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Introducing: NHSN Health Department Group Users' Community of Practice

Invitation for participation: The Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) program has established an NHSN Health Department (HD) Group Users' Community of Practice (CoP). NHSN seeks broad participation, on a voluntary basis, by individual Health Department Group Users. NHSN invites participation by individuals with expertise in, and/or interest in developing experience in, the use of NHSN data through NHSN's Group function.

Charter statement: The goal of the NHSN HD Group Users CoP is to improve knowledge about the use of, and enhance the value of, NHSN data available via NHSN Health Department Groups. The objectives are: 1) to share information about available NHSN resources with HD users; 2) to provide a venue where HDs can share lessons learned, best practices, questions or suggestions for the use of NHSN Group data and resources; and 3) to engage interactively with other HD Group Users and with NHSN team resources for Groups.

Background: NHSN data access and analytic tools for Group data analysis are available to Group Users through the NHSN application. The Division of Healthcare Quality Promotion Surveillance Branch has had conversations with several HD Group Users who have shared their experience with analyzing and leveraging NHSN data to improve patient and healthcare worker safety in their jurisdictions. Several HD Group Users have also expressed interest in connecting with other HD Group Users to share and learn from others' experiences with using NHSN data accessed via NHSN Groups.

Participation in the NHSN HD Group Users' Community of Practice: Healthcare-associated Infections (HAI) coordinators, HAI epidemiologists, Antimicrobial Resistance (AR) experts, clinical pharmacists, statisticians, and data analysts are likely participants in this HD users' CoP. Knowledge of NHSN and its surveillance domains are valuable but not prerequisites for participation. The NHSN team plans to schedule an introductory call to introduce the CoP and solicit feedback from the HD Group Users. Pending feedback from prospective participants, regular meetings will be established as phone conference calls and/or webinars which can be typically 60-90 minutes each, with knowledge exchange via online collaborative platform as needed between calls. HD Group Users' Community of Practice calls can be held quarterly or more frequently if users' express interest. An online platform will be set up to facilitate knowledge sharing through user discussions as a group or individually, as well as to serve as a document repository.

Sign up for the NHSN HD Group Users' Community of Practice: To join, please send an e-mail to nhsndua@cdc.gov with the subject line "NHSN Health Department Group Users' Community of Practice". Please include within the email your name, role within an NHSN Group, affiliation (name of health department), phone and email address as well as the names and contact information for colleagues at your health department who are interested in joining the CoP.

Save the date: Kick-off call for the HD group users' CoP – Feb 18th Tuesday 1:30 – 2:30 pm. Please stay tuned for call connection information.

PATIENT SAFETY COMPONENT

New Release, New Dashboard: Reliability-Adjusted Rankings!

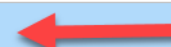
We are excited to announce the arrival of a new Patient Safety Component dashboard to NHSN! The “Reliability-Adjusted Ranking” dashboard is available to all acute care hospitals in the latest version of NHSN!



NHSN Patient Safety Component Home Page

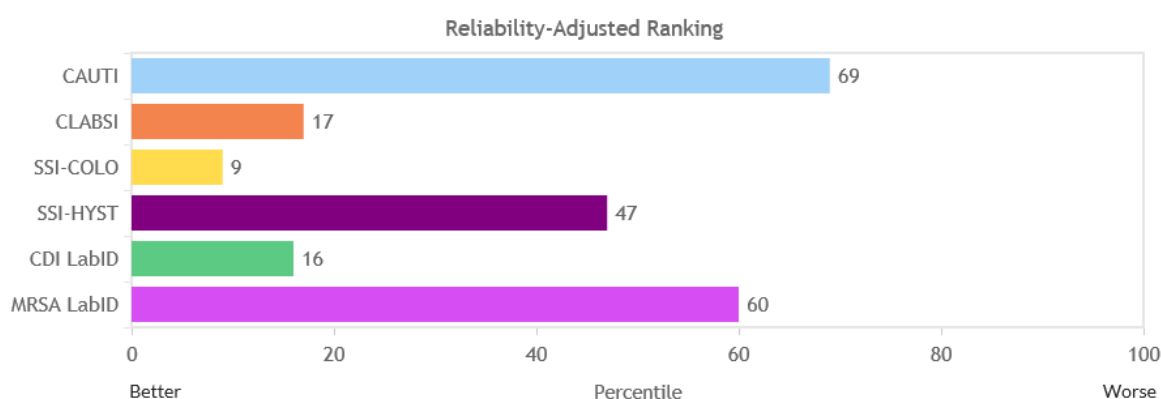
▸ TAP Strategy Dashboard

▸ Reliability-Adjusted Ranking



Quick facts:

