

**Draft work plan for HCAIAC June-September 2008**

<b>Month</b>	<b>Tasks to start</b>	<b>Task to complete</b>	<b>Who</b>
June	<ol style="list-style-type: none"> <li>1. Hearings officer report</li> <li>2. Revise work plan</li> <li>3. Content development for trainings</li> <li>4. Development of document to send to OAHHS and all hospitals outlining training requirements for NHSN</li> </ol>	<ol style="list-style-type: none"> <li>1. Hearings Office Report</li> </ol>	<ol style="list-style-type: none"> <li>1. Staff, All</li> <li>2. All</li> <li>3. Staff, TAG, OAHHS</li> <li>4. All</li> </ol>
July	<ol style="list-style-type: none"> <li>1. Communication strategy finalized</li> <li>2. Distribute information about CDC/NHSN webinar to appropriate contacts at hospitals (Leadership, ICPs)</li> <li>3. Training for hospitals to begin</li> <li>4. Introductory webinar (CDC)</li> <li>5. Develop implementation/training strategy               <ol style="list-style-type: none"> <li>a. In-person user group trainings</li> <li>b. Peer groups (grouped by scope and geography)-look to OAHHS for guidance</li> <li>c. Small, non-NHSN hospitals first then Large, NHSN hospitals</li> </ol> </li> <li>6. Training materials</li> </ol>	<ol style="list-style-type: none"> <li>1. Introductory webinar</li> <li>2. "NHSN" communication document to hospitals</li> </ol>	<ol style="list-style-type: none"> <li>1. Staff, All, OAHHS</li> <li>2. Staff</li> </ol>
August	<ol style="list-style-type: none"> <li>1. Implementation/training strategy</li> <li>2. Training materials</li> </ol>	<ol style="list-style-type: none"> <li>1. Implementation/training strategy</li> <li>2. In-person training materials</li> </ol>	<ol style="list-style-type: none"> <li>3. Staff, TAG, OAHHS</li> <li>4. Staff</li> </ol>

September	<ol style="list-style-type: none"><li>1. Report on Vermont Oxford reporting system for NICU</li><li>2. Report on Nursing facility CMS reporting requirements</li><li>3. Update on training of hospitals<ol style="list-style-type: none"><li>a. Challenges/Concerns</li></ol></li></ol>		<ol style="list-style-type: none"><li>1. Staff, All</li><li>2. Staff, TAG</li></ol>
October	<ol style="list-style-type: none"><li>1. Dialysis center NHSN module</li><li>2. Investigate ASC module for NHSN</li></ol>		<ol style="list-style-type: none"><li>1. Staff</li></ol>

DRAFT

**CHAPTER 409**  
**DEPARTMENT OF HUMAN SERVICES,**  
**OFFICE FOR OREGON HEALTH POLICY AND RESEARCH**

**DIVISION 23**  
**HOSPITAL REPORTING**

**Health Care Acquired Infection Reporting and Public Disclosure**

**409-023-0000**

**Definitions**

The following definitions apply to OAR 409-023-0000 to 409-023-0035:

- (1) “Administrator” means the administrator of the Office for Oregon Health Policy and Research as defined in ORS 442.011, or the administrator’s designee.
- (2) “ASC” means ambulatory surgical center as defined in ORS 442.015(4) and that is licensed pursuant to ORS 441.015.
- (3) “CBGB” means coronary bypass graft surgery with both chest and graft incisions, as defined in the Patient Safety Component Protocol of the National Healthcare Safety Network (NHSN) manual, version January 2008.
- (4) “CBGC” means coronary bypass graft surgery with chest incision only, as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.
- (5) “CDC” means the federal Centers for Disease Control and Prevention.
- (6) “CLABSI” means central line associated bloodstream infection as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.
- (7) “CMS” mean the federal Centers for Medicare and Medicaid Services.
- (8) “Committee” means the Health Care Acquired Infections Advisory Committee as defined in ORS 442.838.
- (9) “Dialysis facility” means outpatient renal dialysis facility as defined in ORS 442.015(29).
- (10) “Follow-up” means post-discharge surveillance intended to detect CBGB, CBGC, and KRPO surgical site infection (SSI) cases occurring after a procedure.
- (11) “HAI” means health care acquired infection as defined in ORS 442.838.
- (12) “Health care facility” means a facility as defined in ORS 442.015(16).

- (13) "Hospital" means a facility as defined in ORS 442.015(19) and that is licensed pursuant to ORS 441.015.
- (14) "ICU" means an intensive care unit as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.
- (15) "KPRO" means knee prosthesis procedure as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.
- (16) "LTC facility" means long term care facility as defined in ORS 442.015(22).
- (17) "Medical ICU" means a non-specialty intensive care unit that serves 80% or more adult medical patients.
- (18) "Medical/Surgical ICU" means a non-specialty intensive care unit that serves less than 80% of either adult medical, adult surgical, or specialty patients.
- (19) "Surgical ICU" means a non-specialty intensive care unit that serves 80% or more adult surgical patients.
- (20) "NHSN" means the CDC's National Healthcare Safety Network.
- (21) "Office" means the Office for Oregon Health Policy and Research.
- (22) "Oregon HAI group" means the NHSN group administered by the Office.
- (23) "Patient information" means individually identifiable health information as defined in ORS 179.505(c).
- (24) "Person" has the meaning as defined in ORS 442.015(30).
- (25) "Procedure" means an NHSN operative procedure as defined in the Patient Safety Component Protocol of the NHSN manual version January 2008.
- (26) "Provider" means health care services provider as defined in ORS 179.505(b).
- (27) "QIO" means the quality improvement organization designated by CMS for Oregon.
- (28) "RHQDAPU" means the Reporting Hospital Quality Data for Annual Payment Update initiative administered by CMS.
- (29) "SCIP" means the Surgical Care Improvement Project.
- (30) "SCIP-Inf-1" means the HAI process measure published by SCIP defined as prophylactic antibiotic received within one hour prior to surgical incision.

- (31) “SCIP-Inf-2” means the HAI process measure published by SCIP defined as prophylactic antibiotic selection for surgical patients.
- (32) “SCIP-Inf-3” means the HAI process measure published by SCIP defined as prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac patients).
- (33) “Specialty ICU” means an intensive care unit with at least 80% of adults are specialty patients including but not limited to oncology, trauma, and neurology.
- (34) “SSI” means a surgical site infection event as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.
- (35) “State agency” shall have the meaning as defined in ORS 192.410(5).

Stat. Auth.: ORS 442.838, ORS 442.420(3)(d)

Stats. Implemented: ORS 442.838, 442.011, 442.015, 442.400, 192.496, 192.502, 192.410, 179.505

#### **409-023-0005**

##### **Review**

Unless otherwise directed by the administrator, the committee shall review these rules (OAR 409-023-0000 to 409-023-0035) no later than July 1, 2009 and thereafter at least biennially.

Stat. Auth.: ORS 442.838, 442.420(3)(d)

Stats. Implemented: ORS 442.838

#### **409-023-0010**

##### **HAI Reporting for Hospitals**

- (1) Hospitals shall begin collecting data for HAI outcome and process measures for the HAI reporting program for services provided on and after January 1, 2009.
- (2) Reportable HAI outcome measures are:
  - (a) SSIs for CBGB, CBGC, and KPRO procedures.
  - (b) CLABSI in medical ICUs, surgical ICUs, and combined medical/surgical ICUs.
- (3) The infection control professional (ICP), as defined by the facility, shall actively seek out infections defined in sections 2(a) and (b) of this rule during a patient’s stay by screening a variety of data that may include but is not limited to:
  - (a) Laboratory;

- (b) Pharmacy;
  - (c) Admission;
  - (d) Discharge;
  - (e) Transfer;
  - (f) Radiology;
  - (g) Imaging;
  - (h) Pathology; and
  - (i) Patient charts, including history and physical notes, nurses and physicians notes, and temperature charts.
- (4) The ICP shall use follow-up surveillance methods to detect SSIs for procedures defined in section 2(a) of this rule using at least one of the following:
- (a) Direct examination of patients' wounds during follow-up visits to either surgery clinics or physicians' offices;
  - (b) Review of medical records, subsequent hospitalization records, or surgery clinic records;
  - (c) Surgeon surveys by mail or telephone;
  - (d) Patient surveys by mail or telephone; or
  - (e) Other facility surveys by mail or telephone.
- (5) Others employed by the facility may be trained to screen data sources for these infections, but the ICP must determine that the infection meets the criteria established by these rules.
- (6) The HAI reporting system for HAI outcome measures shall be NHSN. Each Oregon hospital shall comply with processes and methods prescribed by CDC for NHSN data submission. This includes but is not limited to definitions, data collection, data reporting, and administrative and training requirements. Each Oregon hospital shall:
- (a) Join the Oregon HAI group in NHSN.
  - (b) Authorize disclosure of NHSN data to the Office as necessary for compliance of these rules including but not limited to summary data and denominator data for all

SSIs, the annual hospital survey and data analysis components for all SSIs, and summary data and denominator data for all medical ICUs, surgical ICUs, and combined medical/surgical ICUs.

- (c) Report its data for outcome measures to NHSN no later than 30 days after the end of the collection month.
- (7) Each Oregon hospital shall report on a quarterly basis, beginning January 1, 2009, the following HAI process measures:
- (a) SCIP-Inf-1;
  - (b) SCIP-Inf-2; and
  - (c) SCIP-Inf-3.
- (8) The reporting system for HAI process measures shall be the RHQDAPU program as configured on July 1, 2008. Each Oregon hospital shall:
- (a) Comply with reporting processes and methods prescribed by CMS for the RHQDAPU program. This includes but is not limited to definitions, data collection, data reporting, and administrative and training requirements; and
  - (b) Report data quarterly for HAI process measures. Data must be submitted to and successfully accepted into the QIO clinical warehouse no later than 11:59 p.m. central time, on the 15th calendar day, four months after the end of the quarter.

Stat. Auth.: ORS 442.838, 442.420(3)(d)  
Stats. Implemented: ORS 442.838, 442.405

**409-023-0015**  
**HAI Reporting for Other Health Care Facilities**

ASCs, dialysis facilities, and LTC facilities shall begin collecting data for the HAI reporting program for services provided on and after January 1, 2010 pursuant to rules amended no later than July 1, 2009.

