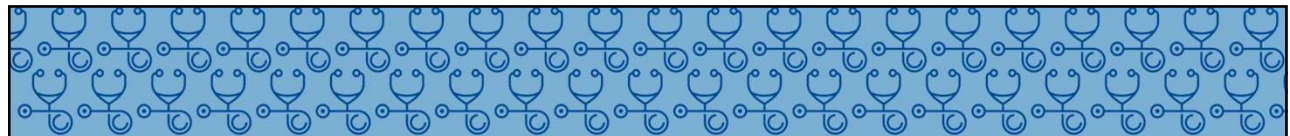




NHSN Reporting

Quality Corner Call
November 21, 2023

HEALTHWORKS
KANSAS HOSPITAL ASSOCIATION



Nadyne Hagmeier KFMC Health Improvement Partners

HEALTHWORKS
KANSAS HOSPITAL ASSOCIATION





NHSN Basics – cdc.gov/nhsn

[Español](#) | [Other Languages](#)

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

Search Search NHSN

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.

COVID-19 Modules and Dashboards
COVID-19 reporting and vaccination resources for all healthcare facilities.

CORONAVIRUS
COVID-19 Modules and Dashboards
COVID-19 reporting and vaccination resources

[NHSN Requirements & Recommendations for Application Use](#)

Resources by Facility	NHSN Components	About NHSN	NHSN Application
<ul style="list-style-type: none"> Acute Care / Critical Access Hospitals Ambulatory Surgery Centers Long-term Acute Care Hospitals Long-term Care Facilities 		<p>CDC's NHSN is the largest HAI reporting system in U.S.</p>	<p>NHSN Member Login</p>
		<p>AM I Enrolled?</p> <p>Confirm if your facility is enrolled in NHSN</p>	<p>CMS Requirements</p> <p>CMS reporting requirements through NHSN</p>

kfmc
HEALTH IMPROVEMENT PARTNERS

<https://www.cdc.gov/nhsn/pdfs/NHSN-FactSheet-508.pdf>

NHSN Home

NHSN Login

About NHSN

NHSN's Stated Purposes

About NHSN Help Desk

Data Use Agreements (DUA) with NHSN

DUA FAQs for Health Departments and Facilities

FAQs About NHSN Agreement to Participate and Consent

NHSN Release Management

FAQs About NHSN

About NHSN

Print

What is NHSN?

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection (HAI) tracking system. NHSN provides facilities, health departments, tracking systems, 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.

NHSN provides medical facilities, states, regions, and the nation with data collection and reporting capabilities needed to:

- Identify infection prevention problems by facility, state, or specific quality improvement project
- benchmark progress of infection prevention efforts

Contact NHSN

Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333
Contact NHSN@cdc.gov

NHSN Fact Sheet

April 2023
[PDF - 687 KB]

National Healthcare Safety Network (NHSN)

CDC's domestic tracking and response system to identify emerging and enduring threats across healthcare, such as COVID-19, healthcare-associated infections (HAIs), and antimicrobial-resistant (AR) infections



179,000+

HAI cases were reported to NHSN by acute care hospitals in 2021 for six common HAI types**

4 out of 6

types of HAI rates were reported as significantly higher in U.S. hospitals during the COVID-19 pandemic following years of steady decline†

3 million*

nursing home residents and staff COVID-19 vaccination data collected and analyzed



38,000+ facilities use NHSN to track and stop infections.



During the COVID-19 pandemic, CDC leveraged actionable data reported to NHSN from hospitals and nursing homes to inform U.S. response efforts.



NHSN will support the National Biodefense Strategy by providing the platform for hospital bed occupancy and capacity data for all U.S. hospitals.†

NHSN is the cornerstone of U.S. infectious disease tracking in healthcare facilities

- The nation's most comprehensive and established system to capture and analyze infection data, drive improvement in healthcare quality, and stop the spread of deadly pathogens.
- Used by **38,000 U.S. healthcare facilities** - nearly all hospitals, nursing homes, dialysis facilities, and ambulatory surgery centers.
- Saving lives by **preventing tens of thousands of infections** through reliable, actionable data.
- Highly adaptable for emerging threats** and used for federal, state, local, and healthcare facility emergency response decision-making.
- Backed by CDC experts in public health, healthcare, data science, epidemiology, and infection prevention and control.**

NHSN is a best buy for public health, healthcare improvement, and emergency response

- To sustain this essential work, the **FY24 President's budget proposes a \$26 million increase to \$50 million.**
- Annual appropriations were stable from FY16-22 at \$21 million.** In FY23, there was an increase of \$5 million.
- From FY22-26, CDC is investing approximately \$60 million annually from COVID-19 supplemental appropriations to modernize and expand NHSN and support health department use of NHSN.**
- When supplemental funds end, CDC will not be able to continue supporting this important work at the current level.**

NHSN Basics

- Resources are by facility type
 - 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
- Available Components:
 - Biovigilance (BV)
 - Dialysis
 - Healthcare Personnel Safety (HPS)
 - Long-term Care Facilities (LTCF)
 - Neonatal Component
 - Outpatient Procedure (OP)
 - Patient Safety (PS)



NHSN Basics

- Users new to NHSN must become a SAMS registered user
 - Process in online and initiated in one of two ways:
 - Current facility NHSN administrator adds new person as a user
 - If no current NHSN admin is available a change request must be completed - <https://www.cdc.gov/nhsn/facadmin/index.html>
 - Once added as a user you will receive an 'Invitation to Register' email.
 - Email includes instructions for the online registration process
 - Asked to provide basic information about yourself, choose a personal SAMS password
 - Identity Verification – once NHSN user has completed online registration, an email is received with instructions for Identity Verification. This is required by U.S. law to protect people's private data and prevent information misuse. Information is not shared outside of NHSN
 - Access Approval – When identity verification is complete, the access level most appropriate for role is determined and SAMS account will be activated. You will receive an account activation email with link to SAMS portal page where you can begin using the NHSN application



Key takeaway make sure that your email is set to receive emails from "SAMS No-Reply@CDC.gov"

NHSN Basics


- Training, Training and more Training...
 - Training is crucial to your success in accurately conducting surveillance and capturing HAI data in NHSN!

The screenshot displays the NHSN website interface. On the left, there is a 'Resources by Facility' sidebar with links to various facility types. The main content area is divided into several sections:

- About NHSN**: Contains links for 'AM I Enrolled?', 'Enroll New Facility', and 'NHSN Training' (highlighted with a red arrow).
- Patient Safety Component**: Offers self-paced interactive trainings, annual training videos, and quick learns.
- Biovigilance Component**: Offers self-paced interactive trainings, annual training videos, and quick learns.
- Healthcare Personnel Safety Component**: Offers self-paced interactive trainings, annual training videos, and quick learns.
- Long-term Care Facility Component**: Offers self-paced interactive trainings, annual training videos, and quick learns.
- Dialysis Component**: Offers self-paced interactive trainings, annual training videos, and quick learns.
- Outpatient Procedure Component**: Offers self-paced interactive trainings, annual training videos, and quick learns.
- Neonatal Component**: Offers self-paced interactive trainings, annual training videos, and quick learns.
- 2023 NHSN Training - Videos and Slides**: Provides 2023 annual training and a link to the 2023 page.
- Resources for Users New to NHSN**: Provides self-paced training for new NHSN enrollment and existing facility set-up.
- NHSN Educational Roadmap**: Provides a guided tour of NHSN training materials and information.
- NHSN Analysis**: Provides self-paced training for introductory and advanced NHSN analysis.
- Continuing Education**: Provides free CE available for all NHSN education course work.

