NHSN v6.6 (Feb. 2012) Release Notes and Application Changes
PATIENT SAFETY COMPONENT

Change	Description
Use of No Events flags in analysis output	For months in which no events have been entered for a given event type, and the relevant No Events checkbox has not been activated in the NHSN application, rate table and SIR output options will not include the month. This change affects data entered from January 2012 forward, and includes SIR data being shared with CMS as part of the Inpatient Quality Reporting Program. Facilities participating in the Program must indicate that they have no CLABSI, CAUTI, or SSI events to report for a month using the appropriate checkbox.
Device-Associated Module changes for NICUs	For Device-Associated Module surveillance in neonatal critical care locations: • Central line and umbilical catheter day counts have been combined on the NICU summary data form, as well as in the CLABSI rate tables for NICU locations. • CLABSI form in NICU locations has been changed to ask for presence of "central line, including umbilical catheter" • Urinary catheter day counts added to NICU summary data form (for off-plan reporting only)
Changes to CLIP form	Several updates have been made to the CLIP form, including: • Reorganization and updated choices for occupation of inserter • New question for contraindications to chlorhexidine • New question for whether or not the attempted central line insertion was successful The new variables are available for addition to the "Line Listing – All CLIP Events" output option using the modification screen.
New values for location of SSI detection	SSIs detected on readmission must now be reported as "RF" – readmission to facility in which the original procedure was performed – or "RO" – readmission to a facility other than the one in which the original procedure was performed. When analyzing your SSI data using the standardized infection ratio (SIR), please note that the "Complex A/R" SIRs will <u>not</u> include those SSIs identified as "RO".
Change to NEC definition	The CDC/NHSN HAI definition for necrotizing enterocolitis (NEC) has been updated. Please refer to the December 2011 NHSN Newsletter at http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_Dec_2011.pdf for more information.
Updated DA rates	Annual update of Device-Associated Module rates in NHSN Analysis. Rate tables have been updated to use national comparative rates from 2010 as published in the December 2011 issue of AJIC (Am J Infect Control 2011;39:798-816). The annual report is also available from: http://www.cdc.gov/nhsn/dataStat.html. CLABSI SIRs continue to use a baseline of 2006-08 national data, and CAUTI SIRs continue to use a baseline of 2009 national data.

Changes to procedure denominator form	The following changes have been made to the denominator for procedure form: • Procedure code is now editable in the NHSN application. • Estimated blood loss and non-autologous transplant fields have been removed from the denominator for procedure form and the NHSN application.
Changes to .csv Procedure Import Files	If you import procedure data using a .csv file, please note that the file specifications have been updated in order to accommodate changes applied in NHSN version 6.6, which includes: • Removal of estimated blood loss and non-autologous transplant. NOTE: for your import file, these columns must remain as placeholders; any values imported in these columns will be ignored upon import. • Addition of optional Medicare Beneficiary Number. NOTE: if your facility plans to optionally import the patient's Medicare Beneficiary Number with each procedure, you will need to update your import file in order to include these data in the correct position. The updated file specifications are available at: http://www.cdc.gov/nhsn/PDFs/ImportingProcedureData_current.pdf.
Changes to CLABSI and CAUTI SIR reports	The CLABSI and CAUTI SIRs will now include those months where denominator data were entered, but 0 device days were reported. In addition, a table has been added to these SIR output options so that facilities and groups can identify which months and locations 0 device days were reported.
Addition of No Events/Procedures variables	Variables for Report No Procedures and Report No SSI Events for a given month have been added to NHSN analysis datasets. To view these variables, use the Export Analysis Dataset button on the modification screen for the Line Listing – Patient Safety Plans output option (navigate to Advanced→Plan-Level Data→CDC Defined Output in the analysis treeview).
ICD-9-CM updates	The annual update of ICD-9-CM codes have been incorporated into NHSN version 6.6. For details regarding this update, please see Chapter 9 of the Patient Safety Component Manual at http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf.
Addition of Medicare Beneficiary Number	Medicare Beneficiary Number has been added to the demographic information section of event and procedure forms. This is an optional field for data collection.
Antimicrobial Use updates	The Antimicrobial Use (AU) option has additional functionality in this release: • Analysis output options (rate tables and line lists) available for AU • Define rights template updated to allow Groups to request access to AU data from member facilities Data for the AU option can only be reported electronically through NHSN's Clinical Document Architecture (CDA) import function. Please contact nhsncda@cdc.gov with questions about CDA or the AU option.
Changes for LTACs and rehabilitation hospitals	New facility surveys and new locations have been added for facilities enrolled as HOSP-LTACs (note – LTACs are referred to as "long term care hospitals" by CMS) and HOSP-REHABs (note – rehabilitation hospitals are referred to as "inpatient rehabilitation facilities by CMS).