Stat. Auth.: ORS 442.838, ORS 442.420(3)(d)  
Stats. Implemented: ORS 442.838, ORS 442.405

**409-023-0020**  
**HAI Public Disclosure**

- (1) The Office shall disclose to the public updated facility-level and state-level HAI rates at least biannually beginning in January 2010 and at least quarterly beginning in January 2011.

- (2) The Office may disclose state-level and facility-level HAI data including but not limited to observed frequencies, expected frequencies, proportions, and ratios beginning in January 2010.
- (3) The Office shall summarize HAI data by facilities subject to this reporting in an annual report beginning in January 2010. The Office shall publish the annual report no later than April 30 of each calendar year.
- (4) The Office shall disclose data and accompanying explanatory documentation in a format which facilitates access and use by the general public and health care providers.
- (5) The Office may use statistically valid methods to make comparisons by facility, and to state, regional, and national statistics.
- (6) The Office shall provide a maximum of 30 calendar days for facilities to review facility reported data prior to public release of data.
- (7) The Office shall provide facilities the opportunity to submit written comments and may include any submitted information in the annual report.
- (8) Pending recommendations from the committee, the Office may publish additional reports intended to serve the public's interest.

Stat. Auth.: ORS 442.838, 442.420(3)(d)

Stats. Implemented: ORS 442.838, 442.405, 192.496, 192.502, 192.243, 192.245

#### **409-023-0025**

##### **HAI Data Processing and Security**

- (1) The Office shall obtain hospital outcome measure data files directly from NHSN at least quarterly.
- (2) The Office shall obtain hospital process measure data files from the CMS hospital compare web site at least quarterly.
- (3) The Office shall calculate state-level and facility-level statistics to facilitate HAI public disclosure. These statistics may include but are not limited to observed frequencies, expected frequencies, proportions, rates, and ratios. The Office shall make public the methods used to calculate statistics and perform comparisons.
- (4) The Office shall use statistically valid risk adjustment methods recommended by the committee including but not limited to NHSN methodology.
- (5) The Office shall undertake precautions to prevent unauthorized disclosure of the raw data files. These precautions include but are not limited to:



- (a) Storing the raw data files on the internal storage hardware of a password-protected personal computer that is physically located within the Office;
- (b) Restricting staff access to the raw data files;
- (c) Restricting network access to the raw data files; and
- (d) If applicable, storing patient information within a strongly-encrypted and password-protected virtual drive or using other methods to reliably achieve the same level of security.

Stat. Auth.: ORS 442.838, 442.420(3)(d)  
Stats. Implemented: ORS 442.838, 192.496, 192.502

#### **409-023-0030 Prohibited Activities**

Unless specifically required by state or federal rules, regulations, or statutes, the Office is prohibited from:

- (1) Disclosing of patient information;
- (2) Intentionally linking or attempting to link individual providers to individual HAI events; and
- (3) Providing patient-level or provider-level reportable HAI data to any state agency for enforcement or regulatory actions.

Stat. Auth.: ORS 442.838, 442.420(3)(d)  
Stats. Implemented: ORS 442.838, 192.496, 192.502

#### **409-023-0035 Compliance**

- (1) Health care facilities that fail to comply with these rules or fail to submit required data shall be subject to civil penalties not to exceed \$500 per day per violation.
- (2) The Office shall annually evaluate the quality of data submitted, as recommended by the committee.

Stat. Auth.: ORS 442.445, 442.420(3)(d)  
Stats. Implemented: ORS 442.445

## Hearing Officer's Report to Department on Rulemaking Hearing

Date: July 1, 2007

To: Department of Human Services (DHS), Office for Oregon Health Policy & Research (OHPR)

From: Jennifer Bittel, Hearing Officer

Subject: Hearing Officer's Report on Rulemaking Hearing

**Hearing Date:** June 19, 2008

**Hearing Location:** DAS East, General Services Building  
Neahkanie Room  
Salem, OR 97301

**Title of Proposed Rules:** Health Care Acquired Infection Reporting and Public Disclosure

Office for Oregon Health Policy (OHPR) staff present:

- Sean Kolmer, Research and Data Manager
- James Oliver, Research Analyst.

Department of Human Services (DHS) staff present:

- Kym Gasper, DHS Rules Coordinator
- Jennifer Bittel, DHS Director's Office and Administrative Services Rules Coordinator.

Anne Eades representing the Association of Professionals in Infection Control and Epidemiology (APIC), Gwen Dayton representing the Oregon Association of Hospitals and Health Systems (OAHHS), Deandra Vallier representing Oregon consumers and Woody English as the Co-Chair of the Healthcare Acquired Infections Advisory Committee, were also present.

The following comments were submitted (summarized below), along with Department response.

The rulemaking hearing on the proposed rules was convened at 1:13pm.

## Summary of Oral Comments

The following persons submitted oral comments at the hearing:

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**Anne Eades**

Association of Professionals in Infection Control and Epidemiology  
June 19, 2008

**Comment:**

Reporting for surgery site infection is unclear regarding start date of reporting. Infections reported in 2009 may be from procedures that occurred during 2008. OHPR asked to clarify.

**Department Response:**

The final rule states, "Hospitals shall begin collecting data for HAI outcome and process measures for the HAI reporting program for services provided on and after January 1, 2009." The OHPR and the Healthcare Acquired Infection Advisory Committee interpret this statement as reporting will only be applicable for services provided by the facility on or after January 1, 2009. For infections identified using the protocols established in this rule that originate from services provided in 2008, these infections are NOT reportable under this rule.

**Comment:**

Data access should be limited to the indicators specified for reporting.

**Department Response:**

Data access will be controlled by the hospitals through granting "permissions" in the National Healthcare Safety Network application (NHSN). The OHPR will not be able to access any data that is not granted by a hospital as part of compliance to the adopted rules.

**Comment:**

NHSN data entry is time-consuming and it may not be possible to meet the 30 day deadline. Since the rules allow 90 days for completing SCIP data, this should also be allowed for NHSN data entry.

**Department Response:**

The NHSN data entry timeline follows the guidelines specified by CDC. The SCIP timeline follows the guidelines specified by the Centers for Medicare and Medicaid Services. The Centers for Disease Control and Prevention (CDC) do not perceive compliance issues with the 30 day data entry requirement with hospitals currently enrolled and submitting data to NHSN. CDC stated that it would be inappropriate for Oregon to have rules that deviate from the methods

and protocols currently in effect for NHSN. OHPR and the hospitals need to identify specific barriers that prevent Oregon hospitals from meeting this timeline. In addition, OHPR will continue to quantify compliance issues with hospitals and NHSN.

**Comment:**

Hard copy examples of NHSN forms were provided to illustrate the reporting burden. There are numerous fields to fill and the NHSN application is frequently slow.

**Department Response:**

OHPR is familiar with the NHSN forms and the estimated paperwork burden. If the NHSN application proves to be consistently slow, then the OHPR and the Healthcare Acquired Advisory Committee will revisit the current rules.

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**Gwen Dayton**

Oregon Association of Hospitals and Health Systems  
June 19, 2008

**Comment:**

The proposed rule needs to be clarified so that hospitals are reporting SSIs subsequent to procedures occurring on/after January 1, 2009.

**Department Response:**

The final rule states, "Hospitals shall begin collecting data for HAI outcome and process measures for the HAI reporting program for services provided on and after January 1, 2009." The OHPR and the Healthcare Acquired Infection Advisory Committee interpret this statement as reporting will only be applicable for services provided by the facility on or after January 1, 2009. For infections identified using the protocols established in this rule that originate from services provided in 2008, these infections are NOT reportable under this rule.

**Comment:**

Agree with Ann Eades's comments regarding the data entry timeline. Need to be careful to create a feasible reporting requirement.

**Department Response:**

See previous response the NHSN data entry timeline. OHPR believes that the proposed rule implements a limited and reasonable reporting requirement. This has always been the intent.

**Comment:**

OHPR should expect that the first reporting year may be less than perfect.

**Department Response:**

OHPR anticipates that this will be the case, but also that the initial reporting year will be important and beneficial to improvement in hospitals as well as valuable to the public.

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**Deandra Vallier**

Consumer  
June 19, 2008

**Comment:**

The propose rule needs to be edited to replace an instance of “should” with either “shall” or “must.”

**Department Response:**

The suggestion was adopted in the final rule.

**Comment:**

The public disclosure should include presentation of national healthcare acquired infection rates and rates reported by other states.

**Department Response:**

OHPR will be publishing annual reports disclosing facility-specific healthcare acquired infection rates by facility and for Oregon. Comparisons to equivalent national and state-level data are certainly desirable. However, OHPR has no control over how frequently national and other state data will be made available for comparison. The most recently published national statistics use 2006 data and there are no published state-level data from NHSN.

**Summary of Written Comments**

The following persons submitted written comments but did not testify at the hearing:

No written comments were received from persons who did not testify at the hearing.

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The hearing was adjourned at 1:24pm. The public comment period closed at 5:00 P.M. on June 23, 2008.

Testimony of  
Deandra Vallier  
Hood River, Oregon

Public Reporting of Healthcare Acquired Infections

Rulemaking Hearing with the Secretary of State  
Salem, Oregon  
June 19, 2008



Good afternoon, thank you for the opportunity to comment on the rules proposed by the Healthcare Acquired Infections Advisory Committee.

By way of background I became involved as a patient safety advocate regarding healthcare acquired infections after my father's death of *c-difficile* in 2000 and after my husband acquired MRSA while in a hospital here in Oregon in 2001. My husband continues to suffer daily from his infection and its effect on both of us has been devastating, both physically and financially.

I actively participated in getting the bill for public reporting of healthcare acquired infections passed into law. I believe this will eventually lead to a meaningful reduction in hospital infections as well as to better inform consumers when they are making healthcare decisions.

I am currently serving on the Healthcare Acquired Infections Advisory Committee, however today I am not speaking for the Committee but as a concerned citizen and consumer. I am very proud of Oregon legislators, the medical community and the Committee for coming together on this important issue.

