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NHSN National Healthcare Safety Network

NHSN e-News

The Centers for Disease Control and Prevention (CDC)

APIC Conference Is Here

Are you going to the Association for Professionals in Infection Control and Epidemiology, Inc., (APIC) 2010 National Conference in New Orleans in July? If you are, we'd love to see you at one (or more) of the NHSN educational sessions. Take a look at the list below to see if there is one that may be right be for you.

Monday, July 12th

Conference Auditorium 2:

3:00-5:00 PM
Getting It Right! Learning How to Use the NHSN Surveillance Definitions
Teresa Horan, MPH, Leader, NHSN Training and User Support Team
Conference Auditorium 1:

5:15-6:15 PM
NHSN Member's Meeting
NHSN Team Members

Wednesday, July 14th

Conference Auditorium 1:

1:30 PM - 2:30 PM
Overview of Antibiotic-Resistant Infections Reported to NHSN: Problematic Pathogens and Best Metrics
Dawn M. Sievert, PhD, MS , Epidemiologist

2:45 PM-3:45 PM
NHSN Healthcare Personnel Safety Component
Taranisia MacCannell, PhD, Healthcare Epidemiologist
4:00 PM - 5:00 PM
Making the Most of Your NHSN Data
Maggie Dudeck, MPH, CPH , Epidemiologist

Influenza Vaccination Module - Update for 2010!...

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The High Risk Inpatient Influenza Vaccination (HRIIV) Module will be updated for the 2010-11 influenza season to reflect the latest recommendations of the Advisory Committee on Immunization Practices (ACIP) and will be renamed the Vaccination Module. This module assists facilities to document the offering and administration of influenza vaccine in the hospitalized inpatient population. The module has capability for the facility to identify, analyze and provide a standardized way to track the vaccination of hospitalized inpatients. It will be streamlined and simplified for ease of use by facilities.

In February, 2010, ACIP voted to expand the recommendation for annual influenza vaccination to include all people aged 6 months and older for the 2010 – 2011 influenza season. The new recom

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recommendation seeks to remove barriers to influenza immunization and signals the importance of preventing influenza across the entire population. This change occurred as a response to incremental increases in the numbers and groups of people recommended for influenza vaccination in previous years, and lessons learned from the H1N1 flu pandemic. ACIP's previous recommendations for seasonal influenza vaccination focused on vaccination of higher risk persons; therefore, the HRIIV Module was restricted to such patients. With ACIP's broader recommendations, NHSN will also expand to include all hospitalized patients.

Based on current projections, more licensed types and brands of seasonal influenza vaccines will be available in the 2010-11 influenza season than has ever been available before. The composition of the Northern Hemisphere's 2010-11 seasonal influenza vaccine will be trivalent (with three different vaccine viruses) and include an A/California/7/2009 (H1N1)-like virus, an A/Perth/16/2009 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus. The H1N1 virus recommended for inclusion in the 2010-11 trivalent vaccine is a pandemic 2009 H1N1 virus and is the same virus used in the 2009 H1N1 monovalent vaccine.

The Vaccination Module can be completed using either retrospective medical record review (Vaccination Monthly Summary Method) or by prospective evaluation of each inpatient admission (Patient-Level Vaccination Method). The minimum requirement to participate in this module is one month during the influenza season, but maximal benefit is obtained by completing the module for each month of the entire influenza season.

Biovigilance Component Updates

A new version of the Biovigilance Component containing the most up-to-date information was published on the NHSN website June 9, 2010. The most notable changes include detailed instructions for using the Hemovigilance Module, including monthly reporting requirements and clarifications to the case definitions in Appendix A, and the clinical and laboratory definitions in Appendix B.

Note the following changes in case definition criteria:

- Hypotension has been clarified for children and small infants.
- FNHTR reaction can now be reported in the patient with chills or rigors and absence of fever.
- TAGVHD probable and possible criteria were clarified.

The June 2010 release of the BV Component Protocol may be found here: www.cdc.gov/nhsn/bio.html.

NHSN Case Studies to Hone Your Surveillance Skills

The American Journal of Infection Control (AJIC) and the National Healthcare Safety Network (NHSN) have teamed up to present a series of case studies in AJIC beginning in 2010. These cases reflect some of the complex patient scenarios infection preventionists have encountered in their daily surveillance of healthcare-associated infections. With each case, a link to an online quiz is provided where you can answer the questions and receive immediate feedback in the form of answers and explanations. All individual participant answers are confidential, although it is the authors' hope to share a summary of the findings at a later date. All cases, answers, and explanations have been reviewed and approved by the NHSN.