Dialysis Event Forms	The Dialysis Event form includes two new data collection fields: transient patient and buttonhole cannulation. Access placement date has been modified to require only month and year. The Denominators for Outpatient Dialysis form also collections information about the number of fistula patients who undergo buttonhole cannulation, permitting users to calculate rates of buttonhole cannulation. The new forms, as well as the new tables of instructions are all available on the Dialysis Event Homepage at http://www.cdc.gov/nhsn/psc_da_de.html.
Dialysis Event Protocol	The Dialysis Event Protocol has been revised and expanded to clarify how dialysis event data are collected and reported. All Dialysis Event reporters should read the revised Protocol. The Dialysis Event Protocol is available at http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf.

Highlighted NHSN January 2012 Patient Safety Component (PSC) Manual Updates

The following January 2012 changes to the NHSN manual are highlighted for you because they may impact the way that you collect or report data to NHSN. Although other changes not highlighted here have been made to the manual, they generally represent wording changes not deemed to significantly impact the collection or reporting of NHSN data. Changes indicated in an event chapter also appear in the Tables of Instructions &/or Key Terms chapters as appropriate and are not repeated here in those chapter's highlights. You may choose to print this summary and to file it with your NHSN surveillance documents for future reference.

The NHSN Team

January 2012 Page No.	Section/Data Field	New Text
All Device-Associated Event (Infections) Chapters		
		For all device-associated events (infections), additional instructions were included explaining that although post-discharge surveillance is not required for these types of infections, any that are identified and that occur within 48 hours of discharge must be reported.
		For all device-associated events (infections) and MDRO/CDI events, additional instructions were included explaining that before any denominator data collection can be changed from a manual to an electronic method, the data must be validated against the manual method and found to be within 5% (+/-) for a minimum three month period.
Chapter 4: CLABSI Event		
4-1	Primary Bloodstream Infection definition	Inclusion of Secondary Bloodstream Infection Guide as an appendix to chapter.
4-3	Central Line definition	Addition of Hemodialysis Reliable Outflow (HeRO) dialysis catheter as possible central line.
4-7	Denominator data	Removal of requirement for counting umbilical line catheters separately as a denominator for NICU locations.
Chapter 5: CLIP Adherence Monitoring		
5-1 thru 5-2	Numerator and denominator data	Addition of requirement that CLIP form be completed for all CLIP attempts, including unsuccessful attempts.
Chapter 7: CAUTI Event		
7-2	Indwelling catheter definition	Addition of guidance that urinary catheters that are irrigated are not considered closed systems and therefore not included in CAUTI surveillance.
7-5 thru 7-6	Table1 and figures	Addition to all SUTI criteria so that they read "…at time of specimen collection or onset of signs or symptoms…" to identify that the presence of catheter is related to both of these elements.
7-9 thru 7-13	Figures	Slight reorganization of the UTI flowcharts to be more informative and easier to interpret and