The comments I would like to make regarding the proposed rule are:

Regarding section 409-023-0010, **HAI Reporting for Hospitals**, "(4) The ICP should use follow-up surveillance methods to detect SSIs for procedures in sections 2(a) of this rule using at least one of the follow:". . .

Dr. Paul Cieslak of the Oregon Public Health Division, who serves on the Committee and Kym Gasper the DHS Rule Coordinator pointed out to remove the word should from any section as it is too vague and needs to be either mandatory (shall or must) or discretionary (may). (See attached.)

I also recommend that the word "should" in this section be replaced with the word "shall" or "must" in that this rule is not discretionary.

Secondly, in section 409-023-0020, **HAI Public Disclosure**, (1) The Office shall disclose to the public updated facility-level and state-level HAI rate. . .

I request that this include the national-level rates also. Although the benchmark for healthcare acquired infection is zero, it is important for both the healthcare providers and the consumers to compare the quality of care in Oregon to the national level.

Lastly, in the compliance section, I am glad to see that the Office will evaluate the data for quality and accuracy in that this will give the hospitals and the consumers confidence in the credibility of the report.





**Tom & Dee Dee**

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**From:** "Kym GASPER" <Kym.Gasper@state.or.us>  
**To:** "CIESLAK, Paul R" <Paul.R.Cieslak@state.or.us>; "Kolmer, Sean" <Kolmer-Sean.EMAIL.STATE@DHS.STATE.OR.US>  
**Cc:** <admin@regencyalbany.com>; "Barnhart, Jim" <JBarnhart@peacehealth.org>; "CALLICRATE, Becky" <Becky.Callicrate@state.or.us>; "Crider, Lynn-Marie" <lynn-mariec@seiu49.org>; "Edlund, Tina D" <Edlund-Tina-D.EMAIL.STATE@DHS.STATE.OR.US>; "Elias, Kathleen" <kathleen.elias@gmail.com>; "Jamtgaard, Ron" <rjamtgaard@aol.com>; <jim.dameron@oregonpatientsafety.org>; "John Townes" <townesj@ohsu.edu>; <keciar@nwasc.net>; "KOHN, Melvin A" <Melvin.A.Kohn@state.or.us>; "Martinez, Patricia" <pmartinez@asante.org>; "Mason, Laura" <lamason@cascadehealthcare.org>; "Oliver, James" <Oliver-James.EMAIL.STATE@DHS.STATE.OR.US>; "PELKEY, Jon" <Jon.Pelkey@state.or.us>; "Post, Mary" <postma@ohsu.edu>; <primev@gorge.net>; "Prowe, Barbara" <barbara.prowe@ochcp.org>; <rodger.sieven@westhillsgi.com>; "Smith, Jeanene" <Smith-Jeanene.EMAIL.STATE@DHS.STATE.OR.US>  
**Sent:** Wednesday, May 07, 2008 10:33 AM  
**Subject:** Re: Revised Draft of HAI reporting program rules

I agree with Paul's comments and suggestions. Definitely remove the word should from any section - too vague and needs to be either mandatory (shall or must) or discretionary (may). The other comments and edits look good.

Kym Gasper

DHS Rule Coordinator  
Director's Office  
Department of Human Services  
500 Summer St. NE  
Salem, Oregon 97301  
503-945-6302



**Oregon Association  
of Hospitals and Health Systems**

June 19, 2008

Jennifer Bittell  
Department of Human Services  
Office for Health Policy and Research  
500 Summer Street, NE, E-03  
Salem, Oregon 97301

Dear Ms. Bittell;

Thank you for the opportunity to offer comment on the proposed Health Care Acquired Infection rules for hospitals. The Oregon Association of Hospitals and Health Systems supported HB 2524 and generally, with some concerns we express below, is supportive of these rules. We also want to express our appreciation for the hard work of the Health Care Acquired Infection Advisory Committee in developing these rules and the rules to come.

When we evaluate these rules, we are considering the following criteria: Do the rules call for collection and publication of infection data that will be both meaningful to the public and helpful to hospitals in our infection prevention efforts, do the rules align our state health care acquired infection reporting with other existing infection prevention efforts and are the mechanics of reporting practical and reasonable.

We believe most of these criteria are met but offer the following cautionary comments related to the actual reporting process:

The rules call for reporting of surgical site infections and process measures for "...services provided on and after January 1, 2009." (OAR 409-023-0010(1)). As it relates to surgical site infections, we interpret the January 1 date to reference when the underlying surgery occurred as opposed to when a related infection is diagnosed. For example, a hospital may diagnose an infection on January 1 that arose from a surgery that occurred on December 31 of the previous year. That infection would not be subject to reporting. An infection diagnosed on January 3 that relates to a surgery that occurred on January 1, however, would be reportable. **We believe this is the meaning of the rule and the intention of the advisory committee and would like the state to be on record as agreeing with this interpretation.**

Further, we need more flexibility in the timeframes for reporting. The rules state that quarterly data must be submitted to the QIO clinical warehouse no later than 11:59 pm, central time, on the 15<sup>th</sup> calendar day, four months after the end of the quarter.(OAR 409-023-0010(8)(b)). As a practical matter, this 15 day lag time is not something hospitals

Ms. Jennifer Bittell  
June 19, 2008  
Page Two

*not R. NHSN  
clearly*

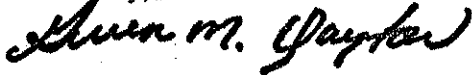
can meet because the process for collecting data for NHSN takes longer than 15 days. It will be impossible for the hospitals to have accurate infection data from one month reported to NHSN by the following month. Data can be "swept" into the NHSN database on a monthly basis, but the data will be continually updated for about 3 months until it is stable. We also note that subsection (6)(c) of the same rule refers to a 30-day timeframe. **We request that the rules be amended to allow for a three month lag to report accurate data.**

We believe it is the intent and effect of the rules that only the measures reportable under our rules will be submitted by NHSN to the state. **We would appreciate clarification of this point in the rules.**

Finally, we all must recognize that coming into compliance with the reporting rules will be a challenge for many hospitals. Most hospitals do not currently participate in NHSN, for example. While hospitals are aligned in the importance of preventing infections and support what we all are trying to accomplish with the rules, **the state must expect and understand that the first year of reporting may be a bit bumpy as we make the changes necessary to comply.**

Thank you for your consideration of these comments, and we may submit further comments by June 23 in response to today's hearing and other issues that come to light.

Sincerely,



Gwen M. Dayton  
Executive Vice President and General Counsel

Health Care Acquired Infection Reporting and Public Disclosure

June 19, 2008 Public Hearing

**Anne Eades, MT, MPH, CIC, Infection Control Practitioner, Kaiser Permanente  
Representing: Association of Professionals in Infection Control and Epidemiology,  
(APIC), Oregon-Southern Washington Chapter**

The local chapter of the Association of Professionals in Infection Control and Epidemiology (APIC) has asked me to address several points within the proposed rule. Generally, APIC is in support of the rule. Although the National Healthcare Safety Network (NHSN) is difficult to learn and use, it is a well-established system for monitoring and reporting healthcare acquired infections (HAI). However, NHSN is not widely used within the state's hospitals. It will be especially difficult for smaller and rural hospitals to comply with the rule due to lack of resources (computer systems, electronic medical records, and training opportunities). Support and training will be crucial to ultimate success.

Our specific concerns include:

409-023-0100 HAI Reporting for Hospitals

- (1) Hospitals shall begin collecting data for HAI outcome and process measures for the HAI reporting program for services provided on and after January 1, 2009.

Only Surgical Site Infections (SSIs) from surgical procedures done on or after January 1, 2009 should be included. *NHSN relates the date of SSIs to the date of the surgery. In other words, if the surgery occurred in 2008 and the SSI in 2009, it would be counted in 2008 data, not 2009.*

- (6)(b) Authorize disclosure of NHSN data to the Office as necessary for compliance of these rules including but not limited to summary data and denominator data for all SSIs, the annual hospital survey and data analysis components for all SSIs, and summary data and denominator data for all medical ICUs, surgical ICUs, and combined medical/surgical ICUs.

The Office should have access in NHSN only to data that pertains to the specific surgical and ICU indicators that are specified by the rule. *Hospitals may choose to do enter into NHSN additional surveillance for HAIs, for both SSIs and ICUs beyond what is required by the rule.*

- (6)(c) Report its data for outcome measures to NHSN no later than 30 days after the end of the collection month.

Because surgical surveillance is especially labor intensive, APIC recommends at least 90 days for reporting after the end of the collection month. *Under (8) (b) four months is allowed for SCIP antibiotic process measures. Most hospitals experience significant delays in getting required surgical procedure information (denominator data) from surgical departments. It is often incomplete. At this time very few hospitals in the country are able to electronically upload data from their surgical systems directly into the NHSN data system. NHSN requires 12-20 field entries for each surgical denominator, and about the same for each infection. Data entry into the NHSN system is very time consuming.*



# Denominator for Procedure

OMB No. 0920-0666  
Exp. Date: 02-29-2008

\* required for saving

*Facility ID#:	*Procedure #:
*Patient ID#:	Social Security #:
Secondary ID#:	
Patient Name, Last:	First: Middle:
*Gender: F M	*Date of Birth:
Event Type: PROC	*Date of Procedure:
*NHSN Procedure Code:	ICD-9-CM Code:

### Procedure Details

*Outpatient: Yes No	*Duration: ___ Hours ___ Minutes
*Wound Class: C CC CO D U	*General Anesthesia: Yes No
*ASA Class: 1 2 3 4 5	*Emergency: Yes No
*Trauma: Yes No *Endoscope: Yes No	*Multiple Procedures: Yes No
Surgeon Code: _____	

CSEC:

\*Height: \_\_\_ feet \_\_\_ inches \*Weight: \_\_\_ lbs / kg (circle one) \*Duration of Labor: \_\_\_ hours  
(choose one) meters \*Estimated Blood Loss: \_\_\_\_\_ ml

