

NOTE: HAI reporting is an evolving process. Details will change. This document is offered only as a starting point.

Instructions for Texas Healthcare-Associated Infections Reporting using the National Healthcare Safety Network (NHSN): A Facility Start-up Guide

Texas Department of State Health Services
Healthcare-Associated Infections



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Introduction

Welcome to NHSN and Texas Healthcare Associated Infections (HAI) reporting! In this facility start-up packet you will find basic instructions for reporting HAIs in Texas using the Centers for Disease Control and Prevention's secure online surveillance system, the National Healthcare Safety Network. This start-up guide includes general information including links to the NHSN website (<http://www.cdc.gov/NHSN/>) and various guidebooks and instruction manuals that describe the process for enrollment, facility startup, data collection and finally data entry into the system as well as Texas-specific reporting requirements and instructions.

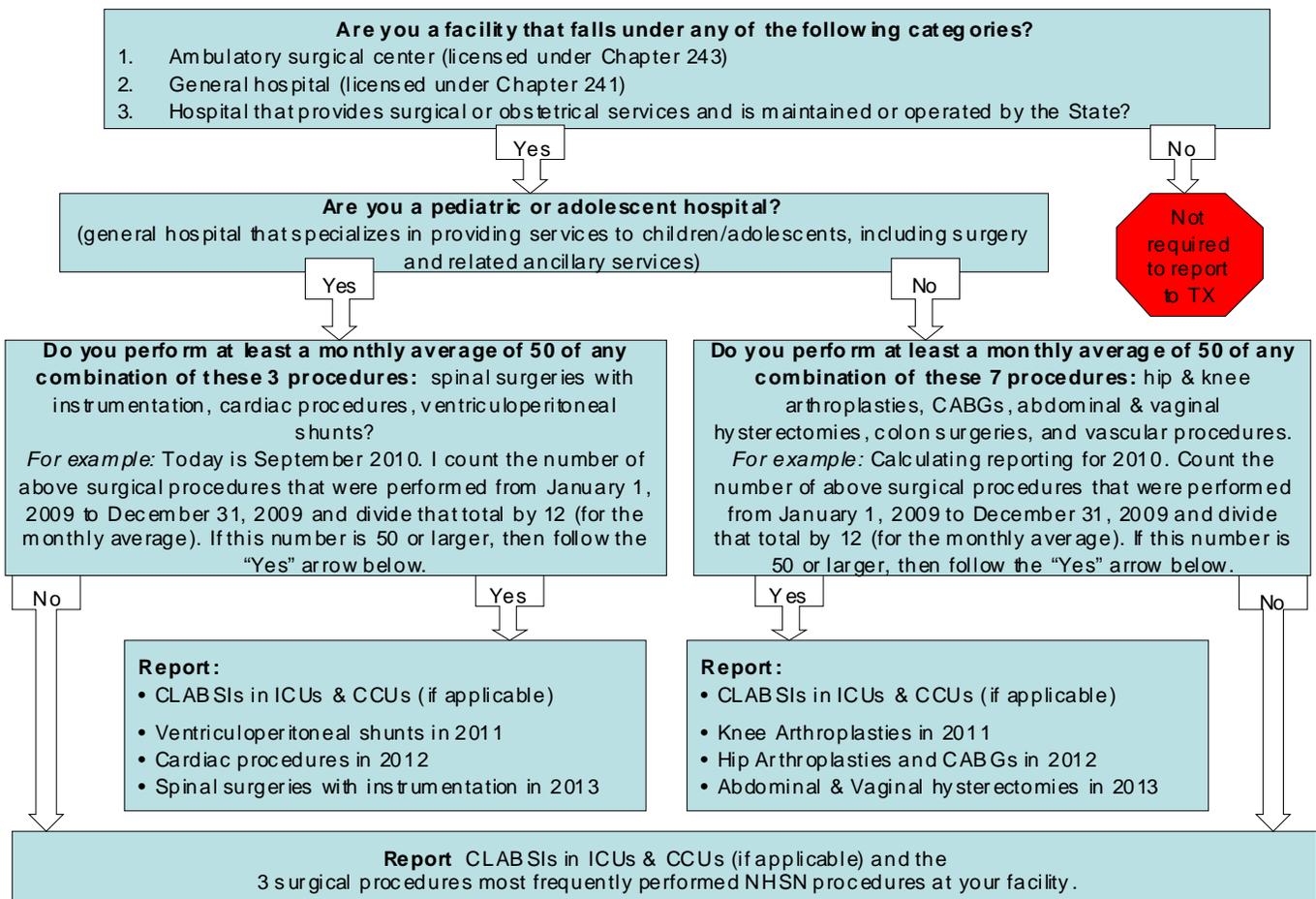
For questions regarding NHSN or Texas specifications for reporting, please email the HAI Texas helpdesk at HAITEXAS@dshs.state.tx.us or call Jennifer Steinhausen at 512.458.7111, extension 3773.

