NHSN
Basic Training

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Agenda

- **Getting to Know the NHSN Website**
- **Infection Surveillance and Five of the "Big Six"**
  - Annual Survey (1)
  - Monthly Reporting Plan (2)
  - Summary Data (3)
  - Alerts (4)
- **Identifying Health Care-Associated Infections (HAIs)**
  - Infection Window Period
  - Date of Event
  - Present on Admission (POA) vs HAI
  - Repeat Infection Timeframe
- **Events** (5)
  - MDRO Lab ID Events – MRSA and *C. diff*
  - CAUTI / ABUTI

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Getting to know the NHSN website

DON’T SKIP THIS STEP

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START HERE
Bookmark this page:
www.cdc.gov/nhsn/

Main page (no login required) for training modules, protocols (definitions), forms, support materials, FAQs

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Index
Search | Search NHSN
Advanced Search

National Healthcare Safety Network (NHSN)

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.

LTCF COVID-19 Module
Long-term Care Facilities
Includes Nursing Homes, Skilled Nursing & Assisted Living Facilities

Dialysis COVID-19 Module
Dialysis Facilities
Includes Outpatient Dialysis and Home Dialysis Facilities

Login here

Resources by Facility | NHSN Components

- Acute Care / Critical Access Hospitals
- Ambulatory Surgery Centers
- Long-term Acute Care Hospitals
- Long-term Care Facilities
- Inpatient Rehabilitation Facilities
- Inpatient Psychiatric Facilities
- Dialysis Facilities

View All Facilities

About NHSN CDC's NHSN is the largest HAI reporting system in U.S.	NHSN Application NHSN Member Login
Enroll New Facility For first-time facility enrollment	CMS Requirements CMS reporting requirements through NHSN
NHSN Training Self-paced trainings, videos & quick learns	Analysis Resources Analysis resources and guides for the PS Component
Data & Reports See national and state reports using NHSN data	Data Validation & Guidance Data Validation & Guidance
Newsletters View NHSN newsletters	CDA Submission Support (CSSP) Toolkits, FAQs, webinars & resources
Email Updates View NHSN communications	

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Acute/CAH Modules

National Healthcare Safety Network (NHSN)

CDC > NHSN Home > Resources by Facility

- NHSN Home
- NHSN Login
- About NHSN
- Enroll Facility Here
- CMS Requirements
- Change NHSN Facility Admin
- Resources by Facility
  - COVID-19 Information
  - Acute Care / Critical Access Hospitals
  - Ambulatory Surgery Centers
  - Long-term Acute Care Hospitals
  - Inpatient Rehabilitation Facilities
  - Inpatient Psychiatric Facilities
- Patient Safety Component
- Long-term Care Facility Component
- Dialysis Component
- Biovigilance Component
- Healthcare Personnel Safety Component (HPS)
- Outpatient Procedure Component
- Annual Reports
- Group Users
- Newsletters
- Data Validation Guidance
- Email Updates
- National Quality Forum (NQF)
- HIPAA Privacy Rule

Get Email Updates

To receive email updates about this page, enter your

Acute Care / Critical Access Hospitals (ACH)

Acute care or other short-term stay hospitals (for instance, general hospitals, critical access hospitals, oncology hospitals, military/VA hospitals)

Available Components

- Patient Safety Component (PSC)
- Healthcare Personnel Safety Component (HPS)
- Biovigilance Component (BV)

New Users

- Enroll New Facility
- Training Resources
- Educational Roadmap

PSC Manual

- 2021 PSC Manual [PDF – 8 MB]
- 2020 PSC Manual [PDF – 6 MB]

Annual Facility Surveys, Locations & Monthly Reporting Plans

ACH Modules & Events

Access relevant training, protocols, data collection forms and supporting materials for each module.

- AUR Module — Antimicrobial Use & Resistance Options
- PNEU Events — Pneumonia (PedVAP) Events
- BSI Events — Bloodstream Infections
- SSI Events — Surgical Site Infection Events
- CLIP Events — Central Line Insertion Practice Adherence
- UTI Events — Urinary Tract Infections
- MDRO & CDI Events — Multidrug-Resistant Organism & *C. difficile* Infections
- VAE — Ventilator-associated Events
- PedVAE — Pediatric Ventilator-associated Events
- HCP Flu Vaccination — Healthcare Personnel Safety Component
- HCP COVID-19 Vaccination — Healthcare Personnel Safety Component
- HCP Exposure — Healthcare Personnel Safety Component
- Blood Safety — Biovigilance Component

NHSN Analysis

- Quick Reference Guides
- Analysis Training Videos
- Annual Reports
- Adjusted Ranking Metric

PSC Resources

- Frequently Asked Questions
- Data Validation & Guidance
- Calculators & Worksheets
- HAI Checklists
- CMS Requirements
- NHSN Newsletters
- Email Updates

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Navigation: CAUTI (example)

- NHSN Home
- NHSN Login
- About NHSN +
- Enroll Facility Here +
- CMS Requirements +
- Change NHSN Facility Admin
- Resources by Facility +
- Patient Safety Component –
  - Annual Surveys, Locations & Monthly Reporting Plans
  - Analysis Resources +
  - Antimicrobial Use & Resistance +
  - BSI (CLABSI)
  - CLIP
  - MDRO & CDI
  - PedVAE
  - PNEU
  - SSI
  - UTI (CAUTI)

Urinary Tract Infections (UTI) Events

Catheter-Associated Urinary Tract Infection (CAUTI) and Non-Catheter-Associated Urinary Tract Infection (UTI) (and Other Urinary System Infection (USI))

Protocols

Chapter 7: Urinary Tract Infection (UTI) Event – January 2021 [PDF – 1 MB]
For full details on protocol definitions and the application of these definitions, please review the applicable protocol and **Chapter 2: Identifying Healthcare-associated Infections (HAIs) in NHSN.**

2021 Summary of Updates [PDF – 200 KB]

Supporting Chapters

Chapter 1: NHSN Overview – January 2021 [PDF – 150 KB]

Chapter 2: Identifying Healthcare-associated Infections (HAIs) in NHSN – January 2021 [PDF – 1 MB]

Chapter 3: Patient Safety Monthly Reporting Plan – January 2021 [PDF – 100 KB]

Chapter 15: CDC Location Labels and Location Descriptions – January 2021 [PDF – 1 MB]

Chapter 16: NHSN Key Terms – January 2021 [PDF – 150 KB]

Chapter 17: CDC/NHSN Surveillance Definitions for Specific Types of Infections – January 2021 [PDF – 1 MB]

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- UTI Training
- Educational Roadmap
- CMS Requirements
- HAI Checklists

FAQs

- UTI Events
- Analysis
- Annual Surveys
- Locations
- Miscellaneous
- CDA
- View All FAQs

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Protocols (a.k.a. definitions)

Protocols

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Training

Catheter-associated Urinary Tract Infection (CAUTI) 2019

Online training - no sound

YouTube training – sound & videos

Accompanying slide set

UTI Training

Self-paced Training

Introduction to Device-associated Module Training [CBT – 60 min]

- *Erratum:* Intro to the DA Module (Slide 31) [PDF - 220 KB]

CAUTI Training [CBT - 60 min]

Training Videos

Catheter-associated Urinary Tract Infection (CAUTI) – May 2019

- YouTube Link [Video – 61 min]
- Slideset [PDF – 5 MB]

CAUTI Surveillance and Analysis Group Exercise – May 2019

- YouTube Link [Video – 16 min]
- Slideset [PDF – 1 MB]

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Quick Learns

2021 Urinary Tract Infection Protocol Change – December 2020

- YouTube Link [Video – 14 min]

Common CAUTI Questions – April 2016

- YouTube Link [Video – 10 min]

CAUTI: Definition Changes – January 2015

- YouTube Link [Video – 14 min]

On This Page

- Self-paced Training
- Training Videos
- Quick Learns
- Additional Training

See Also

- UTI Event
- PSC Overview Training
- Analysis Training

UTI Roadmap
A step-by-step guide to UTI surveillance for new users.

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UTI – Surveillance for Urinary Tract Infections

- Chapter 7: Urinary Tract Infection Event [PDF – 1 MB]
- Catheter-associated Urinary Tract Infection (CAUTI) [CBT – 60 min]
- Common CAUTI Questions (April 2016) [Video – 10 min]
- Catheter-associated Urinary Tract Infection (CAUTI) – 2019 [Video – 61 min]
- FAQs: UTI Events
- UTI Event Form [PDF – 400 KB] (Print-only)
  Table of Instructions [PDF – 400 KB]
- ICU and Other Locations Form [PDF – 100 KB] (Print-only)
  Table of Instructions [PDF – 100 KB]
- Specialty Care Area Denominator Form [PDF – 100 KB] (Print-only)
  Table of Instructions [PDF – 100 KB]
- NICU Denominator Form [PDF – 100 KB] (Print-only)
  Table of Instructions [PDF – 100 KB]

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Frequently Asked Questions

Urinary Tract Infections (UTI) Events

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FAQs

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Terminology: Data Collection

- Numerator
  - Events (i.e., CAUTI, CLABSI, MRSA, *C diff*., etc.)
- Denominator (summary data)
  - Patient Days
  - Indwelling urinary catheter days
  - Central line days
  - Ventilator days
- Intensive Care (ICU)/Other Locations (not NICU or SCA)

$$\frac{\text{Numerator}}{\text{Denominator}}$$

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Data Collection Forms Numerator/Event

Data Collection Forms & Instructions

All Data Collection Forms are Print-only

UTI Event

Urinary Tract infection (UTI) form – January 2021 (57.114) [PDF – 180 KB]

- Customizable form [DOC – 60 KB]
- Table of Instructions [PDF – 250 KB]

*Required fields

Recommend filling in patient name (and surgeon with SSI events)

NHSN NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2024
www.cdc.gov/nhsn

Urinary Tract infection (UTI)

Page 1 of 4 *required for saving **required for completion

Facility ID:	Event #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: UTI	*Date of Event:
Post-procedure UTI: Yes No	Date of Procedure:
NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:

*MDRO Infection Surveillance:

☐ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module

☐ No, this infection's pathogen & location are **not** in-plan for Infection Surveillance in the MDRO/CDI Module

*Date Admitted to Facility:	*Location:

Risk Factors

*Urinary Catheter status:

☐ In place – Urinary catheter in place > 2 days on the date of event or present for any portion of the calendar day

☐ Removed – Urinary catheter in place > 2 days and removed the day before the date of event

☐ Neither – Not catheter associated – Neither in place nor removed

Location of Device Insertion: _____ Date of Device Insertion: ____ /____ /_____

If NICU, birth weight (gms): _____

Event Details

*Specific Event: ☐ Symptomatic UTI (SUTI) ☐ Asymptomatic Bacteremic UTI (ABUTI)

*Specify Criteria Used: (check all that apply)

Signs & Symptoms

Any Patient		≤ 1 year old	Laboratory & Diagnostic Testing
☐ Fever	☐ Urgency	☐ Fever	☐ Positive culture with no more than 2 species of organisms, at least one of which is a bacterium of ≥ 10^5 CFU/ml
☐ Frequency	☐ Dysuria	☐ Hypothermia	
		☐ Apnea	
		☐ Bradycardia	
☐ Suprapubic tenderness		☐ Lethargy	☐ Organism(s) identified from blood specimen
☐ Costovertebral angle pain or tenderness		☐ Vomiting	
		☐ Suprapubic tenderness	

*Secondary Bloodstream Infection: Yes No	COVID-19: Yes No If Yes: ☐Confirmed ☐Suspected
**Died: Yes No	UTI Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-4.