Circle one: FUSN RFUSN	*Diabetes Mellitus: Yes No
*Spinal Level: (check one)	*Approach/Technique: (check one)
<input type="checkbox"/> Atlas-axis	<input type="checkbox"/> Anterior
<input type="checkbox"/> Atlas-axis/Cervical	<input type="checkbox"/> Posterior
<input type="checkbox"/> Cervical	<input type="checkbox"/> Anterior and Posterior
<input type="checkbox"/> Cervical/Dorsal/Dorsolumbar	<input type="checkbox"/> Lateral transverse
<input type="checkbox"/> Dorsal/Dorsolumbar	<input type="checkbox"/> Not specified
<input type="checkbox"/> Lumbar/Lumbosacral	
<input type="checkbox"/> Not specified	

\*HPRO: (circle one) \_\_\_ Total Primary \_\_\_ Partial Primary \_\_\_ Total Revision \_\_\_ Partial Revision

\*KPRO: (circle one) \_\_\_ Primary (Total) \_\_\_ Revision (Total or Partial)

### Custom Fields

Label	Label
_____ / / _____	_____ / / _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments:

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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, 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 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 57.750 Ver. 1.0.3x Rev. 10/01/2005



<b>Table 15. Instructions for Completion of the Denominator for Procedure form (CDC 57.750)</b>	
This form is used for reporting data on each patient having one of the NHSN operative procedures selected for monitoring.	
<b>Data Field</b>	<b>Instructions for Data Collection</b>
Facility ID #	The NHSN-assigned facility ID will be autoentered by the computer.
Procedure #	The NHSN-assigned Procedure # will be autoentered by the computer
Patient ID #	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Patient Name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female or Male to indicate the gender of the patient.
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional. <div style="display: flex; justify-content: space-around;"> <span>Hispanic or Latino</span> <span>Not Hispanic or Not Latino</span> </div> If patient is Hispanic or Latino, check this box. If patient is not Hispanic or not Latino, check this box.
Race	Optional. Check all the boxes that apply to identify the patient's race.
Event Type	Required. Enter the code for procedure (PROC).
NHSN Procedure Code	Required. Enter the appropriate NHSN procedure code.
ICD-9-CM Procedure Code	Optional. The ICD-9-CM code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-9-CM code is entered, the NHSN code will be autoentered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-9-CM code. In either case, it is optional to select the ICD-9-CM code. Only those codes listed in Table 12 are allowed.
Date of Procedure	Required. Record the date when the NHSN procedure was done using this format: MM/DD/YYYY.
Procedure Details	





**Table 15. Instructions for Completion of the Denominator for Procedure form (CDC 57.750)**

Outpatient:	Required. Check Y if this operative procedure was performed on an outpatient, otherwise check N.
Duration:	Required. Enter the interval in hours and minutes between the skin incision and skin closure.
Wound Class:	Required. Check the appropriate wound class from the list.
General Anesthesia:	Required. Check Y if general anesthesia was used for the operative procedure, otherwise check N.
ASA Class:	Required. Check numeric ASA classification at the time of the operative procedure.
Emergency:	Required. Check Y if this operative procedure was a nonelective, unscheduled operative procedure, otherwise check N.
Trauma:	Required. Check Y if operative procedure was performed because of blunt or penetrating traumatic injury to the patient, otherwise check N.
Endoscope:	Required. Check Y if the entire operative procedure was performed using an endoscope/laparoscope, otherwise check N. NOTE: For CBGB, if the donor vessel was harvested using an endoscope, check Y.
Multiple Procedures:	Required. Check Y if more than one category of NHSN operative procedure was performed through the same incision during the same trip to the operating room, otherwise check N.
Surgeon Code:	Optional. Enter code of the surgeon who performed the principal operative procedure.
CSEC: Height	Conditionally required. If operative procedure is CSEC, enter patient height in feet and inches or meters and centimeters.
CSEC: Weight	Conditionally required. If operative procedure is CSEC, enter patient weight in pounds or kilograms.
CSEC: Duration of Labor	Conditionally required. If operative procedure is CSEC, enter hours patient labored in the hospital prior to



<b>Table 15. Instructions for Completion of the Denominator for Procedure form (CDC 57.750)</b>	
	operative procedure.
CSEC: Estimated Blood Loss	Conditionally required. If operative procedure is CSEC, enter the estimated blood loss in ml.
Circle one: FUSN RFUSN	Conditionally required. If operative procedure is FUSN or RFUSN, circle the procedure that was done.
FUSN/RFUSN: Spinal Level	Conditionally required. If operative procedure is FUSN or RFUSN, check appropriate spinal level of procedure from list. <ul style="list-style-type: none"> <li>• Atlas-Axis – C1-C2 only</li> <li>• Atlas-Axis/Cervical – C1-C7 (any combination)</li> <li>• Cervical – C3-C7 (any combination)</li> <li>• Cervical/Dorsal/Dorsolumbar – Extends from any cervical through any lumbar levels</li> <li>• Dorsal/dorsolumbar – T1 – L5 (any combination)</li> <li>• Lumbar/Lumbosacral – L1-S5 (any combination)</li> <li>• Not specified – Level not specified</li> </ul>
FUSN/RFUSN: Diabetes Mellitus	Conditionally required. If operative procedure is FUSN or RFUSN, check Y if patient is known to have diabetes mellitus, otherwise check N.
FUSN/RFUSN: Approach/Technique	Conditionally required. If operative procedure is FUSN or RFUSN, check appropriate surgical approach or technique from list.
HPRO:	Conditionally required. If operative procedure is HPRO, select TP (Total Primary), PP (Partial Primary), TR (Total Revision) or PR (Partial Revision) from the list.
KPRO:	Conditionally required. If operative procedure is KPRO, select T – Primary (Total), R – Revision (Total or Partial) from list.
Custom Fields and Labels	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields may be customized for local use.



# Surgical Site Infection (SSI) Form

OMB No. 0920-0666  
Exp. Date: 02-29-2008

Page 1 of 2

<b>*required for saving    **required for completion</b>	
*Facility ID#:	*Event #:
*Patient ID#:	Social Security #:
Secondary ID#:	
Patient Name, Last:	First: Middle:
*Gender:    F    M	*Date of Birth:
*Event Type: SSI	*Date of Event:
	*Date of Procedure:
*NHSN Procedure Code:	ICD-9-CM Code:
*Location:	*Date Admitted to Facility:

### Event Details

\*Specific Event:

Superficial Incisional Primary (SIP)

Superficial Incisional Secondary (SIS)

Deep Incisional Secondary (DIP)

Deep Incisional Secondary (DIS)

Organ / Space: \_\_\_\_\_ specify

\*Detected:    \_\_\_ A    \_\_\_ P    \_\_\_ R

\*Secondary Bloodstream Infection:    Yes    No

\*\*Died:    Yes    No                      \*SSI Contributed to Death:    Yes    No

Discharge Date:                      \*Pathogens Identified:    Yes    No

\*If Yes, specify on page 2    →

### Custom Fields

Label	Label
_____ / / _____	_____ / / _____
_____ / / _____	_____ / / _____
_____ / / _____	_____ / / _____
_____ / / _____	_____ / / _____
_____ / / _____	_____ / / _____
_____ / / _____	_____ / / _____
_____ / / _____	_____ / / _____
_____ / / _____	_____ / / _____
_____ / / _____	_____ / / _____
_____ / / _____	_____ / / _____

### Comments

**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, 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 25 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 57.75N (Front) Ver. 1.0, Rev. 01/01/2005

Pathogen #	Gram-positive Organisms									
_____	Coagulase-negative staphylococci	VANC	SIRN							
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC				
_____	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC			
_____	<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ
_____		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
Pathogen #	Gram-negative Organisms									
_____	<i>Acinetobacter</i> spp. (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	PIPTAZ
_____		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
_____		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
_____	<i>Enterobacter</i> spp. (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
_____		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
_____		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
_____		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO
_____		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
_____	<i>Pseudomonas aeruginosa</i>	AMK	CEFEP		CEFTAZ	CIPRO	IMI	LEVO	MERO	PIP
_____		SIRN	SIRN		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
_____	<i>Stenotrophomonas maltophilia</i>	TMZ								
_____		SIRN								
Pathogen #	Other Organisms									
_____	Organism 1 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
_____		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
_____	Organism 2 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
_____		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN
_____	Organism 3 (specify)	Drug 1	Drug 2	Drug 3	Drug 4	Drug 5	Drug 6	Drug 7	Drug 8	Drug 9
_____		SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN	SIRN

**Drug Codes:**

AMK = amikacin	CEFOT = cefotaxime	DAPTO = daptomycin	LNZ = linezolid	PIPTAZ = piperacillin/tazobactam
AMP = ampicillin	CEFTAZ = ceftazidime	ERYTH = erythromycin	MERO = meropenem	QUIDAL = quinupristin/dalfopristin
AMPSUL = ampicillin/sulbactam	CEFTRX = ceftriaxone	GENT = gentamicin	OX = oxacillin	RIF = rifampin
CEFEP = cefepime	CIPRO = ciprofloxacin	IMI = imipenem	PENG = penicillin G	TMZ = trimethoprim/sulfamethoxazole
	CLIND = clindamycin	LEVO = levofloxacin	PIP = piperacillin	VANC = vancomycin

**Result Codes:**

S = Susceptible      I = Intermediate      R = Resistant      N = not tested



<b>Table 13. Instructions for Completion of the Surgical Site Infection (SSI) Form (CDC 57.75N)</b>	
<b>Data Field</b>	<b>Instructions for Data Collection</b>
Facility ID #	The NHSN-assigned facility ID will be autoentered by the computer.
Event #	Event ID number will be autoentered by the computer.
Patient ID #	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Patient Name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female or Male to indicate the gender of the patient.
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional.
Hispanic or Latino	If patient is Hispanic or Latino, check this box.
Not Hispanic or Not Latino	If patient is not Hispanic or not Latino, check this box.
Race	Optional. Check all the boxes that apply to identify the patient's race.
Event Type	Required. Enter SSI.
Date of Event	Required. The date when the first clinical evidence of the SSI appeared or the date the specimen used to make or confirm the diagnosis was collected, whichever comes first. Enter date of this event using this format: MM/DD/YYYY.
NHSN Procedure code	Required. Enter the appropriate NHSN procedure code. NOTE: An SSI cannot be "linked" to an operative procedure unless that procedure has already been added to NHSN. If the procedure was previously added, and the "Link to Procedure" button is clicked, the fields pertaining to the operation will be autoentered by the computer.
ICD-9-CM Procedure Code	Optional. The ICD-9-CM code may be entered here instead of (or in addition to) the NHSN Procedure Code. If the ICD-9-CM code is entered, the NHSN code will be autoentered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-9-CM code. In either case, it is optional to select the ICD-9-CM code. Only ICD-9-CM codes in Table 12 are allowed.
Date of Procedure	Required. Enter date using this format: MM/DD/YYYY.
Location	Required. Enter the nursing care area where the patient was assigned when the SSI was acquired in the postoperative period. Inpatient or outpatient locations are allowed, but Operating Room locations are not allowed.
Date Admitted to Facility	Required. Enter date patient admitted to facility using this format: MM/DD/YYYY.
Event Details	Required. Check the appropriate level of SSI from the list