- NHSN has a new measure called the Adjusted Ranking Metric (ARM).
- Annual, facility-specific Reliability-Adjusted Rankings, based on the ARM, are displayed as percentiles on the Reliability-Adjusted Ranking dashboard.
- Individual hospitals receive a ranking compared to all other acute care hospitals for the same year.
- Reliability-Adjusted Rankings for CLABSI, CAUTI, MRSA, CDI, SSI-COLO and SSI-HYST are available only for acute care hospitals at this time.



For more information on the ARM and the NEW Reliability-Adjusted Ranking dashboard, please visit the NHSN website: <https://www.cdc.gov/nhsn/ps-analysis-resources/arm/index.html>. Additional resources will be available in early 2020.

2020 Patient Safety and Outpatient Procedure Components Protocols and Related Documents

In case you didn't see the recent emails, NHSN has posted to the NHSN Website, the following documents for use beginning in January 2020. You may preview them now in preparation.

- Patient Safety Component
 - Surveillance Protocols
 - Data Collection Forms
 - Tables of Instructions (TOI)
 - Updates for ICD-10 PCS and CPT codes for Surgical Site Infection Surveillance
- Outpatient Procedure Component
 - Surveillance Protocols
 - Data Collection Forms
 - Tables of Instructions (TOI)
 - Updates for ICD-10 PCS and CPT codes for Surgical Site Infection Surveillance

Please note that the Updated NHSN Organism list, which was detailed in the September 2019 NHSN Newsletter, has been posted to the NHSN website for your preview, also. The 2019 Organism List and protocols, data collection forms and TOIs should continue to be used until January 1, 2020.

Newly Published NHSN Surveillance Reports

The 2018 HAI Progress Report!

CDC has published the 2018 National and State Healthcare-Associated Infection (HAI) Progress Report. This report shows that the U.S. has made significant reductions in several types of HAIs and highlights areas where more improvements are needed. The national progress in reducing HAIs shows that prevention is possible.

The 2018 HAI Progress Report provides data from the National Healthcare Safety Network (NHSN) on central line-associated bloodstream infections (CLABSIs), catheter-associated urinary tract infections (CAUTIs), ventilator-associated events (VAEs), surgical site infections (SSIs), methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream events, and *Clostridioides difficile* (*C. difficile*) events. The report includes data across four healthcare settings: acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, and long-term acute care hospitals.

Nationally, among **acute care hospitals** between 2017 and 2018, highlights in the report include:

- About 9% decrease in **CLABSIs**
- About 8% decrease in **CAUTIs**
- No significant changes in **VAEs**
- No significant changes in **SSIs** related to the 10 procedures tracked in the report
- No significant changes in hospital onset **MRSA bacteremia**
- About 12% decrease in hospital onset ***C. difficile* infections**

Newly Published NHSN Surveillance Reports continued on page 5

Newly Published NHSN Surveillance Reports (continued)

HAI Progress Report data are available in CDC's new Antibiotic Resistance & Patient Safety Portal (AR&PSP), an interactive web-based application that was created to innovatively display data collected through CDC's NHSN and other sources. Visit the AR&PSP to view enhanced data visualizations on Antibiotic Resistance, Use, and Stewardship datasets as well as HAI data for the nation and states.

CDC's HAI Progress Report is a snapshot of how each state and the country are doing in eliminating HAIs. While much progress has been made, more needs to be done to prevent healthcare-associated infections in a variety of settings. Ongoing collaboration between public health, healthcare professionals, and other partners is critical to ensuring patient safety. Visit [CDC's HAI website](#) for more information about the 2018 HAI Progress Report, including executive summary, data tables, and technical appendix and frequently asked questions.

The 2015-2017 Antimicrobial Resistance Reports!

CDC has published two updated manuscripts showing the frequent pathogens and antimicrobial resistance patterns (phenotypes) reported for CLABSI, CAUTI, SSI, VAEs, and pediatric VAPs in 2015-2017. Each manuscript is specific to a patient age group; separate reports exist for adult and pediatric HAI data. Healthcare facility staff, especially those involved in infection prevention and antimicrobial stewardship efforts, can use the national data presented in these reports, alongside their facility-specific data, to inform hospital policies and clinical practices aimed at reducing the spread of resistant organisms. The pediatric healthcare community can review national pathogen and resistance data specific to pediatric patients, and for the first time, these reports makes available data for other specialized patient populations such as oncology and long-term acute care.