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).
Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.114 (Front) Rev 12, v8.8

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Data Collection Forms

denominator/summary data

Data Collection Forms & Instructions

Denominator Forms

ACH

Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) form – January 2021 (57.118) [PDF – 80 KB]

- Customizable form [DOCX – 60 KB]
- Table of Instructions [PDF – 200 KB]

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NATIONAL HEALTHCARE SAFETY NETWORK

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Exp. Date: 01/31/24
www.cdc.gov/nhsn

Denominators for Intensive Care Unit (ICU)/Other Locations (not NICU or SCA)

Page 1 of 1

*required for saving
Facility ID: *Location Code: *Month: *Year:

Date	*Number of Patients	**Number of patients with 1 or more **central lines**	**Number of patients with a **urinary catheter**	**Number of total patients on a **ventilator**	Number of patients **on APRV**	Number of **Episodes of Mechanical Ventilation**
1						
2						
3						
4						
5						

Missing Device Denominator Data (helps you determine what to do when counts were missed)

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CMS Supporting Materials

Urinary Tract Infections (UTI) Events

Catheter-Associated Urinary Tract Infection (CAUTI) and Non-Catheter-Associated Urinary Tract Infection (UTI) (and Other Urinary System Infection (USI))

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Supporting Chapters

Chapter 1: NHSN Overview – January 2021 [PDF – 150 KB]

- UTI Training
- Educational Roadmap
- CMS Requirements
- HAI Checklists
- FAQs

CMS Requirements

Important Links

New! CMS COVID-19 Reporting Requirements for Nursing Homes [PDF – 200 KB]

CMS Press Release: CMS Announces Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19 [PDF – 400 KB]

CDC and CMS Issue Joint Reminder on NHSN Reporting

Healthcare Facility HAI Reporting Requirements to CMS via NHSN Current and Proposed Requirements January 2019 [PDF – 300 KB]

Reporting Requirements and Deadlines in NHSN per CMS Current Rules August 2019 [PDF – 1 MB]

Changing a CCN within NHSN, July 2020 [PDF – 350 KB]

CMS RESOURCES BY FACILITY TYPE

View operational guidance and CMS reporting resources for each facility.

- Acute Care Hospitals
- Long-term Acute Care Hospitals

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Supporting Material

Urinary Tract Infections (UTI) Events

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UTI Training

Educational Roadmap

CMS Requirements

HAI Checklists

FAQs

UTI Events

Analysis

Annual Surveys

Locations

Miscellaneous

CDA

View All FAQs

Supporting Materials

NHSN Organism List (All Organisms, Common Commensals, MBI Organisms, and UTI Bacteria) – January 2021 [XLSX – 300 KB]

Guidance for Missing Device-associated Denominator Data [PDF – 145 KB]

NHSN Patient Safety Component Alerts [PDF – 1 MB]

Unusual Susceptibility Profiles Alert – January 2021 [PDF – 650 KB]

Location Mapping Checklist [PDF – 750 KB]

Supporting Materials

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Location Mapping Checklist [PDF – 750 KB]

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Newsletters

It's important to read each newsletter (and email) carefully.

- NHSN Home
- NHSN Login
- About NHSN
- Enroll Facility Here
- CMS Requirements
- Change NHSN Facility Admin
- Resources by Facility
- **Patient Safety Component**
- Long-term Care Facility Component
- Dialysis Component
- Biovigilance Component
- Healthcare Personnel Safety Component (HPS)
- Outpatient Procedure Component
- Annual Reports
- Group Users
- Newsletters
- Data Validation Guidance
- Email Updates

Volume 15, Issue 4
December 2020

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

CENTERS FOR DISEASE CONTROL AND PREVENTION
NHSN E-Newsletter

CDC

Inside this Issue:

Patient Safety Component
2021 Patient Safety and Outpatient Procedure Components Protocols and Related Documents 2
Changes to Urinary Tract Infection (UTI) Protocol 2
Location Mapping Updates: CMS reportable IPPS-Excluded Units in LTACHs, Psychiatric hospitals, and IRFs 4
Acute Care and Critical Access Hospitals: New Warning Message on the FacWideIN MDRO/CDI Summary Form 4
LTACHs and IRFs: New Required Question on the FacWideIN MDRO/CDI Summary Form 5
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HAI Checklists

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  - Annual Surveys, Locations & Monthly Reporting Plans
  - Analysis Resources
  - Antimicrobial Use & Resistance
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  - CLIP
  - MDRO & CDI
  - PedVAE
  - PNEU
  - SSI
  - UTI (CAUTI)
  - VAE
  - Frequently Asked Questions (FAQs)
  - Calculators & Worksheets
  - HAI Checklists

2021 | 2020 | 2019

2021 NHSN HAI Site Specific Infections

- NHSN Laboratory Confirmed Bloodstream Infection (LCBI) Checklist [PDF – 350 KB]
- NHSN Pneumonia (PNEU) Checklist [PDF – 500 KB]
- NHSN Surgical Site Infection (SSI) Checklist [PDF – 300 KB]
- NHSN Urinary Tract Infection (UTI) Checklist [PDF – 350 KB]
- NHSN Ventilator Associated Event (VAE) Checklist [PDF – 400 KB]
- NHSN Pediatric Ventilator Associated Event (PedVAE) Checklist [PDF – 350 KB]

2021 NHSN Chapter 17 Site Specific Infections

- NHSN Bone and Joint Infection (BJI) Checklist [PDF – 300 KB]
- NHSN Cardiovascular (CVS) System Infection Checklist [PDF – 400 KB]
- NHSN Central Nervous System (CNS) Checklist [PDF – 300 KB]
- NHSN Eye, Ear, Nose Throat, or Mouth (EENT) Infection Checklist [PDF – 300 KB]
- NHSN Gastrointestinal System Infection (GI) Checklist [PDF – 350 KB]
- NHSN Lower Respiratory Infection (LRI) Checklist [PDF – 200 KB]
- NHSN Reproductive Tract Infection (REPR) Checklist [PDF – 250 KB]
- NHSN Skin and Soft Tissue (SST) Infection Checklist [PDF – 300 KB]
- NHSN Urinary System Infection (USI) Checklist [PDF – 250 KB]

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CAUTI Checklist

2021 NHSN Urinary Tract Infection (UTI) Checklist

Urinary Tract Infection (UTI) Summary		
Criterion	**Criterion Met**	**Date of Event (DOE)**
SUTI 1a	☐	
SUTI 1b	☐	
SUTI 2 Catheter Associated	☐	
SUTI 2 Non-Catheter Associated	☐	
ABUTI Catheter Associated	☐	
ABUTI Non-Catheter Associated	☐	
Please refer to Chapter 7 Urinary Tract Infection (UTI) Event of the Patient Safety Manual for additional information.		

Documentation Review Checklist		
Urinary Tract Infection Symptomatic UTI (SUTI)		
SUTI 1a Catheter-associated Urinary Tract Infection (CAUTI)---Any Age Patient		
Patient must meet 1, 2, and 3 below:		
Element	**Element Met**	**Date**
1. Patient had an indwelling urinary catheter (IUC) that had been in place for more than 2 consecutive days in an inpatient location on the date of event **AND** was either:		
• Present for any portion of the calendar day on the date of event† **OR**	☐	
• Removed the day before the date of event‡	☐	
2. Patient has at least ***one*** of the following signs or symptoms:		
• Fever (>38°C)	☐	
• Suprapubic tenderness*	☐	
• Costovertebral angle pain or tenderness*	☐	
• Urinary urgency^	☐	
• Urinary frequency^	☐	
• Dysuria^	☐	
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml. All elements of the SUTI criterion must occur during the IWP. (See IWP Definition Chapter 2 Identifying HAIs for NHSN Surveillance).	☐	
Comments/Notes:		

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Infection Surveillance and Five of the "Big Six"

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Infection Surveillance

Data Integrity

- Know the NHSN definitions
- Consistently apply the definitions
- Failure to do so = breach of NHSN Rules of Behavior
  - Decreases usefulness of national and state comparative data
  - Allows unfair comparisons between facilities
- Concerns about the definitions should be sent to NHSN for clarification. Concerns should not be addressed by:
  - Not reporting events or
  - Deferring to facility or physician clinical diagnosis/judgement

Note: Infection surveillance ≠ clinical diagnosis

- Internal data validation – more information later
- Bottom line = report events that meet definitions; exclude those that don't

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NHSN: The Big Six

Annual Facility Survey	Monthly Reporting Plan	Procedures	Events	Summary Data	Alerts
Information about facility and programs; used as part of the risk adjustment	Delineates which components will be followed for the month	All surgery cases followed for the month	Numerator - CAUTIs, SSIs, MRSA blood stream cultures, *C. diff* cultures, etc.	Denominator - indwelling urinary catheter days, central line days, patient days, etc.	Incomplete or missing data

Each one of these is needed to retrieve accurate data (CMS, health department, HQIC)

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Annual Survey

(1 of 5)

CHAPTER 3

HTTPS://WWW.CDC.GOV/NHSN/PSC/LOCATIONS.HTML

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Two Annual Surveys

You need to complete an annual survey for:

1. Patient Safety Component <u>and</u>
2. Healthcare Personnel Safety Component

Add Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel

Facility ID: * NHSN State Users Test Facility #2 (ID 15165)
Flu Season: * 2020/2021

Date Entered Month: * 01 Year: * 2021

1. Which personnel groups are included in your facility's annual influenza vaccination campaign? *(check all that apply)* *
   - ☐ Full-time employees
   - ☐ Part-time employees
   - Licensed independent practitioners:
     - ☐ Non-employee physicians
     - ☐ Non-employee advanced practice nurses
     - ☐ Non-employee physician assistants
   - ☐ Students and trainees (e.g. interns, residents)
   - ☐ Adult volunteers
   - ☐ Other contract personnel
   - ☐ Other, specify:

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- **Purpose:** Provides risk adjustment, allowing comparison of performance and quality across organizations, practitioners and communities.
- NHSN suggests completion by Feb. 15 to ensure CMS data is risk-adjusted with the latest survey. No later than March 1.

