Highlighted January 2016 National Healthcare Surveillance Network (NHSN) Patient Safety Component Manual Updates

This document highlights the January 2016 changes, revisions, and updates to the NHSN Patient Safety Component Manual, which impact the way data are collected and reported to NHSN. Although other minor revisions, not highlighted here, have been made to the manual, they generally represent wording and/or format changes not deemed to significantly impact the collection or reporting of NHSN data. Besides the changes listed in this document, it is important to also review the Table of Instructions to ensure that data are collected and reported accurately. Although these changes will not be implemented in the NHSN application until the next application release, expected on January 9, 2016, users are expected to follow all updated guidance for definitions, rules, and criteria for events identified on or after January 1, 2016.

Page Number	Description of change
Changes Effecting Multiple Protocols	
2-2	Fungal Pathogens which are most commonly community acquired and rarely associated with healthcare-associated infections, but which may meet NHSN surveillance criteria for healthcare-associated infections due to long incubation periods will no longer be included in NHSN HAI reporting. These pathogens are limited to Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus and Pneumocystis
Included in infection criteria	Microbiologic non-culture diagnostic tests that provide organism identification on patient specimens , e.g. PCR will be accepted in addition to specimen cultures for infection criteria.
2-2	Specimens for microbiologic non-culture diagnostic testing or culture collected from patients documented brain dead AND maintained awaiting organ harvest will NOT be used for healthcare-associated infection surveillance.
Chapter 1:NHSN Overview	
	Chapter modified to reflect that the previous Long-Term Care Module is now a separate component in NHSN.
Chapter 2: Identifying Healthcare-associated Infections (HAI) in NHSN	
2-2	Table 1 updated to add clarity
2-3	Added clarification and an example to address site-specific infection criteria that do not include a diagnostic test.
2-16	Added clarification and an example to address pathogen assignment related to Secondary BSIs and subsequent positive blood cultures
	See also General NHSN Surveillance Changes for additional applicable changes
Chapter 3: Patient Safety Monthly Reporting Plan and Annual Surveys	
	No substantive changes to this chapter.
Chapter 4: CLABSI Event	
4-2	Added "Impella Heart Device" to list of devices not considered central lines.
4-4, 4-11	Added guidance that allows a BSI that is accompanied by a healthcare worker's documentation in the patient's medical record specifying the patient is suspected of self-injecting into a vascular access device, or is observed to self-inject into a device, to be identified as a healthcare-associated BSI, but not a central-line associated BSI (CLABSI). Documentation must occur during the BSI Infection Window Period.
4-10	Clarified that ANC/WBC levels should NOTnot be used to set the date of MBI-LCBI. The date the patient first meets the LCBI criteria is the date of the MBI-LCBI.
4-12	Added exclusion of Salmonella species as pathogens for primary BSI (Laboratory Confirmed Bloodstream Infection).
Chapter 4: CLABSI Event (*Cont.*)	

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Page Number	Description of change
4-14	Added guidance that if a patient has clear evidence of infection associated with a non-central line site (or non-accessed central line site), the event will be identified as a healthcare-associated BSI, but not a central-line associated BSI (CLABSI). "Clear evidence" required is pus at the insertion site with a culture or microbiologic non-culture diagnostic test which identifies an organism also identified in the blood, during the BSI Infection Window Period.
4-20	Modified the Secondary BSI Guide to provide clarity, and updated examples.
4-25	Added guidance that when a BSI is suspected to be secondary to a lower respiratory tract infection and the BSI cannot be determined to be secondary to VAE, the PNEU definitions are available for secondary BSI assignment
	See also General NHSN Surveillance Changes for additional applicable changes.
Chapter 5: CLIP	
5-2	Updated requirements for skin prep compliance for Central Line Insertions Practices (CLIP) events for 2016. Only skin prep allowed to meet CLIP bundle adherence is chlorhexidine gluconate (CHG) for patients ≥ 60 days old unless there is a documented contraindication to use of CHG recorded in NHSN upon CLIP event entry. CLIP Table of Instructions provides guidance on recognized contraindications.
Chapter 6: Ventilator-Associated Pneumonia (VAP) Event	
6-3	Added a note to emphasize pathogen exclusions apply to secondary BSI assignment for PNEU.
6-8	Table 4. Identification of matching *Candida* spp. from blood and respiratory specimen now includes BAL and protected specimen brushing in addition to sputum, and endotracheal aspirate.
	See also General NHSN Surveillance Changes for additional applicable changes.
Chapter 7: CAUTI Event	
SUTI 1a Catheter-associated Urinary Tract Infection (CAUTI) page 7-5 and SUTI 1b Non-Catheter-associated Urinary Tract Infection (Non-CAUTI) page 7-6 and Flowchart 7-12	Protocol has been updated to clarify that urinary urgency, frequency and dysuria cannot be used as symptoms when catheter is in place. Protocol has been updated to clarify that Candida species or yeast not otherwise specified , mold, dimorphic fungi or parasites are excluded as organisms in the UTI definition. (page 7-8).
	See also General NHSN Surveillance Changes for additional applicable changes
Chapter 8: Blank Chapter	