NHSN Basics

Patient Safety Component Self-paced Interactive Trainings, Annual Training Videos and Quick Learns	Biovigilance Component Self-paced Interactive Trainings, Annual Training Videos and Quick Learns	2023 NHSN Training - Videos and Slides 2023 Annual Training and link to the 2023 page	Annual training
Healthcare Personnel Safety Component Self-paced Interactive Trainings, Annual Training Videos and Quick Learns	Long-term Care Facility Component Self-paced Interactive Trainings, Annual Training Videos and Quick Learns	Resources for Users New to NHSN Self-paced training for new NHSN enrollment and existing facility set-up.	
Dialysis Component Self-paced Interactive Trainings, Annual Training Videos and Quick Learns	Outpatient Procedure Component Self-paced Interactive Trainings, Annual Training Videos and Quick Learns	NHSN Educational Roadmap A guided tour of NHSN training materials and information.	Guides you through each Component
Neonatal Component Self-paced Interactive Trainings, Annual Training Videos and Quick Learns		NHSN Analysis Self-paced training for introductory and advanced NHSN analysis.	
		Continuing Education Free CE available for all NHSN education course work.	



NHSN Basics

Patient Safety Component Roadmap

[Print](#)



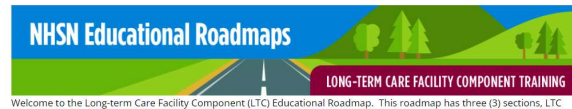
Welcome to the Patient Safety Component (PSC) Educational Roadmap. This roadmap has three (3) sections, Basics, PSC Module Training and PSC Data Entry and Analysis. For the best learning experience, start with the section and work your way down the list and complete each item. After you complete this section, select the Training that best meets your practice needs followed by Data Entry and Analysis.

PSC Training Basics

- Chapter 1: NHSN Overview [PDF - 300 KB]
- Chapter 2: Identifying Healthcare-associated Infections (HAIs) in NHSN [PDF - 1 MB]
- Chapter 16: NHSN Key Terms [PDF - 370 KB]
- Introduction to Device Associated Module [CBT - 60 min]
- Introduction to Procedure Associated Module [CBT - 60 min]
- Chapter 3: Patient Safety Monthly Reporting Plan and Surveys [PDF - 100 KB]

Long-Term Care Facility Component Roadmap

[Print](#)



Welcome to the Long-term Care Facility Component (LTC) Educational Roadmap. This roadmap has three (3) sections, LTC Foundation, Modules/Protocols and Analysis. For the best learning experience, start with the Long-term Care Foundation section and work your way down the list and complete each item. After you complete this section, select the LTC Modules/Protocols Training that best meets your practice needs followed by Analysis.

Phase I: Long-Term Care Foundation

Part I: NHSN Getting to Know NHSN and the Long-term Care Facility Component

- Infection Surveillance and Prevention in Long-term Care: A National Perspective [Video - 29 min]
Slidaset [PDF - 3 MB]
- Overview of Using NHSN to Track and Report Infections in LTCF [Video - 51 min]
Slidaset [PDF - 5 MB]

Phase II: Modules/Protocols

Healthcare-associated Infections: Surveillance for Urinary Tract Infections

- Surveillance for UTI Module: Part I [Video - 24 min]
Slidaset [PDF - 1.1 MB]
- Surveillance for UTI Module: Part II [Video - 31 min]
Slidaset [PDF - 3.4 MB]

CMS Requirements

- Acute Care Hospitals
 - CLABSI, CAUTI, MRSA, CDI, SSI, Healthcare Personnel Influenza Vaccination, AUR
 - COVID
- Long-term Care Facilities
 - COVID, Healthcare Personnel Influenza Vaccination
- COVID-19

The screenshot shows the NHSN website interface. At the top, it says "CDC Centers for Disease Control and Prevention" with the tagline "CDC 24/7 Saving Lives. Protecting People™". There is a search bar with "Search NHSN" and a magnifying glass icon. Below this is a green header for "National Healthcare Safety Network (NHSN)". The main content area includes a paragraph about NHSN's role in infection tracking and a section titled "COVID-19 Modules and Dashboards" with a sub-heading "COVID-19 reporting and vaccination resources for all healthcare facilities." To the right, there is a large graphic with the word "CORONAVIRUS" in blue and white, and the text "COVID-19 reporting and vaccination resources" below it. The kfmc logo is visible on the right side of the page.

COVID Reporting

- 🏠 NHSN Home
- NHSN Login
- About NHSN +
- Enroll Facility Here +
- CMS Requirements +
- Change NHSN Facility Admin
- Resources by Facility -
 - COVID-19 Information -
 - Nursing Home Data Dashboard
 - Nursing Home Vaccination Data Dashboard
 - Dialysis COVID-19 Data Dashboard
 - Dialysis Vaccination Data Dashboard
 - Transition of COVID-19 Hospital Reporting
 - FAQs on Transition of COVID-19 Hospital Reporting
 - Archived COVID-19 Documents
 - Acute Care / Critical Access Hospitals
 - Ambulatory Surgery Centers

COVID-19 Modules and Dashboards

[Print](#)

CDC's NHSN continues to support the nation's COVID-19 reporting and vaccination resources for all healthcare facilities, including nursing homes, and Dialysis facilities. Facility-level data collected through the NHSN COVID-19 Modules and Dashboards, including the NHSN COVID-19 Reporting and Vaccination Data Dashboard, are used to monitor and improve the quality of care provided by healthcare facilities. For more information, visit the Center for Disease Control and Prevention's (CDC) COVID-19 Reporting and Vaccination Data Dashboard.

- Hospitals**
 - [COVID-19 Hospital Data Reporting](#)
- Long-term Care Facilities**
 - [LTCH COVID-19 Module](#)
 - [State Veterans Homes COVID-19 Tool](#)
 - [Weekly HCP & Resident COVID-19 Vaccination](#)
 - [Nursing Home Covid-19 Data Dashboard](#)
 - [Nursing Home COVID-19 Vaccination Data Dashboard](#)

COVID-19 Guidance for Hospital Reporting and FAQs For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting

Updated: June 11, 2023
Implementation Date: June 11, 2023

Note: For ease of navigation, all changes as of this June 11, 2023 guidance have been highlighted with [CHANGE]. This guidance update reflects changes made to the required data elements for reporting as well as the cadence with which these elements need to be reported to CDC's National Healthcare Safety Network (NHSN) following the expiration of the federal COVID-19 public health emergency declaration. There are no significant changes or additions to the reporting questions as a result of this guidance update. Information on reporting to NHSN can be found here: <https://www.cdc.gov/nhsn/covid19/hospital-reporting.html>.

