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## CDC/STRIVE Infection Control Training Courses

We are pleased to announce the launch of the first two of eleven infection control training courses, available beginning June 28. Additional courses will be launched over the summer. The curriculum includes over forty training modules and focuses on foundational and targeted infection prevention strategies.

These infection control courses were developed by national infection prevention experts led by the Health Research & Education Trust (HRET) for the Centers for Disease Control and Prevention (CDC). All courses offer free continuing education.

Please visit [www.cdc.gov/infectioncontrol/training/strive.html](http://www.cdc.gov/infectioncontrol/training/strive.html) to access the CDC/STRIVE Infection Control Training Courses beginning June 28.

## PATIENT SAFETY COMPONENT

### PedVAE Calculator Update

The PedVAE Calculator was recently updated to ensure accurate PedVAE determinations in neonates as it relates to day of life (where date of birth equals day of life 1). Per the PedVAE protocol, for neonates < 30 days of age daily minimum MAP values of 0 – 8 cmH<sub>2</sub>O are considered to be equal to 8 cmH<sub>2</sub>O. For all patients ≥ 30 days of age the daily minimum MAP values of 0 – 10 cmH<sub>2</sub>O are considered to be equal to 10 cmH<sub>2</sub>O. When a patient crosses the threshold from < 30 days of age to ≥ 30 days of age during the period of interest (2 day baseline period and 2 day period of worsening oxygenation) the PedVAE calculator will now address this change resulting in an accurate PedVAE determination.

When using the PedVAE calculator there is now a requirement to indicate if the patient is < 30 days of age on the date of mechanical ventilation initiation. If yes is selected, then the patient's day of life (where date of birth equals day of life 1) at the time of ventilation initiation will be required before the user can proceed to the next screen of the calculator.

#### Pediatric Ventilator-Associated Event Calculator

Version 1.0

Welcome to Version 1.0 of the PedVAE Calculator. Version 1.0 operates based upon the currently posted PedVAE protocol.

The Calculator is a web-based tool that is designed to help you learn how the PedVAE surveillance definition algorithm works and assist you in making PedVAE determinations.

Please note that the PedVAE Calculator will not ask you to enter any patient identifiers (other than dates of mechanical ventilation, which you can change as you see fit). The PedVAE Calculator does not store any patient data that you enter, and it will not report any data that you enter or any PedVAE determinations to the NHSN. You will not be able to export data entered into the Calculator.

If you have questions or suggestions about the Calculator, please feel free to send them to the NHSN mailbox, [nhsn@cdc.gov](mailto:nhsn@cdc.gov).



Pediatric Ventilator-Associated Event Calculator  
Version 1.0  
(must have javascript enabled)

PedVAE Calculator Update continued on page 3

# PedVAE Calculator Update (continued)

## NHSN Pediatric Ventilator-Associated Event (PedVAE) Calculator Ver. 1.0

Welcome to the Pediatric Ventilator-Associated Event Calculator. Version 1.0 operates based upon the currently posted PedVAE protocol. It is strongly encouraged that you thoroughly review the [PedVAE protocol](#).

- The calculator recognizes Mean Airway Pressure (MAP) values 0-8 cmH<sub>2</sub>O as equal to 8 for patients < 30 days of age and MAP values 0-10 cmH<sub>2</sub>O as equal to 10 for patients ≥ 30 days of age and corrects entries according to the PedVAE protocol prior to making a PedVAE determination.
- Daily minimum MAP readings are to be rounded to the nearest whole number using the following method as a value 10.50 - 10.99 is rounded to 11.
- The calculator finds multiple PedVAEs per patient as long as they conform to the 14 day rule.

To get started, **enter a date below that corresponds to the first day the patient was placed on mechanical ventilation** in a date or use the popup calendar when it appears. You may only enter dates within the past year. If the patient has been on mechanical ventilation episode, choose a start date that is more recent but is at least 7 days before the period of interest.

All fields must be completed before you can proceed.

OK

(Hint: this box is movable by dragging with your mouse. If you move it to one side and leave it open, the explanation will automatically update itself as things change.)

Mechanical Ventilation Start Date:  (mm/dd/yyyy)

Is the patient's day of life (where date of birth = day of life 1) less than 30 days on the Mechanical Ventilation Start Date?  Yes  No

What is the patient's Day of Life (date of birth = day of life 1) on the Mechanical Ventilation Start Date?

Selections of 1-29 are available

Once able to proceed to the next screen of the calculator, the entries made are displayed and are not editable. An additional column for Day of Life is displayed and auto populates if the patient was < 30 days of age on date of mechanical ventilation initiation. The MAP interpretation as per the PedVAE protocol are applied related to the Day of Life for each calendar day when Daily Minimum MAP values are entered.

In the example below the neonate reaches day of life 30 on 5/3/19 and the MAP of 5 cmH<sub>2</sub>O is no longer interpreted as equal to 8 cmH<sub>2</sub>O. It is interpreted to be equal to 10 cmH<sub>2</sub>O. As a result a baseline period of stability or improvement is not established prior to the increase in daily minimum MAP to 12 cmH<sub>2</sub>O and a PedVAE definition is not met.