The reports can be found on the [NHSN website](#) or at the following links:

Antimicrobial Resistance Report, **Adult** HAIs: <https://doi.org/10.1017/ice.2019.296>

Antimicrobial Resistance Report, **Pediatric** HAIs: <https://doi.org/10.1017/ice.2019.297>

[Supplemental data tables](#) are available that provide detailed pathogen distributions for specific infection types, such as the common pathogens reported for each NHSN procedure code, and pathogens reported for mucosal barrier injury laboratory-confirmed bloodstream infections (MBI-LCBIs).

Additional national and state-specific antimicrobial resistance data are available on CDC's [Antibiotic Resistance & Patient Safety Portal](#).

Short Summary: CDI Test Type and SIRs

CDC recently analyzed CDI standardized infection ratios (SIRs) among acute care hospitals, with the aim of investigating whether changing test type from a nucleic acid amplification test (NAAT) to enzyme immunoassay (EIA) systematically inflated the SIR. The results of this analysis showed that the use of NAAT or changing from NAAT to EIA did not statistically inflate the SIR. The methods and results have been described in a new summary, titled: "Short Summary: Testing for *C. difficile* and Standardized Infection Ratios, National Healthcare Safety Network, 2019", which can be found on the NHSN Reports webpage: <https://www.cdc.gov/nhsn/datastat/index.html>.

Reminder: Release of the 2019 Patient Safety Component (PSC) Facility Survey

The 2019 Patient Safety Component (PSC) Annual Survey will be released on January 1, 2020. This mandatory survey is completed by all facilities enrolled in the NHSN PSC to report information on hospital characteristics and practices for the previous calendar year.

Survey Updates: While completing the 2019 PSC facility survey, you will observe minor changes to the neonatal, antibiotic stewardship practices, and water management sections. Some questions have been re-written for clarity; two questions have been retired, one in the neonatal section and one in the antibiotic stewardship practices section.

Gentle Reminders:

- The survey must be completed by March 1st, 2020. Facilities that do not meet this deadline will be unable to create monthly reporting plans.
- NHSN analysis reports use data from the most recently completed annual survey. This is important to consider for the upcoming CMS Quality Reporting Program Submission of 2019 Quarter 3 data, due on February 18, 2020. Facilities that do not complete the 2019 annual survey prior to the CMS 2019 Quarter 3 deadline will have their data risk-adjusted using the 2018 survey. NHSN strongly recommends completing the survey prior to the February 18, 2020 CMS deadline.

For additional guidance and support, contact our support team at nhsn@cdc.gov. Use “**PSC Annual Survey**” in the subject line to expedite the response time.

Surgical Site Infection (SSI) Event Form – MDRO Infection Surveillance and Location Data Fields

A question NHSN receives is “How do I answer the ‘Location’ field when entering an SSI event?”

‘Location’ is a conditionally required field linked to the ‘MDRO Infection Surveillance’ field (from the Monthly Reporting Plan under the MDRO section). If an MDRO, that your facility has selected to follow for Infection Surveillance on its NHSN Monthly Reporting Plan, is identified for an SSI event for the location associated with the SSI, ‘Yes’ is marked for ‘MDRO Infection Surveillance’, and ‘Location’ is required. (Refer to the [MDRO/CDI Module](#) for details on MDRO Infection Surveillance Reporting.)

MDRO Infection Surveillance *	Yes, this infection's pathogen/location are in-plan for Infection Surveillance in the MDRO/CDI Module
Location *	5W SURG - SURGICAL WARD 'MDRO Infection Surveillance = 'Yes', 'Location' is required.

Surgical Site Infection (SSI) Event Form – MDRO Infection Surveillance and Location Data Fields continued on page 7

Surgical Site Infection (SSI) Event Form – MDRO Infection Surveillance and Location Data Fields (continued)

If no Monthly Reporting Plan for MDRO Infection Surveillance exists for the location and any of the organisms reported for the SSI, the 'MDRO Infection Surveillance' field is selected as 'No' and entering a 'Location' is not required (field is left blank).

MDRO Infection Surveillance *	No, this infection's pathogen/location are not in-plan for Infection Surveillance in the MDRO/CDI Module
Location :	'MDRO Infection Surveillance' = No, 'Location' is NOT required

Let's cover some scenarios that address how to fill out the 'MDRO Infection Surveillance' and 'Location' fields when reporting an SSI event.

