

February 2011
Hospital Edition, Issue 7

Healthcare Associated Infection Prevention Newsletter

IMPORTANT INFORMATION FROM NHSN

NHSN RE-CONSENT AGREEMENT

When your facility enrolled in NHSN, the primary contacts and an executive of the facility's leadership (e.g., CEO) signed a consent form agreeing to abide by the requirements of NHSN. Because of the increasing number of states with mandatory HAI reporting that are engaged in HAI prevention activities, and because of the Centers for Medicare and Medicaid Services (CMS) pay-for-reporting program and the potential for federal HAI reporting mandates, the CDC has added the four new purposes listed below to the existing six purposes of NHSN:

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

NHSN Facility Administrators were emailed further instructions for submission of the updated consent and received an alert, upon login to the NHSN application, that the updated NHSN Agreement to Participate and Consent is available for printing.



All facilities are required to read, sign and return the updated NHSN Agreement to Participate and Consent document in order to continue participating in NHSN. **The Consent Agreement document must be received by the CDC by February 28, 2011**. Facilities that do not sign and return the agreement will be deactivated from NHSN and, as a result, will be in non-compliance with the requirements of Act 52.





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Central Line Associated Bloodstream Infection (CLABSI)

This is a primary bloodstream infection (BSI) in a patient that had a central line *within* the 48-hour period before the development of the BSI.

There is no minimum time period that the central line must be in place in order for the BSI to be considered central line associated.

Central Line - An intravascular catheter that terminates at or close to the heart or in one of the <u>great vessels</u> which is used for infusion, withdrawal of blood or hemodynamic monitoring.

The following are considered great vessels for the purpose of reporting and counting central line days in NHSN:

- Aorta
- Brachiocephalic veins
- Pulmonary artery
- Internal jugular veins
- Subclavian veins
- External iliac veins
- Common femoral veins
- Superior vena cava
- Inferior vena cava
- Umbilical artery/vein (in neonates)

For more information: NHSN CLABSI Guidance

Note:

- Neither the location of the insertion site nor the type of device may be used to determine if a line qualifies as a central line.
- An introducer is considered an intravascular catheter.
- Pacemaker wires and other nonlumened devices inserted into central blood vessels or the heart are <u>not</u> considered central lines, because fluids are not infused, pushed, nor withdrawn through such devices.

CLABSI Denominator Data

Remember to count patient days and the number of patients with one or more central lines at the same time each day.

Enter the totals into NHSN within 30 days of the end of the month.

If a patient has both a temporary and a permanent line, count as a patient with <u>only</u> a temporary line.

If an infant has both an umbilical catheter and a central line, count as a patient with **only** an umbilical line.





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Catheter Associated Urinary Tract Infection (CAUTI)



This is a urinary tract infection (UTI) in a patient that had an indwelling urinary catheter at the time of, or within 48 hours before, the onset of the event.

There is no minimum period of time that the catheter must be in place in order for the UTI to be considered catheter associated.

Indwelling Catheter – a drainage tube that is inserted into the urinary bladder through the urethra is left in place and is connected to a closed collection system. This <u>does not</u> include straight in-and-out catheters, suprapubic or nephrostomy tubes/catheters.

Note:

All UTIs must have a positive culture to meet NHSN criteria.

For more information: NHSN CAUTI Guidance

CAUTI Denominator Data

Remember to count patient days and the number of patients with an indwelling urinary catheter device at the same time each day.

The daily counts of these days are summed for each location and the total for the month is entered as a denominator.

Enter the totals into NHSN within 30 days of the end of the month.

Pennsylvania Custom Fields

When answering the process questions in the Pennsylvania custom fields, please remember to complete the field with a numeric response only. Extraneous characters should not be entered in this data field.

The proper entries for process questions are 1, 2, 3 or 4. Entries entered as "1", "2", yes, no, Y or N are not recognized as acceptable responses. For more information on process questions and PA custom fields:

PA Process Question Customization