Specific Event SSI	<input type="checkbox"/> Superficial incisional primary (SIP) <input type="checkbox"/> Superficial incisional secondary (SIS) <input type="checkbox"/> Deep incisional primary (DIP) <input type="checkbox"/> Deep incisional secondary (DIS) Organ/space: <input type="text"/> (indicate specific site code from table shown in organ/space SSI definition)
Event Details Detected	Required. Check A if SSI was identified before the patient was discharged from the facility following the operation. Check P if SSI was identified during post-discharge surveillance. Include as P those SSI identified by another facility (i.e., patient with SSI was admitted to a facility other than the one in which the operation was performed). Check R if SSI was identified due to patient readmission to the facility where the operation was done.
Event Details Secondary Bloodstream Infection	Required. Check Y if there is a culture-confirmed bloodstream infection (BSI) and a related nosocomial infection at the surgical site, otherwise check N.
Event Details Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details SSI Contributed to Death	Conditionally required. If patient died, check Y if the SSI contributed to death, otherwise check N.
Event Details Discharge Date	Optional. Enter date patient discharged from facility using this format: MM/DD/YYYY.
Event Details Pathogens identified	Required. Enter Y if Pathogen Identified, N if otherwise; if Yes, specify on reverse (See Table 2a for Instructions).
Custom Fields and Labels	Optional. Up to two date fields, two numeric fields, and 10 alphanumeric fields may be customized for local use (optional). NOTE: Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments:	Optional. Enter comments for local use and the values entered. These fields may not be analyzed.



NHSN training requirements

**User Name**

Facility Administrator  
*Preferably the ICP or designated staff at each facility. This person is intended to oversee the data collection process and confirm infection based on NHSN criteria*

**Content**

([http://www.cdc.gov/ncidod/dhqp/nhsn\\_training.html](http://www.cdc.gov/ncidod/dhqp/nhsn_training.html))

**Media Type Time (hours)**

<b>HAPPEN AS SOON AS POSSIBLE</b>		
NHSN Facility Administrator Enrollment Guide	Manual	
<b>HAPPEN PRIOR TO JULY 23 WEBINAR TRAINING</b>		
Overview of NHSN	Web Tutorial	1.5
NHSN Enrollment & Facility Start-up	Web Tutorial	2
<b>HAPPEN PRIOR TO IN-PERSON TRAININGS</b>		
Conferring rights to a group	Web Tutorial	1
NHSN Manual-Patient Safety Protocol	Manual	
All other facilities-Device Associate Module	Web Tutorial	1.5
All other facilities-Procedure Associate Module	Web Tutorial	2
Data entry, import, and customization	Web Tutorial	2
<b>HAPPEN PRIOR TO JANUARY 1 2009</b>		
Analysis: Introduction	Web Tutorial	2
Analysis: Advanced	Web Tutorial	2
<b>HAPPEN PRIOR TO IN-PERSON TRAININGS</b>		
NHSN User Start-Up Guide	Manual	
NHSN Manual-Patient Safety Protocol	Manual	
Overview of NHSN	Web Tutorial	1.5
All other facilities-Device Associate Module	Web Tutorial	1.5
All other facilities-Procedure Associate Module	Web Tutorial	2
Data entry, import, and customization	Web Tutorial	2
<b>NOT REQUIRED FOR DATA ENTRY STAFF</b>		
Analysis: Introduction	Web Tutorial	2
Analysis: Advanced	Web Tutorial	2

User (other than administrator)





# Overview of NHSN Enrollment & Groups

Maggie Dudeck, BS, MPH  
Northrop Grumman Contractor  
Division of Healthcare Quality Promotion

**SAFER • HEALTHIER • PEOPLE™**



# Goals for Today

- Brief overview of the NHSN training requirements and the NHSN Enrollment process
- How to join a group

*Discussion of Central line-associated BSIs is beyond the scope and timeframe of this presentation.*



# NHSN Training Requirements

- NHSN requires that each user completes training relevant to their role in NHSN, prior to using NHSN
- Facility Administrators need to complete most of the training prior to starting the enrollment process
- Training not required prior to enrollment:
  - Analysis: Introduction
  - Analysis: Advanced
  - Groups
- Dialysis training is only required for Facility Administrators & users at an Outpatient Dialysis facility, or those performing surveillance in an Outpatient Dialysis location

# NHSN Training: NHSN Webcasts

[http://www.cdc.gov/ncidod/dhqp/nhsn\\_training.html](http://www.cdc.gov/ncidod/dhqp/nhsn_training.html)

- Currently, training is available through archived webcasts
- Each webcast is 2 hours in length and includes corresponding slides in PDF documents
- 8 webcast videos total
- Windows Media Player required to view webcasts
- Available on NHSN Training website

The screenshot displays the NHSN Training website interface. At the top, there is a navigation bar with links for Home, About CDC, Press Room, A-Z Index, and Contact Us. The CDC logo is prominently featured on the left, and the text 'Department of Health and Human Services Centers for Disease Control and Prevention' is centered. A search bar and a 'Printer-friendly version' link are on the right. The main content area is titled 'National Healthcare Safety Network (NHSN)' and includes a brief description of the training. Below this, there are two columns: 'Infection Control Topics' with links to various topics, and 'Archived NHSN Training Sessions (by date)'. The sessions are listed by date, with the most recent being November 14, 2006, and the next being November 16, 2006. Each session entry includes the audience, topics, a 'Play Webcast Video' link with file size and duration, and a 'Training Slidesets' section with links to PDF documents.

Home | About CDC | Press Room | A-Z Index | Contact Us

**CDC** Department of Health and Human Services  
Centers for Disease Control and Prevention

Search:

[Infection Control Home](#) > [Protecting Patients](#) > [Surveillance](#) > [NHSN](#)

**National Healthcare Safety Network (NHSN)**

NHSN has provided training for its members on a routine basis. The following are the slidesets and webcasts from those training sessions.

**Infection Control Topics**

- > [Infection Control Home](#)
- > [Healthcare-Associated Infections](#)
- > [Protecting Patients](#)
- > [Protecting Healthcare Workers](#)
- > [Infection Control Guidelines](#)
- > [About DHQP](#)

**Archived NHSN Training Sessions (by date)**

**November 14, 2006**

**Audience:** All current NHSN Users, Sister Facilities, MRSA Prevention Initiative Hospitals, facilities in States requiring the use of NHSN for mandatory reporting.  
**Topics:** Overview of NHSN, Device-associated module (CLABSI, VAP, CAUTI)

[Play Webcast Video](#) (12MB / 1.5 hours)  
Windows Media Player Required 2

**Training Slidesets**

- > [Overview of NHSN](#) (335KB)
- > [CLABSI Protocols](#) (726KB)
- > [VAP](#) (406KB)
- > [CAUTI](#) (332KB)

**November 16, 2006**

**Audience:** All current NHSN Users, Sister Facilities, MRSA Prevention Initiative Hospitals, facilities in States requiring the use of NHSN for mandatory reporting.  
**Topics:** Procedure-associated module (SSI, PPP), Medication-associated module

[Play Webcast Video](#) (12MB / 2 hours)  
Windows Media Player Required 2

**Training Slidesets**

- > [SSI and PPP Protocols and Definitions](#) (761KB)
- > [Antimicrobial Use and Resistance Option](#) (2.64MB)

**NHSN Resources**

- > [Document Library](#)
- > [Newsletters](#)
- > [NHSN Report 2006](#)  
AJIC, PDF (285KB, 12 pages)
- > [Training](#)
- > [Contact Us](#)

[CDC en Español](#)

Home | About CDC | Press Room | A-Z Index | Contact Us

**CDC** Department of Health and Human Services  
Centers for Disease Control and Prevention

CDC en Español

Search:

[Infection Control Home](#) > [Protecting Patients](#) > [Surveillance](#) >

## National Healthcare Safety Network (NHSN)

Overview | **How to Enroll** | NHSN Members

### How to Enroll Your Facility in NHSN

Enrollment is open and available for hospitals and outpatient hemodialysis centers only. If your healthcare facility is one of the following: long-term acute care hospital, surgical hospital, nursing home, extended care facility, ambulatory surgical center, or home care, enrollment is currently unavailable. Please check back in October.

Enrolling in NHSN is a multiple step process, outlined below, that is completed by the person designated to serve as the Facility Administrator. The steps must be followed in the order listed to ensure a successful enrollment.

Before attempting to enroll, as the Facility Administrator you must:

1. Review the following documents:
  - ↓ [Purposes, Eligibility, Requirements and Confidentiality](#) ← April 2006 (46 KB / 2 pages)
  - ↓ [NHSN Facility Administrator Enrollment Guide](#) ← March 2007 (1.05 MB / 29 pages)
2. Review the "NHSN Manual: Patient Safety Protocol" and the required training sessions and slide sets:
  - ↓ [NHSN Manual: Patient Safety Component Protocol](#) ← May 2007 (1.3 MB / 92 pages)
  - > [Training Requirements for Facility Administrators](#) ←

When you have completed the required trainings and read the above documents, you are ready to enroll. Follow the steps below to complete the enrollment process.