- [Dialysis COVID-19 Data Dashboard](#)
- [Weekly Patient COVID-19 Vaccination](#)
- [Dialysis COVID-19 Vaccination Data Dashboard](#)



CMS Requirements for Long-term Care - COVID

- Updated QSO-20-38-NH: covers testing – *revised 9/23/2022*
 - [QSO-20-38-NH REVISED \(cms.gov\)](#)
- Updated QSO-20-39-NH: covers infection prevention principles
 - [QSO-20-39-NH REVISED \(cms.gov\)](#) – *revised 5/8/2023*

*****Key takeaway***** COVID reporting is a moving target, there will likely be changes due to the new vaccine after 9/25/2023



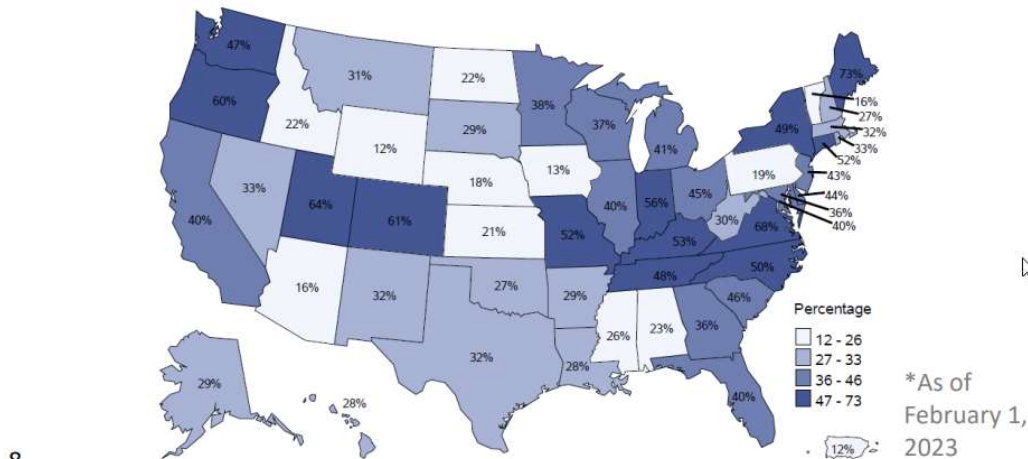
AUR Reporting

<https://www.cms.gov/medicare/regulations-guidance/promoting-interoperability-programs>

- **NHSN AUR Module Submission Required for the CMS Promoting Interoperability Program in CY 2024:** Beginning in 2024, the National Healthcare Safety Network (NHSN) Antimicrobial Use and Resistance (AUR) Module reporting will be a required measure under the Public Health and Clinical Data Exchange objective of the CMS Promoting Interoperability Program. Eligible hospitals and critical access hospitals (CAHs) are required to be in active engagement with CDC to report both AU and AR data and receive a report from NHSN indicating their successful submission of AUR data for the EHR reporting period, or claim an applicable exclusion.
 - For more information and additional resources, please see the materials in the [Antimicrobial Use and Resistance section](#) of CMS Reporting Requirements for Acute Care Hospitals page.
 - You can also refer to the Antibiotic Stewardship office hours, *Using NHSN AUR Module for the CMS Promoting Interoperability Program (Slides | Recording)*
 - Please direct questions about NHSN AUR Reporting to NHSN@cdc.gov



Cumulative percentage of facilities reporting at least one month of data to the AU Option*



8

https://www.cdc.gov/nhsn/pdfs/training/2023/AU-Option_Final-508.pdf

AUR Reporting

<https://www.cdc.gov/nhsn/pdfs/cda/PHDI-Facility-Guidance-508.pdf>

- Eligible hospitals and CAHs can meet the active engagement criteria in one of two ways:
 - Option 1 – Pre-production and Validation
 - Eligible hospitals and CAHs first have to register intent to submit AUR data within NHSN.
 - Registration should be completed within 60 days after the start of the EHR reporting period.
 - Registering triggers an automated email from NHSN inviting the facility to begin Testing & Validation step.
 - Hospitals must submit one test file for each file type (AU Summary, AR Event, and AR Summary) for validation by NHSN AUR team.
 - Hospital must respond to the request for test files within 30 days. Failure to respond twice within an EHR reporting period will result in the hospital not meeting the measure.
 - Option 2 – Validated Data Production
 - Eligible hospitals first have to register intent to submit AUR data within NHSN if they did not complete Option 1.
 - CY 2024 EHR reporting period is a minimum of 180 days (must submit 18 continuous days of AUR data)
- Beginning with EHR Reporting period in CY 2024, reporting a “No” for the AUR Surveillance Reporting Measure or failing to claim an applicable exclusion will result in a total score of zero points for the Public Health and Clinical Data Exchange Objective

Key takeaway This is not manually abstracted data and must be exported from the EHR to NHSN



Antimicrobial Use & Resistance (AUR)

- The primary objective of the Antimicrobial Use (AU) Option is to facilitate risk-adjusted inter and intra-facility antimicrobial use benchmarking. A secondary objective is to evaluate antimicrobial use trends over time at the facility and national levels
- Primary antimicrobial use metric reported to the AU Option is antimicrobial days per 1,000 days present.
 - An antimicrobial day is defined by any amount of a specific antimicrobial agent administered in a calendar day to a particular patient as documented in the electronic medication administration record (eMAR) and/or bar coding medication record; all antimicrobial days for a specific agent administered across a population are summed in aggregate.
 - Days present are defined as the aggregate number of patients housed in a patient care location or facility anytime throughout a day during a calendar month.
 - The numerator (antimicrobial days) is aggregated by month for each patient care location and overall for inpatient areas facility-wide (specifically, facility-wide inpatient or FacWideIN).
 - The denominator (days present) is calculated for the corresponding patient care location-month or facility-wide inpatient-month.
- A secondary antimicrobial use metric, antimicrobial days per 100 admissions, is reported to the AU Option for facility-wide inpatient (FacWideIN) data

<https://www.cdc.gov/nhsn/pdfs/training/2023/aur-reporting-for-cms-pip-508.pdf>



Antimicrobial Use & Resistance (AUR)

- AR Option reports antimicrobial resistance data as a proportion.
- The proportion susceptible is defined as the number of susceptible isolates divided by the number of isolates tested for the specific antimicrobial agent being evaluated.
 - The numerator (specifically, number of susceptible isolates) is derived from isolate-level reports submitted. The ultimate source of the isolate data included in these reports is the laboratory information system (LIS). Laboratory results data from the electronic health record system (EHRs) can be used to populate the AR Option numerator records submitted to NHSN in healthcare settings where the LIS is directly connected to the EHRs.
 - The denominators of patient days and admissions is obtained from the ADT system (or similar system that allows for electronic access of required data elements)



Register intent to submit AU and AR data

Step 1 – Registration of Intent to Submit Data

The eligible hospital must first register the facility's intent to submit AU and AR data into NHSN. Facilities should **NOT** register intent to submit data until they have verified that the vendor being used has been [certified](#).

Important notes: 1) Only the NHSN Facility Administrator can view and complete this task. 2) All facilities must complete this step regardless of whether they are already sending production AU and AR data to NHSN.

- After logging into the NHSN facility, click "Facility" then "AUR PI Registration" on the left-hand navigation bar:



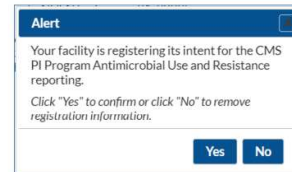
- On the AUR Promoting Interoperability (PI) Program Registration page, read the text and check the box to automatically add your name and the facility name to the form:

By checking this box registers facility _____ intent to satisfy a PI Program objective by submitting NHSN Antimicrobial Use and Antimicrobial Resistance (AUR) monthly data via an electronic interface.

- Add up to two optional email addresses for individuals, aside from the NHSN Facility Administrator, who will be involved in the PI Program process and who will receive copies of submission documentation:

NHSN Facility Administrator:	FacAdmin@test.com
Optional facility PI Program contact:	ExtraEmail1@test.com
Optional facility PI Program contact:	ExtraEmail2@test.com

- Verify all information is correct and click the "Save" button.
- Click "Yes" on the pop-up alert to confirm your facility's registration of intent to submit AU and AR data.