		associate with catheter use.
7-13	Figure 5	Addition of previously omitted symptom "dysuria" to Figure 5 flowchart for ABUTI for patient ≤ 1 year of age.
7-7	Table 1 Comments	Addition of Reporting Instruction: Laboratory cultures reported as "mixed flora" represent at least 2 species of organisms. Therefore an additional organism recovered from the same culture, would represent > 2 species of microorganisms. Such a specimen cannot be used to meet the UTI criteria.
Chapter 8: Dialysis Event		
		Dialysis Event (DE) protocol has been removed from PSC Manual and included in new DE Manual. Also removed from Tables of Instructions and Key Terms chapters.
Chapter 9: SSI Event		
9-2 thru 9-6	Table 1	Addition of Current Procedural Terminology (CPT) code mapping to several NHSN Operative Procedure Categories.
9-3 thru 9-6	Table 1	Addition of ICD-9-CM codes 35.06 and 35.08 to the category CARD, 43.82 to GAST, and 02.21 and 02.22 to VSHN in Table 1. These were the October, 2011 updates about which you were previously notified.
9-5	Table 1	Descriptions for abdominal hysterectomy (HYST) and vaginal hysterectomy (VHYS) categories have been clarified.
9-7 thru 9-8	Implant definition	Addition of further guidance on SSI surveillance in procedures involving an implant: Implant: A nonhuman-derived object, material, or tissue that is placed in a patient during an operative procedure. Examples include: porcine or synthetic heart valves, mechanical heart, metal rods, mesh, sternal wires, screws, cements, internal staples, hemoclips, and other devices. Non-absorbable sutures are excluded because Infection Preventionists may not easily identify and/or differentiate the soluble nature of suture material used. For surveillance purposes, this object is considered an implant until it or the area/structures contiguous with the implant are manipulated for diagnostic or therapeutic purposes. If infection develops after such manipulation, do not attribute it to the operation in which the implant was inserted; instead attribute it to the latter procedure. If the latter procedure is an NHSN operative procedure, subsequent infection can be considered SSI if it meets criteria. If the latter procedure is not an NHSN operative procedure, subsequent infection cannot be considered an SSI but may meet criteria for other HAI and be reported as such.
9-11	Numerator Data	Additional instruction: If no SSI events are identified during the surveillance month, check the Report No Events field in the Missing PA Events tab of the Incomplete/Missing List of the NHSN reporting application.

9-13	Denominator Data Notes	Additional: if more than one laparoscopic incision becomes infected, report only 1 SSI.
9-13	Denominator Data Notes	Additional instruction: Do not include in the procedural denominators, procedures during which the patient expired in the operating theatre.
Chapter 14:Tables of Instructions		
Various chapter 14 pages	Medicare #	Optional field for patient's medicare number added to instructions for all forms with patient identifiable information. Also, "Other" has been added as a gender choice.
14-20	Pathogen identified	Additional reporting instruction: If the event reported is an ABUTI, then pathogen #1 must be a uropathogen.
14-34	MDRO Infection Surveillance	Additional reporting instruction for the field MDRO Infection Surveillance: NOTE: For an SSI, the location of attribution is the post-op location, so if- 1. The event occurs in a different calendar month from the surgical procedure AND 2. Your facility is performing Infection Surveillance for the organism causing the SSI in the post-op location for the month reported in the Date of Event, Then please answer "Yes" to this question.
14-35	Detected	Additional reporting instructions for documenting how the SSI was detected: Check P if SSI was identified during post-discharge surveillance. Include as P those SSI identified in the Emergency Department but not readmitted to the facility. Check RF if SSI was identified due to patient readmission to the facility where the operation was performed. Check RO if SSI was identified due to readmission to facility other than where the operation was performed.
14-37	General anesthesia	Addition of definition.
14-37	Endoscope	Addition of robotic assistance and guidance of hand assistance or conversion to open approach.
14-38	Non-autologous transplant	Deleted; no longer required as of 1/1/12.
14-38	CSEC: Duration of labor	Additional guidance added.
14-38	CSEC: Estimated blood loss	Deleted; no longer required as of 1/1/12.
Chapter 15 Locations		
		Locations listed have been limited to those utilized in the Patient Safety Component.
		LTAC locations have been removed from SCA locations. These locations are now only available for use by Long-Term Acute Care Facilities and the chapter reflects this change.

Chapter 16 Key Terms		
16-1	ASA class	Added guidance that organ donor = class 5.
16-6 thru 16-8	NICU levels	Updated to with information from the cited reference.
16-11	Wound class	Addition of note that it should be assigned by someone involved in the surgical procedure.
Chapter 17: CDC/NHSN Surveillance Definitions of Healthcare-Associated Infection and Criteria for Specific Types of Infections in the Acute Care Setting		
17-1 thru 17-5		Summary table of definition changes updated.
17-1		Additional reporting instructions: In those situations where a patient meets criteria for more than one specific site of infection within a major infection site category, (e.g., meets criteria for both SKIN and ST within the SST category), report only the more “serious” specific site of infection (, e.g., ST).