Situation: DHQP Memorial Hospital has selected to perform MDRO Infection Surveillance for VRE on a single inpatient location, 5W SURG, on their October 2019 Monthly Reporting Plan:

Multi-Drug Resistant Organism Module

Locations	Specific Organism Type
5W SURG - SURGICAL WARD	VRE - VRE

Process and Outcome Measures

Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
☒			☐	☐	☐	☐	☐	☐

Scenario 1: On 10/1/19 Mr. Brown underwent an NHSN COLO and was admitted to 5W SURG post-operatively. On 10/5/19 a culture of Mr. Brown's superficial incision was positive for VRE. When entering the SSI event, the MDRO Infection Surveillance field is selected as 'Yes' and the 'Location' entered is 5W SURG.

Scenario 2: On 10/7/19 Mr. Blue underwent an NHSN COLO, was admitted to 5W SURG post-operatively, and was discharged on 10/10/19. On 10/15/19 Mr. Blue returned to the ED and a culture of his superficial incision was positive for VRE. If an SSI is detected post-discharge or on readmission, the SSI is attributed to the inpatient location the patient was discharged from for the facility stay in which the NHSN operative procedure was performed. When entering the SSI event, the MDRO Infection Surveillance field is selected as 'Yes' and the 'Location' entered is 5W SURG. **NOTE:** MDRO Infection Surveillance is limited to inpatient locations only so the 'Location' entered must be an inpatient location where MDRO Infection Surveillance is being performed.

Scenario 3: On 10/13/19 Ms. Green underwent an NHSN HYST and was admitted to 5W SURG post-operatively. On 10/17/19 a culture of Ms. Green's superficial incision was positive for MDR *Acinetobacter*. When entering the SSI event, the MDRO Surveillance field is selected as 'No, this infection's pathogen/location are not in-plan for Infection Surveillance in the MDRO-CDI Module.' The October 2019 Monthly Reporting Plan did not include *Acinetobacter* Infection Surveillance on 5W.

Please refer to the ['Table of Instructions for SSI Event'](#) for additional guidance on completing the 'MDRO Infection Surveillance' and 'Location' data fields.

LabID Analysis: CDI Test Type Classification for 2-Step Algorithms

The primary laboratory CDI testing method is reported to NHSN by facilities during the 3rd month of each quarter on the facility-wide inpatient (FACWIDEIN) or Inpatient Rehabilitation Unit's MDRO/CDI denominator form. For facilities conducting a 2-step algorithm (for example, NAATEIA - NAAT plus EIA, if NAAT positive or GDHEIA - GDH plus EIA for toxin, followed by NAAT for discrepant results), the response should reflect the testing method used for 50% or greater of the specimens tested. For example, a facility conducts NAATEIA - NAAT plus EIA, if NAAT positive. However, NAAT alone was used in 45% of the specimens tested and a 2-step testing algorithm NAATEIA NAAT plus EIA, if NAAT positive was used in 55% of specimens tested. The appropriate response will be NAATEIA as the primary testing method.

Antimicrobial Use and Resistance Module Updates

New drug updates for 2020 AU Option data

The December 2019 NHSN update will introduce several AU Option drug updates for 2020:

- Addition of Arikayce, Baloxavir marboxil, Colistin, Eravacycline, Omadacycline, and Plazomicin as optional drugs that can be reported for any year.
- Removal of Cefditoren, Ceftibuten, Ceftizoxime, Sulfisoxazole, Telithromycin, and Ticarcillin/Clavulanate. These drugs must be excluded from AU CDA files beginning with January 1, 2020 data for the files to upload successfully.
- Change Meropenem/Vaborbactam from optional to required for AU Option data starting January 1, 2020. Meropenem/Vaborbactam will still be optional for any year prior to 2020.

With these changes, the range of drugs accepted by NHSN will be 85-91, depending on whether the files include the six new optional drugs.

AU Option Synthetic Data Set Initiative - New Resources!

A new webpage for AU Synthetic Data Set (SDS) Validation was recently created:

<https://www.cdc.gov/nhsn/cdaportal/au-sds/index.html>. It's important for AU reporting facilities to be aware of this new requirement and the validation status of their vendor. However, for facilities using an AU CDA vendor, there is no direct action needed from the facility. NHSN encourages facilities to ask their AU CDA vendor about their SDS Validation timeline to ensure it meets the 2021 requirement.