### NHSN Pediatric Ventilator-Associated Event (PedVAE) Calculator Ver. 1.0

No Pediatric Ventilator-Associated Event (PedVAE) detected. Click on the "Explain" button to see an explanation of the PedVAE definition.

Is the patient's day of life (where date of birth = day of life 1) less than 30 days on the Mechanical Ventilation Start Date?  Yes  No

What is the patient's Day of Life (date of birth = day of life 1) on the Mechanical Ventilation Start Date?

Calculate PedVAE Start Over Explain...

MV Day	Date	Day of Life	Min. MAP 0-50 (cmH <sub>2</sub> O)	Min. FIO <sub>2</sub> (21-100)	PedVAE
1	5/1/2019	28	8 (5)*	30	
2	5/2/2019	29	8 (5)*	30	
3	5/3/2019	30	10 (5)*	40	
4	5/4/2019	31	12	40	
5	5/5/2019	32	12	40	
6	5/6/2019	33	12	40	
7	5/7/2019	34	12	40	
8	5/8/2019	35			
9	5/9/2019	36			
10	5/10/2019	37			
11	5/11/2019	38			

For a PedVAE to occur, there is a baseline period of stability or improvement of daily minimum MAP or FIO<sub>2</sub> values on two consecutive days. This is followed by two consecutive days of worsening oxygenation where the daily minimum MAP values increase by 4 cmH<sub>2</sub>O or more or the daily minimum FIO<sub>2</sub> values increase by 25% or more, above the daily minimum value in the period of stability or improvement. The date of the PedVAE is set to the first day of worsening after the baseline period.

Based on the age of the patient for periods of stability where daily minimum MAP values are ≤ 8 (or 10) cmH<sub>2</sub>O, the corresponding period of worsening oxygenation must have daily minimum MAP values of 12 (or 14) cmH<sub>2</sub>O or greater.

OK

(Hint: this box is movable by dragging with your mouse. If you move it to one side and leave it open, the explanation will automatically update itself as things change.)

## Reminder: Surveillance of MRSA Bacteremia and CDI LabID Events in Emergency Departments and 24 Hour Observation Units

*\*This article applies to Acute Care Hospitals only.*

As part of NHSN's data quality review, NHSN conducts outreach to facilities with potential data quality concerns. In response to a recent data quality outreach effort for LabID Events, we would like to remind facilities conducting FacWideIN surveillance that all active emergency departments (ED) and 24-hour observation locations must be included in your LabID Event surveillance efforts. This includes ensuring that these units are listed on the monthly reporting plans (MRPs), reporting monthly unit-specific denominator records, and reporting any positive MRSA bacteremia and/or *C. difficile* specimen that meets NHSN criteria collected in an ED/24-hour observation location. Data from these two outpatient locations, if applicable, are included in the risk adjustment models used for the calculation of the MRSA and CDI LabID Event SIRs. Exclusion of these applicable locations from your surveillance efforts may result in inaccurate SIRs. See below for details about these required data elements for EDs and 24-hour observation locations.

These steps are required in addition to the standard "FACWIDEIN" data entry requirements.

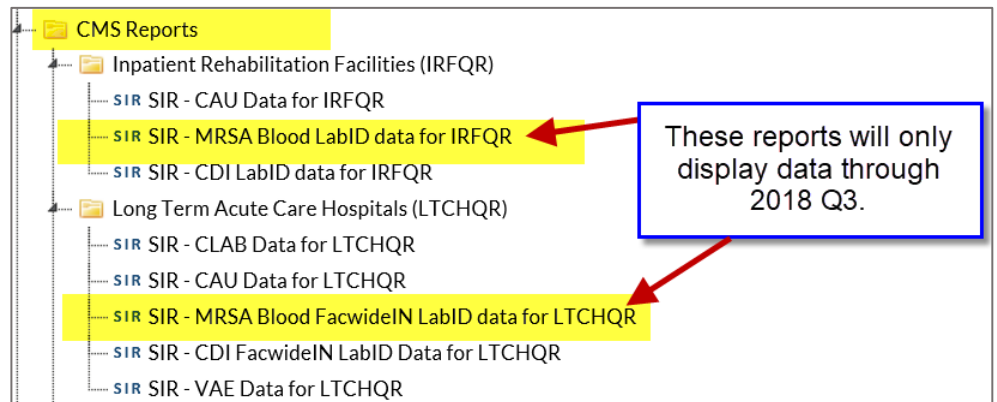
1. All EDs and 24-hour observation locations must be mapped as units within NHSN. Click "Facility" > "Locations" from the NHSN navigation bar to get started. For more information about locations, please see [https://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions\\_current.pdf](https://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf).
2. To be compliant with NHSN and CMS reporting guidelines, all active ED and 24-hour observation locations must be included in the MDRO/CDI section of the MRPs for every month in which FacWideIN surveillance is being performed. If your EDs and 24-hour observation locations are already mapped in NHSN when you first make your MRPs, these locations will 'automatically' be added to your monthly reporting plan when you select 'FacWideIN'. Use 'copy from previous month' only if you are confident the prior MRP is accurate and complete. However, if you add any new EDs or 24-hour observation locations into your facility *after* you already created your MRPs, you will need to manually edit the applicable MRPs to add those outpatient locations. Each ED and 24-hour observation unit must be listed, individually, on its own row on the MRP. The "FacWideOUT" location term cannot be used to meet this requirement.
3. Unit-specific outpatient denominator records should be reported for each applicable month. Click "Summary Data" > "Add", select MDRO/CDI Monthly Denominator, and enter the month and year for which you are planning to enter data. Separate denominator records are needed for each ED and each 24-hour observation location. If no LabID events were identified in these outpatient locations during the month, make sure to check the applicable "Report No Events" box.
4. Enter all MRSA and CDI LabID Events in which the specimen was collected in an ED or 24-hour observation location.

