



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

22 May 2012

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER  
AND RESERVE AFFAIRS)  
COMMANDER, JOINT TASK FORCE NATIONAL CAPITAL  
REGION MEDICAL

SUBJECT: Reporting Infection Prevention and Control Data to the Centers for Disease Control  
and Prevention using the National Healthcare Safety Network

The purpose of this memorandum is to update Health Affairs Policy 08-020 which implemented the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) within the Military Health System (MHS). A data use agreement with CDC is in place, making CDC part of the MHS Quality Assurance Program and allowing the release of military treatment facility (MTF) data into NHSN. Using NHSN allows MTFs to report, aggregate, and analyze infection prevention and control data using CDC's on-line application. In addition, NHSN provides enterprise-level visibility concerning healthcare-associated infections (HAIs).

HAIs are an area of great interest to MHS and to our Nation as a whole. CDC estimates that HAIs account for 1.7 million infections and 99,000 deaths annually in American hospitals. The Agency for Healthcare Research and Quality estimates between 5 and 10 percent of all inpatients acquire one or more infections during their stay at an estimated annual cost of \$28 billion to \$33 billion. Twenty percent of these HAIs are considered preventable.

Department of Defense (DoD) facilities will focus on the Device Associated Module of NHSN, specifically on Ventilator Associated Pneumonia, Central Line Associated Bloodstream Infections, and Catheter Associated Urinary Tract Infections in inpatient facilities. This memorandum does not restrict broader NHSN participation by DoD facilities.

Comprehensive data reporting to NHSN across MHS will positively impact the quality of care delivered in our facilities, further demonstrating DoD's strong commitment to safe and effective clinical care. We request the Surgeons General fully endorse this program by providing appropriate staffing and information technology support to ensure successful implementation of these expanded NHSN reporting requirements at all applicable facilities.

All DoD facilities that meet CDC NHSN participation requirements must participate. The requirements can be found at the CDC NHSN Web site at

<http://www.cdc.gov/nhsn/enroll.html>. In addition, all facilities must join their respective “Service Group” and the DoD “Patient Safety Center Group.” The following rights will be conferred to each group to access data at the Service and DoD Patient Safety Center level:

1. Patient identifiable data without identifiers
2. Monthly reporting plan
3. Annual hospital survey
4. Data analysis
5. Antimicrobial use and resistance microbiology laboratory and pharmacy data
6. Plan status (All)
7. All locations, date ranges, procedures, settings, and events

Expanded reporting to NHSN should be fully implemented by August 30, 2012. The point of contact is Dr. John Kugler, who may be reached at (703) 681-0064, or [John.Kugler@tma.osd.mil](mailto:John.Kugler@tma.osd.mil).

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cc:

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