- The NHSN Facility Administrator and the Optional Facility PI Program Contacts will receive an automated confirmation email from NHSN that **should be saved for your records**.
 - This email also contains the instructions to proceed to Step 2: Testing and Validation of the AUR CDA Files.



AUR Trainings

<https://www.cdc.gov/nhsn/training/patient-safety-component/aur.html>

Office Hours: AUR Module Reporting for the CMS Promoting Interoperability Program – Fall 2023

National Center for Emerging and Zoonotic Infectious Diseases

NHSN Antimicrobial Use and Resistance (AUR) Module Reporting for the CMS Promoting Interoperability (PI) Program Office Hours

October 30, 2023

1



FAQs: AUR Reporting for the CMS Promoting Interoperability Program

On This Page

- Requirements Details
- Logistics
- Data Submission Requirements
- Miscellaneous
- Deadlines

<https://www.cdc.gov/nhsn/cms/cms-faq-aur.html>



Deactivating Users

- Staff members who have left your organization and should no longer have access to your data need to be deactivated.
 - Select *Users* on the left navigation bar, select *Find*, and then *Find* again on the bottom of the popup screen. Click the box to the left of each user that you wish to deactivate and click the *Deactivate* button at the top of the list

Deactivate	Name
<input type="checkbox"/>	Athey, David
<input type="checkbox"/>	Davis, Brenda
<input type="checkbox"/>	Hagmeier, Nadyne
<input type="checkbox"/>	McNamee, John
<input type="checkbox"/>	Brintnell, Nathan
<input type="checkbox"/>	Carlson, Tisha

What do Kansas Hospitals Report in NHSN?

- PPS Hospitals are **required** to report -
 - Device Associated Data:
 - CAUTI and CLABSI for all units
 - MDRO:
 - MRSA and CDI (FacWideIn)
 - SSI – Surgical Site Infections:
 - Abdominal hysterectomy (HYST) and Colon Surgery (COLO)
 - Healthcare Personnel Annual Influenza Vaccination Summary
- CAH Hospitals are **encouraged** to report -
 - Device Associated Data:
 - CAUTI and CLABSI for all units
 - MDRO:
 - MRSA and CDI (FacWideIn)
 - Healthcare Personnel Annual Influenza Vaccination Summary

For both settings any other data is optional and will not be shared with CMS



What do Kansas Hospitals Report in NHSN?

- Critical Access Hospital report measures to NHSN for MBQIP/SHIP Grant
 - HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP)
 - Antibiotic Stewardship – NHSN Annual Facility Survey (due March 1)
- Data submitted into NHSN will be transferred to QHi by the KHA data team

<https://www.ruralcenter.org/sites/default/files/MBQIP-Quality-Reporting-Guide42020.pdf>

MBQIP Quality Reporting Guide

National Healthcare Safety Network (NHSN)

Required	Additional
<p>HCP/IMM-3 (formerly OP-27): Influenza Vaccination Coverage Among Healthcare Personnel (HCP)</p> <p>Antibiotic Stewardship – NHSN Annual Facility Survey</p>	<p>Healthcare-Associated Infections (HAI): CLABSI: Central Line-Associated Bloodstream Infection CAUTI: Catheter-Associated Urinary Tract Infection C. diff: Clostridioides difficile Infection (CDI) MRSA: Methicillin-resistant Staphylococcus Aureus Infection</p>

1. **Enroll Hospital in NHSN**
 To report these measures, your hospital must be enrolled in NHSN. If you are unsure of your hospital's status with NHSN, email them at phn@cdc.gov. If your hospital is not already enrolled in NHSN, follow these [instructions for enrollment](#).
2. **Gather Influenza Vaccination Data**
 Hospitals report healthcare personnel (HCP) influenza vaccination coverage in the Healthcare Personnel Safety Component of NHSN. The [HCP Influenza Vaccination Summary Protocol](#) is a guide to collecting and reporting influenza vaccination summary data for the HCP Vaccination Module.
3. **Submit HCP Influenza Vaccination Summary Data**
 Hospitals are only required to report HCP Influenza Vaccination Summary Data in NHSN once a year, at the conclusion of the reporting period (October 1 through March 31). Resources and instructions on how hospitals submit HCP influenza data can be found on the [Surveillance for Healthcare Personnel Vaccination webpage](#).

HCP/IMM-3 (formerly OP-27) data is due by May 15 of the reporting year. HAI data is submitted on a quarterly basis. Refer to the [MBQIP Data Submission Deadlines](#) for timeliness.

4. **Complete the NHSN Patient Safety Component Annual Facility Survey.**
 This survey will be used to measure implementation of Antibiotic Stewardship. Data submission is completed during the first quarter of a calendar year based on information from the previous year. A [copy of the survey and instructions for completion of the survey](#) can be found on the NHSN website.

Accessing the survey in NHSN:

- If a hospital has only been reporting on the Influenza Vaccination Coverage Among Healthcare Personnel measure, they will need to select the Patient Safety Component to access the survey.
- Hospitals that submit HAI measures via NHSN do so through the Patient Safety Component, and completion of the annual facility is required for submission of HAI data.

Further information on timeliness and how to report the additional measures in NHSN can be found on the [Tracking Infections in Acute Care Hospitals/Facilities webpage](#).

Protocols

- Protocols are provided for each of the modules found in the Patient Safety Component
- Provide surveillance guidance and classification criteria for healthcare associated events
 - Chapters 1, 2, 3, 15, 16 and 17 are general information that cross all of the modules
 - Chapters 4, 6, 7, 9, 10 and 12 provide specific guidance for the classification of the different modules/event types
- Protocols are updated annually – make sure you are using the protocols for the applicable timeframe you are performing surveillance on

Protocols

[Chapter 4: Bloodstream Infection \(BSI\) Event – January 2022](#) [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**.

[2022 Summary of Updates](#) [PDF – 200 KB]

Supporting Chapters

[Chapter 1: NHSN Overview – January 2022](#) [PDF – 350 KB]

[Chapter 2: Identifying Healthcare-associated Infections \(HAIs\) in NHSN – January 2022](#) [PDF – 1 MB]

[Chapter 3: Patient Safety Monthly Reporting Plan – January 2022](#) [PDF – 300 KB]

[Chapter 15: CDC Location Labels and Location Descriptions – January 2022](#) [PDF – 1 MB]

[Chapter 16: NHSN Key Terms – January 2022](#) [PDF – 300 KB]

[Chapter 17: CDC/NHSN Surveillance Definitions for Specific Types of Infections – January 2022](#) [PDF – 1 MB]



Data Collection Forms & Instructions

Data Collection Forms & Instructions

All Data Collection Forms are Print-only

BSI Event

[Primary Bloodstream Infection \(BSI\) form – January 2021 \(57.108\)](#) [PDF – 200 KB]

- [Customizable form](#) [DOCX – 80 KB]
- [Table of instructions](#) [PDF – 180 KB]

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]

[Denominators for Neonatal Intensive Care Unit \(NICU\) form – January 2021 \(57.116\)](#) [PDF – 80 KB]

- [Customizable form](#) [DOCX – 60 KB]
- [Table of instructions](#) [PDF – 200 KB]

[Denominators for Specialty Care Area \(SCA\) form – January 2021 \(57.117\)](#) [PDF – 80 KB]

- [Customizable form](#) [DOCX – 60 KB]
- [Table of instructions](#) [PDF – 200 KB]