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Page Number	Description of change
	Chapter 9: SSI Event
	Through out the chapter changes were made to reflect the transition from ICD-9-CM codes to ICD-10-PCS/CM codes
9-3	Table 1 deleted - the ICD-10-PCS codes and CPT codes are found in the SSI Section of the NHSN website under the "Supporting Materials" section. Link to the new documents is on page 3
9-7	Superficial SSI criterion "c" was updated to reflect a symptomatic patient whose incision opened but no culture is obtained. Note that if a (+) culture is obtained the patient meets criterion b.
9-22	Appendix 1was added to the SSI protocol. This new appendix contains a list of all NHSN operative procedure groups and the site specific SSIs that are available as events for each group.
SSI - Supporting Materials	ICD-10-PCS Guidance was provided for spinal level and approach for FUSN procedures.
	See also General NHSN Surveillance Changes for additional applicable changes.
	Chapter 10: Ventilator-Associated Event (VAE)
10-16	Added the definition for matching organism.
10-22	Added guidance for Episode of Mechanical Ventilation (EMV) denominator data collection.
10-26	Added the following 6 new antimicrobial agents to the Appendix "List of Antimicrobials Agents Eligible for IVAC, PVAP": CEFTAZIDIME/AVIBACTAM, CEFTOLOZANE/TAZOBACTAM, DALBAVANCIN, ISAVUCONAZONIUM, ORITAVANCIN and PERAMIVIR
	See also General NHSN Surveillance Changes for additional applicable changes.
	Chapter 11: AUR
	This chapter will be updated in early January 2016. Please continue to use the 2015 guidance until the updates are provided.
	Chapter 12: Multidrug-Resistant Organism and Clostridium difficile Infection (MDRO/CDI) Module
TOIs	2 questions currently conditionally required will move to required status. The questions are "Last physical overnight location of patient immediately prior to arrival into facility" and "Has the patient been discharged from another facility in the past 4 weeks?"
	When developed, the LabID Event surveillance module was intended to reduce the manual data collection burden otherwise required to identify MDRO/CDI infection, by providing a proxy measure that focused on data that is more amendable to electronic capture. Requiring these two variables as " required" is not intended to be a departure from this original intent. Substantial benefits could be gained from consistent collection of the data; however, NHSN has reassessed the associated collection burden and determined that, at present, the data may not be retrievable or may be excessively burdensome to collect in some facilities. Therefore, for 2016 LabID Event Reporting, we ask facilities to provide the **most accurate information that is available** for these fields, making use of the response option “Unknown” if identifying the required information presents undue burden.
	2 questions added to CRE reporting. The results for 'production of carbapenemase' will be required for CRE-Klebsiella, CRE-E. coli and CRE-Enterobacter. The questions are "Was the bacterial isolate tested for carbapenemase; If yes, then which test was done" and "Did the isolate test positive for carbapenemase; If yes, identify which carbapenemase were identified."
	See also General NHSN Surveillance Changes for additional applicable changes.
	Chapter 13: Empty Chapter
	Chapter 14: Empty Chapter

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Page Number	Description of change
Chapter 15: CDC Locations and Descriptions	
15-7	Added guidance to "Inaccurate CDC Location Descriptions" under scenario 2 in order to provide instruction on how users can connect data from an older location to a newly mapped location.
15-37/38	Added four (4) new outpatient locations for Ambultaory Surgury Centers.
Chapter 16: Key Terms	
16-1	Added definition of "Clinical Correlation".
Chapter 17: CDC/NHSN Surveillance Definition of HAI and Criteria for Specific Types of Infections	
17-17	Reporting instruction added for CDI date of event.
17-19	IAB-Intraabdominal infection definition has been updated: Criterion #2 has been updated to add blood as an element. There are certain organisms that may be used for a (+) blood culture. Criterion #3b has been updated: There are certain organisms that may be used for a (+) blood culture.
	See also General NHSN Surveillance Changes for additional applicable changes.