It may be helpful to review the currently mapped locations in NHSN for your facility to identify all active ED and 24-hour observation locations at your facility. Surveillance in EDs and/or 24 hour observation units is not required during months in which these units are inactive or non-operational, or if your facility does not have these types of locations. If your ED and/or 24-hour observation unit has been inactive or was not operational for at least 6 consecutive months, we recommend that you change the status of the location to 'inactive'.

## Changes to CMS Quality Reporting Programs: LTACHs, IRFs, & IRF Units Within a Hospital

The NHSN team would like to remind all long term acute care hospitals (LTACHs), free-standing inpatient rehabilitation facilities (IRFs), and hospitals with a CMS-certified IRF unit that the CMS Quality Reporting Programs (QRPs) no longer require submission of MRSA bacteremia data from IRFs and LTACHs, as of 2018 Q4 (data from October/November/December). This information can be found in the FY 2019 IRF and LTACH Final Rules published by CMS in the Federal Registrar, and is included on QRP's Spotlight Announcement Page (see links below).

Therefore, the MRSA bacteremia SIR reports located in the "CMS Reports" folder of the NHSN application will not display data from 2018 Q4, or from any future quarter, for IRFs and LTACHs. 2018 Q3 is the final quarter of data that will appear in these reports.



NHSN will continue to allow data entry and analysis of all MRSA bacteremia data, and all analysis reports will remain available in the general "MDRO/CDI – LabID Event Reporting" analysis folder. All historical MRSA bacteremia LabID Event data will remain available in NHSN for analysis. The decision to continue or discontinue MRSA bacteremia reporting in NHSN is one that should be made by your facility, considering any state/local regulations or reporting mandates, requirements from your corporation, or priorities within your facility. For acute care hospitals conducting FacWideIN surveillance of MRSA bacteremia, continuing to report MRSA bacteremia events from CMS-certified IRF units is beneficial, since those events are considered in the de-duplication algorithms for the FacWideIN SIR numerator. For example, a patient who is housed in a CMS-certified IRF unit has a MRSA LabID event, and is then transferred to a different inpatient unit and has a second MRSA LabID event in the new inpatient unit. The FacWideIN SIR will consider that second MRSA LabID event as a duplicate and exclude it from the SIR, given that your facility reported the first MRSA LabID Event (from the IRF unit) into NHSN.

### *Additional Information:*

Final Rules for FY 2019, from the Federal Registrar:

**IRFs:** <https://www.govinfo.gov/content/pkg/FR-2018-08-06/pdf/2018-16517.pdf> (Specific reference sections: 38558, 38566, 38571)

**LTACHs:** <https://www.govinfo.gov/content/pkg/FR-2018-08-17/pdf/2018-16766.pdf> (Specific reference sections: 41628, 41696)

Spotlight Announcements: (refer to announcements from September 14, 2018 and November 6, 2018)

**IRFs:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Spotlights-Announcements.html>

**LTACHs:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Spotlight-Announcements.html>

## Updates to the Operative Procedure Code Documents

In an effort to provide the most accurate operative procedure code information possible, we have made updates to the NHSN Operative Procedure Code documents. A summary of the updates can be found at <https://www.cdc.gov/nhsn/pdfs/newsletters/2019-procedure-code-updates.xlsx>

The summary of updates includes the list of updates previously made in March 2019 and those included in the June 2019 update.

### 1. March 2019 operative procedure code updates

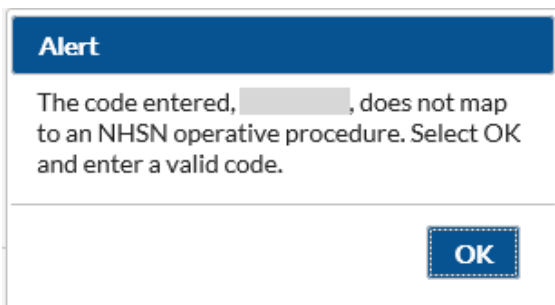
- The March 2019 updates, previously posted and apply to operative procedures performed **on or after January 1, 2019** and are reflected in the NHSN application.
- For ease of identifying and reviewing these updates within the procedure code documents, this group of updates are highlighted in green and labeled in the **Code Status** column as “Included in the March 2019 update”, see example below.