The first case study and four questions are published in the June 2010 issue of AJIC and are available online at http://www.surveymonkey.com/s/AJIC-NHSN-Case1.

Entering Candida Glabrata

It has been brought to the attention of the NHSN Help desk that when entering the pathogen *Candida glabrata* for any sort of HAI event, the system is requiring you to enter at least one antimicrobial with susceptibility results in order to save the event. Currently there are no antifungals among the list of antimicrobials. We are working to resolve this defect. In the meantime, please choose any antimicrobial agent from the menu and then indicate "Not Tested" for the result. This will allow you to save the event. We appreciate your patience as we work to resolve this issue.

NHSN Patient Safety Manual and Document Updates

The NHSN Manual and documents have been modified to reflect recent changes to processes and procedures made in the NHSN application for the 6.2 release.

	Manual and Document Updates
Manual Chapter:	
1 Overview	Removed outdated information about the Biovigilance and Healthcare Personnel Safety Components.
4 CLABSI	Added note on page 4-2: "Intraaortic balloon pumps (IABP) are not central lines." Added bullet under Reporting Instructions page 4-5: "Even if there are clinical signs or symptoms of localized infection at a vascular access site, but no other infection can be found, the infection is considered a primary BSI."
9 SSI	The following updates were made to ICD-9-CM codes and the listed Operatives Categories: **CARD:** Moved 37.25 from CARD to NO (non-operative) **FUSN:** Moved 81.62, 82.63, 81.64 from FUSN to OTH **PACE:** Moved 33.25 from PACE to THOR **THOR:** Added 32.3, 32.4, and 32.5 to THOR **VHYST:** Added 68.7 to VHYS **XLAP:** Moved 54.62 from XLAP to NO; Added 53.7 to XLAP
12 MDRO/CDAD	Identified that Facility-wide Inpatient, Facility-wide Outpatient and Facility-wide Both are optional methods for LabID Event surveillance; Removal of option of calculating a CDI Incidence Rate for a facility- can only be calculated for a location (has been renamed Location CDI Incidence Rate).
14 Tables of Instructions	1. Table 2 BSI, Table 4 PNEU, and Table 5 UTI– Note added to Date of Event: "If a device has been pulled on the first day of the month in a location where there are no other device days in that month, and a device-associated infection develops after the device is pulled, attribute the infection to the previous month." 2. Table 3 CLIP– Further instructions under Occupation of Inserter and Reason for Insertion. Central Line Exchanged Over Guidewire field removed; Insertion of PICC team, as option for inserter; removal of fields Number of lumens and Antiseptic ointment applied to site. 3. Table 6 Completion of Denominators for Intensive Care Unit– Note added: "If the patient has only a tunneled or implanted central line, begin recording days on the first day the line was accessed and continue throughout entire stay." 4. Table 12 MDRO/CDAD– Completion of the Laboratory-identified MDRO or CDAD Event- System will now auto-fill field Documented Prior Evidency of Infection or Colonization with this Specific Organism Type from a Previously Reported LabID Event. 5. Table 13 Completion of Denominator for Procedure– ASA now required for inpatient procedures only; Multiple Procedures field was removed.
15 Locations	Addition of Mixed Acuity, Pediatric Mixed Acuity and Mixed Age Mixed Acuity Wards and addition of LabID Event locations: Facility-Wide Inpatient, Facility-Wide Outpatient
16 Key Terms	Addition of definition of Aseptically Obtained
Document:	
ICD-9-CM Procedure Code Mapping to NHSN Operative Procedure Categories	Updated to reflect changes highlighted above.

CDC/DHQP Visits Facilities in Oregon

CDC's Division of Healthcare Quality Promotion (DHQP), recently traveled to Portland, Oregon, to attend the annual Council for State and Territorial Epidemiologists (CSTE) conference. In addition to attending the conference, DHQP staff had the unique opportunity to meet with Oregon's three public health agencies concurrently working on the prevention and elimination of healthcare-associated infections (HAI): the Oregon Public Health Division (OPHD), Office for Oregon Health Policy and Research (OHPR), and the Oregon Patient Safety Commission (OPSC).

