

Healthcare-Associated Infection Prevention Hospital Edition Newsletter March 2013

Department of Health Updates

Outreach Assistance to Hospitals

The National Healthcare Safety Network (NHSN) recently released NHSN Version 7.1. There have been many changes impacting all NHSN components. Facilities are responsible for reviewing all communications from NHSN. This newsletter provides a snapshot and is not inclusive of the recent NHSN update. Please review the recent communication sent from NHSN on Feb. 17, 2013.

If your facility does not receive these communications, please contact nhsn@cdc.gov.

The nursing service consultants from the Healthcare Associated Infection Prevention section will continue to make outreach phone calls to infection prevention staff in **every hospital** in an effort to assist with the recent changes in NHSN and to answer questions related to reporting requirements.

Carbapenem-Resistant Enterobacteriaceae (CRE) Advisory

On Feb. 14, 2013, the Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) health advisory message about CRE. The message alerted clinicians about the need for additional prevention steps regarding CRE. [Read the CDC advisory](#). Learn more about the prevention of [CRE transmission through CDC's CRE Toolkit](#).

Completing Monthly Reporting Plans (MRP) for Ventilators

For hospitals monitoring ventilators:

If ventilators were in the MRP for January and February 2013, please be aware that the "Copy from Previous Month" function will not automatically add VAE to the reporting plan for March 2013. Due to the VAP and VAE changes within NHSN, the VAE checkbox will not be automatically checked; therefore, you will need to check the VAE box. The same applies if you have patients under the age of 18 with ventilators. The Ped VAP box will need to be checked, since it will not be automatically carried over from the February 2013 MRP. Facilities do not have to make any changes to the MRPs for January and February 2013.

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Department of Health (Department) Updates

MRSA Bacteremia and C. Difficile LabID Event Reporting

Beginning January 2013, acute care hospitals were required to begin reporting methicillin-resistant staphylococcus aureus (MRSA) and C. difficile LabID events to NHSN to comply with the U.S. 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 (FacWideIN) location for the entire year.

Other hospital types (critical access, children's, long term acute care, rehabilitation and psychiatric) may also elect to report inpatient facility-wide continuous C. difficile and MRSA LabID events or 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. 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.

MRSA and C. difficile LabID event reporting is a different reporting pathway in NHSN, so Healthcare-Associated Infections (HAIs) and LabID events must be reported separately. Each event must be reported individually if it meets the applicable criteria, one as an HAI event and another as a LabID event.

Written patient notification is required only for those events that meet the HAI event criteria, not for the LabID event criteria.

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Department of Health (Department) Updates

MRSA Bacteremia and C. Difficile LabID Event Reporting (continued)

The Centers for Disease Control and Prevention (CDC) [Locations](#) and [Descriptions](#) guidance states that all inpatient locations should be included in the FacWideIN denominator counts (with the exception of C. difficile reporting), whether devices are being utilized or not in a particular location. If facilities have inpatient units without devices that are not being monitored in the monthly reporting plan, please note that the patient days that auto populate in the MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring summary data form will not include those units. The patient days will need to be edited to include the data from those units that are mapped but are not being monitored for devices in the monthly reporting plan. Denominator data for facility-wide monitoring for CDI reporting should exclude the Neonatal Intensive Care Units (NICU), Specialty Care Nurseries (SCN), babies in labor, delivery, recovery and post-partum (LDRP), and well-baby nurseries.

Patient Control Number

The Patient Control Number is not required to be entered into the comment field for LabID events. It is still required for the HAI infections but will not be needed for LabID reporting.

Adding New Inpatient Locations

When a new inpatient location is added, the facility must go back to the conferred rights template and check off that location in order for the group to have access to that data. After the template is updated, click the “Accept” button to save the changes. Please contact the Department for assistance.

Infection Control Plans

Although facilities are no longer required to submit updates to their infection control plan to the department, facilities are expected to keep these plans updated to reflect the Act 52 requirements.