Step 1: Determination of Reporting Requirements

This section is a review of the Texas reporting requirements.

TEXAS SPECIFIC INSTRUCTIONS:

1. All general hospitals (licensed under Chapter 241 of the Texas Health and Safety Code) and Ambulatory Surgery Centers (licensed under Chapter 243 of the Texas Health and Safety Code) are required to report HAI data using NHSN.
2. All facilities must provide an accurate primary and secondary contact including email and phone number to the Texas Department of State Health Services.
 - a. The facility must ensure that communications from the department are continuously monitored even if the position is vacant for any reason, including vacation, illness, etc.
3. **CLABSIs:** All general hospitals and ambulatory surgical centers shall report the number of device days and laboratory-confirmed central line-associated primary bloodstream infections (CLABSIs) in special care settings, including the causative pathogen.
4. **Surgical Procedures to Report**
 - a. General hospitals and ambulatory surgical centers shall report the HAI data related to the following surgical procedures. The following are the NHSN codes for the reportable procedures.
 - i. Colon surgeries
 - ii. Hip prosthesis
 - iii. Knee prosthesis
 - iv. Abdominal hysterectomies
 - v. Vaginal hysterectomies
 - vi. Coronary artery bypass graft with both chest and donor site incisions/Coronary artery bypass graft with chest incision only
 - vii. Abdominal aortic aneurysm repair
 - viii. Carotid endarterectomy
 - ix. Peripheral vascular bypass surgery
 - b. Pediatric and adolescent hospitals shall report the HAI data relating to the following NHSN surgical procedures.
 - i. Spinal fusion
 - ii. Laminectomy
 - iii. Refusion of spine
 - iv. Cardiac surgery
 - v. Heart Transplant
 - vi. Ventricularoperitoneal shunt
 - c. **NOTE:** A facility that does not perform at least a monthly average of 50 of the reportable procedures for their hospital category (either adult or pediatric/adolescent) shall report HAI data relating to the three most frequently performed NHSN surgical procedures. The average number of procedures and the three most frequently performed procedures shall be determined based on the calendar year prior to the reporting year as determined by facility contact.
 - d. Follow flow chart shown below to determine whether you are required by the state of Texas to report Healthcare Associated Infections, and if so, what you will need to report.



5. Communication of HAIs originating at a different facility:
 - a. If the facility treating the patient performed the surgical procedure, the facility is responsible for entering the infection into NHSN.
 - b. If the facility treating the patient did not perform the surgery, the treating facility shall report the infection back to the original facility. The original facility will enter the infection into NHSN if the HAI meets NHSN criteria.
6. Facilities shall submit HAI data according to the schedule outlined as follows (see table below). ***If any of the due dates fall on a weekend or holiday, facilities shall submit on the following business day.***

Reporting Quarter	Jan 1 – Mar 31	Apr 1 – June 30	July 1 – Sept 30	Oct 1 – Dec 31
Facility data submission deadline	May 31	August 31	November 30	February 28
DSHS data reconciliation	June 15	September 15	December 15	March 15
Facility correction	June 30	September 30	December 31	March 31
DSHS data summary	NA	October 15	NA	April 15
Facility comment period	NA	October 30	NA	April 30
DSHS review of comments	NA	November 15	NA	May 15
Posting of summary	NA	December 1	NA	June 1

- a. Facility Data Submission Deadline:

- i. HAI data for device days and procedures occurring between January 1 and March 31 shall be submitted no later than May 31 of the same calendar year.
 - ii. HAI data for device days and procedures occurring between April 1 and June 30 shall be submitted no later than August 31, of the same calendar year.
 - iii. HAI data for device days and procedures occurring between July 1 and September 30 shall be submitted no later than November 30 of the same calendar year.
 - iv. HAI data for device days and procedures occurring between October 1 and December 31 shall be submitted no later than February 28 of the following calendar year.
- b. Data verification:
- i. The department will notify the facility contact by email, fax, or in writing to acknowledge receipt of data and to communicate its acceptability within 15 calendar days after the facility data submission deadline described above. This notification will include specific information on any errors found.
- c. Correction of Errors and Disputes.
- i. Facilities shall correct all identified errors, including data determined to be missing, and resubmit the corrected data through the designated secure electronic interface.
 - ii. Data corrections that occur following publication of a data summary shall be submitted to the department for use in future data compilations.
- d. Data Summary Display.
- i. The department shall compile a data summary for each reporting facility. The data summary shall be made available to the public on an Internet website in a format to be determined by the department.
- e. Facility comments.
- i. Prior to publication of the data summary for public use, the department shall notify the facility contact by email, fax, or in writing of the opportunity to submit comments for publication with the data summary.
 - ii. Comments are due to the department on or before October 30 of the same calendar year for summaries of data collected January 1 through June 30 and on or before April 30 of the following calendar year for summaries of data collected July 1 through December 31.

Step 2: NHSN Enrollment

Because NHSN is used to collect data by CMS and because Texas HAI data may also be collected through NHSN, DSHS is providing the following support to facilities who wish to enroll in NHSN to become familiar with navigating the system and the data entry requirements. The enrollment process consists of an online agreement and several email prompts from NHSN in order to obtain your digital certificate. We suggest your facility may want to enroll soon to allow for familiarity with navigating the system and the data entry requirements.

- You can access the Enrollment Requirements at <http://www.cdc.gov/nhsn/enroll.html>.
- Follow the enrollment instructions described in the Facility Administrator's Enrollment Guide or Enrollment training slides at: http://www.cdc.gov/nhsn/PDFs/slides/NHSN_Enrollment.pdf
- Go through Enrollment steps using the Facility Administrator Enrollment Guide: <http://www.cdc.gov/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf>



TEXAS SPECIFIC INSTRUCTIONS: Although the CDC/NHSN allows for the use of an AHA number for enrollment purposes, for Healthcare-Associated Infections reporting in Texas, **you will need to use your CMS Certification Number (CCN) – NOT AHA number – for NHSN enrollment.** If multiple facilities share a CMS Certification Number (CCN) each facility should enroll separately in NHSN using the same CCN during the enrollment process. If the facilities have issues using the same CCN during enrollment, then they may request an NHSN enrollment number to complete the enrollment process for their additional facilities. An enrollment number may be obtained upon request from nhsn@cdc.gov. Facilities that participate in the CMS Hospital Inpatient Quality Reporting Program and who did not use their CCN when they enrolled in NHSN will be required to enter or edit their CCN on the Facility Information screen within the NHSN application (this capability will be available in early 2011). NHSN will aggregate facility data by CCN (combining the data of NHSN facilities that share a CCN) before it is shared with CMS for reporting and payment purposes.

Step 3: Adding Facility Users and Locations in NHSN

Now that you have a Digital Certificate installed on your computer, you can access NHSN and begin to add users, study locations and if you choose, surgeon data. For detailed information regarding how to set up your facility in NHSN, please review the following slides: http://www.cdc.gov/nhsn/PDFs/slides/NHSN_Getting_Started.pdf

1. **TEXAS SPECIFIC INSTRUCTIONS**

- a. Locations for CLABSI reporting will include any special care settings you may have in your facility, such as any intensive care unit or critical care unit (NICU, MICU, Burn ICU, etc). See NHSN list of locations at http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf. All pediatric and adult critical care units will be required to report CLABSI data to Texas.

Step 4: Conferring Rights to Texas in NHSN

In order to allow Texas access to your data (and thus be compliant with mandatory reporting regulations), you must confer rights to the HAI Texas group. For detailed instructions, please refer to the document found at <http://www.cdc.gov/nhsn/PDFs/slides/conferRightsHow2Guide.pdf>.

- 1. Sign into NHSN at <https://sdn.cdc.gov>.
- 2. Click on the Group à Confer Rights link on the left hand side of website (in the blue panel) and follow instructions on website.
- 3. **TEXAS SPECIFIC INSTRUCTIONS:**
 - a. Enter the following group number and password when prompted.
 - i. **Group number: 15833**
 - ii. **Password: blueox1910**
 - b. Then, in the next screen, you will be asked to specify what information you will share with our group. See the following screen shots for an example of how to fill out this form.