[Printer-friendly version](#)

#### Infection Control Topics

- > [Infection Control Home](#)
- > [Healthcare-Associated Infections](#)
- > [Protecting Patients](#)
- > [Protecting Healthcare Workers](#)
- > [Infection Control Guidelines](#)
- > [Infection Control A-Z](#)
- > [About DHQP](#)

#### NHSN Resources

- > [Document Library](#)
- > [Newsletters](#)
- ↓ [NHSN Report 2006](#)  
AJIC, PDF (285KB, 12 pages)
- > [Training](#)
- > [Contact Us](#)



# NHSN Facility Administrator

- Only person who can enroll a facility
- Only one Facility Administrator per facility
- Responsible for initially adding users and assigning user rights
  - Additional users with administrative rights in NHSN can add other users



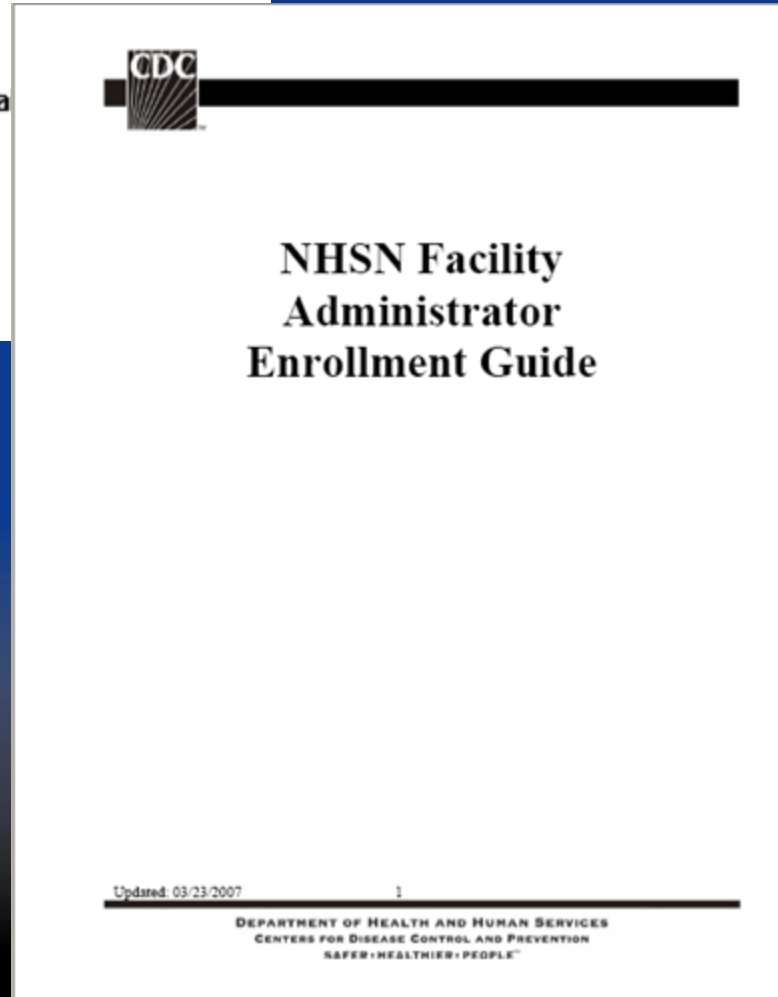
Before attempting to enroll, as the Facility Administrator you must:

**1. Review the following documents:**

- ↓ [Purposes, Eligibility, Requirements and Confidentiality](#)  
April 2006 (46 KB / 2 pages)
- ↓ [NHSN Facility Administrator Enrollment Guide](#)  
March 2007 (1.05 MB / 29 pages)

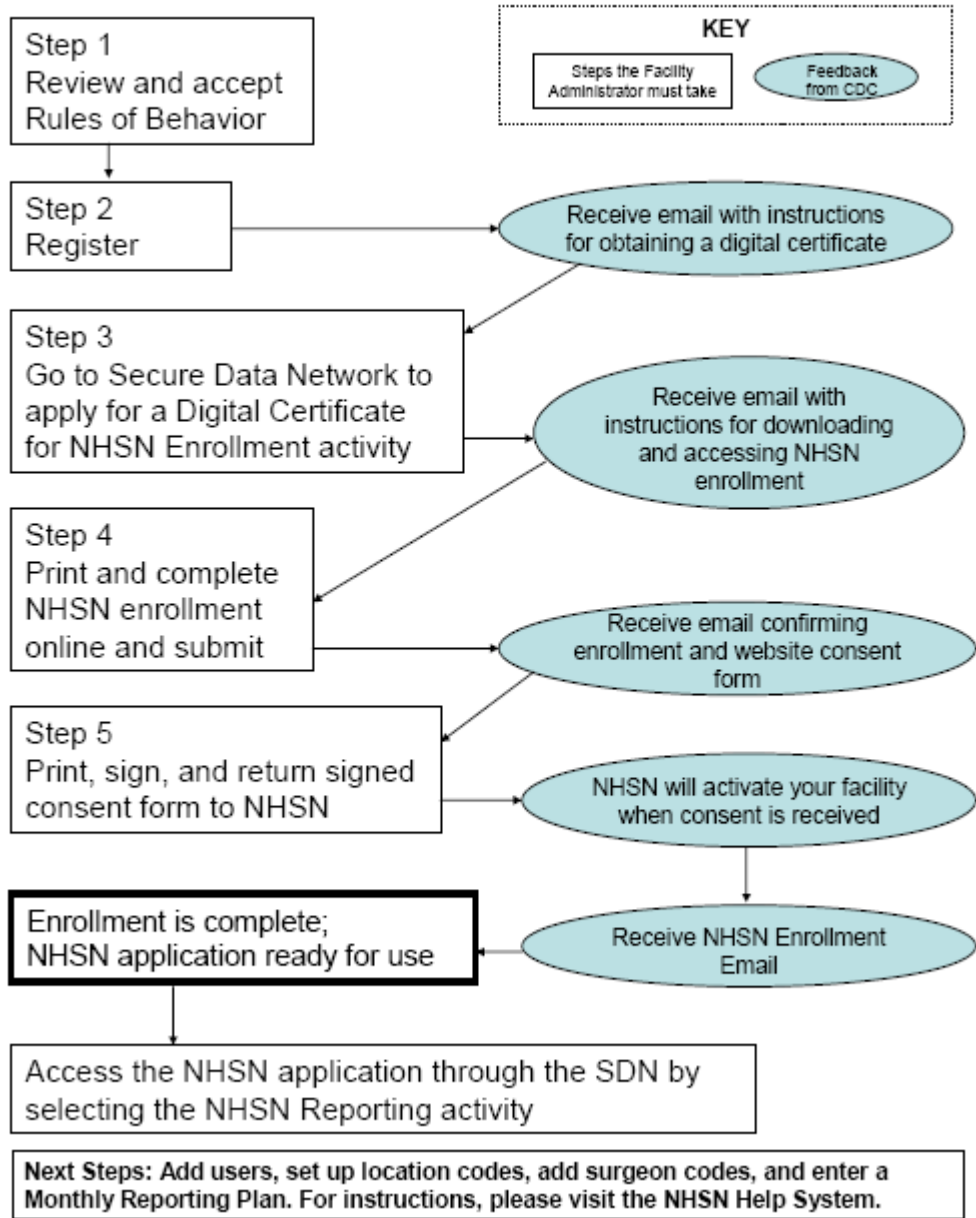
**2. Review the “NHSN Manual: Patient Safety Protocol” and the required training slide sets:**

- ↓ [NHSN Manual: Patient Safety Protocol](#)  
January 2008 (1.21 MB / 98 pages)
- > [Training Requirements for Facility Administrators](#)





## How do I get started in NHSN?





# Step 1: Review & Accept the Rules of Behavior



- After you have completed the required trainings, go to:

<http://www.ncid.cdc.gov/RegistrationForm/admin.htm>

The screenshot displays the CDC website interface for the National Healthcare Safety Network (NHSN). At the top, the CDC logo is followed by the text 'Department of Health and Human Services' and 'Centers for Disease Control and Prevention'. Below this is a yellow banner with 'National Healthcare Safety Network (NHSN)'. The main content area is titled 'Facility/Group Administrator Rules of Behavior'. It contains a paragraph explaining that users must agree to these rules for system security. Below this is a scrollable text box containing two paragraphs: the first describes NHSN as a surveillance system for healthcare safety, and the second discusses data protection and confidentiality. At the bottom of the scrollable box is a 'Purpose' heading. Below the scrollable box are three buttons: 'Print Version' (with a printer icon and 'PDF (87KB/13 pages)' text), 'Agree', and 'Do Not Agree'.

**CDC** Department of Health and Human Services  
Centers for Disease Control and Prevention

National Healthcare Safety Network (NHSN)

**Facility/Group Administrator Rules of Behavior**

In order to participate in the NHSN , you must read and agree to abide by the following rules of behavior for safeguarding the system's security. Scroll through the document below and click on Agree or Do Not Agree button. To print a copy of the rules, click on the Print button.

NHSN, a surveillance system of the Centers for Disease Control and Prevention (CDC), allows participating healthcare facilities to enter data associated with healthcare safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, dialysis incidents, and healthcare worker vaccinations. NHSN provides analysis tools that generate reports using the aggregated data (reports about infection rates, national and local comparisons, etc). NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN processes and stores a variety of sensitive data that are provided by healthcare facilities. This information requires protection from unauthorized access, disclosure, or modification based on confidentiality, integrity, and availability requirements. These "Rules of Behavior" apply to all users of the NHSN web-based computer system.

**Purpose**

[Print Version](#)  
PDF (87KB/13 pages)

Agree Do Not Agree

# Step 2. Register



## Personal Information

\*Last name:

\*First name:

Middle name:

\*Email address:

## Facility Identifier


\*Please select a facility identifier:

CMS ID     AHA ID     VA Station Code   
CDC Registration ID     None

\*Selected identifier ID:

## NHSN Training Date

\*I certify that I have completed all of the appropriate,

required NHSN trainings on:  

Reset

Save



# IMPORTANT!!!

- You must use the same email address throughout the NHSN enrollment process. This includes your application for a digital certificate.
- Allow [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and [PHINTech@cdc.gov](mailto:PHINTech@cdc.gov) to come through your organization's email spam blockers



# IMPORTANT!!

- Make sure the following site is listed as a trusted site in your browser and pop-ups are allowed:

**\*.cdc.gov**

# Get email with instructions for obtaining digital certificate

Welcome! You are now registered in the National Healthcare Safety Network (NHSN).