- Data collection forms are found in each of the modules and provide you with the specific data elements you need to collect for HAI events
- Denominator forms
 - Device Associated events – CAUTI & CLABSI collect monthly patient days and device days
 - MDRO – CDI & MRSA collect monthly total patient days and admissions



Data Collection Forms



Form Approved
OMB No. 0925-0066
Exp. Date: 03/31/24
www.cdc.gov/nhsn

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

Page 1 of 1

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
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27						
28						
29						
30						
31						
Totals						

Instructions for Completion of Denominators for Intensive Care Unit (ICU)/Other Locations (Not NICU or SCA) (CDC 57.118)

Data Field	Instructions for Data Collection
Facility ID #	The NHSN assigned facility ID will be auto-entered by the computer.
Location code	Required. Enter the location code of the unit where you collect the data.
Month	Required. Record the 2-digit month during which the data were collected for this location.
Year	Required. Record the 4-digit year during which the data were collected for this location.
Number of patients	Required. For each day of the month selected, record the number of patients on the unit. Record this number at the same time each day. NOTE: If participating in weekly denominator sampling, in addition to daily recording of the number of patients on the unit, the number of patients present on the unit must be identified and recorded for the days that weekly device day sampling is collected, for example, central line days, urinary catheter days. This data must be identified and entered into NHSN in the Sample Values for Estimating Denominator Data section under the option to Add Summary Data.
Number of patients with at least 1 central line	Conditionally required. Complete if you have chosen central line-associated bloodstream infection (CLABSI) as an event to follow in your Plan for this month. All patients with at least one central line in place at the time of the count are included in the denominator regardless of access or the number of days the central line has been in place. NOTE: Count only one device-day per patient per calendar day regardless of how many central lines the patient may have in place.

Form Approved
OMB No. 0925-0066
Exp. Date: 03/31/24
www.cdc.gov/nhsn

Primary Bloodstream Infection (BSI)

Required for saving *Required for completion

Page 1 of 4

Facility ID	Event #	
Patient ID	Event Severity #	
Secondary ID	Bedside #	
Patient Name, Last	First	Middle
Gender: F M Other	Date of Birth	
Admission (Event)	Discharge (Event)	
Event Type (BSI)	Date of Event	
Post-procedure BSI: Yes No	Date of Procedure	
NHSN Procedure Code	ICD-10 PCS or CPT Procedure Code	
MDRO Infection Surveillance		
<input type="checkbox"/> Yes, the infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module		
*Site Addressed to Facility		
Location		
Risk Factors		
<input type="checkbox"/> ICU/Other location, Central line Yes No <input type="checkbox"/> Care Area/Knowledge: resident central line Yes No <input type="checkbox"/> High-risk central line Yes No	Check all that apply: <input type="checkbox"/> Yes, No, Not Intermittently catheter present <input type="checkbox"/> Yes, No, Catheter-associated urinary tract infection (CAUTI) present <input type="checkbox"/> Yes, No, Catheter-associated device (CAD) present <input type="checkbox"/> Yes, No, *New or suspected Mucocutaneous Syndrome by Pharyngocutaneous abrasion <input type="checkbox"/> Yes, No, *Observed or suspected patient injection into venous blood within the BSI infection window period <input type="checkbox"/> Yes, No, *Intermittent catheter during current admission <input type="checkbox"/> Yes, No, *Respiratory system is inserted in head and from a site-specific, separate, soft catheter with the catheter insertion point and site is checked at or at the following insertion site from which the specimen was collected: <input type="checkbox"/> Arterial catheter <input type="checkbox"/> Arteriovenous fistula <input type="checkbox"/> Arteriovenous graft <input type="checkbox"/> Arterial lines (Right and Left) <input type="checkbox"/> Hemodialysis venous access (HEMO) catheter <input type="checkbox"/> Intra-arterial balloon pump (IABP) device <input type="checkbox"/> Non-occlusive central line (not assessed) (inserted during the admission) <input type="checkbox"/> Peritoneal IV or Midline catheter Location of Device Insertion: _____ Date of Device Insertion: ____/____/____	

MDRO Denominators

- Denominators for MDRO include
 - Total Facility Patient Days
 - Total Facility Admissions
- When counting denominators as a CAH facility, you are counting all patients in an inpatient bed
 - Observation, inpatient and swing bed
 - If a patient starts in observation, moves to inpatient and then swings in one episode of care (1 month) it counts as one admission
- In the last month of each quarter, you will be asked to indicate what type of C diff testing is being utilized.



Form Approved
OMB No. 0925-0066
Exp. Date: 12/31/24
www.cdc.gov/nhsn

MDRO and CDI Monthly Denominator Form

Page 1 of 2

*required for saving **conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #: _____ *Month: _____ *Year: _____ *Location Code: _____

Line 1: Setting: Inpatient
 **Total Facility Patient Days: _____ **Total Facility Admissions: _____

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 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: _____ Admissions: _____

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 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: _____ Admissions: _____

**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 testing is performed? (check one)

Enzyme immunoassay (EIA) for toxin GDH plus NAAT (2-step algorithm)
 Cell cytotoxicity neutralization assay GDH plus EIA for toxin, followed by NAAT for discrepant results
 Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP) Toxinigenic culture (C. difficile culture followed by detection of toxins)
 NAAT plus EIA, if NAAT-positive (2-step algorithm) Other: _____
 Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)

Note: "Other" should not be used to name specific laboratories, reference laboratories, generic testing methods (such as "PCR") or the brand names of C. difficile tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or contact the NHSN helpdesk for further guidance.

Specific Organism Type	MRSA	C. difficile	MSSA	Ceph-R-Klebsiella	CRE-E. coli	CRE-Enterobacter	CRE-Klebsiella	MDR-Acinetobacter	VRE
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All specimens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare Personnel Safety Component

- The Healthcare Personnel Safety (HPS) Component of the National Healthcare Safety Network (NHSN) was launched in 2009. The component consists of two modules: 1) Healthcare Personnel Exposure; and (2) Healthcare Personnel Vaccination.
- The Healthcare Personnel Exposure module includes:
 - Blood/Body Fluid Exposure Only
 - Blood/Body Fluid Exposure with Exposure Management
 - Influenza Exposure Management.
- The Healthcare Personnel Vaccination module includes:
 - Influenza Vaccination Summary



Healthcare Personnel (HCP) Flu Vaccination

<https://www.cdc.gov/nhsn/hps/vaccination/index.html>

Healthcare Personnel (HCP) Flu Vaccination

Protocols

[HCP Vaccination Module: Influenza Vaccination Summary Protocol - March 2020](#)

[PDF - 350 KB]

- [Introduction to HPS Component](#) [PDF - 350 KB]
- [Monthly Reporting Plan](#) [PDF - 350 KB]
- [Influenza Vaccination Summary](#) [PDF - 350 KB]
- [Key Terms](#) [PDF - 350 KB]
- [Appendix A - List of Contracted HCP](#) [PDF - 350 KB]

Supporting Chapters

[CDC Location Labels and Location Descriptions - January 2021](#) [PDF - 1 MB]

[Top of Page](#)

Data Collection Forms & Instructions

All Data Collection Forms are Print-only

Weekly Reporting

[Weekly HCP Influenza Vaccination Summary Form for non-TCPs \(57-211\) - November 2020](#) [PDF - 150 KB]

- [Customizable form](#) [DOCX - 50 KB]
- [Table of Instructions](#) [PDF - 200 KB]

HPS Training

Educational Roadmap

CMS Requirements

FAQs

[Influenza Vaccination Summary Reporting FAQs](#)

