

Department of Health Updates

Changes in NHSN and HAI Reporting

There are a number of changes occurring in the National healthcare Safety Network (NHSN). This newsletter provides a summary of some of these changes. Please be sure to review newsletters from NHSN as well as materials on the NHSN website for more detail when it becomes available.

Healthcare Personnel Safety Component Influenza Vaccination Module

Beginning on Jan. 1, 2013, acute care hospitals participating in the US Centers for Medicare and Medicaid Services (CMS) Inpatient Prospective Payment System (IPPS) Hospital Inpatient Quality Reporting Program will be required to submit summary data on influenza vaccination of healthcare personnel (HCP) via the NHSN for the 2012-2013 influenza season.

HCP influenza vaccination summary reporting in NHSN consists of a single data entry screen per influenza season, and this can be entered at any time during the influenza season, which is defined by NHSN as July 1 to June 30. Each time a user enters updated data for a particular influenza season, all previously entered data for that season will be overwritten and a new modified date will be auto-filled by the system.

Although CMS will only require participation from hospitals that receive IPPS payments, the Pennsylvania Department of Health (Department) is requesting that this information be provided by all hospitals required to report under Act 52. Rates will be displayed publicly in the Department's HAI Annual Report. Hospitals that elect not to submit their vaccination data will be noted in the HAI Annual Report.

The Department updated the conferred rights template to include rights to this information. If your hospital needs assistance **accepting the new conferred rights template in NHSN**, please contact the Healthcare-Associated Infection Prevention office (717-425-5422).

<u>Frequently Asked Questions</u> are available in the HCP Influenza Vaccination Summary Reporting in NHSN.



Department of Health Updates

VAP / VAE Surveillance

The Department of Health recently provided an important update regarding several changes that will be implemented by the Centers for Disease Control and Prevention (CDC) to the National Healthcare Safety Network (NHSN) in January 2013. These changes will affect reporting requirements under Act 52, Pennsylvania's Healthcare-Associated Infection (HAI) reduction and reporting law.

NHSN is updating the Ventilator Associated Event (VAE) protocol and forms. The updated protocol and forms will be available to users no later than Jan. 1, 2013. However, the new application to report this data will not be made available until after the next NHSN release scheduled for Feb. 16, 2013. Please continue to conduct surveillance for Ventilator Associated Pneumonia (VAP) for patients 18 years or older through January and February 2013.

VAP surveillance should also continue to be used for patients **under** 18 years of age until these guidelines are changed in NHSN.

On March 1, 2013, all hospitals that use ventilators in patients 18 years of age and older should switch to VAE surveillance.

The new VAE definitions in NHSN include an algorithm for identifying four types of ventilator-associated events: Ventilator Associated Conditions (VACs), Infection-related Ventilator -Associated Complications (IVACs), possible VAPs and probable VAPs. Within this algorithm, IVACs, probable and possible VAPs are considered to be infections, and therefore, hospitals will need to provide serious event letters to patients determined to meet the definitions for these events.

Seasons Greetings from the staff at HAIP



Department of Health Updates

MRSA Bacteremia and C. difficiile LabID Event Reporting

Beginning in January 2013, acute care hospitals will be required to report methicillinresistant staphylococcus aureus (MRSA) and C. difficile LabID events to NHSN to comply
with the US Centers for Medicare and Medicaid Services (CMS) 2012 Medicare Hospital
Inpatient Prospective Payment System requirements. For consistency with CMS data collection efforts and following consultation with the Patient Safety Authority and the HAI Advisory Panel, the Department is also requiring that MRSA and C. difficile LabID events be
reported by acute care hospitals.

Acute care hospitals should report C. difficile and MRSA LabID events using the facility-wide inpatient location continuously. Hospitals should include C. difficile and MRSA LabID event reporting in their monthly reporting plan, using the facility-wide inpatient (FacWidelN) location for the entire year.

Other hospital types (critical access, children's, long term acute care, rehabilitation and psychiatric) may elect to also report in-patient facility-wide continuous C. difficile and MRSA LabID events or can continue to report data into the Multidrug-Resistant Organism and Clostridium difficile Infection (MDRO/CDI) Module as they have been for the last two years. Hospitals in this latter category may select either the infection surveillance or the LabID event protocols. Both are acceptable for critical access, children's, long term acute care, rehabilitation and psychiatric hospitals. To follow the minimum required by either protocol, a hospital must select at least one pathogen in at least one location for monitoring, either via the infection surveillance or the LabID event requirements.

Reminder: Surveillance for Neonatal Intensive Care Units (NICU), Well Baby Nurseries, Specialty Care Nurseries (SCN) and babies in labor, delivery, recovery and post-partum (LDRP) locations must be removed from denominator counts (admissions, patient-days) when conducting surveillance for C. difficile using facility-wide monitoring.



NHSN Information

NHSN Surveillance Changes January 2013

Surgical Site Infection (SSI) Surveillance

- The definition of primary closure will be changed to include procedures in which devices remain extending through the incision at the end of the surgical procedure. There is new terminology regarding primary closure.
- NHSN will no longer collect information on implants utilized during operative procedures as part of surgical site infection surveillance.
- SSI surveillance will no longer be determined by presence of surgical implant or type of SSI, but rather by the NHSN Procedure Category only.
- Post Discharge Surveillance is to be conducted for 30 days for colon (COLO) procedures and abdominal hysterectomies (HYST) and 90 days for cardiac procedures (CARD, CBGB, CBGC), hip prosthesis (HPRO) and knee prosthesis (KPRO).

Central Line Associated Blood Stream Infection (CLABSI) Surveillance

- A new category, Mucosal Barrier Injury (MBI) Laboratory Confirmed Bloodstream Infection (LCBI) was created. MBI-LCBI will continue to counted under CLABSI surveillance in 2013.
- A MBI-LCBI must meet the LCBI definition for primary BSI.

Attention NHSN Administrators

NHSN facility administrators are reminded to review their list of users in NHSN to confirm that the contact information is accurate and to deactivate users who are no longer employed by the facility. If a user no longer needs access to NHSN, the user profile should be set to "inactive" to terminate access to the facility's data.



NHSN Information

NHSN New/Updated Key Terms

<u>Present on Admission (POA):</u> An infection is considered POA if it occurs on the day of admission to the hospital or the next day and fully meets the NHSN site-specific infection criterion.

<u>Healthcare-Associated Infection (HAI):</u> An infection is considered an HAI if it occurs on or after the **third** hospital day and meets the NHSN site-specific infection criterion.

<u>Device-Associated Infection:</u> An infection is considered device-associated if the device has been in place for greater than two calendar days and meets the NHSN site-specific infection criterion.

<u>Transfer Rule:</u> If a HAI develops less than or equal to two calendar days of transfer from one inpatient location to another in the same facility, it is attributed to the transferring location. Likewise, if an HAI develops less than or equal to two calendar days of transfer from one inpatient facility to another, it is attributed to the transferring facility. Receiving facilities should share information about such HAIs with the transferring facility to enable reporting.

NHSN Contact Information

For NHSN help, please send an email to: nhsn@cdc.gov.

Remember to include the facility five-digit NHSN assigned ID Number with your question.

CDC's NHSN Website: www.cdc.gov/nhsn