Add Annual Survey

Patient Safety Component—Annual Hospital Survey

Instructions for this form are available at: http://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf

Page 1 of 14

*required for saving | Tracking #:

Facility ID: | *Survey Year:

Facility Characteristics (completed by Infection Preventionist)

*Ownership (check one):

☐ For profit ☐ Not for profit, including church ☐ Government

☐ Military ☐ Veterans Affairs ☐ Physician owned

If facility is a Hospital:

*Number of patient days: _____

*Number of admissions: _____

For any Hospital:

*Is your hospital a teaching hospital for physicians and/or physicians-in-training? ☐ Yes ☐ No

If Yes, what type: ☐ Major ☐ Graduate ☐ Undergraduate

*Number of beds set up and staffed in the following location types (as defined by NHSN):

ICU (including adult, pediatric, and neonatal levels II/III and III): _____

b. All other inpatient locations: _____

Additional components include:

- Facility Microbiology Laboratory Practices (consult with lab)
- Infection Control Practices
- Facility Neonatal or Newborn Patient Care Practices (consult with NICU medical or nursing director)
- Antibiotic Stewardship Practices (consult with Pharmacist or other stewardship champions)
- Water Management Program *(optional)*

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Medical School Affiliation

Is your hospital a teaching hospital for physicians and/or physicians-in-training? *

If Yes, what type: MAJOR GRADUATE UNDERGRADUATE

Three different levels of medical school affiliation:

1. **Major Teaching** – Facility trains medical students, nursing students **and** post-graduate residents. Note that there is no minimum number of students that must be present for your facility to be attached/affiliated with a medical school.
2. **Graduate Teaching** – Facility trains only post-graduate medical (MD/DO only) residents/fellows.
3. **Undergraduate Teaching** – Facility trains current (undergraduate) medical students and/or nursing students.

If you meet both #2 and #3 above, select #1.

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Monthly Checklist

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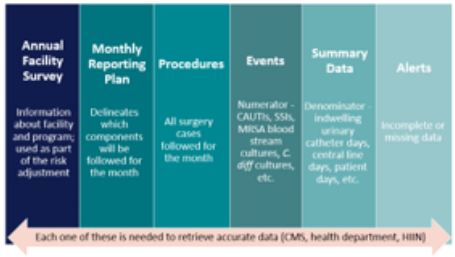
NHSN: Monthly Checklist

www.cdc.gov/nhsn/



☐ **Enter Monthly Reporting Plan**
Instructions: https://www.cdc.gov/nhsn/forms/instr/57_106.pdf
Device-Associated Module
- ☐ Add locations (inpatient only)
- ☐ Check CLABSI, CAUTI, VAE, etc. as applicable

Procedure-Associated Module
- ☐ Add procedures
- ☐ Check IN and/or OUT

Multi-Drug Resistant Organism Module
- ☐ Select FACWIDEIN location & MRSA-MRSA
  - ☐ Check Lab ID Event Blood Specimens Only
    Note: Any ED and Obs units will be added automatically)
- ☐ Select FACWIDEIN location & CDIF
  - ☐ Check Lab ID Event All Specimens
    Note: Any ED and Obs units will be added automatically)

☐ **Add Procedures**
- ☐ Add any required surgeries from CMS, the state, HIIN or facility (e.g., BRST, COLO, HYST, HPRO, KPRO)

☐ **Add Events** (numerators)
- ☐ Add any CAUTI, CLABSI, SSI or VAE infections
- ☐ Add all MRSA blood stream cases (all blood specimens, not just those that are hospital-~~onset;~~ inpatient and ED)
- ☐ Add all *C diff* cases (all specimens, not just those that are hospital-~~onset;~~ inpatient and ED)

Last updated Jan. 25, 2021

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NHSN: Monthly Checklist

www.cdc.gov/nhsn/

☐ **Add Summary Data** (denominators)
Device-Associated – ICU / Other Locations
Instructions: https://www.cdc.gov/nhsn/forms/instr/57_118.pdf
- ☐ 1 summary data page entered for each inpatient location
  - ☐ Total Patient Days
  - ☐ Central Line Days, if CLABSI is in monthly reporting plan
  - ☐ Urinary Catheter Days
  - ☐ Ventilator Days, if VAE is in monthly reporting plan
- ☐ Check "Report No Events" for CLABSI, CAUTI, VAE, if applicable; if this is missed, it can ~~fixed~~ in "Alerts;" only mark items that are in the monthly reporting plan

☐ **MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring**
Instructions: https://www.cdc.gov/nhsn/forms/instr/57_127.pdf
- ☐ 1 summary data page for FacWideIn and each ED or Obs unit
  - ☐ Line 1 - Total Facility Patient Days ~~(pt)~~
  - ☐ Line 1 - Total Facility Admissions
  - ☐ Line 2 - Patient Days
  - ☐ Line 2 - Admissions
  - ☐ Line 3 - Patient Days
  - ☐ Line 3 - Admissions
  - ☐ Total Encounters (ED)
- ☐ Check "Report No Events" for MRSA and C diff, if applicable; if this is missed, it can ~~fixed~~ in "Alerts"
- ☐ Quarterly: Add C diff test type (March, June, September, December)

☐ **Remedy All Alerts**
Instructions: https://www.cdc.gov/nhsn/pdfs/gen-support/nhsn-alerts.pdf
- ☐ Incomplete Events
- ☐ Missing Events
- ☐ Incomplete Summary Data
- ☐ Missing Summary Data
- ☐ Incomplete Procedures
- ☐ Missing Procedures
- ☐ Missing Procedure-associated Events

☐ **Generate Data Sets** (monthly or more often)

☐ **Enter Annual Facility Survey (Patient Safety Component)** (Jan or Feb)
Instructions: https://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf

Last updated Jan. 25, 2021

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Monthly Reporting Plan

(2 of 5)

CHAPTER 3

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Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *: NHSN State Users Test Facility #2 (ID 15165)

Month *:

Year *:

☐ No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

	Locations	CLABSI	VAE	CAUTI	CLIP	PedVAP (<18 years)
🗑		☐	☐	☐	☐	☐

Add Row | Clear All Rows | Copy from Previous Month

Procedure-Associated Module

	Procedures	SSI
🗑		IN: ☐ OUT: ☐

Add Row | Clear All Rows | Copy from Previous Month

Antimicrobial Use and Resistance Module

	Locations	Antimicrobial Use	Antimicrobial Resistance
🗑		☐	☐

Add Row | Clear All Rows | Copy from Previous Month

Multi-Drug Resistant Organism Module

	Locations	Specific Organism Type
🗑		

Process and Outcome Measures

Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
☐			☐	☐	☐	☐	☐	☐

Add Row | Clear All Rows | Copy from Previous Month

Save | Back

- Recommend adding no more than two months at a time.
- Once the reporting plan is complete and accurate, can copy each section from the previous month.

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Monthly Reporting Plan

Devices

Device-Associated Module

	Locations	CLABSI	VAE	CAUTI	CLIP	PedVAP (<18 years)
	ICU - ICU	☑	☑	☑	☐	☐
	MED/SURG - MED/SURG	☑	☑	☑	☐	☐
	NICU - NICU	☑	☐	☐	☐	☐

Don't forget to scroll to the bottom to see what options are available.

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Monthly Reporting Plan

Procedures

Procedure-Associated Module

	Procedures	SSI
	BRST - Breast surgery	IN: ☑ OUT: ☑
	COLO - Colon surgery	IN: ☑ OUT: ☐
	FUSN - Spinal fusion	IN: ☑ OUT: ☑
	GAST - Gastric surgery	IN: ☑ OUT: ☐
	HER - Herniorrhaphy	IN: ☑ OUT: ☑
	HPRO - Hip prosthesis	IN: ☑ OUT: ☐
	HYST - Abdominal hysterectomy	IN: ☑ OUT: ☐
	KPRO - Knee prosthesis	IN: ☑ OUT: ☑

Edit Previous Next Back

No need to put "In" and "Out" on separate lines – combine on one line

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Terminology: FacWideIN

Overall Facility-Wide Inpatient (FacWideIN)

1. Includes all inpatient units where denominator data are collected (indwelling urinary catheter days, central line days, patient days, etc.)
2. Includes emergency department
3. Includes 24-hr observation location (very rare to have this dedicated unit)

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Monthly Reporting Plan

MDRO Module

Multi-Drug Resistant Organism Module

Locations	Specific Organism Type
FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)	CDIF - C. difficile

Process and Outcome Measures

Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
☐			☐	☐	☑	☐	☐	☐

Locations	Specific Organism Type
ED - EMERGENCY DEPARTMENT	CDIF - C. difficile

Process and Outcome Measures

Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
☐			☐	☐	☑	☐	☐	☐

Locations	Specific Organism Type
FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)	MRSA - MRSA

Process and Outcome Measures

Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
☐			☐	☐	☐	☑	☐	☐

Locations	Specific Organism Type
ED - EMERGENCY DEPARTMENT	MRSA - MRSA

Process and Outcome Measures

Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
☐			☐	☐	☐	☑	☐	☐

Edit | Previous | Next | Back

Do not mark this box
(not intuitive)

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Summary Data
(3 of 5)

A.K.A. DENOMINATOR DATA

ENTER AFTER THE MONTH HAS ENDED

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Summary Data: Adding

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

NHSN - National Healthcare Safety Network

- NHSN Home
- Alerts
- Dashboard
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout

Add Patient Safety Summary Data

Summary Data Type: Device Associated - Intensive Care Unit / Other Locations

#1 → Device Associated - Intensive Care Unit / Other Locations

Device Associated - Neonatal Intensive Care Unit

Device Associated - SCA/ONC

#2 → MDRO and CDI Monthly Denominator - all Locations

SCA/ONC - e.g., dialysis, transplant, oncology

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#1 Device Associated - ICU/Other Locations

Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)

Mandatory fields marked with *

Facility ID *: NHSN State Users Test Facility #2 (ID 15165)

Location Code *: 2E - MS 2 - M/S WARD

Month *: January

Year *: 2019

Enter 1 summary data page for each inpatient unit mapped in NHSN; If there are five inpatient locations mapped, add five denominator summary data pages

Denominator Data

		Report No Events
Total Patient Days *:		
Central Line Days *:		CLABSI:
Urinary Catheter Days *:		CAUTI:
Ventilator Days:		VAE: PedVAE: PedVAP:
APRV Days:		
Episodes of Mechanical Ventilation:		

Sample Values For Estimating Denominator Data

		Check Box(es) if Sampling Used
Sample Patient Days:		
Sample Central Line Days:		
Sample Urinary Catheter Days:		

Reporting No Events

Don't worry if box is marked *No* and later an event is identified; the box will be automatically unchecked (associated with Alerts). Only mark items in reporting plan.