Supporting Materials

[Weekly HCP Influenza Vaccination Data Reporting Guidance - October 2020](#) [PDF - 200 KB]

[Tips for Submitting HCP Flu Vaccination Summary Data by Facility Type](#)

[Verification of HCP Flu Vaccination Summary Data in NHSN - November 2018](#) [PDF - 300 KB]

More on this page:

Annual Reporting

Monthly Reporting Plan

[HPS Monthly Reporting Plan Form - September 2021 \(57-209\)](#) [PDF - 80 KB]

- [Customizable form](#) [DOCX - 50 KB]
- [Table of Instructions](#) [PDF - 50 KB]

Vaccination Summary

[HCP Influenza Vaccination Summary Form - March 2020 \(57-214\)](#) [PDF - 150 KB]

- [Customizable form](#) [DOCX - 40 KB]
- [Table of Instructions](#) [PDF - 60 KB]


Seasonal Survey

[Seasonal Survey on Influenza Vaccination Programs for HCP - March 2020 \(57-215\)](#) [PDF - 110 KB]

- [Customizable form](#) [DOCX - 40 KB]
- [Table of Instructions](#) [PDF - 160 KB]

[More on page below](#)

Annual Influenza Vaccination Survey



Last reviewed March 2020

Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel

Page 1 of 2 *conditionally required for scoring

Facility ID #: _____

Date Entered: _____ For Season: _____

(Month/Year) (Specify years)

***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 (for example, interns, residents)
 Adult volunteers
 Other contract personnel
 Other, specify: _____

***2. Are healthcare personnel at your facility required to pay out-of-pocket costs for influenza vaccination received at your facility?**

Yes
 No

If yes, how much do each of the following groups need to pay for influenza vaccination?

Full-time employees: \$ _____
 Part-time employees: \$ _____
 Non-employee physicians: \$ _____
 Non-employee advanced practice nurses: \$ _____
 Non-employee physician assistants: \$ _____
 Students and trainees: \$ _____
 Adult volunteers: \$ _____
 Other contract personnel: \$ _____
 Other, specify: _____

***3. Which of the following methods is your facility using this influenza season to deliver vaccine to your healthcare personnel? (check all that apply)**

Have mobile vaccination carts
 Provide vaccination in Occupational/Employee Health
 Provide vaccination in wards, clinics, cafeterias, or common areas
 Provide vaccination during nights and weekends
 Provide vaccination at any meetings or grand rounds
 Provide visible vaccination of any key personnel/leadership
 Other, specify: _____
 None of the above

Assurance of Confidentiality: The 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, 305 and 306(d) of the Public Health Service Act (42 USC 242c, 242d, and 242f(6)).
 CDC 57-216 Rev. 1, NHSN 17.1

Page 2 of 2

***4. Which of the following strategies does your facility use to promote/enhance healthcare personnel influenza vaccination at your facility? (check all that apply)**

Send vaccination reminders by mail, e-mail, and/or pager
 Coordinate vaccination with other annual programs (for example, tuberculosis skin testing)
 Require receipt of vaccination for credentialing (if no contraindications)
 Require receipt of vaccination as a condition of employment
 Advertise vaccination with a campaign including posters, flyers, buttons, and/or fact sheets
 Provide education on the benefits and risks of vaccination
 Track unit-based vaccination rates for some or all units/departments
 Plan to provide feedback on vaccination rates to facility administration
 Provide incentives for vaccination
 Track vaccination on a regular basis for targeting purposes
 Other, specify: _____
 No formal promotional activities are planned

***5. What is your facility's influenza vaccination policy for healthcare personnel? (check one)**

Influenza vaccination is required; unvaccinated personnel are terminated from employment
 Influenza vaccination is required with consequences other than termination for unvaccinated personnel
 Influenza vaccination is recommended but not required
 My facility does not have a policy
 Other, specify: _____

***6. Which personnel groups are c...**

Full-time employees
 Part-time employees

Licensed independent practitioner:

Non-employee physicians
 Non-employee advanced
 Non-employee physician

Students and trainees (for ex
 Adult volunteers
 Other contract personnel
 Other, specify: _____

***7. Does your facility require health vaccination status?**

Yes
 No

If yes, what type of documentation is acceptable? (check all that apply)

Receipt or other proof of purchase from pharmacy or other vaccinator
 Insurance claim for receipt of influenza vaccination
 Note from person or organization that administered the vaccination
 Handwritten statement or e-mail from healthcare worker
 Signature of healthcare worker on standard facility form attesting to vaccination
 Other, specify: _____

***8. What does your facility require from healthcare personnel who refuse influenza vaccination? (check one)**

Standardized paper or electronic declination form completed by healthcare worker
 Reading a statement about the risks of non-vaccination (no signature required)
 Verbal declination of vaccination by healthcare worker
 Facility does not track vaccine declinations
 Other, specify: _____

***9. Does your facility require healthcare personnel who refuse influenza vaccination to wear a mask or other personal protective equipment (PPE)?**

Yes
 No

Influenza Vaccination Summary

- Completed annually at the conclusion of the flu season
 - Best practice – submit by the end of April
 - Due to reporting partners by May 15th
- Reminders
 - Data is aggregate
 - Must include all HCP who worked at the facility at least 1 day between October 1 and March 31
 - If you enter data monthly, you MUST manually total each month into the aggregate numbers as the system does not aggregate it for you.
 - If providers receive their paycheck from the facility, they are in the Employee HCP numbers

Last reviewed March 2020

Healthcare Personnel Influenza Vaccination Summary

Page 1 of 2 *conditionally required for scoring

Record the number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

*Facility ID:	*Influenza subtype: <input type="checkbox"/> Seasonal	*Influenza Season:	Date Last Modified: ___/___/___		
			Employee HCP	Non-Employee HCP	
		*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	*Adult students/trainees & volunteers	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31					
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season					
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season					
4. Number of HCP who have a medical contraindication to the influenza vaccine					
5. Number of HCP who declined to receive the influenza vaccine					
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)					
Custom Fields					
Label		Label			
	/	/	/	/	/
Comments					

* For the purposes of NHSN, influenza subtype refers to whether seasonal or non-seasonal vaccine is used. Seasonal is the default and only current choice.
 † For the purposes of NHSN, a flu season is defined as July 1 to June 30.

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, 305 and 306(d) of the Public Health Service Act (42 USC 242c, 242d, and 242f(6)).
 CDC 57-216 Rev. 2022

Analysis

The screenshot shows the NHSN Patient Safety interface. On the left is a navigation menu with items: NHSN Home, Dashboard, Reporting Plan, Event, Procedure, Summary Data, COVID-19, Surveys, Analysis, Users, Group, and Logout. The 'Analysis' item is highlighted, and a dropdown menu is open showing options: Generate Data Sets, Reports, Statistics Calculator, and Preferences. To the right of the menu, there is a header 'NHSN Patient Safety' with a user profile icon, an 'Assurance of Confidentiality' notice, and an Adobe Reader icon with a 'Get Adobe Reader' link.

- Analysis allows you to run reports for committee, export data sets for upload to other software that you might use
 - Reports will display in pdf and can be exported into csv or excel
 - Reports are date stamped
 - Reports can be saved as an electronic file or printed



Generating Data Sets

This screenshot is identical to the one above, showing the NHSN Patient Safety interface with the 'Analysis' menu open and 'Generate Data Sets' selected.