Patient Safety			Healthcare Personnel Safety			Biovigilance		
General								
View Options								
Patient			<input checked="" type="radio"/> With All Identifiers <input type="radio"/> Without Any Identifiers <input type="radio"/> With Specified Identifiers					
			<input type="checkbox"/> Gender <input type="checkbox"/> DOB <input type="checkbox"/> Ethnicity <input type="checkbox"/> Race					
Monthly Reporting Plan			<input type="checkbox"/>					
Data Analysis			<input checked="" type="checkbox"/>					
Facility Information			<input checked="" type="checkbox"/>					
Surveys								
	Year	to	Year		Survey Type			
	2011				Facility Survey Data			
	2011				Ambulatory Surgery Center Survey Data			
Add Row			Clear All Rows					

- i. For reporting CLABSIs, you must have a row for each special care setting (ICU, CCU, burn unit, etc) in your facility. For example, if you have a Medical ICU and a Surgical ICU and a Neonatal ICU, you must fill out 3 lines, one for each unit.
- ii. For reporting SSIs, be sure to add lines for each of the procedures you must report. To determine which surgical procedures you must report, please consult the flow diagram on page 3 of this document. There are different screenshots for Adult versus Pediatric/Adolescent general hospitals. NOTE: Facilities that alternately report using the rule of 50 (3 highest volume NHSN procedures), will enter those 3 surgical procedures into this section instead.
- iii. When you are finished filling out this section, click on the button at the bottom of the page “Copy Locations to Summary Data.” This will populate the next section for you, based on the information you already entered.
- iv. At the bottom of the “Infection and other Events” section, click the button labeled “Copy Procs to Denominator data.” This will populate the “Denominator for Events” section for you. See screen shot below for an example of what this will look like.

NOTE: In 2011, NHSN will institute a new conferring rights system where facilities will be presented with a template and asked to accept a list of pre-determined (by Texas) data elements for public reporting.

SCREEN SHOTS FOR ADOLESCENT/PEDIATRIC GENERAL HOSPITALS

Infections and other Events (Not specific to MDRO/CDAD)

Plan	Month	Year	to	Month	Year	Event
In	1	2011				BSI - Bloodstream Infection (CLA)
Location type:			Location:			
CC_N			NICU - 2W			
In	1	2011				BSI - Bloodstream Infection (CLA)
Location type:			Location:			
CC			3T - MICU - MED ICU			
In	1	2011				SSI - Surgical Site Infection
Procedure:			Setting:			
FUSN - Spinal fusion			Both			
In	1	2011				SSI - Surgical Site Infection
Procedure:			Setting:			
LAM - Laminectomy			Both			
In	1	2011				SSI - Surgical Site Infection
Procedure:			Setting:			
RFUSN - Refusion of spine			Both			
In	1	2011				SSI - Surgical Site Infection
Procedure:			Setting:			
CARD - Cardiac surgery			Both			
In	1	2011				SSI - Surgical Site Infection
Procedure:			Setting:			
HTP - Heart transplant			Both			
In	1	2011				SSI - Surgical Site Infection
Procedure:			Setting:			
VSHN - Ventricular shunt			Both			

Add Row Clear All Rows Copy Locations to Summary Data Copy Procs to Denominator data

Summary Data for Events

Plan	Month	Year	to	Month	Year	Location Type	Location
In	1	2011				CC_N	NICU - 2W
In	1	2011				CC	3T - MICU - MED ICU

Add Row Clear All Rows

Denominator Data for Events

Plan	Month	Year	to	Month	Year	Procedure	Setting
In	1	2011				FUSN - Spinal fusion	Both
In	1	2011				LAM - Laminectomy	Both
In	1	2011				RFUSN - Refusion of spine	Both
In	1	2011				CARD - Cardiac surgery	Both
In	1	2011				HTP - Heart transplant	Both
In	1	2011				VSHN - Ventricular shunt	Both

Add Row Clear All Rows

SCREENSHOTS FOR ADULT GENERAL HOSPITALS & ASCS

Infections and other Events (Not specific to MDRO/CDAD)