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Counting Denominator Data

- Device-associated denominator data should be collected/counted at the same time each day. Midnight is the ideal time (end of day count).

  Counting examples:

  - Patient has an indwelling urinary catheter (IUC) inserted at 11:30 p.m. When the count is taken at midnight, this will count as 1 IUC day.
  - Count is taken at midnight. A patient has his IUC removed at 12:30 a.m. Do not adjust the midnight count taken ½ hour earlier.

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Counting Denominator Data

- Include all patients residing in an inpatient unit at the time of the "count", regardless of the facility's categorization as "observation" or "hospice" patient, or that they are in a swing bed within an inpatient unit. *[Source: FAQs: Miscellaneous]*

- *For more information refer to: Determining Patient Days for Summary Data Collection: Observation vs. Inpatient and Determining Admission Counts for Summary Data Collection*

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Denominator Collection Tool

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date: 01/31/24
www.cdc.gov/nhsn

Denominators for Intensive Care Unit (ICU)/Other Locations (not NICU or SCA)

Page 1 of 1

*required for saving
Facility ID: *Location Code: *Month: *Year:

Date	*Number of Patients	**Number of patients with 1 or more **central lines**	**Number of patients with a **urinary catheter**	**Number of total patients on a **ventilator**	Number of patients **on APRV**	Number of **Episodes of Mechanical Ventilation**
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
*Totals						
	Patient-days	Central-line days	Urinary catheter-days	Ventilator-days		Episodes of Mechanical Ventilation

**Conditionally required according to the events indicated in Plan.

Label _____ _____ _____ _____ _____

Data _____ _____ _____ _____ _____

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 5.02 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).
CDC 57.118, Rev.3, v8.8

Missing Device Denominator Data
(helps you determine what to do when counts were missed)

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Central Line Denominator Counts

- Know the "central line" definition (i.e., what is a central line) and train staff who are collecting data (also train on indwelling urinary catheters)
- Only record 1 central line day for a patient that has > 1 line (for example, if a patient has 2 central lines, only record 1 line day in daily midnight count)
- Line does not need to have been accessed to be counted in summary data line day counts
- *Access does* count when making a CLABSI event determination

Type of Data Count	Access Needed to Include in Count
Summary Data (denominator) – line day counts	No
CLABSI Determination (numerator) – event day counts	Yes – in place > 2 consecutive calendar days following first accession

Refer to Chapter 4

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Summary Data: Adding

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

NHSN - National Healthcare Safety Network

- NHSN Home
- Alerts
- Dashboard
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout

Add Patient Safety Summary Data

Summary Data Type: Device Associated - Intensive Care Unit / Other Locations

#1 → Device Associated - Intensive Care Unit / Other Locations

Device Associated - Neonatal Intensive Care Unit

Device Associated - SCA/ONC

#2 → MDRO and CDI Monthly Denominator - all Locations

SCA/ONC - e.g., dialysis, transplant, oncology

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Reminder
Terminology: FacWideIN

Overall Facility-Wide Inpatient (FacWideIN)

1. Includes all inpatient units where denominator data are collected (indwelling urinary catheter days, central line days, patient days, etc.)
2. Includes emergency department
3. Includes 24-hr observation location (very rare to have this dedicated unit)

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#2 - MDRO and CDI FacWideIn

Mandatory fields marked with *

Facility ID *: NHSN State Users Test Facility #2 (ID

Location Code *: FACWIDEIN - Facility-wide Inpatient (F

Month *: January

Year *: 2019

Totals for all inpatient units

If facility has no IRF, IPF, a NICU or a well-baby unit . . . Then all patient days will be the same and all admissions will be the same.

General

Line 1: Setting: Inpatient Total Facility Patient Days *: 203 Total Facility Admissions *: 151

Line 2: If your facility has a CMS-certified rehab unit (IRF) or CMS-certified psych unit (IPF), please subtract these counts from "Total Facility Patient Days" and "Total Facility Admissions" (Line 1). If you do not have these units, enter the same values you entered on Line 1.
Counts= [Total Facility - (IRF + IPF)]

Patient Days *: 203 Admissions *: 151

If you have IRF, IPF, NICU or well-baby unit, read the instructions for lines 2 and 3

Line 3: If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or Well Baby Unit, please subtract those counts from "Total Facility Patient Days" and "Total Facility Admissions" (Line 1). If you do not have these units, enter the same values you entered on Line 1.
Counts= [Total Facility - (IRF + IPF + NICU + Well Baby Unit)]

Patient Days *: 203 Admissions *: 151

Do not mark this box (not intuitive)

ganism Selection / Confirmation of No Events

pecific Organism Type	MRSA	Report No Events	C. difficile	Report No Events	CephR-Klebsiella	Report No Events	CRE-Ecoli	Report No Events	CRE-Enterobacter	Report No Events	CRE-Klebsiella	Report No Events	MDR-Acinetobacter	Report No Events	VRE	Report No Events
Infection Surveillance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
LabID Event (All specimens)	☐	☐	* ☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
LabID Event (Blood specimens only)	* ☑	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Reporting No Events: Don't worry if marked *No* and later an event is identified; the box will be automatically unchecked (associated with Alerts). Only mark items in reporting plan.

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#2 - MDRO and CDI ED

Mandatory fields marked with *

Print Form

Facility ID *: NHSN State Users Test Facility #2 (ID 15165)

Location Code *: ED - ED

Month *: February

Year *: 2020

General

Setting: Outpatient Total Encounters * : 205

Organism Selection/Confirmation of No Events

Specific Organism Type	MRSA	Report No Events	CDIF	Report No Events	MSSA	Report No Events	CephR-Kleb	Report No Events	CRE-Ecoli	Report No Events	CRE-Entero	Report No Events	CRE-Kleb	Report No Events	MDR-Acine	Report No Events	VRE	Report No Events
Infection Surveillance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
LabID Event (All specimens)	☐	☐	* ☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
LabID Event (Blood specimens only)	* ☑	☐			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Process Measures: Hand Hygiene, Gown and Glove Use, and AST

Outcome Measures: AST

Reporting No Events: Don't worry if marked *No* and later an event is identified; the box will be automatically unchecked (associated with Alerts). Only mark items in reporting plan.

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C. diff – Quarterly Test Type

Mandatory fields marked with *

Facility ID *: NHSN State Users Test Facility #2 (ID 15165)

Location Code *: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)

Month *: January

Year *: 2019

General

Line 1: Setting: Inpatient Total Facility Patient Days *: 203 Total Facility Admissions *: 151

Line 2: If your facility has a CMS-certified rehab unit (IRF) or CMS-certified psych unit (IPF), please subtract these counts from "Total Facility Patient Days" and "Total Facility Admission
If you do not have these units, enter the same values you entered on Line 1.
Counts= [Total Facility - (IRF + IPF)]

Patient Days *: 203 Admissions *: 151

Line 3: If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or Well Baby Unit, please subtract those counts from "Total Facility Patient Days" and "Total Facility Admissions" (Line 1).
If you do not have these units, enter the same values you entered on Line 1.
Counts= [Total Facility - (IRF + IPF + NICU + Well Baby Unit)]

Patient Days *: 203 Admissions *: 151

For this quarter, what is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's te ng is performed?
Note: PCR testing should be indicated by selecting NAAT *

Talk with lab team

EIA - Enzyme immunoassay (EIA) for toxin
Cyto - Cell cytotoxicity neutralization assay
NAAT - Nucleic acid amplification test (NAAT)
NAATEIA - NAAT plus EIA, if NAAT positive (2-step algorithm)
GDH - Glutamate dehydrogenase (GDH) antigen plus EIA for toxin
GDHNAAT - GDH plus NAAT
GDHEIA - GDH plus EIA for toxin, followed by NAAT for discrepant results
ToxiCul - Toxigenic culture
OTH - Other (specify)

Note:
PCR testing should be indicated by selecting "NAAT".

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Alerts

(4 of 5)

IN-PLAN DATA IS INCOMPLETE OR MISSING

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CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

No accurate data analysis can be completed until alerts are corrected

Remedy all alerts at least once a month

NHSN - National Healthcare Safety Network

- NHSN Home
- Alerts
- Dashboard
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout

NHSN Patient Safety Component Home Page

TAP Strategy Dashboard

Action Items

COMPLETE THESE ITEMS

Survey Required
2016

Confer Rights
Not Accepted

ALERTS

446
Missing Summary Items

24
Missing Procedures

1
Missing Procedure-Associated Events

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Incomplete/Missing List

Add missing summary data

Incomplete Events | Missing Events | Incomplete Summary Data | **Missing Summary Data** | Incomplete Procedures | Missing Procedures | Missing Procedure-associated Events | Unusual Susceptibility Profile | Confirm CDI Test Type

In-plan locations with no associated summary data.