In order to begin the NHSN enrollment process, you will need to obtain and install a digital certificate onto your computer.

Follow the instructions in the document "NHSN Facility Administrator Enrollment Guide" beginning at Step 3, to obtain and install the digital certificate so that you will be able to access the NHSN application through CDC's Secure Data Network (SDN). This document can be accessed at: [http://www.cdc.gov/ncidod/dhqp/nhsn\\_documents.html](http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html) .

From the Centers for Disease Control and Prevention - Digital ID Enrollment page, <https://ca.cdc.gov>, you will be prompted for the enrollment password, which is: !cdc\_sdn\_apply! (Be sure to include the exclamation points and use lower case and underscores.) Follow the onscreen instructions to apply for a digital certificate.

During the process, you will be prompted to select a Program and a Program-specific Activity.

For Program, select: **National Healthcare Safety Network (NHSN)**  
For Activity, select: **NHSN Enrollment**

**VERY IMPORTANT:** After you obtain and install your digital certificate (Step 3d in the NHSN Facility Administrator Enrollment Guide), access the SDN (<https://sdn.cdc.gov>), enter your challenge phrase and select NHSN Enrollment from the list in the upper left corner titled "My Applications". This will launch the NHSN Enroll Facility page. **Be sure to indicate yourself as the NHSN Facility Administrator.**

If you have difficulties obtaining a digital certificate, please contact SDN at 800-532-9929 or 770-936-3636 or [PHINTech@cdc.gov](mailto:PHINTech@cdc.gov).

If you have any questions about NHSN, please contact us at 800-893-0485 or [nhsn@cdc.gov](mailto:nhsn@cdc.gov). Information on NHSN is also available on the members' website at [http://www.cdc.gov/ncidod/dhqp/nhsn\\_members.html](http://www.cdc.gov/ncidod/dhqp/nhsn_members.html) .



Step 3: Go to SDN to apply for a digital certificate for NHSN Enrollment activity



# What is the SDN?

- SDN = Secure Data Network
  - Provides security control services to most CDC systems, including NHSN
    - Physical and environmental controls – The computer room that houses NHSN is physically secure and environmental controls are used to protect NHSN computing resources from system damage or failure.
    - Network controls - The SDN is located behind a firewall and is protected by a centralized security gateway (proxy server).
    - User Authentication – All users must authenticate their identities with digital certificates



# What is a Digital Certificate?

- A digital certificate provides an electronic means of proving your identity in order to securely conduct business with NHSN. Digital certificates provide the following benefits:
  - Data being sent to NHSN is encrypted so that only NHSN can read it
  - Provides assurance to NHSN that the data has not been changed in transit
  - Certifies that the certificate owner actually sent the transmission





# Additional information about Digital Certificates

- User specific – do not share your digital certificate with another user!
- Installed on your computer (you may need the assistance of your IT department)
- Make a copy as soon as it is installed
- Can be installed on additional computers
- CDC pays for the digital certificate
- When applying, request - Program: National Healthcare Safety Network, Activity: NHSN Enrollment



Detailed instructions on how to obtain and install your digital certificate are included in Step 3 of the “NHSN Facility Administrator Enrollment Guide”.



# Step 4: Complete NHSN enrollment online

- To access NHSN via the SDN, go to:  
<https://sdn.cdc.gov>
- Enter your challenge phrase (created when you applied for a digital certificate)
- After you are logged in, click on “NHSN Enrollment”

The screenshot shows the CDC Public Health Partners website interface. At the top, it says "Public Health Partners" and "You are logged in as Maggie Dudeck". The main content is divided into three sections:

- My Applications:** Contains a link for "National Healthcare Safety Network (NHSN)" with a sub-link for "NHSN Enrollment" highlighted by a red arrow. There is also a link for "Request Additional Activities".
- Electronic Reference:** Includes a search box with "PubMed" selected in the database dropdown and a "Search" button.
- Morbidity and Mortality Weekly Report:** Lists "This Week in MMWR November 9, 2007 / Vol. 56 / pp. 1-12" with links to "Great American Smokeout --- November 15, 2007", "Cigarette Smoking Among Adults --- United States", and "Salmonella Typhimurium Infection Associated with".

Below the MMWR section, there are "Recommendations and Reports November 2, 2007" with links to "Interpreting and Managing Blood Lead Levels - 10th Edition", "Lead: Recommendations of CDC's Advisory Committee on Lead Poisoning Prevention", and "Appendix: Guide to Resources for Parents". A link to "Download pdf document of this issue" is also present. At the bottom, "Surveillance Summaries October 19, 2007 / Vol. 13 / No. 41" is listed with a link to "National Surveillance for Asthma --- United States".



Department of Health and Human Services  
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

Contact us

[Start](#)  
[Leave Enroll](#)

## Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)



**If you have not completed these forms, obtain the forms now and complete them before proceeding**

[Leader for PDF files](#)

The enrollment forms are also available on the NHSN members page, in the Document Library.



Department of Health and Human Services  
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

Contact us

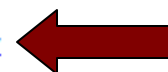
[Start](#)  
[Leave Enroll](#)

## Enroll Facility

Please Select Desired Option

[Access and print required enrollment forms](#)

[Enroll a facility](#)



[Get Adobe Acrobat Reader for PC](#)

**If you have already completed your Hospital Survey and Contact Information forms**



[Start](#)  
[Leave Enroll](#)

## Facility Enrollment

Mandatory fields marked with \*

[Print PDF Form](#)

Tracking #

### Facility Information

Facility name\*:

Address, line 1\*:

Address, line 2:

Address, line 3:

City\*:

County\*:

State\*:

Zip Code\*:  -

Main telephone number\*:

For each identifier listed below, enter the number / code, or check Not Applicable if your facility does not have that identifier

AHA ID\*:

Select  if AHA ID Not Applicable

CMS ID\*:

Select  if CMS ID Not Applicable

VA station code\*:

Select  if VA Station Code Not Applicable

[Verify Data](#)

Click to verify values provided above before proceeding.

# About the identifier



For each identifier listed below, enter the number / code, or check Not Applicable if your facility does not have that identifier

AHA ID\*:

Select  if AHA ID Not Applicable

CMS ID\*:

Select  if CMS ID Not Applicable

VA station code\*:

Select  if VA Station Code Not Applicable

**Click to verify values provided above before proceeding.**

- Enter only numbers – no dashes or spaces
- Enter only one identifier and check “N/A” for other identifiers
- If your data does not verify, contact NHSN
- If you do not have any of the listed identifiers, contact NHSN
- After data verifies, enter data from the Hospital Survey and submit.

# Once enrollment is submitted, you will receive an email to access the Agreement to Participate and Consent form

From: NHSN  
To: NHSN Facility Administrator  
Sent:

Subject: NHSN facility enrollment submitted

The following facility has been submitted for enrollment in the NHSN:

Facility Name: DHQP Memorial Hospital  
Tracking Number: 10000

NHSN Facility Administrator:

The NHSN Facility Administrator has 30 days to access the Agreement to Participate and Consent form at the following URL:

<http://server/enapp/enrollment.do?method=displayAgreement&trackingnum=xxxxx>

If this URL appears to be broken, please type the link on your browser address line. The complete address including trackingnum=xxxxx must be included in order to access the form.

Once the form has been accessed, the CDC system administrator must receive the original, signed copy of the Consent Form within 60 days or enrollment will be suspended. Mail the form to: NHSN Administrator, MS A-24, Centers for Disease Control and Prevention, 1600 Clifton Rd, NE, Atlanta, GA 30333.

If you have questions about NHSN, please contact us at [nhsn@cdc.gov](mailto:nhsn@cdc.gov) or 800-893-0485. For information on the NHSN, please visit the member's website at [http://www.cdc.gov/ncidod/dhqp/nhsn\\_members.html](http://www.cdc.gov/ncidod/dhqp/nhsn_members.html) .





**Step 5: Print, sign and  
return signed Consent  
Form to NHSN**



\*Tracking # \_\_\_\_\_

**Primary Contact(s)**

As the Primary Contact(s), I/we consent to follow exactly the selected protocols and report complete and accurate data in a timely manner in order to maintain active status in the NHSN.

**NHSN Patient Safety Primary Contact Person**

\*Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**NHSN Healthcare Personnel Safety Primary Contact Person**  
(If different from Patient Safety Primary Contact)

\*Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**Official Authorized To Bind This Facility To The Terms Of This Agreement** (e.g., COO/CBO/CFO)

As an official authorized to bind the facility specified below, I warrant that I have read and that I understand the terms of this agreement and hereby consent to allow the facility to participate in the NHSN.

\*Name: \_\_\_\_\_

\*Title: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**Facility Name:**

\*Main Facility Telephone Number: \_\_\_\_\_

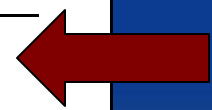
\*Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_ - \_\_\_\_\_

Must have  
PS Primary  
Contact  
signature



Must have a  
C-level  
signature!





# Agreement to Participate and Consent

- The original signed copy must be sent to CDC
- Send via U.S. mail
- NHSN will return any Agreement to Participate and Consent that is not completed correctly

# NHSN will activate your facility when Consent is received and send you an enrollment approval email

To: NHSN Facility Administrator  
From: NHSN  
Date:  
Subject: NHSN enrollment approved

Your facility has been approved as a new member of NHSN. Welcome!

Facility Name:  
Facility ID #:

As the Facility Administrator, you will now need to access the NHSN through the SDN (<https://sdn.cdc.gov>) by selecting the NHSN Reporting activity. Once in the NHSN, your first task should be to add those individuals who need to use the NHSN ("users") in the Users section of the navigation bar. Add locations and surgeons from the navigation bar under the heading Facility.

Once you add a user, that person will receive an email prompting her/him to obtain a digital certificate. It is important that you verify the email address and inform the user to use the same address when applying for their digital certificate.

If you have any questions about NHSN, please contact us at 800-893-0485 or [nhsn@cdc.gov](mailto:nhsn@cdc.gov). Information on NHSN is also available on the members' web site at [https://www.cdc.gov/ncidod/dhqp/nhsn\\_members.html](https://www.cdc.gov/ncidod/dhqp/nhsn_members.html)





# Enrollment is complete!

NHSN Facility Administrator can now access NHSN Reporting through the SDN to add users and set up facility for reporting in NHSN.