Procedure Code Category	ICD-10-PCS Codes	Procedure Code Descriptions	Code Status
CRAN	0W110JB	Bypass Cranial Cavity to Left Pleural Cavity with Synthetic Substitute, Open Approach	Move from VSHN Included in the March 2019 update
CRAN	0W110JJ	Bypass Cranial Cavity to Pelvic Cavity with Synthetic Substitute, Open Approach	Move from VSHN Included in the March 2019 update
CRAN	031G0AG	Bypass Intracranial Artery to Intracranial Artery with Autologous Arterial Tissue, Open Approach	Add
HPRO	0SPB0EZ	Removal of Articulating Spacer from Left Hip Joint, Open Approach	Add Supplemental code - alone NOT a HPRO Included in the March 2019 update
REC	0DTP4ZZ	Resection of Rectum, Percutaneous Endoscopic Approach	No change Included in the March 2019 update
REC	0D1K07P	Bypass Ascending Colon to Rectum with Autologous Tissue Substitute, Open Approach	Add

These codes were previously posted as updates and can be entered into the application.

### 2. June 2019 operative procedure code updates

- The operative procedure codes (ICD-10 or CPT code) included in the June 2019 update are included in the posted procedure code documents available now on the NHSN website. At this time, these procedure codes (ICD-10 or CPT code) are **NOT** reflected in the NHSN application but will be in 2020.
- This group of updates should be included in SSI reporting but the actual procedure codes (ICD-10 or CPT code) cannot be entered into the application. Entering this group of updates into the application, will generate the following Alert:



- These surgical procedures can **ONLY** be reported using the procedure code category, such as BILI, GAST or KPRO. The June 2019 updates apply to operative procedures performed **on or after July 1, 2019**.

Updates to the Operative Procedure Code Documents continued on page 7



## Updates to the Operative Procedure Code Documents (continued)

- For ease of identifying and reviewing within the procedure code documents, these updates are highlighted in green and labeled in the **Code Status** column as “Procedure should be reported but this ICD-10 code **CANNOT** be entered into the application”, see example below.

Procedure Code Category	ICD-10-PCS Codes	Procedure Code Descriptions	Code Status
BILI	0FBG0ZX	Excision of Pancreas, Open Approach, Diagnostic	No change Procedure should be reported but this ICD-10 code CANNOT be entered into the application
BILI	0FU54JZ	Supplement Right Hepatic Duct with Synthetic Substitute, Percutaneous Endoscopic Approach	No Change
GAST	0D560ZZ	Reposition Stomach, Open Approach	No change Procedure should be reported but this ICD-10 code CANNOT be entered into the application
GAST	0DW600Z	Revision of Drainage Device in Stomach, Open Approach	Add
KPRO	0SPCOLZ	Removal of Medial Unicondylar Synthetic Substitute from Right Knee Joint, Open Approach	Add Supplemental code - alone NOT a KPRO or HPRO Procedure should be reported but this ICD-10 code CANNOT be entered into the application
KPRO	0SUV09Z	Supplement Right Knee Joint, Tibial Surface with Liner, Open Approach	No Change

The surgical procedure can be included in SSI reporting but the actual procedure code cannot be entered into the application.

## Antimicrobial Use & Resistance Module Updates

### New Educational/Supplemental Materials Available

New AU Option Case examples have been posted [here](#). These examples highlight real life stewardship interventions completed in various facility types using NHSN AU Option data.

Additionally, look for updates to our analysis resources under the “Analysis Resources” section of the AUR Module webpage.

- Updated: AR Option Facility-Wide Antibigram
- NEW: Antimicrobial Use Rate Table – Drugs Predominantly Used for Extensively Antimicrobial Resistant Bacteria
- NEW: Antimicrobial Use – SAAR Bar Chart by Location
  - Note, this new resource demonstrates how to export data from NHSN and use Excel Pivot Table/Pivot Chart functionality to generate a SAAR bar chart.

Head over to the [NHSN AUR Module webpage](#) to check out the new content.

Recordings from the AUR Module presentations during the 2019 NHSN Annual Training are now posted on the NHSN AUR Module webpage under the “Training” section of the page. Presentations with May 2019 as the date are those from the 2019 Annual Training sessions:

**Training**

- [Introduction to the NHSN Antimicrobial Use and Resistance \(AUR\) Module January 2017](#) [PDF - 2 MB]
- **New!** Antibiotic Stewardship - May 2019
  - [YouTube Link \[Video - 27 min\]](#)
  - [Slideset](#) [PDF - 2 MB]
- **New!** Antimicrobial Use (AU) Option: Reporting and Analysis - May 2019
  - [YouTube Link \[Video - 44 min\]](#)
  - [Slideset](#) [PDF - 4 MB]
- **New!** Antimicrobial Resistance (AR) Option: Reporting and Analysis - May 2019
  - [YouTube Link \[Video - 49 min\]](#)
  - [Slideset](#) [PDF - 6 MB]
- **New!** Standardized Antimicrobial Administration Ratio (SAAR) - May 2019
  - [YouTube Link \[Video - 24 min\]](#)
  - [Slideset](#) [PDF - 2 MB]

## Antimicrobial Use & Resistance Module Updates (continued)

### **AU Option Synthetic Data Set Initiative**

The Antimicrobial Use Synthetic Data Set (AU SDS) is test data that NHSN Antimicrobial Use (AU) Option implementers can use to validate that their AU data aggregation methods comply with the NHSN AU Option protocol's requirements. The AU SDS is intended for use in testing numerator and denominator data aggregation, not conformance to CDA AU reporting.