Page 1 of 50 10 View 1 - 10 of 495

Module	Location	CDC Location	Month/Year	Alert Type	Event Type
MDRO	8201	OUT:ACUTE:ED	12/2011	No summary form Add Summary	LabID (All)
MDRO	FACWIDEIN	***	02/2012	No summary form Add Summary	LabID (All)
DA	4N-TRAUMA	IN:ACUTE:CC:T	08/2012	No summary form Add Summary	CLABSI
MDRO	FACWIDEIN	***	10/2012	No summary form Add Summary	LabID (All)
MDRO	FACWIDEIN	***	01/2013	No summary form Add Summary	LabID (Blood)
MDRO	FACWIDEIN	***	03/2013	No summary form Add Summary	LabID (All)
MDRO	FACWIDEIN	***	06/2013	No summary form Add Summary	LabID (All)
DA	5S - MED	IN:ACUTE:WARD:M	01/2015	No summary form Add Summary	
DA	6E - PED 2	IN:ACUTE:WARD:MS_PED	01/2015	No summary form Add Summary	
DA	6S - SURG	IN:ACUTE:WARD:S	01/2015	No summary form Add Summary	

Page 1 of 50 10 View 1 - 10 of 495

DA = Device Associated Module
MDRO = MDRO Module (*C. diff* / MRSA)

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Incomplete/Missing List

Confirm the procedures were not performed that month, then check the box

Incomplete Events | Missing Events | Incomplete Summary Data | Missing Summary Data | Incomplete Procedures | Missing Procedures | Missing Procedure-associated Events | Unusual Susceptibility Profile

Page 1 of 3 10 View 1 - 10 of 24

Month/Year	Procedures	Setting	No Procedures Performed
01/2016	COLO - Colon surgery	IN - Inpatient	☐
01/2016	HYST - Abdominal hysterectomy	IN - Inpatient	☐
04/2016	COLO - Colon surgery	IN - Inpatient	☐
04/2016	HYST - Abdominal hysterectomy	IN - Inpatient	☐
05/2016	COLO - Colon surgery	IN - Inpatient	☐
05/2016	HYST - Abdominal hysterectomy	IN - Inpatient	☐
06/2016	COLO - Colon surgery	IN - Inpatient	☐
06/2016	HYST - Abdominal hysterectomy	IN - Inpatient	☐
07/2016	COLO - Colon surgery	IN - Inpatient	☐
07/2016	HYST - Abdominal hysterectomy	IN - Inpatient	☐

Page 1 of 3 10 View 1 - 10 of 24

Save Reset

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Incomplete/Missing List

Incomplete Events | Missing Events | Incomplete Summary Data | Missing Summary Data | Incomplete Procedures | Missing Procedures | Missing Procedure-associated Events | Unusual Susceptibility Profile

Page 1 of 1 10 View 1 - 1 of 1

Month/Year	Procedures	SSI	Report No Events
03/2016	HYST	IN	☐

Page 1 of 1 10 View 1 - 1 of 1

Save Reset

Confirm there were no events for this procedure, then check the box. Don't worry, if an event is identified later, just enter it as normal . . . This checked box will clear.

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Events

(5 of 5)

CHAPTERS 2, 4-12

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Do not enter an event into NHSN unless it meets the definitions (protocols).

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Identifying HAIs

CHAPTER 2

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Infection Window Period (IWP)

Applies to: CAUTI, CLABSI and Ch 17
Does not apply to: SSI, LabID (MRSA, *C. diff*), VAE, PedVAE

The IWP is defined as the 7 days during which all site-specific infection criteria must be met. It includes:

	3 days before
Date of first positive diagnostic test that is used as an element of the site-specific criterion OR In the absence of a diagnostic test, use the date of the first documented localized sign or symptom that is used as an element of the site-specific criterion	**Start in the middle, with a positive diagnostic test result or a sign/ symptom**
	3 days after

7-day infection window period

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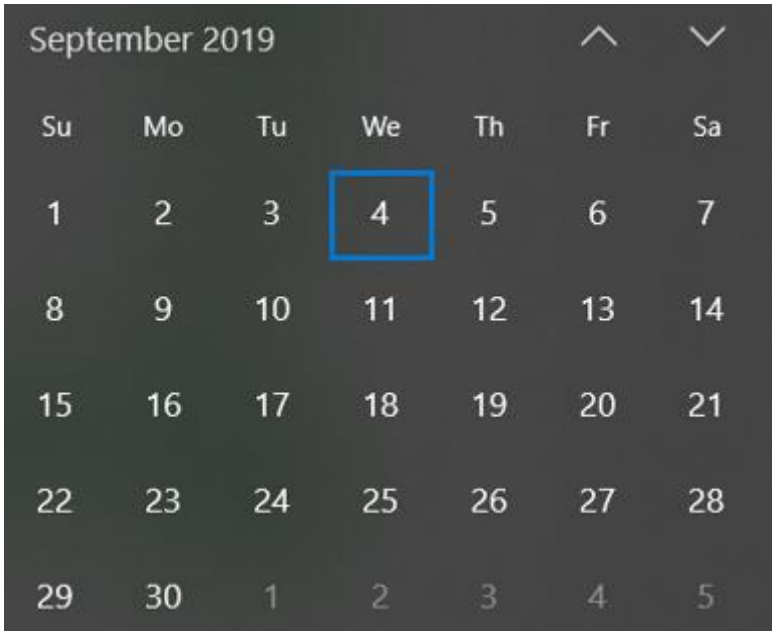
IWP Practice

- Positive urine culture (*E. coli* > 100k) collected on Sept. 4

What is the IWP?



IWP = Sept. 1 - 7

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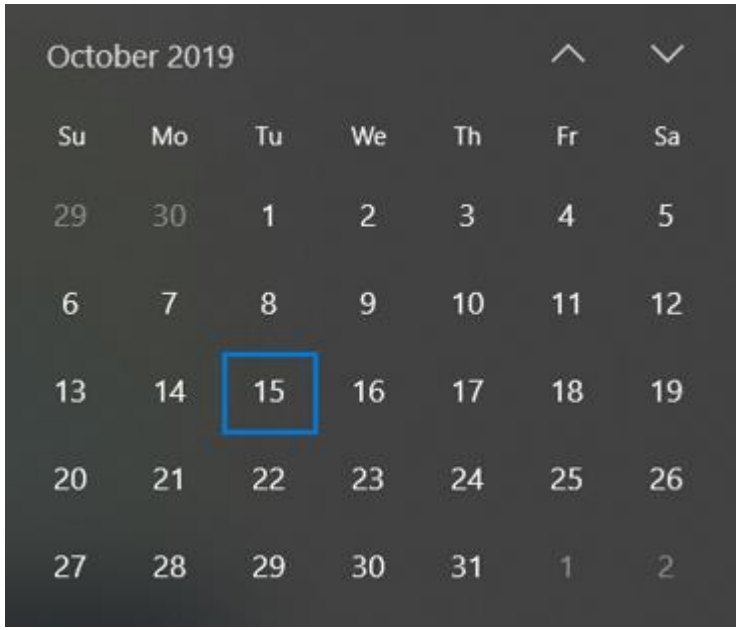
IWP Practice

- Blood culture collected (*Staph aureus*) on Oct. 15



IWP = Oct. 12 - 18

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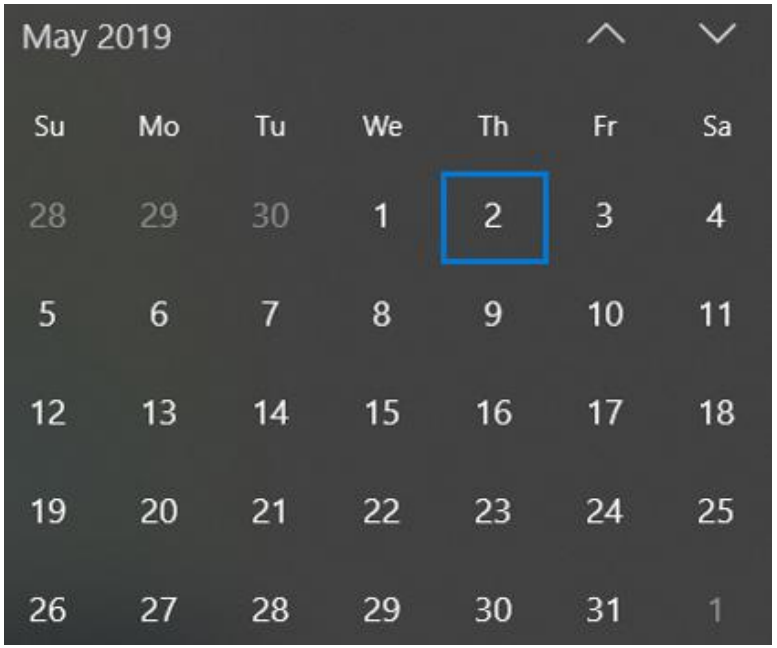
IWP Practice

- Positive *C. diff* culture collected May 2



IWP = NOT APPLICABLE (only applies to CAUTI, CLABSI and Ch. 17)

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Date of Event (DOE)

Applies to: CAUTI, CLABSI and Ch 17
Does not apply to: SSI, LabID (MRSA, *C. diff*), VAE, PedVAE

DOE is the date the first element used to meet a NHSN definition occurs for the first time within the 7-day IWP.

***** Must know the DOE before determining POA or HAI *****

Date of Event *:

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POA vs HAI

Applies to: CAUTI, CLABSI and Ch 17
Does not apply to: SSI, LabID (MRSA, *C. diff*), VAE

Present on admission (POA)
DOE occurs on the day of admission* or the day after admission to an inpatient location (or two days before admission).

Healthcare-associated infection (HAI)
DOE occurs on or after the 3rd calendar day of admission* to an inpatient location.
Day of admission = calendar day 1.

Hospital Day	Date of Event
2 days before admission	
1 day before admission	POA
1 Date of Admission	
2	
3	HAI
4	
5	

* Day/date of admission = date the patient is physically admitted to an inpatient location.

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DOE Practice

What is the DOE?

Date	SUTI Criterion
8 – Sept.	Admit
9	
10	
11	Qualifying temperature
12	
13	Urine culture: *E coli* >100,000 CFU/ml
14	Qualifying temperature
15	
16	
17	

DOE

Start Here

7-day infection window period

HAI or POA?

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DOE Practice

DOE

Start Here

Date	SUTI Criterion
16 – Sept.	Admit - Qualifying temperature
17	
18	Urine culture: *E coli* >100,000 CFU/ml
19	Qualifying temperature
20	
21	
22	Qualifying temperature
23	
24	
25	

7-day infection window period

What is the DOE?

HAI or POA?

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Repeat Infection Timeframe (RIT)

Applies to: CAUTI, CLABSI and & Ch 17
Does not apply to: SSI, LabID (MRSA, *C. diff*), VAE

RIT is the 14-day timeframe during which no new infections of the same type are reported. The RIT applies to both POA and HAI determinations.

- DOE = Day 1.
- RIT applies during a <u>single admission</u>, including day of discharge and the day after.