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Department of Health Updates

Summary of Required Monthly Denominator Data

As provided in Section 404(b) of the MCARE Act, hospitals shall report HAI data in accordance with the NHSN Manual, Patient Safety Component Protocol. In addition to the reporting of the actual HAI events (numerator data), the MCARE Act and NHSN manual require collection and monthly reporting of denominator data that assists in the calculation of infection rates. This denominator data consists of:

- For CLABSI and CAUTI data: total patient days and device days for each
- For SSI data: total procedures and patient-level data elements for each benchmarked procedure type (CARD, CBGB, CBGC, HPRO, KPRO, HYST and COLO)
- For ventilator-associated pneumonia (PedVAPs) under 18 years of age: total ventilator days and patient days
- For ventilator-associated events (VAEs) in patients 18 years of age and over: total ventilator days and patient days for ventilator-associated conditions (VACs), infection-related ventilator-associated complications (IVACs), possible VAPs and probable VAPs. In addition, the number of patients on a ventilator who are on the airway pressure release ventilation (APRV) mode of mechanical ventilation or related modes should also be indicated on the appropriate denominator summary data screen.
- MDRO and C. difficile data: total patient days and total admissions on the MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring summary data screen

PAOTH

PAOTH is a procedure code that was created to be used when the ICD-9 code of the procedure related to a surgical site infection (SSI) event is not included in the NHSN operative procedure category mapping in Table 1 of the NHSN's manual, Patient Safety Component, Chapter 9. When PAOTH is used for an SSI event, the ICD-9 code field is required.

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NHSN Information

CDC Unveils Newly Redesigned NHSN Website

CDC has announced its redesigned NHSN website. Designed to be easy to navigate and intuitive, the new site offers:

- clear enrollment instructions;
- one-stop information pages for each facility type;
- easy access to user updates/newsletter and CMS rule information;
- direct links to the NHSN application log-in page; and
- a new “About NHSN” page.

Report No Event Boxes

Hospitals must confirm the months during which they did surveillance for an infection but did not enter any infections by checking the appropriate “no events” box on the appropriate denominator summary screen for CLABSIs, CAUTIs, PedVAPs and VAEs or checking “no procedure” boxes for a particular month when no procedures were performed.

Inpatient Hemodialysis through a Central Line

When hemodialysis through a central line is provided by contracted staff members who are not employees of the facility, CLABSIs that are identified in these patients are attributed to the inpatient location where the patient was assigned. Facilities are responsible for the care provided within their confines, and infection prevention issues related to contracted staff or their agencies should be addressed by the facility. Be sure to include these patients in the device day and patient day collection.

This procedure is for patients who receive their dialysis within the facility while they are receiving inpatient care. This does not include patients who receive their dialysis on an outpatient basis, in which case patients on inpatient status are transferred to an outpatient dialysis facility to receive dialysis.

Please note, as of Jan. 1, 2013, the Hemodialysis Reliable Outflow (HeRO) dialysis catheter is no longer included in the device day and patient day collection.

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NHSN Information

2012 NHSN Survey

All facilities may complete the 2012 Patient Safety Component Annual Facility Survey at this time.

Wound Classification

The assignment of the wound classification in NHSN should be based on what occurs in the operating room. The surgical class should be assigned by the surgical team at the time of surgery. Assignment of surgical wound class should not be set at one class by the type of surgery; it is an indicator of potential risk for infection that is assigned on a case-by-case basis.

The following NHSN procedure categories are never considered to have a clean wound classification: APPY, BILI, CHOL, COLO, REC, SB, and VHYS.

Change in NHSN Facility Administrator

The person who enrolls a facility in NHSN is designated as the NHSN Facility Administrator. Only the NHSN Facility Administrator can reassign his/her role to another user. It is important that the NHSN Facility Administrator reassigns this role to another NHSN user when their job tasks at the facility change or if he/she will be leaving the facility. It is also recommended that facilities have two users with NHSN Facility Administrator rights.

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