2020 AR Option pathogen updates

Starting in January 2020, NHSN will reclassify two AR Option eligible organisms to reflect current naming conventions:

- NHSN is reclassifying Group B *Streptococcus* as *Streptococcus agalactiae*.
 - There is no change to the Snomed code for this pathogen.
- NHSN is reclassifying *Enterobacter Aerogenes* as *Klebsiella Aerogenes*.
 - There is no change to the Snomed code for this pathogen.

Antimicrobial Use and Resistance Module Updates (continued)

Additionally, NHSN will rename the phenotype “Carbapenem-resistant *Enterobacter* spp.” to “Carbapenem-resistant *Enterobacter* spp. and *Klebsiella Aerogenes*” and include any *Enterobacter* spp. or *Klebsiella Aerogenes* that tests Resistant (R) to at least 1 of the following: imipenem, meropenem, doripenem, or ertapenem in this phenotype. We will post updated Phenotype definitions here: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/phenotype_definitions.pdf.

We will remove *Enterobacter pyrinus*, *Enterobacter intermedius*, *Acinetobacter* genospecies 3, *Enterobacter amnigenus* biogroup I, and *Enterobacter amnigenus* biogroup II, from the list of eligible organisms for the AR Option in January 2020. As always, we recommend vendors refer to the 9.4 IDM Pathogens Codes 2020 or AntiP tabs for the complete list of eligible organisms. The changes are shown in green.

Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **February 18, 2020** for facilities that participate in certain CMS quality reporting programs.

Acute Care Hospitals that participate in the Hospital Inpatient Quality Reporting (IQR) Program:

2019 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data

- All ICU locations
- Adult and pediatric medical, surgical, and medical/surgical wards

2019 Quarter 3 (July 1 – September 30) Inpatient COLO and HYST SSI data

2019 Quarter 3 (July 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

- FacWideIN
- ED and 24-hour observation locations

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

2019 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (all bedded inpatient care locations)

2019 Quarter 3 (July 1 – September 30) Inpatient COLO and HYST SSI data

2019 Quarter 3 (July 1 – September 30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare-onset and community-onset)

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

2019 Quarter 3 (July 1 – September 30) CAUTI data (all bedded inpatient locations)

2019 Quarter 3 (July 1 – September 30) *C. difficile* LabID Events (all healthcare-onset and community-onset)

- Freestanding IRFs: Reporting by FacWideIN
- IRF units within acute care or critical access hospitals: Reporting by each CMS IRF unit

Reminder! Data for CMS Quality Reporting Programs due Soon! (continued)

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

2019 Quarter 3 (July 1 – September 30) CLABSI and CAUTI data (all bedded inpatient locations)

2019 Quarter 3 (July 1 – September 30) *C. difficile* LabID Events (FacWideIN, all healthcare-onset, and community-onset)

Please ensure that at least one individual at your facility can access NHSN via their Secure Access Management Services (SAMS) account and has been assigned appropriate user rights in NHSN to enter and view your facility's data. To guarantee that your data is accurately entered into NHSN, verify that; 1) your monthly reporting plans are complete; 2) you've entered appropriate summary and event data or checked the appropriate no events boxes; and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit our website and navigate to the appropriate section(s) for your facility type: <https://www.cdc.gov/nhsn/cms/index.html>

If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov. The NHSN Helpdesk is staffed Mondays thru Fridays, 7 am ET – 5 pm ET, excluding Federal Holidays.

OUTPATIENT PROCEDURE COMPONENT

NEW! Analysis Resources Guides Available for Outpatient Procedure Component (OPC)

We are happy to announce the availability of new Quick Reference Guides (QRGs) to help users navigate the how-to's of basic analyses in the Outpatient Procedure Component! Five new QRGs are now accessible through the NHSN ASC surveillance page, under "Analysis Resources" found here: <https://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html>

Resources for NHSN Users Already Enrolled

Training	+
Protocols	+
Data Collection Forms	+
Supporting Materials	+
Analysis Resources	–

- [Viewing Patient Safety Component Data in OPC, August 2019](#) [PDF – 500 KB]
- [Resolving Alerts in OPC, August 2019](#) [PDF – 250 KB]
- [How to Filter Data by Time Period, October 2019](#) [PDF – 350 KB]
- [How to Modify a Report, October 2019](#) [PDF – 500 KB]
- [Line List of Excluded Outpatient Procedures from SIR, October 2019](#) [PDF – 450 KB]