Date of event = start of RIT

Hospital Day	RIT	IWP
1		
2		
3		
4	1	Urine culture: >100,000 CFU/ml, *E coli*
5	2	Fever > 38.0 °C
6	3	Fever > 38.0 °C
7	4	
8	5	
9	6	Urine culture: No growth
10	7	
11	8	
12	9	Urine culture: >100,000 CFU/ml, *S. aureus*
13	10	
14	11	
15	12	
16	13	
17	14	
18		
19		
		SUTI-HAI Date of Event = 4 Pathogens = *E. coli, S. aureus*

7-day infection window period

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Secondary BSI and Secondary BSI Attribution Period (SBAP)

Secondary BSI

The possibility exists that a bloodstream infection (BSI) may be secondary to a non-blood source of infection, therefore not a CLABSI; however, the BSI must occur within the . . .

Secondary BSI Attribution Period

SBAP = IWP + RIT (14-17-day range, depending upon DOE)

Hospital Day	SBAP	RIT	IWP
1	1		
2	2		
3	3		
4	4	1	Urine culture: >100,000 CFU/ml, *E coli*
5	5	2	Fever > 38.0 °C
6	6	3	Fever > 38.0 °C
7	7	4	
8	8	5	
9	9	6	Urine culture: No growth
10	10	7	
11	11	8	
12	12	9	Urine culture: >100,000 CFU/ml, *S. aureus*
13	13	10	
14	14	11	
15	15	12	
16	16	13	
17	17	14	
18			
19			
			SUTI-HAI Date of Event = 4 Pathogens = *E. coli, S. aureus*

It's a complicated process . . . must follow all of the detailed rules . . . can't just say "It's secondary to wound infection." Attributing a BSI to another infection must be proven. If BSI can be proven to be secondary to another infection, then it is not reported as a primary CLABSI.

Refer to Chapters 2, 4, 17.

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Location of Attribution and Transfer Rule Exception

- The HAI is attributed to the inpatient location where patient was assigned on the DOE. *This does not apply to LabID (MRSA/C diff).*
- If the DOE is on the date of transfer or discharge or the next day, the infection is attributed to the transferring/discharging location.
- Receiving facilities should share information about such HAIs with the transferring location or facility to enable accurate reporting.
  - If notified by a receiving facility that transferred patient had a positive urine or blood culture upon admission, review the case to determine if it is a CAUTI or not.

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Worksheet Generator

Worksheet Generator (electronic) and Worksheets (manual) –

- Healthcare–associated Infection (HAI) and Present on Admission Infection (POA) Worksheet Generator (must have JavaScript enabled)
- Worksheet for Determining Date of Event, Infection Window Period, Repeat Infection Timeframe, and Secondary BSI Attribution Period 2017 [XLSX – 18K]
- Example Worksheet for Determining Date of Event, Infection Window Period, Repeat Infection Timeframe, and Secondary BSI Attribution Period 2017 [XLSX – 21K]

Patient Name: _____ **Location(s):** _____ **Month:** _____ **Yr:** _____
Admission Date: _____

Date / Hospital Day	First diagnostic test or first sign/symptom	Infection Window Period	Date of Event	RIT (Repeat Infection Timeframe)	Secondary BSI Attribution Period	Date / Hospital Day	First diagnostic test or first sign/symptom	Infection Window Period	Date of Event	RIT (Repeat Infection Timeframe)	Secondary BSI Attribution Period	Date / Hospital Day	First diagnostic test or first sign/symptom	Infection Window Period	Date of Event	RIT (Repeat Infection Timeframe)	Secondary BSI Attribution Period
1						1						1					
2						2						2					
3						3						3					
4						4						4					
5						5						5					
6						6						6					
7						7						7					
8						8						8					
9						9						9					
10						10						10					
11						11						11					
12						12						12					

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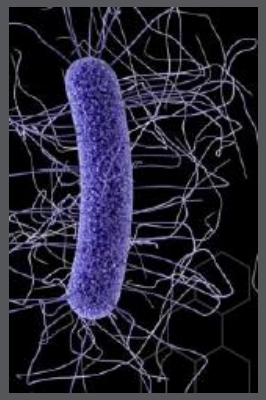
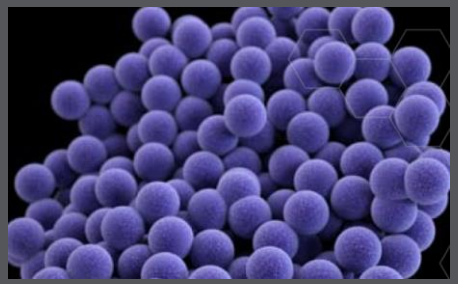
MDRO: LabID





CHAPTER 12

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MDRO/C. diff – Surveillance for C. difficile, MRSA and other drug resistant Infections

- Chapter 12: Multidrug-Resistant Organism & Clostridioides difficile Infection (MDRO/CDI) Event [PDF – 2 MB]
- MRSA and CDI LabID Event Training [CBT – 60 min]
- MRSA Bacteremia and CDI LabID Event Reporting – 2019 [Video – 103 min]
- FAQs: MDRO and CDI Events
- Lab-ID MDRO/CDI Event Form [PDF – 400 KB] (Print-only)
  Table of Instructions [PDF – 400 KB]
- MDRO or CDI Event Form [PDF – 300 KB] (Print-only)
  Table of Instructions [PDF – 300 KB]
- MDRO and CDI Process and Outcome Measures Monthly Reporting Form [PDF – 300 KB] (Print-only)
  Table of Instructions [PDF – 100 KB]

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Multidrug-Resistant Organism & *Clostridioides difficile* Infection (MDRO/CDI) Module

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LabID Event

- LabID Event reporting is based strictly on laboratory testing data (proxy measure). No signs and symptoms are considered.
- **LabID events are attributable to the location where the positive specimen is collected;** transfer rule does not apply.
- All MRSA blood and *C. diff* specimens must be entered into NHSN (without regard to POA or HAI).
- Note: Most facilities do not monitor MDRO and *C diff infection surveillance (involves signs and symptoms),* they monitor *LabID* (they are different).

In NHSN language, LabID ≠ infection surveillance

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Reminder
Terminology: FacWideIN

Overall Facility-Wide Inpatient (FacWideIN)

1. Includes all inpatient units where denominator data are collected (indwelling urinary catheter days, central line days, patient days, etc.)
2. Includes emergency department
3. Includes 24-hr observation location (very rare to have this dedicated unit)

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MDRO Duplicates

Refer to Chapter 12, pages 12-9 and 12-22

Figure 2. MDRO Test Result Algorithm for Blood Specimens Only Laboratory-identified (LabID) Events

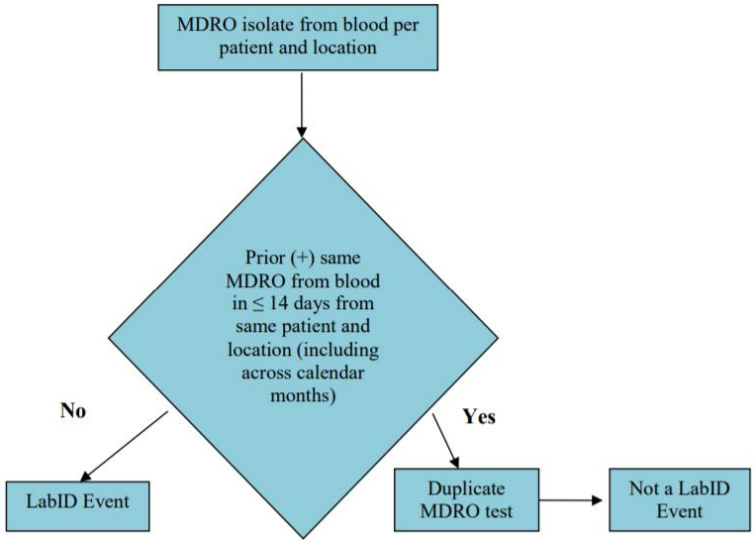
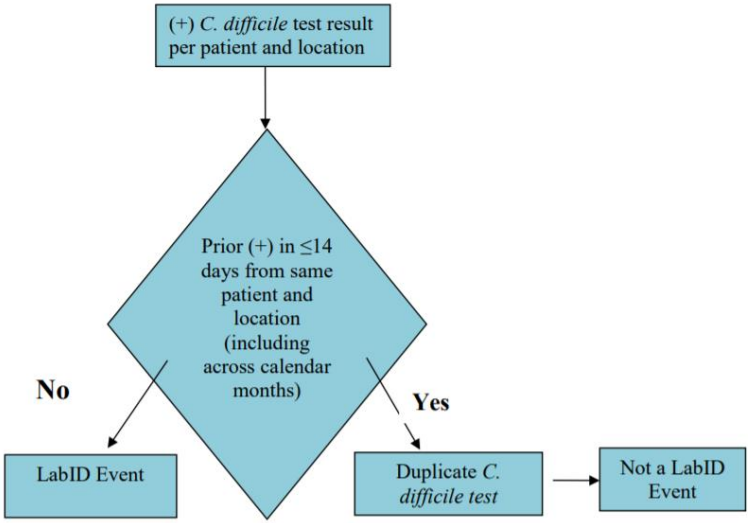


Figure 3. C. difficile Test Result Algorithm for Laboratory-identified (LabID) Events



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We have a positive MRSA blood result from an inpatient . . .

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Adding MDRO Event*

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

NHSN - National Healthcare Safety Network

- NHSN Home
- Alerts
- Dashboard
- Reporting Plan
- Patient
- Event
  - Add
  - Find
  - Incomplete
- Procedure
- Summary Data
- Import/Export
- Surveys
- Analysis
- Users

NHSN Patient Safety Component Home Page

TAP Strategy Dashboard

Action Items

E THESE ITEMS

Mini-IRF Survey Required
2018

*All positive MRSA BSI and *C. diff* labs = Events

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Inpatient Example (MRSA)

Event Information

Event Type *: LABID - Laboratory-identified MDRO or CDI Event

Date Specimen Collected *: 02/02/2017

Specific Organism Type *: MRSA - MRSA

Outpatient *: N - No

Specimen Body Site/Source *: CARD - Cardiovascular/ Circulatory/ Lymphatics

Specimen Source *: BLDSPC - Blood specimen

Must be these selections

Date Admitted to Facility *: 02/01/2017

Location *: 3EAST - MED WARD 3RD FLOORS EAST

Date Admitted to Location *: 02/01/2017

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after inpatient admission):

Has patient been discharged from your facility in the past 4 weeks? *: Y - Yes

Date of last discharge from your facility *: 01/15/2017

Has the patient been discharged from another facility in the past 4 weeks?:

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in **any prior month**?: N - No

Auto-fills using prior submitted data from this hospital only

* = required field

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Now we have a positive *C. diff* result from an ED patient . . .