The screenshot shows the 'Generate Data Sets (Patient Safety)' form. It has two tabs: 'Reporting Data Sets' (active) and 'Participation Alerts Data Set (Optional)'. Under 'Reporting Data Sets', there is a section for 'Include data for the following time period:' with 'Beginning' and 'Ending' date pickers. The 'Beginning' date is set to '01/2019'. There is a 'Clear Time Period' button. Below this is a 'Generate Reporting Data Sets' button. A yellow box displays 'Last Generated: March 3, 2022 11:38 AM to include data beginning 01/2019'. On the right, there is a 'Generate new data sets?' section with a warning icon and text: 'Your rights have changed. New rights will be applied when new data sets are generated. Would you like to generate new data sets now?'. At the bottom of this section are two buttons: 'Yes, generate new data sets' and 'No, leave existing data sets'.





Groups

NHSN Groups

KFMC Health Improvement Partners Group
 Name: **KFMC HAI**
 Group ID: **29569**
 Group Password: **KFMCHAI**

Kansas Healthcare Collaborative (KHC) Group
 Name: **Kansas Healthcare Collaborative**
 Group ID: **19423**
 Group Password: **collaborative**

Kansas Department of Health and Environment (KDHE) Group
 Group Name: **KDHE HAI**
 Group ID: **16463**
 Group Password: **Prevention**

Kansas Hospital Association (KHA) Group
 Name: **Kansas Hospital Association Reporting Group**
 Group ID: **60538**
 Group Password: **Kansas*2020**

NHSN → QHi

Urinary Catheter Utilization Ratio - ICUs (excluding NICUs) + Outpatient Units - (NHSN)

	Jan 2020	Dec 2019	N 20
Total number of patient days for bedded inpatient care locations under surveillance (excluding patients in level II or III NICUs)-Denominator	158 <small>From NHSN</small>	121	
Total number of indwelling urinary catheter days for bedded inpatient care locations under surveillance (excluding patients in level II or III NICUs)	22 <small>From NHSN</small>	22	



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Resources

Monthly Checklist - <https://www.cdc.gov/nhsn/pdfs/cms/ACH-Monthly-Checklist-CMS-IQR.pdf>

STEP 1: Create Monthly Reporting Plans

CAUTI	CLABSI	MRSA bacteremia and CDI LabID	SSI
<input type="checkbox"/> ICUs* <input type="checkbox"/> Wards†	<input type="checkbox"/> ICUs* <input type="checkbox"/> NICUs <input type="checkbox"/> Wards†	<input type="checkbox"/> FacWideIN- MRSA (blood specimens only) <input type="checkbox"/> FacWideIN- CDI (all specimens) <input type="checkbox"/> ED/OBS locations (will be added to plan automatically if FacWideIN is selected and ED/OBS location(s) mapped in NHSN)	<input type="checkbox"/> COLO inpatient procedures <input type="checkbox"/> HYST inpatient procedures

The following tables refer to influenza and COVID-19 Vaccination quality reporting. For a checklist for HCP Reporting to CMS Hospital, IRF and LTCH Quality Reporting Programs please click the following link: [NHSN Checklist for HCP Reporting](#).

Influenza Vaccination (Healthcare Personnel Safety Component)
<input type="checkbox"/> Quarter 4 (October – December) through Quarter 1 (January – March)

COVID-19 Vaccination (Healthcare Personnel Safety Component)
<input type="checkbox"/> Quarter 4 (October – December) through Quarter 1 (January – March) 1 week of data for each month

STEP 2: Enter Events/Procedures

CAUTI	CLABSI	MRSA bacteremia and CDI LabID	SSI
<input type="checkbox"/> ICUs* <input type="checkbox"/> Wards†	<input type="checkbox"/> ICUs* <input type="checkbox"/> NICUs <input type="checkbox"/> Wards†	<input type="checkbox"/> FacWideIN- MRSA (blood specimens only) <input type="checkbox"/> FacWideIN- CDI (all specimens) <input type="checkbox"/> ED/OBS locations	<input type="checkbox"/> COLO inpatient procedures <input type="checkbox"/> HYST inpatient procedures

STEP 3: Enter Summary (Denominator) Data

- "Device-Associated – Intensive Care Unit / Other Locations" form
 - Summary record for each inpatient location**
 - Total Patient Days
 - Central Line Days
 - Urinary Catheter Days
 - Select "Report No Events", for each event type, only if no events were identified that met the NHSN surveillance definition
- "MDRO and CDI Monthly Denominator – all Locations" form
 - One summary record per month for FacWideIN**
 - Line 1: Total Facility Patient Days & Admissions
 - Line 2: Patient Days & Admissions
 - Line 3: Patient Days & Admissions
 - Indicate CDI test type (3rd month of each qtr)
 - o March, June, September, December
 - Select "Report No Events", for each organism, only if no events were identified that met the NHSN surveillance definition
 - Summary record for each ED/OBS location**
 - Total Encounters
 - Select "Report No Events", for each organism, only if no events were identified that met the NHSN surveillance definition

STEP 4: Resolve Alerts

- Incomplete Events
- Missing Events (select "Report No Events" box, if applicable)
- Incomplete Summary Data
- Missing Summary Data
- Incomplete Procedures
- Missing Procedures (select "No Procedures Performed" box, if applicable)
- Missing Procedure-associated Events (select "Report No Events", if applicable)
- Unusual Susceptibility Profile
- Confirm CDI Test Type

STEP 5: Generate Datasets

- Generate new data sets before verifying data in CMS reports in **STEP 6**

STEP 6: Print/Save Copies of Quarterly CMS Reports

- "SIR - CLAB Data for Hospital IQR"
- "SIR - CAU Data for Hospital IQR"
- "SIR - Complex 30-Day SSI Data for Hospital IQR"
- "SIR - MRSA Blood FacWideIN LabID Data for Hospital IQR"
- "SIR - CDI FacWideIN LabID Data for Hospital IQR"

CMS Deadlines:

- Quarter 1 (January – March): **August 15th**
- Quarter 2 (April – June): **November 15th**
- Quarter 3 (July – September): **February 15th**
- Quarter 4 (October – December): **May 15th**
- Quarter 4 & Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data: **May 15th**

For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit our website and navigate to the appropriate section(s) for your facility type: <http://www.cdc.gov/nhsn/cms/index.html>. If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov. The NHSN Helpdesk is staffed Monday through Friday, 7am ET – 5pm ET, excluding Federal Holidays.

Surveillance Tools

National Healthcare Safety Network (NHSN)

CDC > NHSN Home > Patient Safety Component

- NHSN Home
- NHSN Login
- About NHSN
- Enroll Facility Here
- CMS Requirements
- Change NHSN Facility Admin
- Resources by Facility
- Patient Safety Component**
- Nurse Staffing Hours Indicator
- Annual Surveys, Locations & Monthly Reporting Plans

Bloodstream Infection (BSI) Events

Central Line-Associated Bloodstream Infection (CLABSI) and non-central line-associated Bloodstream Infection

[Print](#)

Protocols

Chapter 4: Bloodstream Infection (BSI) Event – August 2023 [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.

2023 Summary of Updates [PDF – 199 KB]

Supporting Chapters

- BSI Training
- Educational Roadmap
- CMS Requirements
- HAI Checklists**

HAI Checklists

The NHSN Healthcare Associated Infections (HAI) checklists were developed by the National Healthcare Network (NHSN) subject matter experts (SMEs) as a tool to aid Infection Preventionists and other users when making a determination about a healthcare-associated infection.