NHSN has a tentative goal to require validation of all AU CDA vendors beginning in 2021. Beginning in 2020, we plan to post on a public NHSN webpage, vendor software that has passed AU Synthetic Data Set validation. This will allow current and future customers to be aware of vendor services and successes with respect to the NHSN AU Option validation. Beginning in 2021, we plan to reject AU Summary CDA files that have not passed AU SDS validation.

For additional information, please see AU Synthetic Data Set on the [Innovation Tools](#) website.

### **Important Updates/Reminders for AR Option Reporting**

#### **New Data Validation Guidance!**

The AUR Module Team has developed AR Option Data Validation guidance to be used by facilities implementing AR Option reporting or on an annual basis. The Team developed these questions to focus validation efforts on key AR Option protocol definitions and Clinical Document Architecture (CDA) requirements including sources of error. Facilities can complete the document to confirm data accuracy and guide discussions with your vendor in the case of data discrepancy. The new document can be found under the "Data Validation" section of the AUR Module webpage.

#### **AR Option Defects Corrected in the NHSN 9.3 Application Release**

In the last newsletter, the AUR Module Team notified users of two known defects. These defects prevented 2019 *Citrobacter amalonaticus* and *Pseudomonas aeruginosa* AR events from urine specimens from successfully uploading into the application. Both defects were resolved in the April 27, 2019 NHSN 9.3 application release. Users may resume upload of 2019 *Citrobacter amalonaticus* and *Pseudomonas aeruginosa* AR events from urine specimens.

#### **AR Option Data Submission: Maximum Minimum Inhibitory Concentration (MIC), E-test and Disk Diffusion (KB) Values**

Currently, NHSN business rules do not allow MIC, E-test, or KB susceptibility test values >999.999 to be reported to the NHSN application. Since it is possible to have valid susceptibility test values greater than or equal to 1000, we plan to update NHSN to allow MIC, E-test, and KB susceptibility test values up to 9999.999 to be reported. We will continue to communicate with users and provide an update when this change will go into effect. For the time being, please report all MIC values >999.999 as ">999" when submitting data to the AR Option.

#### **Admission and Specimen Collection Date**

Recently a defect was identified that does not allow AR Events to be successfully uploaded unless the specimen collection date is  $\leq$  the admission date reported in the CDA file. Until this defect is resolved, please use the outpatient encounter date (aka date the specimen was collected) as the admission date in the CDA file if the specimen was collected in an outpatient location (e.g., ED) but the patient was not admitted on that calendar day.



## Reminder! Data for CMS Quality Reporting Programs due Soon!

The following data must be entered into NHSN by **August 15, 2019**, 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 1 (January 1 – March 31) CLABSI and CAUTI data

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

2019 Quarter 1 (January 1 – March 31) Inpatient COLO and HYST SSI data

2019 Quarter 1 (January 1 – March 31) 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 1 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient care locations)

2019 Quarter 1 (January 1 – March 31) Inpatient COLO and HYST SSI data

2019 Quarter 1 (January 1 – March 31) 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 1 (January 1 – March 31) CAUTI data (all bedded inpatient locations)

2019 Quarter 1 (January 1 – March 31) *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

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

2019 Quarter 1 (January 1 – March 31) CLABSI and CAUTI data (all bedded inpatient locations)

2019 Quarter 1 (January 1 – March 31) *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](mailto:NHSN@cdc.gov). The NHSN Helpdesk is staffed Mondays thru Fridays, 7 am ET – 5 pm ET, excluding Federal Holidays.

# OUTPATIENT PROCEDURE COMPONENT

## Q&A for the Outpatient Procedure Component (OPC)

### 1. **We opened a new outpatient facility April 2019. Can we enroll in OPC?**

The use of OPC is limited to ambulatory surgery centers (ASCs) that includes a **“C” as the third character in the CMS Certification Number (CCN)**. A “C” as the third character of a CCN identifies a facility as an ASC per CMS criteria. If your facility’s CCN includes a “C” as the third character then it can be enrolled in the OPC and report adverse events. If the CCN is not known, the National Provider Identifier (NPI) Number “Lookup Tool” found at <https://www.qualityreportingcenter.com/en/ascqr-program/data-dashboard/ccn/> may be used to cross-reference your CCN. If your facility does NOT have a CCN at the time of enrollment, please contact us (NHSN) at [nhsn@cdc.gov](mailto:nhsn@cdc.gov) for assignment of an NHSN Enrollment Number.