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C. diff – Two-step Testing

- If the lab performs two-step testing for *C. diff* on the same unformed stool specimen, the finding of the last test performed on the specimen will determine if the results are reported.

- For example:
  - Step 1 - GDH (glutamate dehydrogenase antigen) test is indeterminate; then
  - Step 2 - NAAT (nucleic acid amplification test) (a.k.a. PCR) test is run
    - If step 2 is positive, report into NHSN
    - Always defer to the results of the last test run on the same specimen

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ED Example (CDIF)

Event Information

Event Type *: LABID - Laboratory-identified MDRO or CDI Event

Date Specimen Collected *: 02/02/2017

Specific Organism Type *: CDIF - C. difficile

Outpatient *: Y - Yes

Specimen Body Site/Source *: DIGEST - Digestive System

Specimen Source *: STOOL - Stool specimen

Date Admitted to Facility:

Location *: ED - ED

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after inpatient admission):

Has patient been discharged from your facility in the past 4 weeks? *: Y - Yes

Date of last discharge from your facility *: 01/15/2017

Has the patient been discharged from another facility in the past 4 weeks?:

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in **any prior month**?: N - No

Auto-fill when CDIF is selected

Not required for outpatient

Auto-fills using prior submitted data from this hospital only

* = required field

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CDI Categorization (LabID Event)

Community-Onset (CO)
Specimen collected in an outpatient location or in an inpatient location ≤ 3 days after admission to the facility (i.e., hospital days 1 [admission], 2 or 3)

Healthcare Facility-Onset (HO)
Specimen collected > 3 days after admission to the facility (i.e., on or after hospital day 4)

Community-Onset Healthcare Facility-Associated (CO-HCFA) (applies to CDI only)
LabID Event specimen collected from a patient who was discharged from the facility ≤ 4 weeks prior to the date current stool specimen was collected.

Note:
MRSA is only classified as CO or HO; there is no CO-HCFA classification.

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Inpatient Rehab (IRF) and Psychiatric (IPF) Facilities

NHSN considers in-house transfers to IRFs and IPFs a continuous stay for NHSN reporting purposes.

- Facility admission date for a LabID event should reflect the date the patient was physically admitted into either the inpatient location for the acute care hospital (ACH) or the IRF/IPF location, whichever comes first during that patient stay.

Example:

- ACH monitors LabID events and has an IRF unit with a unique CCN. Post-surgery patient is a direct admit to IRF on 1/15 (ACH did not do the surgery). The patient has a status change on 1/20 and is transferred to a med/surg unit, so he's actually discharged from IRF and admitted to ACH. 1/21 MRSA+ blood cultures are collected on med/surg unit.
  - For NHSN reporting purposes, the admit date is 1/15 and the LabID event is attributed to where the specimen was collected (med/surg).

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CAUTI

Catheter-Associated Urinary Tract Infection

CHAPTER 7

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Each day an indwelling urinary catheter remains in place, the patient has a 3-7% risk of acquiring a CAUTI

It is estimated there are more than 13,000 deaths each year in the U.S. associated with CAUTI

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UTI – Surveillance for Urinary Tract Infections

- Chapter 7: Urinary Tract Infection Event [PDF – 1 MB]
- Catheter-associated Urinary Tract Infection (CAUTI) [CBT – 60 min]
- Common CAUTI Questions (April 2016) [Video – 10 min]
- Catheter-associated Urinary Tract Infection (CAUTI) – 2019 [Video – 61 min]
- FAQs: UTI Events
- UTI Event Form [PDF – 400 KB] (Print-only)
  Table of Instructions [PDF – 400 KB]
- ICU and Other Locations Form [PDF – 100 KB] (Print-only)
  Table of Instructions [PDF – 100 KB]
- Specialty Care Area Denominator Form [PDF – 100 KB] (Print-only)
  Table of Instructions [PDF – 100 KB]
- NICU Denominator Form [PDF – 100 KB] (Print-only)
  Table of Instructions [PDF – 100 KB]

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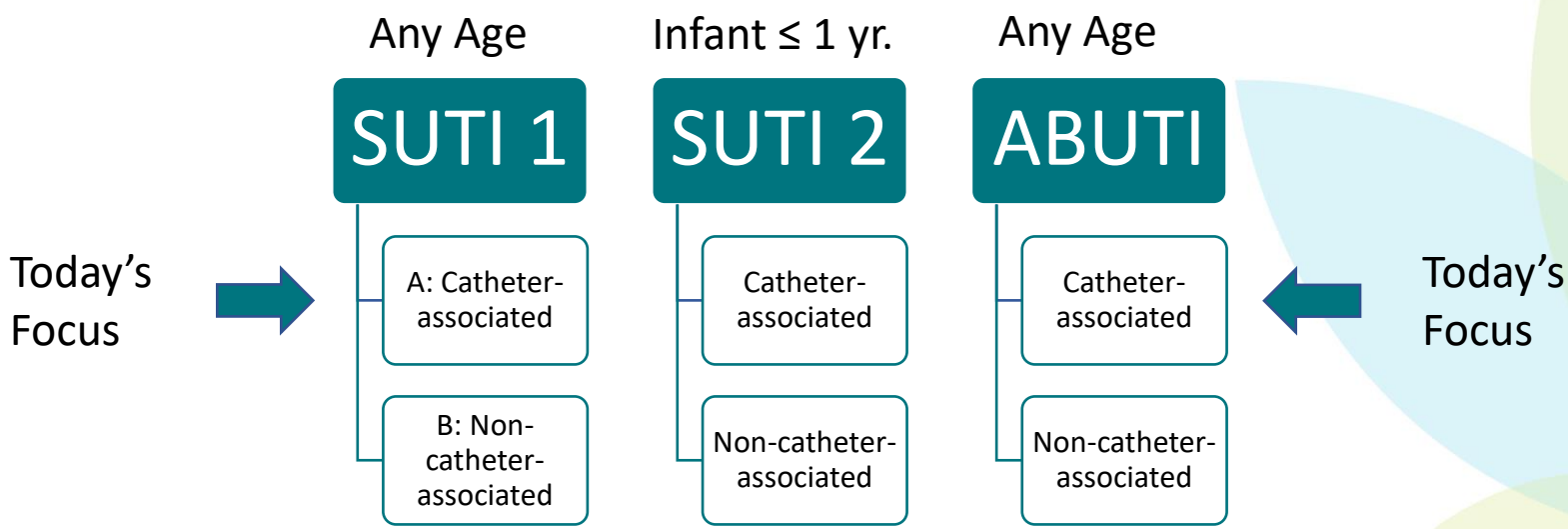
CAUTI and ABUTI

Indwelling urinary catheter: A drainage tube that is inserted into the urinary bladder through the urethra, is left in place and is connected to a drainage bag.

- The following do not qualify: straight catheterization, in and out catheter, condom catheter, suprapubic catheter, nephrostomy tubes, ileal conduit (read Chapter 7 for complete details).



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SUTI 1a

Patient must meet 1, 2 and 3 of the following:

1. Patient has a urine culture with no more than 2 species of organisms, at least 1 of which is a bacterium of ≥ 10^5 CFU/ml.

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SUTI 1a (cont'd.)

2. Patient has at least 1 of the following signs or symptoms:
   - Fever (> 38.0 °C, 100.4 °F)
   - Suprapubic tenderness *
   - Costovertebral angle pain or tenderness *
   - Urinary urgency ^
   - Urinary frequency ^
   - Dysuria (painful urination) ^

* With no other recognized cause
^ These symptoms cannot be used when catheter is in place (but may occur after removing catheter)

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SUTI 1a (cont'd.)

3. Patient had an indwelling urinary catheter (IUC) that had been in place for more than 2 consecutive days in an inpatient location on the DOE (day of device placement = Day 1)

   AND was either:

   Still present for any portion of the calendar day on the DOE

   OR

   Removed the day before the DOE

If patient meets all 3 criteria → SUTI 1a CAUTI

All elements of SUTI 1a must occur within the 7-day IWP.

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ABUTI (Asymptomatic Bactermic UTI)

1. Patient with* or without an indwelling urinary catheter has no signs or symptoms of SUTI 1 or 2

2. Patient has urine culture with no more than 2 species of organisms; at least 1 of which is a bacterium of $\geq 10^5$

3. Patient has organism identified from blood specimen with at least 1 matching bacterium to the $>10^5$ bacterium identified in the urine specimen

   OR

   Meets LCBI 2 (without fever) and matching common commensal(s) in urine

*Patient had an IUC in place for more than two consecutive days in an inpatient location on the DOE, and IUC was in place on the DOE or the day before

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CAUTI Tips

- **Suprapubic tenderness**
  - May include lower abdominal pain or bladder discomfort, but not generalized “abdominal pain.”
- **Costovertebral angle pain**
  - May include left or right lower back or flank pain, but not generalized “low back pain.”
- If patient is admitted with a catheter, admission date is Day 1 when determining catheter day count for events (i.e., > 2 days).

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CAUTI Tips

- Catheter count begins anew if a full calendar day occurs between removal/reinsertion.

Hospital Day	IUC in Place	IUC Day Count for CAUTI Event
1	Yes	1
2	Yes	2
3	Yes	3
4	Removed today	4
5	Reinserted today	5
6	Yes	6
7	Yes	7
8	Yes	8

Hospital Day	IUC in Place	IUC Day Count for CAUTI Event
1	Yes	1
2	Yes	2
3	Yes	3
4	Removed today	4
5		
6	Reinserted today	1
7	Yes	2
8	Yes	3

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Urine Culture Clarification

- *Candida* species or yeast not otherwise specified are excluded as organisms in the UTI definition; therefore, blood with these organisms cannot be secondary to UTI.
- Urine culture with yeast can be included as long as there is at least 1 bacterium with ≥ 10^5 CFU/ml and no more than 2 organisms (e.g., ≥ 10^5 CFU/ml of *E. coli* <u>and</u> ≥ 10^5 CFU/ml of *C. albicans*)
- Urine cultures with > 2 organisms are routinely regarded as contaminated cultures and are not used for NHSN CAUTI surveillance (e.g., mixed flora)

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CAUTI
Practical Step-by Step Process

- Identify a positive urine culture ≥ 10^5 (not yeast)
- Does the patient currently have or recently had an IUC
- Determine 7-day IWP (using positive urine culture as the middle of window)
- Plot other CAUTI criteria on the 7-day grid (fever, urgency, etc.)
- Determine DOE
  - Are all required elements present within IWP?
  - What is the date of the first eligible element in the window? This is the DOE.
- Determine if patient had IUC in place for > 2 days on DOE **and** if the IUC was still in on DOE **or** removed the day before DOE
- Use DOE to determine POA or HAI
- Assign LOA (location where patient assigned on DOE)

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CAUTI Case Study

3/2 Patient age 12 admitted, Foley inserted in ED

3/3 Temperature 38.0 °C (100.4 °F)

3/4 Temperature 38.4 °C (101.1 °F)

3/5 Urine culture collected and positive for 10^5 CFU/ml *Staphylococcus aureus*

3/6 Temperature 38.3 °C (101 °F)

3/6 Foley removed

3/7 Urgency

What's the first step?