# Click on NHSN Reporting



Public Health Partners

You are logged in as Maggie Dudeck

## My Applications

National Healthcare Safety Network (NHSN)

- > [NHSN Enrollment](#)
- > [NHSN Reporting](#)



- > [Request Additional Activities](#)

## Electronic Reference

Select a database and search term to locate journals.

Database:

Search for:

Search

## Morbidity and Mortality Weekly Report

This Week in MMWR November 9, 2007 / Vol. 56 / No. 44

- > [Great American Smokeout — November 15, 2007](#)
- > [Cigarette Smoking Among Adults — United States, 2006](#)
- > [Salmonella Typhimurium Infection Associated with Raw Eggs](#)

Recommendations and Reports November 2, 2007 / Vol. 56

- > [Interpreting and Managing Blood Lead Levels <10 µg/dL in Lead: Recommendations of CDC's Advisory Committee on](#)
- > [Appendix: Guide to Resources for Parents](#)
- > [Download .pdf document of this issue](#)

Surveillance Summaries October 19, 2007 / Vol. 56 / No. 41

- > [National Surveillance for Asthma — United States, 1999](#)


# NHSN is ready for users to be added and set up



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NHSN - National Healthcare Safety Network

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

 **NHSN Home**

**Reporting Plan**

**Patient**

**Event**

**Procedure**

**Summary Data**

**Analysis**

**Surveys**

**Users**

**Facility**

**Group**

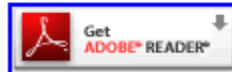
**Log Out**

Logged into DHQP Memorial Hospital (ID 10000) as MAGGIE.  
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

## Welcome to the NHSN Home Page.

Use the Navigation bar on the left  
to access the features of the application.

**NHSN maintenance may occur nightly  
between 12am and 6am Eastern time.**



[Get Adobe Acrobat Reader for PDF files](#)

**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, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

- Set up includes adding locations. **NOTE: Locations must be added before entering a monthly reporting plan.**



# Recap: 5 Step NHSN Enrollment Process

## Facility Administrator -

1. Reviews and accepts Rules of Behavior
2. Registers
3. Applies for and installs an SDN digital certificate for NHSN Enrollment activity
4. Prints, completes and submits enrollment forms online
5. Prints, signs and returns Consent Form to NHSN





# Groups



# What is a Group?

- A Group is a collection of facilities that have joined together within the NHSN framework to share some or all of their data at a single (Group) level for a mutual purpose (e.g., performance improvement, state and/or public reporting).



# Join a Group

- From the Group section of NHSN Nav Bar, the Facility Administrator selects Join
- Enters the Group ID
- Enters the Group Joining Password
  - Clicks on Join Group
- Group ID and joining password will be provided by an individual at the Group level



# Join a Group



Department of Health and Human Services  
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ACID-NHSN-APP2)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

- NHSN Home**
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Analysis
- Surveys
- Users
- Facility
- Group
  - Confer Rights
  - Join**
  - Leave
  - Nominate
  - Log Out

Logged into Rumford Hospital (ID 10216) as MAGGIE.  
Facility Rumford Hospital (ID 10216) is following PS component.

## Memberships

Groups that have access to this facility's data

Confer Rights

Leave Group(s)

**Enter ID and Password for this facility to join a new group**

Group ID:

Group Joining Password:



# Join a Group



Department of Health and Human Services  
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ACID-NHSN-APP2)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

- [NHSN Home](#)
- [Reporting Plan](#)
- [Patient](#)
- [Event](#)
- [Procedure](#)
- [Summary Data](#)
- [Analysis](#)
- [Surveys](#)
- [Users](#)
- [Facility](#)
- [Group](#)
  - [Confer Rights](#)
  - [Join](#)
  - [Leave](#)
  - [Nominate](#)
  - [Log Out](#)

Logged into Rumford Hospital (ID 10216) as MAGGIE.  
Facility Rumford Hospital (ID 10216) is following PS component.

## Memberships

**Microsoft Internet Explorer** ✕

The decision to join a group is a decision made by a facility administrator. Existence of a group organization in NHSN should not be construed as a recommendation from CDC to join the group. CDC cannot be held accountable for how group users use data access granted to the group by a facility.

**Enter ID and Password for this facility to join a new group**

Group ID:

Group Joining Password:

# Confer Rights to a Group



Department of Health and Human Services  
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ACID-NHSN-APP2)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

**NHSN Home**

Reporting Plan

Patient

Event

Procedure

Summary Data

Analysis

Surveys

Users

Facility

Group

▢ Confer Rights

▢ Join

▢ Leave

▢ Nominate

Log Out

Logged into Rumford Hospital (ID 10216) as MAGGIE.  
Facility Rumford Hospital (ID 10216) is following PS component.

## Confer Rights-Patient Safety

✔ Facility 'Rumford Hospital ' has successfully joined group 'Maggie's test group'.  
You should now confer rights to that group.

### Patient Safety

#### General

##### View Options

Patient	<input type="checkbox"/>	<input type="radio"/> With Identifiers	<input type="radio"/> Without Identifiers
Monthly Reporting Plan	<input type="checkbox"/>		
Annual Hospital Survey	<input type="checkbox"/>		
Data Analysis	<input type="checkbox"/>		
AUR Microbiology Laboratory Data	<input type="checkbox"/>		
AUR Pharmacy Data	<input type="checkbox"/>		

#### Infections and other Events

Plan	Month	Year	Month	Year	Event
🗑️	▼	▼	to	▼	▼
Add Row	Clear All Rows	Copy Locations to Summary Data			
Copy Procs to Denominator data					

#### Summary Data for Events

Plan	Month	Year	Month	Year	Location Type	Location
🗑️	▼	▼	to	▼	▼	▼
Add Row	Clear All Rows					

#### Denominator Data for Events



# About Conferring Rights

- Facility gives access rights to certain pieces of its data to the Group
- Group can analyze the data of its member facilities
- NHSN facilities in the Group cannot see one another's data
- Facilities can confer rights
  - By Plan status
  - By Location
  - By Date Range
  - By Procedure/Setting
  - By Event



# Confer Rights to a Group

**Patient Safety**

General

	View Options
Patient	<input checked="" type="checkbox"/> <input checked="" type="radio"/> With Identifiers <input type="radio"/> Without Identifiers
Monthly Reporting Plan	<input checked="" type="checkbox"/>
Annual Hospital Survey	<input checked="" type="checkbox"/>
Data Analysis	<input checked="" type="checkbox"/>
AUR Microbiology Laboratory Data	<input type="checkbox"/>
AUR Pharmacy Data	<input type="checkbox"/>

- Confer rights to patient data, with or without identifiers
- Conferring rights to the Annual Hospital Survey will allow the Group to see the Facility's name, address, phone, and facility type





**Contact Information:**  
**nhsn@cdc.gov**  
**800-893-0485, option 1**

**Important web addresses:**

**[http://www.cdc.gov/ncidod/dhqp/nhsn\\_members.html](http://www.cdc.gov/ncidod/dhqp/nhsn_members.html)**

**[http://www.cdc.gov/ncidod/dhqp/nhsn\\_training.html](http://www.cdc.gov/ncidod/dhqp/nhsn_training.html)**

**[http://www.cdc.gov/ncidod/dhqp/nhsn\\_howToEnroll.html](http://www.cdc.gov/ncidod/dhqp/nhsn_howToEnroll.html)**

## **FAQs About Timing of Data Entry for NHSN**

According to the NHSN Data Collection and Reporting Requirements, facilities participating in NHSN must report adverse events/exposures and appropriate summary or denominator data as required for the module(s) indicated on the reporting plan to CDC within 30 days of the end of the month. There are some exceptions to this rule.

### **What if my facility had no infections for the time period covered in our Monthly Reporting Plan?**

In general, CDC wants to see that denominators for the events that are in the Monthly Reporting Plan have been entered within 30 days following the end of the month. We do not check for events, because we have no way to know how many events (infections) occurred, or even if there were any. We can, however, check for denominator data. Even if no devices are used on the unit during the month, we would expect to see patient days recorded and zeros recorded in the field for device days. We do not currently check this each month, although we could. Eventually, we will have an automatic monthly scan of NHSN which will notify CDC and each facility that has not submitted the required data.

### **Can hospitals go back and make changes/corrections/updates? If yes, for how long?**

Yes. Everything in NHSN can be edited back as far as January 1st of the year the facility enrolled. This includes events, procedures, plans, and summary data. There are some events (i.e., those that are already linked to procedures) that have to be unlinked first. There are also business rules that cannot be broken, for example, you cannot add an event to a plan that already exists if you have previously entered an event during that month with a field that was not completed. Each of these issues has a fix and the editing can still be accomplished.

### **How long after a procedure can SSIs be entered?**

As long as it takes, assuming the event date is within the appropriate range that works with the definition (i.e., 30 days for a superficial incisional SSI or any SSI without an implant and 12 months for a deep incisional or organ/space SSI in a patient with an implant). If a patient has an HPRO procedure in January 2008 and develops an osteomyelitis in December 2008 which isn't reported to the ICP until February 2009, it can be entered (with a December 2008 event date) at that time. Likewise, if an event is reported incorrectly (e.g., SSI is reported as BONE when it should have been JNT) it can be edited and changed at any time.

### **One of our small hospitals had a 100% SSI rate because they didn't enter denominators. Can we let them go back and enter procedures retrospectively?**

Yes. They definitely should go back and add the rest of the procedures. It not only impacts their data and the state's data, but it also impacts CDC's aggregate data.

### **Can hospitals enter data retrospectively after they enroll, for their own purposes (off plan), to look at trends?**

Facilities can only enter data as far back as January 1 of the year they enrolled. This helps to assure that the data entered is being sent to CDC by individuals that have been trained in the definitions and protocol. Once a facility has access to NHSN, they can enter anything they like, so we don't allow retrospective use of the system using data that was collected prior to training and enrollment.

6-30-08

NHSN does have an export feature in the Output screens that lets a facility export their data to a spreadsheet or database (e.g., Excel, SAS, etc.), add historical data, and manipulate the data/generate trending information in any way that works for them.