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### 2. **My ASC has entered its November and December 2018 SSI data in to the Patient Safety Component (PSC). Will NHSN copy my November and December 2018 PSC SSI data to OPC?**

NHSN will only copy Patient Safety Component (PSC) data that have a procedure date of Oct 31, 2018 and earlier to OPC. PSC data with a procedure date of Nov 1, 2018 or later will not be copied to OPC. The reason for this is that the OPC criteria and variables are different from those included in PSC.

If an ASC has entered November and December 2018 SSI data into PSC, we strongly encourage ASCs to enter/re-enter **these data** into OPC and delete the data from PSC. If duplicate data are in both OPC and PSC, errors may occur during analysis.

Keep in mind that if an ASC chooses NOT to enter/re-enter their PSC November and December 2018 SSI data in to OPC, the ASC will lose access to those data after Oct 31, 2019 and it will not be able to perform analysis on those data. In addition, these data will NOT be included in any of the NHSN aggregate reports.

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### 3. **My ASC enrolled in the NHSN January 2019 and we would like to complete the 2019 Annual Facility Survey for Ambulatory Surgery Center but we can ONLY access the 2018 Annual Facility Survey for Ambulatory Surgery Center. How do we access and complete the 2019 Annual Facility Survey for Ambulatory Surgery Center?**

The Annual Facility Survey is completed to reflect facility data from the prior calendar year. For example, because your ASC enrolled in NHSN in 2019, the 2018 Annual Facility Survey for ASC should be completed using your facility’s 2018 data.

Q&A for the Outpatient Procedure Component (OPC) continued on page 11

## Q&A for the Outpatient Procedure Component (OPC) (continued)

As a reminder to find the Annual Facility Survey,

1. Select the "Surveys" tab from the left navigation bar
2. Then "Add"
3. Select the appropriate year from the Survey Year dropdown menu

NHSN Home

- Alerts
- Reporting Plan ▶
- Patient ▶
- Event ▶
- Procedure ▶
- Summary Data ▶
- Import/Export
- Surveys** 1
- Analysis

Add Annual Survey

Mandatory fields marked with \*

Facility ID: \*

Survey Type: \* AMB-SURG - ASC Annual Survey

Survey Year: \* 2018 3

1. Ownership (check all that apply): \*

- For Profit Hospital
- Not for Profit Hospital, including church
- Government
- Management Company

4. **I would like to edit several of my October 2018 Patient Safety Component (PSC) records. I can view them on my line list generated in Outpatient Procedure Component but how can I edit/update these records?**

Procedures entered into PSC with a procedure date of Oct. 31, 2018 or earlier can only be edited in PSC; therefore, you will need to log in to PSC to edit your October 2018 records. After editing your records, you will need to generate new datasets to reflect your edits/updates.

**Please note - The PSC records with a procedure date of Oct 31, 2018 or earlier are maintained in OPC in a "view" only form.**

5. **I have entered my December 2018 SSI data in to OPC but I don't see these data on my OPC line listing. Is the analysis function for OPC not working correctly?**

Most of the time when this occurs, generation of new data sets is needed.

1. After logging into the OPC, from the left-hand navigation screen under "Analysis," select "Generate data sets"

NHSN Home

- Alerts
- Reporting Plan ▶
- Patient ▶
- Event ▶
- Procedure ▶
- Surveys ▶
- Analysis** 1
- Users ▶
- Facility ▶
- Group ▶
- Logout