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CAUTI Case Study

1ST Qualifying Element = Date of Event

7-day IWP
3 days before
and
3 days after

Date	Infection Window Period
3/2 Admit	IUC inserted
3/3	Temp 38.0° C
3/4	Temp 38.4° C
3/5	Urine culture positive for 10^5 CFU/ml *Staphylococcus aureus*
3/6	Temp 38.3° C IUC removed
3/7	Urgency
3/8	
3/9	

Start with positive diagnostic test

HAI

DOE = Day 3

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Monthly Checklist

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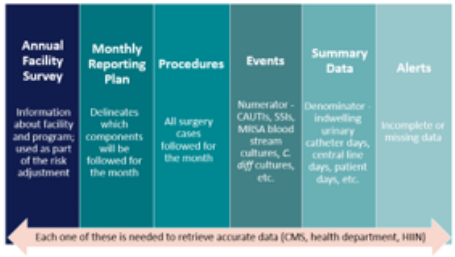
NHSN: Monthly Checklist

www.cdc.gov/nhsn/



☐ **Enter Monthly Reporting Plan**
Instructions: https://www.cdc.gov/nhsn/forms/instr/57_106.pdf
Device-Associated Module
- ☐ Add locations (inpatient only)
- ☐ Check CLABSI, CAUTI, VAE, etc. as applicable

Procedure-Associated Module
- ☐ Add procedures
- ☐ Check IN and/or OUT

Multi-Drug Resistant Organism Module
- ☐ Select FACWIDEIN location & MRSA-MRSA
  - ☐ Check Lab ID Event Blood Specimens Only
    Note: Any ED and Obs units will be added automatically)
- ☐ Select FACWIDEIN location & CDIF
  - ☐ Check Lab ID Event All Specimens
    Note: Any ED and Obs units will be added automatically)

☐ **Add Procedures**
- ☐ Add any required surgeries from CMS, the state, HIIN or facility (e.g., BRST, COLO, HYST, HPRO, KPRO)

☐ **Add Events** (numerators)
- ☐ Add any CAUTI, CLABSI, SSI or VAE infections
- ☐ Add all MRSA blood stream cases (all blood specimens, not just those that are hospital-~~onset;~~ inpatient and ED)
- ☐ Add all *C diff* cases (all specimens, not just those that are hospital-~~onset;~~ inpatient and ED)

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NHSN: Monthly Checklist

www.cdc.gov/nhsn/

☐ **Add Summary Data** (denominators)
Device-Associated – ICU / Other Locations
Instructions: https://www.cdc.gov/nhsn/forms/instr/57_118.pdf
- ☐ 1 summary data page entered for each inpatient location
  - ☐ Total Patient Days
  - ☐ Central Line Days, if CLABSI is in monthly reporting plan
  - ☐ Urinary Catheter Days
  - ☐ Ventilator Days, if VAE is in monthly reporting plan
- ☐ Check "Report No Events" for CLABSI, CAUTI, VAE, if applicable; if this is missed, it can ~~fixed~~ in "Alerts;" only mark items that are in the monthly reporting plan

☐ **MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring**
Instructions: https://www.cdc.gov/nhsn/forms/instr/57_127.pdf
- ☐ 1 summary data page for FacWideIn and each ED or Obs unit
  - ☐ Line 1 - Total Facility Patient Days ~~(pt)~~
  - ☐ Line 1 - Total Facility Admissions
  - ☐ Line 2 - Patient Days
  - ☐ Line 2 - Admissions
  - ☐ Line 3 - Patient Days
  - ☐ Line 3 - Admissions
  - ☐ Total Encounters (ED)
- ☐ Check "Report No Events" for MRSA and C diff, if applicable; if this is missed, it can ~~fixed~~ in "Alerts"
- ☐ Quarterly: Add C diff test type (March, June, September, December)

☐ **Remedy All Alerts**
Instructions: https://www.cdc.gov/nhsn/pdfs/gen-support/nhsn-alerts.pdf
- ☐ Incomplete Events
- ☐ Missing Events
- ☐ Incomplete Summary Data
- ☐ Missing Summary Data
- ☐ Incomplete Procedures
- ☐ Missing Procedures
- ☐ Missing Procedure-associated Events

☐ **Generate Data Sets** (monthly or more often)

☐ **Enter Annual Facility Survey (Patient Safety Component)** (Jan or Feb)
Instructions: https://www.cdc.gov/nhsn/forms/instr/57_103-TOI.pdf

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- NHSN Home
- NHSN Login
- About NHSN
- Enroll Facility Here
- CMS Requirements
- Change NHSN Facility Admin
- Resources by Facility
- **Patient Safety Component**
- Long-term Care Facility Component
- Dialysis Component
- Biovigilance Component
- Healthcare Personnel Safety Component (HPS)
- Outpatient Procedure Component
- Annual Reports
- Group Users
- Newsletters
- Data Validation Guidance
- Email Updates

Data Validation Guidance

The NHSN 2020 Toolkit for Internal Data Quality Checks is designed to assist facilities in conducting data quality checks (suggested annually, quarterly, monthly and routinely).

- CAUTI
- CLABSI
- SSI – COLO
- SSI – HYST
- MRSA BSI LabID
- *C. diff* Lab ID

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NHSN@cdc.gov

If you've reviewed the manual and website, including FAQs, but are still confused, email the helpdesk.

- There is no phone number to call. All helpdesk interaction is by email.
- In the subject line, put what item is being inquired about (i.e. CAUTI, MDRO, SSI, reporting plan, etc.). *[Subject: NHSN CAUTI]*
- Be sure to include only the pertinent information (specific to the definition) needed so that they can assist. They do not need to know patient's medical history or "extenuating" circumstances.
- CC: yourself on the email, as a reminder that NHSN response is pending.

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Thank you.

Toni.Foos@cha.com

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NHSN Key Document Links

Educational Roadmaps (sides 9, 67, 82)

https://www.cdc.gov/nhsn/training/roadmap/index.html

Data Collection Forms (slide 13)

Missing Device-associated Denominator Data: https://www.cdc.gov/nhsn/pdfs/gen-support/NHSNMissingDenomData_Sep2013.pdf

Infection Surveillance (slide 20)

NHSN Rules of Behavior: https://nhsn.cdc.gov/RegistrationForm/index

Annual Survey (slide 22)

Chapter 3: https://www.cdc.gov/nhsn/pdfs/pscmanual/3psc_monthlyreportingplancurrent.pdf

Blank Preview Forms (Jan. 2021)*

- Acute Care Hospital Survey: https://www.cdc.gov/nhsn/forms/57.103_pshospsurv_blank.pdf
- Long Term Acute Care (LTAC) Hospital Survey: https://www.cdc.gov/nhsn/forms/57.150_LTACFacSurv_BLANK.pdf
- Inpatient Rehabilitation Facility (IRF) Survey: https://www.cdc.gov/nhsn/forms/57.151_REHABFacSurv_BLANK.pdf

*Instructions located within blank forms above

FAQS: https://www.cdc.gov/nhsn/faqs/faq-annual-survey.html

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NHSN Key Document Links

CHA NHSN Monthly Checklist (slide 26, 94) https://cha.com/wp-content/uploads/2021/01/NHSN-Monthly-Checklist.pdf (Jan. 2021)

Monthly Reporting Plan (slide 27)

Chapter 3: https://www.cdc.gov/nhsn/pdfs/pscmanual/3psc_monthlyreportingplancurrent.pdf

Instructions: https://www.cdc.gov/nhsn/forms/instr/57_106.pdf

Summary Data (slide 33)

Instructions ICU/Other Locations: https://www.cdc.gov/nhsn/forms/instr/57_118.pdf

Instructions Specialty Care/Oncology Areas: https://www.cdc.gov/nhsn/forms/instr/57_117.pdf

Instructions Neonatal ICU: https://www.cdc.gov/nhsn/forms/instr/57_116.pdf

Instructions MDRO and CDI: https://www.cdc.gov/nhsn/forms/instr/57_127.pdf

Counting Denominator Data (slide 37)

Determining Patient Days for Summary Data Collection: https://www.cdc.gov/nhsn/PDFs/PatientDay_SumData_Guide.pdf

Denominator Collection Tool (slide 38)

Missing Device-associated Denominator Data: https://www.cdc.gov/nhsn/pdfs/gen-support/NHSNMissingDenomData_Sep2013.pdf

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NHSN Key Document Links

MDRO and CDI Summary Data (slide 42)

Instructions: https://www.cdc.gov/nhsn/forms/instr/57_127.pdf

Alerts (slide 45)

Guidance: https://www.cdc.gov/nhsn/pdfs/gen-support/nhsn-alerts.pdf

Identifying HAIs (slide 53)

Chapter 2: https://www.cdc.gov/nhsn/pdfs/pscmanual/2psc_identifyinghais_nhsncurrent.pdf

Worksheet Generator (slide 65)

Worksheet: https://www.cdc.gov/nhsn/xls/general-rules-worksheet.xlsx

MDRO:LabID (slide 66)

Chapter 12: https://www.cdc.gov/nhsn/pdfs/pscmanual/12pscmdro_cdadcurrent.pdf

CAUTI (slide 80)

Chapter 7: https://www.cdc.gov/nhsn/pdfs/pscmanual/7psccauticurrent.pdf

Internal Data Validation (slide 95)

2020 Toolkit: https://www.cdc.gov/nhsn/pdfs/validation/2020/2020-nhsn-iv-for-facilities-508.pdf

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