NEW! Analysis Resources Guides Available for Outpatient Procedure Component (OPC) continued on page 11

NEW! Analysis Resources Guides Available for Outpatient Procedure Component (OPC) (continued)

These new QRGs are described below

- 1) [Viewing Patient Safety Component Data in OPC](#) – Ambulatory Surgery Centers (ASC) that were previously enrolled in the Patient Safety Component (PSC) in NHSN can view PSC data entered before November 1, 2018 in OPC. The PSC records with a procedure date of Oct 31, 2018 or earlier are accessible in OPC via the Analysis reports.
- 2) [Resolving Alerts in OPC](#) – NHSN alerts were built into the application to assist users in ensuring that complete and accurate data are reported to NHSN in a timely manner. Resolving outstanding alerts ensures complete reporting into NHSN.
- 3) [How to Filter Data by Time Period](#) – This QRG outlines the basics of how to filter reports by time period, through the report modification screen.
- 4) [How to Modify a Report](#) – Any report within NHSN analysis can be modified and customized to meet many of your analytic needs. This QRG will outline the basics of the report modification page.
- 5) [Line List of Procedures Excluded from SIR](#) – For the surgical site infections (SSI) module, there are inclusion and exclusion criteria that are applied to procedures and associated events, prior to applying the risk-adjustment models for the SIRs. The “Line Listing Outpatient Procedures Excluded from SIR” is an NHSN analysis report that is intended to assist users in reviewing the procedures that are excluded from the SIRs and the reasons for the exclusion.

LONG-TERM CARE FACILITY COMPONENT

LTCF Updates

Updates can be found in the LTCF newsletters, available here:

<https://www.cdc.gov/nhsn/ltc/newsletters/index.html>

Newsletters and Archived Communications

2019 2018 2017 2016

December

- [December 2019 LTCF Newsletter](#)

Inside this Issue – LTCF Component 2019 Annual Facility Survey, Upcoming Webinars, 2020 NHSN LTCF Component Updates, How to Report Healthcare Personnel Influenza Vaccination Summary Data, Enhanced Barrier Precautions: New Guidance for Nursing Homes, and more.

HEALTHCARE PERSONNEL SAFETY COMPONENT

Using Timeboxing to Generate Data Sets

A new analysis feature called timeboxing is available in the Healthcare Personnel Safety Component of NHSN. With the December 2019 release, facilities now have the option of generating datasets for a specific period (such as one or more months) for any NHSN-reported measure. Since healthcare personnel influenza vaccination summary data are reported by influenza season rather than by month, these data will be displayed based on the influenza seasons covered by the months and years that facilities select.

For example, to view data for the 2019-2020 influenza season, a facility could select October 2019 for a beginning date and December 2019 for an ending date (as shown in the image), as both dates fall within the 2019-2020 season. If a facility selected January 2019 for a beginning date and December 2019 for an ending date, data would display for both the 2018-2019 and 2019-2020 influenza seasons, because each calendar year covers two influenza seasons. Please note that NHSN defines an influenza season as beginning on July 1 and ending on June 30. In other words, the 2019-2020 influenza season started on July 1, 2019 and will end on June 30, 2020.

If you have questions about timeboxing, please send an e-mail to: nhsn@cdc.gov with 'HPS Flu Summary' in the subject line of your message.

NHSN - National Healthcare Safety Network (AWDV-NHSN-WL01:8001)

NHSN Home
Alerts
Reporting Plan
HCW
Lab Test
Exposure
Prophy/Treat
Import/Export
Flu Summary
Surveys
Analysis

Generate Data Sets (Healthcare Personnel Safety)

Reporting Data Sets

Include data for the following time period:

Beginning Ending
10/2019 12/2019 Clear Time Period

Generate Reporting Data Sets

Last Generated:
November 6, 2019 12:09 PM
to include data beginning 10/2019 and ending 12/2019

BIOVIGILANCE COMPONENT

Hemovigilance Module Updates

Upcoming Changes to the Adverse Reaction Protocol for Transfusion-Associated Circulatory Overload

In January 2021, the Hemovigilance Module will incorporate new case definition criteria for transfusion-associated circulatory overload (TACO) to reflect an international effort to standardize reporting of this reaction (1). For additional information please direct any questions to nhsn@cdc.gov and include 'Hemovigilance' in the subject line for the fastest response.