Generate Data Sets

Reports

Q&A for the Outpatient Procedure Component (OPC) continued on page 12

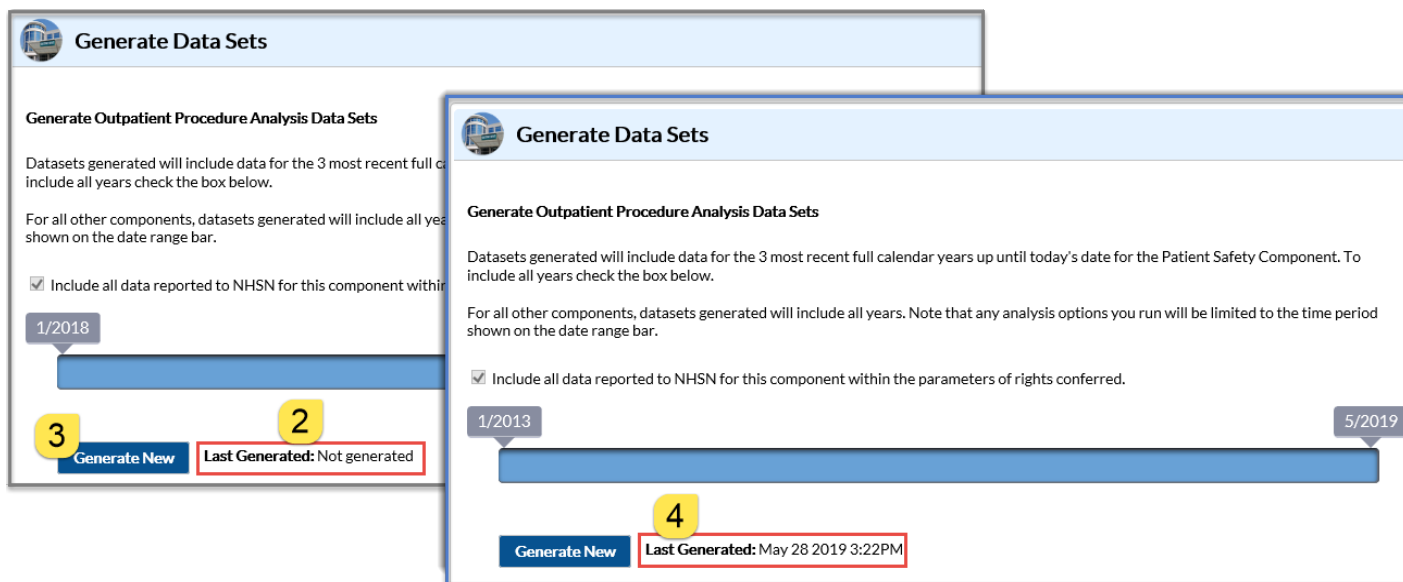
## Q&A for the Outpatient Procedure Component (OPC) (continued)

2. The “Generate Data Sets” screen appears showing the last date of data set generation.

3. Generation of data sets is unique to individual users/user IDs.

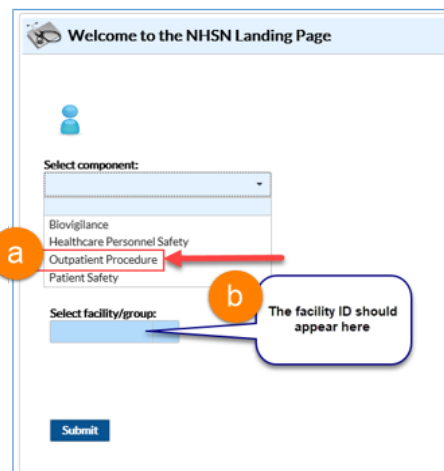
**Note:** This means that the process of generating datasets in NHSN will freeze the data at a specific point in time and copy those data into defined datasets. Therefore, when updates to the data have been, datasets must be regenerated in order for those updates to be reflected in the analysis output options.

4. When generation of data sets is complete, a date-time stamp will appear and the new data/updates to existing data is available for analysis reports.



6. **Our ASC has reported SSI data using the Patient Safety Component for several years; in November 2018, we understood that we were automatically enrolled in OPC. We can only see Patient Safety when we log into the NHSN application. How do we enter data in to OPC?**

- When a facility enrolls in more than one component, the NHSN Landing Page allows selection of a specific NHSN component such as the “Outpatient Procedure Component” via the dropdown menu.
- If an individual user has access to multiple facilities, chose the correct facility from the “Select facility/group” dropdown menu; otherwise, your Facility OrgID will automatically populate.



Q&A for the Outpatient Procedure Component (OPC) continued on page 13

## Q&A for the Outpatient Procedure Component (OPC) (continued)

**Critical reminder:** Ambulatory Surgery Centers must use the Outpatient Procedure Component to enter surgical site infection (SSI) data (procedure and events) and Same Day Outcome Measures events (SDOM) with a procedure or encounter date of **Nov. 1, 2018 or later**.

- **DO NOT enter new procedures with a procedure date of Nov. 1, 2018 or later** into the Patient Safety Component (PSC).
- Procedures with a procedure date of Nov. 1, 2018 or later, that were entered into the PSC **MUST be entered into the OPC and deleted from the PSC**.
- Data entered using the incorrect component will not be available for NHSN Group accounts such as states and corporate entities for mandated reporting.

## LONG-TERM CARE FACILITY COMPONENT

### LTCF Annual Training



For more information and to register: <https://www.cdc.gov/nhsn/training/ltc/ltcannualtraining.html>

# GENERAL NHSN INFORMATION

## NHSN Training Updates

### **2019 NHSN Training Archived Webstream Videos Now Available!**

Recorded presentations will include general changes for NHSN Patient Safety Component surveillance and provide participants the information and tools necessary to identify, report, and analyze Ventilator-associated Events (VAE), Pediatric Ventilator-associated Events (PedVAE), Catheter-associated Urinary Tract Infections (CAUTI), Central Line-associated Blood Stream Infections (CLABSI), Secondary Bloodstream Infection (BSI) and Site-Specific Infections, Surgical Site Infections (SSI), MRSA Bacteremia and C. difficile LabID events. Additionally, recorded sessions covering validation of healthcare-associated infection data and data quality, reporting and analysis of antibiotic use and resistance data, the Outpatient Procedure Component (OPC), and information on the upcoming NHSN Neonatal Component are also available.