Additionally, DHQP's Surveillance Branch coordinated with OHPR's HAI Prevention Coordinator, Jeanne Negley, and Bob Duehmig of the Office of Rural Health to visit three hospitals ranging in bed-size from 25 to 483 beds. The overarching goals of the visits were to learn first-hand about their experiences using NHSN, to determine and resolve facility-specific challenges, and identify successes in surveillance and reporting of HAIs.

In addition, DHQP's Wendy Vance, Public Health Analyst and Ronda Sinkowitz-Cochran, Prevention Liaison were privileged to participate in the first OPSC prevention collaborative kick-off meeting on Thursday, June 11. Oregon's HAI prevention collaborative consists of infection-prevention representatives from nine Oregon facilities and plans to implement proven strategies for sustainable change in infection prevention practices as one of the many goals and initiatives for HAI reduction in Oregon.

Additional kick-off attendee's included the following partners:

- Oregon Association of Hospitals and Health Systems (OAHHS)
- Acumentra Health
- Association for Professionals in Infection Control and Epidemiology/ Oregon and Southern Washington chapter
- OPSC faculty and planning committee.

The kickoff was facilitated by OPSC's Collaborative Manager, Melissa Parkerton. The collaborative will have five learning sessions over the course of the next 18 months, and will focus on prevention activities, change packages, and bundles for the reduction of selected HAI including: Surgical Site Infections by 10% (stretch goal by 25%), Clostridium Difficile by 12% (stretch goal by 30%), and Central Line-Associated Bloodstream Infections (CLABSI) by 20% (stretch goal is 0), with dual enrollment in the OAHHS sponsored Stop-BSI *Comprehensive Unit-Based Safety Program (CUSP)*.

The trip was timely as Oregon released their first annual HAI report on May 24, 2010, on CLABSI, SSI, and SCIP process measures. The full report can be viewed at: http://www.oregon.gov/OHPPR/.

Thanks again to our many partners in Oregon for your hospitality, willingness to share, and for a learning-filled six days!

During recent site visit to Portland, Oregon, DHQP, OHPR, and hospital staff discussed challenges and successes of using NHSN.

Training for State HAI Programs

Through the American Recovery and Reinvestment Act (ARRA) of 2009, $50 million dollars was authorized to support states in the prevention and reduction of healthcare associated infections (HAI). Many states are using their ARRA funds to strengthen already present HAI surveillance programs or to develop such a program. NHSN has been assisting states through educational offerings and plan to offer webinar presentations aimed to educate state HAI program staff on the use of NHSN. State health departments will receive advance notification of the trainings.

NHSN Questions & Answers

Q: If a patient has a mediport placed in the OR for chemotherapy and then is discharged, but 8 weeks later, after 6 weeks of outpatient chemotherapy, develops fever, malaise and has 2/2 blood cultures positive for *Staphylococcus aureus,* is this infection a surgical site infection (SSI) related to the implant?

A: No. The NHSN definition of an implant is "A nonhuman-derived material, or tissue that is permanently placed in a patient during an operative procedure and is not routinely manipulated for diagnostic or therapeutic purposes." Therefore, once this device has been accessed for therapy, it ceases to be an implant. This means that a subsequent infection cannot be an SSI regardless of the amount of time elapsed since surgery.

Q: Is an uncomplicated Cesarean Section a wound class 1 or 2?

A: If the operative case is uncomplicated and encounters neither evidence of infection, nor contamination of the surgical field, then the surgery should be identified as a wound class 2, *Clean-Contaminated:* Operative wounds in which the respiratory, alimentary, genital or urinary tracts are entered under controlled conditions and without unusual contamination. Specifically, operations involving the biliary tract, appendix, vagina and oropharynx are included in this category, provided no evidence of infection or major break in technique is encountered.

Did You Know...?

1 In order to improve overall performance of the NHSN application, you should consider upgrading your Internet browser. While using the NHSN application, Internet Explorer 7 and 8 users experience 12%-35% better performance than Internet Explorer 6 users.

2 Some users have been submitting questions related to NHSN to NHSN staff mailboxes directly. Unless otherwise directed, **please send all questions to** NHSN@cdc.gov. Sending your questions in this manner allows your question to be triaged to an available staff person and will result in a quicker response to you. We thank you for your assistance in this.

The Centers for Disease Control and Prevention (CDC)

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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.