Current TACO case definition:

New onset or exacerbation of 3 or more of the following within 6 hours of cessation of transfusion:

- Acute respiratory distress (dyspnea, orthopnea, cough)
- Elevated brain natriuretic peptide (BNP)
- Elevated central venous pressure (CVP)
- Evidence of left heart failure
- Evidence of positive fluid balance
- Radiographic evidence of pulmonary edema

Proposed revision to the TACO case definition:

New onset or exacerbation of 3 or more of the following within 12 hours of cessation of transfusion:

(At least 1 of the following:)

- Evidence of acute or worsening respiratory distress (dyspnea, tachypnoea, cyanosis and decreased oxygen saturation values in the absence of other specific causes; bronchospasm or wheezing)

AND/OR

- Radiographic or clinical (crackles on lung auscultation, orthopnea, cough, a third heart sound and pinkish frothy sputum in severe cases) evidence of acute or worsening pulmonary edema

AND

- Elevated brain natriuretic peptide (BNP) or NT-pro BNP (relevant biomarker)
- Evidence of Cardiovascular system changes not explained by patient's underlying medical condition (Elevated central venous pressure (CVP), evidence of left heart failure including development of tachycardia, hypertension, widened pulse pressure, jugular venous distension, enlarged cardiac silhouette and/or peripheral edema)
- Evidence of fluid overload including positive fluid balance, response to diuretic therapy and change in patient's weight.

GENERAL NHSN INFORMATION

NHSN Training Updates

Important Information – 2020 NHSN Training

Due to the Decennial 2020 – Charting the Future of Prevention, there will be no 2020 NHSN Patient Safety Annual Training. The 6th International Conference on Healthcare Associated Infections, cohosted by SHEA and CDC, will take place March 26-30, 2020 at the Marriott Marquis, Atlanta, GA. More information can be found here:

<https://decennial2020.org/>

NHSN will provide a series of webinars detailing 2020 Patient Safety Component protocol, annual survey, and analysis updates, Outpatient Procedure Component Updates, and Antibiotic Use and Resistance updates early in the new year. Please stay tuned for further information and dates for these webinars.

Please plan to use the 2019 NHSN Annual Training videos and slides for NHSN training throughout 2020. Information in the 2019 materials that has changed for 2020 will be noted via addendums on the website. NHSN will send out email communications when these are available.

New NHSN Quick Learns Now Available!

The NHSN Statistics Calculator: Compare Two Standardized Infection Ratios Quick Learn is now available on the NHSN website!

<https://www.cdc.gov/nhsn/training/analysis/index.html>

<https://www.cdc.gov/nhsn/ps-analysis-resources/index.html>

This 9-minute video explains the use of the statistics calculator within the NHSN application and provides a detailed example of the “Compare Two Standardized Infection Ratios” option to input data for comparison into the statistics calculator.

Quick Learns are short, educational videos that provide explanation of a specific part of the NHSN protocols or data analysis and reporting options within the NHSN application.

If you have any questions about the NHSN training, please send us an email at NHSNTrain@cdc.gov.



CDA moving to R3-D3 IG version for release 9.4 (January 2020)

- Events: If event date $\geq$ 2020, MUST use the R3-D3 version of the IG.
 - Bloodstream Infection (BSI)
- Summaries: If summary month is $\geq$ 2020, MUST use the R3-D3 version of the IG.
 - Denominators for LabID: 'MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring' (LabID Denominator or POM)
 - Denominators for Intensive Care Unit (ICU)/Other Locations
 - Denominators for Neonatal Intensive Care Unit (NICU)
 - Denominators for Specialty Care Area (SCA)
- The R3-D3 Dialysis Summary CDA is now a valid CDA import for 2019 and forward. The CDA contains the option to include "Report No Events".
 - Both Dialysis summary versions (R3-D3 and R3-D1) will be accepted for 2019 Dialysis summary data.
 - Dialysis Summary with dates $\geq$ 2020 MUST use the R3-D3 version.

Important CDA related defects to be included in NHSN R9.4:

- Pathogen error happening during SSI CDA import, when the pathogen *E.Coli* was being submitted into NHSN. It would then display as *Klebsiella oxytoca*.
- Lab positive is now enabled for SIP and SIS rules.