All videos and slide PDFs are located on the NHSN training page at: <https://www.cdc.gov/nhsn/training/continuing-edu/trainingvideos.html>

They are also available under the “Training” dropdown option on each individual HAI page on the NHSN website.

Continuing Education (CE) credits are pending for these activities, and NHSN will send CE information and instructions as soon as they become available. CEs that will be available include CME, CNE, CPH, and CEU.

### **NHSN Interactive Self-paced Trainings – Updated for 2019**

Updated 2019 interactive self-paced training courses are also now available on the NHSN website. Training courses include: Introduction to Device-associated module, CLABSI, CAUTI, PNEU, VAE Part 1, VAE Part 2, CLIP, MRSA Bacteremia and CDI LabID Event Reporting, Introduction to Procedure-associated module, and SSI. These online courses provide instructional slides with detailed graphics, screen shots with step by step examples of form completion for instructional purposes, practice questions, and case study examples. Hyperlinks to the forms, protocols and NHSN manual are available throughout the courses and available for printing if needed. All interactive self-paced trainings are available here: <https://www.cdc.gov/nhsn/training/continuing-edu/cbts.html>

Please contact [NHSNTrain@cdc.gov](mailto:NHSNTrain@cdc.gov) with any questions regarding NHSN training activities.

### **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, 2019 at the Marriott Marquis, Atlanta, GA. More information to be shared in the coming months.





### NHSN v9.3 deployed April 27, 2019

- 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.

### CDAs 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)

### CDA Toolkit Update

- The 9.4 CDA Toolkit has been added to the CSSP webpage. It includes the 9.4 vendor IDM, CDA impact notes and supplemental documents. The toolkit is located here:  
<https://www.cdc.gov/nhsn/cdaportal/toolkits.html>.

**CDA Toolkits**

Release 9.4 - January 2020

- [CDA 9.4 Guides](#) [ZIP - 24 MB] (Print only content)
- [IDM 9.4 for Vendors](#) [XLS - 2 MB]
- [CDA 9.3 & 9.4 Impact Notes](#) [XLS - 100 KB]
- [Supplemental Documents 9.4](#) [ZIP - 1 MB] (Print only content)

Release 9.2 - January 2019

### AUR Module Updates

Please see the [AUR Module Updates](#) section of the Newsletter for important updates affecting AR CDA submission.

## CDA Corner (continued)

### 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:  
<http://www.cdc.gov/nhsn/cdaportal/toolkits/guidetocdaversions.html>.
- Guidance for 2020 has been added.

Events or Denominators	2020	2019	2018	2017
<b>CDA Toolkit Release</b>	<b>9.4</b>	<b>9.2 &amp; 9.3</b>	<b>8.9 &amp; 8.8</b>	<b>8.6</b>
<b>DIALYSIS</b>				
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
<b>EVENTS</b>				
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

### Update for CDA Direct Automation

- At this time, 6484 facilities from 16 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>.

### 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 Corner (continued)

### CDA and CSV Import Metrics Update:

Percentage of data per specific event or summary that is imported via CDA and CSV for the following date ranges:					
Query Date Range	Jan. 1, 2017 - Dec. 31, 2017	April 1, 2017 - March 31, 2018	July 1, 2017 - June 30, 2018	Oct. 1, 2017 - Sept. 30, 2018	Jan. 1, 2018 - Dec. 31, 2018
Blood Stream Infection	42%	43%	45%	46%	47%
Urinary Tract Infection	39%	40%	42%	43%	44%
Surgical Site Infection	31%	33%	36%	38%	40%
Laboratory Identified Event	56%	58%	60%	61%	62%
Central Line Insertion Practices (CLIP)		20%	20%	21%	22%
Dialysis Central Line Insertion Practices (CLIP)		0%	0%	0%	0%
Dialysis Event	71%	73%	73%	73%	73%
Antimicrobial Resistance Event	100%	100%	100%	100%	100%
Surgical Procedure - via CDA	32%	32%	32%	32%	33%
Surgical Procedure - via CSV	56%	56%	58%	58%	57%
ICU /Other Summary	22%	23%	24%	25%	25%
SCA/ONC Summary	25%	25%	27%	29%	30%
NICU Summary	22%	23%	24%	25%	26%
MDRO Summary	6%	7%	7%	7%	7%
Dialysis Summary	56%	55%	55%	54%	54%
Antimicrobial Use	100%	100%	100%	100%	100%
Antimicrobial Resistance Summary	100%	100%	100%	100%	100%
Hemovigilance Summary	0%	0%	0%	0%	0%

## NHSN Help Desk Activity Update

### Quarter 2, 2019

(Averages)

976 Email Inquiries per Week

12 Facilities Enrolled per Week

## NHSN Enrollment Update

### **NHSN Enrollment Update (as of June 17, 2019):**

6,816 Hospitals (this includes 469 Long-term Acute Care Hospitals  
and 363 Free-standing Inpatient Rehabilitation Facilities)

7,517 Outpatient Hemodialysis Facilities

4,638 Ambulatory Surgery Centers (ASCs)

2,996 Long-term Care Facilities

**21,967 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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