The HAI checklists should not be used in isolation, but in conjunction with the Patient Safety Manual. Please note all NHSN HAI criteria for each respective module is listed in a single document. Use the scroll bar to locate the criterion of interest. It is our hope that the checklists will assist with your surveillance efforts.

2023 2022 2021

2023 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 \(PaeVAE\) Checklist \[PDF – 350 KB\]](#)

2023 NHSN Chapter 17 Site

- [NHSN Bone and Joint Infection \(BJI\)](#)
- [NHSN Cardiovascular \(CVS\) System](#)
- [NHSN Central Nervous System \(CNS\)](#)
- [NHSN Eye, Ear, Nose, Throat, or Mouth](#)

2023 NHSN Urinary Tract Infection (UTI) Checklist

Urinary Tract Infection (UTI) Summary		
Criterion Met		Date of Event (DCE)
SUTI 1a	<input type="checkbox"/>	
SUTI 1b	<input type="checkbox"/>	
SUTI 2 Catheter Associated	<input type="checkbox"/>	
SUTI 2 Non-Catheter Associated	<input type="checkbox"/>	
ASUTI Catheter Associated	<input type="checkbox"/>	
ASUTI Non-Catheter Associated	<input type="checkbox"/>	

Please refer to [Chapter 2: 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		
Element	Element Met	Date
Patient must meet 1, 2, and 3 below:		
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?	<input type="checkbox"/>	
OR		
• Removed the day before the date of event?	<input type="checkbox"/>	
2. Patient has at least one of the following signs or symptoms:		
• Fever (≥38°C)	<input type="checkbox"/>	
• Suprapubic tenderness*	<input type="checkbox"/>	
• Costovertebral angle pain or tenderness*	<input type="checkbox"/>	
• Urinary urgency*	<input type="checkbox"/>	
• Urinary frequency*	<input type="checkbox"/>	
• Dysuria*	<input type="checkbox"/>	
3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥10 ⁵ CFU/ml (see Comments). All elements of the SUTI criterion must occur during the HAP. (See HAP Definition Chapter 2: Identifying HAIs for NHSN Surveillance .)	<input type="checkbox"/>	

Comments/Notes:

Guidance on how to enter data –

<https://www.cdc.gov/nhsn/training/patient-safety-component/index.html>

Data Entry, Import and Customization

Training e-Book

[PSC: NHSN Data Entry Training e-book](#) [PDF – 2 MB]

Training Videos

[Location Mapping – October 2012](#)

- [YouTube Link \[Video – 27 min\]](#)
- [Slideset PDF – 500 KB](#)

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kfmc
HEALTH IMPROVEMENT PARTNERS

Ask the Experts

Dear NHSN Users,

We are one week away from the next NHSN Protocol and Training Team (PaTT) Ask the Experts webinar hosted by the Bloodstream Infections team!

We invite you to join us, on Wednesday, September 20, 2023, to discuss "Secondary BSI: Applying the Basic Concepts". This is a 60-minute Q & A session that starts at 2:00 pm EDT.

NOTE: This session will not be recorded.

Submit your question early!

Have a question on this topic?

On the registration form you can enter a question about Secondary BSI for our Subject Matter Experts to answer if time permits.

Audience:

- PSC users - acute care or other short-term stay hospitals (for instance, general hospitals, critical access hospitals, oncology hospitals, military/VA hospitals)
- Long-term Acute Care Hospitals (LTACH)
- Inpatient Rehabilitation Facilities (IRF)
- Inpatient Psychiatric Facilities (IPF)

Upcoming Topics and Dates:

Date	Topic
October 20	Secondary BSI
October 27	Surgical Site Infection (SSI)
November 13	Chapter 17 - Surveillance Definitions for Sepsis, Septic MI Infections
December 13	Primary Blood Infection (PBI) (Bloodstream Infections)

PROTOCOL & TRAINING TEAM VIRTUAL TRAINING SERIES 2023

- Upcoming webinar Zoom registration link is in the email.
- Sessions are 60 minutes.
- Not recording for external use.

Audience:

- Acute care or other short-term stay hospitals (for instance, general hospitals, critical access hospitals, oncology hospitals, military/VA hospitals)
- Long-term Acute Care Hospitals (LTACH), Inpatient Rehabilitation Facilities (IRF) & Inpatient Psychiatric Facilities (IPF)
- CDC users - AACC reporting for events.

Webinars will be held on Wednesday at 2:00 pm EST. Mark your calendar!

How to register:

Ready to Ask the PaTT Experts about *Secondary BSI: Applying the Basic Concepts*?

Click https://cdc.zoomgov.com/webinar/register/WN_u5vfr6HITjm7Z0sl7K9KWQ to register and submit your BSI questions.

If you have any questions about the webinar series, they can be emailed to NHSNtrain@cdc.gov.

Key Kansas Points of Contact

- Long-Term Care
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 - Robert Geist – robert.geist@ks.gov
- Hospital
 - Loretta Fitzgerald – lfitzgerald@kfmc.org
 - Robert Geist – robert.geist@ks.gov
 - Nadyne Hagmeier – nhagmeier@kfmc.org
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CAH Quality Reporting Guide for Kansas

<https://www.kha-net.org/CriticalIssues/QualityandPatientSafety/Quality/>

CRITICAL ACCESS HOSPITAL QUALITY REPORTING GUIDE FOR KANSAS



Updated August 2023



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HEALTHWORKS

Founded by the Kansas Hospital Association, Healthworks educates partners, brings groups together and finds funding to provide services to change health care for the better. We believe that with bold ideas and brave leadership, anything is possible.

Our initiative further our mission of optimal health for Kansans through facilitating collaboration and innovation. Projects include QHi and a partnership with the Kansas Department of Health and Environment to manage the FLEX and SHIP programs for Kansas.

In Kansas the fees associated with participation in QHi are supported by the FLEX program which is funded by the Federal Office of Rural Health.

QUALITY 101
Each summer the Kansas FLEX program coordinates an orientation program to assist individuals new to the role of quality, data abstraction or data reporting. Topics discussed include developing a quality program, quality improvement initiatives active in Kansas and the organizations that support these initiatives. For more information on this program, contact Susan Runyan at srunyan@kha-net.org.

APPENDIX



Measure	Measure Name	MDOP	IGP	QIG	MDIC	GGIP
OP-36	Hospital Visits after Hospital Outpatient Surgery	X		X		
HC3/HR3 (formerly OP-27)	Influenza Vaccination Coverage Among Healthcare Personnel (HCP)	X				X
EDIC	6 elements of Emergency Department Transfer Communication (Emergency Dept. Time to ED Discharge Time for admitted Patients)	X	X			
HC-AHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	X	X			
IC-01	Elective Delivery		X			
IC-05	Exclusive Breast Milk Feeding		X			
STK-02	Discharge on Antithrombotic Therapy		X			
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter		X			
STK-05	Antithrombotic Therapy by the End of Hospital Day Two		X			
ITC-06	Discharged on Statin Medication		X			
ITE-1	Venous Thromboembolism Prophylaxis		X		X	
ITE-3	Intensive Care Unit Venous Thromboembolism Prophylaxis		X		X	
Safe Use of S opioids	Safe Use of Opioids - Current Prescribing		X			
CMS PSI 04	CMS Death Rate Among Surgical Inpatients with Serious Treatable Complications		X			

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Better health outcomes for everyone.



2023/2024 Upcoming Webinars

- SHIP Quarterly Webinars
 - December 14
 - March 12
- Quality Corner Calls
 - January 10: TBD
 - February 6: TBD

To access online registration,
use this QR code



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