Guide to CDA Versions

- The Guide to CDA versions on the NHSN CDA Submission Support Portal is always available to verify valid CDA imports based on the correct Implementation Guide:
- Guidance for 2020 has been added. <http://www.cdc.gov/nhsn/cdaportal/toolkits/guidetocdaversions.html>

Guide to CDA Versions				
For creating CDA files, please see the specific Implementation Guide (IG) and its associated reference materials.				
The table below describes the specific Implementation Guide (IG) to be used for each component based on the event/insertion/procedure/specimen collection dates (as applicable) for each year.				
Download the corresponding CDA Toolkits for the corresponding year.				
Events or Denominators	2020	2019	2018	2017
CDA Toolkit Release	9.4	9.2 & 9.3	8.9 & 8.8	8.6
DIALYSIS				
Dialysis Event	R3-D1.1	R3-D1.1	R3-D1.1	R3-D1
Dialysis Denominator	R3-D3	R3-D1 or R3-D3	R3-D1	R3-D1
EVENTS				
Primary Bloodstream Infection (BSI)	R3-D3	R3-D2	R9	R9
Central Line Insertion Practices Adherence (CLIP) Monitoring	R2-D2.1	R2-D2.1	R2-D2.1	R2-D2.1

CDA Corner continued on page 16

CDA Corner (continued)

AU Option Synthetic Data Set Initiative - New Resources!

A new webpage for AU Synthetic Data Set (SDS) Validation was recently created:

<https://www.cdc.gov/nhsn/cdaportal/au-sds/index.html>.

Additionally, instructions for how to obtain a Vendor OID are available here:

<https://www.cdc.gov/nhsn/cdaportal/au-sds/oid.html>.

AU SDS FAQs have also been posted: <https://www.cdc.gov/nhsn/cdaportal/au-sds/sds-faq.html>.

AU Option Synthetic Data Set Initiative - Vendor OID and SDS Validation ID

While vendors are undergoing the process AU SDS Validation in 2020, they may continue to use the ID root and extension that they've been using in current production AU CDA submissions. New AU CDA vendors may use the ID root and extension that are used in the sample AU CDAs from the AU CDA Toolkit found here:

<https://www.cdc.gov/nhsn/cdaportal/toolkits.html>

Just remember that beginning in January 2021, NHSN will require that all production AU Summary CDA files contain the SDS Validation ID, provided by the NHSN Team after confirmation of successful validation, and Vendor (Application) OID. The NHSN application will reject all AU Summary CDA files that do not contain this information.

As shown in the XML code for the AU CDA Author Section, beginning in January 2021 the ID root must contain the Vendor OID and the extension must contain the SDS Validation ID.

Please email AU SDS questions to

nhsncda@cdc.gov.



```
<!-- The author of a population summary report is the software forming the message. -->
<author>
  <!-- The time the document was authored -->
  <time value="20190615"/>
  <assignedAuthor>
    <!-- root=vendor OID; extension is assigned AU Validation ID -->
    <id root="1.111.33.999.9" extension="AU_1234"/>
    <assignedAuthoringDevice>
      <!-- Optional-Vendor software name -->
      <manufacturerModelName>Best Software</manufacturerModelName>
      <!-- Optional-version and release of the software-->
      <softwareName>1.3.555.55v3</softwareName>
    </assignedAuthoringDevice>
    <!-- Optional-Vendor Name -->
    <representedOrganization>
      <name>Best Vendor</name>
    </representedOrganization>
  </assignedAuthor>
</author>
```

As an Important Reminder...

Not all NHSN changes are documented in the IDM so be sure to reference the updated protocols. Other helpful links are the following:

- Archived Newsletters: <https://www.cdc.gov/nhsn/newsletters/index.html>
- Archived NHSN email communication: <https://www.cdc.gov/nhsn/commup/index.html>
- CDA vendor webinars & training videos: <https://www.cdc.gov/nhsn/cdaportal/webinars.html>

Update for CDA Direct Automation

- At this time, 6,600 facilities from 17 separate vendors have signed up for DIRECT CDA Automation. If your facility is sending data via CDA and you are interested in learning more about DIRECT CDA Automation, ask your CDA vendor or check out the information on the CSSP site: <http://www.cdc.gov/nhsn/cdaportal/importingdata.html#DIRECTProtocol>.

NHSN Help Desk Activity Update

Quarter 4, 2019

(Averages)

535 Email Inquiries per Week

15 Facilities Enrolled per Week

NHSN Enrollment Update

NHSN Enrollment Update (as of December 10, 2019):

6,842 Hospitals (this includes 466 Long-term Acute Care Hospitals
and 369 Free-standing Inpatient Rehabilitation Facilities)

7,614 Outpatient Hemodialysis Facilities

4,656 Ambulatory Surgery Centers (ASCs)

3,063 Long-term Care Facilities

22,175 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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