Plan	Month	Year	to	Month	Year	Event
In	1	2011	to			BSI - Bloodstream Infection (CLA)
		Location type:		Location:		
		CC_N		NICU - 2W		
In	1	2011	to			BSI - Bloodstream Infection (CLA)
		Location type:		Location:		
		CC		3T - MICU - MED ICU		
In	1	2011	to			SSI - Surgical Site Infection
		Procedure:		Setting:		
		COLO - Colon surgery		Both		
In	1	2011	to			SSI - Surgical Site Infection
		Procedure:		Setting:		
		HPRO - Hip prosthesis		Both		
In	1	2011	to			SSI - Surgical Site Infection
		Procedure:		Setting:		
		KPRO - Knee prosthesis		Both		
In	1	2011	to			SSI - Surgical Site Infection
		Procedure:		Setting:		
		HYST - Abdominal hysterectomy		Both		
In	1	2011	to			SSI - Surgical Site Infection
		Procedure:		Setting:		
		VHYS - Vaginal hysterectomy		Both		
In	1	2011	to			SSI - Surgical Site Infection
		Procedure:		Setting:		
		CBGB - Coronary bypass w/ chest & donor incisions		Both		
In	1	2011	to			SSI - Surgical Site Infection
		Procedure:		Setting:		
		CBGC - Coronary bypass graft with chest incision		Both		
In	1	2011	to			SSI - Surgical Site Infection
		Procedure:		Setting:		
		AAA - Abdominal aortic aneurysm repair		Both		
In	1	2011	to			SSI - Surgical Site Infection
		Procedure:		Setting:		
		CEA - Carotid endarterectomy		Both		
In	1	2011	to			SSI - Surgical Site Infection
		Procedure:		Setting:		
		PVBY - Peripheral vascular bypass surgery		Both		

Summary Data for Events

Plan	Month	Year	to	Month	Year	Location Type	Location
In	1	2011	to			CC_N	NICU - 2W
In	1	2011	to			CC	3T - MICU - MED ICU

Denominator Data for Events

Plan	Month	Year	to	Month	Year	Procedure	Setting
In	1	2011	to			COLO - Colon surgery	Both
In	1	2011	to			HPRO - Hip prosthesis	Both
In	1	2011	to			KPRO - Knee prosthesis	Both
In	1	2011	to			HYST - Abdominal hysterectomy	Both
In	1	2011	to			VHYS - Vaginal hysterectomy	Both
In	1	2011	to			CBGB - Coronary bypass w/ chest & donor incisions	Both
In	1	2011	to			CBGC - Coronary bypass graft with chest incision	Both
In	1	2011	to			AAA - Abdominal aortic aneurysm repair	Both
In	1	2011	to			CEA - Carotid endarterectomy	Both
In	1	2011	to			PVBY - Peripheral vascular bypass surgery	Both

Summary Data for Vaccinations

Plan	Month	Year	to	Month	Year	Vaccination Type
			to			

Step 5: Data Entry into NHSN

1. **REPORTING PLAN:** A reporting plan must be submitted PRIOR to entering summary (i.e. device days), event (i.e. infections) or procedure (i.e. surgical procedure data) data into NHSN. ***It is recommended that you enter your reporting plan for the whole year at one time.*** To learn more about setting up a reporting plan, click on this link: http://www.cdc.gov/nhsn/PDFs/slides/NHSN_trainingDec12DataEntry.pdf
 - a. **TEXAS SPECIFIC INSTRUCTIONS:** See screen shot below. Under the Device-Associated Module section, add all ICU/CCU locations in your facility and check the box for CLA.

The screenshot shows the NHSN data entry interface. On the left is a navigation menu with options: Event, Procedure, Summary Data, Import/Export, Analysis, Surveys, Users, Facility, Group, and Log Out. The main content area is titled 'Mandatory fields marked with *' and includes:

- Facility ID*: NHSN State Users Test Facility #1 (ID 15164)
- Month*: September
- Year*: 2010
- No NHSN Patient Safety Modules Followed this Month

 Below this is the 'Device-Associated Module' section with a 'HELP' icon. It contains a table for 'Locations' with columns for 'Locations' and 'CLA BSI DE VAP CAUTI CLIP'. Two rows are shown:

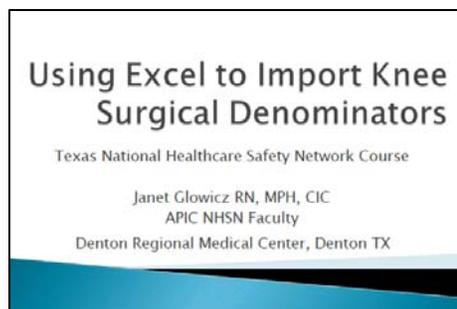
Locations	CLA BSI DE VAP CAUTI CLIP
2T - MSICU - MED/SURG ICU	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4S - NICU - LEVEL II/III NICU	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Buttons for 'Add Row', 'Clear All Rows', and 'Copy from Previous Month' are present. Below is the 'Procedure-Associated Module' section with a 'HELP' icon. It contains a table for 'Procedures' with columns for 'Procedures', 'SSI', and 'Post-procedure PNEU'. Ten rows are shown:

Procedures	SSI	Post-procedure PNEU
AAA - Abdominal aortic aneurysm repair	IN - Inpatient	
CBGB/CBGC - Coronary artery bypass graft	IN - Inpatient	
CEA - Carotid endarterectomy	BOTH - In and outpatient	
COLO - Colon surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	BOTH - In and outpatient	
HYST - Abdominal hysterectomy	BOTH - In and outpatient	
KPRO - Knee prosthesis	BOTH - In and outpatient	
PVBY - Peripheral vascular bypass surgery	BOTH - In and outpatient	
VHYS - Vaginal hysterectomy	BOTH - In and outpatient	

 Buttons for 'Add Row', 'Clear All Rows', and 'Copy from Previous Month' are present at the bottom.

2. The next step is to collect summary data (device days), event data (CLABSI, SSI) and procedure data (surgical procedures). If you are not currently collecting this data, NHSN has several tools available on their website:
 - a. Summary Data
 - i. NICU Device Days: http://www.cdc.gov/nhsn/forms/57.116_DenominatorNICU_BLANK.pdf
 - ii. ICU Device Days: http://www.cdc.gov/nhsn/forms/57.118_DenominatorICU_BLANK.pdf
 - b. Event Data for infection reporting in NHSN
 - i. SSI: http://www.cdc.gov/nhsn/forms/57.120_SSI_BLANK.pdf
 - ii. CLABSI: http://www.cdc.gov/nhsn/forms/57.108_PrimaryBSI_BLANK.pdf
 - c. Procedure Data: There are 10 – 15 data elements that need to be abstracted for each Texas-reportable surgical procedure performed. Below is a link to a chart abstraction form that can be used to collect this data. http://www.cdc.gov/nhsn/forms/57.121_DenomProc_BLANK.pdf



http://www.dshs.state.tx.us/idcu/health/infection_control/ha/i/reporting/ is a link to a Powerpoint Presentation developed by Janet Glowicz called "Using excel to import surgical denominators" and accompanying excel template for collecting data and importing into NHSN. It provides instructions on how to create a manual report in your facility to collect procedure data that can be imported into NHSN, without requiring the man-hours for manual entry of each individual procedure record.

3. If you are not already using NHSN/CDC definitions to code HAIs, or if you have questions related to coding, please review the following.
 - a. See NHSN Training slides for details on coding infections
 - i. CLABSI: <http://www.cdc.gov/nhsn/PDFs/slides/CLABSI.pdf>
 - ii. Procedure Related: http://www.cdc.gov/nhsn/PDFs/slides/NHSN_PAModule.pdf
 - b. See NHSN Patient Safety Component Protocol for coding infections: http://www.cdc.gov/nhsn/TOC_PSCManual.html
 - c. At the end of the month, enter your summary data for the locations selected in your reporting plan. The process for entering summary data into NHSN is described in the webcast located on the website below.
 - i. Review webcast @: http://www.cdc.gov/nhsn/wc_dataEntry_imprt_cost.html
 - d. It is recommended that CLABSIs and SSIs (events) be entered on a continual basis – as they are discovered. The process for entering event data into NHSN is described in the training below:
 - i. How to enter Procedure Data: http://www.cdc.gov/nhsn/PDFs/ImportingProcedureData_current.pdf

Step 6: Annual Renewal

Annually, NHSN will require you to do the following:

1. Complete an annual survey for all NHSN components selected/ utilized
2. Apply for a new digital certificate (each digital certificate expires after one year of use).

NOTE: In 2011, NHSN will institute a new identification system called SAMS (secure access management system) that will resemble a username/password and will no longer require a digital certificate.