectomy
- **3/18:** Urgency and burning during urination reported
- **3/19:** Urine culture: >100,000 CFU/ml *Klebsiella oxytoca*
- **3/24:** Fever, chills, confusion; SICU transfer; blood culture: *Klebsiella oxytoca*
- **3/26:** Urine culture: >100,000 CFU/ml *Enterococcus faecalis*

# Knowledge Check #6 Rationale

| Hospital Day | Criterion |
|---|---|
| 3/15 | Patient in ED; ultrasound confirms gallstones |
| 3/16 | Admitted and undergoes laparoscopic cholecystectomy |
| 3/17 | |
| 3/18 | Urgency and burning during urination |
| 3/19 | Urine culture: >100,000 CFU/ml *Klebsiella oxytoca* |
| 3/20 | |
| 3/21 | |
| 3/22 | |
| 3/23 | |
| 3/24 | Fever, chills, confusion; ICU transfer; blood culture: *Klebsiella oxytoca* |
| 3/25 | |
| 3/26 | Urine culture: >100,000 CFU/ml *Enterococcus faecalis* |
| 3/27 | |
| 3/28 | |
| 3/29 | |
| 3/30 | |
| 3/31 | |

**SBAP**
16 days

**HAI** SUTI
**IWP:** 3/16-3/22
**DOE:** 3/18
**RIT:** 3/18-3/31
**SBAP**: 3/16-3/31
**Organism**: Klebsiella oxytoca
Secondary BSI

# Knowledge Check #7

- **Can the 3/26 positive urine culture be added to the event?**

A. Yes

B. No

- **3/15:** Patient in ED; abdominal pain/nausea; ultrasound confirms gallstones
- **3/16:** Admitted to 7East; undergoes laparoscopic cholecystectomy
- **3/18:** Urgency and burning during urination reported
- **3/19:** Urine culture: >100,000 CFU/ml *Klebsiella oxytoca*
- **3/24:** Fever, chills, confusion; SICU transfer; blood culture: *Klebsiella oxytoca*
- **3/26:** Urine culture: >100,000 CFU/ml *Enterococcus faecalis*

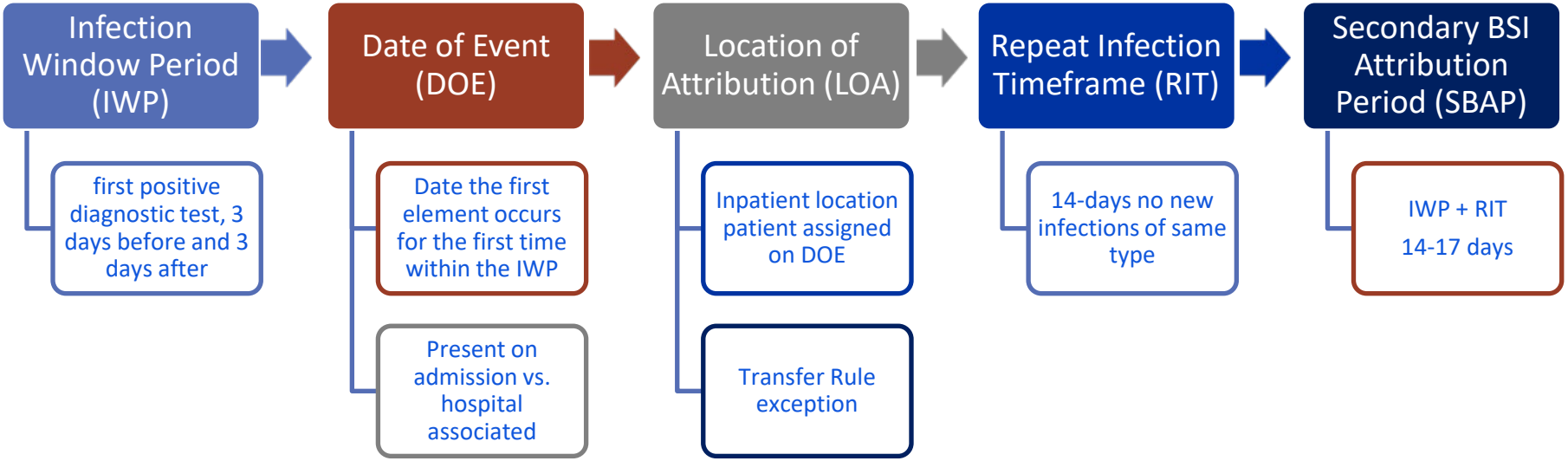
# Knowledge Check #7 Rationale

**HAI** SUTI
**DOE:** 3/18
**RIT:** 3/18-3/31
**SBAP**: 3/16-3/31
**Organism**: *Klebsiella oxytoca & Enterococcus faecalis*
Secondary BSI

**14-Day RIT**

| Hospital Day | Criterion |
|---|---|
| 3/15 | Patient in ED; ultrasound confirms gallstones |
| 3/16 | Admitted and undergoes laparoscopic cholecystectomy |
| 3/17 | |
| 3/18 | Urgency and burning during urination |
| 3/19 | Urine culture: >100,000 CFU/ml *Klebsiella oxytoca*. |
| 3/20 | |
| 3/21 | |
| 3/22 | |
| 3/23 | |
| 3/24 | Fever, chills, confusion; ICU transfer; blood culture: *Klebsiella oxytoca* |
| 3/25 | |
| 3/26 | Urine culture: >100,000 CFU/ml *Enterococcus faecalis* |
| 3/27 | |
| 3/28 | |
| 3/29 | |
| 3/30 | |
| 3/31 | |

# Unlocking the NHSN Code: A Roadmap to Success



# Resources

- **Patient Safety Component Manual**
  - https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf
- **Chapter 2 - "Identifying Healthcare-associated Infections (HAI) for NHSN Surveillance"**
  - https://www.cdc.gov/nhsn/pdfs/pscmanual/2psc_identifyinghais_nhsncurrent.pdf
- **Quick Learn Videos**
  - https://www.cdc.gov/nhsn/training/patient-safety-component/index.html
- **Miscellaneous Frequently Asked Questions**
  - https://www.cdc.gov/nhsn/faqs/faqs-miscellaneous.html

# For NHSN questions or concerns related to the Annual Training

## Post questions in the Annual Training Community

After June 10th, please submit questions to the NHSN Help Desk.

- Access new portal at **https://servicedesk.cdc.gov/nhsncsp** .
- If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at **nhsn@cdc.gov**.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

# Wrap Up!

# Evaluation

Thank you for participating in the training today! We appreciate your time and engagement.

To help us improve future training sessions, please take a moment to fill out the evaluation form by clicking the link below.

https://www.surveymonkey.com/r/XCT62V8

Your feedback is invaluable to us.